

Quality Data Programs

MT Rural Hospital Flexibility
Program (Flex)

MBQIP

Medicare Beneficiary Quality Improvement Project

- Official data project of the Flex Program.
- Minimum levels of participation is required to receive Flex Program benefits.
- Rural patient care and quality metrics.

PIN Benchmarking

- Benchmarking data project designed by Montana CAHs.
- Managed by MHREF
- Utilization, financial, and operational metrics.

Hospital Quality Reporting

(QualityNet)

- HCAHPS Survey: *vendor or self administered*
- Outpatient Measure OP-22: *QualityNet via HQR*
- Outpatient Measures OP-2, OP-3, OP-18: *CART or vendor tool*
- Population & Sampling OP-2, OP-3: *QualityNet via HQR*

NHSN

- Antibiotic Stewardship Program: *Annual Facility Survey*
- Healthcare Worker Immunizations

State Program

(QHi)

- ED transfer Communications (EDTC)
- PIN Benchmarking

MBQIP

Flex Program funding is provided to CAHs through access to education and programs developed by MT Flex and not directly allocated to a hospital via sub-grants.

In order for hospitals to access Flex programming, the FORHP has put in place reporting requirements of the **Medicare Beneficiary Quality Improvement Project (MBQIP)**. Hospitals that don't meet minimum MBQIP data reporting requirements are not eligible to receive benefit of Flex-funded activities. Eligibility is tracked by MT Flex Program staff on a regular basis.

MBQIP Data Reporting Requirement

At least **FOUR** MBQIP Core Measures
for **FOUR** consecutive quarters.

MBQIP

MBQIP	Care Transitions	Outpatient	Patient Engagement	Patient Safety
<i>Core Required</i>	<ul style="list-style-type: none"> Emergency Department Transfer Communications 	<ul style="list-style-type: none"> AMI (CMS OP-2 & OP-3) ED Throughput (CMS OP-18 & OP-22) 	<ul style="list-style-type: none"> HCAHPS 	<ul style="list-style-type: none"> Healthcare Worker Immunization Antibiotic Stewardship (NHSN Facility Annual Survey)
<i>Additional Optional</i>	<ul style="list-style-type: none"> Discharge Planning Swing Bed Care Medication Reconciliation Readmissions 	<ul style="list-style-type: none"> Chest Pain: Aspirin on arrival ED Throughput: Door to diagnostic evaluation 	<ul style="list-style-type: none"> ED Patient experience survey 	<ul style="list-style-type: none"> Healthcare Associated Infections (HAI) Adverse Drug Events (ADE) Falls

MBQIP Core Measure Deadlines

Domain	Measure	Submit To:	Q1: J-F-M	Q2: A-M-J	Q3: J-A-S	Q4: O-N-D
Care Transitions	ED Transfer Communications	QHI: Quality Health Indicators	May 1	August 1	November 1	February 1
Outpatient	AMI: OP-2 & OP-3	QualityNet & QHI	August 1	November 1	February 1	May 1
Outpatient	ED Throughput: OP-18	QualityNet & QHI	August 1	November 1	February 1	May 1
Outpatient	ED Throughput: OP-22	QualityNet	Calendar Year Due May 15			
Patient Engagement	HCAHPS	QualityNet (by vendor)	July 1	October 1	January 1	April 1
Patient Safety	Healthcare Worker Influenza Immunization	NHSN	Flu Season Data Due May 15			
Patient Safety	Antibiotic Stewardship Program	NHSN via Annual Facility Survey	Calendar Year Due March 1			

Care Transitions

EDTC: Emergency Department Transfer Communications

Steps to Submission

1. Abstract patient chart data and enter into the data abstraction tool for the current calendar year.
2. Upload data abstraction tool to Quality Health Indicators (QHI) by the required deadline.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/caretransitions/>

Reporting Frequency: *Quarterly*

Abstraction: *Patient Chart*

Sampling:

# of Transfers Per Month	Sample Size
15 or more	15
Less than 15	All Transfers

The emergency department transfer communication (EDTC) measure allows the acute care safety net facilities to show how well they carry out their important stabilize-and-transfer role for rural residents. -- Stratis Health

Steps to Submission

1. For OP-2 & OP-3 (AMI) Only.
2. Log into Hospital Quality Reporting (HQR) and select Population & Sampling.
3. Choose the appropriate reporting period.
4. Choose “Not Sampled” as *Sampling Option*.
5. Put **0** in all fields and Save.

Measure Summary

Web Page: <https://mtpin.org/resource/zero-case-submissions/>

Reporting Frequency: *Quarterly*

Abstraction: *None*

Outpatient

OP-2: Fibrinolytic Therapy Received Within 30 Minutes

OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention

Steps to Submission

1. Access [CMS Specification Manual](#) to identify appropriate population for the encounter period.
2. If no population, complete 'zero cases' for Population & Sampling. *must do for reporting compliance credit*
3. Abstract patient chart data and enter into CART software program. [See Abstraction Training](#).
4. From CART complete two exports, one for HQR and one for QHI.
5. Import files in to appropriate platforms.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/opcardiac/>

Reporting Frequency: *Quarterly*

Abstraction: *Patient Chart*

Sampling: *None*

Outpatient

OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

Steps to Submission

1. Access [CMS Specification Manual](#) to identify appropriate population for the encounter period.
2. Abstract patient chart data and enter into CART software program. [See Abstraction Training](#).
3. From CART complete two exports, one for HQR and one for QHI.
4. Import files in to appropriate platforms.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/opedtp/>

Reporting Frequency: *Quarterly*

Abstraction: *Patient Chart*

Sampling:

# of ED Visits per Quarter	Mo/Qtr Sample Size
0-900	21 / 63
901+	32 / 96

MBQIP

Outpatient

OP-22: Patient Left Without Being Seen

Steps to Submission

1. Log into Hospital Quality Reporting (HQR) and select Web-based Measures.
2. Choose OQR Data Form
3. Enter Numerator and Denominator values as Save.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/opedtp/>

Reporting Frequency: *Yearly*

Abstraction: *Numerator/Denominator*

Patient Engagement

HCAHPS: Hospital Consumer Assessment of Healthcare Providers & Systems

Steps to Submission

1. Send inpatient discharge information to your HCAHPS vendor on their requested timeframe.
2. HCAHPS Vendor will upload survey responses into HQR for submission.
3. If your hospital has no surveys returned for a quarter, send the vendor report to Lindsay Konen (Lindsay.Konen@mtha.org)

Data Report Note: Data will only be visible in MBQIP reports sent back to the facility if there is 4 consecutive quarters of data submitted by the vendor.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/hcahps/>

Reporting Frequency: *Quarterly*

Abstraction: *Inpatient Discharge Data*

Patient Safety

HCP: Healthcare Personnel Influenza Vaccination

Steps to Submission

1. Gather required information during the flu season.
2. Enter total flu season data into NHSN by May 15.
3. Flu season is October-March.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/hcpimm/>

Reporting Frequency: *Yearly*

Abstraction: *Numerator/Denominator*

Patient Safety

ABS: Antibiotic Stewardship Programs

Steps to Submission

1. Reported via NHSN's Annual Facility Survey. Survey opens in January of each year and is due to reflect the previous calendar year by March 1.
2. Print paper copy of survey and route through departments.
3. Log into NHSN and complete and submit survey.

Measure Summary

Web Page: <https://mtpin.org/data-reporting-programs/mbqip-reporting/antibiotic-stewardship/>

Reporting Frequency: *Yearly*

Abstraction: *Facility Survey*

PIN
Benchmarking

PIN Benchmarking Deadlines

Measure	Submit To:	Q1: J-F-M	Q2: A-M-J	Q3: J-A-S	Q4: O-N-D
PIN Benchmarking Project	QHI: Quality Health Indicators	June 1	September 1	December 1	March 1

PIN Benchmarking

The PIN Benchmarking Project, collecting data since 2001, consists of measures requested by MT CAHs to use for utilization and operational performance indicators and internal reporting and comparison to peer hospitals.

Steps to Submission

1. Carefully review data element and measure specifications and definitions provided.
2. Abstract data by month.
3. Enter elements into QHi.

Summary

Web Page: <https://mtpin.org/data-reporting-programs/pin-benchmarking/>

Reporting Frequency: *Quarterly*

Abstraction: *Numerator/Denominator*

PIN Benchmarking

Measures

Acute Patient Days *
Average LOS in hours for inpatient stays *
Total number of acute care discharges *
Total number of SB discharges *
Total number of SB patient days *
Average LOS in days for SB *
Total number of ED visits *
Total number of observation days
Readmission within 30 days (All Cause) Rate (same hospital)
Primary C-section Rate
Percent of acute care patients that are transferred
Return visits to ER within 72 hours for any/all cause
Percent of ED visits resulting in transfer
Facility-Wide Hospital-Acquired Pressure Ulcer Rates
Facility-Wide Falls with any Type of Injury Rate

Staff Turnover
Nursing Staff Turnover
Staff Turnover: Non Nursing Clinical
Staff Turnover: Non Clinical Staff
Days cash on hand *
Gross days in account receivable *
Bad debt as a percent of gross revenue *
Charity care as a percent of gross revenue *
Cost per Adjusted Patient Day *
Labor Costs as a percent of net patient revenue
Swing Bed Occupancy per day
Emergency Room-Hours worked per visit
Acute Occupancy per day
Nursing Hours per patient day
Operating Room-Worked hours per procedure

Montana Flex Program Staff



Do you have questions from this presentation?
We would love to hear from you!

Email our team or attend our monthly [Office Hours](#)
call.

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