UNDERSTANDING CHANGES TO MBQIP

Quality Improvement Infrastructure

QUALITY INFRASTRUCTURE
DATA SOURCE: ANNUAL SUBMISSION NATIONAL CAH QUALITY INVENTORY

Measure Name – CAH Quality Infrastructure	
MBQIP Domain	Global Measures
Measure Description	**Specification for CAH Quality Infrastructure Measure will be released in 2024 and are dependent on data collection via the National CAH Quality Inventory and Assessment.** Structural measure to assess CAH quality infrastructure based on the nine core elements of CAH quality infrastructure: 1. Leadership Responsibility & Accountability 2. Quality Embedded within the Organization's Strategic Plan 3. Workforce Engagement & Ownership 4. Culture of Continuous Improvement through Behavior 5. Culture of Continuous Improvement through Systems 6. Integrating Equity into Quality Practices 7. Engagement of Patients, Partners, and Community 8. Collecting Meaningful and Accurate Data 9. Using Data to Improve Quality

What is it?

MBQIP Topic Area - Global Measure

Attestation much like antibiotic stewardship

Focused on 9 core elements of CAH quality infrastructure

Annual submission to FMT – administered Qualtrics platform

Hospital score will be zero to nine points

Why this survey?

Provide national comparison information

Assist with planning of quality improvement activities

Provide information on different CAH service lines

Help inform state-level technical assistance

Comparison data on service line general characteristics (patient volume, EHR vendor, etc)

Hospital / State specific information to help inform future of MBQIP at federal level

Structural measure to assess CAH quality infrastructure based on the elements of CAH quality infrastructure:

1. Leadership Responsibility & Accountability
2. Quality Embedded within the Organization's Strategic Plan
3. Workforce Engagement & Ownership
4. Culture of Continuous Improvement through Behavior
5. Culture of Continuous Improvement through Systems
6. Integrating Equity into Quality Practices
7. Engagement of Patients, Partners, and Community
8. Collecting Meaningful and Accurate Data
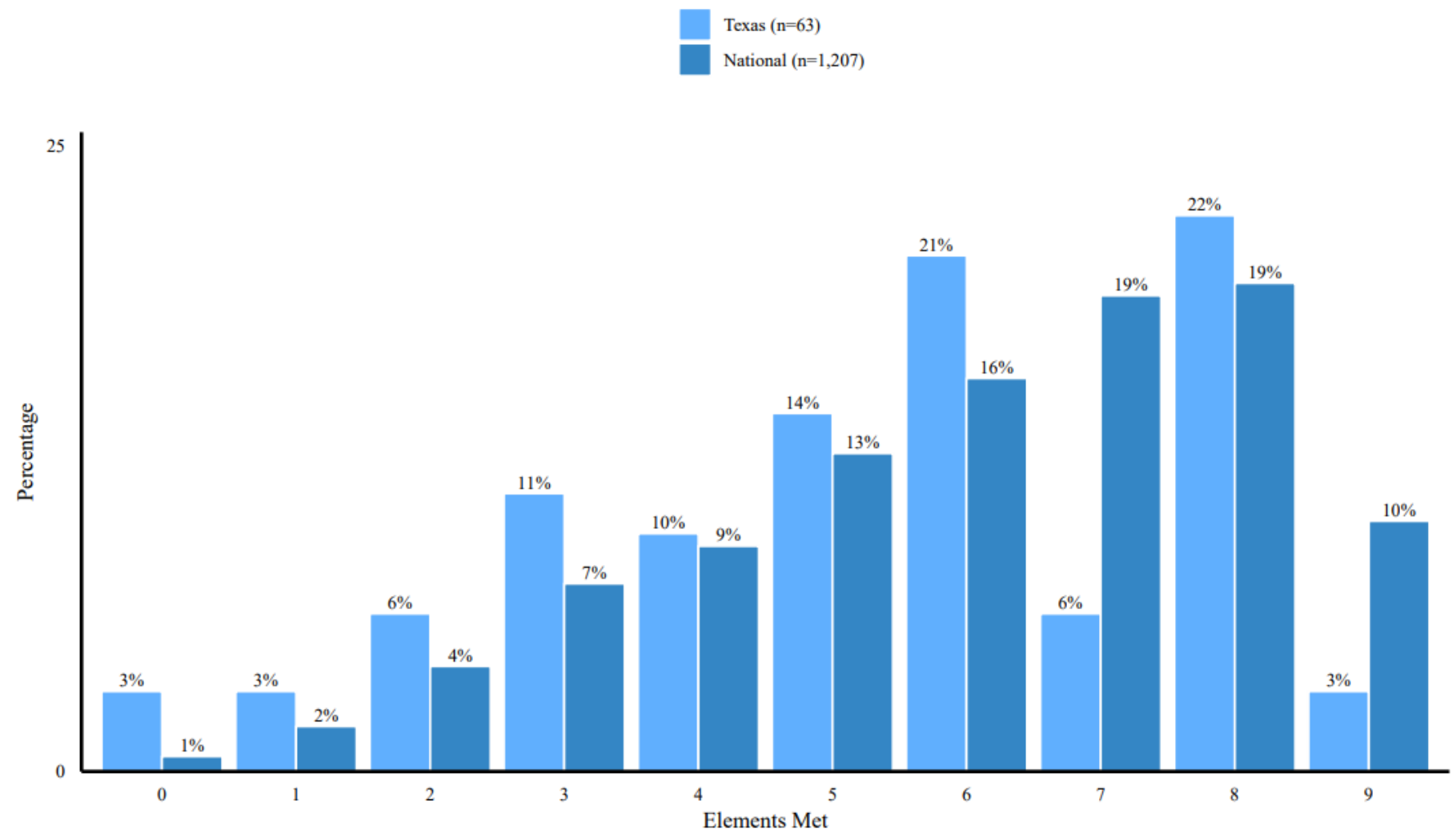9. Using Data to Improve Quality

HOW DID WE DO
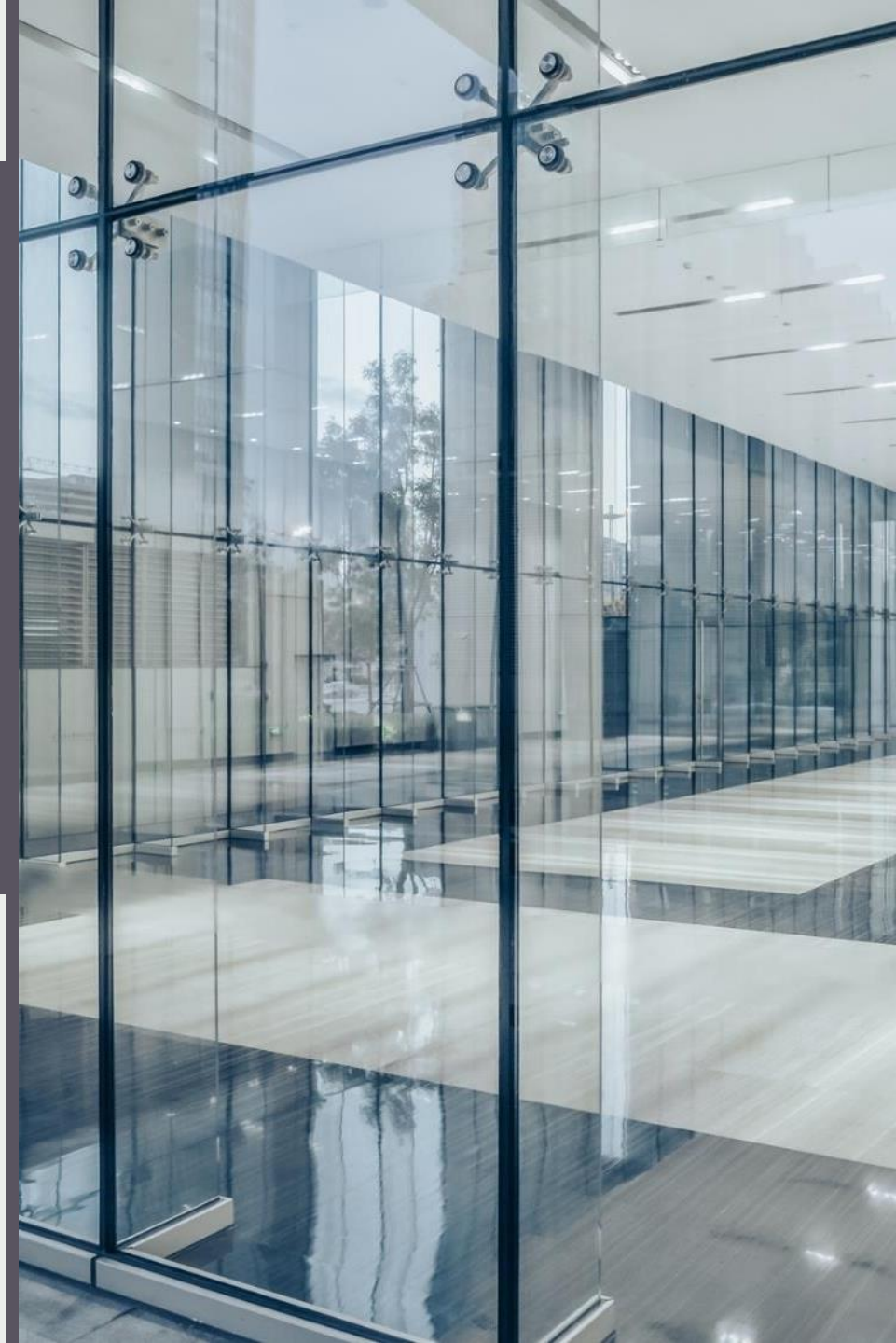
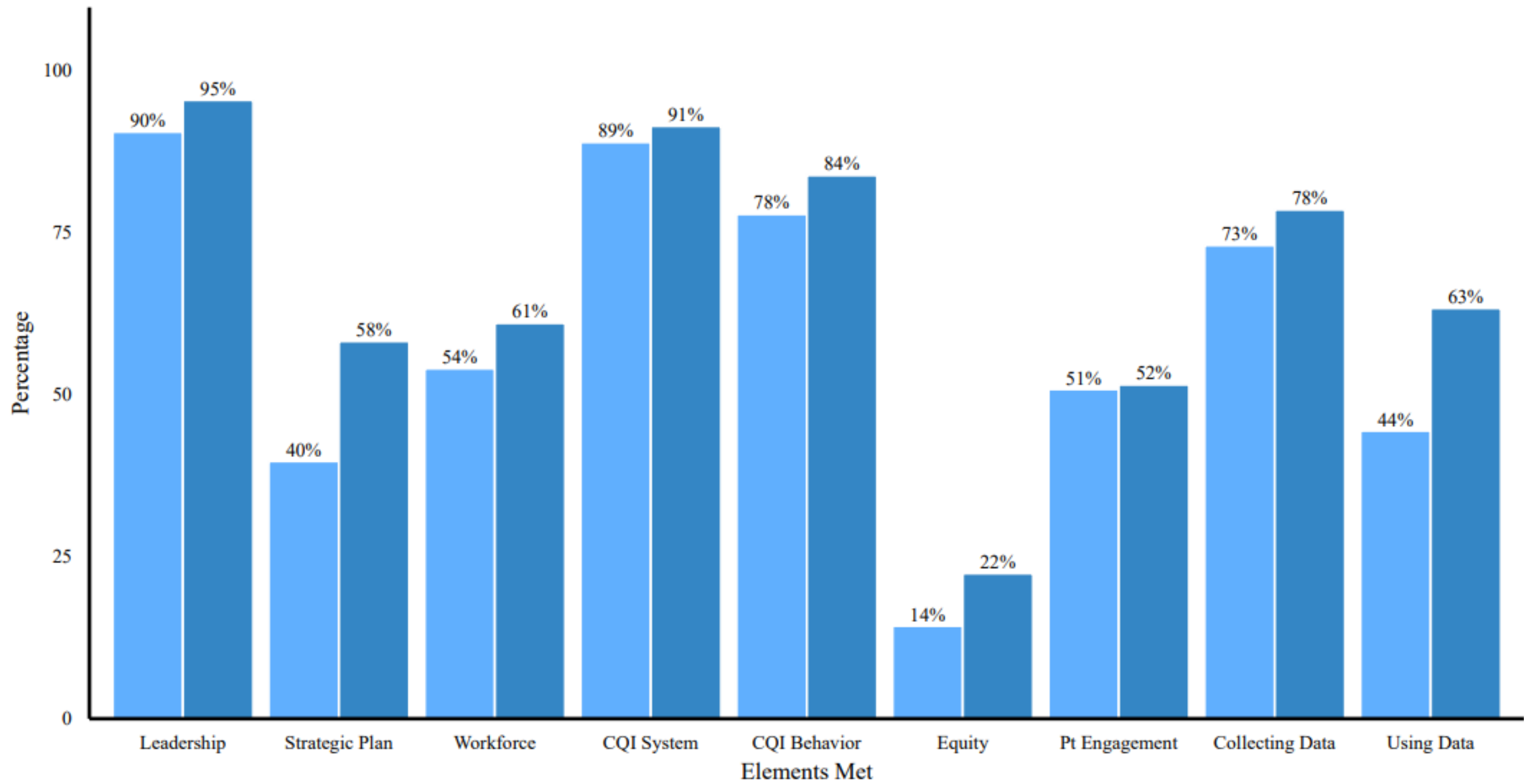| Description	Texas (n = 85)	National (n = 1,345)
Assessment Response Rate (Reponse Rate %)	63 (74.1%)	1,207 (89.7%)
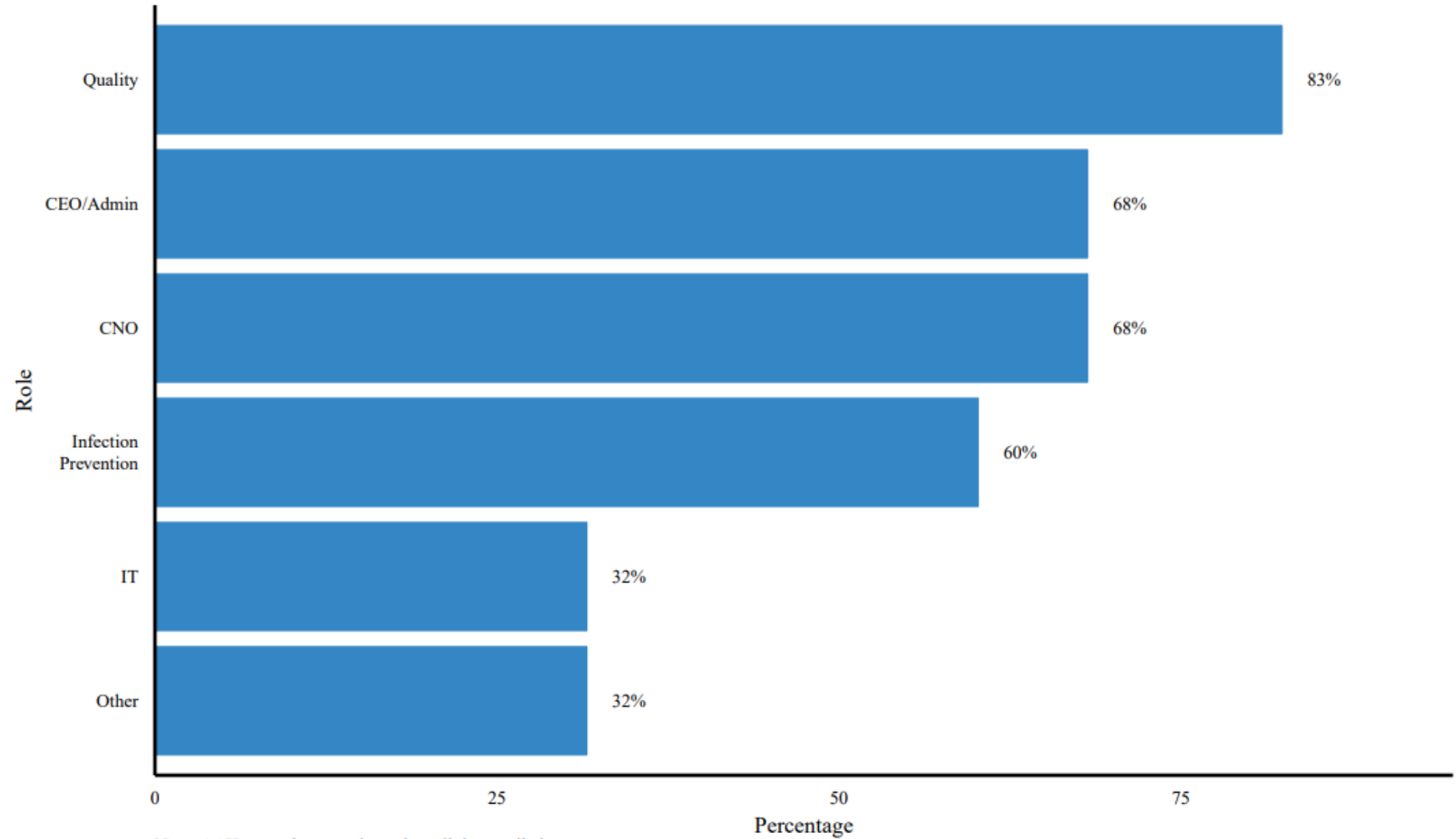
Note: CAHs were instructed to select all that applied

Number of Elements Met	CAHs in Texas (n=63)	CAHs Nationally (n=1,207)
All 9 Elements	3.2%	10.0%
Median Number of Elements Met	6.0	6.0
Median Number of Criteria Met (of 32 Total Criteria)	27.0	28.0

Legend: Texas (n=63), National (n=1,207)

Elements Met	Texas	National
Leadership	90%	95%
Strategic Plan	40%	58%
Workforce	54%	61%
CQI System	89%	91%
CQI Behavior	78%	84%
Equity	14%	22%
Pt Engagement	51%	52%
Collecting Data	73%	78%
Using Data	44%	63%

Service Line	Texas (n=63)	National (n=1,207)
Ambulance Services	49.2%	33.3%
Inpatient Surgery	49.2%	59.4%
Labor & Delivery	22.2%	30.5%
Obstetrics/Gynecology	30.2%	45.2%
Oncology	14.3%	35.0%
Outpatient Substance Use Services	6.3%	20.6%
Psychiatric Outpatient Counseling	33.3%	39.9%
Rural Health Clinic (RHC)	81.0%	73.5%
Skilled Nursing Facility/Long-Term Care	25.4%	30.7%
Swing Beds	95.2%	95.9%
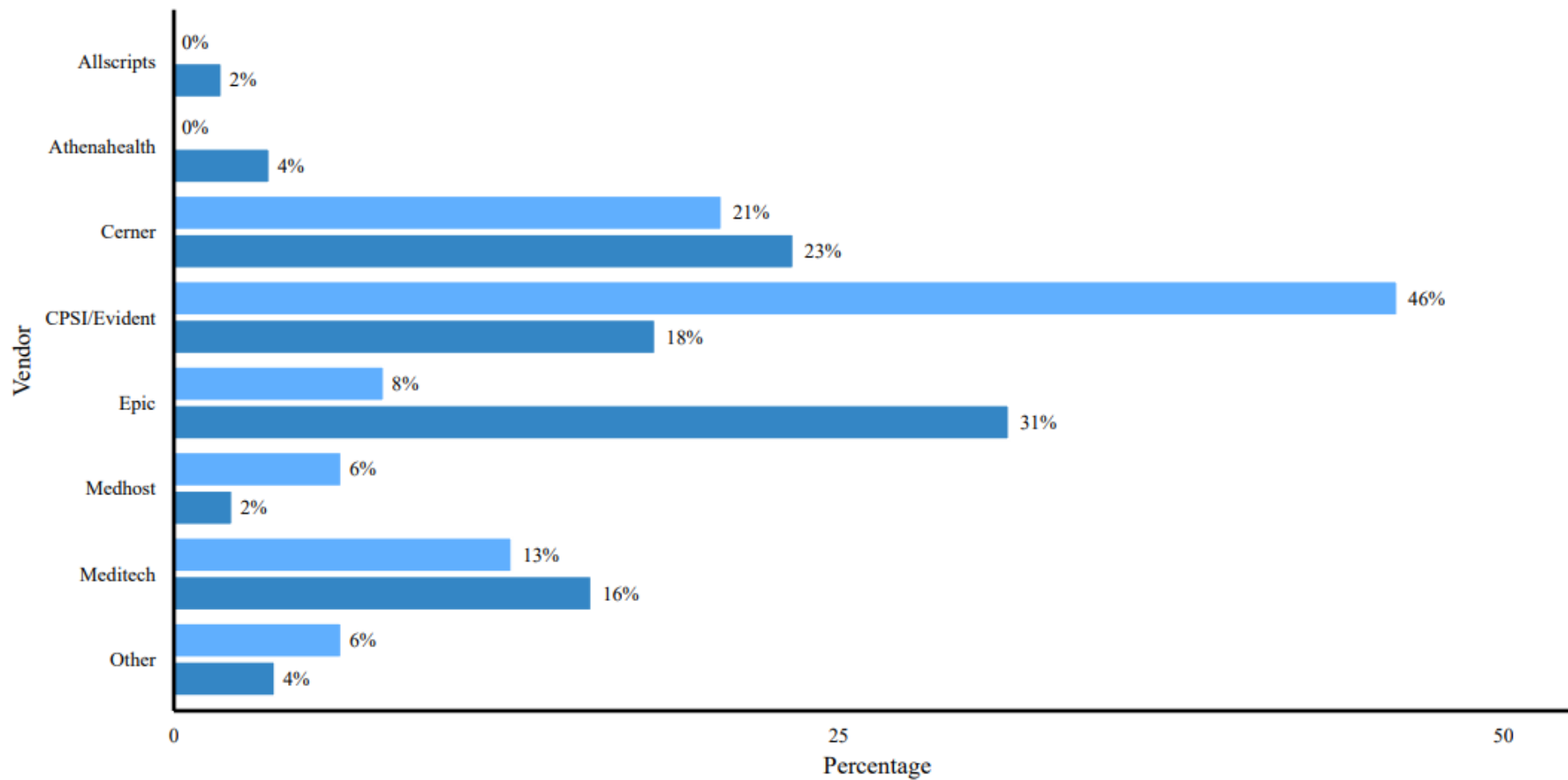
CAH Facility Data Summary - Infrastructure										
Total State CAHs	90	**Leadership Responsibility and Accountability**	**Quality Embedded within the Organization's Strategic Plan**	**Workforce Engagement and Ownership**	**Culture of Continuous Improvement Through Systems**	**Culture of Continuous Improvement Through Behavior**	**Integrating Equity into Quality Practices**	**Engagement of Patients, Partners, and Community**	**Collecting Meaningful and Accurate Data**	**Using Data to Improve Quality**
State CAHs Meeting Element: Count		60	28	37	59	52	10	35	49	31
State CAHs Meeting Element: Percentage		67%	31%	41%	66%	58%	11%	39%	54%	34%
National CAHs Meeting Element: Percentage		85%	52%	55%	82%	75%	20%	46%	70%	56%

9 CORE ELEMENTS

Leadership Responsibility & Accountability

	Texas	National
The hospital board engages in and supports QI	90.5%	96.1%
Organizational resources are adequately allocated to support QI	98.4%	99.0%
Executive leadership oversees design and functionality of QI program	96.8%	99.7%

Quality Embedded within Organization's Strategic Plan

	Texas	National
Quality leaders participate in organizational strategic planning	71.4%	76.9%
Quality is a core component of the organization's strategic plan	68.3%	82.5%
Quality is reflected in all core components of the organization's strategic plan	57.1%	70.7%

Workforce Engagement & Ownership

	Texas	National
Organization has formal onboarding and orientation that embed quality as priority	74.6%	81.9%
Organization has regular and ongoing professional development opportunities for staff related to quality	84.1%	87.0%
QI is incorporated into standard work	88.9%	88.6%
Organization imbeds diversity, equity and inclusion in workforce development	73.0%	85.3%

Culture of Continuous Improvement Through Systems

	Texas	National
The organization uses standardized methods for improvement processes	93.7%	97.5%
Leadership incorporates expectations for QI into job descriptions and department/committee charters	95.2%	94.3%
Organization has processes in place for continuous reporting and monitoring of QI data	96.8%	98.9%

Culture of Continuous Improvement Through Behavior

	Texas	National
Organization monitors adherence to best practices such as evidence-based protocols/order sets in all areas	98.4%	99.4%
Organization intentionally develops strong peer relationships with internal / external partners including those at local, state, federal levels	96.8%	99.5%
Employees demonstrate initiative to achieve goals and strive for excellence	82.5%	84.9%
Managers and leaders regularly evaluate behaviors to ensure they align with organizational values	98.4%	99.1%

Integrating Equity into Quality Practices

	Texas	National
Mangers use collected data and other available resources to identify inequities	46.0%	59.7%
Leaders routinely assess quality interventions and processes to address identified inequities	38.1%	36.0%
Units and departments implement specific health equity projects to improve care and lessen inequities	30.2%	45.7%

Engagement of Patients, Partners, and Community

	Texas	National
Organization collects feedback from patients/families beyond patient experience surveys	81.0%	84.7%
Organization collaborates with other care providers using closed-loop referrals processes to ensure quality of care	93.7%	96.9%
Organization uses a variety of mechanisms to share quality data with patients/families/community	79.4%	77.1%
Leaders synthesize and develop action plans in response to patient/family/community feedback	69.8%	71.1%

Collecting Meaningful and Accurate Data

	Texas	National
Organization has multidisciplinary process for identifying key quality metrics	79.4%	87.2%
Leaders identify risks and opportunities based on analyses of key performance metrics	96.8%	99.5%
Organization leverages health information technology to support complete and accurate data collection	93.7%	94.2%
Organization collects and documents race/ethnicity/language/sexual orientation/gender identify and health relation social needs data	93.7%	93.6%

Using Data to Improve Quality

	Texas	National
Organization shares data transparently both internal and externally	93.7%	96.1%
Organization incorporates external data sources to inform QI efforts	50.8%	74.0%
Leaders act on and clearly communicate the data results from quality initiatives	71.4%	82.4%
Organization uses benchmarking to identify where quality can be improved	96.8%	97.2%

Final tips & takeaways

Seek feedback

        go over survey results

        complete survey if you didn't do it before

Reflect on performance

        find opportunities for improvement

Explore new ways of doing things

        change is good – improve upon current QI processes

Set goals

        Setting goals increases success

Consistency!!!

QUESTIONS???

Upcoming Events

CNO Bootcamp

August 1-2, 2024 – Austin, Tx

Frontline / Physician Documentation Workshop

Date TBD
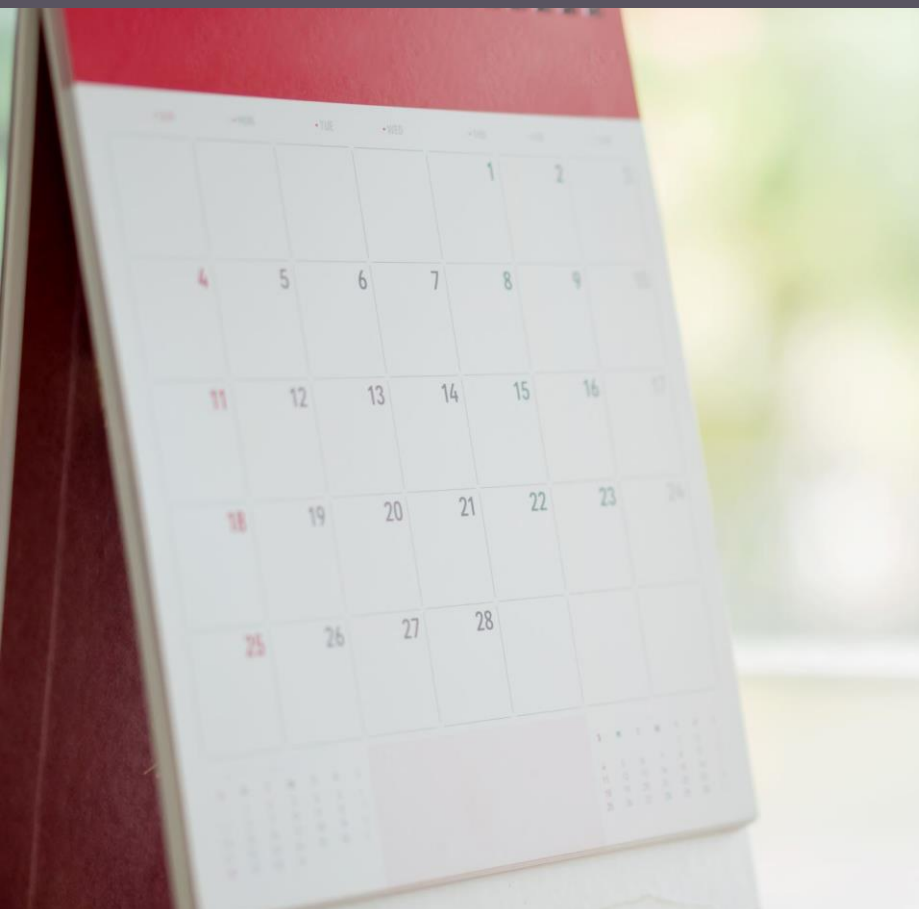
Frontline webinar series on Quality Improvement

July 24 – Social Determinants of Health / Health Literacy

July 31 – Basics of Quality Improvement

Aug 7 – Healthcare Mistakes and Their Impact

Aug 14 – Trauma Informed Care

Aug 21 – Workplace Violence

Who To Contact

Regional Coordinator with SORH

EVA CRUZ Rural Health Coordinator | State Office of Rural Health

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Need access or have issues with MBQIP Portal?

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Need quality improvement technical assistance, all questions in general or want to schedule a site visit?

Sheila Dolbow, MSN, RN, CFN, CPHQ / Quality Improvement Manager

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THANK YOU FOR JOINING US!!!