2026 Oregon Rural Health Conference Presentation Slides

MBQIP THINK TANK

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Today’s Roadmap

Why MBQIP needs a Think Tank

Strategic interpretation lens

Quick signals + deep dives

FMT Interpretation Checklist

Think Tank activity

Practical steps

What This Session Is

A strategic, high-engagement session focused on:

- Interpreting MBQIP measures through a real-world lens
- Seeing signals, variation, and reliability
- Collaborative exploration + practical action

What This Session Is Not

- Not a measure-by-measure review
- Not a reporting tutorial
- Not a passive lecture
- Not a compliance checklist

Why MBQIP Needs a Think Tank

- Variation across facilities
- Reliability challenges
- Signals often buried in single-point reporting
- Leaders need confidence interpreting trends
- Improvement opportunities often hidden in the “why,” not the “what”

The Strategic Interpretation Lens

Signal → Variation → Reliability → Action

This is how we move beyond reporting and into improvement.

Why Single-Point Reporting Misleads

Single points hide:

*Variation

*Reliability

*System behavior

Trends tell the real story

Quick MBQIP Signals



EDTC: Variation between weekday vs weekend discharges



HCAHPS: Quietness — variation in nighttime environmental noise



HCP/IMM-3: Variation in staff vaccination participation



OP-18: Delays in specific provider arrival



OP-22: Variation during peak wait times

Deep Dive #1: EDTC

- **What EDTC is really about:** Safe, timely, coordinated transitions.
- **What leaders often miss:** Most variation is process-driven, not patient-driven.

Signals that matter:

- Delays in sending summaries
- Documentation differences by provider
- Communication reliability gaps

Deep Dive #1: EDTC

What variation means: Reliability gaps in workflow, staffing, or communication.

Actions that move the needle:

- Standardized discharge packet
- Real-time verification
- Clear handoff roles
- Telligen best practices

Deep Dive #2: HCAHPS (Quietness or Discharge Planning)

- **What the measure is really about:** Patient perception of reliability.
- **What leaders often miss:** These domains reflect system behavior, not individual performance.

Signals that matter:

- Variation in discharge planning clarity between providers
- Differences in quietness between early-morning and late-night rounding
- Environmental reliability during shift transitions

Deep Dive #2: HCAHPS (Quietness or Discharge Planning)

What variation means: Inconsistent system behaviors that patients experience differently depending on shift, unit, or workflow.

Actions that move the needle:

- Quiet hours
- Standardized discharge scripts
- Environmental rounding
- Telligen best practices

FMT Interpretation Checklist

1. Find the signal

- Look at the trend line. What stands out?
- A dip
- A rise
- A flat line
- A jump
- A seasonal pattern

2. Look for variation

- Where does the measure behave differently?
- By quarter
- By shift
- By provider
- By unit
- By patient type

FMT Interpretation Checklist

3. Identify reliability gaps

- Where is the process not consistent?
- Documentation
- Workflow
- Handoff
- Environment
- Staffing patterns

4. Spot opportunity signals

- Where could improvement make the biggest difference?
- A recurring dip
- A persistent low domain
- A gap between expected and actual
- A pattern that matches your lived experience

FMT Interpretation Checklist

5. Choose 1–2 practical actions

- Small, doable, team-level actions that improve reliability.



Think Tank: Putting the Lens Into Action

Think Tank Sharing Activity
Individual Interpretation

Using your FMT report, choose **one MBQIP measure** and identify:

- **Signal:** What stands out in the trend?
- **Variation:** Where does the measure behave differently?
- **Reliability Gap:** Where is the process inconsistent?
- **Action:** One practical step your team could take.

Think Tank Sharing Activity
Peer Exchange

In groups of 3–4, share your:

- Signal
- Variation
- Reliability gap
- Action

Think Tank Sharing Activity
Group Question

What patterns do we see across our hospitals?

Shared signals → shared opportunities → shared solutions.

Group Debrief

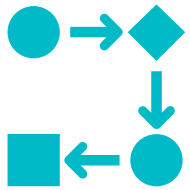
What we saw

What surprised us

What actions emerged

What patterns were consistent across facilities

Bringing It Together



Strategic interpretation changes improvement.



Reliability thinking changes conversations.



Collaborative exploration strengthens performance.

Practical Steps To Take With You

- Run your own MBQIP mini-think tank
- Utilize patient feedback in QI projects
- When a variance occurs, consider the need for a QI project
- Look for patterns across shifts, providers, or units
- Choose one small action each month to strengthen reliability



You have the tools

You have the lens

Your teams have the answers

This is how rural hospitals strengthen reliability — together


Questions



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