

Quality Improvement Measure Summaries for MBQIP

January 2018

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1RRH29052, Rural Quality Improvement Technical Assistance Cooperative Agreement, \$500,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Contents

Overview.....	2
MBQIP Measure Quick Reference Guide	3
Patient Safety and Inpatient Quality Improvement Measure Summary	4
Outpatient Quality Improvement Measure Summary.....	9
Patient Engagement Quality Improvement Measure Summary.....	13
Care Transitions Quality Improvement Measure Summary	17
Glossary	21
Appendix A – Acronym Guide.....	22

Overview

The [Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#) provides basic directions and resources for conducting and streamlining quality improvement. While the guide uses measures from the Medicare Beneficiary Quality Improvement Project (MBQIP) as examples, the models offered can be expanded across any quality improvement initiative.

This resource is specifically focused on the current core measures of MBQIP and provides suggested promising strategies and best practices for quality improvement for each. This resource includes:

- A quick reference guide providing an overview of the current MBQIP core measures, their acronyms, and related MBQIP domain. Measure abbreviations are hyperlinked, allowing the reader to click on the measure and go directly to it within the measure summaries.
- Measure summaries by domain, including more information as well as best practices and resources for each measure.
Note: Although for reporting purposes the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) are considered patient engagement measures, many of the individual questions and domains in the HCAHPS survey can be relevant to improvement efforts related to patient safety and care transitions, and therefore can be found in the related quality domains.
- A list of acronyms included in this resource.
- A glossary of key words with definitions. Throughout the document key words are hyperlinked allowing the reader to click on the term and go directly to the glossary.
- External resources with direct links to more information.

With regards to the measure summaries, unless otherwise noted:

- The provided “Technical Description” for Centers for Medicare & Medicaid Services (CMS) measures is taken from the Inpatient [CMS Measures Specification Manual](#).
- The provided “Technical Description” of the Emergency Department Transfer Communication (EDTC) measure and sub-measures is taken from the [Stratis Health Data Collection Guide: Emergency Department Transfer Communication Measures](#).
- The “HCAHPS Survey Question” descriptions are taken from the [HCAHPS website](#).
- The “Description for Consumer” is taken from [Hospital Compare](#).

MBQIP Measure Quick Reference Guide

The following table displays all current MBQIP measures, including the measure abbreviation, measure name and the MBQIP domain in which the measure is included within this guide. Clicking the measure abbreviation will take you to the measure in its corresponding quality improvement measure summary table.

Measure Abbreviation	Measure Name	MBQIP Domain
Antibiotic Stewardship	Antibiotic Stewardship	Patient Safety and Inpatient
ED-1	Median time from ED arrival to ED departure for admitted ED patients	Patient Safety and Inpatient
ED-2	Admit decision time to ED departure time or admitted patients	Patient Safety and Inpatient
EDTC	Emergency Department Transfer Communication	Care Transitions
HCAHPS Composite 1	Communication with Nurses	Patient Engagement
HCAHPS Composite 2	Communication with Doctors	Patient Engagement
HCAHPS Composite 3	Responsiveness of hospital staff	Patient Safety and Inpatient
HCAHPS Composite 4	Pain Management	Patient Safety and Inpatient
HCAHPS Composite 5	Communication about Medicines	Patient Safety and Inpatient
HCAHPS Composite 6	Discharge Information	Care Transitions
HCAHPS Composite 7	Care Transition	Care Transitions
HCAHPS Q8	Cleanliness of Hospital Environment	Patient Engagement
HCAHPS Q9	Quietness of Hospital Environment	Patient Engagement
HCAHPS Q21	Overall Rating of This Hospital	Patient Engagement
HCAHPS Q22	Willingness to Recommend This Hospital	Patient Engagement
IMM-2	Influenza Immunization (inpatient)	Patient Safety and Inpatient
OP-1*	Median Time to Fibrinolysis	Outpatient Care
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Outpatient Care
OP-3	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Outpatient Care
OP-4*	Aspirin at Arrival	Outpatient Care
OP-5	Median Time to ECG	Outpatient Care
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Outpatient Care
OP-20*	Door to Diagnostic Evaluation by a Qualified Medical Professional	Outpatient Care
OP-21*	Median Time to Pain Management for Long Bone Fracture	Outpatient Care
OP-22	Patient Left Without Being Seen	Outpatient Care
OP-27	Influenza Vaccination Coverage Among Healthcare Personnel	Patient Safety and Inpatient

*Measures OP-1, OP-4, OP-20, and OP-21 are slated to be removed by CMS starting with Q2 2018 discharges. They remain required MBQIP measures through Q1 2018, which has a submission deadline of August 1, 2018.

Patient Safety and Inpatient Quality Improvement Measure Summary

Patient safety and inpatient measures are used to gauge how well a hospital provides care to its patients. MBQIP measures are based on scientific evidence and can reflect guidelines, standards of care, practice parameters, and patient perceptions. Medical information from patient records, the National Healthcare Safety Network (NHSN) Annual Facility Survey, and HCAHPS survey responses are converted into rates or percentages that allow facilities to assess their performance.

Measure Abbreviation, Name	Data Submission or Origin	Technical Description	Description for Consumer	Best Practices/Resources
Antibiotic Stewardship	NHSN	Hospitals answer questions on the NHSN Annual Facility Survey that indicate they have met the following core elements of Antibiotic Stewardship: <ul style="list-style-type: none"> • Leadership • Accountability • Drug Expertise • Action • Tracking • Reporting • Education 	N/A	<ul style="list-style-type: none"> • Use the CDC’s Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals as a guide • With leadership support and appropriate resource allocation, develop an antibiotic stewardship team, ensuring that an accountable leader has been identified, and the team includes individuals with the necessary drug expertise • Use data to focus in on conditions that result in high utilization of antibiotics such as community-acquired pneumonia, <i>Clostridium difficile</i>, or urinary tract infections; develop and implement interventions accordingly • Monitor prescribing patterns and utilize tools such as an EHR or antibiogram to assist clinicians in choosing appropriate medications • Regularly report information on antibiotic use and resistance to doctors, nurses, and relevant staff; include this as a standing article in a facility newsletter or during unit meetings • Implement antibiotic time outs • Consider restricting use of certain antibiotics based on activity, cost, or toxicity, to ensure use is reviewed with an expert prior to initiating therapy • Engage experts in prospective external reviews of instances of antibiotic therapy; share findings with team members to enhance learning • Automate alerts for pharmacists in cases where antibiotic therapy might be unnecessarily duplicative

Measure Abbreviation, Name	Data Submission or Origin	Technical Description	Description for Consumer	Best Practices/Resources
ED-1 Median time from ED arrival to ED departure for admitted ED patients	QualityNet via Inpatient CART or Vendor	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	<ul style="list-style-type: none"> • Consider forming a multidisciplinary collaborative team to study processes of care and identify improvement opportunities • Synchronize clocks and equipment in the ED • Consider having designated “rounders” to help with admission process serving as a liaison between the ED and the inpatient unit(s) • Post ED throughput data in a location visible to staff; share data widely and often • Utilize huddles to address immediate throughput concerns • Work with imaging and lab services to streamline workflows and ensure quick turnaround times for diagnostic tests • Utilize the AHRQ resource Improving Patient Flow and Reducing Emergency Department Crowding • Analyze data in comparison to ED-2 in order to identify if delays are stemming from the ED (ED-1)
ED-2 Admit decision time to ED departure time for admitted patients	QualityNet via Inpatient CART or Vendor	Median time from admit decision time to time of departure from the emergency department for admitted patients	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	<ul style="list-style-type: none"> • See ED-1 above • Implement bedside transfer communication between ED and inpatient nurses • Analyze data in comparison to ED-1 in order to identify if delays are stemming from the intersection of the ED and the inpatient unit (s)
HCAHPS <u>Composite 3</u> : Responsiveness of hospital staff	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> • After you pressed the call button, how often did you get help as soon as you wanted it? (Q4) 	Patients who reported that they "Always" received help as soon as they wanted	<ul style="list-style-type: none"> • Establish protocols and identify accountability for responding to inpatient calls, e.g., a “No Pass Zone” – no one passes by a call light. • Track the type and timing of inpatient call requests to target support and response processes • Implement intentional hourly rounding; anticipate and address patient needs when staff are in the room to reduce use of call lights overall • Establish processes and expectations regarding communication for nurses when stepping away from the floor or when assistance is needed

Measure Abbreviation, Name	Data Submission or Origin	Technical Description	Description for Consumer	Best Practices/Resources
		<ul style="list-style-type: none"> How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Q11) 		<ul style="list-style-type: none"> Set and manage expectations with patients, and keep them informed if there is going to be a delay; utilize a communication tool in the patient room, such as a white board to capture such information
HCAHPS <u>Composite 4</u> : Pain Management	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> How often was your pain well controlled? (Q13) How often did the hospital staff do everything they could to help you with your pain? (Q14) 	Patients who reported that their pain was "Always" well controlled	<ul style="list-style-type: none"> Consistently use a pain scale to evaluate patient perception of pain Implement intentional hourly rounding Use a communication tool in the patient room, such as a whiteboard, for communication regarding timing and dose of pain medication Offer alternative methods to manage pain and engage family and caregivers in communication about pain management
HCAHPS <u>Composite 5</u> : Communication about Medicines	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (Q16) Before giving you any new medicine, how often did hospital staff 	Patients who reported that staff "Always" explained about medicines before giving it to them	<ul style="list-style-type: none"> Implement triggers and prompts in care processes to ensure education about medications is provided Use teach-back to assess patient understanding Limit use of jargon and technical terms Provide nurses ready access to resources and tools with information about medications in patient friendly terms Consider providing a pharmacist bedside visit to review new medications, or include pharmacist in intentional hourly rounding Include inquiring about medication questions in intentional hourly rounding practice Share best practices and processes among staff for communicating in difficult situations (e.g., patient doesn't speak English or has difficulty hearing)

Measure Abbreviation, Name	Data Submission or Origin	Technical Description	Description for Consumer	Best Practices/Resources
		describe possible side effects in a way you could understand? (Q17)		<ul style="list-style-type: none"> • Conduct follow-up phone calls within 48 hours post-discharge to clarify patient and family understanding of medications and follow-up services
OP-27 Influenza Vaccination Among Healthcare Personnel (HCP)	NHSN	Influenza Vaccination Coverage Among Healthcare Personnel	This measure shows the percentage of all healthcare workers in a hospital that received the flu vaccine	<ul style="list-style-type: none"> • Consider an organized influenza immunization campaign to improve HCP acceptance of vaccination • Provide easy access to free influenza vaccinations to all HCP on all shifts as soon as vaccinations arrive (October) • Highlight the level of vaccination coverage among HCP to be one measure of a patient safety quality program that is regularly measured and reported to facility administrators and staff • Consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications • Document reasons for non-receipt of a recommended vaccine • Consider steps to minimize/reduce potential for spread of vaccine preventable disease by unvaccinated employees such as the use of facemasks • Consider policy for a follow-up conversation with anyone who declines or refuses vaccine to provide resources to counter misinformation (if indicated) and advise employee on post-exposure protocols and any need to restrict or modify work
IMM-2 Influenza Immunization (inpatient)	QualityNet via Inpatient CART or Vendor	Documentation of the patient's vaccination status during this influenza season. If found to be a candidate for the influenza vaccine, documentation that the influenza vaccine was given	This measure shows how well the hospital is screening for and providing influenza immunizations.	<ul style="list-style-type: none"> • Offer influenza vaccination by October, if possible, and continue to offer as long as influenza viruses are circulating (generally October – March) • Review and, if necessary, update process flow for vaccine assessment and delivery to identify gaps and opportunities for improvement • Incorporate influenza vaccination status into initial patient assessment and identify a process for follow-up when needed • Provide immunization education materials to patient and family early in hospitalization • Use motivational interviewing techniques to facilitate health goals and illness prevention discussion

Measure Abbreviation, Name	Data Submission or Origin	Technical Description	Description for Consumer	Best Practices/Resources
		during this hospitalization.		<ul style="list-style-type: none"> • Review influenza vaccination status and offer vaccination well before discharge to avoid declinations because the vaccine is holding a patient up from leaving • Routinely track and monitor patient vaccination rates, share data and set monthly targets • Coordinate vaccine promotion with any affiliated outpatient and ambulatory care settings and utilize EHR technology for documentation

Outpatient Quality Improvement Measure Summary

Many rural hospitals provide the bulk of their services in an outpatient setting. The CMS outpatient measures evaluate the regularity with which a health care provider administers the outpatient treatment known to provide the best results for most patients.

Measure Abbreviation, Name	Data Entry or Origin	Technical Description	Description for Consumer	Best Practices/Resources
OP-1 <u>Median</u> time to Fibrinolysis (AMI Care)	QualityNet via outpatient <u>CART</u> or vendor	<u>Median</u> time from emergency department (ED) arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer	Not reported on Hospital Compare	See OP-2 below
OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival (AMI Care)	QualityNet via outpatient <u>CART</u> or vendor	Emergency Department AMI patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less	Outpatients with chest pain or possible heart attack who received drugs to break up blood clots within 30 minutes of arrival	<ul style="list-style-type: none"> • Diagnose the patient as early in the patient flow as possible (e.g., enable EMS to diagnose ST segment elevation myocardial infarction (STEMI) patients and/or notify ED of possible STEMI to initiate preparation processes) • Synchronize clocks and equipment in the ED • Establish local guidelines or care pathways for AMI patients • Ensure the emergency physician on duty activates the reperfusion plan according to established local guidelines and care pathways • Treat registration for patients with AMI in a fashion similar to trauma patients with the ability to fast-track critical labs, such as creatinine and Prothrombin Time (PT)/International Normalized Ratio (INR) test • Store fibrinolytic agent in the ED and/or establish ability to reconstitute and administer fibrinolytic in the ED

Measure Abbreviation, Name	Data Entry or Origin	Technical Description	Description for Consumer	Best Practices/Resources
OP-3 <u>Median</u> Time to Transfer to Another Facility for Acute Coronary Intervention (AMI Care)	QualityNet via outpatient <u>CART</u> or vendor	<u>Median</u> time from emergency department arrival to time of transfer to another facility for acute coronary intervention	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	<ul style="list-style-type: none"> • Diagnose the patient as early in the patient flow as possible (e.g., enable emergency medical service (EMS) to diagnose STEMI patients) • Synchronize equipment and clocks in the ED • Work with EMS providers and regional centers to establish processes and protocols to expedite communication and transfer • Establish initial and backup plan for transfer or transport to a STEMI-receiving hospital • For helicopter transport, immediately activate transport during initial communication between referring hospital ED and receiving hospital regarding the need for reperfusion
OP-4 Aspirin at Arrival (AMI Care)	QualityNet via outpatient <u>CART</u> or vendor	Emergency Department AMI patients or chest pain patients (with Probable Cardiac Chest Pain) who received aspirin within 24 hours before ED arrival or prior to transfer	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival	<ul style="list-style-type: none"> • Raise awareness among general population regarding heart attack symptoms, calling 911 and taking aspirin • Work with EMS providers to ensure standard protocol/process for giving aspirin if suspected AMI • Establish standard protocol for chest pain to include assessment and documentation of aspirin prior to arrival in ED/and receipt if not taken prior to arrival

Measure Abbreviation, Name	Data Entry or Origin	Technical Description	Description for Consumer	Best Practices/Resources
OP-5 Median Time to ECG (AMI Care)	QualityNet via outpatient CART or vendor	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for AMI or Chest Pain patients (with Probable Cardiac Chest Pain)	Average number of minutes before outpatients with chest pain or possible heart attack received an ECG	<ul style="list-style-type: none"> • Diagnose the patient as early in the patient flow as possible (e.g., enable EMS to diagnose STEMI patients and/or notify ED of possible STEMI to initiate preparation/processes) • Promptly identify patients requiring ECG through nurse interview prior to registration or provide necessary training to registration personnel • Synchronize equipment and clocks in the ED • Specify processes and protocol for rapidly acquiring ECG, including having ECG equipment in the ED and specifying a location that affords prompt access and adequate patient privacy • Consider collaboration with EMS providers to establish processes and protocols to have ECG equipment in the field.
OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients	QualityNet via outpatient CART or vendor	Median time patients spent in the emergency department before being sent home	Average number of minutes patients spent in the emergency department before being sent home	<ul style="list-style-type: none"> • Consider implementing alternative patient flow models such as: <ul style="list-style-type: none"> ○ RN triage and preliminary registration upon arrival, with bedside registration ○ Provider/RN team evaluations upon arrival with bedside registration ○ Low acuity patients evaluated by provider upon arrival and discharged as soon as full registration is completed ○ Share median time patients spent in the emergency department before being sent home evaluation data with ED managers, ED staff, and providers daily • Synchronize all staff and equipment clocks in the ED • Utilize the AHRQ resource Improving Patient Flow and Reducing Emergency Department Crowding
OP-20 Door to Diagnostic Evaluation by a Qualified Medical Professional	QualityNet via outpatient CART or vendor	Median time patients spent in the emergency department before they were seen by a healthcare professional.	Average number of minutes patients spent in the emergency department before being seen by a qualified medical professional (QMP)	<ul style="list-style-type: none"> • Consider implementing alternative patient flow models such as: <ul style="list-style-type: none"> ○ RN triage and preliminary registration upon arrival, with bedside registration ○ Provider/RN team evaluations upon arrival with bedside registration ○ Low acuity patients evaluated by provider upon arrival and discharged as soon as full registration is completed • Share door to qualified medical professional (QMP) evaluation data with ED managers, ED staff, and providers daily

Measure Abbreviation, Name	Data Entry or Origin	Technical Description	Description for Consumer	Best Practices/Resources
				<ul style="list-style-type: none"> • Synchronize all staff and equipment clocks in the ED • Ensure that providers consistently document the time of their first face patient assessment or exam • Utilize the AHRQ resource Improving Patient Flow and Reducing Emergency Department Crowding • Utilize the AHRQ Emergency Severity Index
OP-21 Median time to Pain Management for Long Bone Fracture	QualityNet via outpatient CART or vendor	Median time from emergency department arrival to time of initial oral, intranasal or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF).	For all patients 2 years and older who came to the emergency department with a broken arm or leg, this shows the average time they waited before getting pain medication	<ul style="list-style-type: none"> • Provide regular nurse and provider education on the requirements for LBF pain management with frequent feedback on performance • Evaluate process flows to identify any barriers to timely pain medication administration • Consider implementing a nurse-driven protocol for LBF or suspected LBF • Triage patients with suspected or known LBF as Emergency Severity Index level-2, or equivalent prioritization
OP-22 Patient left without being seen	QualityNet via Secure Log In	Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advance practice nurse/physician's assistant (physician/APN/PA).	This measure shows the percentage of all individuals who signed into an emergency department but left before being evaluated by a healthcare professional.	<ul style="list-style-type: none"> • Focus on shortening the time it takes for patients to be evaluated by a QMP (see OP-20) • Implement a process to capture patients that leave without being seen • Conduct regular patient record analyses to identify and understand trends, such as a particular diagnosis or timeframe • Gather contact information at sign in and reach out to patients who leave without being seen before the end of the shift or the next day to encourage them to return to the ED or seek treatment; inquire as to the reason they left before being seen and utilize feedback to improve processes • Utilize the AHRQ resource Improving Patient Flow and Reducing Emergency Department Crowding

Patient Engagement Quality Improvement Measure Summary

Patients and their families are essential partners in the effort to improve the quality and safety of health care. Their participation as active members of their own health care team is a key component of making care safer and reducing readmission. Studies have demonstrated measurable benefits to providing patient-centered care with a positive impact on patient satisfaction, length of stay and cost per case. By improving communication with patients, whether via providers at the bedside or institutionally through committees focused on systemic changes in patient care, patient outcomes can and will improve. Broad improvement efforts focusing on patient-centered care, organizational culture, communication strategies, and staff engagement/satisfaction are critical for comprehensive improvement.

Measure Abbreviation, Name	Data Entry or Origin	HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
HCAHPS (general)	QualityNet via HCAHPS Survey Vendor	N/A	N/A	<ul style="list-style-type: none"> Consider exercises where staff and providers complete the HCAHPS survey based on their experience and/or knowledge of the hospital, and discuss strategies to improve patient perception of care HCAHPS response rates are positively correlated with high HCAHPS performance; ensure patients are aware the survey is coming and which mode of communication will be used (e.g. mail or phone) Work closely with HCAHPS vendor to monitor and improve survey response rates Share HCAHPS results widely with staff and consider posting in a public place for patients as well
HCAHPS Composite 1: Communication with Nurses	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> How often did nurses treat you with courtesy and respect? (Q1) How often did nurses listen carefully to you? (Q2) How often did nurses explain things in a way you could understand? (Q3) 	Patients who reported that their nurses "Always" communicated well	<ul style="list-style-type: none"> Provide staff training and promote awareness relating to empathy and effective communication Implement daily huddles to share potential safety issues or other key items Use teach-back, limit jargon, and employ other health literacy principles Standardize shift change processes and/or bedside report and use as an opportunity to engage the patient and family in care Implement intentional hourly rounding Use scripting for key messages and/or employ a communication framework such as AIDET Utilize a communication tool in the patient room, such as a whiteboard, to capture key information

Measure Abbreviation, Name	Data Entry or Origin	HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
HCAHPS Composite 2: Communication with Doctors	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> • How often did doctors treat you with courtesy and respect? (Q5) • How often did doctors listen carefully to you? (Q6) • How often did doctors explain things in a way you could understand? (Q7) 	Patients who reported that their doctors "Always" communicated well	<ul style="list-style-type: none"> • Provide staff training and promote awareness relating to empathy and effective communication • Implement daily huddles to share potential safety issues or other key items • Implement peer to peer mentoring • Use teach-back, limit jargon, and employ other health literacy principles • Engage patients and families in care conferences and/or interdisciplinary rounds • Use scripting for key messages and/or employ a communication framework such as AIDET • Utilize a communication tool in the patient room, such as a whiteboard, to capture key information
HCAHPS Q8: Cleanliness of Hospital Environment	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> • How often were your room and bathroom kept clean? (Q8) 	Patients who reported that their room and bathroom were "Always" clean	<ul style="list-style-type: none"> • Clarify roles and responsibilities in responding to patient or staff concerns regarding cleanliness • Designate a housekeeping quality assurance supervisor and trainer • Inspect an agreed number of patient rooms on a regular basis, and follow up with cleaning staff to correct deficiencies • Provide visible information in the room to let patients and families know who to contact if they have a housekeeping concern or request • Provide training on communication standards and processes to cleaning staff as a part of orientation and ongoing evaluations (e.g., AIDET) • Use visual notices that room has been cleaned (e.g. calling card, note on white board) • Use logs to identify patients who communicate cleaning concerns; follow-up with those patients at least daily to ensure that their room and their bathroom is cleaned to their satisfaction • Implement intentional hourly rounding • Cultivate the cultural expectation that everyone is responsible for cleanliness and that all staff will “tidy up before you exit a patient room”

Measure Abbreviation, Name	Data Entry or Origin	HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
HCAHPS Q9: Quietness of Hospital Environment	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> How often was the area around your room quiet at night? (Q9) 	Patients who reported that the area around their room was "Always" quiet at night	<ul style="list-style-type: none"> Utilize single patient rooms if feasible Close doors to patient rooms whenever possible Use "Quiet Zone" signs and reminders in the corridors Eliminate use of overhead paging, particularly at night Offer ear plugs to patients Include a "white noise" channel on the television Cultivate cultural expectation that everyone is responsible for quiet, and it is ok for staff to remind each other Designate zones for staff conversation (e.g., nurses station) to help avoid hallway discussions that may be disruptive to nearby rooms Evaluate transport carts and replace noisy wheels and casters Turn down the alarm sound level on monitoring equipment if feasible or have telemetry equipment monitoring away from the patient (e.g., in the nurses station) Request that work involving heavy machinery only be done during the daytime (e.g., use of battery powered scrubbers, buffers and other loud equipment) In the evening/nighttime, use a portable lantern or flashlight to illuminate the area in which the employee is working rather than turning on the overhead lights when the patient are resting
HCAHPS Q21: Overall Rating of This Hospital	QualityNet via HCAHPS Survey Vendor	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? (Q21)	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	<ul style="list-style-type: none"> Implement leadership rounding for hospital leadership to see and hear firsthand issues that may impact patient safety and satisfaction, while demonstrating top down commitment to safety and satisfaction. The following areas are most strongly correlated with a high overall hospital rating and therefore most likely to support improvement in the overall rating of the hospital: <ul style="list-style-type: none"> Scores on Nurse Communication (see best practices above) Pain Management (see best practices in the Patient Safety and Inpatient Quality Improvement Measure Summary) Responsiveness of Hospital Staff (see best practices in the Patient Safety and Inpatient Quality Improvement Measure Summary)

Measure Abbreviation, Name	Data Entry or Origin	HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
HCAHPS Q22: Willingness to Recommend This Hospital	QualityNet via HCAHPS Survey Vendor	Would you recommend this hospital to your friends and family? (Q22)	Patients who reported "Yes", they would definitely recommend the hospital	See HCAHPS Q21 above

Care Transitions Quality Improvement Measure Summary

Care transitions refer to the movement of patients from one health care provider or setting to another. For people living with serious and complex illnesses, transitions in setting of care are prone to errors. For example, one in five patients discharged from the hospital to home experience an adverse event within three weeks of discharge. The current rate for hospital readmissions among Medicare beneficiaries within 30 days of discharge is nearly 20 percent, contributing to lower patient satisfaction and rising health care costs¹.

Measure Abbreviation, Name	Data Entry or Origin	Technical Description/ HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
EDTC Emergency Department Transfer Communication	EDTC spreadsheet sent to state Flex Coordinator	<p>Composite of seven sub-measures; 27 data elements.</p> <p>Patients who are transferred from an Emergency Department (ED) to another health care facility have...</p> <ul style="list-style-type: none"> • EDTC-SUB 1: Administrative Communication (two data elements) – Physician to physician communication and health care facility to health care facility communication prior to discharge • EDTC-SUB 2: Patient Information (six data elements) – Patient identification information sent to the receiving facility 	Not reported on Hospital Compare	<ul style="list-style-type: none"> • Identify and implement a standardized process for documentation and transfer of information to the next setting of care • Update paper transfer forms to ensure capture of all the required data elements and documentation that necessary information was communicated to the next setting of care • Implement prompts and documentation in the EHR to ensure elements are captured and communicated to the receiving facility, whether electronically or via a printed-paper form • Initiate discussions with organizations, both hospitals and long term care centers that frequently receive patients from the ED, regarding opportunities for improved transfer communication and care for patients • Develop standardized setting of care processes to report outstanding test or lab results to the next setting of care if not available prior to transfer

¹ Geoffrey Gerhardt et al., “Data Shows Reduction in Medicare Hospital Readmission Rates During 2012,” *Medicare & Medicaid Research Review* 3 (2013), accessed April 1, 2015, doi: 10.5600/mmrr.003.02.b01.

Measure Abbreviation, Name	Data Entry or Origin	Technical Description/ HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
		<p>within 60 minutes of discharge</p> <ul style="list-style-type: none"> • EDTC-SUB 3: Vital Signs (six data elements) – Communication with the receiving facility within 60 minutes of discharge for patient’s vital signs • EDTC-SUB 4: Medication Information (three data elements) – Communication with the receiving facility within 60 minutes of discharge for medication information • EDTC-SUB 5: Physician or Practitioner Generated Information (two data elements) – Communication with the receiving facility within 60 minutes of discharge for history and physical and physician’s orders and plan • EDTC-SUB 6: Nurse Generated Information (six data 		

Measure Abbreviation, Name	Data Entry or Origin	Technical Description/ HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
		elements) – Communication with the receiving facility within 60 minutes of discharge for key nurse documentation elements <ul style="list-style-type: none"> • EDTC-SUB 7: Procedures and Tests (two data elements) – Communication with the receiving facility within 60 minutes of discharge of tests done and results sent • EDTC-All: Number of patients transferred to another health care facility whose medical record documentation indicated that all of the relevant elements for each of the seven sub-measures were communicated to the receiving hospital in a timely manner 		
HCAHPS Composite 6: Discharge Information	QualityNet via HCAHPS Survey Vendor	During this hospital stay... <ul style="list-style-type: none"> • Did doctors, nurses or other hospital staff talk with you about whether you would have the help you 	Patients who reported that "Yes", they were given information about what to do during their recovery at home	<ul style="list-style-type: none"> • Conduct pre-discharge assessment of ability of patient and/or family to provide self-care, including: problem solving, decision making, early symptom recognition and taking action, quality of life, depression, and other cognitive and functional ability factors • Develop a comprehensive shared care plan using a shared decision-making approach; consider patient values, preferences, social, and medical needs

Measure Abbreviation, Name	Data Entry or Origin	Technical Description/ HCAHPS Survey Question	Description for Consumer	Best Practices/Resources
		<p>needed when you left the hospital? (Q19)</p> <ul style="list-style-type: none"> • Did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Q20) 		<ul style="list-style-type: none"> • Throughout the patient stay, work with the patient and family to prepare for discharge and follow-up planning, including goals, questions, and concerns • Ensure written discharge plan is easy to read and includes only essential education on health condition, using plain language and health literacy principles • Use teach-back method to ensure patient understanding of discharge instructions
HCAHPS Composite 7: Care Transition	QualityNet via HCAHPS Survey Vendor	<p>During this hospital stay...</p> <ul style="list-style-type: none"> • 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. (Q23) • When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (Q24) • When I left the hospital, I clearly understood the purpose for taking each of my medications. (Q25) 	Patients who “Strongly Agree” they understood their care when they left the hospital	<ul style="list-style-type: none"> • Use personal health records or patient portals to ensure patients have access to necessary information, including: lab and radiology results; prescription refills requests; and the ability to email doctors, nurses, and staff with questions • Whenever possible, make follow-up appointments or arrangements for other services prior to discharge, always with patient and family input regarding availability and preferences • Use teach-back and health literacy principles in patient education • Conduct follow-up phone calls within 48 hours post-discharge to clarify patient and family understanding of medications and follow-up services • Provide a written listing of medications to the patient and family including the name of the medication, dose, route, purpose, side effects; and special considerations in language that is easy to understand for the patient • For patients with complicated medication regimes, whenever possible, engage pharmacy staff in performing patient education, medication review, and follow-up phone calls

Glossary

This glossary includes a list of commonly used terms and their explanations as they apply to the Medicare Beneficiary Quality Improvement Project (MBQIP) and quality data reporting.

Antibiotic Time Out: Reassessment of continuing need and choice of antibiotics once clinical picture is clearer and more diagnostic information is available. Often prompted 48 hours after antibiotic start.

CART: The Centers for Medicare & Medicaid Services (CMS) Abstraction & Reporting Tool; a free tool that hospitals can utilize to collect and submit the chart abstracted inpatient and outpatient [Hospital Compare](#) measures.

CMS Measure Specifications Manuals: Manuals created by the Centers for Medicare & Medicaid Services (CMS) to provide definitions for a uniform set of quality measures to be implemented in hospital settings. The inpatient and outpatient manuals can be found on the [QualityNet website](#).

Composite: A composite measure combines more than one item in order to measure a concept that is too complex to be measured with one item. In reference to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a composite measure is a grouping of related questions.

Emergency Severity Index: The Emergency Severity Index (ESI) is a five-level ED triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (most urgent) to 5 (least urgent) on the basis of acuity and resource needs. Initial work on the ESI was funded through AHRQ, which developed an [implementation handbook](#).

Hospital Compare: A website developed by the Centers for Medicare & Medicaid Services (CMS) that compiles information about hospitals and their reported quality measures and allows consumers to compare hospitals to assist in making a decision about where to seek care. For more information visit the [Hospital Compare website](#).

Intentional hourly rounding: A practice used by nursing and care teams in which routine rounds on patients are conducted hourly employing an intentional approach with the goal of improving patient care, safety and experience; also known as purposeful hourly rounding.

Median: The middle number in a set of values; half the numbers are less and half the numbers are greater.

Motivational Interviewing: A counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. For more information visit the [Case Western Reserve University center for evidence-based practices](#).

Teach-back: A communication method for ensuring that a patient understands what a provider has told them. For more information and resources visit the [Always Use Teach-back website](#).

Appendix A – Acronym Guide

The following is a list of acronyms used throughout the Quality Improvement Measure Summaries for MBQIP.

AHRQ	Agency for Healthcare Research and Quality
AMI	Acute Myocardial Infarction
CDC	Centers for Disease Control and Prevention
ECG	Electrocardiogram
ED	Emergency Department
EDTC	Emergency Department Transfer Communication
EHR	Electronic Health Record
EMS	Emergency Medical Service
ESI	Emergency Severity Index
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HAI	Hospital associated infection
HCP	Health Care Provider
IMM	Immunization
LBF	Long Bone Fracture
MBQIP	Medicare Beneficiary Quality Improvement Project
NHSN	National Healthcare Safety Network
OP	Outpatient
QMP	Qualified Medical Professional
RN	Registered Nurse
STEMI	ST-Segment Elevation Myocardial Infarction