

MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

In This Issue

1 CAHs Can!

Rural Success: Fairview Regional Medical Center, OK

3 Data: CAHs

Measure Up: Random Sampling

4 Tips: Robyn Quips – tips and frequently asked questions:

Emergency Department Transfer Communication Population and Sampling

6 Tools and Resources:

Helping CAHs succeed in quality reporting & improvement

Contact your Flex Coordinator if you have questions about MBQIP.

Find your state Flex Coordinator on the [Technical Assistance and Services Center \(TASC\) website](#).

Find past issues of this newsletter and links to other MBQIP resources on TASC's [MBQIP Monthly](#) webpage.



A publication for Flex Coordinators to share with their critical access hospitals

Rural Success: Fairview Regional Medical Center, OK

[Fairview Regional Medical Center](#) is a critical access, public trust hospital owned by the city of Fairview, Oklahoma. Located squarely in the northwest region of the state in a [health professional shortage area](#) (HPSA), Fairview is a city of roughly 2,500, with secondary and tertiary catchment areas of 4,000 each that rely on the services of the hospital. The nearest hospital of significant size is 45 miles away. Fairview Regional has an average daily census of 3.4, and the emergency department sees approximately 140 patients per month. The facility campus includes a provider-based rural health clinic (RHC). Clinicians from the clinic cover the emergency department (ED), while the inpatient floor is supported almost entirely through a telehospitalist service. Despite and sometimes buoyed by their small size, Fairview Regional promotes and ensures quality care for their patients across service lines.

Take the emergency department for example. While Fairview has a relatively low ED volume, they do see a fair number of AMI and Chest Pain patients. ECG equipment is kept in the most used room in the ED, and many staff are trained so nurses can perform the test immediately; unless the patient isn't stable, the ECG is often up and running in the same time it takes to do vitals. If an AMI or stroke case doesn't meet quality standards, the quality department brings it to the CMO for review, and it is addressed directly with staff. Fairview leverages their electronic health record (EHR) to assist with all aspects of patient care including workflows for chest pain, such as cueing aspirins, tests, and other key processes. The EHR also ensures that information is efficiently communicated when patients are transferred to another facility, as evidenced by Fairview's consistently high EDTC all composite. While discharge times for transferred patients can be delayed by transportation issues with local emergency medical services (EMS), nurses work between the ED and the inpatient unit, which helps ensure patients admitted to the facility move quickly from one service area to another.

When it comes to inpatient care, implementation of Fairview's unique, primarily telehospitalist-driven service came with some growing pains, but now runs smoothly. Before implementation, Fairview clinicians were feeling stretched, caring for patients in the RHC, the ED, and on the floor.

Fairview approached a regional tertiary facility to request the telemedicine approach. Fairview's board and staff had some reservations about the shift, but have come to embrace it fully. Nurses have found that in many ways, this set up can be more empowering as it relies heavily on recognizing and appreciating their essential contributions to patient care and team rounding is a natural byproduct of telemedicine. Since the launch nearly four years ago, only one patient has demanded to be seen by a physician in-person; in fact, the hospital has seen a positive impact on their HCAHPS scores for doctor communication.

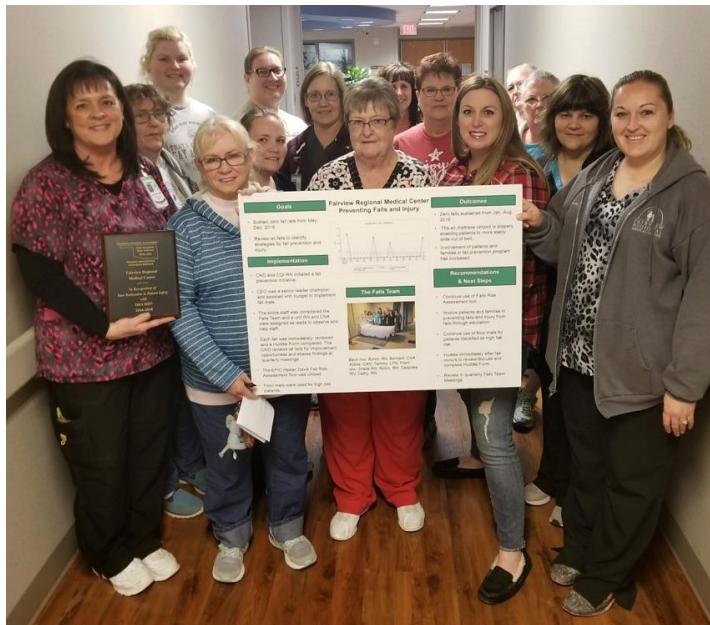


FRMC Nursing staff with the telemedicine equipment used for tele-hospitalist rounding. L to R Kelly Maddox LPN, Tamara Eitzen CNO, Twilla Nickel, CNA, Robin Wedel, RN, Connie Killman CAN.

Doctor communication is just one HCAHPS domain in which Fairview excels; while they do sometimes struggle with survey response rates, the responses they get are generally positive. Hospital leadership attributes this (and quality of care in general) to the facility's committed staff, from the nursing staff who have adopted purposeful hourly rounding, to the chronic conditions case manager who ensures seamless transitions of care, to environmental service (EVS) staff who drive high cleanliness scores, everyone on the team contributes to a positive patient experience.

Quality leaders also recognize the important role that the EVS team plays in reducing healthcare-associated infections, ensuring that patient rooms are routinely and carefully cleaned and maintained.

They recently undertook a public education campaign to raise awareness among patients regarding the appropriate use of antibiotics. With regards to flu prevention, beyond posted clinic times, Fairview's quality manager takes every opportunity to offer vaccinations to the staff, dropping in to medical staff and volunteer meetings, and meeting staff where they work to make it as easy as possible for staff to comply.

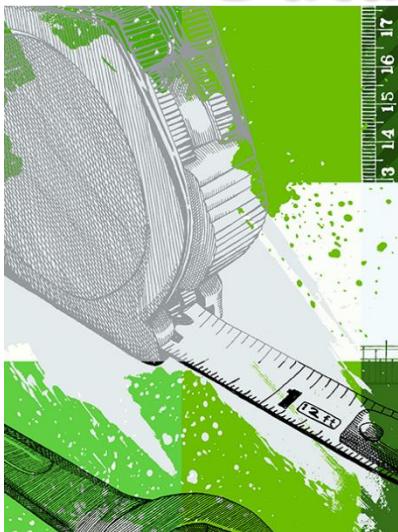


Nursing staff quality team posing with their story board and award presented by the Oklahoma Hospital Association for a recent quality improvement initiative.

For all of their quality work, Fairview utilizes tracking software that serves as a framework for maintaining and monitoring measures. Each department can enter specific quality improvement initiatives, and interdepartmental performance improvement initiatives are tracked as well. All employees have access to the platform, which houses more than just quality-related content, and are expected to log in at least once each shift. Through the system, frontline staff can submit quality improvement suggestions and track on initiatives and measure performance. This use of data collection is yet another example of how Fairview staff

are empowered by and accountable for the quality care they provide to their patients.

Data



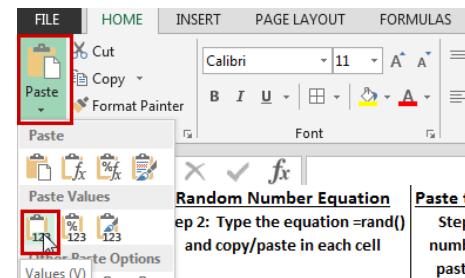
Random Sampling

Not all CAHs use sampling – but if you have a large population for a measure, you may be interested in sampling cases so that you don't have to abstract as many! There are numerous ways to pull a random sample, but we wanted to share one Excel-based technique for random sampling with you. In the example below, a hospital is sampling records for one month of the EDTC measure, which asks for at least 15 records a month. This hospital has 25 records for this month. They could abstract all 25 but have decided that they'd like to randomly sample 15 instead.

Step 1: Identify the full population from which to sample. Enter patient IDs (or some identifier) for that population into Excel. See Column A in the image below.

Step 2: In the next column, type the equation =RAND() in the cell next to the first patient ID. Hit enter, then copy/paste that equation into all of the remaining cells in that column. See Column B in the image below.

	A	B	C
	Patient ID Step 1: Enter IDs into Excel	Random Number Equation Step 2: Type the equation =rand() and copy/paste in each cell	Paste the Random Numbers Step 3: Copy the random numbers from the left, and paste. Use 'Paste Values'
1			
2	A01	0.369	0.047
3	A02	0.623	0.241
4	A03	0.346	0.642
5	A04	0.164	0.527



Step 3: The random numbers in Column B will regenerate.

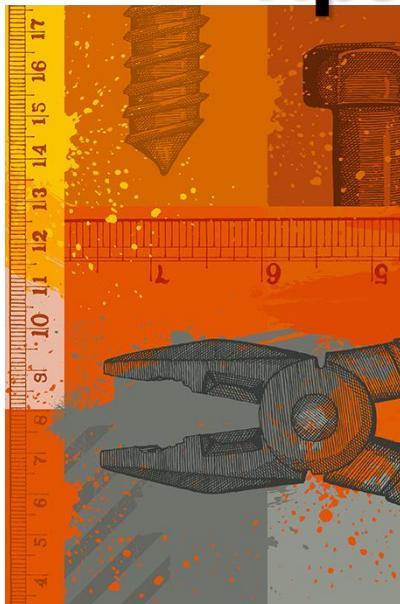
To get a snapshot of the random numbers, copy the random numbers in Column B, then paste them in the next column (Column C) using "Paste Values." See the image at right for the "Paste Values" option. (Note – the values in the column with the equation will automatically change when you copy and paste values. This is to be expected and will not affect the rest of the process.)

Step 4: Select all three columns, then Sort them by the third columns (containing the "Paste Values" version of the random numbers). The order you sort by does not matter.

Step 5: Pick the first 15 patient IDs (now that they are sorted randomly) – highlighted in the image below. These are the records to be abstracted.

	A	B	C
	Patient ID Step 1: Enter IDs into Excel	Random Number Equation Step 2: Type the equation =rand() and copy/paste in each cell	Paste the Random Numbers Step 3: Copy the random numbers from the left, and paste. Use 'Paste Values'
1			
2	A01	0.689	0.047
3	A07	0.089	0.152
4	A08	0.110	0.176
5	A18	0.947	0.184
6	A02	0.467	0.241
7	A23	0.886	0.250
8	A15	0.817	0.251
9	A11	0.095	0.390
10	A14	0.304	0.423
11	A05	0.862	0.440
12	A04	0.678	0.527
13	A16	0.693	0.557
14	A19	0.137	0.575
15	A13	0.614	0.604
16	A03	0.134	0.642
17	A12	0.978	0.662

Tips



Robyn Quips - tips and frequently asked questions

Emergency Department Transfer Communication (EDTC) Population and Sampling

While continuing with the Abstraction for Accuracy project and assisting with abstraction questions, I am still noting problems with the EDTC population and sampling. This month's column will go over how to determine the population (which records to abstract) and the sample size requirements.

The population requirements for the EDTC measures include patients admitted to the ED and then discharged/transferred to the following facilities:

- Hospice – healthcare facility
- Acute Care Facility – General Inpatient Care (including emergency department)
- Acute Care Facility – Critical Access Hospital (including emergency department)
- Acute Care Facility – Cancer Hospital or Children's Hospital (including emergency department)
- Acute Care Facility – Department of Defense or Veteran's Administration (including emergency department)

Other health care facility:

- Extended or Intermediate Care Facility (ECF/ICF)
- Long Term Acute Care Hospital (LTACH)
- Long Term Care Facility
- Nursing Home or Facility, including Veteran's Administration Nursing Facility
- Psychiatric Hospital or Psychiatric Unit of a Hospital
- Rehabilitation Facility, including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital
- Skilled Nursing Facility (SNF), Sub-Acute Care, or Swing Bed
- Transitional Care Unit (TCU)

Patients who are excluded from the population are those discharged/transferred to the following:

- Home:
 - Assisted Living Facilities
 - Court/Law Enforcement – includes detention facilities, jails, and prison
 - Board and care, foster or residential care, group or personal care homes, and homeless shelters
 - Home with Home Health Services
 - Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs, and Partial Hospitalization
 - Hospice-home
 - Expired
 - AMA (left against medical advice)
 - Not documented/unable to determine

Some rules to remember:

At this time, ED patients who were put in observation status and then transferred to another hospital or health care facility should be included.

Patients who reside in a nursing home, are sent to the ED and then discharged/transferred back to the nursing home **ARE** included in the population. It does not matter where the person resides before they come to the ED, the population is determined by where they are being discharged/transferred. The patient may live at the nursing home but they are being discharged/transferred back to the nursing home, and that facility is included under “other healthcare facility”. For this EDTC abstraction, it is not considered a discharge to home.

If you are only including patients being transferred to an acute care hospital in the EDTC population you are **not** doing the abstraction correctly.

EDTC Sampling

The minimum sample size for the EDTC abstraction is 45 cases per quarter. Hospitals do not have to sample; they can abstract all the cases that meet the EDTC population if they so choose. If your population is less than the minimum number of cases for the quarter, then you cannot sample.

Hospitals performing quarterly sampling for ED Transfer Communication must ensure that population and sample size meet the following conditions:

Population Per Quarter	45-900
Quarterly sample size	45
Monthly sample size	15
Population Per Quarter	≤45
Quarterly sample size	Use all cases
Monthly sample size	Use all cases

Go to Guides

Hospital Quality Measure Guides

- [MBQIP Quality Reporting Guide](#)
- [Emergency Department Transfer Communications](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)

Hospital samples should be monitored to ensure that sampling procedures consistently produce statistically valid and useful data. Sample cases should be randomly selected in such a way that the individual cases in the population have an equal chance of being selected. I had a question from a facility that said they were pulling the first 15 transfers from their ED each month to use for the EDTC abstraction and they wanted to know if that was correct. No, because that wouldn't be a random sample. That could potentially be 15 cases on the same day with the same staff. You might not be getting an accurate picture of your ED transfer communication process that way. Check out the CAHs Measure Up column in this issue for an example of how to determine a random sample.

Tools



Tools and Resources

Updated! [MBQIP Measures](#)

This chart outlines the current Medicare Beneficiary Quality Improvement Project (MBQIP) measures.

Updated! [MBQIP Measures Fact Sheets](#)

MBQIP Measures Fact Sheets provide an overview of the data collection and reporting processes for the MBQIP measures in a basic, one-measure-per-page overview.

Updated! Quality Improvement Measure Summaries for MBQIP (Part of the [Quality Improvement Implementation Guide and Toolkit for CAHs](#))

This resource is specifically focused on the current core measures of MBQIP and provides suggested promising strategies for quality improvement for each.

[Data Specifications Manual: EDTC Measure](#)

The Emergency Department Transfer Communication (EDTC) measure aims to provide a means of assessing how well key patient information is communicated from an emergency department to any healthcare facility. The measure is applicable to patients with a wide range of medical conditions (e.g., acute myocardial infarction, heart failure, pneumonia, respiratory compromise and trauma) and is relevant for both internal quality improvement purposes and external reporting to consumers and purchasers. This guide provides information on the measure, including detailed data specifications for collection.



MBQIP Monthly is produced by Stratis Health to highlight current information about the Medicare Beneficiary Quality Improvement Project (MBQIP). This newsletter is intended for Flex Coordinators to share with their critical access hospitals.

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 \$625,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. (11/2018)