StratisHealth

Rural Quality Improvement Technical Assistance

MBQIP Measures Fact Sheets

October 2021

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How to Use MBQIP Measure Fact Sheets

These Measure Fact Sheets provide an overview of the data collection and reporting processes for current Medicare Beneficiary Quality Improvement Project (MBQIP) Core Measures and MBQIP Additional Measures with federally established means of data collection and reporting.

The intended audience for the MBQIP Measures Fact Sheets is critical access hospital personnel involved with quality improvement and/or reporting and state Flex Program personnel.

Additional detail on MBQIP and Quality Data Reporting can be found at https://www.ruralcenter.org/tasc/mbqip.

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OP-2 Fibrinolytic Therapy Received Within 30 Minutes	
MBQIP Domain	Outpatient
Measure Set	AMI
Measure Description	Emergency Department acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less.
Importance/Significance	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 STEMI.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	Hospital Quality Reporting (HQR) via Outpatient CART/Vendor
Data Available On	Care Compare MPQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients seen in a Hospital Emergency Department for whom all of the following are true: • Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility • A patient age ≥ 18 years • An ICD-10-CM Principal Diagnosis Code for AMI An ICD-10-CM Principal Diagnosis Code for AMI as defined in Appendix A, OP Table1.1, of the CMS Hospital OQR Specifications Manual.
Sample Size Requirements	**Quarterly** 0-80 - submit all cases If you have more than 80 cases, see the specifications manual. **Monthly** Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
Data Collection Approach	Chart Abstracted
Data Elements	Arrival Time Birthdate Discharge Code E/M Code Fibrinolytic Administration Fibrinolytic Administration Date Fibrinolytic Administration Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Reason for Delay in Fibrinolytic Therapy
Encounter Periods	Q1 (January 1 - March 31) Q2 (April 1 - June 30) Q3 (July 1 - September 30) Q4 (October 1 – December 31)
Submission Deadlines	See MBQIP Data Submission Deadlines
Other Notes	Do not include direct admission from your ED to your acute care inpatient.

OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention	
MBQIP Domain	Outpatient
Measure Set	AMI
Measure Description	Median time from emergency department arrival to time of transfer to another facility for acute coronary intervention.
Importance/Significance	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.
Improvement Noted As	Decrease in median value (time)
Data Reported To	Hospital Quality Reporting (HQR) via Outpatient CART/Vendor
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients seen in a Hospital Emergency Department for whom all of the following are true: • Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility • A patient age ≥ 18 years • An ICD-10-CM Principal Diagnosis Code for AMI as defined in Appendix A, OP Table1.1, of the CMS Hospital OQR Specifications Manual.
Sample Size Requirements	**Quarterly** 0-80 - submit all cases If you have more than 80 cases, see the specifications manual. **Monthly** Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.
Data Collection Approach	Chart Abstracted
Data Elements	Arrival Time Birthdate Discharge Code ED Departure Date ED Departure Time E/M Code Fibrinolytic Administration ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Reason for Not Administering Fibrinolytic Therapy Transfer for Acute Coronary Intervention
Encounter Period - Submission Deadline	Q1 (January 1 - March 31) Q2 (April 1 - June 30) Q3 (July 1 - September 30) Q4 (October 1 – December 31)
Submission Deadlines	See MBQIP Data Submission Deadlines
Other Notes	Do not include direct admission from your ED to your acute care inpatient.

OP-18

Median Time from ED Arrival to ED Departure for Discharged ED Patients	
MBQIP Domain	Outpatient
Measure Set	ED Throughput
Measure Description	Median time from Emergency Department (ED) arrival to time of departure from the emergency room for patients discharged from the ED.
Importance/Significance	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.
Improvement Noted As	Decrease in median value (time)
Data Reported To	Hospital Quality Reporting (HQR) via Outpatient CART/Vendor
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients seen in a Hospital Emergency Department that have an E/M code in Appendix A, OP Table 1.0 of the CMS Hospital OQR Specifications Manual.
Sample Size Requirements	**Quarterly** 0-900 - Submit 63 cases > 900 - Submit 96 cases **Monthly** Note: Monthly sample size requirements for this measure are based on the quarterly patient population. 0-900 - submit 21 cases > 900 - submit 32 cases
Data Collection Approach	Chart Abstracted
Data Elements	Arrival Time Discharge Code E/M Code ED Departure Date ED Departure Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date
Encounter Period - Submission Deadline	Q1 (January 1 - March 31) Q2 (April 1 - June 30) Q3 (July 1 - September 30) Q4 (October 1 – December 31)
Submission Deadlines	See MBQIP Data Submission Deadlines
Other Notes	Do not include direct admission from your ED to your acute care inpatient.

OP-22 Patient Left Without Being Seen	
MBQIP Domain	Outpatient
Measure Set	ED Throughput
Measure Description	Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advanced practice nurse/physician's assistant (physician/APN/PA.
Importance/Significance	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.
Improvement Noted As	Decrease in the rate (percent)
Data Reported To	Hospital Quality Reporting (HQR) via Online Tool
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	NA -This measure uses administrative data and not claims data to determine the measure's denominator population.
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	Numerator: What was the total number of patients who left without being evaluated by a physician/APN/PA? Denominator: What was the total number of patients who presented to the ED?
Encounter Period	Calendar Year (January 1 – December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	Definition of patients who present to the ED: Patients who presented to the ED are those that signed in to be evaluated for emergency services. Definition of provider includes: • Residents/interns • Institutionally credentialed provider • APN/APRNs

HCP Influenza Vaccination Coverage Among Health Care Personnel (Single Rate for Inpatient and Outpatient Settings)	
MBQIP Domain	Patient Safety/Inpatient
Measure Set	Web-Based (Preventive Care)
Measure Description	Percentage of health care workers given influenza vaccination.
Importance/Significance	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.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Care Compare (*Note*: Listed as IMM-3 in CMS data sets) MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	NA - This measure uses administrative data and not claims to determine the measure's denominator population.
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	Three categories (all with separate denominators) of HCP working in the facility at least one day b/w 10/1-3/31: • Employees on payroll • Licensed independent practitioners • Students, trainees, and volunteers 18yo+ A fourth optional category is available for reporting other contract personnel HCP workers who: • Received vaccination at the facility • Received vaccination outside of the facility • Did not receive vaccination due to contraindication • Did not receive vaccination due to declination
Encounter Period	Q4 – Q1 (October 1 – March 31) – Aligns with the flu season
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	Each facility in a system needs to be registered separately and HCPs should be counted in the sample population for every facility at which s/he works. Facilities must complete a monthly reporting plan for each year or data reporting period. All data reporting is aggregate (whether monthly, once a season, or at a different interval).

Antibiotic Stewardship Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Annual Survey	
MBQIP Domain	Patient Safety/Inpatient
Measure Set	NA
Measure Description	Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Annual Survey
Importance/Significance	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 hospital 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, 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.
Improvement Noted As	Increase in number of core elements met
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	MBQIP Data Reports (TBD)
Measure Population ***(Determines the cases to abstract/submit)***	NA - This measure uses administrative data and not claims to determine the measure's denominator population.
Sample Size Requirements	No sampling – report all information as requested
Data Collection Approach	Hospital tracking
Data Elements	Questions as answered on the Patient Safety Component Annual Hospital Survey (https://www.cdc.gov/nhsn/forms/57.103_pshospsurv_blank.pdf) inform whether the hospitals has successfully implemented the following core elements of antibiotic stewardship: • Leadership • Accountability • Drug Expertise • Action • Tracking • Reporting • Education
Encounter Period	Calendar Year (January 1 – December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

Emergency Department Transfer Communication (EDTC) All or None Composite Calculation	
MBQIP Domain	Care Transitions
Measure Set	EDTC
Measure Description	Percentage of patients who are transferred from an ED to another health care facility that have all necessary communication made available to the receiving facility in a timely manner.
Importance/Significance	Timely, accurate, and direct communication facilitates the handoff to the receiving facility, provides continuity of care, and avoids medical errors and redundant tests.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	State Flex Office
Data Available On	MBQIP Data Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients admitted to the emergency department and transferred from the emergency department to another health care facility (e.g., other hospital, nursing home, hospice, etc.)
Sample Size Requirements	**Quarterly** 0-44 - submit all cases > 45 - submit 45 cases **Monthly** 0-15 - submit all cases > 15 - submit 15 cases
Data Collection Approach	Chart Abstracted, composite of EDTC data elements 1-8
Data Elements	Home Medications Allergies and/or Reactions Medications Administered in ED ED Provider Note Mental Status/Orientation Assessment Reason for Transfer and/or Plan of Care Tests and/or Procedures Performed Tests and/or Procedure Results
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	This measure is a composite of all 8 data elements and can be used as an overall evaluation of performance on this measure set.

HCAHPS Composite 1 Communication with Nurses	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that their nurses “Always” communicated well.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Questions: During this hospital stay, how often did nurses treat you with courtesy and respect? During this hospital stay, how often did nurses listen carefully to you? During this hospital stay, how often did nurses explain things in a way you could understand?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Composite 2 Communication with Doctors	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that their doctors “Always” communicated well.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Questions: During this hospital stay, how often did doctors treat you with courtesy and respect? During this hospital stay, how often did doctors listen carefully to you? During this hospital stay, how often did doctors explain things in a way you could understand?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Composite 3 Responsiveness of Hospital Staff	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that they "Always" received help as soon as they wanted.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Questions: During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Composite 5 Communications About Medicines	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that staff “Always” explained about medicines before giving them.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Questions: Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Question 8 Cleanliness of Hospital Environment	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that their room and bathroom were “Always” clean.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Question: During this hospital stay, how often were your room and bathroom kept clean?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Question 9 Quietness of Hospital Environment	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that the area around their room was “Always” quiet at night.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Question: During this hospital stay, how often was the area around your room quiet at night?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Composite 6 Discharge Information	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that "Yes" they were given information about what to do during their recovery at home.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Questions: During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Composite 7 Care Transitions	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who “Strongly Agree” they understood their care when they left the hospital.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Questions: During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. When I left the hospital, I clearly understood the purpose for taking each of my medications.
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Question 21 Overall Rating of Hospital	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Question: Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HCAHPS Question 22 Willingness to Recommend	
MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported “Yes” they would definitely recommend the hospital.
Importance/Significance	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.
Improvement Noted As	Increase in percent always
Data Reported To	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients discharged from the hospital following at least one overnight stay sometime between 48 hours and 6 weeks ago who are over the age of 18 and did not have a psychiatric principal diagnosis at discharge.
Sample Size Requirements	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
Data Collection Approach	Survey (typically conducted by a certified vendor)
Data Elements	Question: Would you recommend this hospital to your friends and family?
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
Submission Deadline	See MBQIP Data Submission Deadlines
Other Notes	--

HoPC-01 Elective Delivery	
MBQIP Domain	Patient Safety/Inpatient, Additional measure
Measure Set	Pregnancy and Delivery Care/Perinatal Care
Measure Description	Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed
Importance/Significance	The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative. Almost 1/3 of all babies born in the Unites States are electively delivered with five percent delivered in a manner violating ACOG/AAP guidelines. Most are for convenience and result in significant short-term neonatal morbidity. Compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay.
Improvement Noted As	Decrease in the rate
Data Reported To	Hospital Quality Reporting (HQR) via an Online Tool
Data Available On	Care Compare Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Patients admitted to the hospital for inpatient acute care are included in the PC Mother Initial sampling group if they have: ICD-10-PCS Principal or Other Procedure Codes as defined in Appendix A, Table 11.01.1 in the Specifications Manual for Joint Commission National Quality Measures a Patient Age >= 8 years and < 65 a Length of Stay (Discharge Date - Admission Date) ≤ 120 days.
Sample Size Requirements	**Quarterly** < 75 - 100% of initial pt. pop 75-375 - report 75 cases 376-1499 - 20% of initial pt. pop > 1499 - report 301 cases **Monthly** < 25 - 100% of initial pt. pop 25-125 - report 25 cases 126-500 - 20% of initial pt. pop > 500 - report 101 cases
Data Collection Approach	Hospital tracking
Data Elements	Admission Date Birthdate Discharge Date Gestational Age ICD-10-CM Other Diagnosis Codes ICD-10-CM Principal Diagnosis Code ICD-10-PCS Other Procedure Codes ICD-10-PCS Principal Procedure Code Labor Prior Uterine Surgery
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
Other Notes	Inpatient Web-Based Measure

CLABSI	
MBQIP Domain	Patient Safety/Inpatient, Additional Measure
Measure Set	Healthcare Acquired Infections (HAI)
Measure Description	Central line-associated bloodstream infection (CLABSI)
Importance/Significance	An estimated 30,100 central line-associated bloodstream infections (CLABSI) occur in intensive care units and wards of U.S. acute care facilities each year. These infections are usually serious infections typically causing a prolongation of hospital stay and increased cost and risk of mortality. CLABSI can be prevented through proper insertion techniques and management of the central line.
Improvement Noted As	Decrease in the ratio
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Care Compare Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Denominator: Device days and patient days - collection method may differ depending on location of patient being monitored. Numerator: Reported using the Primary Bloodstream Infection (BSI) form (CDC 57.108)
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	Data elements include patient demographics, risk factors, event details, and organism(s) present. For details, see the 57.108 Primary Bloodstream Infection (BSI) Form and related table of instructions on the Surveillance for Central Line – associated Bloodstream Infections webpage: http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

CAUTI	
MBQIP Domain	Patient Safety/Inpatient, Additional Measure
Measure Set	Healthcare Acquired Infections (HAI)
Measure Description	Catheter-associated urinary tract infection (CAUTI)
Importance/Significance	Complications associated with CAUTI cause discomfort to the patient, prolonged hospital stay, and increased cost and mortality. It has been estimated that each year more than 13,000 deaths are associated with UTIs. Virtually all healthcare-associated UTIs are caused by instrumentation of the urinary tract.
Improvement Noted As	Decrease in the ratio
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Care Compare Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Denominator: Device days and patient days - collection method may differ depending on location of patient being monitored. Numerator: Reported using the Urinary Tract Infection (UTI) form (CDC 57.114)
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	Data elements include patient demographics, risk factors, event details, and organism(s) present. For details, see the http://www.cdc.gov/nhsn/forms/57.114_uti_blank.pdf and related table of instructions on the Surveillance for Urinary Tract Infections webpage: http://www.cdc.gov/nhsn/acute-care-hospital/cauti/index.html
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

CDI	
MBQIP Domain	Patient Safety/Inpatient, Additional Measure
Measure Set	Healthcare Acquired Infections (HAI)
Measure Description	*Clostridioides difficile* – Laboratory identified events (Intestinal infections)
Importance/Significance	*Clostridioides difficile* is responsible for a spectrum of *C. diff* infections (CDIs), which can, in some instances, lead to sepsis and even death.
Improvement Noted As	Decrease in the ratio
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Care Compare Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Denominator: Reported using the MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form (CDC 57.127) Numerator: Reported using the Laboratory-identified MDRO or CDI Event form (CDC 57.128)
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	Data elements include patient demographics and event details. For details see the http://www.cdc.gov/nhsn/forms/57.128_labidevent_blank.pdf and related table of instructions on the Surveillance for C. difficile, MRSA and other Drug-resistant Infections webpage: http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

MRSA	
MBQIP Domain	Patient Safety/Inpatient, Additional Measure
Measure Set	Healthcare Acquired Infections (HAI)
Measure Description	Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified events (Bloodstream infections)
Importance/Significance	A primary reason for concern about MRSA is that options for treating patients are often extremely limited, and such infections are associated with increased lengths of stay, costs, and mortality.
Improvement Noted As	Decrease in the ratio
Data Reported To	National Healthcare Safety Network (NHSN) Website
Data Available On	Care Compare Flex Monitoring Team Reports
Measure Population ***(Determines the cases to abstract/submit)***	Denominator: Reported using the MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form (CDC 57.127) Numerator: Reported using the Laboratory-identified MDRO or CDI Event form (CDC 57.128)
Sample Size Requirements	No sampling - report all cases
Data Collection Approach	Hospital tracking
Data Elements	Data elements include patient demographics and event details. For details see the http://www.cdc.gov/nhsn/forms/57.128_labidevent_blank.pdf and related table of instructions on the Surveillance for C. difficile, MRSA and other Drug-resistant Infections webpage: http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html
Encounter Period	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

References

CMS Hospital Outpatient Quality Reporting (OQR) Specification Manual:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244

CMS Inpatient Specification Manual:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099

Emergency Department Transfer Communication Measure Data Collection Guide and Resources:
http://www.stratishealth.org/providers/ED_Transfer.html

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):
http://www.hcahpsonline.org

National Healthcare Safety Network - Healthcare Personnel Vaccination:
https://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html

National Healthcare Safety Network – Healthcare Acquired Infections:
http://www.cdc.gov/nhsn/acute-care-hospital/index.html