



*Medicare Beneficiary Quality
Improvement Project (MBQIP)
Series:*

#1) Data Collection 101

*Sponsored by:
Alaska Office of Rural Health*

Presented by:
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Introduction of speaker

- ▶ Mary Erickson, BSN, MSM, HCI (Montana):
 - MT licensed RN for 19 years with the last 12 years spent in risk management, performance improvement and operations/administration. Works with hospital and clinic organizations on various improvement projects from electronic medical record implementations to Centers for Medicare and Medicaid Services accreditation readiness.
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Welcome!

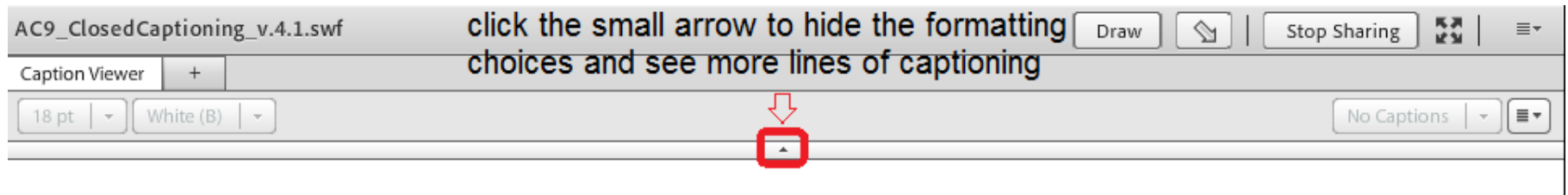
- ▶ Thank you for spending your valuable time with us today!
- ▶ You can put questions in the chat box or wait for the open microphone time at the end.
- ▶ A link to both presentation slides and the recording on the website will be sent to attendees following the webinar today.
- ▶ Your feedback is greatly appreciated and can be provided via the post-webinar survey.



thank
you!

Closed Captioning

- ▶ Closed captioning will appear under today's presentation. To see more lines of captioned text, click the small arrow below.



MBQIP Webinar Series

1. MBQIP Data Collection 101
 - Measure Review
 - Identify tools and resources
 - Intro to eCQI concepts
 - Discussion about data collection challenges
2. Electronic Clinical Quality Improvement (eCQI) 101
 - Overview of eCQI concepts
 - Review of MBQIP measures using eCQI
3. Application of eCQI to MBQIP
 - Easing the reporting burden using eCQI and Chart Abstraction and Reporting Tool (CART)
4. Put it all together –
 - Making and sustaining gains
 - Lessons learned from past projects – things to watch for!

Brief MBQIP Overview

- **What is it?** A quality improvement initiative under HRSA's Federal Office of Rural Health Policy (FORHP) Medicare Rural Hospital Flexibility Program.
- **What is the goal?** To improve the quality of care provided in Critical Access Hospitals (CAHs) by increasing data reporting to help drive quality improvement activities based on data.

Statement from FORHP

“Attention toward quality improvement is paramount – MBQIP is being expanded and is now required as a condition for CAHs to participate in Flex activities.”

Source: MBQIP letter from FORHP to State Flex Coordinators, March 15, 2016; Arizona Center for Rural Health

Why does it matter to my facility?

You need to tell your story!

- Do not remain *statistically insignificant!*
 - MBQIP Measures are specifically selected from the larger set of quality indicators for CAHs to demonstrate the types of patients and the value of care being provided in rural areas.

Measure Review

DOMAIN	MEASURES	VALUE
Care Transitions	Emergency Department Transfer Communication (7 Sub-measures)	Timely, Accurate, Enhance Continuity of Care
Outpatient (ED Focus)	AMI OP-1, 2, 3, 4, 5, ED Throughput OP-18, 20, 22 Pain Management OP -21	Decrease Time in ED (1,3,5,18, 20,21) Increase Percent (2,4) Decrease Percent (22)
Patient Safety	OP-27 % of healthcare workers given influenza vaccination	Reduce cause of death
	IMM-2 Immunization to inpatients for influenza	Reduce cause of death
Patient Engagement	HCAHPS	Positive association between patient experience & health outcomes

*Table Source, Arizona Center for Rural Health

Care Transition Measures | EDTC

Sub-Measure	Components
1 – Administrative Communication	Nurse to Nurse, Physician to Physician
2 – Patient Information	Name, Address, Age, Gender, Contact Information, Insurance Information
3 – Vital Signs	Pulse, Respiratory Rate, Blood Pressure, Oxygen Saturation, Temperature, Neurological Assessment
4 – Medication Information	Meds Administered in ED, Allergies/ Reactions, Home Medications
5 – Physician & Practitioner Information	History & Physical, Reason for Transfer/Plan of Care
6 – Nurse Generated Information	Notes, Sensory Status, Catheters/IV, Immobilizations, Respiratory Support, Oral Restrictions
7 – Tests/Procedures	Those Performed/Results

*Table Source, Arizona Center for Rural Health

EDTC Parameters

- **Sample Size:** No more than 45 records reviewed per quarter.
- **Calculation:**
 - Numerator: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the patients' elements were communicated within 60 minutes of departure.
 - Denominator: All patients transferred to another healthcare facility.
- **Measure Calculation:** For the 7 measures, an 'all or none' approach is used. *(If a data element is not appropriate for a patient, items scored as NA are counted in the measure as a "Yes" response, allowing the measure to be met for the patient. A patient will either need to meet the criteria for all data elements (or have a NA) to pass the measure).*

Outpatient Measures | ED Focus

Measure ID | Definition – Reported Through QualityNet via Outpatient CART*

OP-1 | Median time to fibrinolysis

OP-2 | Fibrinolytic therapy received within 30 minutes

OP-3 | Median time to transfer to another facility for acute coronary intervention

OP-4 | Aspirin at arrival

OP-5 | Median time to ECG

OP-18 | Median time from ED arrival to ED departure for discharged ED patients

OP-20 | Door to diagnostic evaluation by a qualified medical professional

OP-21 | Median time to pain management for long bone fracture

OP-22 | Patient left without being seen

* QualityNet | CMS secure portal for communication and healthcare quality data exchange
CART | CMS Abstracting & Reporting Tool

*Table Source, Arizona Center for Rural Health

Patient Safety Measures

Measures	Reported through . . .
OP-27 Influenza vaccination coverage among healthcare personnel	National Healthcare Safety Network (NHSN)
IMM-2 Immunization for influenza (Inpatients)	QualityNet via Inpatient CART/Vendor

*Table Source, Arizona Center for Rural Health

HCAHPS – Inpatient Satisfaction

(Hospital Consumer Assessment of Healthcare Providers and Systems)

Composite Measures Reported by CAH Vendor to HospitalCompare
Care Transitions
Pain Management
Communication about Medicines
Communication with Nurses
Communication with Doctors
Responsiveness of Hospital Staff
Discharge Information
Quietness of Hospital Environment
Cleanliness of Hospital Environment
Willingness to Recommend
Overall Rating

*Table Source, Arizona Center for Rural Health

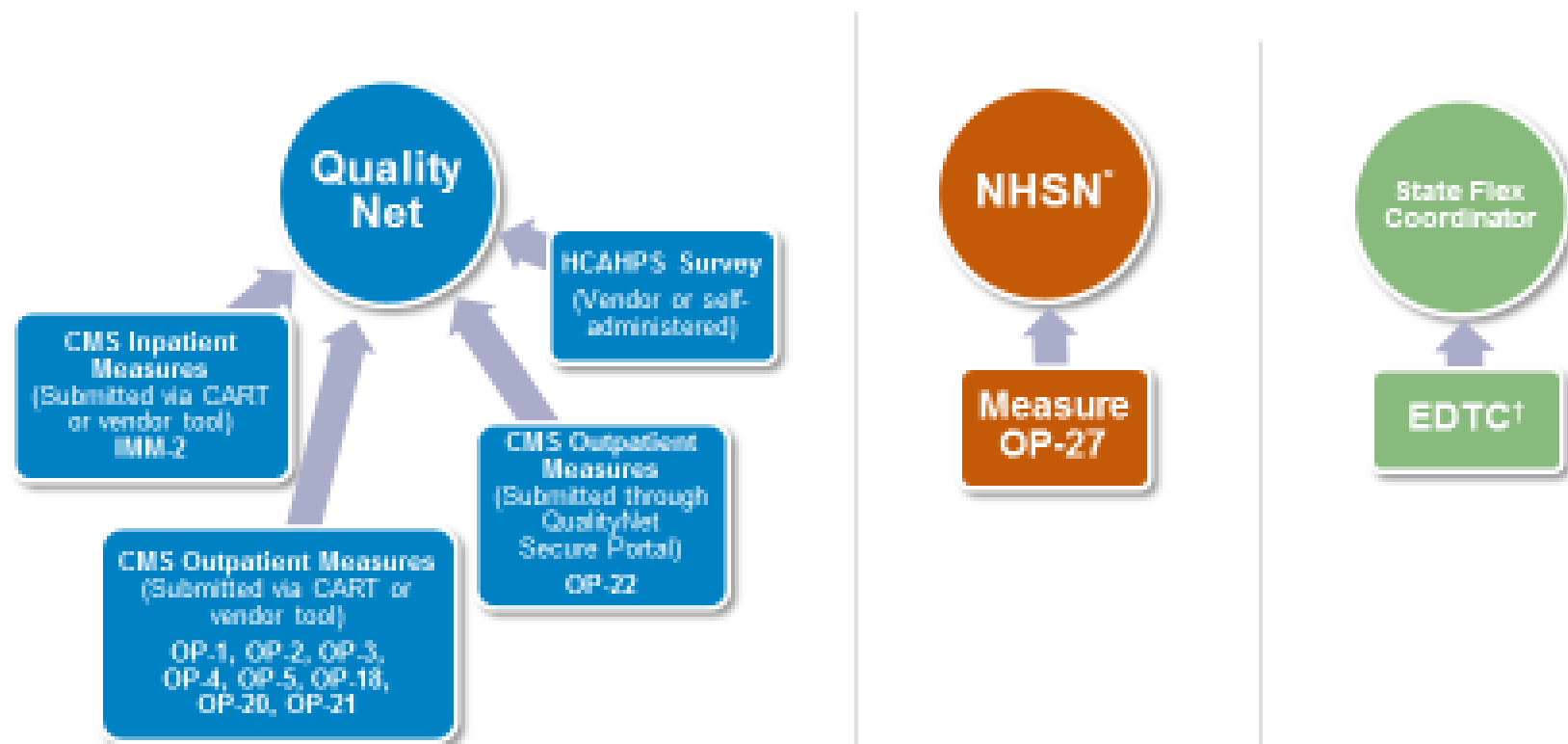
Most importantly....

“ZERO cases” are completely acceptable to report – in fact, it is encouraged!

Use QualityNet to report zero cases – again, reflecting the real world in which you deliver care.



Quality Data Reporting Channels for MBQIP Required Measures



*National Healthcare Safety Network †Emergency Department Transfer Communication

Reporting Tools and Resources

- ▶ Rural Health Resource Center – Quarterly Open Office Hour Call for MBQIP data abstractors:

<https://www.ruralcenter.org/tasc/events/ask-robyn-quarterly-open-office-hour-call-mbqip-data-abstractors-1>

- ▶ Alaska Office of Rural Health:

http://dhss.alaska.gov/dph/HealthPlanning/Pages/ruralhealth/rural_flex.aspx

- ▶ Alaska State Hospital and Nursing Home Association: <http://www.ashnha.com/quality/>

Reporting Tools and Resources (cont)

- ▶ Montana Hospital Association Performance Improvement Network (mtpin):

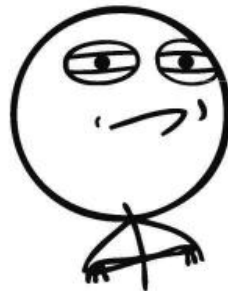
<http://www.mtpin.org/?p=mbqip>

- MBQIP checklist
- Data submission calendar
- MBQIP Fact Sheets
- MBQIP Measures Matrix

Challenges

- Share with us some of your challenges –
 - Abstracting data is time consuming.
 - Data entry tool (CART, spreadsheet, NHSN) is difficult to use.
 - QualityNet Password is always EXPIRED!
 - The volume of data I have to report is so small it does not seem worthwhile to go through all these other challenges!

CHALLENGE ACCEPTED



Your Data Collection Process

- ▶ Group discussion:
 - What does the process look like?
 - Where do you start?
 - How are you validating the data prior to submission?



Next in the Series: eCQI Concepts

- **April 12, 2 PM (AK):** Using Electronic Clinical Quality Improvement (eCQI) to Improve Data Collection
- What is eCQI:
 - Optimizing health information technology (HIT) and standardized electronic data to achieve measureable improvement in quality of care
 - Incorporating the data and functionality of your EHR into your quality improvement projects
 - Check out our website for more information on eCQI:
www.gotohts.org



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THANK YOU!

Please complete the survey and attend our next session on April 12th at 2 PM (AK).

Acronyms

- AMI – Acute Myocardial Infarction (heart attack)
- ASHNHA – Alaska State Hospital and Nursing Home Association
- CAH – critical access hospital
- CART – Chart Abstraction and Reporting Tool
- eCQI – electronic clinical quality improvement
- eCQM – electronic clinical quality measure
- ED – Emergency Department
- EDTC – Emergency Department Transfer Communication
- EHR – electronic health record
- HCAHPSS – hospital consumer assessment of healthcare providers & systems
- HIT – health information technology
- HRSA – Health Resources and Services Administration
- IMM – Immunizations
- MBQIP – Medicare Beneficiary Quality Improvement Project
- NHSN – National Health Safety Network
- OP – Outpatient
- IQR – inpatient quality reporting
- IT – information technology
- QI – quality improvement