



RQITA
RESOURCE CENTER

**Using MBQIP Reports to Inform Your
QI Projects**

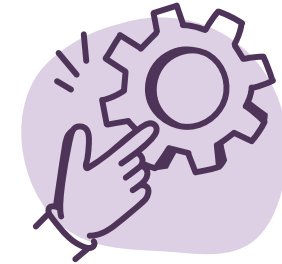
Role of Rural Quality Improvement Technical Assistance Center (RQITA)



The goal of RQITA is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement.



RQITA is intended to add expertise related to quality reporting and quality improvement, not to replace technical assistance support already in place.



Resources and Services

- Monthly Newsletter
- Up-to-date resources, guides and tools
- 1:1 technical assistance
- Learning and action webinar events
- Recorded trainings
- [Telligen RQITA website for quality improvement resources](#)
- [TASC Rural Center website](#)

The RQITA Team



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South Dakota MBQIP Performance





Healthcare Personnel Influenza Immunization

Patient Safety Domain

Healthcare Personnel Influenza Immunization (HCP/IMM3) Performance Data



- Recap

- Annual Submission

- Data collected Q4-Q1

- Next submission deadline May 15, 2024 (Q4 2023 - Q1 2024 data)

Healthcare Personnel Influenza Immunization Performance Data



- **36** CAHs reporting as of 2022-2023 flu season
- Influenza Vaccination Coverage Among Health Care Personnel lower than benchmark, higher than national CAH overall rate

NHSN Immunization Measure	State Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Benchmark
	4Q20 - 1Q21	4Q21 - 1Q22	4Q22 - 1Q23	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3 Healthcare Provider Influenza Vaccination	96%	91%	91%	36	91%	98%	1,063	79%	100%

HCP/IMM-3 Areas for Improvement and TA Discussion



- Areas for improvement
- TA Strategies
- Considerations
 - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for MBQIP in South Dakota
 - What new processes can be implemented for improvement or for tracking improvement?
 - Learn from peers

Resources to Support You!



- [CDC Healthcare Personnel Flu Vaccination data collection forms and instructions](#)
- [CDC Healthcare Personnel Flu Vaccination trainings](#)
- [NHSN Submission Tips](#)
- [NHSN Healthcare Personnel Flu Vaccination \(CDC\)](#)
- [Telligen Vax Hub for Quality Improvement](#)



Antibiotic Stewardship

Patient Safety Domain

Antibiotic Stewardship Performance



- CDC NHSN Annual Facility Survey
- Recap
 - Annual submission
 - Data reflects January 1-December 31
 - Next submission deadline March 3, 2025

Antibiotic Stewardship Performance



- **39** CAHs reporting per CY 2022 data
- **37** CAHs met all core elements

Antibiotic Stewardship Measure – CDC Core Elements	State Percentage by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Benchmark
	Survey Year 2021	Survey Year 2022	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of CAHs Meeting Element
All Elements Met	89%	95%	39	95%	1,283	91%	100%
Element 1: Leadership	100%	100%	39	100%	1,283	98%	100%
Element 2: Accountability	100%	97%	39	97%	1,283	97%	100%
Element 3: Drug Expertise	97%	97%	39	97%	1,283	95%	100%
Element 4: Action	95%	97%	39	97%	1,283	98%	100%
Element 5: Tracking	97%	100%	39	100%	1,283	96%	100%
Element 6: Reporting	97%	100%	39	100%	1,283	98%	100%
Element 7: Education	97%	100%	39	100%	1,283	99%	100%

Antibiotic Stewardship Improvement and TA Discussion



- Areas for improvement
- TA strategies
 - Learn what is successful
 - Disseminate best practices with peers
 - Continue encouragement on completion and antibiotic stewardship work
 - Ensure sustainability of current processes to continue success
- Considerations
 - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for the state Flex program?
 - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!



- [Improving Antibiotic Stewardship Use, Current Report](#)
- [Core Elements of Hospital Antibiotic Stewardship Programs](#)
- [Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals](#)
- [MBQIP Antibiotic Stewardship Resources](#)
- [Annual Surveys, Locations and Monthly Reporting | PSC | NHSN | CDC](#)



Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Patient Experience
Domain



HCAHPS Performance



- Recap

Quarterly submission

Next submission deadline July 3, 2024 (Q1 2024 data)

HCAHPS Performance



- **39** CAHs reporting as of Q3 2022 - Q2 2023 data
 - Performance data compared to national and benchmarks

HCAHPS Performance



State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q3 2022 - Q2 2023				
All Reporting Hospitals				
STATE	QUESTION	RATING 9-10	National CAH Data* RATING	Benchmark RATING
SD	Question 18- Overall Rating of Hospital (0=worst, 10=best)	81%	77%	86%

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q3 2022 - Q2 2023					
All Reporting Hospitals					
STATE	QUESTION	NO	YES	National CAH Data* YES	Benchmark YES
SD	Composite 6- Discharge Information	14%	86%	88%	92%

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q3 2022 - Q2 2023				
All Reporting Hospitals				
STATE	QUESTION	ALWAYS	National CAH Data* ALWAYS	Benchmark ALWAYS
SD	Composite 1- Communication with Nurses	85%	83%	88%
SD	Composite 2- Communication with Doctors	86%	83%	88%
SD	Composite 3- Responsiveness of Hospital Staff	77%	74%	81%
SD	Composite 5- Communication About Medicines	68%	66%	74%
SD	Composite 7- Care Transition	56%	55%	64%
SD	Q8- Cleanliness of Hospital	79%	79%	80%
SD	Q9- Quietness of Hospital	71%	67%	80%

*Current reporting period

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q3 2022 - Q2 2023			
All Reporting Hospitals			
STATE	QUESTION	DEFINITELY YES	National CAH Data* DEFINITELY YES
SD	Question 19- Willingness to Recommend	78%	74%

Areas to explore for improvement: discharge information (comp 6), care transitions (comp 7), responsiveness of hospital staff (comp 3), communication about medicines (comp 5)

HCAHPS Improvement and TA Discussion



- Areas for improvement
- TA strategies
 - Review your data. Deep dive into areas where you aren't meeting the mark. Review your data as a multidisciplinary team.
 - Shares data in daily huddle
 - Self awareness of hospital results
 - Positive feedback: Free text able to be submitted in the survey; share positive feedback within your hospital
- Considerations
 - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes within the state Flex program?
 - Does your current HCAHPS improvement process work for all levels of implementation?
 - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!



- [HCAHPS Survey Website](#)
- [Hospital Compare Website](#)
- [CMS HCAHPS General Information](#)



Emergency Department Transfer Communication

Emergency Department
Domain

Emergency Department Transfer Communication (EDTC) Performance



- Recap

Quarterly submission

Next submission deadline July 31, 2024 (Q2 2024 data)

MBQIP Quality Measure	Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Benchmark
	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All Composite	87%	90%	92%	91%	90%	40	91%	100%	1,195	92%	100%
Home Medications	92%	92%	95%	94%	93%	40	94%	100%	1,195	95%	100%
Allergies and/or Reactions	91%	92%	94%	95%	93%	40	95%	100%	1,195	97%	100%
Medications Administered in ED	89%	92%	94%	94%	92%	40	94%	100%	1,195	97%	100%
ED Provider Note	90%	91%	93%	93%	92%	40	93%	100%	1,195	96%	100%
Mental Status/Orientation Assessment	91%	92%	94%	95%	93%	40	95%	100%	1,195	97%	100%
Reason for Transfer and/or Plan of Care	93%	93%	95%	96%	94%	40	96%	100%	1,195	98%	100%
Tests and/or Procedures Performed	92%	92%	94%	95%	94%	40	95%	100%	1,195	97%	100%
Tests and/or Procedures Results	92%	92%	94%	95%	93%	40	95%	100%	1,195	97%	100%
Total Medical Records Reviewed (N)	N=1,334	N=1,466	N=1,487	N=1,508	N=5,795	N=1,508			N=51,575		

EDTC Performance

- 40/40 hospitals reporting
- Near 100% for all EDTC components

EDTC Improvement and TA Discussion




- Areas for improvement
- TA strategies and discussion
 - Is the information valuable that is being sent for transfers?
 - Is this translating to better patient outcomes?
 - What is in the information CAHs are sending during transfers and does it need to be better?
 - Is the information being sent in a helpful/readable format?
- Considerations
 - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for other South Dakota hospitals?
 - Does the current EDTC process work for your hospital? What information is missing?
 - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!



- [Data specifications, data collection resources, and additional information](#)



Median time from ED
arrival to ED departure
for discharged ED
patients

Emergency Department
Domain

Median time from ED arrival to ED departure for discharged ED patients (OP-18) Performance



- Recap

- Quarterly submission

- Next submission deadline August 1, 2024 (Q1 2024 data)

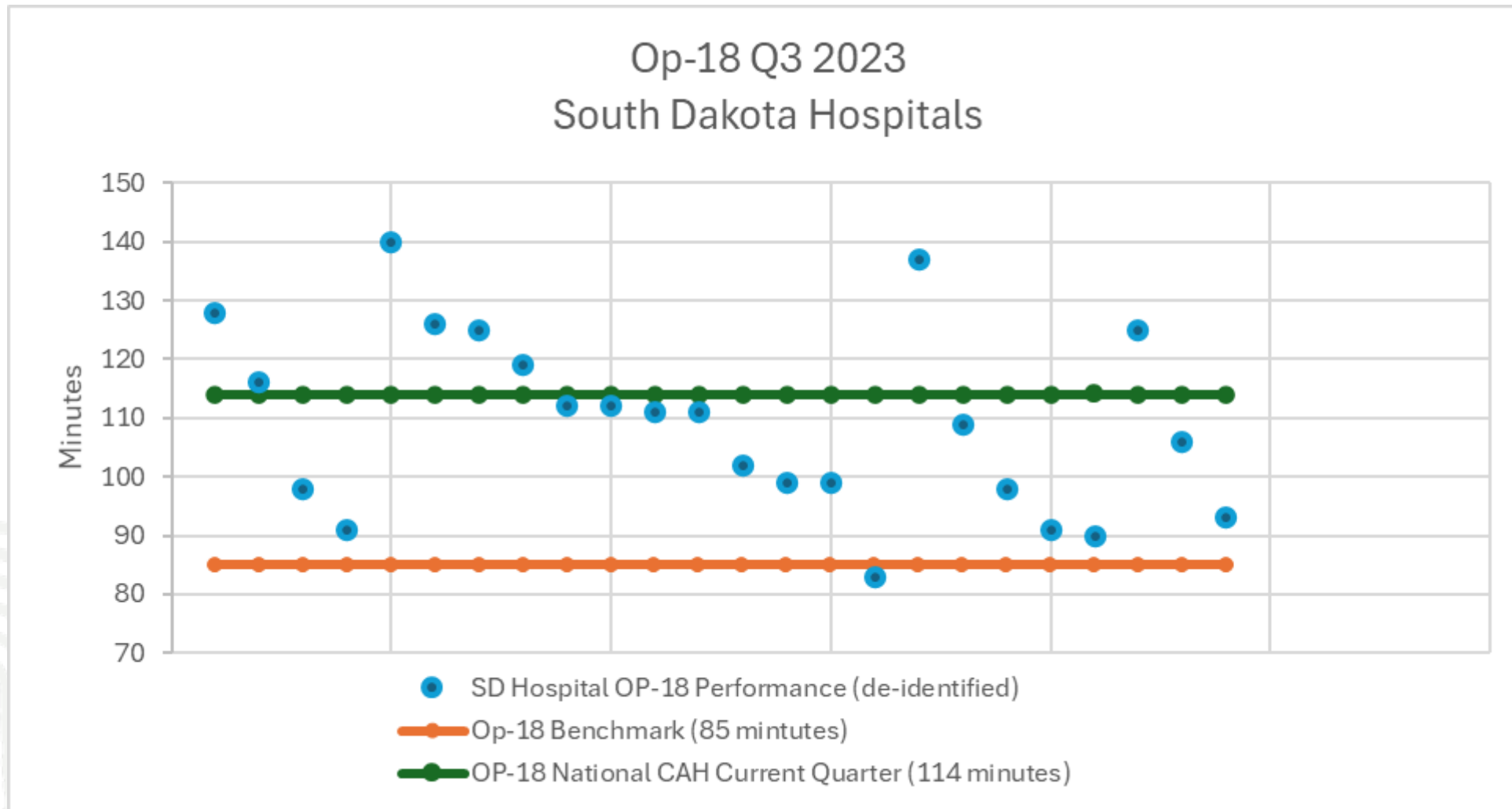
OP-18 Performance



- **24** CAHs reporting for Q3 2023
- Wide variety of performance throughout South Dakota

Emergency Department – Quarterly Measure	State Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
	Q4 2022	Q1 2023	Q2 2023	Q3 2023	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	118 min N=3,622	116 min N=4,510	107 min N=5,292	110 min N=5,738	24	110 min	91 min	1,004	114 min	85 min

OP-18 Performance



OP-18 Improvement and TA Discussion



- Areas for improvement
- TA strategies
 - Opportunities for quality improvement (QI) projects
 - OP-18 is a great measure to build QI skills for SFPs and CAHs
 - Do a root cause analysis (RCA) or RCA training
 - Review common contributing factors
- Considerations
 - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes for hospitals in South Dakota?
 - What new processes can be implemented for improvement or for tracking improvement?

Resources to Support You!



- [Hospital Outpatient Quality Measure Specifications, ED-Throughput OP-18](#)
- [Improving Patient Flow and Reducing Emergency Department Crowding](#)
- [Hospital Quality Reporting / HARP site](#)



Patient Left Without Being Seen

Emergency Department
Domain



Patient Left Without Being Seen (OP-22) Performance



- Recap

Annual Submission

Data reflects January 1-December 31

Next submission deadline May 15, 2024(CY 2023 data)

OP-22 Performance



- **34** CAHs reporting
- Percentage compares to national CAH overall rate
- Individual hospital performance is generally <1% (0.22% average of SD CAHs)

Emergency Department – Annual Measure	State Performance by Calendar Year			State Current Year			National Current Year		Bench- mark
	CY 2020	CY 2021	CY 2022	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22 Patient Left Without Being Seen Number of Patients (N)	0% N=26,002	0% N=25,961	1% N=70,168	34	1%	0%	963	1%	0%

OP-22 Improvement and TA Discussion



- Areas for improvement
- TA strategies
 - Learn what is successful
 - Disseminate best practices from high performing hospitals
 - What works and what doesn't
- Considerations
 - How are you tracking hospital progress, outcomes, and interventions and how can this be shared to show progress and outcomes?

Resources to Support You!



- [Hospital Outpatient Quality Measure Specifications, ED-Throughput OP-22](#)
- [Hospital Quality Reporting / HARP site](#)

Overall Quality and TA Approach



- Collaborate with other hospitals
 - Considerations
 - Mentor program, peer coaching
 - Best practice sharing– high performers share
- Engagement in MBQIP
- QI Basics – On Demand Trainings Coming Soon!
- Current State—Future State; where are the gaps?
- Let SDAHO know what support you need



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Thank You!

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 \$640,000 with 0% percentage financed with non-governmental 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. For more information, please visit [HRSA.gov](https://www.hrsa.gov).