

MBQIP Orientation Manual

A guide for New Hampshire Critical Access Hospital QI Staff

6/1/2020

NH Division of Public Health Services
Rural Health and Primary Care Section

Contact Marie.Wawrzyniak@dhhs.nh.gov or call
271-1093 for information about this manual.

What is MBQIP?

“The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Medicare Rural Hospital Flexibility (Flex) grant program of the Health Resources and Services Administration’s Federal Office of Rural Health Policy (FORHP). The goal of MBQIP is to improve the quality of care provided in Critical Access Hospitals (CAHs), by increasing quality data reporting by CAHs and then driving quality improvement activities based on the data. This project provides an opportunity for individual hospitals to look at their own data, measure their outcomes against other CAHs and partner with other hospitals in the state around quality improvement initiatives to improve outcomes and provide the highest quality care to each and every one of their patients.” ([Source](#))

Medicare Beneficiary Quality Improvement Project

Definition	Goal
<ul style="list-style-type: none">• A quality improvement activity under the Medicare Rural Hospital Flexibility grant program.• Funded by the Health Resources and Services Administration’s Federal Office of Rural Health Policy.	<p>Improve the quality of care provided in critical access hospitals by:</p> <ul style="list-style-type: none">• increasing quality data reporting• driving quality improvement activities based on the data.

All thirteen Critical Access Hospitals in New Hampshire have signed consents to participate in MBQIP.

Through MBQIP, the state Flex Program, part of the NH Office of Rural Health and Primary Care, will support Critical Access Hospitals with education and technical assistance to collect and report relevant quality of care measures, and then use that data to improve care.

MBQIP Measures- Core Measures

Patient Safety	Patient Engagement	Care Transition	Outpatient
HCA- Influenza Vaccination Coverage Among Healthcare Personnel	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Emergency Department Transfer Communication	OP-2 Fibrinolytic Therapy Received within 30 minutes
Antibiotic Stewardship Program-measured by the NHSN Patient Safety Component-Annual Facility Survey			OP-3 Median Time to Transfer to another Facility for Acute Coronary Intervention
			OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients
			OP-22 Patient Left Without Being Seen

[MBQIP Measures Fact Sheets](#)

The MBQIP Measures

Outpatient Quality Reporting AMI Dataset

The OQR-AMI dataset measures care of patients seen in the Emergency Department who have a diagnosis of heart attack. Measure details are shown in the chart below.

	OP-2	OP-3
Description	Fibrinolytic therapy received within 30 minutes of arrival- designed to be reported in conjunction with OP-1	Median time to transfer to another facility for Acute Coronary Intervention
Population	Seen in ED Discharged to inpatient care 18 or older Diagnosis code for AMI	Seen in ED Discharged to inpatient care 18 or older Diagnosis code for AMI
Sample Size	0-80 submit all cases	0-80 submit all cases
Data Elements	Arrival time Birthdate Discharge code E/M code Fibrinolytic administration, date and time ICD-10 code ECG interpretation Outpatient encounter date Reason for delay in Fibrinolytic	Arrival time Birthdate Discharge code ED departure date ED departure time E/M code Fibrinolytic administration ICD-10 code ECG interpretation Outpatient encounter date Reason for not administering Fibrinolytic Transfer for Acute Coronary Intervention

For more specific details about these measures see: [Hospital Outpatient Specifications Manual](#)

List of Warfarin and fibrinolytic agents found in manual noted above OP Tables 1.2 and 1.3 (page 238 in the PDF)

AMI diagnosis codes found in manual noted above Table 1.1 on page A-1 (Page 191 in the PDF)

Outpatient Quality Reporting ED Data Set

The OQR-ED Data Set includes OP-18 that documents the time patients spend in the ED before being discharged to home. OP-22 is also considered an ED through-put measure, and documents the percentage of people who leave the ED without being seen. OP-22 is collected by hospital tracking, and reported once a year. Measure details are shown in the chart below.

	OP-18	OP-22
Description	Median time patients spend in the ED before being discharged home	Percentage of patients who left the ED without being seen
Population	Patients seen in hospital ED that have an ED visit E/M code	
Sample Size	0-900 submit 63 cases Over 900-submit 96 cases	All cases
Data Elements	Arrival time Discharge code E/M code ED departure date ED departure time ICD-10 code Outpatient encounter date	Patients who left without being seen by a provider divided by patients who presented to the ED

For more specific details about these measures see: [Hospital Outpatient Specifications Manual](#)
E/M codes for emergency department encounters found in manual noted above OP Table 1.0 on page A-1 (page 191 in the PDF)

Patient Safety Measure Health Care Personnel (HCP) reported to National Healthcare Safety Network

	HCP
Description	Percentage of healthcare workers given influenza vaccination
Population	N/A
Sample Size	All cases
Data Elements	Healthcare workers who: Received vaccination at the facility, outside of facility Did not receive due to contraindication Declined vaccination

Antibiotic Stewardship Program

This program is part of the Patient Safety/Inpatient MBQIP domain, and is expected to be fully implemented in all Critical Access Hospitals before August 2022. Antibiotic Stewardship is reported by completing and submitting the annual Hospital Facility Survey to NHSN. The core elements of Antibiotic Stewardship are:

- Hospital Leadership Commitment
- Accountability
- Pharmacy Expertise
- Action
- Tracking
- Reporting
- Education

[Antibiotic Stewardship Core Elements for Hospitals 2019](#)
[Core Elements Assessment Tool](#)

Emergency Department Transfer Communication (EDTC)

For patients who are transferred, discharged, or returned to a facility from the emergency department, EDTC measures whether the data elements were documented in the communication with the accepting facility. EDTC data is reported quarterly using an EDTC tool. The quarterly EDTC MBQIP report is submitted to the NH Flex Program at the NH Office of Rural Health and Primary Care via email. Email report to: Marie.Wawrzyniak@dhhs.nh.gov

Please reference the Data Specifications Manual for specific abstraction rules.

[EDTC Data Specifications Manual and Reporting Tools](#)

	Emergency Department Transfer Communication (EDTC)
Description	Communication of care transitions
Population	Patients admitted to the emergency department and transferred, discharged, or returned to another health care facility
Sample Size	0-44 submit all cases, 45 or greater- submit at least 45 cases
Data Elements	Home Medications Allergies and/or Reactions Medications Administered in ED ED Provider Note Mental Status/Orientation Assessment Reason for Transfer and/or Plan of Care Tests and/or Procedures Performed Tests and/or Procedures Results

Hospital Consumer Assessment of Healthcare Providers and Systems

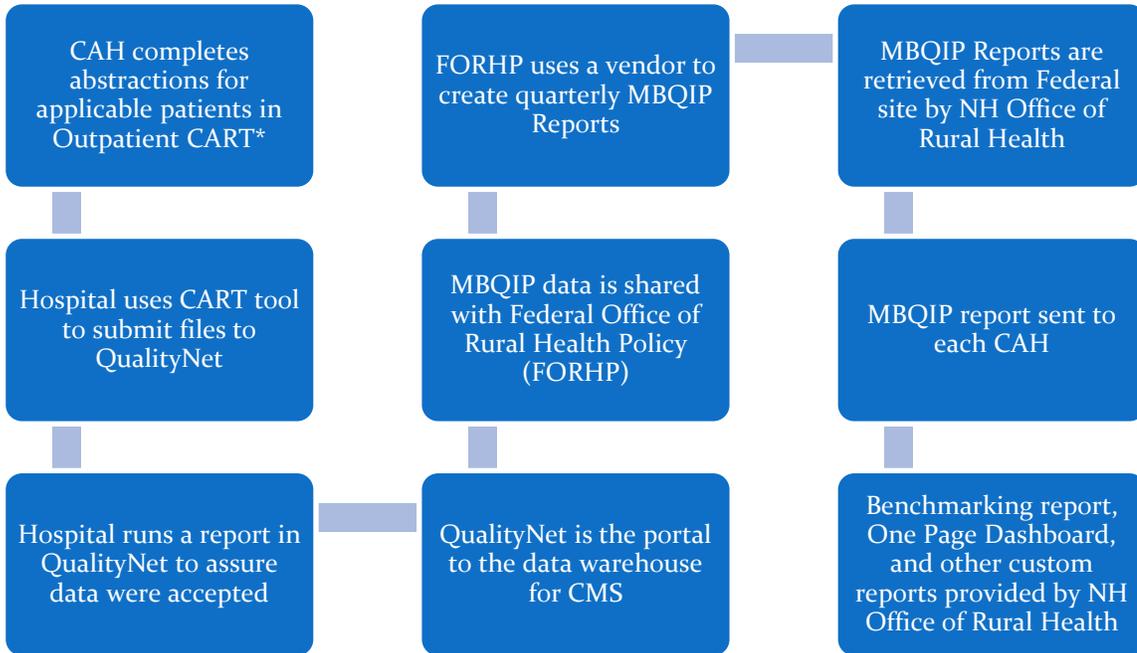
HCAHPS is a standard survey used throughout the country to assess hospital patients' perceptions of their care experiences. NH Critical Access hospitals are all currently using a vendor to implement the survey process.

HCAHPS Composite/Question	Measure Description
Communication with Nurses	Percentage of patients surveyed who reported that their nurses "Always" communicated well
Communication with Doctors	Percentage of patients surveyed who reported that their doctors "Always" communicated well
Responsiveness of Hospital Staff	Percentage of patients surveyed who reported that they "Always" received help as soon as they wanted
Communication about Medicines	Percentage of patients surveyed who reported that staff "Always" explained about medicines before giving them
Cleanliness of the Hospital Environment	Percentage of patients surveyed who reported that their room and bathroom were "Always" clean
Quietness of the Hospital Environment	Percentage of patients surveyed who reported that the area around their room was "Always" quiet at night
Discharge Information	Percentage of patients surveyed who reported that "Yes" they were given information about what to do during their recovery at home
Care Transitions	Percentage of patients surveyed who "Strongly Agree" they understood their care when they left the hospital
Overall Rating of Hospital	Percentage of patients surveyed who gave their hospital a rating of 9 or 10 on a scale of 0-10.
Willingness to Recommend	Percentage of patients surveyed who reported "Yes" they would definitely recommend the hospital

The Flow of MBQIP Data

Below are overviews of how the MBQIP data flow from the Critical Access Hospital and then back as reports:

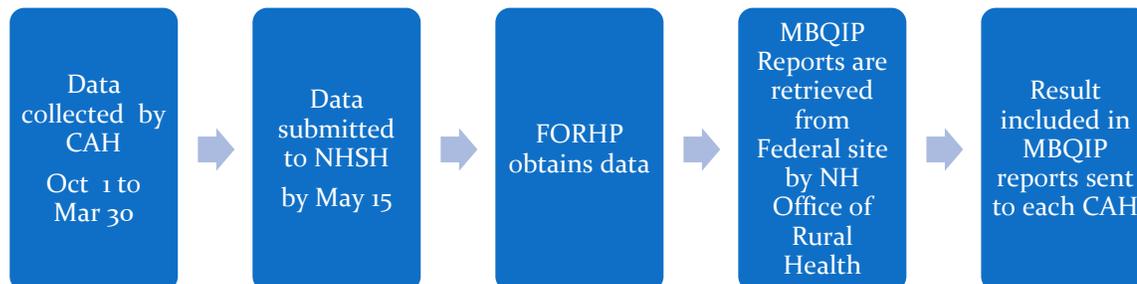
Outpatient Measures



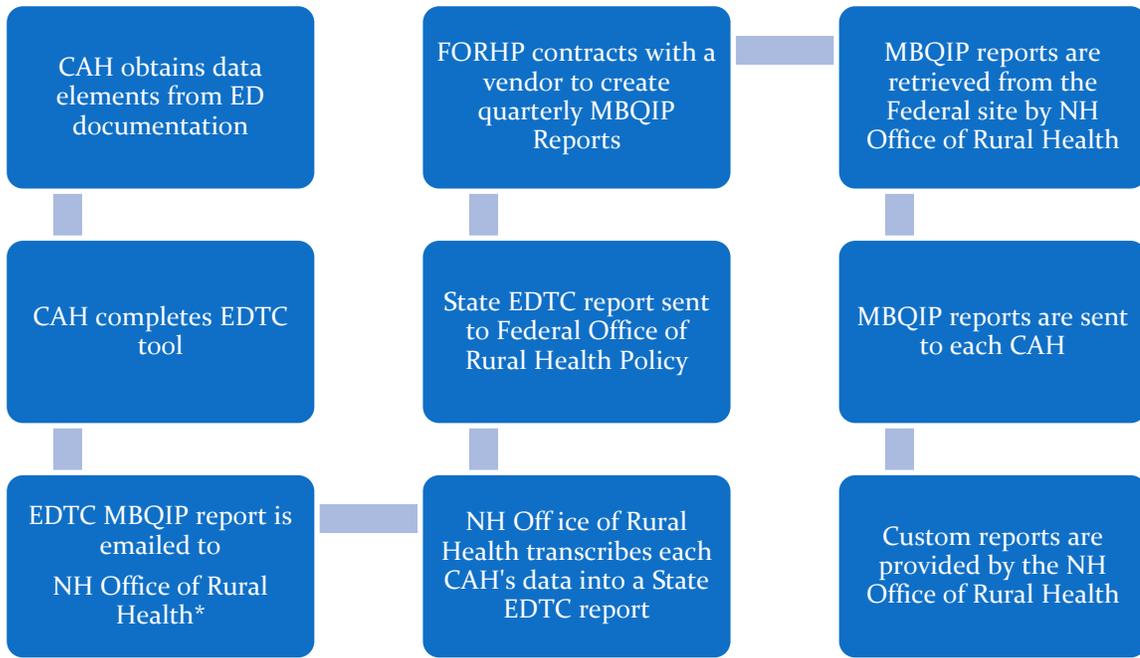
*CART is CMS Abstraction and Reporting Tool. Hospital may use a vendor.

OP-22 flow is as above except it is entered once per year into **Quality Net Secure Portal**.

HCP Data Flow



Emergency Department Transfer Communication (EDTC)



*Current email address is: Marie.Wawrzyniak@dhhs.nh.gov

MBQIP Reporting Methods and Tools

NHSN (National Healthcare Safety Network)

HCP data are collected Oct 1- Mar 30 and the numerator and denominator are submitted to NHSN annually by May 15.

Please see [HCP Training](#) for training and protocols.

HCAHPS

Each New Hampshire CAH uses a vendor to implement the surveys and submit the HCAHPS data to Quality Net. Then the process is the same as above.

EDTC

EDTC MBQIP report submitted to NH Office of Rural Health and Primary Care at Marie.Wawrzyniak@dhhs.nh.gov

CMS Outpatient Reporting Via Quality Net

Step by Step Instructions for using CART (CMS Abstracting and Reporting Tool)

QualityNet Registration

1. Go to QualityNet.org, scroll down toward the bottom of the web page and click on “Getting Started with QualityNet.” It is a blue box.
2. Follow the directions to register **at least two people** as **Security Administrators**, and then register any other staff who will abstract and/or upload data as Basic Users.
3. Once you are registered, go back to QualityNet.org, and click on “Getting Started with QualityNet” and then go to Sign in Instructions. Follow the instructions.

CART Set -up

(For those who have never used CART)

1. Go to www.qualitynet.org
2. Click on Hospitals-Outpatient (little person with arm in a sling)
3. Click on Resources
4. Under the Tools section, click on View the CMS Abstracting and Reporting Tool.
5. Click on View all versions of CART.
6. Scroll down to Initial Installation of CART
7. Work with your IT staff to download and install CART-Outpatient. There are clear instructions in the PDF.
8. Log on as the **initial user**
 - User ID: opps
 - Initial Password: p@ssw0rd (that is a zero between the w and r)
 - Change the password and answer the security questions

- Accept the terms and conditions
- 9. Set up provider information (the provider is your **hospital**) and user information
 - Click on the **Administration** drop down (top left corner of the screen) and then click on **Provider**
 - Enter your hospital's information in the **Provider Detail** section on the right side of the screen
 - Click **Save** (upper left of screen)
 - Click on **User** from the Administration dropdown (top left corner of the screen)
 - On the **User Detail** on the right side of the screen enter information for a user making sure you set up a System Administrator. Enter activation date (today's date) and assure your hospital is showing in the Provider Detail section
 - Click **Save**
 - Log out under the **Security** tab.
 - Log in as a System Administrator using the password p@ssw0rd
 - Change password and set up security answers
 - You are now ready to abstract and/or add more users

Everyone who uses CART will need to be set up as a user (basic or system admin). Be sure to set up at least 2 staff to be a system administrator so you have a backup in case you forget your password and get locked out. **This is highly recommended.** If you get locked out of CART that is freestanding (versus in a network) you have to re-download it.

Abstracting using CART

1. Set up provider preferences (must be a System Admin)
 - Click on **Provider** from the Administration drop down
 - Go to **Provider Preferences** Section and click on your hospital's name in the Provider Summary
 - On the right side of the screen, select range of months for data you are reporting in the **Time Period** (note it is not a quarter- use the range that your quarter fits in)
 - Select measure sets you are reporting (can click to deselect)
 - Measure sets in Outpatient CART
 - OQR-AMI Set (be sure all the measures in the set are selected)
 - OQR-ED
 - Click **Save**
2. Enter the Data
 - Log in if not already in CART
 - Go to **Patient Information** in the Administration Tab
 - Enter the patient's information in the Patient Detail Section and click on **Add Patient** at the bottom of the Patient Detail Section
 - The system will ask if you want to save or not.
 - The system will check for duplicates.
 - Click + to add another patient and so on.

Note: If you have already entered patients, you may use the search function to find a patient.

- Select the patient name in the Patient Summary Section
- Click on **Add Abstraction** (it is in the patient detail section on the right)

- Abstraction Pop-Up Screen appears. Enter information, click in the comment area, and click **Finish**.
- Enter the encounter date and arrival time
- Select the measure set
- Click on **Finish** (you may need to click in the comments section to get “Finish” to be available).
- Click on **Enable/Disable Questions Appropriately** and answer the questions in order
- Click on **Save** (Left upper corner of screen).
- A pop-up appears asking if you want to duplicate. Click **OK** to add another data set for this same patient. Otherwise click on Cancel.
- To edit or delete an abstraction
 - In Abstraction drop down, click on **Search**
 - Click on **Search** on next screen
 - Click on **Patient**
 - Click on **Edit Abstraction** at bottom of page (The Delete button is on the far right bottom of the page)
 - Make Changes
 - **Save**.

Submitting Data to QualityNet

1. Login to HQR at <https://hqr.cms.gov>.
2. Click 'View the new Hospital Quality Reporting' near the upper right corner of the HQR My Tasks page to navigate to the new HQR Home page.
3. Then click the **File Upload** card to begin uploading your files.

MBQIP Key Resources and References

MBQIP Measures Fact Sheets

This booklet contains a one page fact sheet for each MBQIP measure. It is highly recommended as a very useful resource. Have one on your desk if you are performing data collection and data entry for MBQIP.

The booklet is provided here:

[MBQIP Measure Fact Sheets](#)

MBQIP Data Submission Deadlines

You will receive reminders via email of the dates MBQIP submissions are due.

A one page overall deadlines chart is provided here:

[Data Submission Deadlines](#)

MBQIP Reporting Guide

This booklet provides an overview of the various ways MBQIP data are reported.

The booklet is provided here:

[MBQIP Reporting Guide](#)

Other Training

[Marie Wawrzyniak](#) is available to provide “live” in-person training for you at your hospital. You may also find these training opportunities helpful:

[Training Guides](#)

[Office Hours for Abstraction Assistance](#)

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 \$431,566 with no financing from 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.