MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

November 4, 2026

1-2 p.m.

Welcome! We are glad you are here!



Today's Discussion

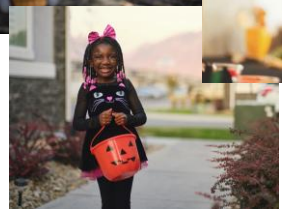
- MBQIP Updates and Reminders
- Antibiotic Stewardship
  - Priority Interventions
  - Current Minnesota CAH Uptake
  - Support Needs
- Open Discussion and Questions

Chat Introductions

- Name | Role | Facility
- Best Halloween Costume







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

- CAH Quality Infrastructure 2026
  - Due November 20, 2026 (FMT) (encouraged by Nov 6, 2026)
- HCAHPS Q3 2026
  - Due January 13, 2027 (HQR)
- EDTC Q4 2026
  - Due February 1, 2027 (MHA Portal)
- OP-18 Q3 2026
  - Due February 1, 2027 (HQR)
- Antibiotic Stewardship CY2026
  - Due March 1, 2027 (NHSN)
- Safe Use of Opioids CY2026
  - Due March 1, 2027 (HQR)

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: November 20, 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	March 1, 2027 (CY 2026 data)			
Safe Use of Opioids	HQR Portal	March 1, 2027 (CY 2026 data)			
HCAHPS	HQR via Vendor	July 8, 2026	October 14, 2026	January 13, 2027	Anticipated April 14, 2027
Hybrid HWR	HQR Portal	October 1, 2026 (Q3 2025 - Q2 2026 data)		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 3
  - HCAHPS Q3 2025
- Forthcoming:
  - MBQIP 2026 Report 4 – **This week!**
  - HCAHPS Q4 2025 – **This week!**
  - EDTC Q3 2026 Scatterplots – **Late November**
  - Antibiotic Stewardship Priority Elements – **Late November**

HCAHPS Report Update

The HCAHPS Q4 2025 report includes the first data reflecting the changes to the HCAHPS survey that took effect in January 2025.

Composite Name	# of Questions	MN CAH Top Box	National CAH Top Box
Responsiveness of Hospital Staff	2 (Q13 & Q14)	74% (Always)	73% (Always)
Restfulness of Environment	3 (Q8, Q9, & Q18)	68% (Always)	65% (Always)
Care Coordination	3 (Q10, Q11, & Q19)	81% (Always)	80% (Always)
Information About Symptoms	1 (Q20)	79% (Def Yes)	79% (Def Yes)

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.



Upcoming MBQIP Open Calls

All calls are on Wednesdays from 1-2:00 p.m. CT

Date	Topic	Registration Link
January 13, 2027	Geriatric Emergency Departments and Age-Friendly Health Systems	Register
April 7, 2027	Star Ratings	Register
July 7, 2027	TBD	Register

Antibiotic Stewardship: Priorities for Implementation

Poll

What best describes your role with antibiotic stewardship (AS) at your facility?

- I am the lead for our AS efforts
- I am on the AS team (not the lead)
- I am not on the AS team, but am aware of their work
- I am not aware of any AS work underway at our facility

Hospital Antibiotic Stewardship Programs: Priorities for Hospital Core Element Implementation

To continue enhancing hospital antibiotic stewardship programs, CDC released Priorities for Hospital Core Element Implementation in 2022 to help enhance the quality and impact of existing antibiotic stewardship programs. The Priorities highlight highly effective implementation approaches and are supported by evidence and stewardship experts. The Priorities have been identified for six of the seven Core Elements and provide hospital leadership and antibiotic stewards opportunities to expand and enhance their antibiotic stewardship programs.

Hospital Leadership Commitment	
Dedicate necessary human, financial, and information technology resources.	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
Accountability	
Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	Antibiotic stewardship program is co-led by a physician and pharmacist.*
Pharmacy/Stewardship Expertise	
Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
Action	
Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.

Tracking	
Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and antimicrobial resistance patterns.	Hospital submits antibiotic use data to CDC's National Healthcare Safety Network Antimicrobial Use Option.
Reporting	
Regularly report information on antibiotic use and antimicrobial resistance to prescribers, pharmacists, nurses, and hospital leadership.	Antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.
Education	
Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antimicrobial resistance, and optimal prescribing.	No implementation priority identified.

*For critical access hospitals (CAHs), this criterion can be met if the hospital has a physician leader with a pharmacist involved in stewardship (recognizing that some CAHs do not have pharmacists on staff, so co-leadership is not possible)

2025 Antibiotic Stewardship Minnesota CAHs

Element	# of CAHs Met	% Out of CAHs Reporting	Priority Criteria	
			# of CAHs Met	% Out of CAHs Reporting
Leadership	75	100%	44	59%
Accountability	73	97%	31	41%
Drug Expertise	74	99%	72	96%
Act	75	100%	28	37%
Track	71	95%	Verify NHSN Submission	
Report	75	100%	38	51%
Educate	75	100%	No Priority Criterion	

Antibiotic Stewardship - Tracking

Track	Count of CAHs	% of CAHs Reporting
	71	95%
Priority Criteria requires submission to the NHSN Antimicrobial Use (AU) Option for at least one month in the applicable calendar year.		
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). *Priority criteria (1/2) for Reporting	55	73%
Our antibiotic stewardship program monitors prospective audit and feedback interventions (e.g., by tracking antibiotic use, types of interventions, acceptance of recommendations).	55	73%
Our antibiotic stewardship program monitors preauthorization interventions (e.g., by tracking which agents are requested for which conditions).	26	35%
Our stewardship program monitors adherence to use of shortest effective duration of antibiotics at discharge for common clinical conditions (e.g., community-acquired pneumonia, urinary tract infections, skin and soft tissue infections), at least annually.	23	31%
Our stewardship team monitors:		
● Antibiotic resistance patterns	68	91%
● Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly	58	77%
● Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly	7	9%
● Antibiotic expenditures (i.e., purchasing costs), at least quarterly	12	16%

Antibiotic Stewardship - Act

Act	Count of CAHs	% of CAHs Reporting
	75	100%
Priority Criteria met?	28	37%
Our facility has the following priority antibiotic stewardship interventions:		
Prospective audit and feedback for specific antibiotic agents.	57	76%
Preauthorization for specific antibiotic agents.	28	37%
Facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions (e.g., community acquired pneumonia, urinary tract infection, skin and soft tissue infection).	66	88%

Sharing & Discussion

- What do antibiotic stewardship efforts look like in your facility? Who leads them? Who is involved? What are you working on?
- What kinds of support would be most helpful for your teams in advancing uptake of the priorities for hospital core element implementation?

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.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Stratis Health Project Team

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What Else?



Thank you!

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $288,570 with 0.00 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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