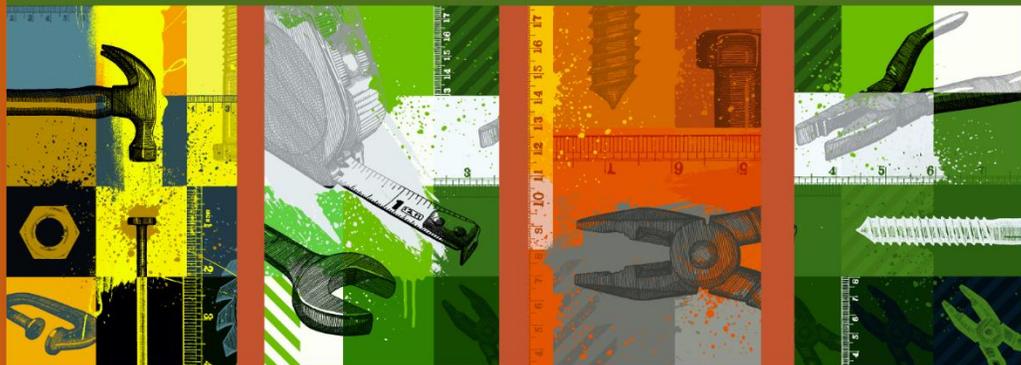


Medicare Beneficiary Quality Improvement Project



A publication for Flex Coordinators to share with their critical access hospitals

In This Issue

1 CAHs Can! Rural Success: Upland Hills Health, WI

3 Data: CAHs Measure Up: Data Reports – Understanding N/A, D/E, and 0

4 Tips: Robyn Quips – tips and frequently asked questions: Data Reports – Understanding N/A, D/E, and 0

6 Tools and Resources: Helping CAHs succeed in quality reporting & improvement

Contact your Flex Coordinator if you have questions about MBQIP.

Find your state Flex Coordinator on the [Technical Assistance and Services Center \(TASC\) website](#).

Find past issues of this newsletter and links to other MBQIP resources on TASC's [MBQIP Monthly](#) webpage.

Upland Hills Health, WI

[Upland Hills Health](#) is a community-focused health care system in Dodgeville, Wisconsin. It includes a non-profit critical access hospital, an attached long term care facility, home care and hospice services, and five clinics, including a physician specialty clinic. Dodgeville is located in Wisconsin's Driftless Area, with deeply carved river valleys that create a green and rolling landscape for the surrounding farming community. Home of the oldest county courthouse in Wisconsin, the downtown area is charming, historic, and artsy with a splash of big business in the form of Lands' End headquarters, the region's largest employer.

The community takes great pride in Upland Hills Health. With a large elderly population, the system prioritizes offering a full range of services locally to minimize the need to travel for health care. A combination of a strong local physician specialty presence and good relationships with hospital leaders and providers in nearby Madison, WI creates a comprehensive care network close to home. The vision of Upland Hills Health is "to exemplify the highest standard of community healthcare and inspire patients to take an active role in their health through wellness-oriented care." Based on a review of Upland Hills' MBQIP data, the hospital is resoundingly fulfilling the first half of this vision, with exceptional performance on all measures. The hospital is also very involved with CMS' Partnership for Patients Hospital Improvement and Innovation Network.

Staff involvement in quality improvement is a strategy that has elevated the hospital to the iVantage [Top 100 CAHs list](#). According to Patty Hinderman, ED director, the nursing staff at Upland Hills are seasoned, engaged, and proactive advocates of high-quality care. "If we start falling in an area, we talk to staff, and all hands are on deck to dig in, roll up our sleeves, and fix it. We don't make excuses, and we don't settle". Patty added that there is no blaming, instead a forward thinking "we want to do better" approach to improvement opportunities that nurture staff empowerment and garners success. Small bonuses are awarded to reinforce ongoing staff ownership of quality when select quality measures are met, such as an HCAHPS topic.

Stephanie Wanek, quality coordinator, makes sure that quality data is in front of staff, administration and the hospital board regularly. She said that

it is tough to report unmet goals, so regularly going before the board creates accountability as well as a venue to request additional resources necessary for improvement. Wanek is proud of how far they've come but emphasizes that quality improvement is ongoing, and requires continuous attention.

In the emergency department, Hinderman has led the way to 90th percentile performance in MBQIP outpatient measures for AMI care and ED throughput. She said that she strives to be engaging, open, and to create an environment where staff want to communicate concerns and suggestions. One platform for such conversations is an ongoing and consistent practice of case reviews when ED quality measures are missed. After pulling together all pertinent Emergency Medical System (EMS), nursing and provider documentation, a case review committee consisting of EMS and nursing representatives and the ED medical director systematically looks at each case, discusses potential solutions, and comes up with an action plan.



Upland Hills ED staff. Front L to R: Wendell Hamlin, RN, Erin Jacobson, RN, Kathy Honerbaum, RN, Sele Hufton, RN, Jill Harrington, RN. Back L to R: Virginia Haas, RN, Peggy Jones, ED Technician, Kendrick Eggers, RN, Tammy B. Wolfe, RN, Joshua Taylor, RN, JoAnne Deal, ED Technician, Laura Erdman, RN, Charley Pearce, MD, Madison Emergency Physicians, Lynn Kane, RN, Brian Michek, RN, Patty Hinderman, RN, ED director.

Hinderman provides individual, and group feedback on case review findings to nursing staff, an EMS liaison to EMS providers and a county EMS collaborative group, and the ED medical director communicates results to physicians. The scope of the case review committee is broad, including STEMI TRAUMA, stroke, sepsis, codes and ED throughput for admitted and discharged patients. Hinderman also conducts daily, real-time reviews on selected measures to allow for more timely feedback to nursing staff when appropriate.

The Upland Hills Health ED initially utilized a paper documentation system prior to the electronic EHR of the Emergency Department Transfer Communications measures. Later, with the transition to Epic EMR, an ED collaborative group designed a

document to hardwire the measures and facilitate monitoring in the EHR. This document pulls in data from the EHR, which their EDTC scores consistently generate into the nineties. This new electronic version is also an ongoing effort, with misses reviewed to identify how to strengthen the performance.

"When we don't make it we look at the data, we slice and dice it, and we work together. It's never ending. We can never feel like we're there. We are always chasing success." Hinderman speaks the language of a winner, in harmony with other leaders, providers, and staff to realize the corporate vision to "exemplify the highest standard of community healthcare." The Dodgeville community has every reason to take pride in Upland Hills Health.

Data



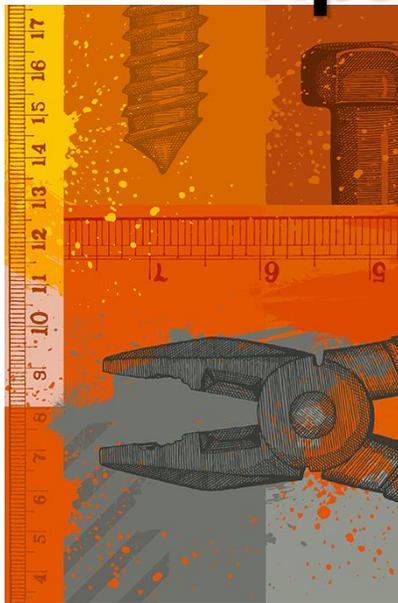
CAHs Measure Up: MBQIP Hospital Data Reports – Understanding N/A, D/E, and 0

MBQIP Hospital Data Reports for Patient Safety & Outpatient, HCAHPS, and EDTC are distributed to your hospital each quarter. Depending on the measure and the quarter, your hospital may or may not have data. When your hospital does not have data, there are three possible data labels that will appear in your report for a given measure:

- N/A can mean two different things: Either data was not submitted or reported by your hospital, or data was submitted – but it was rejected or not accepted into the Clinical Warehouse. For MBQIP purposes, an N/A means that your hospital did not report.
- Zero means that your hospital entered a zero into Population and Sampling. In other words, your hospital had no eligible patients in a measure set population for the reporting quarter. For MBQIP purposes, a zero does give your hospital credit for reporting.
- D/E means that your hospital submitted eligible cases to the Clinical Warehouse (QualityNet). It was accepted – however, case(s) were excluded from a particular measure. For MBQIP purposes, a D/E does give you hospital credit for reporting.

In this month's Robyn Quips, you will find some specific examples of what can lead to each of these labels. In addition, "[Interpreting MBQIP Hospital Data Reports for Quality Improvement](#)" contains more detailed tips on interpreting your reports, including some example reports that outline how you can identify opportunities for improvement.

Tips



Robyn Quips - tips and frequently asked questions MBQIP Hospital Data Reports – Understanding N/A, D/E, and 0

The scene: you've just received the latest MBQIP Reports, and you're confused. You submitted data to the QualityNet warehouse, so why are the reports showing N/A, or D/E or 0 instead of values? Here are some possible reasons.

You have a value of Zero (0). A zero value will only happen if you entered population and sampling data. If there is no data found for a measure in the QualityNet warehouse, the report makers check to see if population and sampling data was entered for the measure. If they find a zero, (which you would only record if you had no cases for the quarter that met the population requirements for that measures), then a 0 displays on the report.

If you aren't entering outpatient population and sampling data because it has been difficult for you to do via the XML files, then your reports won't show zero, even if you had no cases that met the population criteria. Click [here](#) for information on the XML file submission.

I have to add here that there are some measures that should never have a 0 for the population. The population requirement for OP-18 and 20 is that the patient was seen in the ED and has an E/M code. That should be just about everyone seen in your ED, so it is unlikely that would be a 0 population. For IMM-2, the population is everyone that was discharged from acute care with a length of stay of less than or equal to 120 days. To have a 0 for that population would mean that you had no acute care inpatients discharged from your hospital in the quarter. If you chose to not submit IMM cases for those quarters that fall outside of the flu season, it is incorrect to record a zero for the population.

You have a value of N/A. That means no data is found in the QualityNet warehouse for the measure. If you didn't submit any data, that's an N/A. If you did submit data but are seeing an N/A, it still means there is no data in the warehouse for that measure, so you need to figure out what happened. Just because you submit data and the warehouse says it received a file from you that does not mean the cases were accepted. After data is submitted to the warehouse, it is your responsibility to make sure the cases were accepted and not rejected. Check even if you have a vendor submitting for you, there have been situations where CAH's thought vendors were submitting but turns out they weren't. You should run the Case Status Summary Report in QualityNet to find out if your cases were accepted. There are other reports you can run, but this one lists only the number of cases received by the warehouse and the number that was accepted and rejected. If they are rejected you need to fix what was wrong and resubmit, otherwise you will not be reporting any data. Click [here](#) for step-by-step instructions on how to confirm your data has been accepted.

If you are not reporting population and sampling data, you will also see an N/A for those measures in which you had no cases that met the population criteria. The only way to distinguish not reporting from having no cases that met the population is by entering population and sampling data.

You have a value of D/E. This value shows that the hospital submitted measures, there is data in the QualityNet warehouse that was accepted, but the cases didn't meet the measure criteria. That's ok. Not a bad thing. It happens when the case meets the population criteria but not the more specific measure criteria. It doesn't mean the cases shouldn't have been abstracted. They met the initial population criteria for the measure so they should be abstracted.

Here are a couple of examples. If you had a patient who had an AMI and was transferred to another acute care hospital. The principal diagnosis code and discharge code fit the AMI population requirements. So you abstract the case. But then you come to the measure data element questions, and the patient didn't get fibrinolytic therapy, there was a reason for not administering fibrinolytic therapy or a delay in administering, or maybe the initial ECG didn't show ST elevation. The way those data element questions are answered could cause the AMI measures, OP-1, 2, or 3 to have a value of D/E. Those patients belong in the population because the initial requirement was met, but the more specific measure criteria caused them to be excluded. If you find that patients fall out of the measure frequently, check to see why but it doesn't necessarily mean a problem.

For your IMM-2 cases, as I mentioned before, the population is everyone who was discharged from your acute care facility with a length of stay of less than or equal to 120 days. Which is more than likely everyone in the quarter. You go to enter those cases, and the date of discharge is May. May is outside of the measure criteria time frame, so the case is excluded. The initial population requirement doesn't say anything about only doing certain months of the year, so it isn't excluded from the population. The case doesn't meet the more specific measure criteria and the report will show a D/E.

So again, D/E means the case met the population requirements but for some reason didn't meet the measure criteria. You as an abstractor don't decide this. It is based on how the data element questions are answered.

More information on this topic can be found in the MBQIP Reporting Guide linked in the Go to Guides box at left.

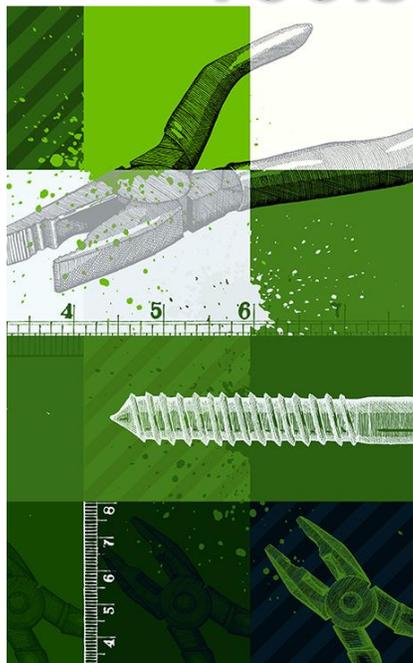
Go to Guides

Hospital Quality Measure Guides

- MBQIP Reporting Guide
- Emergency Department Transfer Communications
- Inpatient Specifications Manual
- Outpatient Specifications Manual



Tools



Tools and Resources

[Leading a Culture of Safety: A Blueprint for Success.](#)

Developed by the American College of Healthcare Executives and the National Patient Safety Foundation's Lucian Leape Institute, provides an evidence-based practical resource with tools and proven strategies to assist hospitals in creating a culture of safety.

[New Quality Payment Program \(QPP\) Website for Rural Clinicians.](#)

CMS launched a new section on the QPP website dedicated to clinicians working in small or rural practices (including Critical Access Hospitals) as well as those in underserved areas. This webpage serves as a single point of reference to get Technical Assistance about the Merit-based Incentive Payment System (MIPS) and to review the flexibilities to help reduce the burden on small practices for participation and reporting. More features and information will be added over time.

[Ask Robyn – Quarterly Open Office Hour Calls for Data Abstractors](#) **September 20, 2017 2:00-3:00 p.m. CT Register [here](#)**

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will be offering open office hour calls to discuss your MBQIP abstraction questions. Sessions are free of charge, but registration is required.

For more information about the Ask Robyn calls, contact Robyn Carlson (rcarlson@stratishealth.org)

Also Available! [Online MBQIP Data Abstraction Training Series](#)

This recorded training series is for CAH staff with responsibility for data collection of CMS Inpatient and Outpatient quality measures.

Due July 31 - [Emergency Department Transfer Communication \(EDTC\) Measure](#): These tools can help!

[Data Specifications Manual - EDTC \(updated June 2017\)](#). Detailed data specifications for collection of the EDTC measure

[Data Collection FAQ](#): Frequently Asked Questions related to data collection for the EDTC Measure



MBQIP Monthly is produced by Stratis Health to highlight current information about the Medicare Beneficiary Quality Improvement Project (MBQIP). This newsletter is intended for Flex Coordinators to share with their critical access hospitals.

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