



# MBQIP Measures Fact Sheets

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## How to Use MBQIP Measure Fact Sheets

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

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

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

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<b>OP-18</b> <b>Median Time from ED Arrival to ED Departure for Discharged ED Patients</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	ED Throughput
<b>Measure Description</b>	Median time from Emergency Department (ED) arrival to time of departure from the emergency room for patients discharged from the ED.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Decrease in median value (time)
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via Outpatient CART/Vendor
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	<p><b>Quarterly</b> 0-900 - Submit 63 cases &gt; 900 - Submit 96 cases</p> <p><b>Monthly</b> Note: Monthly sample size requirements for this measure are based on the quarterly patient population. 0-900 - submit 21 cases &gt; 900 - submit 32 cases</p>
<b>Data Collection Approach</b>	Chart Abstracted
<b>Data Elements</b>	Arrival Time Discharge Code E/M Code ED Departure Date ED Departure Time ICD-10-CM Principal Diagnosis Code Outpatient Encounter Date
<b>Encounter Period - Submission Deadline</b>	Q1 (January 1 - March 31) Q2 (April 1 - June 30) Q3 (July 1 - September 30) Q4 (October 1 – December 31)
<b>Submission Deadlines</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	Do not include direct admission from your ED to your acute care inpatient.

<b>OP-22</b> <b>Patient Left Without Being Seen</b>	
<b>MBQIP Domain</b>	Outpatient
<b>Measure Set</b>	ED Throughput
<b>Measure Description</b>	Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advanced practice nurse/physician's assistant (physician/APN/PA).
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Decrease in the rate (percent)
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via Online Tool
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	NA -This measure uses administrative data and not claims data to determine the measure's denominator population.
<b>Sample Size Requirements</b>	No sampling - report all cases
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Calendar Year (January 1 – December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	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"> <li>• Residents/interns</li> <li>• Institutionally credentialed provider</li> <li>• APN/APRNs</li> </ul>

<b>HCP</b> <b>Influenza Vaccination Coverage Among Health Care Personnel</b> <b>(Single Rate for Inpatient and Outpatient Settings)</b>	
<b>MBQIP Domain</b>	Patient Safety/Inpatient
<b>Measure Set</b>	Web-Based (Preventive Care)
<b>Measure Description</b>	Percentage of health care workers given influenza vaccination.
<b>Importance/Significance</b>	1 in 5 people in the U.S. get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributed to patients hospitalized during the flu season.
<b>Improvement Noted As</b>	Increase in the rate (percent)
<b>Data Reported To</b>	National Healthcare Safety Network (NHSN) Website
<b>Data Available On</b>	Care Compare ( <i>Note:</i> Listed as IMM-3 in CMS data sets) MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <i>(Determines the cases to abstract/submit)</i>	NA - This measure uses administrative data and not claims to determine the measure's denominator population.
<b>Sample Size Requirements</b>	No sampling - report all cases
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	<p>Three categories (all with separate denominators) of HCP working in the facility at least one day b/w 10/1-3/31:</p> <ul style="list-style-type: none"> <li>• Employees on payroll</li> <li>• Licensed independent practitioners</li> <li>• Students, trainees, and volunteers 18yo+</li> </ul> <p>A fourth optional category is available for reporting other contract personnel</p> <p>HCP workers who:</p> <ul style="list-style-type: none"> <li>• Received vaccination at the facility</li> <li>• Received vaccination outside of the facility</li> <li>• Did not receive vaccination due to contraindication</li> <li>• Did not receive vaccination due to declination</li> </ul>
<b>Encounter Period</b>	Q4 – Q1 (October 1 – March 31) – Aligns with the flu season
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	<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>

<b>Antibiotic Stewardship</b> <b>Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Annual Survey</b>	
<b>MBQIP Domain</b>	Patient Safety/Inpatient
<b>Measure Set</b>	NA
<b>Measure Description</b>	Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Annual Survey
<b>Importance/Significance</b>	<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 percent of all antibiotics prescribed in U.S. acute care hospital are either unnecessary or inappropriate, which leads to serious side effects such as adverse drug reactions and Clostridium difficile infection. Overexposure to antibiotics also contributes to antibiotic resistance, making antibiotics less effective.</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>
<b>Improvement Noted As</b>	Increase in number of core elements met
<b>Data Reported To</b>	National Healthcare Safety Network (NHSN) Website
<b>Data Available On</b>	MBQIP Data Reports (TBD)
<b>Measure Population (Determines the cases to abstract/submit)</b>	NA - This measure uses administrative data and not claims to determine the measure’s denominator population.
<b>Sample Size Requirements</b>	No sampling – report all information as requested
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	<p>Questions as answered on the Patient Safety Component Annual Hospital Survey (<a href="https://www.cdc.gov/nhsn/forms/57.103_pshospsurvey_blank.pdf">https://www.cdc.gov/nhsn/forms/57.103_pshospsurvey_blank.pdf</a>) inform whether the hospitals has successfully implemented the following core elements of antibiotic stewardship:</p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Accountability</li> <li>• Drug Expertise</li> <li>• Action</li> <li>• Tracking</li> <li>• Reporting</li> <li>• Education</li> </ul>
<b>Encounter Period</b>	Calendar Year (January 1 – December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	Training materials/reporting instructions can be found on the NHSN website.

**Emergency Department Transfer Communication (EDTC)  
All or None Composite Calculation**

<b>MBQIP Domain</b>	Care Transitions
<b>Measure Set</b>	EDTC
<b>Measure Description</b>	Percentage of patients who are transferred from an ED to another health care facility that have all necessary communication made available to the receiving facility in a timely manner.
<b>Importance/Significance</b>	Timely, accurate, and direct communication facilitates the handoff to the receiving facility, provides continuity of care, and avoids medical errors and redundant tests.
<b>Improvement Noted As</b>	Increase in the rate (percent)
<b>Data Reported To</b>	State Flex Office
<b>Data Available On</b>	MBQIP Data Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.)
<b>Sample Size Requirements</b>	<p><b>Quarterly</b> 0-44 - submit all cases &gt; 45 - submit 45 cases</p> <p><b>Monthly</b> 0-15 - submit all cases &gt; 15 - submit 15 cases</p>
<b>Data Collection Approach</b>	Chart Abstracted, composite of EDTC data elements 1-8
<b>Data Elements</b>	Home Medications Allergies and/or Reactions Medications Administered in ED ED Provider Note Mental Status/Orientation Assessment Reason for Transfer and/or Plan of Care Tests and/or Procedures Performed Tests and/or Procedure Results
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	This measure is a composite of all 8 data elements and can be used as an overall evaluation of performance on this measure set.



<b>HCAHPS Composite 1 Communication with Nurses</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that their nurses “Always” communicated well.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Composite 2 Communication with Doctors</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that their doctors “Always” communicated well.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Composite 3</b> <b>Responsiveness of Hospital Staff</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that they “Always” received help as soon as they wanted.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Composite 5 Communications About Medicines</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that staff “Always” explained about medicines before giving them.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Question 8</b> <b>Cleanliness of Hospital Environment</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that their room and bathroom were “Always” clean.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	Question: During this hospital stay, how often were your room and bathroom kept clean?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Question 9</b> <b>Quietness of Hospital Environment</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that the area around their room was “Always” quiet at night.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	Question: During this hospital stay, how often was the area around your room quiet at night?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Composite 6 Discharge Information</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported that “Yes” they were given information about what to do during their recovery at home.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Composite 7 Care Transitions</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who “Strongly Agree” they understood their care when they left the hospital.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	<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>
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--



<b>HCAHPS Question 21</b> <b>Overall Rating of Hospital</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	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?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>HCAHPS Question 22</b> <b>Willingness to Recommend</b>	
<b>MBQIP Domain</b>	Patient Engagement
<b>Measure Set</b>	HCAHPS
<b>Measure Description</b>	Percentage of patients surveyed who reported “Yes” they would definitely recommend the hospital.
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Increase in percent always
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via HCAHPS vendor or self-administered if in compliance with program requirements.
<b>Data Available On</b>	Care Compare MBQIP Data Reports Flex Monitoring Team Reports
<b>Measure Population</b> <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.
<b>Sample Size Requirements</b>	Sampling determined by HCAHPS vendor or self-administered if in compliance with program requirements
<b>Data Collection Approach</b>	Survey (typically conducted by a certified vendor)
<b>Data Elements</b>	Question: Would you recommend this hospital to your friends and family?
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Submission Deadline</b>	See <a href="#">MBQIP Data Submission Deadlines</a>
<b>Other Notes</b>	--

<b>PC-01</b> <b>Elective Delivery</b>	
<b>MBQIP Domain</b>	Patient Safety/Inpatient, Additional measure
<b>Measure Set</b>	Pregnancy and Delivery Care/Perinatal Care
<b>Measure Description</b>	Patients with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed
<b>Importance/Significance</b>	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 five percent delivered in a manner violating ACOG/AAP guidelines. Most are for convenience and result in significant short-term neonatal morbidity. Compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay.
<b>Improvement Noted As</b>	Decrease in the rate
<b>Data Reported To</b>	Hospital Quality Reporting (HQR) via an Online Tool
<b>Data Available On</b>	Care Compare Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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 $\geq 8$ years and $< 65$ a Length of Stay (Discharge Date - Admission Date) $\leq 120$ days.
<b>Sample Size Requirements</b>	<p><b>Quarterly</b></p> <p><math>&lt; 75</math> - 100% of initial pt. pop 75-375 - report 75 cases 376-1499 - 20% of initial pt. pop <math>&gt; 1499</math> - report 301 cases</p> <p><b>Monthly</b></p> <p><math>&lt; 25</math> - 100% of initial pt. pop 25-125 - report 25 cases 126-500 - 20% of initial pt. pop <math>&gt; 500</math> - report 101 cases</p>
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	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
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1- December 31)
<b>Other Notes</b>	Inpatient Web-Based Measure

CLABSI	
<b>MBQIP Domain</b>	Patient Safety/Inpatient, Additional Measure
<b>Measure Set</b>	Healthcare Acquired Infections (HAI)
<b>Measure Description</b>	Central line-associated bloodstream infection (CLABSI)
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Decrease in the ratio
<b>Data Reported To</b>	National Healthcare Safety Network (NHSN) Website
<b>Data Available On</b>	Care Compare Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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)
<b>Sample Size Requirements</b>	No sampling - report all cases
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	Data elements include patient demographics, risk factors, event details, and organism(s) present. For details, see the <a href="#">57.108 Primary Bloodstream Infection (BSI) Form</a> and related table of instructions on the Surveillance for Central Line – associated Bloodstream Infections webpage: <a href="http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html">http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html</a>
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
<b>Other Notes</b>	Training materials/reporting instructions can be found on the NHSN website.

CAUTI	
<b>MBQIP Domain</b>	Patient Safety/Inpatient, Additional Measure
<b>Measure Set</b>	Healthcare Acquired Infections (HAI)
<b>Measure Description</b>	Catheter-associated urinary tract infection (CAUTI)
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Decrease in the ratio
<b>Data Reported To</b>	National Healthcare Safety Network (NHSN) Website
<b>Data Available On</b>	Care Compare Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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)
<b>Sample Size Requirements</b>	No sampling - report all cases
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	Data elements include patient demographics, risk factors, event details, and organism(s) present. For details, see the <a href="http://www.cdc.gov/nhsn/forms/57.114_utl_blank.pdf">http://www.cdc.gov/nhsn/forms/57.114_utl_blank.pdf</a> and related table of instructions on the Surveillance for Urinary Tract Infections webpage: <a href="http://www.cdc.gov/nhsn/acute-care-hospital/cauti/index.html">http://www.cdc.gov/nhsn/acute-care-hospital/cauti/index.html</a>
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
<b>Other Notes</b>	Training materials/reporting instructions can be found on the NHSN website.

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

MRSA	
<b>MBQIP Domain</b>	Patient Safety/Inpatient, Additional Measure
<b>Measure Set</b>	Healthcare Acquired Infections (HAI)
<b>Measure Description</b>	Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified events (Bloodstream infections)
<b>Importance/Significance</b>	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.
<b>Improvement Noted As</b>	Decrease in the ratio
<b>Data Reported To</b>	National Healthcare Safety Network (NHSN) Website
<b>Data Available On</b>	Care Compare Flex Monitoring Team Reports
<b>Measure Population (Determines the cases to abstract/submit)</b>	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)
<b>Sample Size Requirements</b>	No sampling - report all cases
<b>Data Collection Approach</b>	Hospital tracking
<b>Data Elements</b>	Data elements include patient demographics and event details. For details see the <a href="http://www.cdc.gov/nhsn/forms/57.128_labidevent_blank.pdf">http://www.cdc.gov/nhsn/forms/57.128_labidevent_blank.pdf</a> and related table of instructions on the Surveillance for C. difficile, MRSA and other Drug-resistant Infections webpage: <a href="http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html">http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html</a>
<b>Encounter Period</b>	Q1 (January 1 – March 31) Q2 (April 1 – June 30) Q3 (July 1 – September 30) Q4 (October 1 – December 31)
<b>Other Notes</b>	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](http://www.stratishealth.org/providers/ED_Transfer.html)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):

<http://www.hcahpsonline.org>

National Healthcare Safety Network - Healthcare Personnel Vaccination:

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

National Healthcare Safety Network – Healthcare Acquired Infections:

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