MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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.

Resilience: Factors To Help Your Organization Bounce Back

As the COVID-19 pandemic continues to strain rural hospitals and health care workers, *resilience* has become perhaps one of the most frequently utilized terms when talking about the health care workforce. Yet resilience, particularly in terms of what that means in a health care setting, is not consistently understood.

Photo: Jane Pederson

The definition of resilience is the capacity to recover quickly from difficulty and the ability of an object to spring back into shape. The opposite of resilience is inflexibility or rigidity – something that is not resilient is brittle.

Applying this concept to health care, a resilient healthcare system can respond to major or minor disruptions and quickly return to a normal level of function. Conversely, in a brittle health care system, disruptions lead to the inability to carry out normal functions or maintain the expected standard of care. In the past 18 months, there has been significant disruption across the health care system, including a substantial impact on the capacity and capabilities of critical access hospitals to care for their communities.

Much of the focus around resilience has been focused on supporting health and wellness in individuals, or *personal* resilience, which is helpful but insufficient to address the magnitude of challenges facing rural hospitals. Increasing individual resilience will not enable health care workers to be more productive or work at full capacity for longer time. Resilience is also not the antidote for burnout. To be resilient in the workplace, individuals need first to be able to successfully manage the

expected before they can build resilience to manage unexpected disruptions. Building resilience is not individual endurance training.

As a quality improvement leader, we encourage you to consider what factors are important for *organizational* resilience and how your quality improvement efforts can enhance (or potentially hamper) the ability of your organization to respond to disruption:

Individual Factors

High team orientation

Value placed on combined knowledge

Confidence in using skills and knowledge

Team Factors

Quality of relationships

Have a shared mental model

Adversity management skills and processes

Adaptability

Leadership Factors

Design operational supports to enable flexibility

Create a culture that fosters trust, teamwork, and adaptability

Value staff with experience

Resource Factors

Available and flexible for capacity in unexpected or emergent situations

Consider what brings value in day-to-day work, but also what is highly valuable in times of disruption
(e.g., a charge nurse that is skilled in determining patient assignments based on needs)

In quality improvement, we focus on processes; however, resilience requires adaptation in real-time. Standardization of processes to help ensure the right care at the right time must be balanced with the empowerment of critical thinking skills and autonomy and flexibility of teams to respond to anticipated or unfamiliar situations. This may mean stepping outside of standard processes or not following policies and procedures.

Questions for your leadership and quality improvement teams to consider:

- Does designing for resilience cause us to re-think our approach to quality?
- What steps can we take to support high-functioning teams?
- How do we ensure front-line staff knows that leadership 'has their back' and there is alignment to quality and safety?

For more information:
Resilience: Springing Back to Move Forward: This recorded training explores how the concept of resilience supports the ability to respond to anticipated or unfamiliar situations and how it relates to quality and safety goals.

For further exploration:

- Workplace team resilience: A systematic review and conceptual development - Angelique Hartwig, Sharon Clarke, Sheena Johnson, Sara Willis, 2020 (sagepub.com)
- Minding the Gaps: Creating Resilience in Health Care

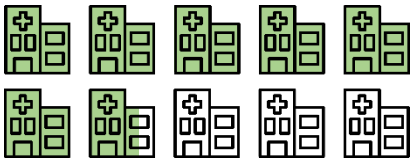
CAHs Measure Up: Antibiotic Stewardship *Action* Implementation Update

As of August 2021, 1,021 CAHs participating in MBQIP had submitted the National Healthcare Safety Network's 2020 Annual Facility Survey. A total of 1,102, or 98 percent, have indicated that they are meeting the Core Element of *Action* for antibiotic stewardship programs as collected through the survey.

CAHs can meet the Core Element of *Action* by indicating 'Yes' for at least one of the following seven items:

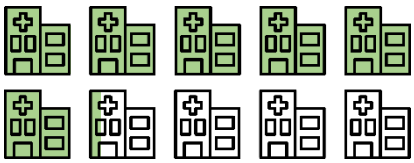
Our facility has a policy or formal procedure for required **documentation of indication** for antibiotic orders.

788 CAHS (77%)



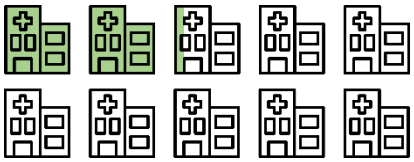
Our facility has a policy or formal procedure for the treating team to review antibiotics 48-72 hours after initial order (i.e., **antibiotic time-out**).

694 CAHS (62%)



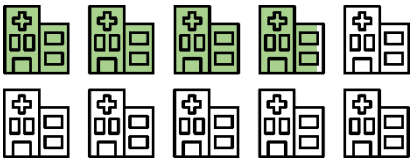
Our facility has a policy or formal procedure for required authorization by the stewardship team before restricted antibiotics on the formulary can be dispensed (i.e., **prior authorization).**

240 CAHS (21%)



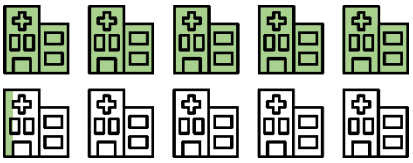
Our facility has a policy or formal procedure for required **documentation of duration** for antibiotic orders.

548 CAHS (49%)



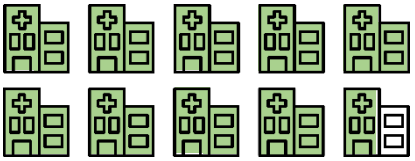
Our facility has a policy or formal procedure for the stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treatment team (i.e., **prospective audit and feedback**).

571 CAHS (51%)



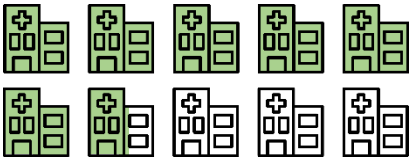
Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections.

1051 CAHS (94%)



Our facility targets select diagnoses for active interventions to optimize antibiotic use.

836 CAHS (75%)



Among these 1,021 CAHs, 64 CAHs (6%) indicate that they have implemented all seven of these actions!

Compare your hospital's Annual Facility Survey to what's above. How many of the action items has your facility implemented? What are the barriers to implementing more? Where do you want to improve?

Go to Guides

Hospital Quality Measure Guides

- MBQIP Quality Reporting Guide
- Emergency Department Transfer Communication
- Inpatient Specifications Manual
- Outpatient Specifications

Robyn Quips - tips and frequently asked questions

Quality Reporting Notifications from CMS

In August, CMS sent out two Quality Reporting Notifications by email that you should be aware of. If you have signed up for the QualityNet email updates on the home page of QualityNet, you should have received these. If you haven't signed up, check the August 2021 issue of MBQIP Monthly for instructions on how to do so.

The first email was regarding getting an email notification of your file submission status. In it, CMS said:

> "The Centers for Medicare & Medicaid Services (CMS) would like to announce that Hospital Quality Reporting (HQR) users will receive an email notification of their file submission status.
>
> Following a new file submission, an email will be sent indicating a status of either **Accepted** or **Rejected**.
>
> For any issues regarding file submissions please contact the *QualityNet Service Center* at 866-288-8912 or qnetsupport@hcqis.org.
>
> As we continue to roll out new features, we will keep you informed about the changes. We appreciate your patience as we work to modernize HQR."

I believe this is what CMS did in the past when data was submitted through the QualityNet secure portal. So it's helpful that they are going back to this, but if I were submitting data to make sure it was accepted, **I would continue to run a Case Status Summary Report.**

The second email was regarding some YouTube instructional videos for the Hospital Quality Reporting (HQR) site. In it, CMS said:

> "The Centers for Medicare & Medicaid Services (CMS) would like to announce that instructional support videos are now available to help you navigate through Hospital Quality Reporting (HQR). You may access these videos from the HQR playlist.
>
> The following videos are currently available on the HQR Playlist:
>
> 1. How to Add Permissions
> 2. How to Add a Vendor
> 3. How to Confirm and Save Permissions
> 4. How to Upload a File
> 5. How to Request Access
> 6. How to Access Support
> 7. How to Suspend or Remove a Vendor
> 8. How to Access My Profile
> 9. How to Upload a File via Drag' n Drop
> 10. How to Request SA/O Access If None Present
> 11. How to Change Organizations
> 12. How to Check Permissions
> 13. How to Check Data Results
> 14. How to Confirm Reporting Requirements
> 15. How to Submit Data via the Data Form
> 16. How to Check Program Credit
> 17. How to Validate Data
> 18. How to Sign DACA
> 19. How to Check on Status of a Request
> 20. How to Confirm Notice of Participation Selection
>
> Please subscribe to the CMSHHSgov YouTube channel for notifications as additional videos become available. As we continue to roll out new features, we will keep you informed about the changes. We appreciate your patience as we work to modernize HQR."

Most videos are only about a minute in length. Not all videos will pertain to all hospitals. Some are for programs not required for CAHs. Some are targeted at new staff that needs access for submitting data. Since I don't submit data or have access to the HQR site, I'm not sure how helpful the videos are, but I just wanted everyone to know that CMS has made them available as a resource. Check out the link above and see what might be helpful for you.

COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually updated. The Rural Health Information Hub is regularly updating and adding links for Rural Response to COVID-19:

- Federal and National Response Resources
- State Response Resources
- Rural Healthcare Surge Readiness
- COVID-19 Vaccine Rural Resources

MBQIP Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Tuesday, October 12, 2021, 2:00 – 3:00 p.m. CT – **Register**
Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will be offering open office hour calls to discuss your MBQIP abstraction questions. Sessions are free of charge, but registration is required. For more information about the Ask Robyn calls, contact Robyn Carlson, rcarlson@stratishealth.org.

Influenza vaccination season is around the corner!
These resources from the Centers for Disease Control and Prevention (CDC) can assist your hospital in improving vaccination rates and reporting data:

- Frequently Asked Influenza (Flu) Questions: 2021-2022 Season
- Surveillance for Healthcare Personnel Vaccination (information on data collection and reporting for the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) in National Healthcare Safety Network (NHSN)

  A Toolkit for Long-Term Care Employers: Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings. Although focused on long-term care settings, this resource provides strategies and resources to support vaccination among health care personnel that also may be applicable in hospital settings

Project Firstline Infection Control Training Facilitator's Toolkit
CDC Project Firstline Facilitator Toolkit is designed to work with your team's learning styles and busy schedules. So whether you've got 10 minutes, or 60, resources are available to help you deliver great training. Resources include facilitator guides, session plans, training participant booklets, and slide decks for presentations on foundational infection control topics. Additional modules recently added include hand hygiene, PPE protection, and understanding virus strains.

StratisHealth

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