Thursday, June 27, 2024

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MBQIP Critical Access Hospital Quality Improvement: Current Status of MBQIP and Areas for Improvement in Nebraska

Objectives

- Attendees will understand MBQIP performance in Nebraska for the MBQIP Core Measures
- Attendees will understand quality improvement opportunities for each of the MBQIP Core Measures
- Attendees will be able to identify quality improvement tools available for MBQIP

Role of Rural Quality Improvement Technical Assistance Center (RQITA)

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The goal of RQITA is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement.

RQITA is intended to add expertise related to quality reporting and quality improvement, not to replace technical assistance support already in place.

Resources and Services

- Monthly Newsletter
- Up-to-date resources, guides and tools
- 1:1 technical assistance
- Learning and action webinar events
- Recorded trainings
- **Telligen RQITA website for quality improvement resources**
- **TASC Rural Center website**

The RQITA Team

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Nebraska MBQIP Performance

MBQIP Core Measure Set

MBQIP Core Measure Set Current Measures in *black (for reporting data from calendar years 2023 and 2024) MBQIP 2025 Core Measure Set (adding in the additional orange measure reporting data by calendar year 2025)				
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
±**CAH Quality Infrastructure** *(annual submission)* **Hospital Commitment to Health Equity** *(annual submission)*	***HCP/IMM-3:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) *(annual submission)* ***Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey *(annual submission)* **Safe Use of Opioids (eCQM)** *(annual submission)*	***Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *(quarterly submission)*: The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics: • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care	**Hybrid Hospital-Wide Readmission** *(annual submission)* **Social Drivers of Health Screening** *(annual submission)* **Social Drivers of Health Screening Positive** *(annual submission)*	***Emergency Department Transfer Communication (EDTC)** *(quarterly submission)*: The following eight elements roll up into a single composite result: • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results ***OP-18:** Median Time from ED Arrival to ED Departure for Discharged ED Patients *(quarterly submission)* ***OP-22:** Patient Left Without Being Seen *(annual submission)*

https://www.telligen.com/wp-content/uploads/2024/03/MBQIP_Measures_20240228_508.pdf

Healthcare Personnel Influenza Immunization

Patient Safety Domain

Healthcare Personnel Influenza Immunization (HCP/IMM3) Performance Data

Recap:

- Annual Submission of N/D
- Data collected Q4-Q1
- Next submission deadline May 15, 2025 (Q4 2024 - Q1 2025 data)

Numerator:

All HCP personnel who:

- Received vaccination at the facility
- Received vaccination outside of the facility
- Did not receive vaccination due to contraindication
- Did not receive vaccination due to declination

Denominator:

- All HCP that worked in the facility (part-time or full-time) for at least one day during the encounter period of October 1 – March 31.

Submission Channel: This data is reported annually through the Healthcare Personnel Safety Component of National Healthcare Safety Network (NHSN) website.

For more information: MBQIP Measure Information Guide and the RQITA website immunization page

Healthcare Personnel Influenza Immunization Performance Data

- **57** CAHs reporting as of 2023-2024 flu season
- Influenza Vaccination Coverage Among Health Care Personnel lower than benchmark, and lower than the national CAH overall rate

		State Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Bench-mark
	NHSN Immunization Measure	4Q21 - 1Q22	4Q22 - 1Q23	4Q23 - 1Q24	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	Healthcare Provider Influenza Vaccination	82%	80%	78%	57	78%	95%	1,212	79%	100%

HCP/IMM-3 Areas for Improvement and TA Discussion

- Areas for improvement
- QI Strategies
- Considerations
  - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for MBQIP in Nebraska
  - What new processes can be implemented for improvement or for tracking improvement?
  - Learn from peers

Resources to Support You!

- CDC Healthcare Personnel Flu Vaccination data collection forms and instructions
- CDC Healthcare Personnel Flu Vaccination trainings
- NHSN Submission Tips
- NHSN Healthcare Personnel Flu Vaccination (CDC)
- Telligen Vax Hub for Quality Improvement

For more information: MBQIP Measure Information Guide and the RQITA website immunization page

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Antibiotic Stewardship

Patient Safety Domain

Antibiotic Stewardship Performance

- CDC NHSN Annual Facility Survey
- Recap
  - Annual submission
  - Data reflects January 1-December 31
  - Next submission deadline March 3, 2025

- Questions as answered on the Patient Safety Component Annual Hospital Survey inform whether the hospitals have successfully implemented the following core elements of antibiotic stewardship:
  - Leadership
  - Accountability
  - Drug Expertise
  - Action
  - Tracking
  - Reporting
  - Education
- Submission Channel: This data is reported annually through the Healthcare Personnel Safety Component of National Healthcare Safety Network (NHSN) website.

Antibiotic Stewardship Performance

- **56** CAHs reporting per CY 2023 data
- **52** CAHs met all core elements

	State Percentage by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Bench-mark
Antibiotic Stewardship Measure – CDC Core Elements	Survey Year 2022	Survey Year 2023	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of CAHs Meeting Element
All Elements Met	86%	93%	56	93%	1,266	92%	100%
Element 1: Leadership	98%	100%	56	100%	1,266	98%	100%
Element 2: Accountability	97%	98%	56	98%	1,266	97%	100%
Element 3: Drug Expertise	93%	96%	56	96%	1,266	96%	100%
Element 4: Action	95%	98%	56	98%	1,266	99%	100%
Element 5: Tracking	97%	100%	56	100%	1,266	96%	100%
Element 6: Reporting	98%	98%	56	98%	1,266	98%	100%
Element 7: Education	98%	100%	56	100%	1,266	99%	100%

Antibiotic Stewardship Improvement and TA Discussion

- Areas for improvement
- QI strategies
  - Learn what is successful
  - Disseminate best practices with peers
  - Continue encouragement on completion and antibiotic stewardship work
  - Ensure sustainability of current processes to continue success
- Considerations
  - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for the State Flex Program?
  - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!

- Improving Antibiotic Stewardship Use, Current Report
- Core Elements of Hospital Antibiotic Stewardship Programs
- Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals
- MBQIP Antibiotic Stewardship Resources
- Annual Surveys, Locations and Monthly Reporting | PSC | NHSN | CDC

For more information: MBQIP Measure Information Guide and the RQITA website antibiotic stewardship page

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Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Patient Experience Domain

HCAHPS Performance

- Recap
  - Quarterly submission
  - Next submission deadline July 3, 2024 (Q1 2024 data)

- The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:
  - Communication with Doctors
  - Communication with Nurses
  - Responsiveness of Hospital Staff
  - Communication about Medicines
  - Discharge Information
  - Cleanliness of the Hospital Environment
  - Quietness of the Hospital Environment
  - Transition of Care
- Submission Channel: Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.

HCAHPS Performance

- **62** CAHs reporting as of Q4 2022 – Q3 2023 data

HCAHPS Performance

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q4 2022 - Q3 2023 All Reporting Hospitals				
STATE	QUESTION	RATING 9-10	National CAH Data* RATING	Benchmark RATING
NE	Question 18-Overall Rating of Hospital (0=worst, 10=best)	81	78	86

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q4 2022 - Q3 2024 All Reporting Hospitals					
STATE	QUESTION	NO	YES	National CAH Data* YES	Benchmark YES
NE	Composite 6-Discharge Information	14%	89%	89%	92%

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q4 2022 - Q3 2023 All Reporting Hospitals				
STATE	QUESTION	ALWAYS	National CAH Data* ALWAYS	Benchmark ALWAYS
NE	Composite 1-Communication with Nurses	85%	84%	88%
NE	Composite 2-Communication with Doctors	87%	84%	88%
NE	Composite 3-Responsiveness of Hospital Staff	77%	75%	81%
NE	Composite 5-Communication About Medicines	67%	66%	74%
NE	Composite 7-Care Transition	58%	56%	64%
NE	Q8-Cleanliness of Hospital	83%	80%	80%
NE	Q9-Quietness of Hospital	73%	67%	80%

*Current reporting period

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State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q4 2022 - Q3 2023 All Reporting Hospitals			
STATE	QUESTION	DEFINITELY YES	National CAH Data* DEFINITELY YES
NE	Question 19-Willingness to Recommend	78	75

Areas to explore for improvement: quietness of hospital (Q9) care transition (comp 7), communication about medicines (comp 5)

HCAHPS Improvement and TA Discussion

- Areas for improvement
- QI strategies
  - Review your data. Deep dive into areas where you aren't meeting the mark. Review your data as a multidisciplinary team.
  - Shares data in daily huddle
  - Self awareness of hospital results
  - Positive feedback: Free text able to be submitted in the survey; share positive feedback within your hospital
- Considerations
  - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes within the State Flex Program?
  - Does your current HCAHPS improvement process work for all levels of implementation?
  - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!

- HCAHPS Survey Website
- Hospital Compare Website
- CMS HCAHPS General Information

For more information: MBQIP Measure Information Guide and the RQITA website HCAHPS page

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Emergency Department Transfer Communication

Emergency Department Domain

Emergency Department Transfer Communication (EDTC) Performance

- Recap

  Quarterly submission

  Next submission deadline July 31, 2024 (Q2 2024 data)

- EDTC data collection tool is used for managing EDTC data
- Data is submitted to State Flex Coordinators
- This is an MBQIP specific measure and not submitted to CMS, HQR, or NHSN
- Numerator: The number of patients discharged, transferred, or returned to another healthcare facility whose medical record documentation indicated that ALL 8 data elements were documented and communicated to the receiving hospital in a timely manner.

EDTC Performance

- 61 hospitals reporting for Q1 2024
- Near 100% for all EDTC components.
- Areas of improvement:

    ED Provider Note

		Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Bench-mark
	MBQIP Quality Measure	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Aggregate for All Four Quarters	# CAHs Report-ing	Average Current Quarter	90th Per-centile	# CAHs Report-ing	Average Current Quarter	Average Current Quarter
EDTC-All	Composite	90%	89%	90%	90%	90%	61	90%	100%	1,220	92%	100%
	Home Medications	95%	94%	94%	95%	94%	61	95%	100%	1,220	96%	100%
	Allergies and/or Reactions	97%	97%	97%	97%	97%	61	97%	100%	1,220	97%	100%
	Medications Administered in ED	98%	96%	96%	97%	97%	61	97%	100%	1,220	97%	100%
	ED Provider Note	95%	94%	94%	94%	94%	61	94%	100%	1,220	96%	100%
	Mental Status/Orientation Assessment	96%	96%	96%	97%	96%	61	97%	100%	1,220	97%	100%
	Reason for Transfer and/or Plan of Care	97%	96%	96%	96%	96%	61	96%	100%	1,220	98%	100%
	Tests and/or Procedures Performed	97%	96%	96%	96%	96%	61	96%	100%	1,220	97%	100%
	Tests and/or Procedures Results	97%	95%	96%	96%	96%	61	96%	100%	1,220	97%	100%
	Total Medical Records Reviewed (N)	N=2,039	N=1,948	N=2,115	N=2,209	N=8,311	N=2,209			N=51,102		

EDTC Improvement and TA Discussion

- Areas for improvement
- QI strategies and discussion
  - Is the information valuable that is being sent for transfers?
  - Is this translating to better patient outcomes?
  - What is in the information CAHs are sending during transfers and does it need to be better?
  - Is the information being sent in a helpful/readable format?
- Considerations
  - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for other South Dakota hospitals?
  - Does the current EDTC process work for your hospital? What is information is missing?
  - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!

- Data specifications, data collection resources, and additional information

Median time from ED arrival to ED departure for discharged ED patients

Emergency Department Domain

Median time from ED arrival to ED departure for discharged ED patients (OP-18) Performance

- Recap

  Quarterly submission

  Next submission deadline August 1, 2024 (Q1 2024 data)

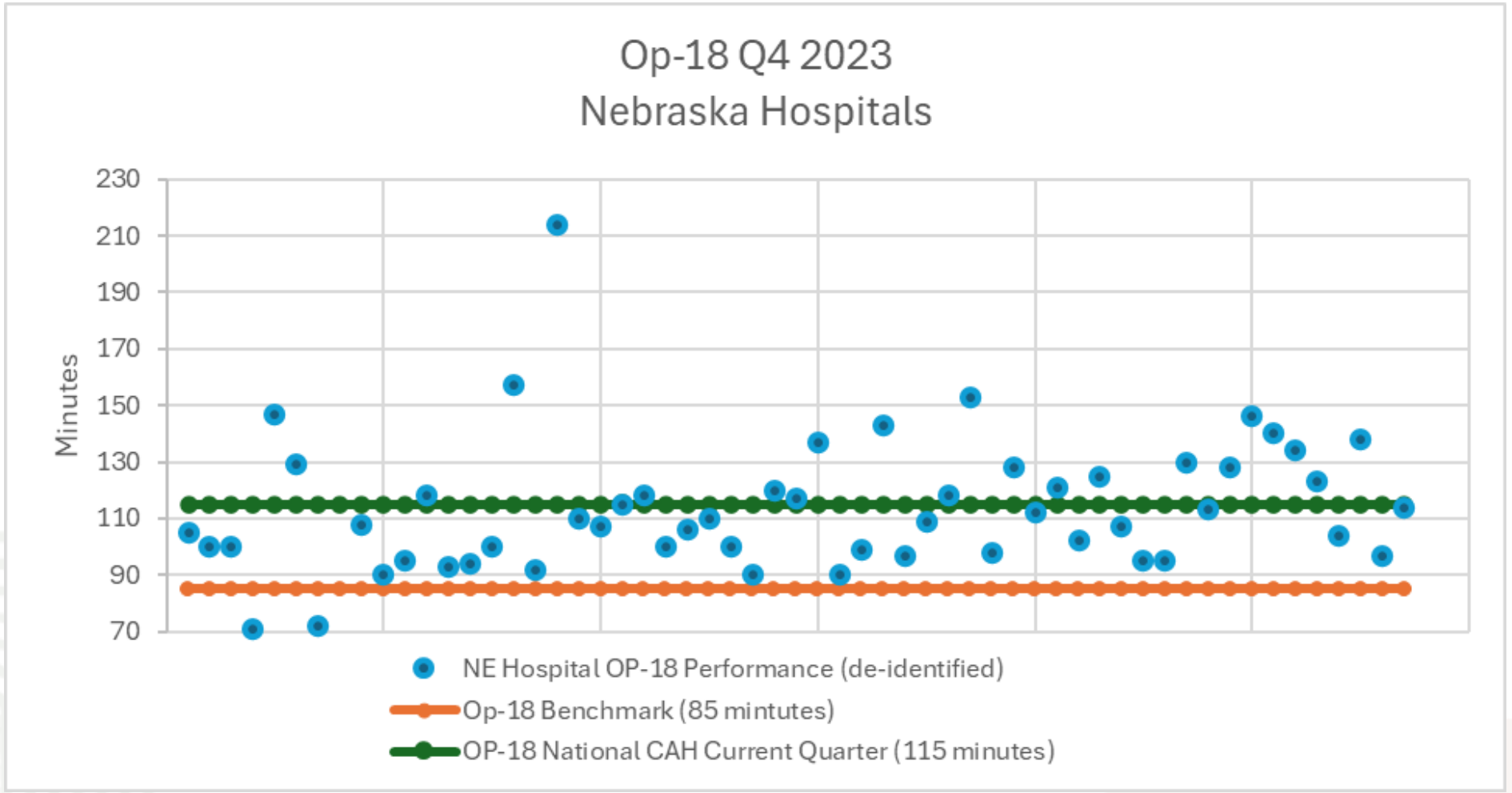
- Measure population: Patients seen in a Hospital Emergency Department that have an E/M code in Appendix A, OP Table 1.0 of the CMS Hospital OQR Specifications Manual.
- Data Elements:
  - Arrival Time
  - Discharge Code
  - E/M Code
  - ED Departure Date
  - ED Departure Time
  - ICD-10-CM Principal Diagnosis Code
  - Outpatient Encounter Date
- Data Submission: Hospital Quality Reporting (HQR) via Outpatient CART/Vendor

OP-18 Performance

- **57** CAHs reporting for Q4 2023
- Wide variety of performance throughout Nebraska

		State Performance by Quarter				State Current Quarter			National Current Quarter		Bench-mark
	Emergency Department – Quarterly Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	111 min	110 min	104 min	109 min	57	109 min	90 min	1,098	115 min	85 min
	Number of Patients (N)	N=6,482	N=7,671	N=7,664	N=7,959						

OP-18 Performance



OP-18 Improvement and TA Discussion

- Areas for improvement
- QI strategies
  - Opportunities for quality improvement (QI) projects
  - OP-18 is a great measure to build QI skills for CAHs
  - Do a root cause analysis (RCA) or RCA training
  - Review common contributing factors
  - Share ED time with ED managers, ED staff, and providers daily
- Considerations
  - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for hospitals in Nebraska?
  - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!

- Hospital Outpatient Quality Measure Specifications, ED-Throughput OP-18
- Improving Patient Flow and Reducing Emergency Department Crowding
- Hospital Quality Reporting / HARP site
- Telligen Quality Improvement Workbook

For more information: MBQIP Measure Information Guide and the RQITA website ED-Throughput webpage

Patient Left Without Being Seen

Emergency Department Domain

Patient Left Without Being Seen (OP-22) Performance

- Recap
  - Annual Submission
  - Data reflects January 1-December 31
  - Next submission deadline May 15, 2025 (CY 2024 data)

- Numerator: The total number of patients who left without being evaluated by a physician/APN/PA.
- Denominator: The total number of patients who presented to the ED
- Submission Channel: Hospital Quality Reporting (HQR) via Online Tool (HARP)

OP-22 Performance

- **40** CAHs reporting CY2023 data
- Percentage compares to national CAH overall rate
- Individual hospital performance is generally <0.5% (0.32% average of NE CAHs)

		State Performance by Calendar Year			State Current Year			National Current Year		Bench-mark
	Emergency Department – Annual Measure	CY 2021	CY 2022	CY 2023	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	Patient Left Without Being Seen	0%	0%	0%	40	0%	0%	1,033	1%	0%
	Number of Patients (N)	N=66,515	N=75,352	N=83,143						

OP-22 Improvement and TA Discussion

- Areas for improvement
- QI strategies
  - Learn what is successful
  - Ensure sustainability of best practices
  - Disseminate best practices from high performing hospitals
  - What works and what doesn’t
  - Conduct regular patient record analyses to identify and understand trends, such as a particular diagnosis or timeframe
- Considerations
  - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes?

Resources to Support You!

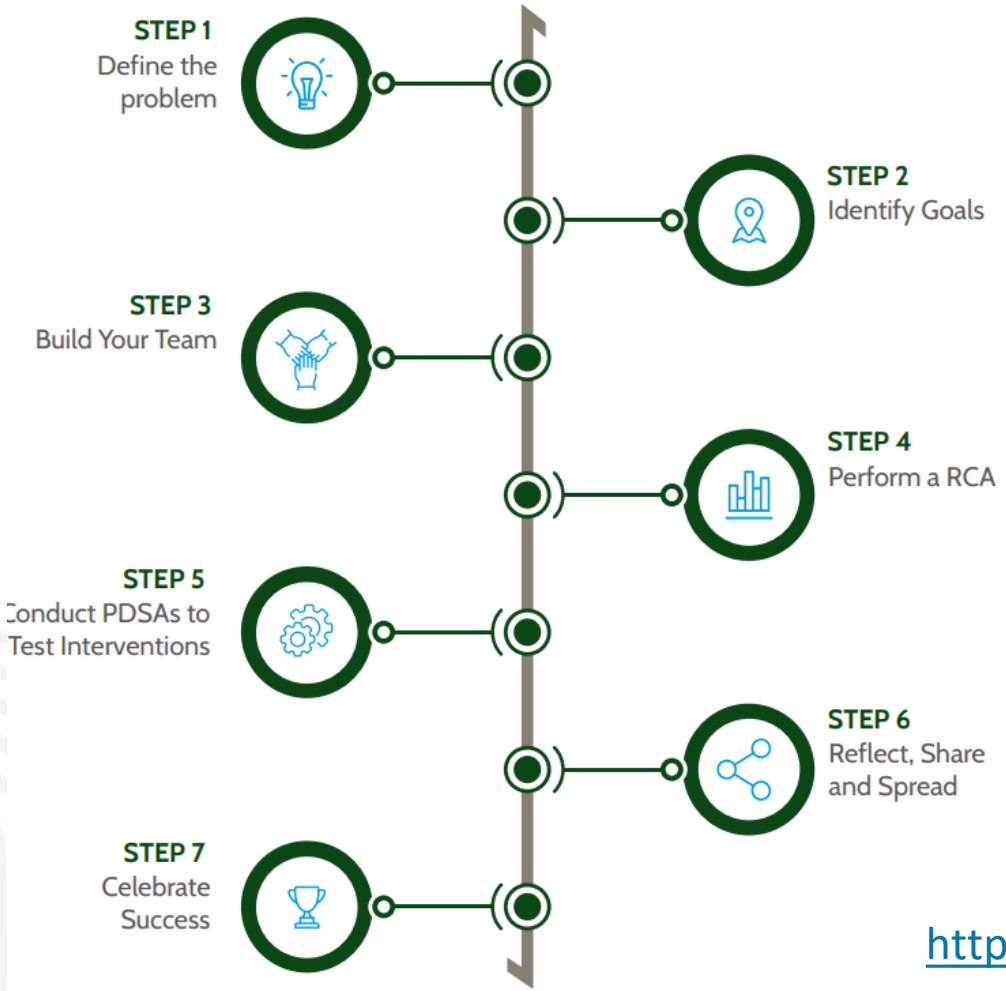
- Hospital Outpatient Quality Measure Specifications, ED-Throughput OP-22
- Hospital Quality Reporting / HARP site
- Improving Patient Flow and Reducing ED Crowding
- Telligen Quality Improvement Workbook

For more information: MBQIP Measure Information Guide and the RQITA website ED-Throughput webpage

Overall Quality and TA Approach

- Collaborate with other hospitals
  - Considerations
    - Mentor program, peer coaching
    - Best practice sharing– high performers share
- Engagement in MBQIP
- Telligen Quality Improvement Workbook to implement process changes for sustainability
- Current State—Future State; where are the gaps?

Quality Improvement Project Design



Interactive Worksheets Included in this Workbook	
Five Whys Worksheet	The Five Whys is a simple problem-solving technique that helps to get to the root of a problem quickly.
Root Cause Analysis (RCA) Pathway	This interactive step-by-step guide is used for completing a root cause analysis.
Fishbone Diagram Worksheet	The fishbone diagram is a tool to help the root cause analysis team identify the causes and effects of an event and get to the root cause.
PDSA Worksheet	This worksheet will guide you through the steps to conduct a Plan-Do-Study-Act (PDSA) process or cycle.
Sustainability Decision Guide	This is a resource to help leaders or teams determine if the interventions and changes they are making are sustainable.
PIP Documentation	This tool is for documenting and summarizing Performance Improvement Project (PIP) activities.
Community Coalition Charter	The Community Coalition Charter helps coalitions to outline their motivating vision, shared purpose, members, meeting norms, schedule, etc.
Team Charter	A project charter clearly establishes the goals, scope, timing, milestones and team roles and responsibilities for a PIP.

https://www.telligen.com/rqita/quality-improvement-workbook/

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Questions?

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Thank You!

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