

MBQIP Orientation Manual

A guide for new NH Critical Access Hospital QI Staff

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

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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.

Every Critical Access Hospital in New Hampshire (there are 13 total) has signed a consent 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

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

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	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

A list of Fibrinolytic agents may be found on www.qualitynet.org :

Hospital OQR Specifications Manual-Appendix C Medication Tables

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 patients who leave the ED without being seen. The assumption is that they leave due to the long wait time. OP-22 is collected by hospital tracking, and reported once per 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	N/A
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 the outpatient measures see:

[MBQIP Measures Fact Sheets](#)

[CMS Hospital OQR Specifications Manual](#)

Inpatient Quality Reporting IQR- ED-2

	ED-2
Description	Admit decision time to ED departure time for admitted patients
Population	Patients discharged from acute inpatient with 120 days or less length of stay
Sample Size	0-152 submit all 153-764 submit 153 765-1529 submit 20% >1529 submit 306
Data Elements	Decision to Admit date and time ED Departure date and time ED Patient ICD-10 Principal Diagnosis Code

For more specific information about the inpatient measure see:

[MBQIP Measures Fact Sheets](#)

[CMS IQP Specifications Manual](#)

Patient Safety Measure Health Care Personnel (HCP) reported to CDC's National Healthcare Safety Network (NHSN)

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

For more information about the HCP measure see:

[NHSN Checklist for HCP reporting](#)

[About NHSN](#)

Antibiotic Stewardship Program

This program is part of the Patient Safety/Inpatient MBQIP domain, and is expected to be fully implemented in the Critical Access Hospitals before August 2022. The core elements of Antibiotic Stewardship for Critical Access Hospitals are:

- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

See the publication, "Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals," for details: [Core Elements](#)

The Antibiotic Stewardship Program will be evaluated for MBQIP using the NHSN Patient Safety Component- Hospital Facility Survey. The number of core elements met will serve as the measure. [Survey Tool](#)

Emergency Department Transfer Communication Measure (EDTC)

The population for this measure is patients admitted to the emergency department and transferred from the ED to another health care facility. The sample size is: for 0-44 submit all cases, for 45 or greater- submit at least 45 cases. EDTC data is reported quarterly using an EDTC tool referenced below. It is submitted to the NH Flex Program at the NH Office of Rural Health and Primary Care via email to Marie.Wawrzyniak@dhhs.nh.gov

All of the sub-measures are included in the one report.

EDTC Sub-Measure	Measure Description
EDTC-1	Percentage of patients with physician to physician and facility to facility communication prior to discharge
EDTC-2	Percentage of patients that have patient identification information sent to the receiving facility within 60 minutes of discharge
EDTC-3	Percentage of patients that have communication with the receiving facility within 60 minutes of discharge for patient's vital signs
EDTC-4	Percentage of patients that have communication with the receiving facility within 60 minutes of discharge for medication information
EDTC-5	Percentage of patients that have communication with the receiving facility within 60 minutes of discharge for history and physical and physician orders and plan
EDTC-6	Percentage of patients that have communication with the receiving facility within 60 minutes of discharge for key nurse documentation elements
EDTC-7	Percentage of patients that have communication with the receiving facility within 60 minutes of discharge of tests done and results sent

The reporting tool and other resources may be found at the following:

[EDTC Resources](#)

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.

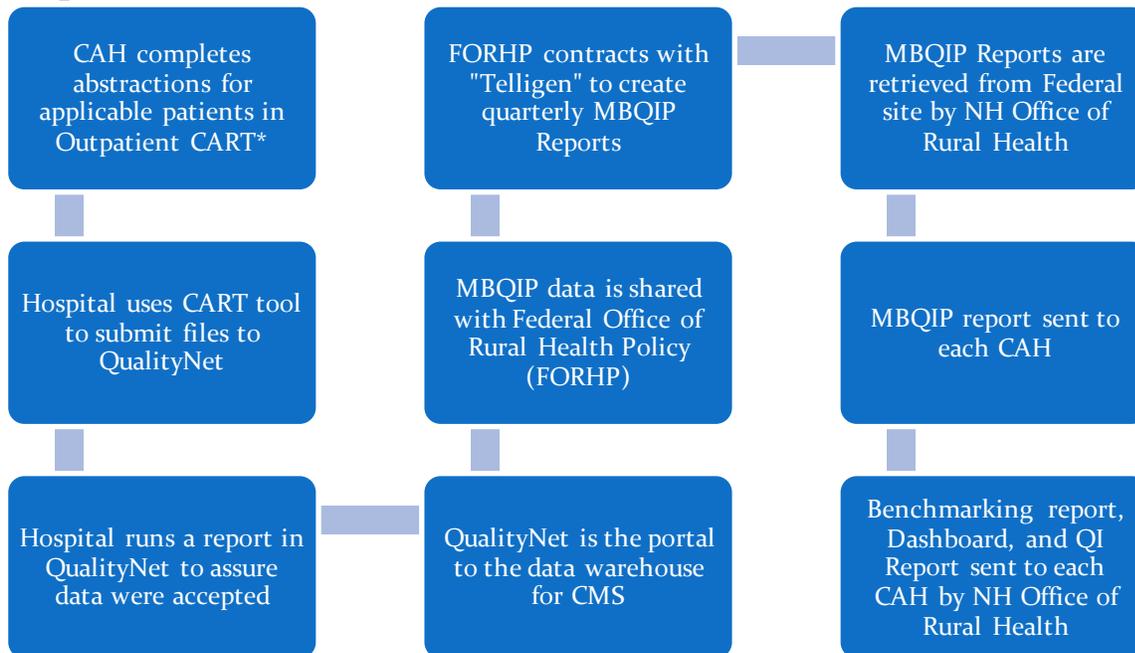
HCAHPS Composite/Question	Measure Description
Communication with Nurses	Percentage of patients surveyed who reported that their nurses "Always" communicated well
Communication with Doctors	Percentage of patients surveyed who reported that their doctors "Always" communicated well
Responsiveness of Hospital 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

MBQIP Reporting Methods and Tools

The Flow of MBQIP Data

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

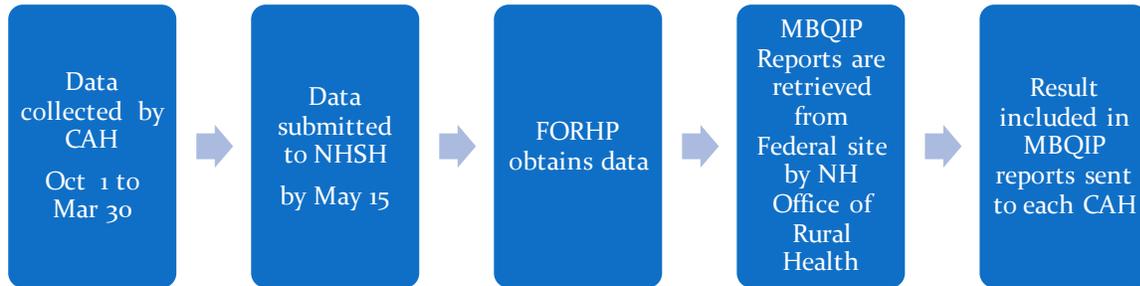
Outpatient Measures



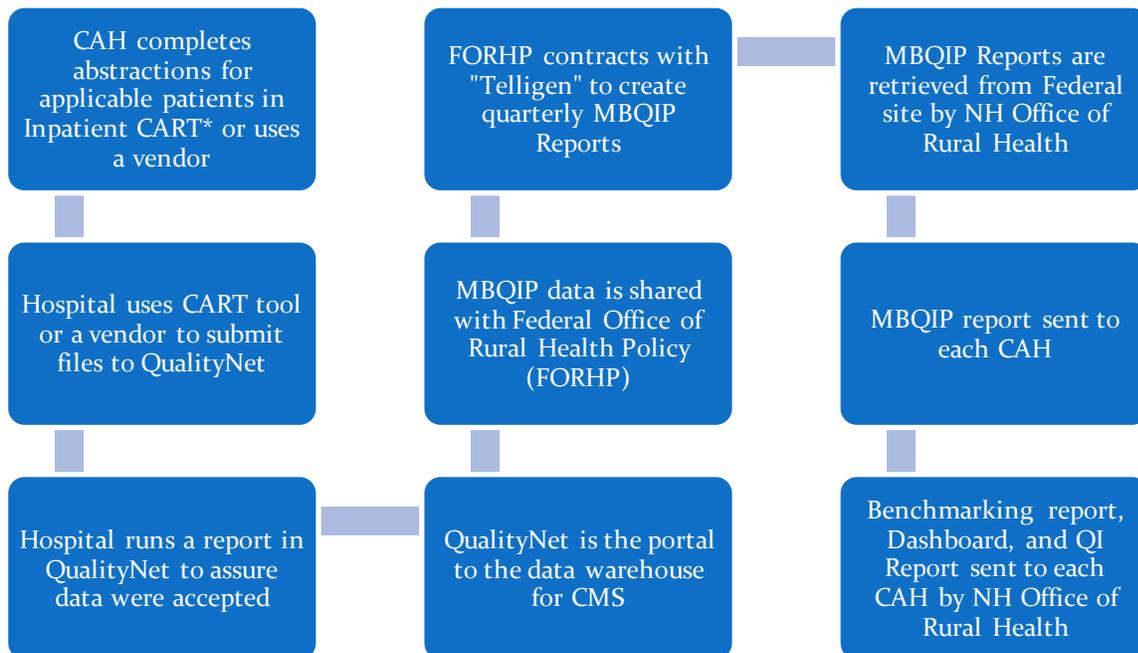
*CART is CMS Abstraction and Reporting Tool. Hospital may use a vendor.

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

HCP Data Flow



Inpatient Measure ED-2

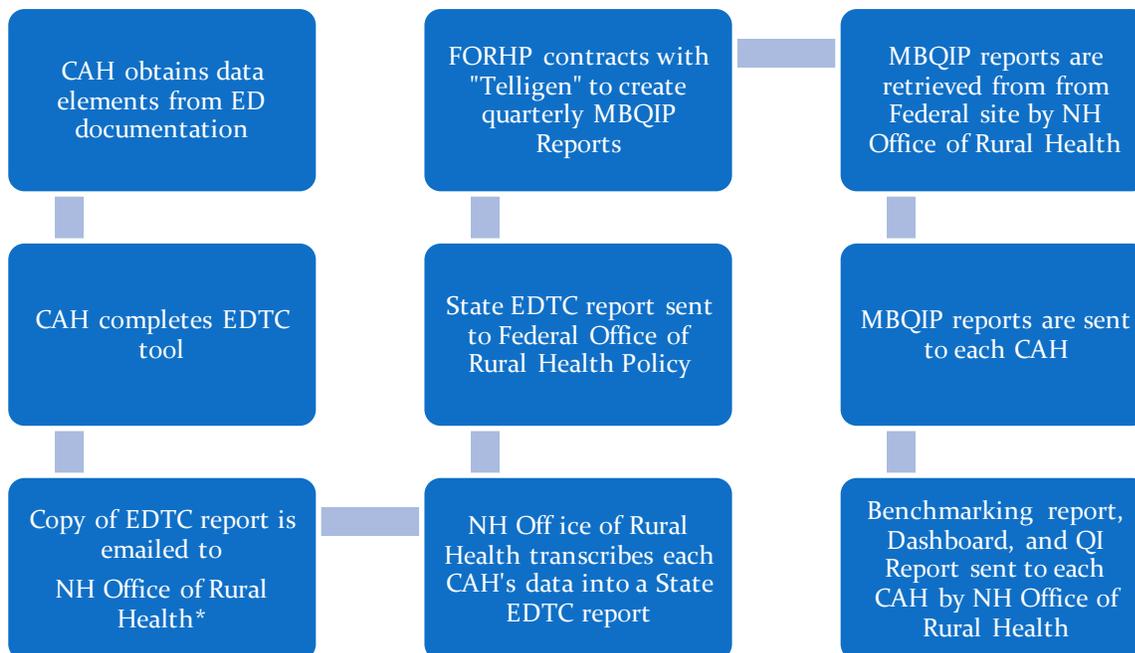


*CART is CMS Abstraction and Reporting Tool. Hospital may use a vendor.

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.

Emergency Department Transfer Communication (EDTC)



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

CMS Outpatient and Inpatient Reporting Via Quality Net

Step by Step Instructions for using CART

(CMS Abstracting and Reporting Tool)

QualityNet Registration

1. Go to QualityNet.org and locate “Getting Started with QualityNet” (left hand side of the page) and then click on Registration, and then Hospitals- Outpatient (Hospitals-Inpatient)
2. Follow the directions to register a Security Administrator and then register all staff that will upload data to QualityNet
3. Once you are registered, go back to QualityNet.org, and click on Sign in Instructions in the “Getting Started with QualityNet” Section

CART Set -up

(For those who have never used CART)

1. Ask your IT department where to install it (your computer, on a network drive etc.)
2. Go to www.qualitynet.org
3. On the right hand side of the page find **Downloads**
4. Click on **CART-Outpatient** (latest version)
5. Assuming you have never downloaded this before, you want the **Initial Installation of CART** (toward the bottom of the screen). This download includes something called the QMS 30 Module.
6. Work with your IT staff to download and install CART-Outpatient
7. 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
8. 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

Download Inpatient CART

1. Go to www.qualitynet.org
2. On the right hand side of the page find **Downloads**
3. Click on CART-Inpatient (latest version) then click on **CART Inpatient Upgrade**
4. Work with your IT staff to download and install the inpatient CART Upgrade
5. Open CART
6. Choose from the drop down menu
7. Log on as the "initial user"
 - User ID: cart
 - 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
8. Set up provider information 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 as 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 Admin 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 (abstractor 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
 - OQR-CP
 - OQR-ED
 - Measure sets in Inpatient CART
 - IQR-IMM
 - IQR-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. Export Data from CART to a File in your computer/network
 - From the **Abstraction Search** screen, select one or more abstractions to export. Select multiples using Ctrl click. (You may also use search to sort a list of abstractions using the headers.)
 - Click on **export** at the bottom of the screen and you are now in Abstraction Export
 - Select file type- XML
 - Select Action Type- Add
 - Note: this will save your file to the same place CART is located on your computer or network. If you want to save this somewhere else, use **Browse** to select another location
 - Click **Finish**
 - Click **Close**
2. A prompt pops up:
 - Click **OK** – this will get you to the QualityNet website where you click on Outpatient (or Inpatient) Hospital Quality Reporting Program, Log in, and upload the file
 - Click **Cancel**- you can upload the file later
3. Select **Secure File Transfer** (at top)
4. Double click on **Data Upload** folder
5. Double click on **Proddata** Folder
6. Double click on **OQR** or **IQR** Clinical Folder
4. Select **Upload**
5. Select the folder where your files are saved, then highlight the file(s) you are submitting. Click on **Open**
7. Wait. A virus scan will take place, and sent folder will appear.

QualityNet Secure Portal

The instructions below are for submitting **OP-22** via the Quality Net Secure Portal. These instructions assume you are already registered with Quality Net. The Secure Portal training may be found at www.qualitynet.org, and then click on Secure Portal Enrollment Training in the Training section located on the right lower side of the web page.

1. Log into Quality Net Secure Portal located at the top of the qualitynet.org home page
2. On the My Tasks Page locate the Manage Measures section
3. In the Manage Measures section click on: **View Edit Structural Web-based Measures/Data Acknowledgement (DACA)**
4. You are now in the Select Program section. Click on **Outpatient Web Based Measures**. If you come to the Provider Selection Page, select your hospital by holding down the ctrl key while making the selection. Click **Continue**.
5. Select the applicable year. Payment year is 2 years after current year. For example, select 2019 for entering CY 2017 data. Click **Continue**.
6. You are now on the Outpatient Web-Based Measures Summary Page. Click on **OP-22**
7. Enter the appropriate numbers in the two boxes (numerator and denominator)
8. Click **Calculate**
9. The percentage is displayed
10. If you made any errors in entering the numbers, click on **Edit** to make changes
11. Click **Submit**.

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 [NHSN Flu Reporting Training](#) for specific instructions.

- **Patient Safety Component-Annual Facility Survey** submitted annually between January and March to NHSN. Please see [NHSN Hospital Survey](#) for specific instructions.

EDTC-Submitted to NH Office of Rural Health and Primary Care

The EDTC data collection tool (excel based) may be found on [EDTC Resources](#) or you may email Marie.Wawrzyniak@dhhs.nh.gov to receive the tool via email.

Step by step instructions for using the EDTC Tool:

1. On the first page enter your hospital's CMS number
2. Click on **Click here to start data collection**
3. Enter the information requested for your first patient
4. Click on **Add New Record** at the bottom
5. Click Yes
6. The Data entry form appears. For this patient answer each question by clicking on ° Yes or ° No or in some cases ° N/A when applicable
7. If you are unsure what documentation is required, you may click on **Data Specifications** to see exactly what is required
8. Click **Save** at bottom
9. On the saved pop up click **OK**
10. The next page shows the patient(s) you have entered. If you are not done entering patients click on **Add New Record**
11. Repeat for patients in your sample (0-45 enter all cases, 45 or more, enter 45 cases)
12. Click on **Reports**
13. You may email a scanned report, or an excel spreadsheet containing only the copied report page
14. *Do not email the entire tool.* It contains PHI.
15. Email report to: Marie.Wawrzyniak@dhhs.nh.gov.

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 may be found here [MBQIP Measures Fact Sheet](#) or ask Marie Wawrzyniak to email you a copy.

MBQIP Data Submission Deadlines

You will receive reminders via email of the dates MBQIP submissions are due. A one page overall deadlines chart may be found here:

[Data Submission Deadlines](#)

MBQIP Reporting Guide

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

The booklet may be found here [MBQIP Reporting Guide](#) or ask Marie Wawrzyniak to email you a copy.

Training Videos

Marie Wawrzyniak is available to provide “live” in-person training for you at your hospital. You may also find these training videos helpful:

QualityNet Secure Portal

[QualityNet Training](#)

Using CART

[CART basics](#)

[Alternative training with video](#)

[Video of how to navigate in CART](#)

Abstracting

[Abstraction Training](#)

Reporting HCP via NHSN

[NHSN reporting](#)

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