



MBQIP Measures Fact Sheets

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Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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HOW TO USE MBQIP MEASURES 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 ≥ 18 years. • An ICD-10-CM Principal Diagnosis Code for AMI. |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 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 |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 <ul style="list-style-type: none"> • A patient age \geq 18 years • An ICD-10-CM Principal Diagnosis Code for AMI |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 or ICD-10-CM Principal or Other Diagnosis Code for Chest Pain |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 or ICD-10-CM Principal or Other Diagnosis Codes for Chest Pain |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 |
| Sample Size Requirements | Quarterly 0-900 - Submit 63 cases > 900 - Submit 96 cases Monthly Note: Monthly sample size requirements for this measure are based on the quarterly patient population. 0-900 - submit 21 cases > 900 - submit 32 cases |
| Data Collection Approach | Chart Abstracted |
| Data Elements | Arrival Time Discharge Code E/M Code ED Departure Date ED Departure Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date |
| Encounter Period - Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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> | Patients seen in a Hospital Emergency Department for whom the following are also true: <ul style="list-style-type: none"> • Patient age \geq 2 years • An ICD-10-CM Principal Diagnosis Code for Long Bone Fracture |
| 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 2015 (Jul 1 - Sep 30) – February 1, 2016 Q4 2015 (Oct 1 - Dec 31) – May 1, 2016 Q1 2016 (Jan 1 - Mar 31) – August 1, 2016 Q2 2016 (Apr 1 - Jun 30) – November 1, 2016 Q3 2016 (Jul 1 - Sep 30) – February 1, 2017 |
| 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 | 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 | NA |
| Encounter Period – Submission Deadline | Q1-Q4 2015 (Jan-Dec) – May 15, 2016 Q1-Q4 2016 (Jan-Dec) – May 15, 2017 |
| Other Notes | 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 |
| 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 | 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 | NA |
| Encounter Period – Submission Deadline | Q4 2015 - Q1 2016 (Oct-Mar) – May 15, 2016 |
| Other Notes | <p>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.</p> <p>Facilities must complete a monthly reporting plan for each year or data reporting period.</p> <p>All data reporting is aggregate (whether monthly, once a season, or at a different interval).</p> |

| IMM-2 Immunization for Influenza (Inpatient) | |
|---|--|
| MBQIP Domain | Patient Safety |
| 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 | All patients discharged from acute inpatient care with a length of stay less than or equal to 120 days. |
| Sample Size Requirements | <p>Quarterly 0-5 - Reporting encouraged 6-152 - 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 2015 (Jul 1 - Sep 30) – February 15, 2016 Q4 2015 (Oct 1 - Dec 31) – May 15, 2016 Q1 2016 (Jan 1 - Mar 31) – August 15, 2016 Q2 2016 (Apr 1 - Jun 30) – November 15, 2016 Q3 2016 (Jul 1 - Sep 30) – February 15, 2017 |
| Other Notes | -- |

| 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 | 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 | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | Patients admitted to the emergency department and transferred from the emergency department to another health care facility. |
| 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 |
| Data Elements | Patient Discharge Status Code Date of Patient Encounter Healthcare Facility to Healthcare Facility Communication Physician to Physician Communication |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | Patients admitted to the emergency department and transferred from the emergency department to another health care facility. |
| 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 |
| 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 | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | Patients admitted to the emergency department and transferred from the emergency department to another health care facility. |
| 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 |
| Data Elements | Patient Discharge Status Code Date of Patient Encounter Pulse Respiratory rate Blood pressure Oxygen saturation Temperature Neurological Assessment |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | Patients admitted to the emergency department and transferred from the emergency department to another health care facility. |
| 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 |
| Data Elements | Patient Discharge Status Code Date of Patient Encounter Medications Administered in ED Allergies/Reactions Home Medication |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | Patients admitted to the emergency department and transferred from the emergency department to another health care facility. |
| 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 |
| Data Elements | Patient Discharge Status Code Date of Patient Encounter History and Physical Reason for Transfer Plan of Care |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | 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 | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | Patients admitted to the emergency department and transferred from the emergency department to another health care facility. |
| 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 |
| Data Elements | Patient Discharge Status Code Date of Patient Encounter Tests/Procedures Performed Tests/Procedure Results |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – October 31, 2015 Q4 2015 (Oct 1 - Dec 31) – January 31, 2016 Q1 2016 (Jan 1 - Mar 31) – April 30, 2016 Q2 2016 (Apr 1 - Jun 30) – July 31, 2016 Q3 2016 (Jul 1 - Sep 30) – October 31, 2016 |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| Other Notes | -- |

| HCAHPS Composite 4 Pain Management | |
|---|---|
| MBQIP Domain | Patient Engagement |
| Measure Set | HCAHPS |
| Measure Description | Percentage of patients surveyed who reported that their pain was “Always” well controlled. |
| 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 | 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 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? |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| Other Notes | -- |

| HCAHPS Composite 5 Communication 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 | 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>Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</p> <p>Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</p> |
| Encounter Period – Submission Deadline | Q3 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| 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 | 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 2015 (Jul 1 - Sep 30) – January 6, 2016 Q4 2015 (Oct 1 - Dec 31) – April 6, 2016 Q1 2016 (Jan 1 - Mar 31) – July 6, 2016 Q2 2016 (Apr 1 - Jun 30) – October 5, 2016 Q3 2016 (Jul 1 - Sep 30) - TBD |
| Other Notes | -- |

REFERENCES

CMS Outpatient Specification

Manual: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244>

National Healthcare Safety Network - Healthcare Personnel Vaccination:

<http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html#cms>

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>