

Using this Crosswalk

Purpose and Organization of the Crosswalk

This Crosswalk is intended to provide users with a basic understanding of quality reporting initiatives taking place on a national level involving critical access hospitals (CAHs), including: the lead organization and purpose of such initiatives, the measures used by each initiative and any overlap in measures across initiatives. The Crosswalk is divided into the following sections:

[Using this Crosswalk](#)

This section provides an overview of the Crosswalk purpose, layout and technical tips for use.

[National Quality Initiatives](#)

This section provides an introduction to five national quality reporting initiatives that CAHs are involved with, including the name, lead organization, high level overview, focus areas and quality measures for each.

[Measures](#)

This section provides a different view of the measures by program area in order that the user can see the overlap between different programs.

[Acronyms](#)

This section provides a list of acronyms used throughout the Crosswalk along with their definitions.

Navigating the Measures Section

The Measures section contains information on each of the measures tracked by the various national quality reporting initiatives. The first two columns provide the Measure ID and Measure Name. The center four columns comprise the four national reporting initiatives included in the Crosswalk. Each of these initiatives is made up of at least two components: the Medicare Beneficiary Quality Improvement Project (MBQIP) has required and additional measures across four domains, Meaningful Use has measures assigned to six domains, Hospital Engagement Networks (HENs) have core and additional measures and two priority areas are included for the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) initiative. For each measure included within an initiative, the component area is listed. For example, IMM-2 is listed as a required measure for MBQIP under the Patient Safety domain, while ED-1 is listed as an additional measure under the Outpatient domain.

The title of each reporting initiative contains a hyperlink that will take the user to the reference used to populate the information about the measures for that initiative. The final column titled "Measure Specifications/More Information" contains links to the primary source of specifications or additional information for the measure.

A view of this information that can be filtered is available in the Excel version of the tool at <https://www.ruralcenter.org/resources/national-quality-reporting-crosswalk-critical-access-hospitals>

Information Sources

Hyperlinks to information sources are included in both the National Quality Initiatives section and the Measures section.

National Quality Reporting Crosswalk for Critical Access Hospitals

National Quality Initiatives

Initiative	Lead Organization	Overview	Focus Areas	Quality Reporting Measures
Medicare Beneficiary Quality Improvement Project (MBQIP)	Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP)	The goal of the Flex Medicare Beneficiary Quality Improvement Project (MBQIP) is to improve rural quality of care provided in small, rural critical access hospitals (CAHs) by increasing quality data reporting by CAHs and driving quality improvement activities based on the data.	<ol style="list-style-type: none"> 1. Patient Safety 2. Patient Engagement 3. Care Transitions 4. Outpatient 	<p>Required Measures: Patient Safety: OP-27, IMM-2 Patient Engagement: HCAHPS Care Transitions: EDTC Outpatient: OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21, OP-22</p> <p>Additional Measures: Patient Safety: HAI-1, HAI -2, HAI-5, HAI-6, STK-1, STK-8, OP-23, VTE-1, VTE-2, VTE-3, PC-01, OP-25, proportion of patient hospitalized with stroke or pneumonia with potentially avoidable complications, Falls, Adverse Drug Events, Readmissions Care Transitions: Discharge Planning, Medication Reconciliation Outpatient: ED-1*, ED-2*</p> <p><i>*Although ED-1 and ED-2 relate to emergency department processes and fall under the Outpatient MBQIP domain, the measures are part of the Inpatient Quality Reporting (IQR) Program and reported to QualityNet through Inpatient CART.</i></p>
Meaningful Use of Electronic Health Records Clinical Quality Measures (CQMs)	Office of the National Coordinator for Health Information Technology (ONC)	Reporting clinical quality measures (CQMs) is a requirement for hospitals under the Medicare and Medicaid Electronic Health Record Incentive Program known as Meaningful Use (MU). CQMs measure and track the quality of health care services provided by hospitals.	<ol style="list-style-type: none"> 1. Patient & Family Engagement 2. Patient Safety 3. Care Coordination 4. Population and Public Health 5. Efficient Use of Healthcare Resources 6. Clinical Processes/Effectiveness 	<p>Patient & Family Engagement: CAC-3, ED-1, ED-2, STK-8, VTE-5 Patient Safety: HTN, SCIP-Inf-1, SCIP-Inf-9, VTE-1, VTE-2, VTE-6 Care Coordination: OP-18b, STK-10 Efficient Use of Healthcare Resources: PN-6, SCIP-Inf-2 Clinical Processes/Effectiveness: AMI-2, AMI-8a, AMI-10, EDHI-1a, OP-2 (AMI-7a), PC-01, PC-05, STK-2, STK-3, STK-4, STK-5, STK-6, VTE-3, VTE-4</p> <p>(Must report 16 of 29 measures from at least 3 of the 6 domains.)</p>
Partnership for Patients (P4P) Hospital Engagement Networks (HENs)	Centers for Medicare & Medicaid Services (CMS)	The Hospital Engagement Networks (HENs), run through the Partnership for Patients (P4P), are national contracts awarded by the Centers for Medicare & Medicaid Services (CMS) which engage hospitals across the country to improve patient safety and quality, and achieve lower costs. Funding supports vigorous educational activities, quality improvement initiatives and other resources to help hospitals.	<ol style="list-style-type: none"> 1. Reduce all-cause preventable harm by 40% 2. Reduce readmission by 20% 	<p>The HEN measures included in this crosswalk reflect outcome measures, some of which align with defined measures through other programs, some that do not. Each outcome measure is associated with process measures as selected by the individual HEN.</p> <p>Core: Adverse Drug Events (ADE), catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections (CLABSI), injuries from falls and immobility, obstetrical adverse events, pressure ulcers, surgical site infections (SSI), venous thromboembolism (VTE), ventilator-associated events (VAE), readmissions</p> <p>Additional: Severe sepsis and septic shock, hospital culture of safety, iatrogenic delirium, Clostridium difficile (C. diff), undue exposure to radiation, airway safety, failure to rescue</p>

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National Quality Initiatives

Initiative	Lead Organization	Overview	Focus Areas	Quality Reporting Measures
Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Priorities	Centers for Medicare & Medicaid Services (CMS)	<p>Improving Care Coordination Medicare beneficiaries experience a high rate of preventable readmissions, which are burdensome to patients and families, as well as costly. Quality Improvement Organizations (QIOs) use readmissions data from the Centers for Medicare & Medicaid Services (CMS) to assist communities in finding ways to better coordinate care and engage patients in order to reduce avoidable readmissions.</p> <p>Safer Care Making patient care safer is a top priority of CMS. QIOs support this goal by collaborating with hospital executives and front-line staff to improve clinical processes, resulting in more effective health care that can also cost less.</p> <p>Better Data for Better Care QIOs assist health care providers with collecting, reporting and analyzing their data with the goal of improving outcomes.</p>	<p>Improving Care Coordination: 1. Reduce readmissions by 20% over three years</p> <p>Safer Care: As relates specifically to hospital care, QIOs are focused on reducing: 1. Healthcare-Associated Infections (HAIs)</p> <p>(The QIO Safer Care initiative also focuses on addressing healthcare-acquired conditions in nursing homes and adverse drug events in the community)</p> <p>Better Data for Better Care: 1. Provide quality improvement technical assistance and support value-based program initiatives.</p>	<p>Improving Care Coordination: 30-day readmissions (READM-30-x) for the following: acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD), heart failure (HF), total hip arthroplasty and/or total knee arthroplasty (HIP-KNEE), hospital-wide all-cause unplanned (HOSP-WIDE), pneumonia (PN), stroke (STK)</p> <p>Safer Care: Central-line associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), Clostridium difficile (C. diff), surgical site infections</p> <p>Better Data for Better Care: Measures selected at a QIN-QIO level from the CMS indicators for the Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR) and Value-Based Purchasing (VBP) Programs*</p> <p><i>*Because the Better Data for Better Care initiative can cover any number of IQR, OQR and/or VBP measures, it is not included on the "Measures" tab of this document.</i></p>
Get With the Guidelines	American Heart Association	Get With the Guidelines is a suite of programs that support the American Heart Association's mission, backed by research that affirms, "When medical professionals apply the most up-to-date evidence-based treatment guidelines, patient outcomes improve." Each program provides participants with resources including clinical tools, decision support and a patient management tool for submitting and tracking data on measures identified by the program.	<ol style="list-style-type: none"> 1. Stroke 2. Heart Failure 3. Resuscitation 4. Atrial Fibrillation (AFIB) 	<p>Click the hyperlinks below to view measure fact sheets for each of the program areas*:</p> <p>Stroke Heart Failure Resuscitation AFIB</p> <p><i>*Due to the unique nature of the measures tracked by the Get With the Guidelines programs, they are not included on the "Measures" tab of this document.</i></p>

National Quality Reporting Crosswalk for Critical Access Hospitals

Measures

Measure ID	Measure Name	National Reporting Initiatives Collecting and/or Making Use of Data				Measure Specifications/ More Information
		MBQIP (Required or Additional - Domain)	Meaningful Use Stage 2 CQMs (2014) (Domain)	Partnership for Patients Hospital Engagement Networks (HENs) (Core or Additional)	QIN-QIO Priorities (Care Coordination or Safer Care)	
OP-27	Influenza vaccination coverage among healthcare personnel	Required - Patient Safety				CDC NHSN: Surveillance for Healthcare Personnel Vaccination
IMM-2	Immunization for influenza	Required - Patient Safety				Specifications Manual for National Hospital Inpatient Quality Measures
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Required - Patient Engagement				HCAHPS Online
OP-1	Median time to fibrinolysis	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-2	Fibrinolytic therapy received within 30 minutes	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-20	Door to diagnostic evaluation by a qualified medical professional	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-21	Median time to pain management for long bone fracture	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-22	Patient left without being seen	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-3	Median time to transfer to another facility for acute coronary intervention	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-4	Aspirin at Arrival	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-5	Median time to ECG	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-18	Median time from emergency department (ED) arrival to ED departure for discharged ED patients (same name as ED-3)	Required - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
EDTC	Emergency department transfer communication (EDTC)	Required - Care Transitions				Data Specifications Manual for Emergency Department Transfer Communication Measure
NA	Adverse drug events (ADE) Includes: Excessive Coagulation with Warfarin Inpatients, Hypoglycemia in Inpatients Receiving Insulin, ADE due to Opioids	Additional - Patient Safety		Core		AHA/HRET HEN 2.0: Encyclopedia of Measures Program Evaluation Measures
NA	Falls with injury	Additional - Patient Safety		Core		AHA/HRET HEN 2.0: Encyclopedia of Measures Program Evaluation Measures

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NA	Patient Safety Culture Survey through Agency for Healthcare Research & Quality (AHRQ)	Additional - Patient Safety		Additional		AHRQ: Surveys on Patient Safety Culture
CLABSI	Central-line associated bloodstream infection (CLABSI)	Additional - Patient Safety		Core	Safer Care	CDC NHSN: Surveillance for Bloodstream Infections
CDI	Clostridium difficile (C. diff.) laboratory-identified events (intestinal infections)	Additional - Patient Safety		Additional	Safer Care	CDC NHSN: Surveillance for C. difficile, MRSA, and other Drug-resistant infections
MRSA	Methicillin-resistant staphylococcus aureus (MRSA) blood laboratory-identified events (bloodstream infections)	Additional - Patient Safety			Safer Care	CDC NHSN: Surveillance for C. difficile, MRSA, and other Drug-resistant infections
CAUTI	Catheter-associated urinary tract infection (CAUTI)	Additional - Patient Safety		Core	Safer Care	CDC NHSN: Surveillance for Urinary Tract Infections
READM-30-AMI	Acute myocardial infarction (AMI) 30-day readmission rate	Additional - Patient Safety			Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
READM-30-COPD	COPD 30-day readmission rate	Additional - Patient Safety			Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
READM-30-HF	Heart failure (HF) 30-day readmission rate	Additional - Patient Safety			Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
READM-30-HIP-KNEE	30-day readmission rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Additional - Patient Safety			Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
READM-30-HOSP-WIDE	30-day hospital-wide all-cause unplanned readmission (HWR)	Additional - Patient Safety		Core	Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
READM-30-PN	Pneumonia (PN) 30-day readmission rate	Additional - Patient Safety			Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
READM-30-STK	Stroke 30-day readmission rate	Additional - Patient Safety			Care Coordination	Claims-Based Measures: Readmission Measures Methodology Reports
NA	Proportion of patients hospitalized with pneumonia - potentially avoidable complications	Additional - Patient Safety				NA
NA	Proportion of patients hospitalized with stroke - potentially avoidable complications	Additional - Patient Safety				NA

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PC-01	Elective delivery	Additional - Patient Safety	Clinical Process/ Effectiveness	Core		Specifications Manual for Joint Commission National Quality Measures: Perinatal Care
STK-1	Venous thromboembolism (VTE) prophylaxis	Additional - Patient Safety				Specifications Manual for National Hospital Inpatient Quality Measures
STK-8	Stroke education	Additional - Patient Safety	Patient & Family Engagement			Specifications Manual for National Hospital Inpatient Quality Measures
VTE-1	Venous thromboembolism (VTE) prophylaxis	Additional - Patient Safety	Patient Safety			Specifications Manual for National Hospital Inpatient Quality Measures
VTE-2	Intensive Care Unit (ICU) venous thromboembolism (VTE) prophylaxis	Additional - Patient Safety	Patient Safety			Specifications Manual for National Hospital Inpatient Quality Measures
VTE-3	Venous thromboembolism (VTE) patients with anticoagulation overlap therapy	Additional - Patient Safety	Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures
OP-23	Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival	Additional - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
OP-25	Safe surgery checklist use	Additional - Outpatient				Hospital Outpatient Quality Reporting Specifications Manual
ED-1	Median time from emergency department (ED) arrival to ED departure for admitted ED patients	Additional - Outpatient	Patient & Family Engagement			Specifications Manual for National Hospital Inpatient Quality Measures
ED-2	Admit decision time to emergency department departure time for admitted patients (median)	Additional - Outpatient	Patient & Family Engagement			Specifications Manual for National Hospital Inpatient Quality Measures
NA	Discharge planning	Additional - Care Transitions				NA
NA	Medication reconciliation	Additional - Care Transitions				NA
NA	Airway safety			Additional		AHA/HRET HEN 2.0: Encyclopedia of Measures Additional Topics
NA	Failure to rescue			Additional		AHA/HRET HEN 2.0: Encyclopedia of Measures Additional Topics
NA	Iatrogenic delirium			Additional		AHA/HRET HEN 2.0: Encyclopedia of Measures Additional Topics

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NA	Severe sepsis and septic shock			Additional		AHA/HRET HEN 2.0: Encyclopedia of Measures Additional Topics
NA	Undue exposure to radiation			Additional		AHA/HRET HEN 2.0: Encyclopedia of Measures Additional Topics
NA	Obstetrical adverse events Includes: Obstetrical Hemorrhage - Massive Blood Transfusions and Pre-Eclampsia - ICU Admissions			Core		AHA/HRET HEN 2.0: Encyclopedia of Measures Program Evaluation Measures
NA	Pressure Ulcer Prevalence			Core		AHA/HRET HEN 2.0: Encyclopedia of Measures Program Evaluation Measures
NA	Ventilator-associated events (VAE): Includes infection-related ventilator-associated complications (IVAC) and ventilator-associate conditions (VAC) (NHSN)			Core		AHA/HRET HEN 2.0: Encyclopedia of Measures Program Evaluation Measures
PSI-03	Pressure Ulcer Rate			Core		AHRQ: Patient Safety Indicators Technical Specifications
PSI-12	Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) rate			Core		AHRQ: Patient Safety Indicators Technical Specifications
PSI-18	Obstetrical Trauma Rate: Vaginal Deliveries with Instrumentation			Core		AHRQ: Patient Safety Indicators Technical Specifications
PSI-19	Obstetrical Trauma Rate: Vaginal Deliveries without Instrumentation			Core		AHRQ: Patient Safety Indicators Technical Specifications
SSI	Surgical site infections (SSIs): Includes measurement and improvement of SSI for Colon Surgeries, Abdominal hysterectomies, Total knee replacements, Total hip replacements			Core	Safer Care	CDC NHSN: Surveillance for Surgical Site Infection Events
AMI-10	Statin prescribed at discharge		Clinical Process/ Effectiveness			eCQM Specifications for Eligible Hospitals Update June 2015
AMI-2	Aspirin Prescribed at Discharge		Clinical Process/ Effectiveness			eCQM Specifications for Eligible Hospitals Update June 2015
AMI-8a	Primary percutaneous coronary intervention (PCI) received within 90 minutes of hospital arrival		Clinical Process/ Effectiveness			eCQM Specifications for Eligible Hospitals Update June 2015
CAC-3	Home management plan of care document given to patient/caregiver		Patient & Family Engagement			eCQM Specifications for Eligible Hospitals Update June 2015

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ED-3	Median time from emergency department (ED) arrival to ED departure for discharged ED patients (same name as OP-18)		Care Coordination			eCQM Specifications for Eligible Hospitals Update June 2015
EDHI-1a	Hearing screening prior to hospital discharge		Clinical Process/ Effectiveness			eCQM Specifications for Eligible Hospitals Update June 2015
HTN	Healthy term newborn		Patient Safety			eCQM Specifications for Eligible Hospitals Update June 2015
PN-6	Initial antibiotic selection for community acquired pneumonia (CAP) in immunocompetent patient		Efficient Use of Healthcare Resources			eCQM Specifications for Eligible Hospitals Update June 2015
SCIP-Inf-1	Prophylactic antibiotic received within one hour prior to surgical incision		Patient Safety			eCQM Specifications for Eligible Hospitals Update June 2015
SCIP-Inf-2	Prophylactic antibiotic selection for surgical patients		Efficient Use of Healthcare Resources			eCQM Specifications for Eligible Hospitals Update June 2015
SCIP-Inf-9	Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero		Patient Safety			eCQM Specifications for Eligible Hospitals Update June 2015
VTE-4	Venous thromboembolism (VTE) patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram		Clinical Process/ Effectiveness			eCQM Specifications for Eligible Hospitals Update June 2015
PC-05	Exclusive breast milk feeding		Clinical Process/ Effectiveness			Specifications Manual for Joint Commission National Quality Measures: Perinatal Care
AMI-7a	Fibrinolytic therapy received within 30 minutes of hospital arrival		Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures
STK-10	Assessed for rehabilitation		Care Coordination			Specifications Manual for National Hospital Inpatient Quality Measures
STK-2	Discharged on antithrombotic therapy		Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures
STK-3	Anticoagulation therapy for atrial fibrillation/flutter		Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures
STK-4	Thrombolytic therapy		Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures

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Measure ID	Measure Name	National Reporting Initiatives Collecting and/or Making Use of Data				Measure Specifications/ More Information
		MBQIP <small>(Required or Additional - Domain)</small>	Meaningful Use Stage 2 CQMs (2014) <small>(Domain)</small>	Partnership for Patients Hospital Engagement Networks (HENs) <small>(Core or Additional)</small>	QIN-QIO Priorities <small>(Care Coordination or Safer Care)</small>	
STK-5	Antithrombotic therapy by end of hospital day two		Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures
STK-6	Discharged on statin medication		Clinical Process/ Effectiveness			Specifications Manual for National Hospital Inpatient Quality Measures
VTE-5	Venous thromboembolism (VTE) discharge instructions		Patient & Family Engagement			Specifications Manual for National Hospital Inpatient Quality Measures
VTE-6	Incidence of potentially-preventable venous thromboembolism (VTE)		Patient Safety			Specifications Manual for National Hospital Inpatient Quality Measures

National Quality Reporting Crosswalk for Critical Access Hospitals

Acronyms

Acronym	Definition
ADE	Adverse drug events
AFIB	Atrial fibrillation
AHA	American Hospital Association
AHRQ	Agency for Healthcare Research & Quality
AMI	Acute myocardial infarction
CDI	Clostridium difficile
CAC	Children's asthma care
CAH	Critical access hospital
CAP	Community acquired pneumonia
CART	CMS Abstraction & Reporting Tool
CAUTI	Catheter-associated urinary tract infection
CDC	Centers for Disease Control & Prevention
CLABSI	Central-line associated bloodstream infection
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic obstructive pulmonary disease
CQM	Clinical quality measure
CT	Computerized tomography
DVT	Deep vein thrombosis
ECG	Electrocardiogram
eCQM	Electronic clinical quality measure
ED	Emergency Department
EDHI	Early hearing detection and intervention
EDTC	Emergency Department Transfer Communication
FORHP	Federal Office of Rural Health Policy
HAI	Healthcare acquired infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers & Systems
HEN	Hospital Engagement Network
HF	Heart failure
HIP-KNEE	Total hip arthroplasty and/or total knee arthroplasty
HOSP-WIDE	Hospital wide
HRSA	Health Resources and Services Administration
HTN	Hypertension
HWR	Hospital-wide all-cause unplanned readmission
ICU	Intensive Care Unit
IMM	Immunization
IQR	Inpatient quality reporting
IVAC	Infection-related ventilator-associated complications
MBQIP	Medicare Beneficiary Quality Improvement Project
MRSA	Methicillin-resistant staphylococcus aureus
MU	Meaningful Use
NA	Not applicable
NHSN	National Healthcare Safety Network
HRET	Health Research & Educational Trust

National Quality Reporting Crosswalk for Critical Access Hospitals

Acronyms

Acronym	Definition
ONC	Office of the National Coordinator for Health Information Technology
OP	Outpatient
OQR	Outpatient quality reporting
P4P	Partnership for Patients
PC	Pregnancy care
PCI	Primary percutaneous coronary intervention
PE	Pulmonary embolism
PN	Pneumonia
POD	Postoperative day
PSI	Patient Safety Indicators
QIN-QIO	Quality Innovation Network-Quality Improvement Organization
READM	Readmission
SCIP-Inf	Surgical Care Improvement Project-Infection
SSI	Surgical Site Infection
STK	Stroke
THA	Total hip arthroplasty
TKA	Total knee arthroplasty
VAE	Ventilator-associated event
VBP	Value-based purchasing
VTE	Venous thromboembolism