

# Using MBQIP Data Locally

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## Objectives

- Recognize what data is available as part of (and in support of) MBQIP
- Understand tools and methods for modeling and presenting data to hospital staff, leadership, and your community



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## Overview

- Walk through MBQIP data and reports
- Review sources for benchmarking data and tools to make MBQIP data meaningful
- Demonstrate examples of presenting data to various audiences using specific Critical Access Hospital (CAH) data



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## Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice



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## Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health from Health Services and Resources Administration (HRSA) Federal Office of Rural Policy (FORHP) beginning in 2015
- Improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives
  - Flex/MBQIP
  - Small Health Care Provider Quality Improvement Grantees (SHCPQI)



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## MBQIP Overview

- Quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal office of Rural Health Policy (FORHP)
- Improve the quality of care provided in CAHs by increasing quality data reporting and then driving improvement activities based on the data
- Set of rural-relevant hospital metrics, technical assistance, encouragement, and support
- Aligned with other Federal Quality Programs



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## Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement

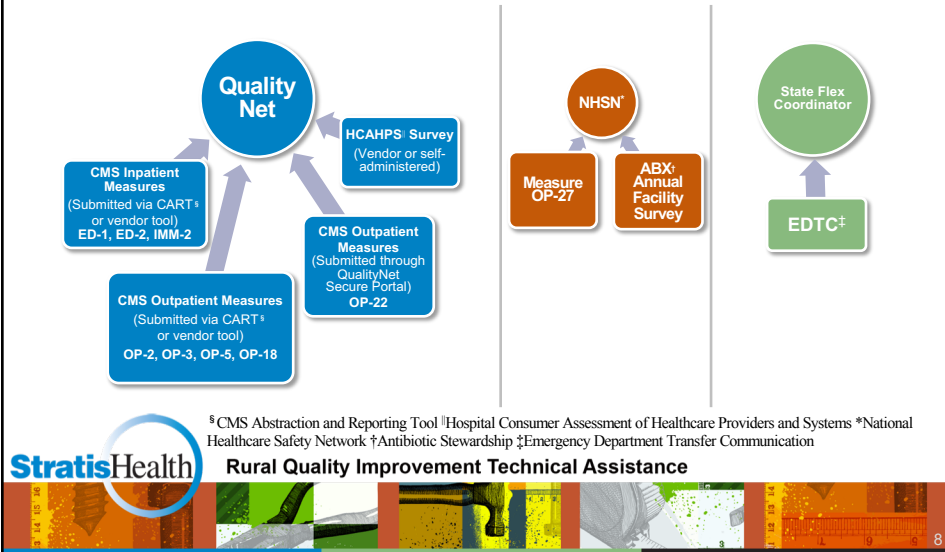


- ***Help CAHs prepare for value-based reimbursement***

MBQIP Data



# Quality Data Reporting Channels for MBQIP Required Measures



## Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
<b>Core MBQIP Measures</b>	<p>OP-27: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (Facilities report a single rate for inpatient and outpatient settings)</p> <p>IMM-2: Influenza Immunization for Inpatients</p> <p>Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p> <p><b>Inpatient ED Measures:</b></p> <ul style="list-style-type: none"> <li>ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients</li> <li>ED-2: Admit Decision Time to ED Departure Time for Admitted Patients</li> </ul>	<p><b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</b></p> <p>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:</p> <ul style="list-style-type: none"> <li>Communication with Doctors</li> <li>Communication with Nurses</li> <li>Responsiveness of Hospital Staff</li> <li>Pain Management</li> <li>Communication about Medicines</li> <li>Discharge Information</li> <li>Cleanliness of the Hospital Environment</li> <li>Quietness of the Hospital Environment</li> <li>Transition of Care</li> </ul> <p>The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.</p>	<p><b>Emergency Department Transfer Communication (EDTC)</b></p> <p>7 sub-measures; 27 data elements; 1 composite</p> <ul style="list-style-type: none"> <li>EDTC-1: Administrative Communication (2 data elements)</li> <li>EDTC-2: Patient Information (6 data elements)</li> <li>EDTC-3: Vital Signs (6 data elements)</li> <li>EDTC-4: Medication Information (3 data elements)</li> <li>EDTC-5: Physician or Practitioner Generated Information (2 data elements)</li> <li>EDTC-6: Nurse Generated Information (6 data elements)</li> <li>EDTC-7: Procedures and Tests (2 data elements)</li> <li>All-EDTC: Composite of All 27 data elements</li> </ul>	<p><b>Chest Pain/AMI:</b></p> <ul style="list-style-type: none"> <li>OP-1: Median Time to Fibrinolysis*</li> <li>OP-2: Fibrinolytic Therapy Received within 30 minutes</li> <li>OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention</li> <li>OP-4: Aspirin at Arrival*</li> <li>OP-5: Median Time to ECG</li> </ul> <p><b>ED Throughput</b></p> <ul style="list-style-type: none"> <li>OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients</li> <li>OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional*</li> <li>OP-22: Patient Left Without Being Seen</li> </ul> <p><b>Pain Management</b></p> <p>OP-21: Median Time to Pain Management for Long Bone Fracture*</p>

\*Outpatient measures OP-1, OP-4, OP-20, and OP-21 are being removed by the Centers for Medicare & Medicaid Services (CMS) following submission of Quarter 1 2018 data.

# MBQIP Hospital Data Reports

## Reports

- Received quarterly
- Contain data submitted to MBQIP reporting channels (and includes unsuppressed data)
- Types:
  - Patient Safety and Inpatient/Outpatient
  - Care Transitions: EDTC
  - Patient Engagement: HCAHPS



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# Patient Safety and Inpatient/Outpatient

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MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:  
Improving Care Through Patient Safety and Inpatient/Outpatient Measures

Reporting Period: Second Quarter 2017 through First Quarter 2018 Discharges

MBQIP Quality Measures	Your Hospital's Performance by Quarter				CAH State Current Quarter			CAH National Current Quarter			ALL National Current Quarter
	2Q17	3Q17	4Q17	1Q18	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate
<b>AMI Cardiac Care</b>											
OP-1 Median Time to Fibrinolytics	D/E	0	D/E	0	36 Min.	69	14 Min.	35 Min.	927	16 Min.	30 Min.
OP-2 P Percutaneous Therapy Received Within 90 Min. of ED Arrival	D/E	0	D/E	0	44%	69	100%	47%	927	100%	56%
OP-3b Median Time to Transfer to Another Facility for Acute Coronary Intervention	115 Min. based on 1 patients	0	65 Min. based on 1 patients	0	76 Min.	69	44 Min.	70 Min.	927	32 Min.	62 Min.
OP-4 Aspirin at Arrival	100% of 4 patients	100% of 5 patients	100% of 7 patients	100% of 3 patients	95%	74	100%	95%	994	100%	95%
OP-5 Median Time to ECG	7 Min. based on 5 patients	9 Min. based on 6 patients	8 Min. based on 7 patients	12 Min. based on 3 patients	8 Min.	74	2 Min.	8 Min.	994	4 Min.	8 Min.
<b>Pain Management</b>											
OP-21 Median Time to Pain Management for Long Bone Fracture	D/E	25 Min. based on 10 patients	36 Min. based on 6 patients	38 Min. based on 4 patients	40 Min.	70	21 Min.	44 Min.	932	24 Min.	50 Min.

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/flex/profile>

\* Reporting not required for this quarter

\*\* The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

N/A = the provider did not submit any data to the QualityNet warehouse

0 = the provider had no cases to submit for the measure population

D/E = data was submitted but excluded because it didn't meet the measure criteria



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MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:  
Improving Care Through Patient Safety and Inpatient/Outpatient Measures

Reporting Period: Second Quarter 2017 through First Quarter 2018 Discharges

MBQIP Quality Measures	Your Hospital's Performance by Quarter				CAH State Current Quarter			CAH National Current Quarter			ALL National Current Quarter
	2Q17	3Q17	4Q17	1Q18	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate
<b>Immunization</b>											
IMM-2 Influenza Immunization	D/E	D/E	100% of 60 patients	100% of 49 patients	92%	74	100%	90%	997	100%	94%
<b>Emergency Department – Quarterly Measures</b>											
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients	82 Min. based on 31 patients	90 Min. based on 33 patients	118 Min. based on 29 patients	85 Min. based on 57 patients	106 Min.	77	82 Min.	108 Min.	1011	79 Min.	140 Min.
OP-20 Median Time from ED Arrival to Provider Contact for ED Patients	12 Min. based on 64 patients	10 Min. based on 69 patients	14 Min. based on 60 patients	14 Min. based on 76 patients	17 Min.	77	8 Min.	16 Min.	1012	8 Min.	20 Min.
ED-1b Median Time from ED Arrival to ED Departure for Admitted ED Patients	99 Min. based on 29 patients	119 Min. based on 35 patients	116 Min. based on 26 patients	106 Min. based on 27 patients	167 Min.	73	108 Min.	196 Min.	932	110 Min.	270 Min.
ED-2b Adult Decision Time to ED Departure Time for Admitted Patients	6 Min. based on 26 patients	6 Min. based on 34 patients	5 Min. based on 24 patients	2 Min. based on 27 patients	32 Min.	73	6 Min.	46 Min.	932	8 Min.	94 Min.



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**MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:**  
Improving Care Through Patient Safety and Inpatient/Outpatient Measures

Reporting Period: Second Quarter 2017 through First Quarter 2018 Discharges

Emergency Department – Annual Measures										
	Your Hospital's Performance by Calendar Year			CAH State Most Recent Year Reported			CAH National Most Recent Year Reported			ALL National Most Recent Year Reported
MBQIP Quality Measures	CY 2015	CY 2016	CY 2017	CAH Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	CAH Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	ALL Overall Rate
OP-22 Patient Left Without Being Seen <small>(Reported annually. Due May 15th reflecting the prior calendar year.)</small>	N/A	N/A	0% of 1,357 patients	0%	64	0%	1%	800	0%	2%

NHSN Collected Measures										
	Your Hospital's Reported Adherence Percentage			CAH State Most Recent Flu Season			CAH National Most Recent Flu Season			ALL National Most Recent Flu Season
MBQIP Quality Measures	4Q15 – 1Q16	4Q16 – 1Q17	4Q17 – 1Q18	CAH Reported Adherence Percentage	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	CAH Reported Adherence Percentage	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	ALL Reported Adherence Percentage
OP-27 Influenza Vaccination <small>(Due May 15th reflecting the prior flu season.)</small>	86%	74%	77%	90%	65	100%	90%	1030	99%	89%



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**MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:**  
Improving Care Through Patient Safety and Inpatient/Outpatient Measures

Reporting Period: Second Quarter 2017 through First Quarter 2018 Discharges

NHSN Patient Safety Component: Annual Facility Survey							
	Your Hospital's Performance for Previous and Current Survey Years		CAH State Percentage for Current Survey Year		CAH National Percentage for Current Survey Year		ALL National Current Survey Year
NHSN Annual Facility Survey	Previous Survey Year: 2016	Current Survey Year: 2017	Percentage of CAHs Meeting Element	# CAHs with MBQIP MOU Submitting Data	Percentage of CAHs Meeting Element	# CAHs with MBQIP MOU Submitting Data	Percentage of ALL National Meeting Element
Element 1: Leadership	N	Y	76%	72	82%	1076	N/A
Element 2: Accountability	Y	Y	89%	72	93%	1076	N/A
Element 3: Drug Expertise	Y	Y	96%	72	94%	1076	N/A
Element 4: Action	Y	Y	94%	72	95%	1076	N/A
Element 5: Tracking	N	N	71%	72	81%	1076	N/A
Element 6: Reporting	N	N	76%	72	85%	1076	N/A
Element 7: Education	N	Y	79%	72	83%	1076	N/A
All Elements Met	3	5	47%	72	58%	1076	N/A



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# Care Transitions: Emergency Department Transfer Communications



MBQIP Care Transitions Quality Report: Improving Care Through  
Emergency Department Transfer Communication (EDTC)

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Reporting Period: Third Quarter 2017 through Second Quarter 2018 Discharges

MBQIP Quality Measures	Your Hospital Performance by Quarter				Your Hospital Performance Aggregate for All Four Quarters	State Current Quarter			National Current Quarter		
	3Q17	4Q17	1Q18	2Q18		Average Current Quarter	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Average Current Quarter	# CAHs with MBQIP MOU Submitting Data	90th Percentile**
Total Medical Records Reviewed	N = 45	N = 45	N = 45	N = 45	N = 181	N = 1773			N = 4504		
EDTC-1 Administrative Communication	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	95%	56	100%	97%	1204	100%
EDTC-2 Patient Information	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	93%	56	100%	96%	1204	100%
EDTC-3 Vital Signs	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	94%	56	100%	96%	1204	100%
EDTC-4 Medication Information	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	92%	56	100%	94%	1204	100%
EDTC-5 Practitioner Information	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	89%	56	100%	95%	1204	100%
EDTC-6 Nurse Information	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	84%	56	100%	91%	1204	100%
EDTC-7 Procedures and Tests	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	86%	56	100%	97%	1204	100%
All EDTC Composite*	100% (n=45)	100% (n=45)	100% (n=45)	100% (n=45)	100%	72%	56	100%	83%	1204	100%

N = denominator  
n = numerator  
N/A = the provider did not submit any data  
D/E = the provider reported 0 records reviewed

\* The state and national roll-up for the All-EDTC sub-measure is not inclusive of every reporting CAH, as some CAHs did not report this data element.  
\*\* The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/flex/profile>.



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# Patient Engagement: HCAHPS

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MBQIP Patient Engagement Quality Report: Improving Care Through  
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Reporting Period for HCAHPS Measures and Star Ratings: First Quarter 2017 through Fourth Quarter 2017 Discharges

HCAHPS Summary Star Rating											
Number of Completed Surveys: 33											
Survey Response Rate: 38											
HCAHPS Summary Star Rating											
N/A Stars											
HCAHPS Composites	HCAHPS Star Rating (0 out of 5)	Star Rating	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 1 Communication with Nurses (Q1 & Q2)	N/A	3	10	87	3	13	84	4	16	80	
Composite 2 Communication with Doctors (Q3 & Q4)	N/A	3	10	87	3	12	85	4	14	82	
Composite 3 Responsiveness of Hospital Staff (Q1 & Q2)	N/A	1	5	94	5	18	77	6	22	70	
Composite 4 Pain Management (Q3 & Q4)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Composite 5 Communication about Medicines (Q3 & Q4)	N/A	13	17	70	12	18	70	17	17	66	
Hospital Environment Items											
Star Rating (0 out of 5)	Star Rating	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	
28 Cleanliness of Hospital Environment	N/A	0	7	93	5	13	82	8	17	75	
29 Quietness of Hospital Environment	N/A	0	14	86	5	25	70	10	28	62	

Star Ratings Legend  
5 Stars: Excellent  
4 Stars: Above Average  
3 Stars: Average  
2 Stars: Below Average  
1 Star: Poor

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <http://www.ruralcenter.org/flex/profile>.



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**MBQIP Patient Engagement Quality Report: Improving Care Through  
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey**

Reporting Period for HCAHPS Measures and Star Ratings: First Quarter 2017 through Fourth Quarter 2017 Discharges

		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
Discharge Information Composite		Star Rating (0 out of 5)	% Yes	% No		% Yes	% No		% Yes	% No	
Composite 6 (Q19 & Q20)	Discharge Information	N/A	92	8		88	12		87	13	
Care Transition Composite		Star Rating (0 out of 5)	% Disagree to Strongly Disagree	% Agree	% Strongly Agree	% Disagree to Strongly Disagree	% Agree	% Strongly Agree	% Disagree to Strongly Disagree	% Agree	% Strongly Agree
Composite 7 (Q23 to Q25)	Care Transition	N/A	0	30	70	3	39	58	5	42	53
HCAHPS Global Items		HCAHPS Star Rating	Your Hospital's adjusted score			State Average			National Average		
Q21	Overall Rating of Hospital	Star Rating (0 out of 5)	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
	Overall Rating of Hospital (1 = Worst Hospital 10 = Best Hospital)	N/A	4	10	86	5	15	80	6	19	73
Q22	Willingness to Recommend this Hospital	Star Rating (0 out of 5)	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
	Willingness to Recommend this Hospital	N/A	5	5	90	2	20	78	5	23	72

Star Ratings Legend  
5 Stars: Excellent  
4 Stars: Above Average  
3 Stars: Average  
2 Stars: Below Average  
1 Star: Poor

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <http://www.ruralcenter.org/flexprofile>.



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# Benchmarking Sources

## Patient Safety and Inpatient/Outpatient

- MBQIP Hospital Data Reports
  - State CAH average
  - State CAH 90<sup>th</sup> percentile
  - National CAH average
  - National CAH 90<sup>th</sup> percentile
  - National all-hospital average
- CMS' [Achievable Benchmarks of Care](#) (ABC)
  - Inpatient and Outpatient – percentiles (all-hospital)
- [MBQIP Monthly](#)
  - State-level performance for CAHs (maps) for many measures



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## Emergency Department Transfer Communication

- MBQIP Hospital Data Reports
  - State CAH average
  - State CAH 90<sup>th</sup> percentile
  - National CAH average
  - National CAH 90<sup>th</sup> percentile



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# HCAHPS

- MBQIP Hospital Data Reports
  - State all-hospital average
  - National all-hospital average
- HCAHPS Online [Summary Analyses](#)
  - National all-hospital percentiles table (5<sup>th</sup>, 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup>, 90<sup>th</sup>)
  - National all-hospital hospital characteristics comparisons (region, bed size, teaching status, ownership and control, location – urban/rural)



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# General

- State-specific sources?
- Networks or collaboratives?
- System-level targets



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# How do you make this data useful & actionable?

Resources to get started



## Keeping up to date

- What are your processes to make sure the data are received and used?
  - Entering it into various tracking tools when reports are received
  - If CART, entering data after abstracted (more real time for your CAH)



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# Internal Quality Monitoring Tool

## Quality Improvement Implementation Guide and Toolkit for CAHs

### Downloads & Links

- Quality Improvement Implementation Guide and Toolkit for CAHs (PDF Document - 17 pages)
- Quality Improvement Measure Summaries for MBQIP (PDF Document - 22 pages)
- Brainstorming Tool (Word - 1 page)
- Internal Quality Monitoring Tool (Excel)
- Project Action Plan Template (Word - 1 page)
- Quality and Patient Safety Planning Agenda/Minute Template (Word - 3 pages)
- Rapid Tests of Change Tool (Word - 1 page)
- Rapid Tests of Change Tool - Example (PDF Document - 1 page)
- Ten Step Quality Improvement Project Documentation Template (Word - 4 pages)
- CAH Quality Prioritization Tool (Excel)

Author: Stratis Health

This guide and toolkit offers strategies and resources to help critical access hospital (CAH) staff organize and support efforts to implement best practices for quality improvement. It includes:

- A quality improvement implementation model for small, rural hospital settings
- A 10-step guide to leading quality improvement efforts
- Summaries of key national quality initiatives that align with the priorities of the Medicare Beneficiary Quality Improvement Project (MBQIP)
- Best practices for improvement for current MBQIP measures
- A simple, Excel-based tool to assist CAHs with tracking and displaying real time data for MBQIP and other quality and patient safety measures to support internal improvement efforts
- An Excel-based tool to help CAH quality and patient safety leaders prioritize and make decisions related to patient safety and quality planning

## Hospital Internal Quality Monitoring Excel Tool Background and Instructions MBQIP Core Measures

Enter your hospital's name here:

### Navigating the tool

1. Use the arrow keys at the bottom left to scroll through the available Excel tabs (see screenshot below):



Blue tabs are template tabs for each type of measure indicated (Percentages, Per 1,000, and Median). (See item 3 below for details on how to use the template tabs)

Orange tabs contain information to get you started on each MBQIP outpatient measure. Green tabs contain information to get you started on all MBQIP patient safety/inpatient measures. The yellow tab contains information to get you started on the all EDTC measure.

The red tab at the very end shows you a snapshot of your data in a dashboard format.

2. Click on the tab/measure of interest, then follow the instructions at the top of the page to complete/update information for that measure. You will only need to verify or change data in the cells that are colored yellow.

3. A new spreadsheet for data entry for different measures can be created for any other measure. Do so by going to the appropriate blue template tab and right-clicking. Select Move or Copy and check the 'Copy' box then click 'OK' after choosing where you want the tab to be placed. Then rename the tab by right-clicking and selecting 'Rename'.

4. Read on for data definitions and tips/tricks for using this tool to the fullest.

Finally, remember that this tool is intended to be used for Internal Quality Monitoring at your hospital! It does NOT replace data submission/reporting for MBQIP or other programs, but should be used to help you internally track real-time progress!

<https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs>



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# Interpreting MBQIP Hospital Data Reports for Quality Improvement

## Interpreting MBQIP Hospital Data Reports for Quality Improvement

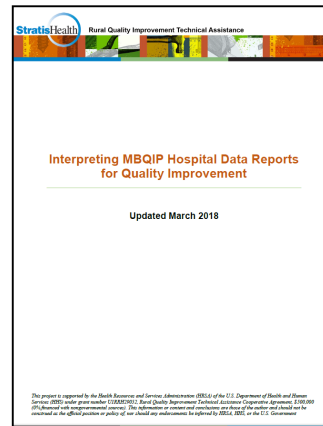
### Downloads & Links

- Interpreting MBQIP Hospital Data Reports for Quality Improvement (Updated March 2018) (PDF Document - 21 pages)

Author: Stratis Health

This guide is intended to help critical access hospital (CAH) staff use Medicare Beneficiary Quality Improvement Project (MBQIP) Hospital Data Reports to support quality improvement efforts and improve patient care.

<https://www.ruralcenter.org/resource-library/interpreting-mbqip-hospital-data-reports-for-quality-improvement>



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## Other Tools and Resources

- Software
  - Excel
  - Tableau or Power BI
  - [Datawrapper](#), etc. (online analysis resources)
  - Google
- Data sources
  - Your EHR
  - Surveys
  - National community-level data and indicators (Commonwealth Fund, Dartmouth Atlas, etc.)



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## Reporting → Improvement

- Get the right people involved
- Display your data, and find some areas for improvement. Then get into the weeds on data elements and figure out what's driving it. Do you need to talk to staff, so they understand abstraction needs? Change forms? Talk to physicians? Learn about flow? This is where the QI portion can come in – after identifying gaps in the data and showing it to staff to get their input and buy-in.



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## Questions to Consider

- What are your goals for sharing your data?
  - What do you hope to accomplish?
- Who is your audience
- Where to share the data?
- How do you want to display the data?



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## What are your goal(s) for sharing your data?

- Illustrate to leadership why it's important to commit resources to a specific area
- Inspire commitment to a specific area – rationale and making the case to others
- Show your value to your community
- Inspire action
- Celebrate success
- Explain progress to Board



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## Who is your audience, and where to share the data?

- **Who are you sharing it with?** Staff, hospital leadership, boards, community members?
- **What technology is available to you?**
- **Ideas:** billboards, newspapers, social media, bulletin boards at hospitals, closed circuit TV in waiting rooms, meetings (are there any new meetings where you might introduce a review of your data?), internal hospital dashboards (computer or web based), etc.
- **Nemaha example:** Invite people less involved to look at data – may have creative ideas on improvement



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## How to Display the Data

- Type of display
  - Trending vs snapshot, comparison (baseline vs current, your hospital versus others), chart vs numbers, maps
- Benchmarking
  - Against peer groups, state(s), other CAHs, nation, etc.
- Type of measure
  - Yes/No? Top box? Bottom box? Median? Percentage? Etc.



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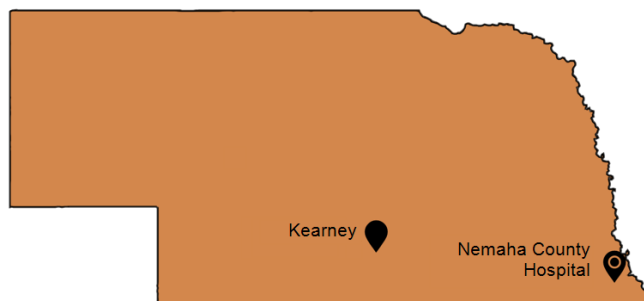
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# Modeling the Data: Nemaha County Hospital



## Case Study - Nemaha

- 16-bed Critical Access Hospital



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## HCAHPS

- When your goal is to keep staff informed on how they're doing
- Why show it this way?
  - Lets you see a snapshot of change in two points of time
  - Exact numbers are helpful since variation is minimal, but color and symbol helps with quick interpretation



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## Example data entry: HCAHPS

	Q1 2017 - Q4 2017			Q4 2016 - Q3 2017
	Currently Relative to Goal	Trend from Previously	Our Goal	Previously
Communication with Nurses	87%	▼	84%	90%
Communication with Doctors	87%	▼	85%	90%
Responsiveness of Hospital Staff	94%	▲	77%	90%
Communication about Medicines	70%	▼	70%	78%
Cleanliness of Hospital Environment	93%	▼	82%	96%
Quietness of Hospital Environment	86%	▼	70%	92%
Discharge Information	92%	▼	88%	94%
Care Transition	70%	▼	58%	75%
Overall Hospital Rating	86%	▼	80%	92%
Willingness to Recommend Hospital	90%	▼	78%	93%
Survey Response Rate	38%	▲	40%	30%



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## Example display #1: HCAHPS

	Currently Relative to Goal	Trend from Previously
Communication with Nurses	87%	▼
Communication with Doctors	87%	▼
Responsiveness of Hospital Staff	94%	▲
Communication about Medicines	70%	▼
Cleanliness of Hospital Environment	93%	▼
Quietness of Hospital Environment	86%	▼
Discharge Information	92%	▼
Care Transition	70%	▼
Overall Hospital Rating	86%	▼
Willingness to Recommend Hospital	90%	▼
Survey Response Rate	38%	▲



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## Example display #2: HCAHPS

	Currently Relative to Goal	Trend from Previously
Communication with Nurses	87%	▼
Communication with Doctors	87%	▼
Responsiveness of Hospital Staff	94%	▲
Communication about Medicines	70%	▼
Cleanliness of Hospital Environment	93%	▼
Quietness of Hospital Environment	86%	▼
Discharge Information	92%	▼
Care Transition	70%	▼
Overall Hospital Rating	86%	▼
Willingness to Recommend Hospital	90%	▼
Survey Response Rate	38%	▲



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## EDTC-AII

- When your goal is to celebrate high performance on EDTC and show your value to the community
- Why show it this way?
  - Chart shows that you've achieved and consistently maintained a goal
    - Could also include state rate for comparison
  - Statement makes the case for why to celebrate (in less health care specific terms), and highlights the key point

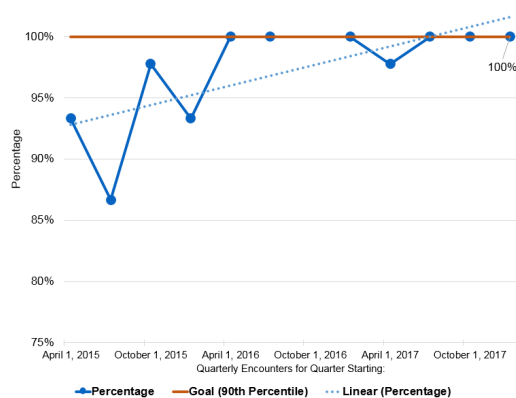


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## Example display #1: EDTC-AII

Quarterly Measure Summary Trends for Emergency Department Transfer Communication - All (Nemaha County Hospital)



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## Example display #2: EDTC-All

- Emergency care is our strength. And when you need more specialized services, we make sure that the hospital we transfer to you is ready to hit the ground running. Last year, **100% of our patients** who needed to be transferred from our Emergency Department to another hospital were sent with all of the information that the receiving hospital needed to resume care quickly and safely.



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## OP-18

- When your goal is to make the case to board or leadership to devote resources to improving time on OP-18
  - OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
  - Goal: Decrease in the median value (time)
- Why show it this way?
  - Trend and benchmark illustrates gap



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## Example data entry: OP-18

Background Information	
Name of Hospital or Unit:	Nemaha County Hospital
Name of Measure:	OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
Frequency of Monitoring:	Quarterly
Start Date of Monitoring:	4/1/2016
Data Source:	Chart abstraction
Notes:	Outpatient MBQIP Domain, ED throughput measure set, goal is a decrease in median value (time)

Only update  
Once you've  
and started a  
date for m  
data or y

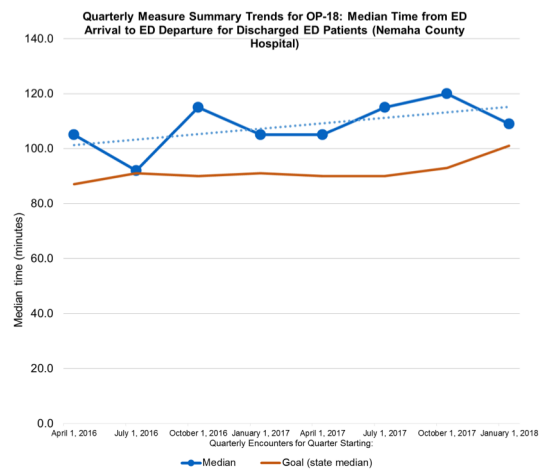
Quarterly Measure Summary Trends for OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (Nemaha County Hospital)				
Quarterly Encounters for Quarter Starting:	Median	Count of Cases	Median	Your Goal
April 1, 2016	105	92	105.0	87.00
July 1, 2016	92	48	92.0	91.00
October 1, 2016	115	57	115.0	90.00
January 1, 2017	105	61	105.0	91.00
April 1, 2017	105	61	105.0	90.00
July 1, 2017	115	57	115.0	90.00
October 1, 2017	120	60	120.0	93.00
January 1, 2018	109	52	109.0	101.00
April 1, 2018			N/A	87.00



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## Example display #1: OP-18

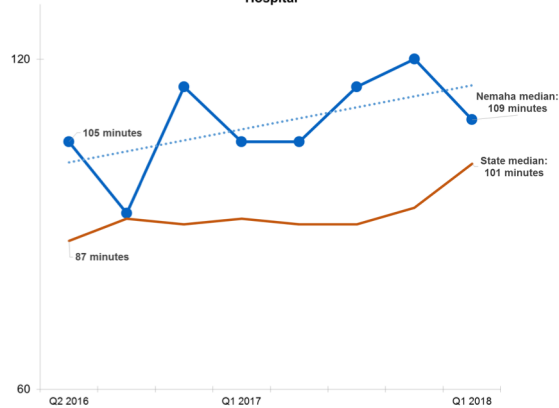


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## Example display #2: OP-18

Median Time from ED Arrival to Departure (OP-18): Nemaha County Hospital



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## Example display: Influenza Immunization

- When your goal is to celebrate your high performance at Board meeting
  - OP-27: Influenza vaccination coverage among health care personnel
  - IMM-2: Influenza vaccination for inpatients
- Why show it this way?
  - Quick high-level snapshot



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## Example display: Influenza Immunization

	2016-2017 flu season	2017-2018 flu season	This flu season
Inpatients getting their flu vaccine	90%	96%	Goal: 100%!
Health care personnel getting their flu vaccine	99%	100%	Goal: Keep it up!



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## Internal Quality Monitoring Tool Dashboard

### Quality Measure Dashboard Reporting for Nemaha County Hospital

Only update/enter data in the yellow-highlighted cells. All others will automatically update.

Make sure you enter the name of the data tab in Column B to match exactly, or the dashboard will not populate. If you add your own tabs by adapting the template tabs for other measures, enter the names of those tabs in the bottom two rows of the dashboard.

Name of tab (must exactly match name of tab)	Measure name	Start date for monitoring this measure	Measure status as of the start date	Measure status for most current month of data (check specific measure tab for which month this is)	Your Goal	Trend between start and current	Desired trend direction for measure goal
OP-18 - Median	OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	4/1/2016	105	109	87		Goal: Decrease
OP-27 - Percentage	OP-27: Influenza Vaccination Coverage Among Health Care Personnel	1/1/2017	99%	100%	1		Goal: Increase
IMM-2 - Percentage	IMM-2: Immunization for Influenza (Inpatient)	10/1/2016	92%	94%	1		Goal: Increase
EDTC-All - Percentage	Emergency Department Transfer Communication - All	4/1/2015	93%	1	1		Goal: Increase
ED-2 - Median	ED-2: Admit Decision Time to ED Departure Time for Admitted Patients	10/1/2017	24	18	40		Goal: Decrease
	No tab name entered	N/A	N/A	N/A	N/A		N/A



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## Wrapping up

- Using quality data at your hospital
  - Prioritize improvement areas
    - [QI Implementation Guide and Toolkit for CAHs](#) – CAH Quality Prioritization Tool
  - If you have processes, include MBQIP data
- At the state or network level:
  - Consider unblinded data, trending, and more at the state or network level for benchmarking and goal setting



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## Questions?

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