MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

July 8, 2026

1-2 p.m.

Welcome! We are glad you are here!

Today's Discussion

- MBQIP Updates and Reminders
- CAH Quality Infrastructure – 2025 Results
- Discussion - Support Requests for Next Year
- Open Discussion and Questions

Chat Introductions

- Name | Role | Facility
- Favorite Summer event

MBQIP Updates and Reminders

Updated MBQIP Core Measure Set

Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
CAH Quality Infrastructure Implementation*	Healthcare Personnel Influenza Immunization* Antibiotic Stewardship Implementation* Safe Use of Opioids (eCQM)*	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Hybrid All-Cause Readmissions*	Emergency Department Transfer Communication (EDTC) OP-18 Time from Arrival to Departure OP-22 Left without Being Seen*

Minnesota Critical Access Hospital Reporting and Improvement Assistance

Six measures are reported annually (* denotes annual submission)
Three measures are reported quarterly (HCAHPS, EDTC, OP-18)

MBQIP Data Reporting Upcoming Due Dates

- EDTC Q2 2026
  - Due July 30, 2026 (MHA Portal)
- OP-18 Q1 2026
  - Due August 3, 2026 (HQR)
- Hybrid HWR Q3 2025-Q2 2026
  - Due October 1, 2026 (HQR)
- HCAHPS Q2 2026
  - Due October 14, 2026 (HQR)
- CAH Quality Infrastructure 2026
  - TBD – Fall 2026 (FMT)

Upcoming Reporting Due Dates cont.

Measure ID	Reported To	Encounter Period			
		Q1 / 2026 Jan - Mar	Q2 / 2026 Apr - Jun	Q3 / 2026 Aug - Sep	Q4 / 2026 Oct - Dec
CAH Quality Infrastructure	FMT via online survey	2026 National CAH Quality Inventory and Assessment - Submission window: Anticipated to be mid-September to mid-November 2026			
HCP/ IMM-3	NHSN	May 18, 2026 (Q4 2025 - Q1 2026 data)	N/A	N/A	Anticipated May 17, 2027 (Q4 2026 - Q1 2027 data)
Antibiotic Stewardship	NHSN	Anticipated March 2, 2027 (CY 2026 data)			
Safe Use of Opioids	HQR Portal	Anticipated March 2, 2027 (CY 2026 data)			
HCAHPS	HQR via Vendor	July 8, 2026	October 14, 2026	Anticipated January 13, 2027	Anticipated April 14, 2027
Hybrid HWR	HQR Portal	October 1, 2026 (Q3 2025 - Q2 2026 data)		Anticipated October 1, 2027 (Q3 2026 - Q2 2027 data)	
EDTC	MHA Portal	April 30, 2026	July 31, 2026	November 2, 2026	February 1, 2027
OP-18	HQR Portal	August 3, 2026	November 2, 2026	February 1, 2027	May 3, 2027
OP-22	HQR Portal	May 17, 2027 (CY 2026 data)			

MBQIP Reports

- ShareFile - Sign In
- Recently Distributed:
  - MBQIP 2026 Report 2
  - EDTC Q1 2026 Scatterplots
  - HCAHPS Q3 2025
  - 2025 CAH Quality Infrastructure Summary Report
- Forthcoming:
  - MBQIP 2026 Report 3 – July
  - HCAHPS Q4 2025 – September

Stratis Health MN Flex Communication

Communication Channel	What is it?	Who is the audience?
Minnesota CAH Quality Connect	Monthly newsletter with general reminders and updates including upcoming submission deadlines, resources, events, and other relevant news.	Broadest audience for your team
Ad Hoc Large Group Emails	MBQIP and Population Health related event and resource updates, due date reminder emails, mailing list updates, MBQIP Open Call reminder and follow-up emails, etc.	Team members most likely to participate in LANs and/or utilize MBQIP or population health related resources
Data Report Distribution	MBQIP-related data reports saved to ShareFile	Two individuals per facility with access to ShareFile

Updating Contacts

Please reach out to Jodi Winters (jwinters@stratishealth.org) if:

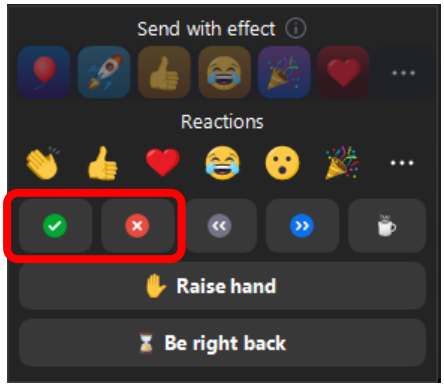
- You or a team member is transitioning roles
- You want to know who from your team is on each of these different lists

We may reach out if we have questions.

CAH Quality Infrastructure – 2025 Results

Real-Time Input

- On the menu bar in Zoom screen, find “React”
- Click to open and you should see this →
- Use the green check mark and red x to provide input about your facility



CAH Characteristics

Description	Minnesota (n=71)	National (n=1,261)
CAH Independent	43.7%	53.8%
CAH Owned by System	43.7%	31.7%
CAH Contract Managed (not owned)	12.7%	14.5%
Median Average Daily Census (2024)	2.2	2.9
Median Emergency Department Volume (2024)	3,900	5,461
Median Swing Bed Admissions Volume (2024)	40.5	61.0
Median Swing Bed Average Length of Stay (2024)	10	11

Summary of CAH Quality Infrastructure Elements and Criteria

Element	MN CAHs (n=71)	National CAHs (n=1,261)
Leadership Responsibility and Accountability	96%	98%
Quality Embedded within the Organization's Strategic Plan	73%	66%
Workforce Engagement and Ownership	68%	77%
Culture of Continuous Improvement Through Systems	97%	94%
Culture of Continuous Improvement Through Behavior	96%	91%
Engagement of Patients, Partners, and Community	65%	61%
Collecting Meaningful and Accurate Data	89%	81%
Using Data to Improve Quality	83%	75%
ALL 8 ELEMENTS	28%	33%

Quality Embedded within the Organization's Strategic Plan

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
Quality leaders participate in organizational strategic planning	83.1%	82.6%
Quality is a core component of the organization's strategic plan	93.0%	85.6%
Quality is reflected in all core components of the organization's strategic plan	83.1%	77.4%

Which of the following statements about strategic planning are true at your facility?

- CAH quality leaders participate in strategic planning
- Quality is a core component/pillar of our strategic plan
- Quality improvement is reflected in all core components/pillars of our strategic plan (e.g., quality improvement is clearly tied to finance, workforce, community engagement, etc.)

Workforce Engagement and Ownership

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
The organization has formal onboarding and orientation that embed quality as a priority	84.5%	88.0%

For which of the following roles does your facility have a formal onboarding and orientation that embeds quality, including an overview of the hospital's quality plan, quality methodology, and relevant quality metrics?

- Clinical staff
- Non-clinical staff
- Board members
- Volunteers

Workforce Engagement and Ownership

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
The organization has regular and ongoing professional development opportunities for staff related to quality	84.5%	90.8%

Which of the following statements about strategic planning are true at your facility?

- There is funding available annually for at least one staff member to attend external quality-related trainings or conferences
- There is funding available annually for at least one staff member to pursue a quality-relevant certification (e.g., CPHQ; Lean belt)
- There is funding available annually for at least one staff member to have membership in a quality-focused professional organization (e.g., NAHQ)
- Our facility hosts an onsite quality-relevant speaker or training at least once per year

Workforce Engagement and Ownership

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
Quality improvement is incorporated into standard work.	94.4%	93.2%

How does your facility incorporate quality into standard work?

- Integration of quality into daily staff rounding practices
- Leadership seeks staff feedback related to quality daily
- Recognition of high-quality performers and celebration of wins on at least a quarterly basis.

Engagement of Patients, Partners, and Community

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
The organization collects feedback from patients/families beyond patient experience surveys	83.1%	83.9%

Which of the following statements about patient, family, and community feedback are true at your facility?

- Staff at our facility engage patients and families in all bedside shift reports
- Our facility's leadership (clinical or non-clinical) rounds on patients daily
- Our facility conducts focus groups with patients/families/community members on at least an annual basis
- Our facility has an engaged Patient and Family Advisory Council (PFAC) that meets at least quarterly

Engagement of Patients, Partners, and Community

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
The organization collaborates with other care providers using closed-loop referral processes to ensure quality of care	100.0%	97.0%

Which of the following statements about referrals are true at your facility?

- Our facility employs someone responsible for care coordination (e.g., discharge planner, patient navigator, care coordinator)
- Our facility partners with/employs community health workers
- Our facility partners with/employes community paramedics

Engagement of Patients, Partners, and Community

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
The organization uses a variety of mechanisms to share quality data with patients, families, and the community	85.9%	85.2%

In what ways does your facility disseminate patient feedback and data?

- Social media (e.g., Facebook, Instagram, X, LinkedIn)
- Newspaper articles
- Hospital website
- Hospital newsletter
- Public-facing quality board in our facility

Engagement of Patients, Partners, and Community

Criteria	MN CAHs (n=71)	National CAHs (n=1,261)
Leaders synthesize and develop action plans in response to patient, family, and community feedback	83.1%	83.9%

Which of the following statements about patient, family, and community feedback are true at your facility?

- Our facility continuously integrates feedback and lessons learned from engaging with patients, families, and communities into quality improvement initiatives

MBQIP Measure Usefulness

QI Topic	*% of CAHs that indicated Extremely Useful or Very Useful*	
	Minnesota	National
Antibiotic Stewardship	69%	67%
CAH Quality Infrastructure	45%	51%
Emergency Department Transfer Communication (EDTC)	62%	54%
Influenza Vaccination Coverage Among Healthcare Personnel (HCP/IMM-3)	44%	*41%*
Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)	**73%**	**71%**
Hybrid Hospital-Wide Readmission (Hybrid HWR)	*41%*	44%
Median Time from ED Arrival to ED Departure for Discharged ED Patients (OP-18b)	56%	59%
Patient Left Without Being Seen (OP-22)	49%	53%
Safe Use of Opioids	49%	58%

Quality Improvement Topic Priorities

QI Topic	*% of CAHs that selected area as a top 2 priority*	
	Minnesota	National
Inpatient care	61%	62%
Outpatient care/emergency department care	37%	33%
Patient safety	**73%**	**80%**
Primary care screening/preventive care	27%	14%
Maternal health	3%	6%
Behavioral health	*0%*	*5%*

Swing Bed Metrics

QI Topic	*% of CAHs tracking and analyzing swing bed data component*	
	Minnesota	National
Discharge disposition	44%	53%
Discharge function	13%	***24%***
Falls	**82%**	**85%**
Healthcare-acquired infection (HAI)	72%	81%
Mobility performance	21%	31%
Patient satisfaction	48%	53%
Readmissions/return to acute care	59%	70%
Return to previous residence	***11%***	25%
Self-care performance	13%	***24%***

Non-MBQIP QI Measure Priorities

Highest Priority QI Measures and % of CAHs that selected measure as a top 3 priority	
Minnesota	National
Falls: 61%	Falls: 56%
All-cause readmissions: 44%	All-cause readmissions: 50%
Adverse events: 25%	SEP-1: 30%

Questions/Discussion

Discussion – Quality Reporting, Improvement, and Population Health Support Needs

Self-Reflection & Discussion

Challenges

- What is the most difficult or complicated part of your job as it relates to quality reporting, improvement, and/or population health?
- What support or resources would be helpful?

Successes

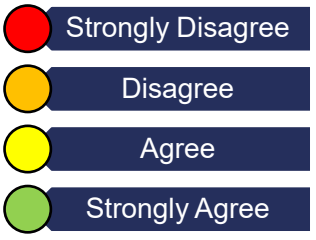
- What is a success your team has accomplished in quality reporting, improvement, and/or population health that you are proud of?
- To what do you attribute that success?

Wrap Up

Close-Out Poll

Rate your level of agreement with the following :

1. This event provided content that will be useful in my job.
2. This session met or exceeded my expectations.



Stratis Health Project Team

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What Else?

Thank you!

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