



MBQIP Measures Fact Sheets

December 2017

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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 Fiscal Year (FY) 2015 Medicare Beneficiary Quality Improvement Project (MBQIP) Measures.

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-1 Median Time to Fibrinolysis	
MBQIP Domain	Outpatient
Measure Set	AMI
Measure Description	Median time from ED arrival to administration of fibrinolytic therapy in patients with STEMI on the ECG performed closest to ED arrival and prior to transfer.
Importance/Significance	Time-to-fibrinolytic therapy is a strong predictor of outcome in patients with an 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	Decrease in median value (time)
Data Reported To	QualityNet via Outpatient CART/Vendor
Data Available On	MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	<p>Patients seen in a Hospital Emergency Department for whom all of the following are true:</p> <ul style="list-style-type: none"> • Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility. • A patient age \geq 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	<p>Quarterly 0-80 - submit all cases If you have more than 80 cases, see the specifications manual</p> <p>Monthly Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.</p>
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 Initial ECG Interpretation Outpatient Encounter Date Reason for Delay in Fibrinolytic Therapy
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Measure removed by CMS after Q1 2018
Other Notes	Should be analyzed in conjunction with OP-2

OP-2
Fibrinolytic Therapy Received Within 30 Minutes

MBQIP Domain	Outpatient
Measure Set	AMI
Measure Description	Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival.
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	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare MPQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department for whom all of the following are true: <ul style="list-style-type: none"> • 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 Initial ECG Interpretation Outpatient Encounter Date Reason for Delay in Fibrinolytic Therapy
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Q2 2018 (Apr 1 - Jun 30) – November 1, 2018
Other Notes	Should be analyzed in conjunction with OP-1

OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention	
MBQIP Domain	Outpatient
Measure Set	AMI
Measure Description	Median number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital. Note: Hospital Compare described measure as "average number of minutes"
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 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	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department for whom all of the following are true: <ul style="list-style-type: none"> • Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility • A patient age \geq 18 years • An ICD-10-CM Principal Diagnosis Code for AMI as defined in Appendix A, OP Table 1.1, 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 Initial ECG Interpretation Outpatient Encounter Date Reason for Not Administering Fibrinolytic Therapy Transfer for Acute Coronary Intervention
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Q2 2018 (Apr 1 - Jun 30) – November 1, 2018
Other Notes	--

OP-4 Aspirin at Arrival	
MBQIP Domain	Outpatient
Measure Set	AMI and Chest Pain
Measure Description	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department.
Importance/Significance	The early use of aspirin in patients with AMI results in a significant reduction in adverse events and subsequent mortality.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	<p>Patients seen in a Hospital Emergency Department for whom all of the following are true:</p> <ul style="list-style-type: none"> • 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 Table 1.1, or ICD-10-CM Principal or Other Diagnosis Code for Chest Pain as defined in Appendix A, OP Table 1.1a of the CMS Hospital OQR Specifications Manual.
Sample Size Requirements	<p>Quarterly 0-80 - submit all cases If you have more than 80 cases, see the specifications manual.</p> <p>Monthly Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.</p>
Data Collection Approach	Chart Abstracted
Data Elements	Aspirin Received Birthdate Discharge Code E/M Code ICD-10-CM Other Diagnosis Codes ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Probable Cardiac Chest Pain Reason for No Aspirin on Arrival
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Measure removed by CMS after Q1 2018
Other Notes	--

OP-5 Median Time to ECG	
MBQIP Domain	Outpatient
Measure Set	AMI and Chest Pain
Measure Description	Median number of minutes before outpatients with chest pain or possible heart attack got an ECG. Note: Hospital Compare described measure as "average number of minutes."
Importance/Significance	Guidelines recommend patients presenting with chest discomfort or symptoms suggestive of STEMI have a 12-lead ECG performed within 10 minutes of ED arrival. Timely ECGs assist in identifying STEMI patients and impact the choice of reperfusion strategy. This measure will identify the median time to ECG for chest pain or AMI patients and potential opportunities for improvement to decrease the median time to ECG.
Improvement Noted As	Decrease in median value (time)
Data Reported To	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Dept. for whom all the following are true: <ul style="list-style-type: none"> Discharged/transferred to a short-term general hospital for inpatient care or to a Federal Healthcare facility A patient age \geq 18 years An ICD-10-CM Principal Diagnosis Code for AMI as defined in Appendix A, OP Table 1.1, or ICD-10-CM Principal or Other Diagnosis Code for Chest Pain as defined in Appendix A, OP Table 1.1a 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 ECG ECG Date ECG Time ICD-10-CM Other Diagnosis Codes ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Probable Cardiac Chest Pain
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Q2 2018 (Apr 1 - Jun 30) – November 1, 2018
Other Notes	--

OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients	
MBQIP Domain	Outpatient
Measure Set	ED Throughput
Measure Description	Average time patients spent in the emergency department before being sent home
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	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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	<p>Quarterly 0-900 - Submit 63 cases > 900 - Submit 96 cases</p> <p>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</p>
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	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Q2 2018 (Apr 1 - Jun 30) – November 1, 2018
Other Notes	--

OP-20 Door to Diagnostic Evaluation by a Qualified Medical Professional	
MBQIP Domain	Outpatient
Measure Set	ED Throughput
Measure Description	Median time patients spent in the emergency department before they were seen by a healthcare professional. Note: Hospital Compare described measure as "average number of minutes."
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 median value (time)
Data Reported To	QualityNet via Outpatient Cart/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 Outpatient Encounter Date Provider Contact Date Provider Contact Time
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Measure removed by CMS after Q1 2018
Other Notes	--

OP-21 Median Time to Pain Management for Long Bone Fracture	
MBQIP Domain	Outpatient
Measure Set	Pain Management
Measure Description	Median time patients who came to the emergency department with broken bones had to wait before receiving pain medication. Note: Hospital Compare described measure as "average number of minutes."
Importance/Significance	Patients with bone fractures continue to lack administration of pain medication as part of treatment regimens. When performance measures are implemented for pain management of these patients, administration and treatment rates for pain improve. Disparities continue to exist in the administration of pain medication for minorities and children.
Improvement Noted As	Decrease in median value (time)
Data Reported To	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	<p>Patients seen in a Hospital Emergency Department (E/M code on Appendix A OP Table 1.0 in the Hospital OQR Specifications Manual) for whom the following are also true:</p> <ul style="list-style-type: none"> • Patient age ≥ 2 years • An ICD-10-CM Principal Diagnosis Code for Long Bone Fracture as defined in Appendix A, OP Table 9.0 of the CMS Hospital OQR Specifications Manual.
Sample Size Requirements	<p>Quarterly 0-80 - submit all cases If you have more than 80 cases, see the specifications manual.</p> <p>Monthly Monthly sample size requirements for this measure are based on the anticipated quarterly patient population.</p>
Data Collection Approach	Chart Abstracted
Data Elements	Birthdate Discharge Code E/M Code Arrival Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date Pain Medication Pain Medication Date Pain Medication Time
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Measure removed by CMS after Q1 2018
Other Notes	--

OP-22 Patient Left Without Being Seen	
MBQIP Domain	Outpatient
Measure Set	ED Throughput
Measure Description	Percentage of patients who left the emergency department before being seen.
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	QualityNet via Online Tool
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q1-Q4 2017 (Jan-Dec) – May 15, 2018 Q1-Q4 2018 (Jan-Dec) – May 15, 2019
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: <ul style="list-style-type: none"> • Residents/interns • Institutionally credentialed provider • APN/APRNs

OP-27 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 US 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	Hospital Compare (<i>Note:</i> Listed on Hospital Compare as IMM-3-OP-27-FAC-ADHPCT) MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q4 2017 - Q1 2018 (Oct-Mar) – May 15, 2018 Q4 2018- Q1 2019 (Oct-Mar) – May 15, 2019
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	<p>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% 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.</p> <p>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.</p>
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	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	<p>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:</p> <ul style="list-style-type: none"> • Leadership • Accountability • Drug Expertise • Action • Tracking • Reporting • Education
Encounter Period - Submission Deadline	Calendar Year 2017 Data – January-March 2018
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

ED-1 (Inpatient) Median Time from ED Arrival to ED Departure for Admitted ED Patients	
MBQIP Domain	Patient Safety/Inpatient
Measure Set	Emergency Department
Measure Description	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
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 the median value
Data Reported To	QualityNet via Inpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Global Initial Patient Population: All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days.
Sample Size Requirements	<p>Quarterly 0-152 - 100% of initial pt. pop 153-764 - 153 765-1529 - 20% of initial pt. pop >1529 - 306</p> <p>Monthly < 51 - 100% of initial population 51-254 - 51 255-509 - 20% of initial pt. pop >509 - 102</p>
Data Collection Approach	Chart Abstracted
Data Elements	Arrival Date Arrival Time ED Departure Date ED Departure Time ED Patient ICD-10-CM Principal Diagnosis Code
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	This is an Inpatient CMS measure.

ED-2 (Inpatient) Admit Decision Time to ED Departure Time for Admitted Patients	
MBQIP Domain	Patient Safety/Inpatient
Measure Set	Emergency Department
Measure Description	Median time from admit decision time to time of departure from the emergency department for admitted patients.
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 the median value
Data Reported To	QualityNet via Inpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Global Initial Patient Population: All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days.
Sample Size Requirements	<p>Quarterly 0-152 - 100% of initial pt. pop 153-764 - 153 765-1529 - 20% of initial pt. pop >1529 - 306</p> <p>Monthly < 51 - 100% of initial population 51-254 - 51 255-509 - 20% of initial pt. pop >509 - 102</p>
Data Collection Approach	Chart Abstracted
Data Elements	Decision to Admit Date Decision to Admit Time ED Departure Date ED Departure Time ED Patient ICD-10-CM Principal Diagnosis Code
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	This is an Inpatient CMS measure.

IMM-2 Immunization for Influenza (Inpatient)	
MBQIP Domain	Patient Safety/Inpatient
Measure Set	Immunization (Preventive Care)
Measure Description	Percentage of patients assessed and given influenza vaccination (inpatient)
Importance/Significance	1 in 5 people in the US get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributable to patients hospitalized during the flu season. Hospitalization is an underutilized opportunity to vaccinate.
Improvement Noted As	Increase in the rate (percent)
Data Reported To	QualityNet via Inpatient CART/Vendor
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Global Initial Patient Population: All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days.
Sample Size Requirements	<p>Quarterly 0-152 - 100% of initial pt. pop 153-764 - 153 765-1529 - 20% of initial pt. pop >1529 - 306</p> <p>Monthly < 51 - 100% of initial population 51-254 - 51 255-509 - 20% of initial pt. pop >509 – 102</p>
Data Collection Approach	Chart Abstracted
Data Elements	Admission Date Birthdate Discharge Date Discharge Disposition ICD-10-CM Other Diagnosis Codes ICD-10-PCS Other Procedure Codes ICD-10-CM Principal Diagnosis Code ICD-10-PCS Principal Procedure Code Influenza vaccination status
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	This is an inpatient CMS measure. Part of the Global Measures population.

**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 with the receiving facility.
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 <i>Determines the cases to abstract/submit</i>	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	<p>Quarterly 0-44 - submit all cases > 45 - submit 45 cases</p> <p>Monthly 0-15 - submit all cases > 15 - submit 15 cases</p>
Data Collection Approach	Chart Abstracted, composite of EDTC sub-measures 1-7
Data Elements	EDTC-SUB 1 Administrative communication EDTC-SUB 2 Patient information EDTC-SUB 3 Vital signs EDTC-SUB 4 Medication information EDTC-SUB 5 Physician or practitioner generated information EDTC-SUB 6 Nurse generated information EDTC-SUB 7 Procedures and tests
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	This measure is a composite of all 27 data elements in EDTC sub-measures 1-7, and can be used as an overall evaluation of performance on this measure set.

**Emergency Department Transfer Communication
EDTC - SUB 1
Administrative Communication**

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 physician to physician communication and healthcare facility to healthcare facility communication prior to discharge.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter Healthcare Facility to Healthcare Facility Communication Physician to Physician Communication
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

Emergency Department Transfer Communication
EDTC - SUB 2
Patient Information

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 patient identification information sent to the receiving facility within 60 minutes of discharge.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter Patient Name Patient Address Patient Age Patient Gender Patient Contact Information Patient Insurance Information
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

Emergency Department Transfer Communication
EDTC - SUB 3
Vital Signs

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 communication with the receiving facility within 60 minutes of discharge for patient's vital signs.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter Pulse Respiratory rate Blood pressure Oxygen saturation Temperature Neurological Assessment
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

**Emergency Department Transfer Communication
EDTC - SUB 4
Medication Information**

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 communication with the receiving facility within 60 minutes of discharge for medication information.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter Medications Administered in ED Allergies/Reactions Home Medication
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

**Emergency Department Transfer Communication
EDTC - SUB 5
Physician and Practitioner Generated Information**

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 communication with the receiving facility within 60 minutes of discharge for history and physical and physician orders and plan.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter History and Physical Reason for Transfer Plan of Care
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

Emergency Department Transfer Communication
EDTC - SUB 6
Nurse Generated Information

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 communication with the receiving facility within 60 minutes of discharge for key nurse documentation elements.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter Nursing Notes Sensory Status (formerly impairments) Catheters Immobilizations Respiratory Support Oral Restrictions
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

**Emergency Department Transfer Communication
EDTC - SUB 7
Procedures and Tests**

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 communication with the receiving facility within 60 minutes of discharge of tests done and results sent.
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 <i>Determines the cases to abstract/submit</i>	Patients admitted to the emergency department and transferred from the emergency department to another health care facility.
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
Data Elements	Patient Discharge Status Code Date of Patient Encounter Tests/Procedures Performed Tests/Procedure Results
Encounter Period - Submission Deadline	Q4 2017 (Oct 1 - Dec 31) – January 31, 2018 Q1 2018 (Jan 1 - Mar 31) – April 30, 2018 Q2 2018 (Apr 1 - Jun 30) – July 31, 2018 Q3 2018 (Jul 1 - Sep 30) – October 31, 2018
Other Notes	--

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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
Other Notes	--

HCAHPS Composite 4
Pain Management (through December 31, 2017)
Communication About Pain (beginning January 1, 2018)

MBQIP Domain	Patient Engagement
Measure Set	HCAHPS
Measure Description	Percentage of patients surveyed who reported that their pain was “Always” well controlled (through 2017) or “Always” well communicated (beginning 2018)
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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	<p>Questions through calendar year 2017: During this hospital stay, how often was your pain well controlled? During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</p> <p>Question starting January 1, 2018: During this hospital stay, did you have any pain? During this hospital stay, how often did hospital staff talk with you about how much pain you had? During this hospital stay, how often did hospital staff talk with you about how to treat your pain?</p>
Encounter Period - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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	<p>Questions:</p> <p>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.</p> <p>When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.</p> <p>When I left the hospital, I clearly understood the purpose for taking each of my medications.</p>
Encounter Period - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
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	QualityNet via HCAHPS vendor or self-administered if in compliance with program requirements.
Data Available On	Hospital Compare MBQIP Data Reports Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1–Sep 30) – January 3, 2018 Q4 2017 (Oct 1 – Dec 31) – April 4, 2018 Q1 2018 (Jan 1 – Mar 31) – July 5, 2018 Q2 2018 (Apr 1 – Jun 30) – October 3, 2018
Other Notes	--

OP-23

Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

MBQIP Domain	Outpatient, Additional Measure
Measure Set	Stroke
Measure Description	Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the head CT or MRI scan within 45 minutes of arrival.
Importance/Significance	Improved access to diagnostic imaging assists clinicians in the decision making process and treatment plans. Decreasing radiology turnaround times will enhance decision making capabilities for patients with TIA or Acute Ischemic Stroke. Improved access to diagnostics assists clinicians in decision making.
Improvement Noted As	Increase in the rate
Data Reported To	QualityNet via Outpatient CART/Vendor
Data Available On	Hospital Compare Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	Patients seen in a Hospital Emergency Department (E/M code on Appendix A OP Table 1.0 in the Hospital OQR Specifications Manual) for whom the following are also true: <ul style="list-style-type: none"> • Patient age ≥ 2 years • An ICD-10-CM Principal Diagnosis Code for Acute Ischemic or Hemorrhagic Stroke as defined in Appendix A OP Table 8.0 in the 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 Date Last Known Well Discharge Code E/M Code Head CT or MRI Scan Interpretation Date Head CT or MRI Scan Interpretation Time Head CT or MRI Scan Order ICD-10-CM Principal Diagnosis Code Last Known Well Outpatient Encounter Date Time Last Known Well
Encounter Period - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 1, 2018 Q4 2017 (Oct 1- Dec 31) – May 1, 2018 Q1 2018 (Jan 1- Mar 30) – August 1, 2018 Q2 2018 (Apr 1 - Jun 30) – November 1, 2018
Other Notes	

OP-25 Safe Surgery Checklist Use	
MBQIP Domain	Outpatient, Additional Measure
Measure Set	Web-Based Measures
Measure Description	The use of a Safe Surgery Checklist for surgical procedures that includes safe surgery practices during each of the three critical perioperative periods: the period prior to the administration of anesthesia, the period prior to skin incision, and the period of closure of incision and prior to the patient leaving the operative room.
Importance/Significance	Surgical care has been an essential component of health care worldwide for over a century. As the incidences of traumatic injuries, cancers and cardiovascular disease continue to rise, the impact of surgical intervention on public health systems will continue to grow. Surgery is often the only therapy that can alleviate disabilities and reduce the risk of death from common conditions. While surgical procedures are intended to save lives, unsafe surgical care can cause substantial harm. Hospitals can help reduce the number of surgical complications and deaths by using a safe surgery checklist.
Improvement Noted As	Response of 'yes'
Data Reported To	QualityNet via an Online Tool
Data Available On	Hospital Compare
Measure Population	NA
<i>Determines the cases to abstract/submit</i>	
Sample Size Requirements	NA
Data Collection Approach	Hospital tracking
Data Elements	Does/did your facility use a safe surgery checklist based on accepted standards of practice? Yes/No
Encounter Period - Submission Deadline	Q1-Q4 2017 – May 15, 2018 Measure removed by CMS following data submission for calendar year 2017
Other Notes	--

PC-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 United States are electively delivered with 5% 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 results in more cesarean births and longer maternal length of stay.
Improvement Noted As	Decrease in the rate
Data Reported To	QualityNet via an Online Tool
Data Available On	Hospital Compare Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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	Retrospective data sources for required data elements include administrative data and medical records
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 - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	Inpatient Web-Based Measure

HAI - 1 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	Hospital Compare Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

**HAI – 2
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	Hospital Compare Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

HAI – 6 CDI	
MBQIP Domain	Patient Safety/Inpatient, Additional Measure
Measure Set	Healthcare Acquired Infections (HAI)
Measure Description	Clostridium difficile – Laboratory identified events (Intestinal infections)
Importance/Significance	Clostridium 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	Hospital Compare Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
Other Notes	Training materials/reporting instructions can be found on the NHSN website.

HAI – 5 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	Hospital Compare Flex Monitoring Team Reports
Measure Population <i>Determines the cases to abstract/submit</i>	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 - Submission Deadline	Q3 2017 (Jul 1 - Sep 30) – February 15, 2018 Q4 2017 (Oct 1- Dec 31) – May 15, 2018 Q1 2018 (Jan 1- Mar 30) – August 15, 2018 Q2 2018 (Apr 1 - Jun 30) – November 15, 2018
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/home.aspx>

National Healthcare Safety Network - Healthcare Personnel Vaccination:

<http://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>