MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

August 11, 2022

Noon-1:00 p.m.

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Hope everyone is enjoying the summer!

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Agenda

- Follow up on MBQIP data submissions, and accessing MBQIP data reports in the Sharefile system

- Follow up from June MBQIP core measures data abstraction trainings – feedback on the most common issues

- Refresh and overview of Quality Improvement Tools on Stratis Health website applicable to the MBQIP work you are doing

- MN CAH Quality Improvement National Mentors program resource

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Stratis Health Project Team

Senka Hadzic, Program Manager
shadzic@stratishealth.org

Robyn Carlson, Quality Reporting Specialist
rcarlson@stratishealth.org

Jodi Winters, Executive Assistant
jwinters@stratishealth.org

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MN CAHs MBQIP Data Reporting

MBQIP Data Reporting Status

- Q4 2021 Outpatient AMI and ED-throughput: 68 reporting, down from 73 in Q3
- Q2 2022 EDTC: 76 reporting, remaining steady
- 2021 OP-22: 73 reporting, up from 55 in 2020
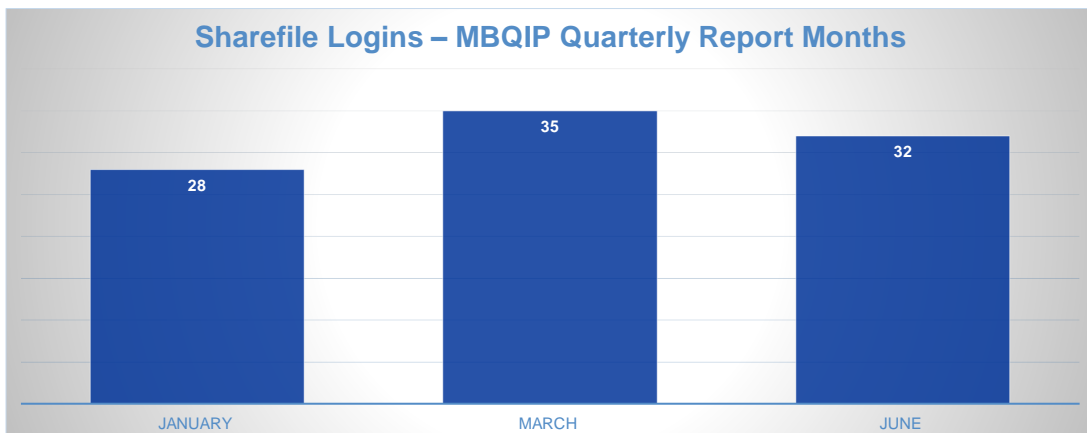- 2021 HCP: 65 reporting, up from 53 in 2020

MBQIP Data Reports

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MBQIP Quarterly Data Reports Sharefile Logins

Sharefile Logins – MBQIP Quarterly Report Months

28	35	32
JANUARY	MARCH	JUNE

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Core MBQIP Data Abstraction Trainings Recap

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Data Abstraction Training

Virtual Training Sessions:

- AMI and ED-Throughput Measure abstraction and submission
- The CART tool
- EDTC abstraction
- Access recording for all three training sessions:
  - Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health

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EDTC Measure Quiz Feedback

This is the Emergency Department Transfer Communication measure, so we don't include patients who are discharged from our ED.

- a. true
- b. false

Patients who live in a nursing home and return there after an ED visit are considered discharged to "home," so they are not included in the EDTC population for abstraction.

- true
- false

How many EDTC cases should be submitted each quarter?

- No more than 45
- A minimum of 45
- All cases for the quarter, if there is less than 45
- There is no requirement.

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EDTC Measure Quiz Feedback

The ED provider didn't sign their note before the patient left the facility so it can't be used to determine if the ED Provider Note data element documentation requirements were met.

- true
- false

Our transfer form has a check box by the statement "ED record copied and sent with the patient." This was checked off and signed by the nurse at the time the patient left the hospital. If there was documentation that all the required data elements were in the record, we can use this to answer 'yes,' the data elements were sent.

- true
- false

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AMI and ED Throughput

If we have less than 5 cases that meet the AMI measure population requirements for a quarter, we aren't required to submit them for the MBQIP program.
- true
- false

Chart documentation states that the patient was transferred to cardiology at General Hospital because our hospital doesn't have provide that level of care. How would you answer the "Transfer for Acute Coronary Intervention" data element?
- There was documentation the patient was transferred from this facility's emergency department to another facility specifically for acute coronary intervention
- There was documentation the patient was transferred from this facility's emergency department to another facility for reasons other than acute coronary intervention or the specific reason for transfer was unable to be determined from medical record documentation.

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AMI and ED Throughput

Where do you find the information on how to determine Sample sizes for the Outpatient Measures?
- On the Quality Reporting Center site
- In the specific measure section of the CMS Hospital Outpatient Quality Reporting Manual
- In the Population and Sampling Section of the CMS Hospital Outpatient Quality Reporting Manual
- Doesn't matter, we can do however many we want

If a patient is going to the nursing home after leaving the hospital, what should the discharge code for abstraction be?
- 1 - home
- 5 - other healthcare facility
- Depends on whether the patient resides in the nursing home prior to the outpatient encounter

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The CART Tool/HQR

You should always have the most current version of CART installed before entering data, even if it's different version than the timeframe of the encounters you are abstracting.

- true
- false

How can you determine which version of CART you have installed on your computer?
- At the log in box, click on "About Quality Management System"
- After logging in, under "Help" click on "About Quality Management System"
- Ask Robyn to tell me
- All of the above

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The CART Tool/HQR

To submit data to Hospital Quality Reporting (HQR), you must have a HARP account.

- true
- false

What is the best report to run that will show me if the cases I submitted to Hospital Quality Reporting were accepted or rejected?
- Provider Participation report
- Case Status Summary report
- Submission Detail report
- I know I submitted my data correctly, I don't need to run a report

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Quality Improvement Resources

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Using MBQIP Data Reports to Focus QI Efforts

22 "Yes"
- Benchmarking, set goals
- Process improvement ideas
- Part of data review practices
- EDTC scores
- Star Ratings
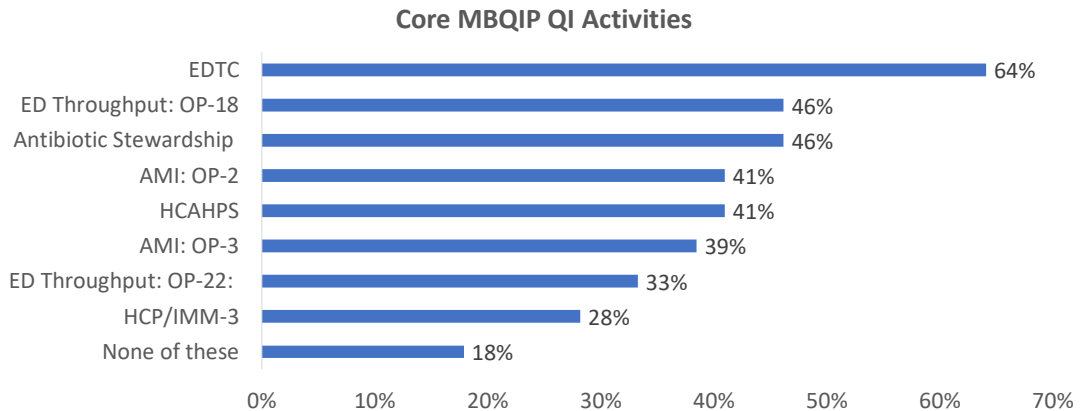- Looking at specific ones: ED throughput and door to doc times, ED times

7 "No"
- Too many quality reports
- Have real time data
- No communication system in place among facilities
- Focusing on other data

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Core MBQIP quality improvement activities that CAHs are focusing on currently or thinking about focusing on soon

Core MBQIP QI Activities

Activity	Percentage
EDTC	64%
ED Throughput: OP-18	46%
Antibiotic Stewardship	46%
AMI: OP-2	41%
HCAHPS	41%
AMI: OP-3	39%
ED Throughput: OP-22:	33%
HCP/IMM-3	28%
None of these	18%

(Horizontal bar chart with x-axis from 0% to 70% in 10% increments)

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National Mentors Program Update

- MN CAH Quality Improvement Mentors were nominated and selected to act as National Virtual Quality Improvement (QI) Mentors in the National QI Mentorship Program for the Medicare Beneficiary Quality Improvement Project (MBQIP) as part of the Flex Program. The Minnesota mentors are:
  - ➤ Caryn Bommersbach from Carris Health – Redwood Hospital, Redwood Falls, MN
  - ➤ Marilyn Denno from Community Memorial Hospital, Cloquet, MN
  - ➤ Tammy Suchy from Tri-County Hospital, Wadena, MN
- Link to Resources from 2021: Quality Time: Sharing PIE - Stratis Health

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Resources

- **Quality Improvement Implementation Guide and Toolkit for CAHs**
  https://www.ruralcenter.org/tasc/resources/quality-improvement-implementation-guide-and-toolkit-critical-access-hospitals
- **Quality Improvement Basics Course**
  https://www.ruralcenter.org/resource-library/quality-improvement-basics-course
- **Quality Improvement Basics: A Collection of Helpful Resources for Rural Health Care Organizations**
  https://www.ruralcenter.org/tasc/resources/quality-improvement-basics-collection-helpful-resources-rural-health-care

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Thank you!

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Contact Information:

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shadzic@stratishealth.org

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rcarlson@stratishealth.org

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