



*Critical Access Hospital*  
**QUALITY REPORTING GUIDE**



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**CRITICAL ACCESS HOSPITAL QUALITY REPORTING PROGRAM SUMMARY**

Quality Reporting Program	Persons Accountable	Required, Voluntary or Strongly Encouraged*	Data Steward	Data Collection System	Frequency of Reporting	Notes
Missouri Quality Transparency Measures		Strongly Encouraged	Hospital Industry Data Institute	HIDI, NHSN	Quarterly	
Missouri Health Care-Associated Infection Reporting System (MHIRS)		Required	Missouri Department of Health and Senior Services	MHIRS Website Application	Monthly	
Medicare Beneficiary Quality Improvement Project (MBQIP)		Strongly Encouraged	Health Resources and Services Administration	CART Tool and/or Core Measure Vendor, HCAHPS Vendor, NHSN, Excel	Quarterly	
Hospital Engagement Network 2.0		Strongly Encouraged	The Centers for Medicare & Medicaid Services/ American Hospital Association/Health Research Education and Trust	HIDI Quality Collections, NHSN	Monthly	
The Joint Commission National Quality Core Measures		Required if Accredited by TJC	TJC	QualityNet, Vendor, NHSN	Quarterly	
Electronically-Specified Clinical Quality Measures (eCQMs) Program		Required for Meaningful Use	CMS	QualityNet, Vendor	Quarterly	
Physician Quality Reporting System (PQRS)		Required if use Method II billing	CMS	Qualified PQRS Registry, Medicare Part B Claims, Qualified Clinical Data Registry, Data Submission vendor	Annual	

\*Required, voluntary or strongly encouraged based on facility's services and licensures. Please research your hospital's eligibility for each listed quality reporting program.

## INTRODUCTION

The Missouri Hospital Association's Critical Access Hospitals Quality Reporting Guide is intended to provide support to CAHs when reporting hospital quality measures through the various reporting programs. Quality measure reporting is a priority for several reasons. By measuring the success of quality initiatives, we can better ensure patients in Missouri communities are receiving the quality health care they deserve. Moreover, the Centers for Medicare & Medicaid Services and other health care partners use quality measures in their various quality initiatives that include quality improvement, pay-for-reporting and public reporting; therefore, proper quality reporting can affect a hospital's financial stability.

This guide will be updated at least twice a year to represent measure changes and updates. Please be sure to use direct sources of information for detailed and up to date program and measure specifics. Direct links to helpful websites and resources are located in Appendix B.

## REGULATORY PROGRAM SUMMARY

- Hospital Inpatient Quality Reporting Program (HIQRP) — Equips consumers with hospital inpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes inpatient measures collected and submitted by acute care hospitals paid under prospective payment system and claims-based inpatient measures calculated by CMS. Failure to submit data results in a 2 percent annual marketbasket reduction for hospitals paid under inpatient PPS.
- Hospital Outpatient Quality Reporting Program (HOQRP) — Equips consumers with hospital outpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes outpatient measures collected and submitted by acute care hospitals paid under PPS and claims-based outpatient measures calculated by CMS. Failure to meet data submission requirements results in a 2 percent reduction in a provider's annual payment update under the outpatient PPS.
- Hospital Compare (HC) — Publicly accessible website where quality measure scores for hospitals are available for consumers to compare providers for the purpose of making informed health care purchase decisions.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) — Survey program that collects patients' evaluations of health care experiences for the purposes of comparison, value-based purchasing and consumer education for health care decisions.
- Hospital Value-Based Purchasing (VBP) — Effort to improve health care quality by linking Medicare's payment system to the HIQRP.
- Hospital Readmission Reduction Program (HRRP) — Reduction in payments to applicable hospitals for excess readmissions.
- Hospital-Acquired Conditions (Present on Admission Indicator) Program (HAC) — Program under which hospitals do not receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present.
- HAC Reduction Program — Reduction in payments to applicable hospitals in worst quartile of risk-adjusted HAC quality measures.
- Medicare Beneficiary Quality Improvement Project (MBQIP) — Flex grant program to encourage CAHs to report quality measures with the goal of improving patient quality and experience of care.
- Physician Quality Reporting System (PQRS) — Reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals. Program of initial payment incentives and future payment penalties for physician practices to submit quality data.
- The Missouri Health Care-Associated Infection Reporting System (MHIRS) — Missouri Department of Health & Senior Services program that requires Missouri hospitals to report health care-associated infections.

## KEY TERMS

- Federal Fiscal Year (FFY) describes the Medicare fiscal year time period. This represents Oct. 1 through Sept. 30 of the given year. Example: FFY 2016 occurs between Oct. 1, 2015 and Sept. 30, 2016.
- Calendar Year (CY) describes a typical calendar year. Example: CY 2016 represents Jan. 1, 2016 through Dec. 31, 2016.
- Payment Year (PY) describes the year that a payment or reimbursement is received.
- Meaningful Use (MU) refers to the use of certified electronic health record technology, with the goal to improve quality and efficiency of patient care.
- Electronically-Specified Clinical Quality Measures (eCQMs) refer to measures that are electronically submitted via the entity's certified electronic health record, with the goal to improve quality and efficiency of patient care.
- Prospective Payment System (PPS) is a payment method where Medicare reimbursement is allocated based on a fixed amount.

*Other key terms and acronyms are defined in the applicable text.*

## MISSOURI QUALITY TRANSPARENCY MEASURES

### AFFECTS: MISSOURI CRITICAL ACCESS HOSPITALS

#### PROGRAM OVERVIEW

The Missouri Quality Transparency Measure Initiative was launched in February 2015. The goal is to communicate the quality outcomes of both individual hospitals and Missouri hospitals as an aggregate. Throughout 2015, state-aggregate quality outcomes were publicly reported on [www.focusonhospitals.com](http://www.focusonhospitals.com). Concurrently, hospitals can access their facility or system-level data through Analytic Advantage® PLUS. By sharing this information, MHA's goal is to decrease variation among hospitals and identify best practices throughout the state. Beginning in February 2016, hospitals voluntarily report their facility-specific quality measure data on [www.focusonhospitals.com](http://www.focusonhospitals.com). If a hospital chooses to participate, its quarterly hospital-specific measure data will be displayed.

#### MEASURES

The following Missouri quality transparency measures were selected using a standardized review that assessed each measure for criteria such as financial implications, regulatory effects and state-aggregate current performance. All measures follow national definitions and their conventional reporting rates.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
Managing Chronic Diseases					
PQI 01	AHRQ	Management of Diabetes – Short-term complications admission rate	Admissions for principal diagnosis with short-term complications per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma)	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 03	AHRQ	Management of Diabetes – Long-term complications admission rate	Admissions for principal diagnosis with long-term complications per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for diabetes long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified)	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 14	AHRQ	Management of Diabetes – Uncontrolled diabetes admission rate	Admissions for principal diagnosis without mention of short-term or long-term complications per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for uncontrolled diabetes without mention of a short-term or long-term complication	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
PQI 05	AHRQ	Management of Chronic Obstructive Pulmonary Disease	Admissions with a principal diagnosis of COPD or asthma per 100,000 population, ages 40 and older.	Discharges, for patients ages 40 and older, with either <ul style="list-style-type: none"> <li>a principal ICD-9-CM diagnosis code for COPD (excluding acute bronchitis); or</li> <li>a principal ICD-9-CM diagnosis code for asthma; or</li> <li>a principal ICD-9-CM diagnosis code for acute bronchitis and any secondary ICD-9-CM diagnosis codes for COPD (excluding acute bronchitis)</li> </ul>	Population ages 40 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 07	AHRQ	Management of Hypertension	Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for hypertension	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 08	AHRQ	Management of Congestive Heart Failure	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for heart failure	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
Preventing Infections					
	NHSN	Catheter-Associated Urinary Tract Infections – Hospital-Acquired	Patients who have a hospital-acquired CAUTI – reported as a standardized infection ratio (SIR)	Number of observed infections	Number of predicted infections
	NHSN	CLABSI	Central venous catheter-related bloodstream infections – reported as a standardized infection ratio (SIR)	Number of observed infections	Number of predicted infections
	NHSN	SSI – Colon Surgery	Surgical site infections in patients who had colon surgery as primary or any secondary procedure – reported as a standardized infection ratio (SIR)	Number of observed infections	Number of predicted infections



IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
	NHSN	SSI – Abdominal Hysterectomy	Surgical site infections in patients who had abdominal hysterectomy as primary or any secondary procedure – reported as a standardized infection ratio (SIR)	Number of observed infections	Number of predicted infections
PSI 13	AHRQ	Postoperative Sepsis Rate	Postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 and older	Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code for sepsis in any secondary diagnosis field	All elective surgical discharges ages 18 and older defined by specific DRGs or MS-DRGs and an ICD-9-CM code for an operating room procedure
	NHSN	C. Difficile	SIR for patients who had C. Difficile	Number of observed infections	Number of predicted infections
	NHSN	Methicillin-Resistant Staphylococcus Aureus	SIR for patients who had C. Difficile	Number of observed infections	Number of predicted infections
Preventing Harm					
HAC 5	CMS	Injuries from Falls and Trauma	Injuries from falls and trauma rate per 1,000 discharges	Patients with hospital-acquired occurrences of fracture, dislocation, intracranial injury, crushing injury, burn and other injury codes within range	All inpatient discharges
PSI 12	AHRQ	Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 and older	Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 and older	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-9-CM diagnosis code for deep vein thrombosis or a secondary ICD-9-CM diagnosis code for pulmonary embolism	Surgical discharges, for patients ages 18 and older, with any listed ICD-9-CM procedure codes for an operating room procedure. Surgical discharges are defined by specific DRG or MS-DRG codes.
PSI 2	AHRQ	In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) DRGs among patients ages 18 and older or obstetric patients	In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) DRGs among patients ages 18 and older or obstetric patients	Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator	Discharges, for patients ages 18 and older or MDC 14 (pregnancy, childbirth, and puerperium), with a low-mortality (less than 0.5%) DRG or MS-DRG code. If a DRG or MS-DRG is divided into “without/with complications,” both codes with or without complications must have mortality rates below 0.5% to qualify for inclusion.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
PSI 3	AHRQ	Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 and older	Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 and older	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable)	Surgical and medical discharges, for patients ages 18 and older. Surgical and medical discharges are defined by specific DRG or MS-DRG codes.
Managing Readmissions					
EOM-READ-75	CMS	Readmissions – Hospitalwide	Adult inpatients who were readmitted within 30 days for any reason to a Missouri and/or St. Louis metropolitan area hospital (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan hospital within 30 days of date of discharge	Total adult inpatient acute discharges
EOM-READ-77	CMS	Readmissions – Congestive Heart Failure	Adult inpatients who were readmitted following hospitalization for CHF to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute CHF discharges
EOM-READ-76	CMS	Readmissions – Acute Myocardial Infarction	Adult inpatients who were readmitted following hospitalization for AMI to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute AMI discharges
EOM-READ-78	CMS	Readmissions – Pneumonia	Adult inpatients who were readmitted following hospitalization for PN to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute PN discharges

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
READM-30-COPD	CMS	Readmissions – Chronic Obstructive Pulmonary Disease	Adult inpatients who were readmitted following hospitalization for COPD to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute COPD discharges
READM-30-HIP-KNEE	CMS	Readmissions – Hip/Knee Replacement	Adult inpatients who were readmitted following hospitalization for hip/knee replacement to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute hip/knee replacement discharges

## MISSOURI HEALTH CARE-ASSOCIATED INFECTION REPORTING SYSTEM (MHIRS)

### AFFECTS: ALL HOSPITALS

### PROGRAM OVERVIEW

The Missouri Health Care-Associated Infection Reporting System has been developed to provide information to health care providers on the Missouri Department of Health & Senior Services reporting requirements for health care-associated infections. With the passage of the Missouri Nosocomial Infection Control Act of 2004, hospitals are required to report health care-associated infections to DHSS.

### MHIRS: PAYMENT PENALTIES

Any hospital that fails to comply with reporting requirements may have their license suspended or revoked and may have all or a portion of their state payments suspended.

### MEASURES

MEASURE	CAH
Central Line-Associated Bloodstream Infection	Select ICUs
Surgical Site Infection	Hips, abdominal hysterectomy

## MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

### AFFECTS: PARTICIPATING CAHs

### PROGRAM OVERVIEW

The Federal Office of Rural Health Policy created the Medicare Beneficiary Quality Improvement Project with the goal of improving the quality of care delivered at CAHs. This voluntary project focuses on quality measures and encourages CAHs to engage in improvement projects to benefit the patients in their communities. Data is aggregated and shared as state and national benchmarks. Hospitals also receive their own data, which is submitted for public reporting on Hospital Compare.

### MEASURES

In addition to the below core improvement initiatives, there are additional improvement initiatives that grantees may select to work on with any cohort of CAHs based on need and relevance.

MEASURE ID	MEASURE NAME
Core Improvement Activities	
Patient Safety	
HCP/OP-27	Influenza vaccination coverage among health care personnel (facilities report single rate for IP & OP)
IMM-2	Influenza immunization
Hospital Consumer Assessment of Health Care Providers and Systems	
H-COMP-2-P	Communication with doctors
H-COMP-1-P	Communication with nurses
H-COMP-3-P	Responsiveness of hospital staff
H-COMP-4-P	Pain management
H-COMP-5-P	Communication about medicines
H-COMP-6-P	Discharge information
H-CLEAN-HSPP	Cleanliness of the hospital environment
H-QUIET-HSPP	Quietness of the hospital environment
3-ITEM	Transition of care
Emergency Department Transfer Communication (EDTC)	
EDTC-1	Administrative communication (2 data elements)
EDTC-2	Patient information (6 data elements)
EDTC-3	Vital signs (6 data elements)
EDTC-4	Medication information (3 data elements)
EDTC-5	Physician- or practitioner-generated information (2 data elements)

MEASURE ID	MEASURE NAME
EDTC-6	Nurse-generated information (6 data elements)
EDTC-7	Procedures and tests (2 data elements)
ALL EDTC	A composite of all the seven EDTC measures (27 data elements)
Outpatient	
OP-1	Median time to Fibrinolysis
OP-2	Fibrinolytic therapy received within 30 minutes
OP-3	Median time to transfer to another facility for acute coronary intervention
OP-4	Aspirin at arrival
OP-5	Median time to the ECG
OP-18	Median time from ED arrival to ED departure for discharged patients
OP-20	Door to diagnostic evaluation by a qualified medical professional
OP-21	Median time to pain management for long bone fracture
OP-22	Patient left without being seen

## HOSPITAL ENGAGEMENT NETWORK (HEN) 2.0

### AFFECTS: PARTICIPATING MISSOURI HEN 2.0 HOSPITALS

#### PROGRAM OVERVIEW

Established in 2011, the HEN is a Partnership for Patients (PfP) Campaign aimed at reducing hospital-acquired conditions by 40 percent and preventable readmissions by 20 percent. HEN 2.0 has a project timeline of September 2015 to September 2016.

#### FINAL IMPLICATIONS

None.

#### MEASURES

Refer to the following measures in the resource created by the [American Hospital Association and Health Research & Educational Trust](#).

- Catheter-associated urinary tract infection
- Central line-associated blood stream infection
- Falls with injury
- Early elective delivery
- OB harm

- Pressure ulcer
- Surgical site infection
- Ventilator-associated conditions
- Post-operative pulmonary embolism or deep vein thrombosis rate
- Adverse drug events
- All-cause readmissions

## THE JOINT COMMISSION NATIONAL QUALITY CORE MEASURES

### AFFECTS: THE JOINT COMMISSION ACCREDITED HOSPITALS

#### PROGRAM OVERVIEW

Beginning July 1, 2002, hospitals accredited by TJC began collecting quality data related to core measurement areas. In November 2003, CMS and TJC [worked together](#) to align those common measures so that they were identical. The result was the creation of one common set of measure specifications known as the *Specifications Manual for National Hospital Inpatient Quality Measures*, to be used by both organizations.

#### MEASURES

[Click to view TJC's measure sets](#), effective Jan. 1, 2017.

## PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

### AFFECTS: ELIGIBLE PROFESSIONALS AND PRACTICES

#### PROGRAM OVERVIEW

The Physician Quality Reporting System is a program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals. The program provides an incentive payment to practices with individual EPs or group practices, who satisfactorily report data on quality measures for covered physician fee schedule services furnished to Medicare Part B fee-for-service beneficiaries. CAHs that use Method II billing for physicians services are eligible to report PQRS.

#### PQRS: PAYMENT PENALTIES

Individual EPs and group practices who do not satisfactorily report in the 2015 PQRS program year will be subject to a payment adjustment in 2016.

Note: PQRS is formerly known as the Physician Quality Reporting Initiative.

## FOR GROUP PRACTICES

A group practice must have registered to report through qualified registry under the Group Practice Reporting Option for 2014 PQRS. The data submission deadline for 2014 PQRS incentive program was Feb. 28, 2015.

### PHYSICIAN QUALITY REPORTING SYSTEM MEASURE GROUPS

MEASURE GROUP	MEASURE COUNT
Diabetes	5
Chronic Kidney Disease (CKD)	4
Preventive Care	9
Coronary Artery Bypass Graft (CABG)	10
Rheumatoid Arthritis (RA)	6
Perioperative Care	4
Back Pain	4
Hepatitis C	4
Heart Failure (HF)	4
Coronary Artery Disease (CAD)	4
Ischemic Vascular Disease (IVD)	4
HIV/AIDS	7
Asthma	4
Chronic Obstructive Pulmonary Disease (COPD)	5
Inflammatory Bowel Disease (IBD)	8
Sleep Apnea	4
Dementia	9
Parkinson's Disease	6
Hypertension (HTN)	8
Cardiovascular Prevention	6
Cataracts	4
Oncology	8
Total Knee Replacement	4
General Surgery	5
Optimizing Patient Exposure to Ionizing Radiation	6

## ELECTRONICALLY-SPECIFIED CLINICAL QUALITY MEASURES (eCQMS) PROGRAM

### AFFECTS: PPS HOSPITALS

Electronic Clinical Quality Measures help hospitals track their progress of the quality of care provided. Beginning in 2014, hospitals will need to report 16 out of the possible 29 measures to demonstrate meaningful use and receive an incentive payment. The measures have been developed for the Medicare EHR Incentive Program. For the FY19 payment determination for the Hospital IQR program, hospitals are required to submit eight electronically specified clinical quality measures for a full calendar year, i.e., four quarters of data by an annual submission deadline.

### MEASURE SETS FOR BOTH MU AND IQR

The eCQM measure sets, applicable for both MU and IQR, are as follows.

*Note: Submission of the following 16 eCQMs can fulfill both the Medicare EHR incentive program clinical quality measures submission requirements and a portion of the IQR program reporting requirements with a single submission.*

#### **Stroke**

- STK-2: Discharged on Antithrombotic Therapy
- STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-5: Antithrombotic Therapy by End of Hospital Day Two
- STK-6: Discharged on Statin Medication
- STK-8: Stroke Education
- STK-10: Assessed for Rehabilitation

#### **Venous Thromboembolism**

- VTE-1: Venous Thromboembolism Prophylaxis
- VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis

#### **Emergency Department**

- ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2: Median Admit Time to ED Departure Time for Admitted Patients

#### **Perinatal Care**

- PC-01: Elective Delivery
- PC-05: Exclusive Breast Milk Feeding

#### **Acute Myocardial Infarction**

- AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival



### **Children's Asthma Care**

- CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver

### **EHDI-1a: Hearing Screening Before Hospital Discharge**

#### **MEASURE SETS QUALIFYING FOR MU ONLY**

The eCQM measure sets applicable for meaningful use only are as follows.

#### **Acute Myocardial Infarction**

- AMI-2: Aspirin Prescribed at Discharge
- AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
- AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival
- AMI-10: Statin Prescribed at Discharge

#### **Pneumonia**

- PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patients

#### **Surgical Care Improvement Project**

- SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
- SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero

#### **Emergency Department**

- ED-3: Median Time From ED Arrival to ED Departure for Discharged ED Patients

### **Children's Asthma Care**

- CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver

### **Healthy Term Newborn**

### **EHDI-1a Hearing Screening Before Hospital Discharge**

## APPENDIX A: HISTORICAL SNAPSHOT OF IQR MEASURES

Quality Measure Reporting and Use — IQR Measures CY05-CY16: <http://www.mhanet.com/mhaimages/sqi/QualityMeasureReportingandUse.xlsx>

## APPENDIX B: WEBSITE RESOURCES

Quality Net (<http://www.qualitynet.org>) is a site developed by CMS to provide health care quality improvement information and resources. It is the only CMS-approved web source for secure health care communications and data exchange between quality improvement organizations, hospitals, physician offices, nursing homes, end-stage renal disease facilities and data vendors. The site includes information on the following programs.

- Hospital Inpatient Quality Reporting System  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>
- Hospital Outpatient Quality Reporting System  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1191255879384>
- Physician Quality Reporting System  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1187820137434>  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/>
- Ambulatory Surgical Center Program  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772497737>
- PPS-Exempt Cancer Hospital Quality Reporting  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864217>
- Inpatient Psychiatric Facility Quality Reporting  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864206>
- Hospital Value-Based Purchasing  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>
- Readmission Reduction Program  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>
- Hospital-Acquired Conditions  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021>

Additional web resources include the following.

- Quality Reporting Center — <http://www.qualityreportingcenter.com/>  
Information and resources on inpatient, outpatient and ambulatory surgery quality reporting.
- Hospital Consumer Assessment of Healthcare Providers and Systems — <http://www.hcahpsonline.org>

Tools and analysis of the patient experience surveys.

- Agency for Healthcare Research and Quality — <http://www.ahrq.gov/>  
Agency whose mission is to produce evidence to make health care safer, more accessible and affordable. It provides information and tools regarding:
  - Patient Safety Indicators: [http://qualityindicators.ahrq.gov/modules/psi\\_resources.aspx](http://qualityindicators.ahrq.gov/modules/psi_resources.aspx)
  - Inpatient Quality Indicators: [http://qualityindicators.ahrq.gov/modules/iqi\\_resources.aspx](http://qualityindicators.ahrq.gov/modules/iqi_resources.aspx)
  - Prevention Quality Indicators: [http://qualityindicators.ahrq.gov/modules/pqi\\_resources.aspx](http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx)
  - Pediatric Quality Indicators: [http://qualityindicators.ahrq.gov/modules/pdi\\_resources.aspx](http://qualityindicators.ahrq.gov/modules/pdi_resources.aspx)
- Missouri Health Care-Associated Infection Reporting System — <http://health.mo.gov/data/mhirs/>
- Centers for Medicare & Medicaid Services:
  - Hospital Inpatient Quality Reporting Program
    - » <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU.html>
  - Hospital Outpatient Quality Reporting Program
    - » <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>
  - Hospital Consumer Assessment of Healthcare Providers and Systems
    - » <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>
  - Hospital Value-Based Purchasing
    - » <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html>
- Medicare Beneficiary Quality Improvement Program — [https://www.ruralcenter.org/tasc/mbqip?utm\\_source=Rural+Route+October+15%2C+2014&utm\\_campaign=rural+route&utm\\_medium=email](https://www.ruralcenter.org/tasc/mbqip?utm_source=Rural+Route+October+15%2C+2014&utm_campaign=rural+route&utm_medium=email)
- Institute for Healthcare Improvement — <http://www.ihl.org>  
Organization working with health systems, countries and other organizations to improve the quality, safety and value in health care across the world.
- IOM Vital Signs Report — <http://iom.nationalacademies.org/Reports/2015/Vital-Signs-Core-Metrics.aspx>





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