



# 2023 REPORT

**PATIENT  
SAFETY &  
CRITICAL  
ACCESS  
HOSPITALS  
IN UTAH**



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## The origin of critical access hospitals (CAH)

The eighties and nineties saw the closure of hundreds of rural hospitals in the United States, and the need arose to provide assistance to these hospitals in order to ensure equitable care was available to those living in both urban and rural areas. The resulting Balanced Budget Act of 1997 created three features that were designed to decrease financial vulnerability of rural hospitals and increase access to healthcare in rural communities.<sup>1</sup>

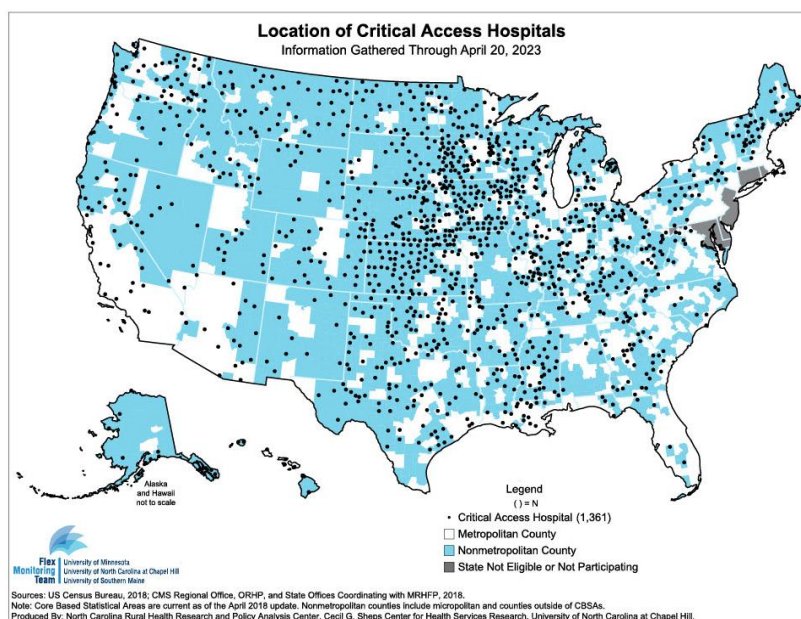
### 1) Critical Access Hospital Designation

When a rural hospital gains critical access hospital (CAH) designation, it becomes eligible for certain benefits, such as cost-based reimbursement from Medicare and eligibility to Flex program benefits, such as grants. Requirements to receive CAH designation include:

- 25 or less inpatient beds
- 35 miles or more away from a hospital
- Annual average stay of 96 hours or less
- 24/7 emergency care services

As of April 2023, in the US there are currently 1,361 CAH across 45 participating states (see figure 1).

Figure 1: Critical access hospitals in the US as of April 2023<sup>2</sup>



## 2) Medicare Rural Hospital Program (Flex Program)

The Flex Program provides funds to states with CAHs through training and technical assistance to support five areas: quality improvement, operational and financial improvement, population health improvement, rural emergency medical services improvement, and rural innovative model development.<sup>3</sup>

## 3) Medicare Beneficiary Quality Improvement Project (MBQIP)

This project improves the quality of care provided by CAH through data collection. The Flex Monitoring team, run by a team of researchers from the Universities of Minnesota, North Carolina at Chapel Hill, and Southern Maine, creates annual reports for each state and the measures being implemented in three areas: quality improvement, financial and operational improvement, and community engagement.<sup>4</sup>

## CAH in Utah

There are 62 hospitals in Utah, 13 of which hold CAH designation (see table 1 and figure 3). Of those 13, 5 are operated by Intermountain Health, the largest healthcare provider in the Intermountain West. The other 8 are independently owned, but are also a part of the “Rural 9” network. This network addresses financial stability and quality needs through networking, group projects, and programs, as well as coordinating with the larger healthcare systems of Intermountain, University of Utah, and Steward Healthcare to receive training.<sup>5</sup>

According to a 2023 report, there are two Utah rural hospitals at risk of closing and six rural hospitals that have a negative margin on patient services.<sup>6</sup>

The management of CAH is housed under the Office of Primary Care and Rural Health (see figure 2). In 2022 MBQIP recognized Utah as the top state who achieved the highest reporting rates and levels of improvement in CAHs over the past 12 months.<sup>7</sup>

Figure 2: Organizational flow chart of CAH management in Utah

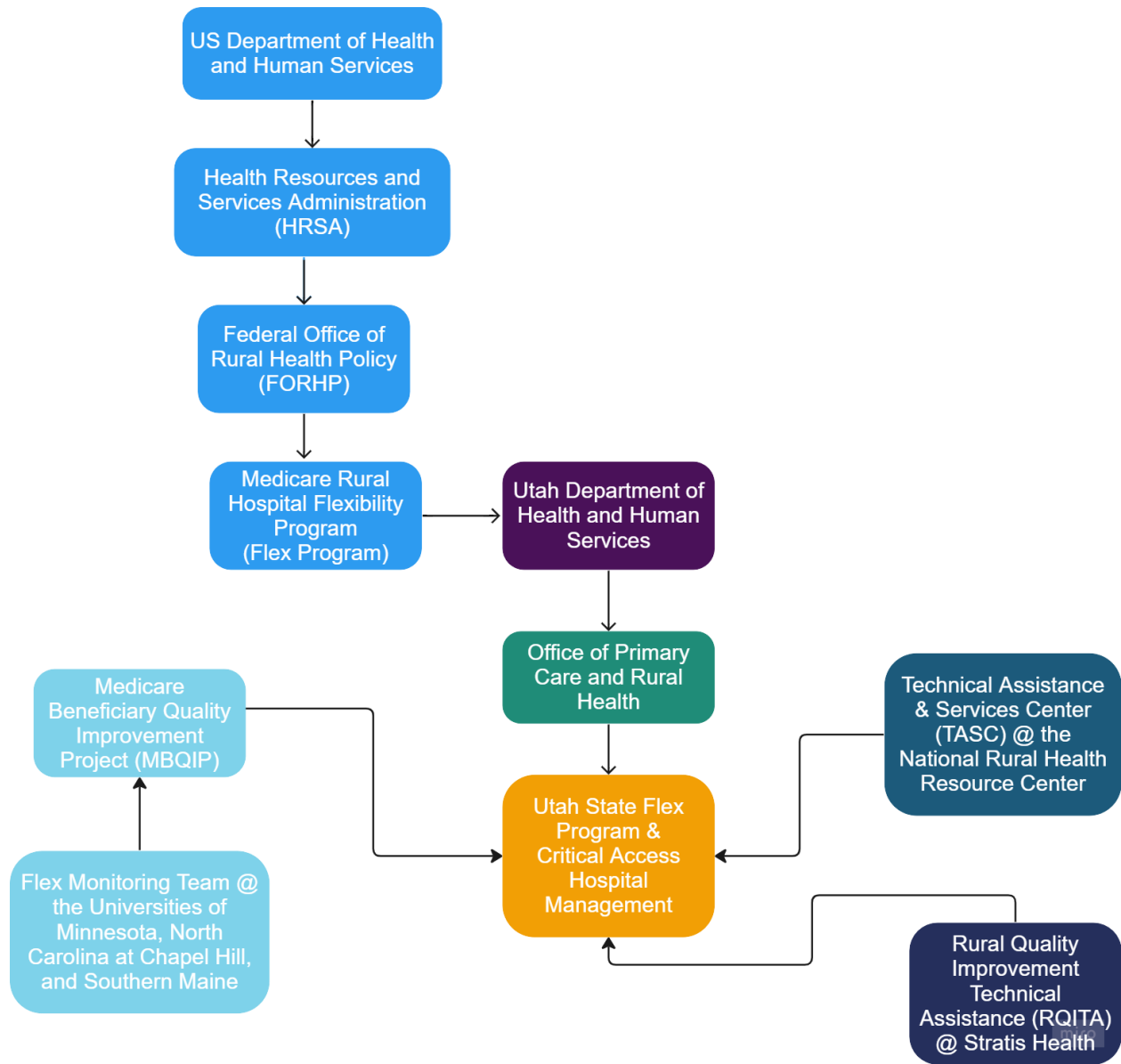
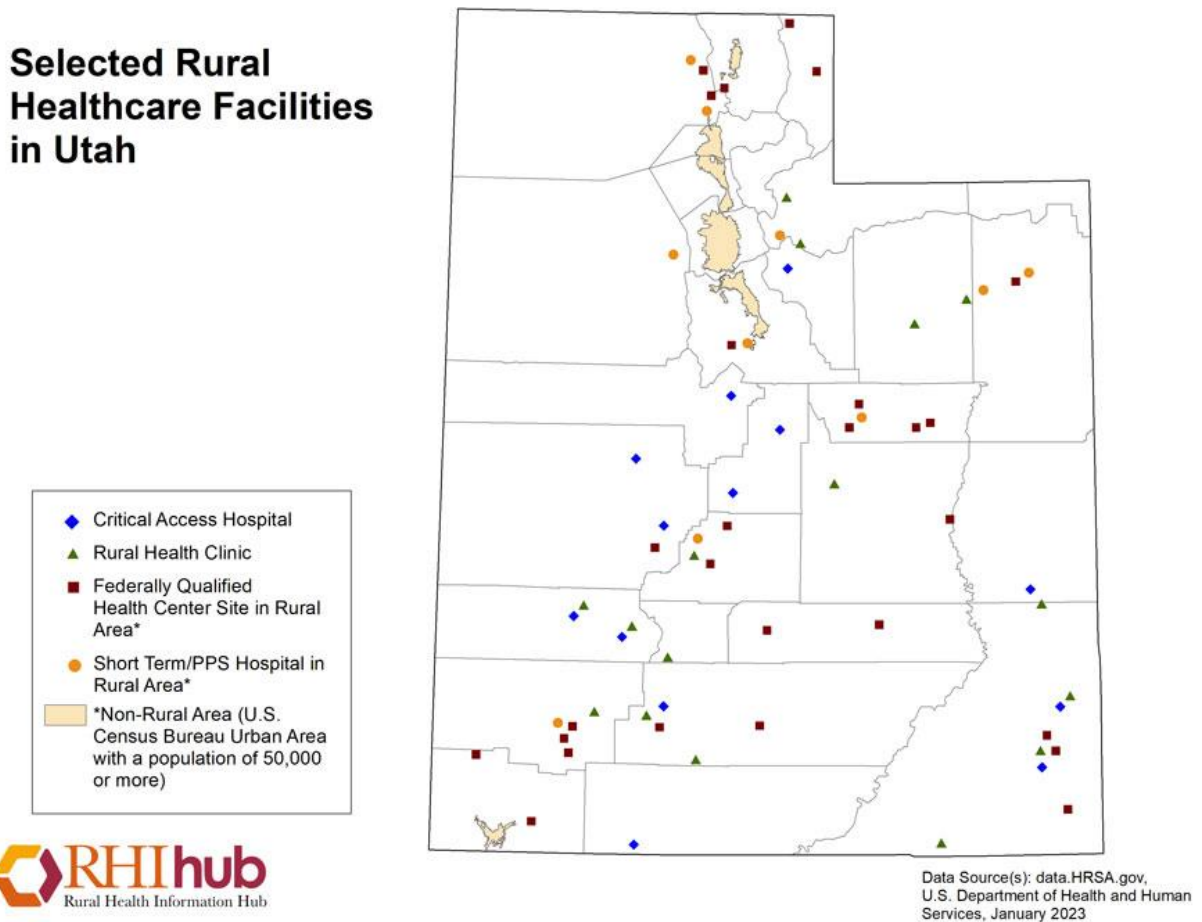


Table 1: List of CAH in Utah

Name	Owner/Affiliate	City	Beds
Milford Valley Memorial Hospital	County	Milford	25
Blue Mountain Hospital	Blue Mountain	Blanding	11
Moab Regional Hospital	Community	Moab	25
Heber Valley Medical Center	Intermountain	Heber	19
Fillmore Community Medical Center	Intermountain	Fillmore	20
Beaver Valley Hospital	City	Beaver	24
Sanpete Valley Hospital	Intermountain	Mount Pleasant	18
Kane County Hospital	County	Kanab	25
Delta Community Medical Center	Intermountain	Delta	20
Garfield Memorial Hospital	Intermountain	Panguitch	15
Gunnison Valley Hospital	County	Gunnison	25
San Juan Hospital	County	Monticello	25
Central Valley Medical Center	Rural Health Group	Nephi	19

Figure 3: Map of CAH and rural hospitals in Utah<sup>8</sup>



## Patient safety in US CAH

CAHs are critical to patient care in rural areas, and therefore are also responsible for the safety of those patients. With low numbers, CAH are exempt from reporting certain measures. However recent viewpoints posit that it is possible for CAH to participate and excel in certain national quality improvement programs, especially those most pertinent to their location and size.<sup>9</sup> This is especially important concerning measures involving patient care and outcomes. In fact, the Joint Commission's list of national patient safety goals is exactly the same as the list of CAH national patient safety goals (see Appendices A and B).

Case studies across the nation reveal how conversion to CAH, or comparison of CAH with non-CAH, can lead to either increase or decrease of patient safety



outcomes. While one study found conversion to CAH has been associated with improved patient safety indicators,<sup>10</sup> others found that patients CAHs were more likely to experience falls compared to non-CAHs.<sup>11</sup> National studies of CAHs found overall increased mortality rates for CAH patients with Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF), or pneumonia when compared to non-CAHs,<sup>12</sup> but another found that patient mortality outcomes are the same across emergency departments in rural areas, urban areas, and CAH.<sup>13</sup> Patient mortality rates in the US are altogether higher in rural areas than in urban areas.<sup>14</sup>

The purpose of this report is to highlight quality measures that Utah CAH are performing well in, as well as identify areas of improvement. It is imperative that the patient safety programs and quality improvement programs at any hospital are integrated to guarantee that the correct data is tracked, shared, and receives relevant follow-up.<sup>15</sup> In CAH, patient safety coordinators are encouraged to work with quality improvement officers.

The measures that Utah CAHs currently report are the core measures tracked by the Medicare Beneficiary Quality Improvement Program and reported through various channels (see Appendix C and Appendix D). The following report will display Utah data and, when space permits, comparable national data (for full data, see Appendices E-H).

## Utah MBQIP quality measure reports

CAHs in Utah report data that is compiled annually by The Medicare Beneficiary Quality Improvement Program (MBQIP) and the Flex monitoring team with the following areas of focus:

1. Patient Safety/Inpatient
2. Outpatient Care
3. Patient Engagement
4. Care Transitions

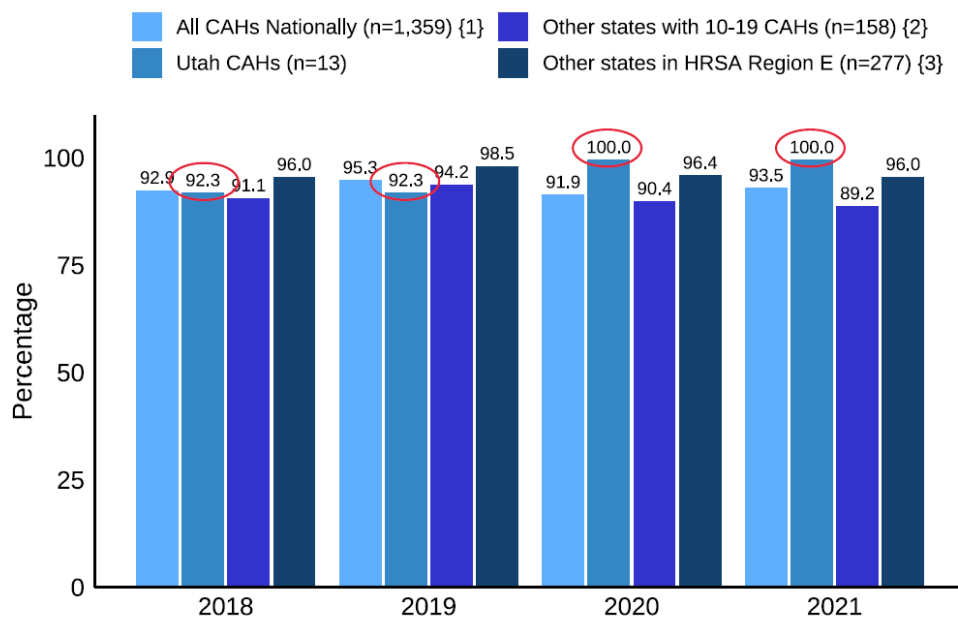
All the following data were compiled from the Flex Monitoring Team's MBQIP Quality Measures Annual Reports from the years 2019 to 2021.<sup>16</sup> Each measure will

be defined and significance explained (info from the MBQIP Measures Fact Sheets<sup>17</sup>), as well as a brief commentary on Utah trends from 2019-2021.

Patient safety/inpatient measures

Influenza vaccination coverage among healthcare personnel (HCP)	
Percentage of healthcare workers given influenza vaccination	1 in 5 people in the U.S. get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributed to patients hospitalized during the flu season.
Antibiotic stewardship	
Percentage of CAHs fulfilling all antibiotic stewardship core elements	Improving antibiotic use in hospitals is imperative to improving patient outcomes, decreasing antibiotic resistance, and reducing healthcare costs. According to the Centers for Disease Control and Prevention (CDC), 20-50 percent of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate, which leads to serious side effects such as adverse drug reactions and Clostridium difficile infection. Overexposure to antibiotics also contributes to antibiotic resistance, making antibiotics less effective. In 2014, the CDC released the “Core Elements of Hospital Antibiotic Stewardship Programs” that identifies key structural and functional aspects of effective programs and elements designed to be flexible enough to be feasible in hospitals of any size.



Figure 4: Percentage of CAHs reporting at least one patient safety/inpatient measure



In 2020 and 2021 Utah achieved 100% reporting from all 13 CAHs on at least one patient safety/inpatient measure (see figure 4), an improvement from 92.3% from the previous two years. In 2021, this ranks Utah at #1 for patient safety/inpatient reporting, compared to the national average of 93.5%.

Every year from 2019 to 2021 Utah CAHs have performed significantly better than the national CAH average on the “Percentage of healthcare workers given influenza vaccination” measure, and did not have significantly different performance than national CAHs on the “Antibiotic stewardship” measures (see table 2).

Table 2: Patient Safety/Inpatient Quality Measure Results in Utah and All CAHs Nationally, 2019-2021

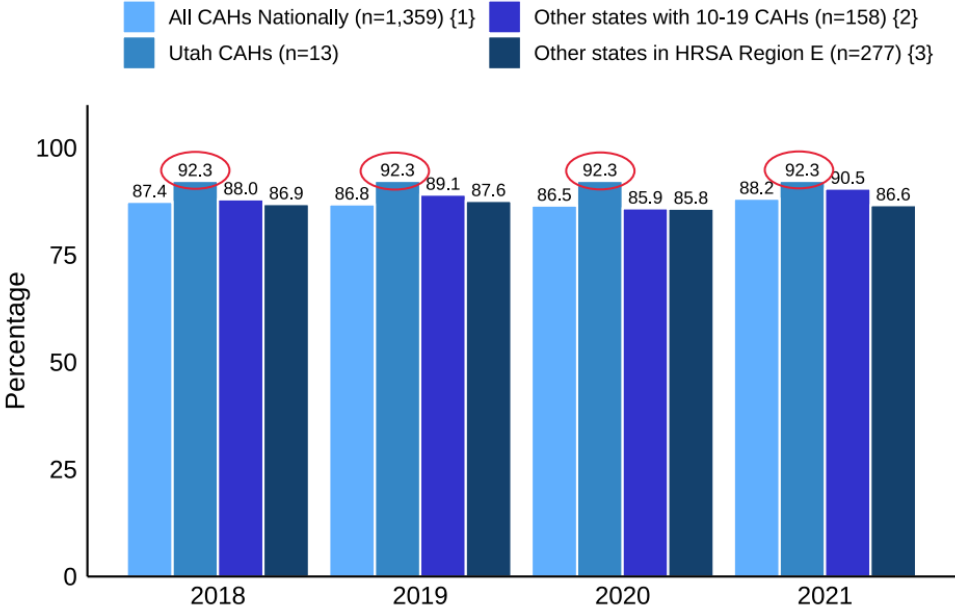
Patient safety/inpatient quality measure results in Utah and all CAHs nationally, 2019-2021						
 = Significantly better than all CAHs nationally  = Significantly worse than all CAHs nationally						
Measure	Year	Utah (n=13)		All CAHs 2019 (n=1,351) 2020 (n=1,353) 2021 (n=1,359)		Benchmark (%)
		CAHs reporting	Performance (%)	CAHs reporting	Performance (%)	
HCP/IMM-3: Healthcare workers given influenza vaccination	2019	11	96.4	985	90.4	100.0
	2020	10	93.6	903	87.0	
	2021	8	89.7	984	79.4	
Antibiotic Stewardship: Fulfill antibiotic stewardship core elements	2019	10	90.0	1,078	79.9	100.0
	2020	11	90.9	1,118	83.0	
	2021	10	90.0	1,157	88.9	

## Outpatient care

Fibrinolytic therapy received within 30 minutes	
Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	Time-to-fibrinolytic therapy is a strong predictor of outcome in patients with AMI. Nearly 2 lives per 1,000 patients are lost per hour of delay. National guidelines recommend fibrinolytic therapy within 30 minutes of hospital arrival for patients with ST Elevation Myocardial Infarction (STEMI).
Patient left without being seen	
Percentage of patients who left the emergency department before being seen	Reducing patient wait time in the ED helps improve access to care, increase capability to provide treatment, reduce ambulance refusals/diversions, reduce rushed treatment environments, reduce delays in medication administration, and reduce patient suffering.
Median time to transfer to another facility for acute coronary intervention	
Median number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	The early use of primary angioplasty in patients with STEMI results in a significant reduction in mortality and morbidity. The earlier primary coronary intervention (PCI) is provided, the more effective it is. Times to treatment in transfer patients undergoing primary PCI may influence the use of PCI as an intervention. Current recommendations support a door-to-balloon time of 90 minutes or less.
Median time from ED arrival to ED departure for discharged ED patients	
Average time patients spent in the emergency department before being sent home	Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care, potentially improves access to care specific to the patient condition, and increases the

capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.



Figure 5: Percentage of CAHs reporting at least one outpatient measure





From 2018 to 2021 Utah achieved 92.3% reporting from CAHs on at least one outpatient measure (see figure 5). In 2021, this ranks Utah at #20 for outpatient reporting, compared to the national average of 88.2%.

Every year from 2019 to 2021 Utah CAHs have performed significantly better than the national CAH average on the “patients left without being seen” measure, and did not have significantly different performance than national CAHs on all other outpatient measures (see table 3).

Table 3

Outpatient median quality measure results in Utah and all CAHs nationally, 2019-2021						
 = Significantly better than all CAHs nationally  = Significantly worse than all CAHs nationally						
		Utah (n=13)		All CAHs 2019 (n=1,351) 2020 (n=1,353) 2021 (n=1,359)		
Measure	Year	CAHs reporting	Performance (%)	CAHs reporting	Performance (%)	Benchmark (%)
OP-2: Fibrinolytic therapy received within 30 minutes	2019	8	*	479	52.4	N/A
	2020	8	*	958	48.4	100.0
	2021	12	*	1,121	48.3	100.0
OP-22: Patients left without being seen (lower is better)	2019	6	0.3	669	0.9	N/A
	2020	9	0.4	797	0.9	0.0
	2021	9	0.3	834	1.3	0.1
				CAHs reporting	Minutes	Benchmark (minutes)
OP-3b: Median time to transfer to another facility - acute coronary intervention	2019	2	*	596	64.5	N/A
	2020	8	*	950	70.0	35.0
	2021	12	*	1,121	70.0	36.0

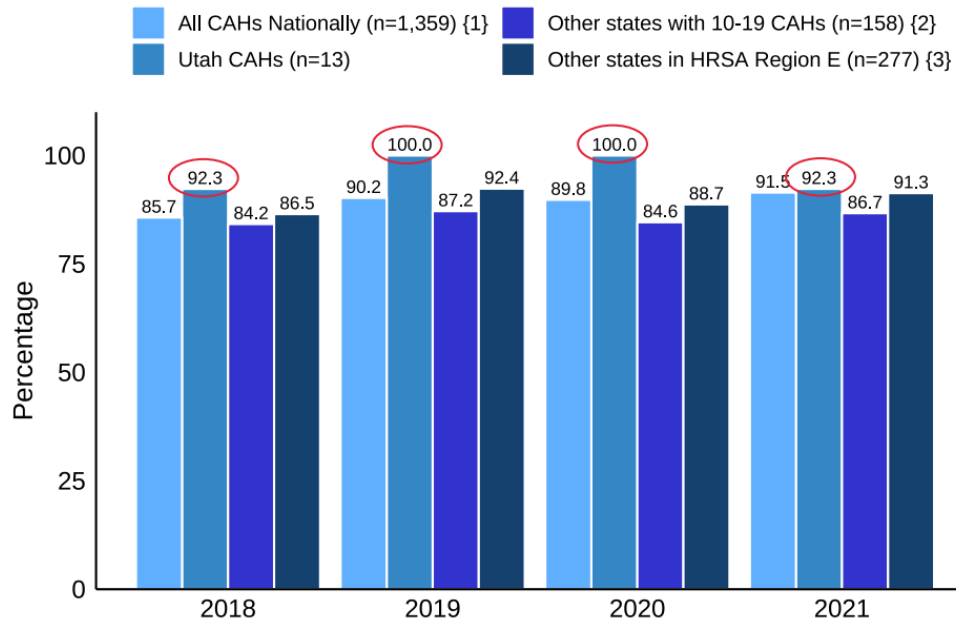
Outpatient median quality measure results in Utah and all CAHs nationally, 2019-2021						
 = Significantly better than all CAHs nationally  = Significantly worse than all CAHs nationally						
OP-18b: Median time from ED arrival to ED departure for discharged patients	2019	11	108.0	1,117	107.0	N/A
	2020	11	114.0	1,098	111.0	81.0
	2021	12	119.5	1,134	116.0	84.0
*Indicates insufficient data to calculate rate (<25 patients)						

Patient engagement

Hospital consumer assessment of healthcare providers and systems (HCAHPS)	
These measures show the average percentage of patients that gave the highest level of response (e.g., "always") to the questions on the HCAHPS survey.	Growing research shows positive associations between patient experience and health outcomes, adherence to recommended medication and treatments, preventive care, health care resource use and quality and safety of care.

Figure 6: Percentage of CAHs reporting at least one patient engagement measure (HCAHPS)





In 2018 and 2021, and in 2019 to 2020, Utah achieved 92.3% and 100% reporting respectively from CAHs on at least one patient engagement measure (see figure 6). In 2021, this ranks Utah at #27 for patient engagement reporting, compared to the national average of 91.5%.

Every year from 2019 to 2021 Utah CAHs have performed significantly better than the national CAH average on at least 4 patient engagement measures, and only in 2020 scored significantly worse on one measure (“area around patient’s room was always quiet at night”) (see table 3).

Table 4

HCAHPS results for CAHs in Utah, 2019-2021				
<span style="color: green;">■</span> = Significantly better than all CAHs nationally <span style="color: orange;">■</span> = Significantly worse than all CAHs nationally				
	Year	Utah (n=13)	All CAHs 2019 (n=1,351) 2020 (n=1,353) 2021 (n=1,359)	

CAHs Reporting	2019	13	1,219	
	2020	13	1,215	
	2021	12	1,243	
Measure	Year	% of patients that gave highest level of response	% of patients that gave highest level of response	Benchmark (%)
Nurses always communicated well	2019	85.4	84.6	N/A
	2020	84.2	84.0	87.4
	2021	86.3	83.6	87.7
Doctors always communicated well	2019	89.8	85.2	N/A
	2020	89.9	84.6	88.1
	2021	88.4	83.8	88.0
Patients always received help as soon as wanted	2019	81.4	77.2	N/A
	2020	81.9	75.0	81.1
	2021	79.6	74.0	81.2
Staff always explained medications before giving them to patients	2019	69.0	69.8	N/A
	2020	66.7	67.1	74.8
	2021	68.5	66.4	74.1
Staff always provided information about what to do during	2019	88.0	89.1	N/A
	2020	91.3	88.6	92.2

recovery at home	2021	91.3	88.4	92.2
Patients strongly understood their care when they left the hospital	2019	62.3	57.3	N/A
	2020	59.5	55.7	63.3
	2021	60.5	55.2	63.6
Patient's room and bathroom were always clean	2019	81.8	81.7	N/A
	2020	80.8	78.5	79.6
	2021	79.4	78.7	79.6
Area around patient's room was always quiet at night	2019	67.0	66.4	N/A
	2020	63.9	67.9	79.6
	2021	68.6	66.9	79.6
Patient gave a rating 9 or 10 [high] on a 1-10 scale	2019	81.0	78.1	N/A
	2020	83.7	77.9	85.7
	2021	84.7	77.0	85.7
Patient would definitely recommend the hospital to friends and family	2019	81.8	76.2	N/A
	2020	84.5	76.1	N/A
	2021	82.9	74.8	N/A

Care transitions

EDTC-All Composite: Percentage of patients who are transferred from an ED to another health care facility that have all necessary communication with the receiving facility

Each subset measure comes from the “Yes or No” answer to the following questions:

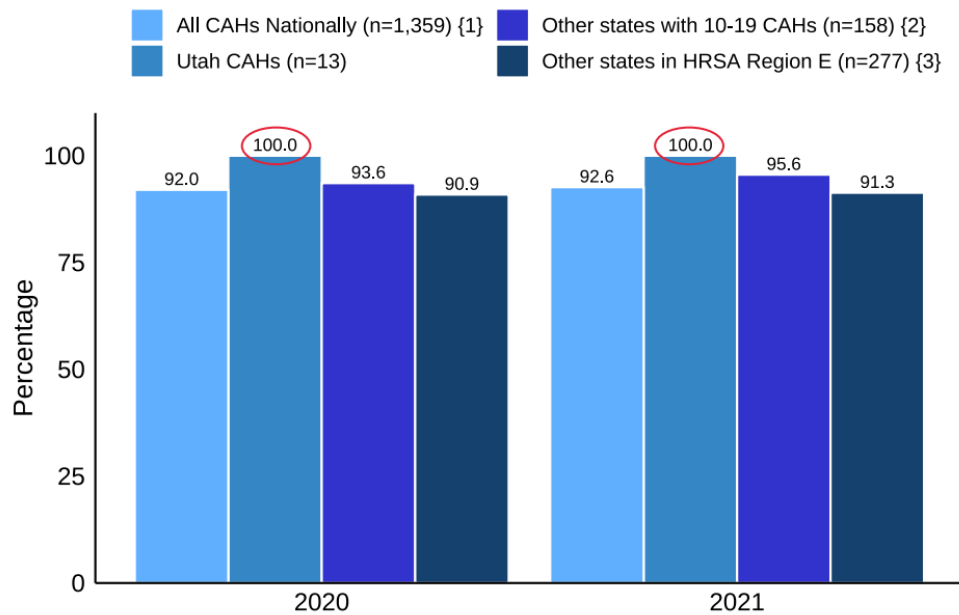
Does the medical record documentation indicate that

- the patient’s current home medication list
- the patient’s allergy history
- the list of medication(s) administered in the ED
- an ED Provider Note was completed by the physician, advanced practice nurse (APN), or physician assistant (PA)
- a Mental Status/Orientation Assessment was completed
- a reason for transfer and/or plan of care was identified by the physician, advanced practice nurse, or physician assistant (physician, APN, PA)
- information regarding any tests and procedures that were done in the ED
- results from completed tests and procedures done in the ED

was sent to the receiving facility?

Timely, accurate, and direct communication facilitates the handoff to the receiving facility, provides continuity of care, and avoids medical errors and redundant tests.

Figure 7: Percentage of CAHs reporting care transitions measure (EDTC)



From 2020, the EDTC measures were changed after a review from a technical expert panel in an effort to keep the measure relevant to current interhospital communication practices. In 2020 and 2021 Utah achieved 100% reporting from all 13 CAHs on the EDTC measure (see figure 7), which ranks Utah at #1 in 2021 for EDTC reporting, compared to the national average of 92.6.



Using the previous measures in 2019, Utah scored significantly better on six measures (see table 5). In 2020, Utah scored significantly better on five measures; however, in 2021 Utah CAH scored significantly worse on four measures, and significantly better on zero measures (See table 6).

Table 5

EDTC results, 2019		
<span style="color: green;">■</span> = Significantly better than all CAHs nationally <span style="color: orange;">■</span> = Significantly worse than all CAHs nationally		
	Utah (n=13)	All CAHs (n=1,351)

CAHs Reporting	13	1,258
EDTC-All: Composite	93.2	84.7
Administrative Communication	98.7	96.6
Patient Information	97.9	96.2
Vital Signs	96.4	95.9
Medication Information	96.2	94.9
Physician or Practitioner Generated Information	96.9	95.4
Nurse Generated Information	96.9	91.8
Procedures and Tests	97.6	97.0

Table 6

EDTC results, 2020-2021			
 = Significantly better than all CAHs nationally  = Significantly worse than all CAHs nationally			
	Year	Utah (n=13)	All CAHs 2020 (n=1,353) 2021 (n=1,359)
CAHs Reporting	2020	13	1,245
	2021	13	1,259
EDTC-All: Composite	2020	94.1	90.2
	2021	90.3	90.2
Home Medications	2020	96.1	95.2

	2021	93.1	94.4
Allergies and/or Reactions	2020	97.7	96.5
	2021	95.8	96.1
Medications Administered in ED	2020	97.5	96.7
	2021	95.1	96.4
ED Provider Note	2020	97.8	94.9
	2021	94.8	94.7
Mental Status/Orientation Assessment	2020	96.1	95.9
	2021	92.5	95.5
Reason for Transfer and/or Plan of Care	2020	97.6	97.1
	2021	94.4	96.8
Tests and/or Procedures Performed	2020	97.9	96.9
	2021	95.8	96.5
Tests and/or Procedures Results	2020	97.4	96.2
	2021	95.7	96.0
Benchmark for all measures = 100.0%			

## Recommendations to improve EDTC

- Use a standardized checklist (see Resources).
- Ask for help from the Rural Quality Improvement Technical Assistance (RQITA), a specialist can provide a consultation. You send in paper copies of the ED visit and abstract it, the specialist also abstracts it, then you can review with the specialist to see if your versions match (see Resources).
- Review the definition and options of “sent”:<sup>18</sup>
  - ❖ Hard copy - best option: ensures everything is sent and ensures everything goes with patient in case they go to a different facility than planned, or there’s a nurse shift change
  - ❖ Phone call within 60 minutes of patient transfer: remember, documentation for the phone call has to include what information was communicated, not just who did the communicating
  - ❖ Immediately available in the EHR - if on the same system this only counts if information from one facility is immediately available at another facility, not if the system only syncs once a day or at midnight

## Charting Tips:<sup>18</sup>

Remember, you know how frustrating it is to get a patient without any information, empathize with the healthcare worker who is going to receive this patient from the ED. Staff is great at charting and documenting, improvement on communicating that information is needed

- Home medications: a common mistake is to say “refer to previous list”, but staff just forget to actually send that list; if no home meds must put “n/a”
- Medications administered in ER: print and send MAR; if none administered must put “n/a”
- Mental status/orientation assessment: can be an official scale like the Glasgow coma scale, or even just charting “a&ox4” (alert and oriented times four)
- Reason for transfer and/or plan of care: this is easier to chart for acute care patients, but if the patient is going to skilled nursing facilities the reason can be as simple as “follow up with provider in office next week”



## Conclusion

We recognize the tremendous and valuable contribution that Utah CAHs provide to the health and care of Utah rural citizens. From 2019 to 2021, Utah CAHs produced significant data for a composite of 68 measures. Of those 68 measures, Utah CAHs performed better than the national average on 31 measures, did not perform significantly better or worse than national CAHs on 32 measures, and performed significantly worse than national CAHs on only 5 measures. 4 of those 5 measures occurred in the most recent year of 2021 in the EDTC measure, suggesting an area of improvement for Utah CAH. And while overall Utah CAHs have performed well, they have yet to reach the benchmarks set for each measure, therefore there will always be continual improvement that can be achieved as they work toward those benchmarks.

## Resources

### Links

#### [UDHHS Quality Improvement – MBQIP](#)

Collection of links to Stratis Health’s quality improvement programs, MBQIP explanations, EDTC explanations, and quality reporting resources

#### [2019 Illinois Critical Access Hospital Quality Manual and Resources 101](#)

This manual’s purpose is to provide a quality management resource for CAH and empower CAH quality managers with a simple and concise manual of basic information and provide evidence-based resources to effectively administer quality programming.

#### [2021 Oregon Critical Access Hospital Quality Reporting Overview Guide](#)

This resource helps Quality Improvement Directors understand the MBQIP program details, reporting methods, resources, directions on how to report using the cart tool and how to analyze and share the data. It also explains the various quality reporting programs in which CAHs may participate. The programs are outlined via the areas the hospital covers (i.e., outpatient, inpatient, etc.) and the type of program the hospital is associated with (i.e., HCAHPS, Medicare Beneficiary Quality Improvement Project, etc.). Participation in these programs varies depending on the needs and desire for quality monitoring by the CAH.

#### [2018 Texas CAH Quality Improvement Project: Strategies, Tools, and Best Practices for MBQIP Measures Success](#)

This toolkit is designed to support the Medicare Beneficiary Quality Improvement Project (MBQIP) goal to improve the quality of care provided in small, rural critical access hospitals (CAHs) by increasing quality data reporting and using data to drive QI activities. This toolkit specifically addresses the MBQIP program domains for Patient Safety, Care Transitions, Outpatient and Patient Engagement.

# EDTC example checklist

## Emergency Department Transfer Communication Checklist

For ALL data elements, the definition of "sent" includes the following documentation requirements:

- Hard copy sent directly with the patient, or
- Communicated AND documented via fax or phone within 60 minutes of patient departure, or
- Immediately available via shared EHR or HIE
- Suggested data sources are ED record, Transfer Summary or EMTALA form

Were the following sent to the receiving facility?

### Home Medication List

Please include all prescription, over the counter, and complementary medications (i.e., vitamins, supplements, etc.). Choose "N/A" if patient does not take any home medications.

Yes  N/A

### Allergies and/or Reactions

Please include medication, food, and/or other allergies, and their reactions. Can also document "No known drug allergies" or "Allergies unknown"

Yes

### Medications Administered in ED

Choose "N/A" if no medications were administered. Medication information documented anywhere in the ED record is acceptable.

Yes  N/A

### ED Provider Note

Completed by the physician, advanced practice nurse (APN), or physician assistant (PA).

Provider note must include all four elements: (1) Reason for current ED encounter (e.g. medical complaint or injury) (2) History of present illness or condition (3) A focused physical exam AND (4) Relevant chronic conditions unless patient is neurologically impaired/altered

Yes

### Mental Status/Orientation Assessment

Acceptable documentation includes awake, oriented, confused, comatose, unresponsive, Glasgow coma scale, Neuro flow sheets, etc.

Yes

### Reason for Transfer and/or Plan of Care

Must be identified by the physician, advanced practice nurse (APN), or physician assistant (PA)

### Tests and/or Procedures Performed

Yes

### Tests and/or Procedure Results

If results are not available at time of transfer, documentation of how results will be sent is acceptable.

Yes  No – must document how results will be sent

### Receiving Hospital Feedback - Please copy this form & return to sending hospital

Sending Hospital: \_\_\_\_\_ Date: \_\_\_\_\_ Pt Initials: \_\_\_\_\_

Were any elements missing from the EDTC communication checklist?  Yes  No

If yes, please list which elements were missing: \_\_\_\_\_

How could this transfer have been improved? \_\_\_\_\_

\*Created by Antonia Cash based on all the resources on EDTC



## Abstracting for Accuracy

*Working together to ensure data quality*

### Abstraction Review Process Consultation Available

RQITA is pleased to offer a customized abstraction review process and phone consultation that will provide hospitals with the opportunity to receive one-on-one education and assistance on how to abstract the core measures in the Medicare Beneficiary Quality Improvement Project (MBQIP). This is an opportunity to validate your abstraction process by comparing notes with an RQITA abstraction professional.

The review will consist of comparing abstraction results between two abstractors to assess the comparability of findings. This process ensures quality improvement measures are abstracted from the patient medical record consistently by all abstractors using standardized abstraction definitions.

A sample of abstracted medical records is abstracted a second time by an independent abstractor to ensure data quality, and an element-to-element comparison is performed. This helps to identify problem areas in the abstraction process, as well as areas that may need further explanation or clarification. It also provides an opportunity for hospital abstractors to comment on variables that may be confusing and need more explanation.

### Who is providing the consultation services?

RQITA Quality Reporting Specialist Robyn Carlson, RHIA, CPHQ, will provide individualized abstraction consultation tailored to the needs of hospitals and abstractors.

### Benefits of the abstraction review process and consultation

- Ideal for staff new to the role of abstraction or other staff seeking a refresher or reaffirmation of their skills.
- Ensures data are consistently abstracted using the appropriate criteria and abstraction definitions.

### Request a Consultation

To be considered for the abstraction review process, you must agree to the project guidelines on the next page. Check the guidelines and fill out the form to request a consultation. A member of the RQITA team will be in touch regarding the next steps.

### For More Information

If you have questions, please contact Robyn Carlson at 952-853-8587 or [rcarlson@stratishealth.org](mailto:rcarlson@stratishealth.org).

# Abstracting for Accuracy

## Process Guidelines

To be eligible to participate, you must agree to follow the process outlined in the four items below:

1. Complete a Business Associates Agreement (BAA) with Stratis Health. You can submit your organization's BAA form, or use one provided by Stratis Health. We must have a signed BAA before the records are sent and review can begin.
2. From your abstracted medical records submit three records of each of the following:
  - MBQIP Outpatient measures AMI and ED
  - MBQIP Care Transition measure EDTC

If more than one person is abstracting in your facility, all should participate in the Abstracting for Accuracy process. Each abstractor can abstract the same medical record but should do them independently.

A paper copy of the data abstraction must be sent. It is necessary to see how the abstractor answered the data element questions to compare findings. Options for meeting this requirement include:

- Utilize abstraction paper tool
    - [CART Outpatient paper tools](#)
    - [EDTC Specifications Manual paper tool](#) (Appendix A)
    - Vendor paper tools
  - Print your completed data elements from each case using the CART or vendor tool
3. For each ED encounter copy the **entire** medical record associated with that encounter including any elements collected in electronic format. Make sure that all the documentation from the encounter is copied and sent. If someone other than yourself is doing the copying, look over the records before they are sent to make sure the complete record was copied. Send the hard copy of the entire ED medical record, along with your completed paper abstraction tool to:

Robyn Carlson  
Stratis Health  
2901 Metro Drive, Suite 400  
Bloomington, MN 55425

NOTE: Records should be sent via secure mail (e.g., certified mail, FedEx, UPS). There is no reimbursement available for printing or shipping costs.

4. Upon receipt of the medical records, Robyn will set up a time for your phone consultation to discuss your re-abstraction results and to answer your abstraction questions. The timeline for individual consultation will depend upon the number of requests received.

NOTE: After the consultation, Stratis Health will destroy all copies of medical records received.

### Sign Up

If you agree to the process above, complete the following form:

<https://survey.alchemer.com/s3/6374205/Abstracting-for-Accuracy>

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# Appendices

## A: The Joint Commission 2023 CAH National Patient Safety Goals



# 2023 Critical Access Hospital National Patient Safety Goals

**(Easy-To-Read)**

### Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

### Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

### Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

### Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

### Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

### Improve health care equity

NPSG.16.01.01

Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

### Prevent mistakes in surgery

UP01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP01.03.01

Pause before the surgery to make sure that a mistake is not being made.



## B: The Joint Commission 2023 Hospital National Patient Safety Goals



# 2023 Hospital National Patient Safety Goals

**(Easy-To-Read)**

### Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

### Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

### Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

### Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

### Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

### Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

### Improve health care equity

NPSG.16.01.01

Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

### Prevent mistakes in surgery

UP01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP01.03.01

Pause before the surgery to make sure that a mistake is not being made.

## C: Current MBQIP Measures

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

MBQIP measures are divided into two categories:

- **Core MBQIP Measures** are those that all state Flex Programs are expected to support. Reporting on these measures contributes towards a CAH's Flex [eligibility requirements](#).
- **Additional MBQIP Measures** are those that state Flex Programs can elect to support in addition to the Core measures, particularly in alignment with other partners or initiatives. While these measures are also rural relevant, they may not be as widely applicable across all CAHs. The MBQIP Measures resource includes a list of potential additional measures, but that list is not meant to be exhaustive. Flex programs can propose to work on other quality improvement topics within the four MBQIP domains. If there is not a nationally standardized or standardly reported measure currently available, Flex programs can propose a data collection mechanism.

Core MBQIP Measures			
Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
<p><b>HCP/IMM-3 (formerly OP-27):</b> Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</p> <p><b>Antibiotic Stewardship:</b> Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p>	<p><b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</b></p> <p><i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</i></p> <ul style="list-style-type: none"> <li>• Communication with Doctors</li> <li>• Communication with Nurses</li> <li>• Responsiveness of Hospital Staff</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><i>The survey also includes screener questions and demographic items. The survey is 29 questions in length.</i></p>	<p><b>Emergency Department Transfer Communication (EDTC)</b></p> <p><i>1 composite; 8 elements</i></p> <ul style="list-style-type: none"> <li>• All EDTC Composite</li> <li>• Home Medications</li> <li>• Allergies and/or Reactions</li> <li>• Medications Administered in ED</li> <li>• ED provider Note</li> <li>• Mental Status/Orientation Assessment</li> <li>• Reason for Transfer and/or Plan of Care</li> <li>• Tests and/or Procedures Performed</li> <li>• Test and/or Procedure Results</li> </ul>	<p><b>AMI:</b></p> <ul style="list-style-type: none"> <li>• <b>OP-2:</b> Fibrinolytic Therapy Received within 30 minutes</li> <li>• <b>OP-3:</b> Median Time to Transfer to another Facility for Acute Coronary Intervention</li> </ul> <p><b>ED Throughput</b></p> <ul style="list-style-type: none"> <li>• <b>OP-18:</b> Median Time from ED Arrival to ED Departure for <i>Discharged</i> ED Patients</li> <li>• <b>OP-22:</b> Patient Left Without Being Seen</li> </ul>

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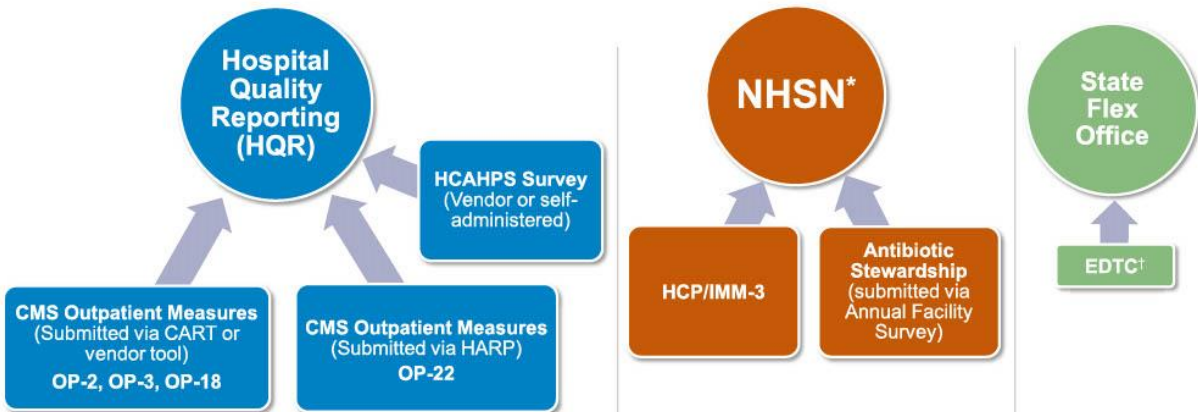
## Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

Additional MBQIP Measures			
<b>Patient Safety/Inpatient</b>	<b>Patient Engagement</b>	<b>Care Transitions</b>	<b>Outpatient</b>
<p><b>Healthcare-Associated Infections (HAI)</b></p> <ul style="list-style-type: none"> <li>• <b>CLABSI:</b> Central Line-Associated Bloodstream Infection</li> <li>• <b>CAUTI:</b> Catheter-Associated Urinary Tract Infection</li> <li>• <b>CDI:</b> <i>Clostridioides difficile</i> (<i>C.diff</i>) Infection</li> <li>• <b>MRSA:</b> Methicillin-resistant <i>Staphylococcus aureus</i></li> <li>• <b>SSIs:</b> Surgical Site Infections Colon or Hysterectomy</li> </ul> <p><b>Perinatal Care</b></p> <ul style="list-style-type: none"> <li>• <b>PC-01:</b> Elective Delivery</li> <li>• <b>PC-05:</b> Exclusive Breast Milk Feeding (eCQM)</li> </ul> <p><b>Falls</b></p> <ul style="list-style-type: none"> <li>• Falls with Injury</li> <li>• Patient Fall Rate</li> <li>• Screening for Future Fall Risk</li> </ul> <p><b>Adverse Drug Events (ADE)</b></p> <ul style="list-style-type: none"> <li>• Opioids</li> <li>• Glycemic Control</li> <li>• Anticoagulant Therapy</li> </ul> <p><b>Patient Safety Culture Survey</b></p> <p><b>Inpatient Influenza Vaccination</b></p> <p><b>eCQMs</b></p> <ul style="list-style-type: none"> <li>• <b>VTE-1:</b> Venous Thromboembolism Prophylaxis</li> <li>• <b>Safe Use of Opioids:</b> Concurrent Prescribing</li> <li>• <b>ED-2:</b> Median Admit Decision Time to ED Departure Time for Admitted Patients</li> </ul>	<p><b>Emergency Department Patient Experience</b></p>	<p><b>Discharge Planning</b></p> <p><b>Medication Reconciliation</b></p> <p><b>Swing Bed Care</b></p> <p><b>Claims-Based Measures</b> <i>Measures are automatically calculated for hospitals using Medicare Administrative Claims Data</i></p> <ul style="list-style-type: none"> <li>• Readmissions</li> <li>• Complications</li> <li>• Hospital Return Days</li> </ul>	<p><b>Chest Pain/AMI</b></p> <ul style="list-style-type: none"> <li>• Aspirin at Arrival</li> <li>• Median Time to ECG</li> </ul> <p><b>ED Throughput</b></p> <ul style="list-style-type: none"> <li>• Door to Diagnostic Evaluation by a Qualified Medical Professional</li> </ul>

This list of additional measures is not meant to be exhaustive. Flex programs can propose to work on other quality improvement topics within the four MBQIP domains.

## D: Reporting Channels for MBQIP Core Measures

### Reporting Channels for Core MBQIP Measures



\*National Healthcare Safety Network †Emergency Department Transfer Communication



Rural Quality Improvement Technical Assistance

