

MBQIP: Critical Access Hospitals Reporting and Improving Quality

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Rural QI Residency Program



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Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
 - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
- Long history of working with rural providers, CAHs, and the Flex Program
- Rural Quality Improvement Technical Assistance (RQITA) is a FORHP funded program of Stratis Health



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Rural Quality Improvement Technical Assistance (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP).
- Improve quality and health outcomes in rural communities through TA for FORHP quality initiatives
 - Flex/MBQIP
 - Small Health Care Provider Quality Improvement Grantees (SCHPQI)
- Focus on quality reporting and improvement



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Objectives

- Articulate the purpose of the Medicare Beneficiary Quality Improvement Program (MBQIP) and its position in the national quality reporting landscape
- Understand requirements of MBQIP and how data is reported, and current national performance trends
- Identify ways to utilize MBQIP data and suggested strategies to drive improvement



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A detailed illustration of various mechanical tools and parts. It includes a large bolt, a nut, a wrench, and a ruler with markings. The background is a mix of orange, yellow, and grey tones with a textured, splattered effect.

Medicare Beneficiary Quality Improvement Project (MBQIP) Overview

MBQIP Overview

- Quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal office of Rural Health Policy (FORHP)
- Improve the quality of care in CAHs by increasing quality data reporting and driving improvement activities based on the data
- Common set of rural-relevant hospital metrics, technical assistance, encouragement, and support
- Ability for FORHP to demonstrate impact of hospital and state-based efforts on a national scale



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Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement



- Prepare CAHs for participation in value-based payment programs

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Benefits of MBQIP Participation

- Improved patient care and quality outcomes
- Increased capacity for participation in Federal reporting programs
- Access to full scope of Flex resources



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Move to Value: Rural Context

- Value-Based Purchasing (VBP) programs have typically launched with 'reporting' efforts:
 - Progression to CMS Hospital VBP
- Continued roll-out across health care sectors:
 - Hospitals, ESRD, Home Health, Long Term Care, Physicians...
 - Most programs include metrics related to cost/efficiency, including hospital readmissions or admissions
- Increasing engagement by rural providers in alternative models
- Broad movement across payers
- Continued theme spanning across numerous administrations

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Health Care Payment Learning & Action Network

Our Goal Statement

Accelerate the percentage of US health care payments tied to quality and value in each market segment through the adoption of two-sided risk alternative payment models (Categories 3B and 4 of the LAN APM Framework).

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2024	25%	25%	55%	50%
2025	30%	30%	65%	60%
2030	50%	50%	100%	100%

<https://hcp-lan.org/>



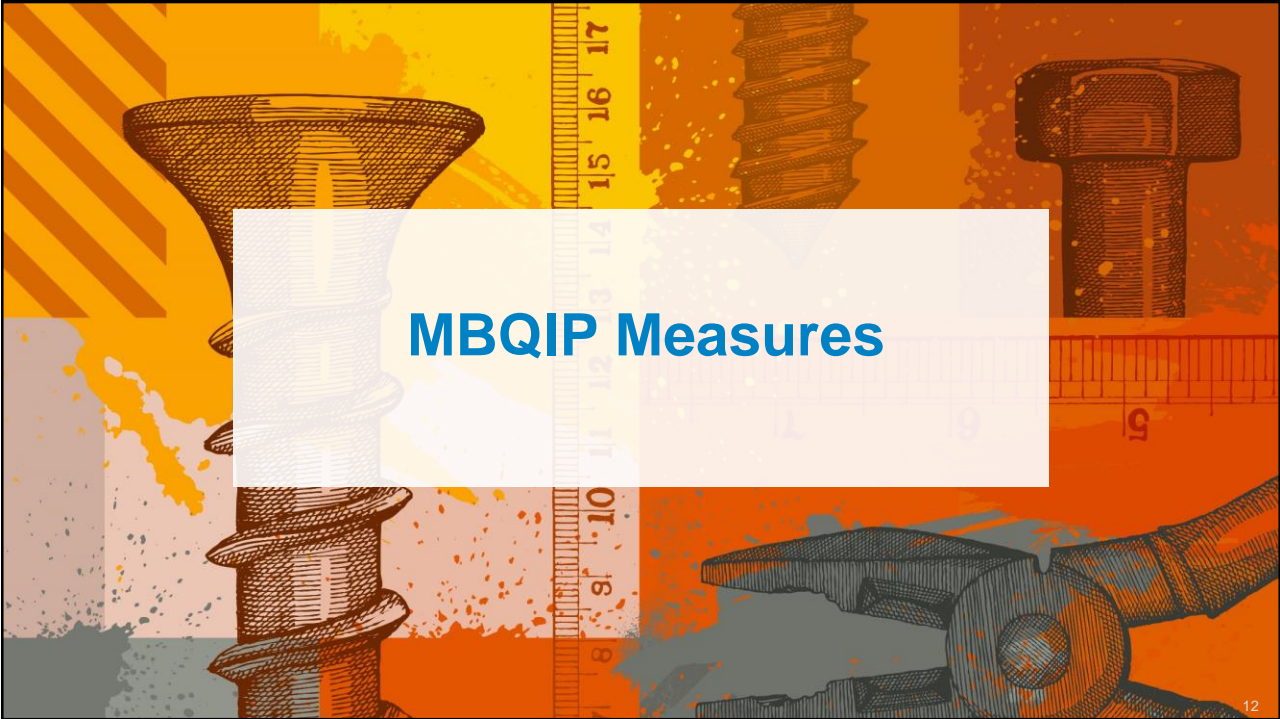
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MBQIP Current State Assessment

- Significant increases in CAH quality reporting (consistency still a challenge)
- To date, improvement on individual metrics is mixed
- Seeing a shift in conversations - from a focus on reporting to more focus on improvement
- Growing set of resources to support reporting and improvement



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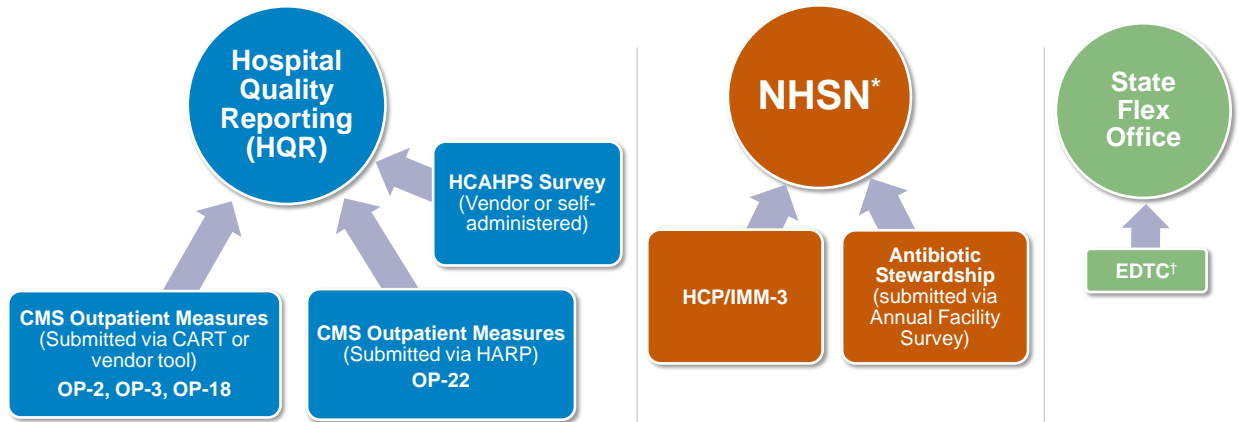
MBQIP Core Measures

Patient Safety/ Inpatient	Patient Engagement	Care Transitions	Outpatient
<ul style="list-style-type: none"> • HCP/IMM-3 – Healthcare personnel influenza vaccination • Antibiotic Stewardship – Implementation of core elements 	<ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) 	<ul style="list-style-type: none"> • Emergency Department Transfer Communication (EDTC)[§] 	<p>AMI:</p> <ul style="list-style-type: none"> • OP-2 – Fibrinolytic therapy w/in 30 • OP-3 – Time to transfer <p>ED Throughput:</p> <ul style="list-style-type: none"> • OP-18 – Time from arrival to departure • OP-22 – Left w/o being seen

§ EDTC – Only measure not collected through CMS or NHSN



Reporting Channels for Core MBQIP Measures



*National Healthcare Safety Network †Emergency Department Transfer Communication



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MBQIP Quality Reporting Guide

<https://www.ruralcenter.org/sites/default/files/2022-11/MBQIP-Quality-Reporting-Guide42022.pdf>

- Focus on MBQIP Measures
- Reporting channel resources including
 - How to register
 - Which measures to report
 - How to submit measures
- Links embedded throughout
- Hospital quality reporting contact form

MBQIP Quality Reporting Guide

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Abstraction Resources for CAHs

- **Online MBQIP Data Abstraction Training Series**
https://www.youtube.com/playlist?list=PLrX6m5cyp8hAEJXD3Z1NeP_o1AxyTJw5w
- **Ask Robyn – Quarterly Open Office Hours Calls (July 25)**
<https://www.ruralcenter.org/resources/ask-robyn-quarterly-open-office-hour-calls-mbqip-data-abstractors>
- **MBQIP Monthly – Robyn’s Quips**
https://www.ruralcenter.org/resources/newsletters?f%5B0%5D=newsletter_article_type%3A145
- **MBQIP Measures Fact Sheets**
<https://www.ruralcenter.org/sites/default/files/2021%20update%20MBQIP-Measures-Fact-Sheets.pdf>

Abstracting for Accuracy

- An opportunity for CAHs to participate in an abstraction review process
- Help to increase validity of data collection
- Identify opportunities for additional training and clarification related to chart abstraction
- <https://www.ruralcenter.org/sites/default/files/Abstracting-for-Accuracy-Project-Description-and-Guidelines92018.pdf>

EDTC

- Streamlined measure – 8 data elements
- Training videos and FAQ available
- Started using for Q1 2020 encounters
- <https://stratishealth.org/toolkit/emergency-department-transfer-communication/>

The screenshot shows the 'Emergency Department Transfer Communication' page. At the top, there is a navigation bar with 'Stratis Health' logo and links for 'Transformation Framework', 'Customized Solutions', 'Current Initiatives', 'National Leadership', and 'Strategic Affiliations'. Below the navigation is a hero image of a hospital building. The main heading is 'Emergency Department Transfer Communication'. A quote from Maureen Bruce, quality director at Moundview Memorial Hospital & Clinics, is featured: "We want to look at measures that impact a larger number of our patients," said Maureen Bruce, quality director, Moundview Memorial Hospital & Clinics, a CAH in Friendship, Wisconsin. "For us, that can be transfers, sometimes in a life or death situation." The page also includes a section titled 'Appropriate measures are needed to evaluate care in rural hospitals' and 'Data specifications resources' with a link to 'View Data specifications resources resources'.

Quality Net

- Specifications Manuals
- CMS Abstraction & Reporting Tool (CART)
- Subscribe for updates

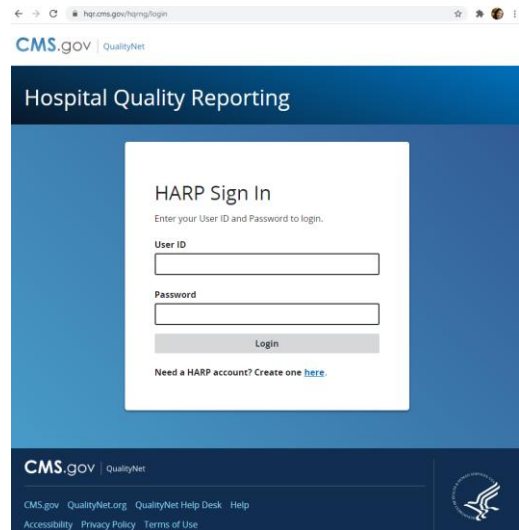
The screenshot shows the QualityNet website homepage. The header includes 'CMS.gov | QualityNet' and a search bar. The main content area features a 'Welcome to QualityNet!' message and a 'Your one-stop shop for CMS Quality Programs.' section. There are buttons for 'Subscribe to Email Updates' and 'Log into QualityNet Secure Portal'. A 'Recent News' section lists updates from June 1, 2021, and May 27, 2021. Below this is a section titled 'I am looking for quality information associated with...' with six category buttons: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Ambulatory Surgical Centers', 'PPS Exempt Cancer Hospitals', 'ESRD Facilities', and 'Inpatient Psychiatric Facilities'.

<https://qualitynet.cms.gov/>

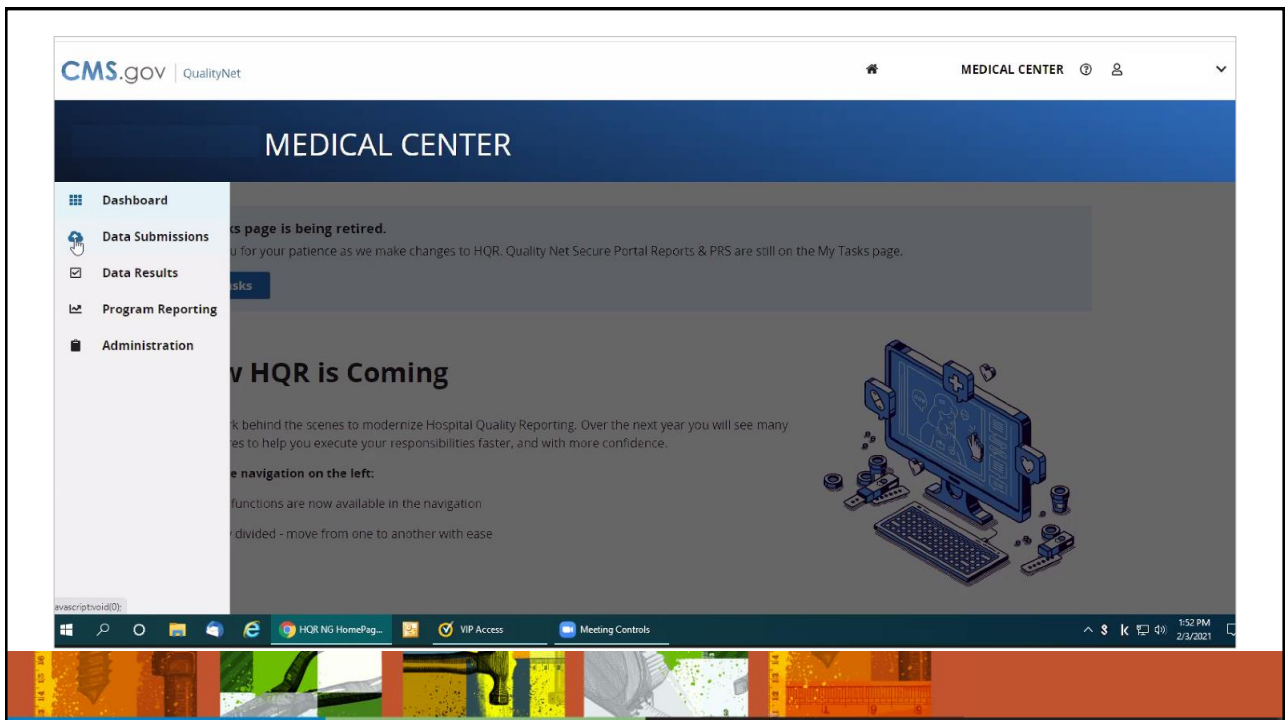
HARP

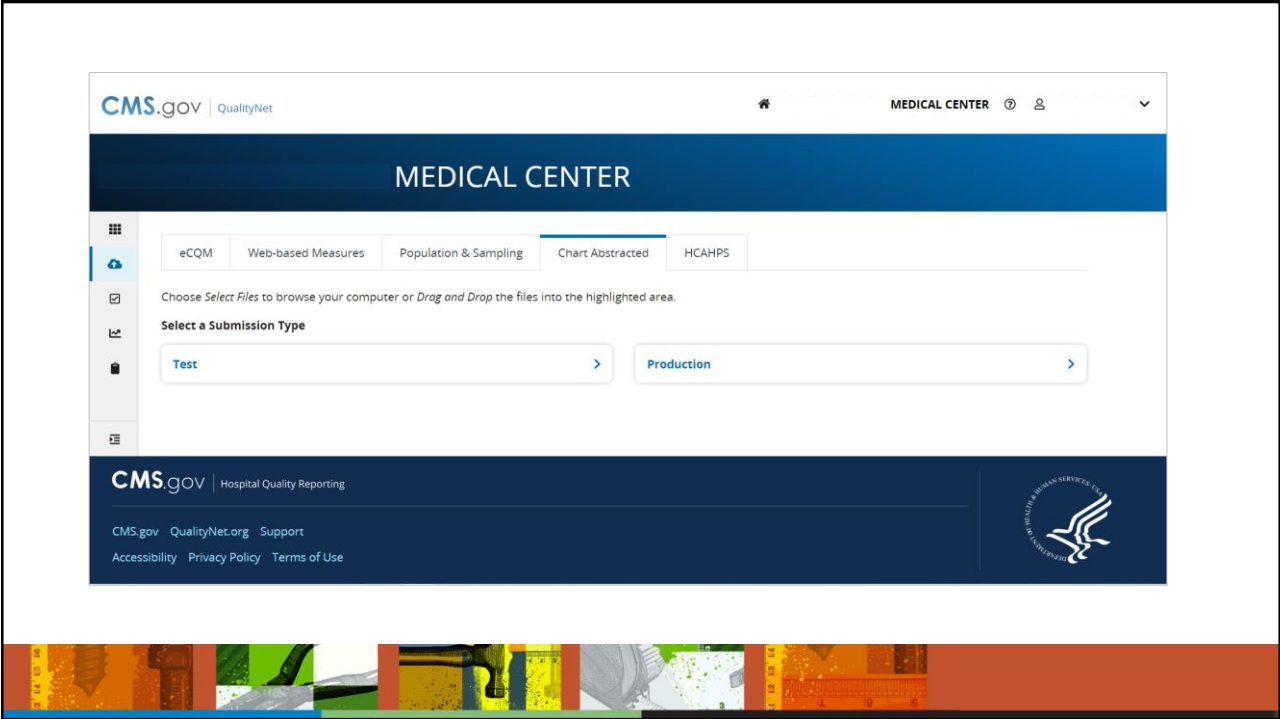
Login here to submit data:

<https://hqr.cms.gov/hqrng/login>

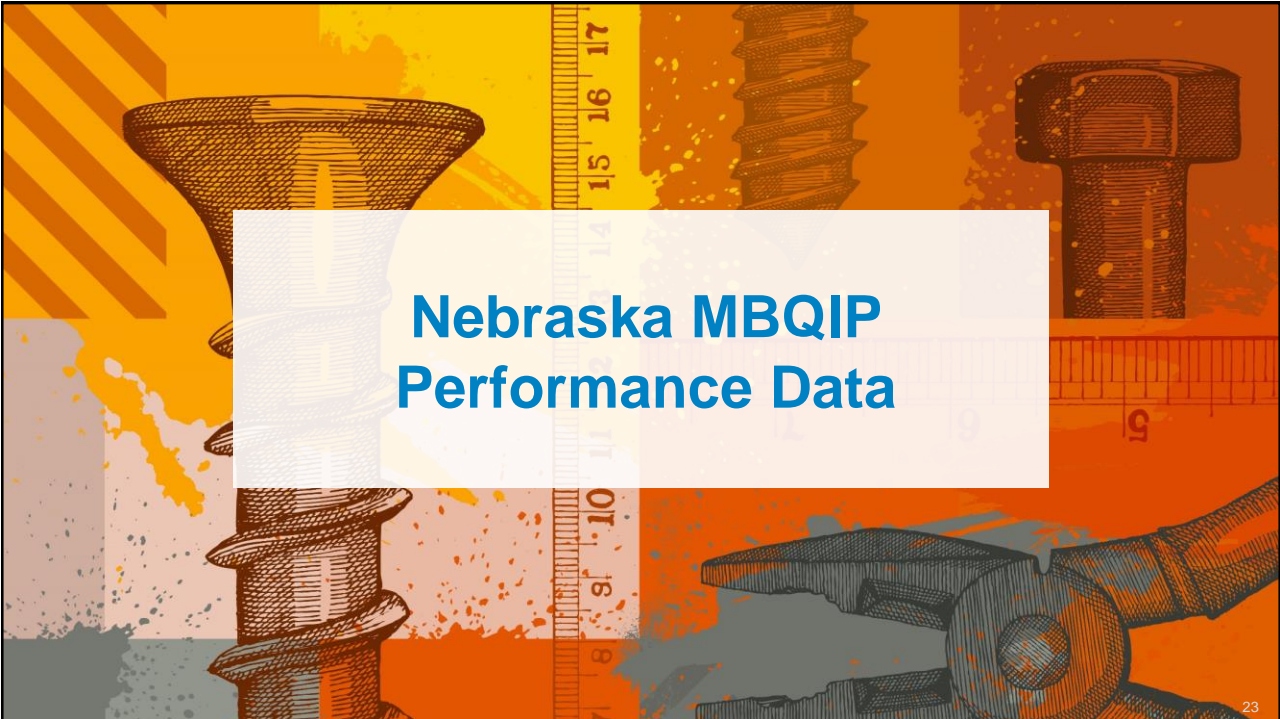


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MBQIP Core Measures – Patient Safety/Inpatient

Patient Safety/ Inpatient	Patient Experience	Care Transitions	Outpatient
<ul style="list-style-type: none"> • HCP/IMM-3 – Healthcare personnel influenza vaccination • Antibiotic Stewardship – Implementation of core elements 	<ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) 	<ul style="list-style-type: none"> • Emergency Department Transfer Communication (EDTC)[§] 	<p>AMI:</p> <ul style="list-style-type: none"> • OP-2 – Fibrinolytic therapy w/in 30 • OP-3 – Time to transfer <p>ED Throughput:</p> <ul style="list-style-type: none"> • OP-18 – Time from arrival to departure • OP-22 – Left w/o being seen

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HCP/IMM-3: Healthcare Personnel Influenza Vaccination

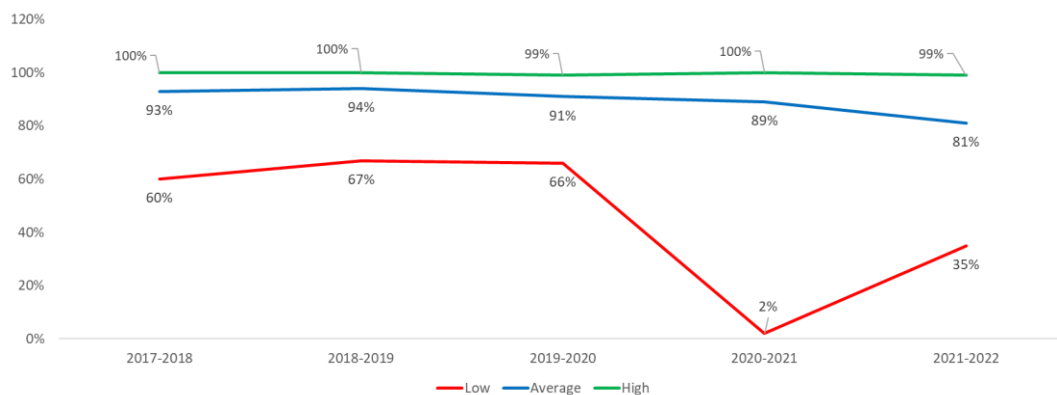
HCP/IMM-3: Healthcare Personnel Influenza Vaccination

Flu Season	# (%) CAHs Reporting		Average		90 th Percentile	
	NE CAHs (63)	National CAHs (1,338)	NE CAHs	National CAHs	NE CAHs	National CAHs
2017-2018	48 (76%)	1,030 (77%)	93%	89%	99%	99%
2018-2019	41 (65%)	985 (74%)	94%	90%	99%	99%
2019-2020	31 (49%)	718 (54%)	91%	92%	99%	99%
2020-2021	37 (59%)	903 (67%)	89%	87%	99%	99%
2021-2022	40 (64%)	983 (72%)	82%	79%	96%	100%



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HCP/IMM-3 Healthcare Personnel Influenza Vaccination: NE CAH Performance Ranges



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HCP/IMM-3: Suggested Strategies Promote Uptake

- Organize an influenza immunization campaign to improve HCP acceptance of vaccination
- Provide easy access to free influenza vaccinations to all HCP on all shifts as soon as vaccinations arrive (October)
- Highlight the level of vaccination coverage among HCP to be one measure of a patient safety quality program that is measured and reported to facility administrators and staff

HCP/IMM-3 – Suggested Strategies Address Declinations

- Obtain signed declinations from personnel who decline influenza vaccination and document reasons for non-receipt
- Take steps to minimize/reduce potential for spread of vaccine preventable disease by unvaccinated employees such as the use of facemasks
- Consider policy for a follow-up conversation with anyone who declines or refuses vaccine to provide resources to counter misinformation (if indicated) and advise employee on post-exposure protocols and any need to restrict or modify work

Antibiotic Stewardship

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Core Elements of Hospital Antibiotic Stewardship

- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

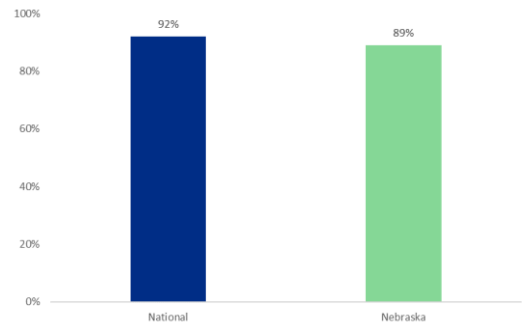


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Antibiotic Stewardship Reporting

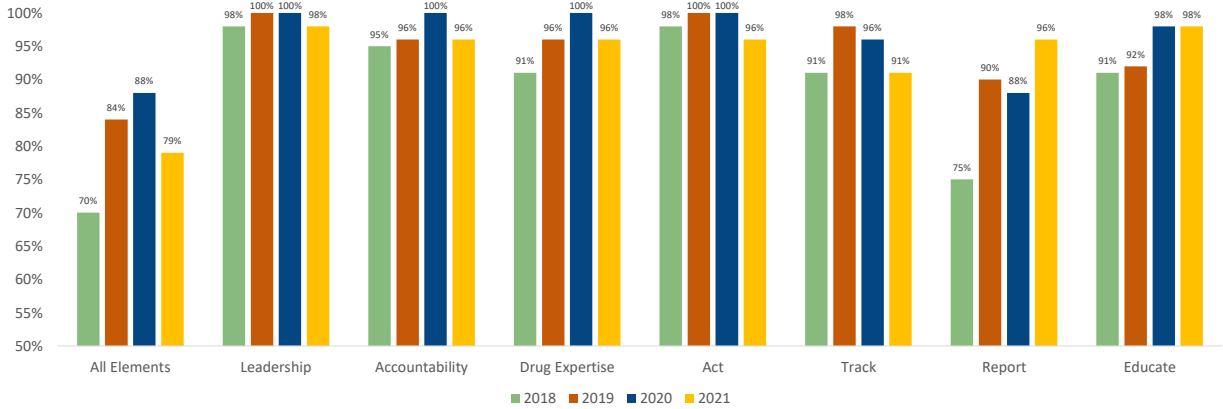
State	2021 Survey Reporting		
	# of CAHs	# CAHs Reporting	% Reporting
National	1,359	1,250	92%
Nebraska	63	56	89%



Antibiotic Stewardship cont.

Survey Year	Nebraska - Core Element Overall Score							
	All Elements	Leadership	Accountability	Drug Expertise	Act	Track	Report	Educate
2018	70%	98%	95%	91%	98%	91%	75%	91%
2019	84%	100%	96%	96%	100%	98%	90%	92%
2020	88%	100%	100%	100%	100%	96%	88%	98%
2021	79%	98%	96%	96%	96%	91%	96%	98%

Antibiotic Stewardship Core Elements – Nebraska Performance Scores



Leadership	National	Nebraska
Our facility has a formal statement of support for antibiotic stewardship (e.g., a written policy or statement approved by the board).	71%	74%
Leadership communicates to staff about stewardship activities, via email, newsletters, events, or other avenues	72%	76%
Leadership provides opportunities for hospital staff training and development on antibiotic stewardship	69%	69%
Leadership allocates resources (e.g., IT support, training for stewardship team) to support antibiotic stewardship efforts.	69%	76%
Information on stewardship activities and outcomes are presented to facility leadership and/or board at least annually	70%	67%
Leadership ensures that staff from key support departments and groups (e.g., IT and hospital medicine) are contributing to stewardship activities.	59%	57%
Leadership: <ul style="list-style-type: none"> Provides stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions OR Has a senior executive that serves as a point of contact or "champion" to help ensure the program has resources and support to accomplish its mission OR Ensures the stewardship program has an opportunity to discuss resource needs with facility leadership and/or board at least annually 	64%	69%
If a physician and/or pharmacist are leading antibiotic stewardship activities, antibiotic stewardship responsibilities are in their contract or job description	37%	39%

Accountability

	National	Nebraska
Our facility has a leader or co-leaders responsible for antibiotic stewardship program management and outcomes.	97%	96%

Drug Expertise

	National	Nebraska
Our facility has a pharmacist lead or co-lead responsible for antibiotic stewardship outcomes	79%	78%
Our facility has a physician or "other" leader responsible for antibiotic stewardship outcomes but there is at least one pharmacist responsible for improving antibiotic use at our facility	16%	15%
Total	95%	93%

Action

Our facility has a policy or formal procedure for:	National	Nebraska
Early administration of effective antibiotics to optimize the treatment of sepsis	71%	76%
Treatment protocols for Staphylococcus aureus bloodstream infection	32%	30%
Stopping unnecessary antibiotic(s) in new cases of Clostridioides difficile infection (CDI)	48%	50%
Review of culture-proven invasive (e.g., bloodstream) infections	55%	41%
Review of planned outpatient parenteral antibiotic therapy (OPAT)	22%	17%
Assess and clarify documented penicillin allergy	43%	39%
The treating team to review antibiotics 48-72 hours after initial order (i.e., antibiotic time-out).	61%	54%
Using the shortest effective duration of antibiotics at discharge for common clinical conditions (e.g., community-acquired pneumonia, urinary tract infections, skin and soft tissue infections)	45%	41%

Action Cont'd

Our facility has the following priority antibiotic stewardship interventions:	National	Nebraska
Prospective audit and feedback for specific antibiotic agents.	61%	56%
Preauthorization for specific antibiotic agents.	28%	13%
Facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions (e.g., CAP, UTI, skin and soft tissue infection).	73%	69%

Our facility has the following specific "pharmacy-based" interventions:	National	Nebraska
Pharmacy-driven changes from intravenous to oral antibiotics without a physician's order (e.g., hospital-approved protocol)	45%	37%
Alerts to providers about potentially duplicative antibiotic spectra (e.g., multiple antibiotics to treat anaerobes)	68%	67%
Automatic antibiotic stop orders in specific situations (e.g., surgical prophylaxis)	55%	56%

Our facility has the following specific "nurse-based" interventions:	National	Nebraska
Nurses initiate discussions with the treating team on switching from intravenous to oral antibiotics	24%	37%
Nurses initiate antibiotic time-out discussions with the treating team	12%	19%
Nurses track duration of therapy	11%	19%

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Tracking	National	Nebraska
Our stewardship program monitors adherence to our facility's treatment recommendations for antibiotic selection for common clinical conditions (e.g., community acquired pneumonia, urinary tract infection, skin and soft tissue infection).	64%	63%
Our antibiotic stewardship program monitors prospective audit and feedback interventions (e.g., by tracking antibiotic use, types of interventions, acceptance of recommendations).	55%	54%
Our antibiotic stewardship program monitors preauthorization interventions (e.g., by tracking which agents are requested for which conditions).	22%	13%
Our stewardship program monitors adherence to use of shortest effective duration of antibiotics at discharge for common clinical conditions (e.g., CAP, UTIs, skin and soft tissue infections), at least annually.	32%	33%
Our stewardship team monitors antibiotic resistance patterns	83%	80%
Our stewardship team monitors antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly	63%	52%
Our stewardship team monitors antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly	21%	11%
Our stewardship team monitors antibiotic expenditures (i.e., purchasing costs), at least quarterly	31%	19%

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Reporting

	National	Nebraska
Facility leadership has demonstrated a commitment to antibiotic stewardship efforts by presenting information on stewardship activities and outcomes to facility leadership and/or board at least annually	70%	67%
Our facility has the following priority antibiotic stewardship interventions: prospective audit and feedback for specific antibiotic agents	61%	56%
Our stewardship team provides individual, prescriber-level reports on antibiotic use to prescribers at least annually	24%	19%
Our stewardship team provides unit- or service-specific reports on antibiotic use to prescribers at least annually	35%	37%
Our facility distributes an antibiogram to prescribers, at least annually	87%	80%
Information on antibiotic use, antibiotic resistance, and stewardship efforts is reported to hospital staff, at least annually.	82%	70%

Education

	National	Nebraska
Our facility has the following priority antibiotic stewardship interventions: preauthorization for specific antibiotic agents.	61%	56%
Our facility has the following priority antibiotic stewardship interventions: prospective audit and feedback for specific antibiotic agents	28%	13%
Prescribers receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance at least annually.	76%	83%
Nursing staff receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance at least annually.	40%	28%
Pharmacists receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance at least annually.	73%	76%
If 'Individual, prescriber-level reports' or 'Unit- or service-specific reports' are provided, stewardship program uses reports to target feedback to prescribers about how they can improve their antibiotic prescribing, at least annually	42%	44%
Are patients provided education on important side effects of prescribed antibiotics?	92%	89%

MBQIP Core Measures – Patient Experience

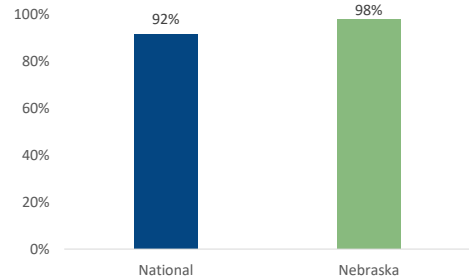
Patient Safety/ Inpatient	Patient Experience	Care Transitions	Outpatient
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§ EDTC – Only measure not collected through CMS or NHSN

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

HCAHPS: Consumer Assessment of Healthcare Providers and Systems

State	2021 HCAHPS Measures Reporting	
	# of CAHs	CAHs Reporting # (%)
National	1359	1243 (91.5%)
Nebraska	63	62 (98%)



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HCAHPS: Consumer Assessment of Healthcare Providers and Systems

- **Composite 1:** Communication with nurses
- **Composite 2:** Communication with doctors
- **Composite 3:** Responsiveness of hospital staff
- **Composite 5:** Communication about medicines
- **Composite 6:** Discharge information
- **Composite 7:** Care Transition
- **Question 18:** Overall hospital rating



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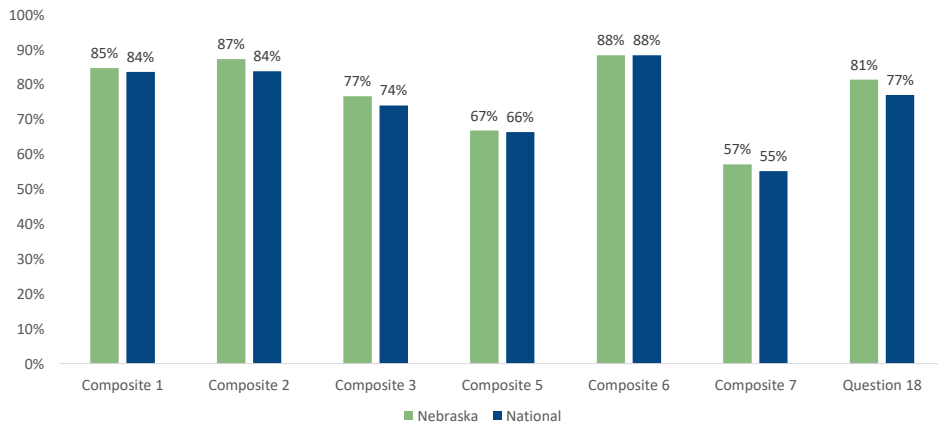
HCAHPS: Consumer Assessment of Healthcare Providers and Systems

State	Q3 2021 – Q2 2022 HCAHPS Composite Scores						
	Composite 1 (Communication with nurses)	Composite 2 (Comm with doctors)	Composite 3 (Responsiveness of staff)	Composite 5 (Communication re: medications)	Composite 6 (Discharge Information)	Composite 7 (Transitions of Care)	Question 18 (Overall Rating)
National	83.6%	83.8%	74.0%	66.4%	88.4%	55.2%	77%
Nebraska	84.7%	87.3%	76.6%	66.8%	88.4%	57.1%	81.4%



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Q3 2021-Q2 2022 HCAHPS Composite Scores



	Composite 1 (Communication with nurses)	Composite 2 (Communication with doctors)	Composite 3 (Responsiveness of staff)	Composite 5 (Communication re: medications)	Composite 6 (Discharge Information)	Composite 7 (Transitions of Care)	Question 18 (Overall Rating)
National	83.6%	83.8%	74.0%	66.4%	88.4%	55.2%	77%
Nebraska	84.7%	87.3%	76.6%	66.8%	88.4%	57.1%	81.4%



Communication



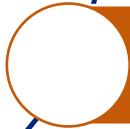
Whiteboards

- Communication tool
- Must be used faithfully
- Users design



Bedside Shift Report

- Template/checklist
- Natural leaders
- Observational auditing



Team Huddles

- Multidisciplinary – leaders involved
- In care units
- Different structures

Source: Improving Patient Flow and Reducing ED Crowding

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Responsiveness of Hospital Staff



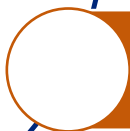
Hourly Rounding

- Communication tool
- Must be used faithfully
- Users design



No Pass Zone

- Template/checklist
- Natural leaders
- Observational auditing



Technological Devices

- Multidisciplinary – leaders involved
- In care units
- Different structures

Source: Improving Patient Flow and Reducing ED Crowding

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Communication about Medications

Pharmacist Visits

- Trigger and process verified
- Medication reconciliation
- Interdisciplinary huddles and rounds

Patient Education

- Written and easy to read
- When: time of new meds, daily, discharge
- Teach back
- EHR reminders and hard stops

Key Words

- "Education on your medications"
- "Side effects of your medications"
- "This medication is for..."

Source: Improving Patient Flow and Reducing ED Crowding

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Cleanliness of Hospital Environment

Cleaning Schedules

- Morning cleaning
- Afternoon or evening tidy up
- PM by nurse, CNA, volunteer or environmental services staff

Notices of Cleaning

- Tent cards, calling cards, white board notes
- Name, time, contact information

Cleanliness Auditing

- Adenosine triphosphate (ATP) monitoring
- Glow gel monitoring
- Rounding inspections

Source: Improving Patient Flow and Reducing ED Crowding

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Quietness of Hospital Environment

Awareness

- Noise monitors
- Reminders – verbal, written, scheduled, in real time
- “SHHH” campaigns

Structural Changes

- Enclosed nursing stations
- Decentralized nursing stations
- Carpets or floor padding

Environmental Noise

- Doors, carts
- Cleaning or maintenance schedules
- Communication devices

Source: Improving Patient Flow and Reducing ED Crowding

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Discharge & Care Transitions

Discharge Planning

- Start at admission
- Social worker, care manager, discharge RN
- Rounds or huddles
- Interdisciplinary involvement

Discharge Education

- Discharge packet, folder, binder
- Written discharge instructions/care plan/AVS
- Simple language
- Teach back

Discharge Calls or Home Visits

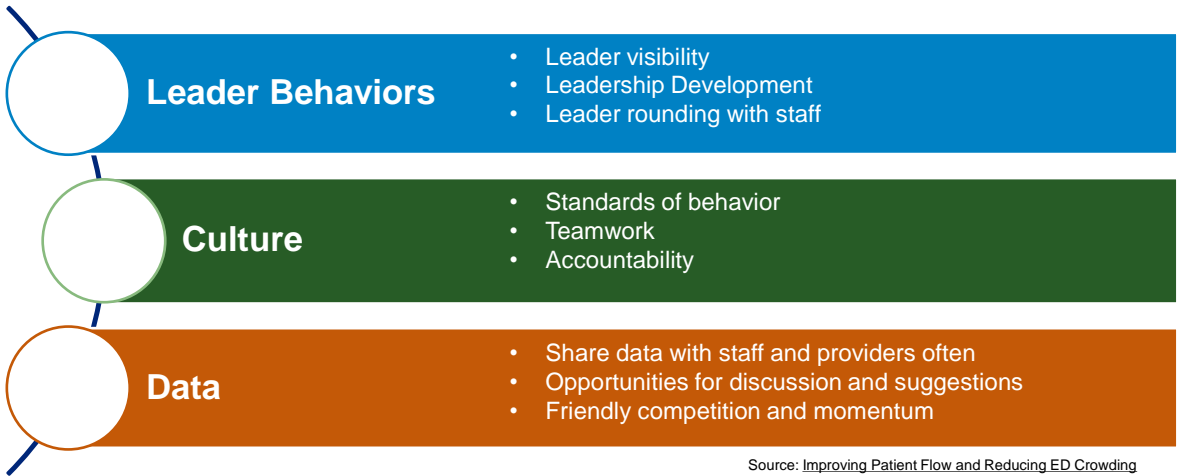
- Phone calls in 2-3 days
- Discharge planner, nurse, pharmacist
- Selected patients by risk or diagnosis vs. all
- Home visits effective but less common

Source: Improving Patient Flow and Reducing ED Crowding

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Global Improvement



Source: Improving Patient Flow and Reducing ED Crowding

MBQIP Core Measures – Care Transitions

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EDTC: Emergency Department Transfer Communication

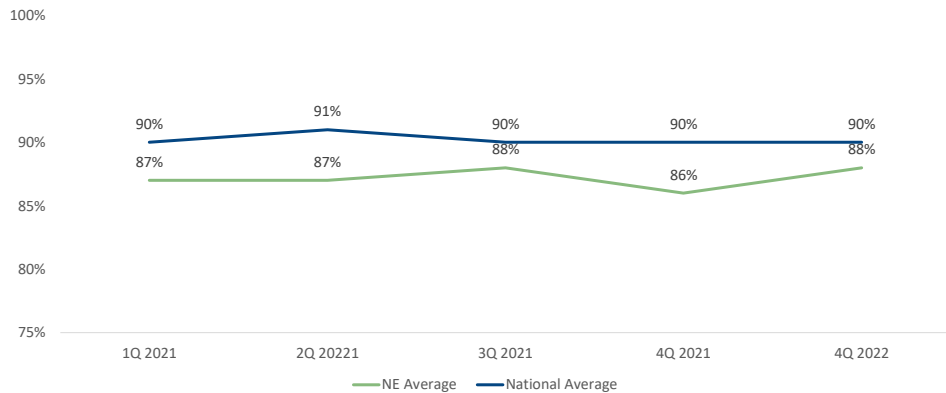
EDTC-All: Emergency Department Transfer Communication Composite

Timeframe	# (%) CAHs Reporting		Average		90 th Percentile	
	NE CAHs (63)	National CAHs (1,338)	NE CAHs	National CAHs	NE CAHs	National CAHs
1Q 2021	58 (92%)	1,157 (86%)	87%	90%	100%	100%
2Q 2021	56 (89%)	1,185 (89%)	87%	91%	100%	100%
3Q 2021	61 (97%)	1,200 (90%)	88%	90%	100%	100%
4Q 2021	59 (94%)	1,153 (86%)	86%	90%	100%	100%
4Q 2022	58 (92%)	1,178 (88%)	88%	90%	100%	100%



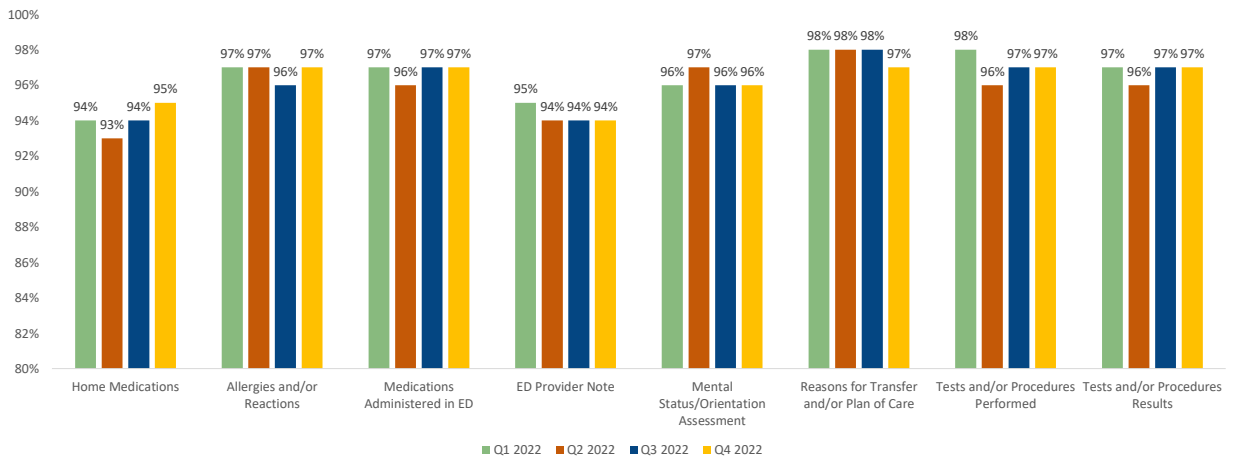
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Emergency Department Transfer Communication Measure Performance (EDTC - All)



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EDTC Measures – Nebraska 2022 Performance Scores



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EDTC Suggested Strategies

- Initiate discussions with organizations, both hospitals and long-term care centers that frequently receive patients from the ED, regarding opportunities for improved transfer communication and care for patients
- Implement prompts and documentation in the EHR to ensure elements are captured and communicated to the receiving facility, whether electronically or via a printed paper form

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EDTC Suggested Strategies

- Identify and implement a standardized process for documentation and transfer of information to the next setting of care
- Update paper transfer forms to ensure capture of all the required data elements and documentation that necessary information was communicated to the next setting of care
- Develop standardized setting of care processes to report outstanding test or lab results to the next setting of care if not available prior to transfer

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MBQIP Core Measures - Outpatient

Patient Safety/ Inpatient	Patient Engagement	Care Transitions	Outpatient
<ul style="list-style-type: none"> HCP/IMM-3 – Healthcare personnel influenza vaccination Antibiotic Stewardship – Implementation of core elements 	<ul style="list-style-type: none"> Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) 	<ul style="list-style-type: none"> Emergency Department Transfer Communication (EDTC)[§] 	<p>AMI:</p> <ul style="list-style-type: none"> OP-2 – Fibrinolytic therapy w/in 30 OP-3 – Time to transfer <p>ED Throughput:</p> <ul style="list-style-type: none"> OP-18 – Time from arrival to departure OP-22 – Left w/o being seen

§ EDTC – Only measure not collected through CMS or NHSN

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AMI Measures – OP-2 & OP-3

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AMI Measures (OP-2 and OP-3) Suggested Strategies

- Diagnose as early in patient flow as possible
 - Enable EMS to diagnose STEMI and/or notify ED of possible STEMI to initiate appropriate prep
- Synchronize clocks and ED equipment
- Establish local guidelines or care pathways for AMI patients

Fibrinolytic Therapy (OP-2)

- Ensure physician on duty activates reperfusion plan according to established local guidelines
- Treat registration for patients with AMI in a fashion similar to patients with trauma
 - E.g., Fast-track critical labs
- Store fibrinolytic agent in the ED and/or establish ability to reconstitute and administer fibrinolytic in the ED

Median Time to Transfer (OP-3)

- Work with EMS and regional centers to establish processes and protocols to expedite communication and transfer
- Establish initial and backup plan for transfer or transport to a STEMI-receiving hospital
- For helicopter transfer, immediately activate transport during initial communication between referring and receiving hospital regarding need for reperfusion



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OP:18 – Median Time from ED Arrival to Departure

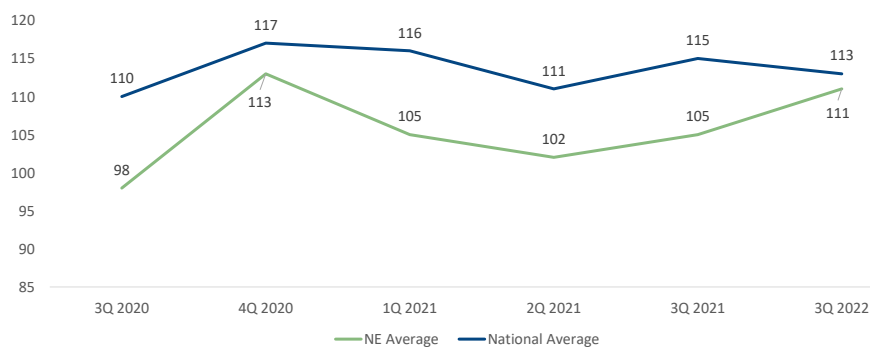
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OP-18: Median time from ED Arrival to Departure (in minutes)

Timeframe	# (%) CAHs Reporting		Median		90 th Percentile	
	NE CAHs (63)	National CAHs (1,359)	NE CAHs	National CAHs	NE CAHs	National CAH benchmark
3Q 2020	48 (76%)	924 (69%)	98	110	80	80
4Q 2020	51 (81%)	953 (71%)	113	117	91	84
1Q 2021	54 (86%)	1,045 (78%)	105	116	90	86
2Q 2021	51 (81%)	1,017 (76%)	102	111	83	79
3Q 2021	54 (86%)	1,042 (78%)	105	115	82	79
3Q 2022	53 (84%)	1,060 (78%)	111	113	92	84

OP-18 Performance: Median Time from ED Arrival to Departure (in minutes)



AHRQ Resource: Improving Patient Flow & Reducing ED Crowding

Form a Patient Flow Team

- Multi-disciplinary/departmental representation
- Day to day, senior, and technical leaders
- Identify champions

Measure Performance

- Regulatory/accreditation data
- Mission driven data
- Rapid cycle change data

Identify & Test Strategies

- Process mapping
- Change management
- Share results

Source: Improving Patient Flow and Reducing ED Crowding

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Alternative Patient Flows

 **Nurse triage and registration at bedside**

 **Provider/RN team evaluations upon arrival**

 **Low acuity patients evaluated upon arrival and discharged as soon as registration is complete**

Source: Improving Patient Flow and Reducing ED Crowding

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Patient Experience

Form a Patient Flow Team

- Set expectations
- Under promise and over deliver
- Provide updates

Measure Performance

- Arrange the space
- Remove the term “waiting”
- Occupy time

Identify & Test Strategies

- Engage your patient & family advisory council
- Review ED CAHPS or other survey feedback
- Follow-up calls post-discharge and to patients who LWBS

Source: Improving Patient Flow and Reducing ED Crowding

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Data Collection and Monitoring

 Share median patient time spent in ED data with ED managers, staff and providers daily

 Implement a process to collect measure and contact data for patients that left without being seen

 Conduct regular patient record analyses to identify and understand trends, such as diagnosis or timeframe

Source: Improving Patient Flow and Reducing ED Crowding

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OP:22 – Left Without Being Seen

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Left Without Being Seen (OP-22)

- Implement a process to capture information
- Focus on shortening the time it takes for patients to be evaluated
- Utilize AHRQ resource: [Improving Patient Flow and Reducing ED Crowding](#)



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Left Without Being Seen (OP-22) – Follow Up

- Gather contact info at sign-in and reach out to patients that LWBS before the end of the shift or the next day to encourage them to seek care; ask why they LWBS and utilize feedback to improve processes
- Conduct regular patient record analyses to identify and understand trends, such as diagnosis or timeframe



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Using Data and Driving Quality Improvement

MBQIP Data Analysis Resources

- **Interpreting MBQIP Hospital Data Reports for Quality Improvement**

<https://www.ruralcenter.org/sites/default/files/2022-11/Interpreting%20MBQIP%20Data%20Reports%20for%20Quality%20Improvement%20%28March%202021%29.pdf>

- **How Small is Too Small?**

<https://www.ruralcenter.org/sites/default/files/How%20Small%20is%20too%20Small.pdf>

- **Eliminate the Denominator**

<http://www.reinertsgroup.com/publications/Improvement-Ideas/idea-1-eliminate-the-denominator.html>

MBQIP Monthly

<https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>

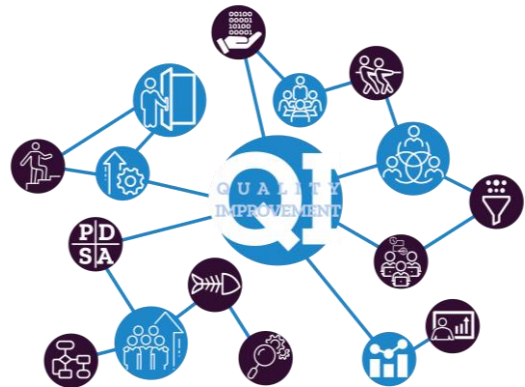
- CAHs Can!
- Data: CAHs Measure Up
- Tip: Robyn Quips
- Tools and Resources



Quality Improvement Basics Course

<https://stratishealth.org/quality-improvement-basics/>

- Didactic modules including videos, slides, and transcripts
- Templates and tools
- Facilitator Guide and Sample Syllabus also available



Quality Improvement Implementation Guide & Toolkit for CAHs

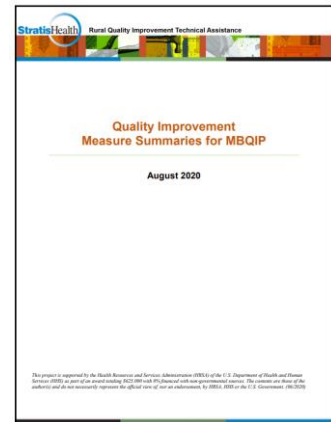
<https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs>

- QI Implementation Guide
- QI Measure Summaries
- Brainstorming Tool
- Internal Quality Monitoring Tool
- Project Action Plan Template
- Meeting Agenda Template
- Rapid Tests of Change Tool
- Prioritization Tool
- Internal Quality Monitoring Tool
- 10-Step QI Project Documentation Template

Suggested Strategies for Improving MBQIP Measures

- Part of the Quality Improvement Implementation Guide and Toolkit for CAHs
- Suggested promising strategies for QI for each of the MBQIP Core Measures

<https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs>



HCAHPS Best Practices

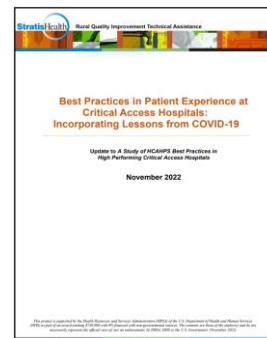
- Best practices for improving HCAHPS, as collected from high performing CAHs
- Includes strategies for creative approaches during the pandemic, increasing response rates, and performance in each HCAHPS domain

2022 Full report

https://www.ruralcenter.org/sites/default/files/2022-12/HCAHPS-CAHs%20Best%20Practices%20Report_2022.pdf

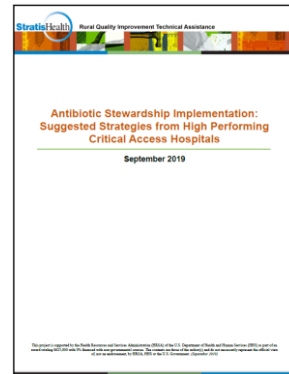
2022 summary

https://www.ruralcenter.org/sites/default/files/2022-12/Summary-HCAHPS%20CAHs%20Best%20Practices%20Report_2022.pdf



Antibiotic Stewardship Strategies

- Best practices for improving implementing AS collected from high-performing CAHs
- Aligned with the Centers for Disease Control & Prevention 7 core elements of antibiotic stewardship



<https://www.ruralcenter.org/sites/default/files/2022-11/Antibiotic%20Stewardship%20Implementation%20-%20Suggested%20Strategies%20from%20High%20Performing%20CAHs42020.pdf>

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