




# What Does This Report Say About Us? FMT Reports and Resources


Quality Corner Call  
May 3, 2023

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION



# Upcoming Webinars and Educational Offerings

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## 2023 Upcoming Webinars

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### SHIP Informational Webinars

- June 14
- September 14
- December 14

### Quality Corner Calls

- August 24 – TBD
- October 19 – Best Practices - NRHA Awards, Full SHIP Grant Recognition, Most Improved
- November 21 – TBD

## In-Person Offerings

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### Quality 101

- June 15 and 16 in Topeka
- New to quality in the last 18 months

### Quality 102

- June 16 in Topeka
- Attended Quality 101 in 2022

Invites went out Friday, April 28<sup>th</sup> – if you didn't get one and think you should have, please reach out

## Site Visits (In-person or Zoom)

### MBQIP Reporting Reviews (5/quarter)

- Current requirements to continue receiving the SHIP grant
- Flex Monitoring Team reports reviewed
- Discussion of who reports what elements at your facility
- Clearing up any questions your facility may have about reporting of this data to meet the deadlines

## Kansas Healthcare Collaborative - Compass HQIC

**YOU ARE INVITED!**

### Compass Topic-Focused Open Office Hour Series

To assist hospitals in achieving their quality improvement goals, the Compass HQIC team will be hosting topic-focused open office hour calls to review measure specifications, address frequently asked questions and provide a forum for hospitals across the HQIC network to share best practices with each other.

All calls are from 1:00 - 2:00 PM (CT)

**JANUARY 31**

Anticoagulation

**FEBRUARY 14**

Pressure Ulcer/Injury

**FEBRUARY 28**

Central Line-Associated

Bloodstream Infection

**MARCH 14**

Catheter-Associated

Urinary Tract Infections

**MARCH 28**

Sepsis

**APRIL 11**

Hypoglycemia

**APRIL 25**

Opioid

**MAY 9**

Clostridioides Difficile

**MAY 23**

Readmission

**JUNE 6**

Carbapenem-Resistant

Enterobacteriaceae/

Methicillin-Resistant


Staphylococcus Aureus

**REGISTER TODAY**

<https://us06web.zoom.us/join/join?meetingref=1215c02hd3pHNOBfgc5F1N16t2jzW2wGJ> (Link)

**COMPASS**


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**FMT Reports**

- **Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**
- **Care Transition Core Measures/ EDTC Report**
- **Patient Experience Core Measures/ HCAHPS Report**

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**FMT Reports**

**Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**

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University of Minnesota  
University of North Carolina at Chapel Hill  
University of Southern Maine

## Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 3 - 2022

[REDACTED]

The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other Federal programs.



The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

**Patient Safety/Inpatient Measures**

- HCP/IMM-3: Influenza Vaccination Coverage Among Health Care Personnel (annual measure, updated in quarter 4 only)
- Antibiotic Stewardship (annual measure, updated in quarters 3 & 4 only)
  - Number of Elements Met
  - Element 1: Leadership
  - Element 2: Accountability
  - Element 3: Drug Expertise
  - Element 4: Action
  - Element 5: Tracking
  - Element 6: Reporting
  - Element 7: Education

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**Outpatient Measures**

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-22: Patient Left Without Being Seen (annual measure, updated in quarter 4 only)

**General Report Information**

For the tables in this report, hospital-level data are included for previous reporting periods and the current reporting period. State-level data and national data are also included in the tables for the current quarter, including:

- The number of CAHs reporting
- Median values
- 90th percentile values

State measures aggregate all CAHs in the state and national measures aggregate all CAHs nationwide. These data may be useful in understanding how your hospital's performance compares to other hospitals. The data for state and national values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). The data used for this report are reported to the Centers for Medicare and Medicaid Services (CMS) and extracted from QualityNet, or to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) annual survey.

Specific information on how data elements were calculated for inclusion in this report is outlined below. Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your state. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>.

**Population and Sampling Data**

Population and sampling refers to recording of the number of cases the hospital is submitting to the CMS Clinical Warehouse. Entering a "zero" (0) when appropriate in population and sampling data is a mechanism that allows CAHs to report that they had no cases that met the measure set population requirements in a given quarter. These data are used to distinguish between hospitals that did not have any cases in the patient population versus those that chose not to report. The state and national values for number of CAHs reporting a given measure include:

- All CAHs that submitted case values for that measure, and
- All CAHs that indicated that did not have any patients in the measure population.

**Percentage Values**

Percentages are calculated using the number of patients (or healthcare workers for the measure HCP/IMM-3) who meet the measure criteria, divided by the number of patients or workers in the measure population, which are specifically defined for each measure. Values are rounded to the nearest whole number.



**Time Values**

Median time includes the median number of minutes until the specified event occurs among patients who meet certain criteria, which are specifically defined for each measure.

**Percentiles**

Some measures include state and national values for 90th percentile. The 90th percentile is the level of performance required to be in the top 10% of CAHs for a given measure (i.e., 10% of CAHs perform at or better than the 90th percentile).

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**Benchmarks**

Benchmarks for HCP/IMM-3 and Antibiotic Stewardship are set at 100% to align with the benchmarks used in FORHP's MQBIP Performance Score (<https://www.ruralcenter.org/resource-library/mbqip-performance-score>). Benchmarks for OP-2, OP-22, OP-3b, and OP-18b are set at the national 90th percentiles of CAHs with MOUs during 2021.

**Binary Responses (Y/N)**

For antibiotic stewardship measures, data include a yes (Y) or no (N) for each of the seven core elements, indicating if the CAH fulfilled that element or not. The report also includes a Y or N for whether the CAH met requirements for all seven elements.

**Reporting Periods for Annual Measures**

Measure OP-22 is reported annually, with data due May 15 of each year reflecting the prior calendar year. Measure HCP/IMM-3 is also reported annually, with data due May 15 of each year reflecting the prior Flu season (quarter 4 of the previous year through quarter 1 of the current year).

Antibiotic Stewardship is an annually reported measure collected through submission of the NHSN Annual Facility Survey. Hospitals are asked to submit surveys reflective of the previous calendar year by March 1 (e.g., 2020 surveys are submitted by March 1, 2021). New survey data first becomes available with the Quarter 4 reports and are repeated in reports for Quarters 1 and 2 (in our example, Quarter 4 2020, Quarter 1 2021, and Quarter 2 2021). A final run of the data reflecting any updates to the survey or additional hospital submissions will be reflected in Quarter 3 data reports of the following year (in our example, Quarter 3 2021).

**Data Exceptions & Labels**

- "\*" indicates that the CAH either:
  - Reported a population of 0, meaning there were no patients that met the patient population, or
  - Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.
- "N/A" indicates that a CAH either:
  - Did not submit any measure data, or
  - Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.
- "#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

**Trend Figures**

Trend figures show CAH, state, and national data over multiple reporting periods. Missing or excluded data are indicated by a missing data point or bar, and a missing line or three missing bars indicates data are not available for any reporting period in the figure. For measures OP-2, OP-3b, and OP-18b, in instances where a CAH does not report a data value greater than 0 (shown by an \* in the tables), the trend figures will also have a missing data point for that period. Due to similarities between some CAH, state, and national values, trend lines may overlap in some figures. A trend figure is not included for OP-22 due to its low annual variation and the trend figure for Antibiotic Stewardship only shows CAH-level data.



**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**

Quarter 3 - 2022

Generated on 03/23/23

AMI Cardiac Care Measures	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
	Q1 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time/Overall Rate	90th Percentile	# CAHs Reporting	Median Time/Overall Rate	
OP-2 Fibrinolytic Therapy Received within 30 Minutes of ED Arrival Number of Patients (N)	*	*	*	*	68	55%	100%	1,009	47%	100%
OP-3b Median Time to Transfer to Another Facility for Acute Coronary Intervention Number of Patients (N)	*	*	*	*	68	68 min	40 min	1,009	71 min	36 min

Emergency Department - Quarterly Measure	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
	Q1 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	97 min N=46	106 min N=41	74 min N=28	101 min N=46	76	110 min	84 min	1,060	113 min	84 min

- "\*" indicates that the CAH either:
  - Reported a population of 0, meaning there were no patients that met the patient population, or
  - Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.
- "N/A" indicates that a CAH either:
  - Did not submit any measure data, or
  - Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.
- "#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.



**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



AMI Cardiac Care Measures	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench- mark
	Q4 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time/ Overall Rate	90th Percentile	# CAHs Reporting	Median Time/ Overall Rate	
OP-2 Fibrinolytic Therapy Received within 30 Minutes of ED Arrival Number of Patients (N)	*	*	*	*	68	55%	100%	1,009	47%	100%
OP-3b Median Time to Transfer to Another Facility for Acute Coronary Intervention Number of Patients (N)	*	*	*	*	68	68 min	40 min	1,009	71 min	36 min

Emergency Department - Quarterly Measure	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench- mark
	Q4 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	N/A	135 min	N/A	118 min	76	110 min	84 min	1,060	113 min	84 min
	N/A	N=74	N/A	N=71						

“\*” indicates that the CAH either:  
 • Reported a population of 0, meaning there were no patients that met the patient population, or  
 • Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.  
 “N/A” indicates that a CAH either:  
 • Did not submit any measure data, or  
 • Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.  
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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



AMI Cardiac Care Measures	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench- mark
	Q4 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time/ Overall Rate	90th Percentile	# CAHs Reporting	Median Time/ Overall Rate	
OP-2 Fibrinolytic Therapy Received within 30 Minutes of ED Arrival Number of Patients (N)	N/A	*	N/A	N/A	68	55%	100%	1,009	47%	100%
OP-3b Median Time to Transfer to Another Facility for Acute Coronary Intervention Number of Patients (N)	N/A	*	N/A	N/A	68	68 min	40 min	1,009	71 min	36 min

Emergency Department - Quarterly Measure	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench- mark
	Q4 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	159 min	161 min	125 min	110 min	76	110 min	84 min	1,060	113 min	84 min
	N=36	N=59	N=62	N=47						

“\*” indicates that the CAH either:  
 • Reported a population of 0, meaning there were no patients that met the patient population, or  
 • Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.  
 “N/A” indicates that a CAH either:  
 • Did not submit any measure data, or  
 • Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



AMI Cardiac Care Measures	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench- mark
	Q4 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time/ Overall Rate	90th Percentile	# CAHs Reporting	Median Time/ Overall Rate	
OP-2 Fibrinolytic Therapy Received within 30 Minutes of ED Arrival Number of Patients (N)	*	*	N/A	*	68	55%	100%	1,009	47%	100%
OP-3b Median Time to Transfer to Another Facility for Acute Coronary Intervention Number of Patients (N)	100 min N=2	*	N/A	*	68	68 min	40 min	1,009	71 min	36 min

Emergency Department - Quarterly Measure	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench- mark
	Q4 2021	Q1 2022	Q2 2022	Q3 2022	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	96 min N=97	83 min N=89	87 min N=25	85 min N=88	76	110 min	84 min	1,060	113 min	84 min

“\*” indicates that the CAH either:  
 • Reported a population of 0, meaning there were no patients that met the patient population, or  
 • Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.  
 “N/A” indicates that a CAH either:  
 • Did not submit any measure data, or  
 • Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



Emergency Department - Annual Measure	Your Hospital's Performance by Calendar Year			State Current Year			National Current Year		Bench- mark
	CY 2019	CY 2020	CY 2021	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	
OP-22 Patient Left Without Being Seen Number of Patients (N)	0% N=135	N/A N/A	N/A N/A	61	0%	0%	827	1%	0%

NHIS Immunization Measure	Your Hospital's Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Bench- mark
	4Q19 - 1Q20	4Q20 - 1Q21	4Q21 - 1Q22	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	
HCP/IMM-3 Healthcare Provider Influenza Vaccination	66%	77%	N/A	69	79%	98%	983	79%	100%

“N/A” indicates that the CAH did not submit any data for this measure.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



Emergency Department - Annual Measure	Your Hospital's Performance by Calendar Year			State Current Year			National Current Year			Benchmark
	CY 2019	CY 2020	CY 2021	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate	
OP-22 Patient Left Without Being Seen Number of Patients (N)	N/A	N/A	0%	61	0%	0%	827	1%	0%	
	N/A	N/A	N=2,592							

NHSN Immunization Measure	Your Hospital's Reported Adherence Percentage			State Current Flu Season			National Current Flu Season			Benchmark
	4Q19 - 1Q20	4Q20 - 1Q21	4Q21 - 1Q22	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate	
HCP/IMM-3 Healthcare Provider Influenza Vaccination	99%	93%	N/A	69	79%	98%	983	79%	100%	

"N/A" indicates that the CAH did not submit any data for this measure.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



Emergency Department - Annual Measure	Your Hospital's Performance by Calendar Year			State Current Year			National Current Year			Benchmark
	CY 2019	CY 2020	CY 2021	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate	
OP-22 Patient Left Without Being Seen Number of Patients (N)	0%	2%	N/A	61	0%	0%	827	1%	0%	
	N=2,434	N=575	N/A							

NHSN Immunization Measure	Your Hospital's Reported Adherence Percentage			State Current Flu Season			National Current Flu Season			Benchmark
	4Q19 - 1Q20	4Q20 - 1Q21	4Q21 - 1Q22	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate	
HCP/IMM-3 Healthcare Provider Influenza Vaccination	95%	99%	N/A	69	79%	98%	983	79%	100%	

"N/A" indicates that the CAH did not submit any data for this measure.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23



Emergency Department - Annual Measure	Your Hospital's Performance by Calendar Year			State Current Year			National Current Year			Benchmark
	CY 2019	CY 2020	CY 2021	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate	
OP-22 Patient Left Without Being Seen Number of Patients (N)	N/A	N/A	N/A	61	0%	0%	827	1%	0%	

NHSN Immunization Measure	Your Hospital's Reported Adherence Percentage			State Current Flu Season			National Current Flu Season			Benchmark
	4Q19 - 1Q20	4Q20 - 1Q21	4Q21 - 1Q22	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate	
HCP/IMM-3 Healthcare Provider Influenza Vaccination	100%	91%	N/A	69	79%	98%	983	79%	100%	

"N/A" indicates that the CAH did not submit any data for this measure.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23

Antibiotic Stewardship Measure - CDC Core Elements	Your Hospital's Performance by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Benchmark
	Survey Year 2020	Survey Year 2021	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of CAHs Meeting Element
Number of Elements Met	7	7	82	79%	1,250	89%	100%
Element 1: Leadership	Y	Y	82	98%	1,250	98%	100%
Element 2: Accountability	Y	Y	82	91%	1,250	96%	100%
Element 3: Drug Expertise	Y	Y	82	89%	1,250	97%	100%
Element 4: Action	Y	Y	82	96%	1,250	98%	100%
Element 5: Tracking	Y	Y	82	96%	1,250	96%	100%
Element 6: Reporting	Y	Y	82	99%	1,250	98%	100%
Element 7: Education	Y	Y	82	98%	1,250	99%	100%

"N/A" indicates that the CAH did not submit any data for this measure.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23

Antibiotic Stewardship Measure – CDC Core Elements	Your Hospital's Performance by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Benchmark
	Survey Year 2020	Survey Year 2021	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	
Number of Elements Met	4	7	82	79%	1,250	89%	100%
Element 1: Leadership	Y	Y	82	98%	1,250	98%	100%
Element 2: Accountability	N	Y	82	91%	1,250	96%	100%
Element 3: Drug Expertise	N	Y	82	89%	1,250	97%	100%
Element 4: Action	Y	Y	82	96%	1,250	98%	100%
Element 5: Tracking	Y	Y	82	96%	1,250	96%	100%
Element 6: Reporting	Y	Y	82	99%	1,250	98%	100%
Element 7: Education	N	Y	82	98%	1,250	99%	100%

“N/A” indicates that the CAH did not submit any data for this measure.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
 Quarter 3 - 2022  
 Generated on 03/23/23

Antibiotic Stewardship Measure – CDC Core Elements	Your Hospital's Performance by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Benchmark
	Survey Year 2020	Survey Year 2021	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	
Number of Elements Met	6	2	82	79%	1,250	89%	100%
Element 1: Leadership	Y	N	82	98%	1,250	98%	100%
Element 2: Accountability	Y	N	82	91%	1,250	96%	100%
Element 3: Drug Expertise	Y	N	82	89%	1,250	97%	100%
Element 4: Action	Y	N	82	96%	1,250	98%	100%
Element 5: Tracking	N	N	82	96%	1,250	96%	100%
Element 6: Reporting	Y	Y	82	99%	1,250	98%	100%
Element 7: Education	Y	Y	82	98%	1,250	99%	100%

“N/A” indicates that the CAH did not submit any data for this measure.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

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**FMT Reports**

# Care Transition Core Measures/ EDTC Report

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**Flex Monitoring Team**  
University of Minnesota  
University of North Carolina at Chapel Hill  
University of Southern Maine

## Hospital-Level Care Transition Core Measures/EDTC Report

Quarter 4 - 2022

The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS).

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

- EDTC-All
  - Home Medications
  - Allergies and/or Reactions
  - Medications Administered in Emergency Department
  - Emergency Department Provider Note
  - Mental Status/Orientation Assessment
  - Reason For Transfer and/or Plan Of Care
  - Tests and/or Procedures Performed
  - Tests and/or Procedures Results

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**General Report Information**

For the table in this report, hospital-level data are included for previous reporting periods and the current reporting period. State-level data and national data are also included in the table for the current quarter, including:

- The number of CAHs reporting
- Average values
- 90th percentile

The number of records reviewed are reported at the hospital, state, and national level.

These data may be useful in understanding how your hospital's performance compares to other hospitals.

The data for state and national values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). The data used for this report are from the Federal Office of Rural Health Policy as reported by CAHs to State Flex Programs.

Specific information on how data elements were calculated for inclusion in this report is outlined below. Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your state. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>.

**Percentage Values**

The EDTC measure is calculated as the percentage of patients that met all of the eight data elements.

**Percentiles**

The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e., 10% of CAHs perform at or better than the 90th percentile).

**Benchmarks**

Benchmarks for the EDTC measure are set at 100% to align with the benchmarks used in FORHP's MBQIP Performance Score. Find more information about these benchmarks at: <https://www.ruralcenter.org/resource-library/mbqip-performance-score>.

**Measure Aggregation**

State measures aggregate all CAHs in the state and national measures aggregate all CAHs.

**Data Exceptions**

- "N/A" indicates that the CAH did not submit any data.
- "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

**Trend Figure**

The trend figure shows CAH and national performance over multiple quarters. Missing or excluded data are indicated by a missing data point, and a missing line indicates that data are not available for any of the previous three quarters or the current quarter.



**Hospital-Level Care Transition Core Measures/EDTC Report**

Quarter 4 - 2022

Generated on 03/31/23

MBQIP Quality Measure	Your Hospital's Performance by Quarter				Aggregate for All Four Quarters	State Current Quarter			National Current Quarter		Benchmark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022		# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	
EDTC-All Composite	100%	100%	75%	83%	87%	81	82%	100%	1,178	90%	100%
Home Medications	100%	100%	75%	100%	93%	81	91%	100%	1,178	94%	100%
Allergies and/or Reactions	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%
Medications Administered in ED	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%
ED Provider Note	100%	100%	100%	100%	100%	81	90%	100%	1,178	95%	100%
Mental Status/Orientation Assessment	100%	100%	100%	100%	100%	81	91%	100%	1,178	96%	100%
Reason for Transfer and/or Plan of Care	100%	100%	100%	100%	100%	81	95%	100%	1,178	97%	100%
Tests and/or Procedures Performed	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%
Tests and/or Procedures Results	100%	100%	100%	83%	93%	81	93%	100%	1,178	96%	100%
Total Medical Records Reviewed (N)	N=4	N=1	N=4	N=6	N=15	N=2,370			N=48,876		

"N/A" indicates that the CAH did not submit any data.  
# indicates that the CAH did not have a signed MOU at the time of reporting for this period.



Hospital-Level Care Transition Core Measures/EDTC Report  
Quarter 4 - 2022

Generated on 03/31/23

MBQIP Quality Measure	Your Hospital's Performance by Quarter				State Current Quarter				National Current Quarter		Benchmark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All Composite	50%	33%	44%	33%	39%	81	82%	100%	1,178	90%	100%
Home Medications	75%	56%	44%	33%	56%	81	91%	100%	1,178	94%	100%
Allergies and/or Reactions	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%
Medications Administered in ED	100%	78%	89%	100%	89%	81	93%	100%	1,178	96%	100%
ED Provider Note	50%	44%	44%	67%	50%	81	90%	100%	1,178	95%	100%
Mental Status/Orientation Assessment	75%	44%	67%	100%	68%	81	91%	100%	1,178	96%	100%
Reason for Transfer and/or Plan of Care	100%	100%	100%	100%	100%	81	95%	100%	1,178	97%	100%
Tests and/or Procedures Performed	100%	67%	44%	83%	68%	81	93%	100%	1,178	96%	100%
Tests and/or Procedures Results	100%	67%	44%	83%	68%	81	93%	100%	1,178	96%	100%
Total Medical Records Reviewed (N)	N=4	N=9	N=9	N=6	N=28	N=2,370			N=48,876		

"N/A" indicates that the CAH did not submit any data.  
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Hospital-Level Care Transition Core Measures/EDTC Report  
Quarter 4 - 2022

Generated on 03/31/23

MBQIP Quality Measure	Your Hospital's Performance by Quarter				State Current Quarter				National Current Quarter		Benchmark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All Composite	93%	91%	73%	46%	75%	81	82%	100%	1,178	90%	100%
Home Medications	100%	100%	98%	74%	93%	81	91%	100%	1,178	94%	100%
Allergies and/or Reactions	95%	100%	96%	85%	94%	81	93%	100%	1,178	96%	100%
Medications Administered in ED	100%	100%	94%	93%	97%	81	93%	100%	1,178	96%	100%
ED Provider Note	100%	98%	79%	63%	84%	81	90%	100%	1,178	95%	100%
Mental Status/Orientation Assessment	100%	98%	94%	78%	92%	81	91%	100%	1,178	96%	100%
Reason for Transfer and/or Plan of Care	100%	100%	98%	98%	99%	81	95%	100%	1,178	97%	100%
Tests and/or Procedures Performed	100%	93%	90%	78%	90%	81	93%	100%	1,178	96%	100%
Tests and/or Procedures Results	98%	95%	88%	93%	93%	81	93%	100%	1,178	96%	100%
Total Medical Records Reviewed (N)	N=43	N=43	N=52	N=46	N=184	N=2,370			N=48,876		



"N/A" indicates that the CAH did not submit any data.  
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**Hospital-Level Care Transition Core Measures/EDTC Report**  
 Quarter 4 - 2022  
 Generated on 03/31/23

MBQIP Quality Measure	Your Hospital's Performance by Quarter				State Current Quarter				National Current Quarter			Benchmark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter	
EDTC-All Composite	N/A	82%	100%	N/A	88%	81	82%	100%	1,178	90%	100%	
Home Medications	N/A	100%	100%	N/A	100%	81	91%	100%	1,178	94%	100%	
Allergies and/or Reactions	N/A	100%	100%	N/A	100%	81	93%	100%	1,178	96%	100%	
Medications Administered in ED	N/A	100%	100%	N/A	100%	81	93%	100%	1,178	96%	100%	
ED Provider Note	N/A	91%	100%	N/A	94%	81	90%	100%	1,178	95%	100%	
Mental Status/Orientation Assessment	N/A	91%	100%	N/A	94%	81	91%	100%	1,178	96%	100%	
Reason for Transfer and/or Plan of Care	N/A	100%	100%	N/A	100%	81	95%	100%	1,178	97%	100%	
Tests and/or Procedures Performed	N/A	100%	100%	N/A	100%	81	93%	100%	1,178	96%	100%	
Tests and/or Procedures Results	N/A	100%	100%	N/A	100%	81	93%	100%	1,178	96%	100%	
Total Medical Records Reviewed (N)	N/A	N=11	N=5	N/A	N=16	N=2,370			N=48,876			



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**Hospital-Level Care Transition Core Measures/EDTC Report**  
 Quarter 4 - 2022  
 Generated on 03/31/23

MBQIP Quality Measure	Your Hospital's Performance by Quarter				State Current Quarter				National Current Quarter			Benchmark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter	
EDTC-All Composite	100%	100%	100%	100%	100%	81	82%	100%	1,178	90%	100%	
Home Medications	100%	100%	100%	100%	100%	81	91%	100%	1,178	94%	100%	
Allergies and/or Reactions	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%	
Medications Administered in ED	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%	
ED Provider Note	100%	100%	100%	100%	100%	81	90%	100%	1,178	95%	100%	
Mental Status/Orientation Assessment	100%	100%	100%	100%	100%	81	91%	100%	1,178	96%	100%	
Reason for Transfer and/or Plan of Care	100%	100%	100%	100%	100%	81	95%	100%	1,178	97%	100%	
Tests and/or Procedures Performed	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%	
Tests and/or Procedures Results	100%	100%	100%	100%	100%	81	93%	100%	1,178	96%	100%	
Total Medical Records Reviewed (N)	N=67	N=74	N=61	N=52	N=254	N=2,370			N=48,876			

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**FMT Reports**

# Patient Experience Core Measures/ HCAHPS Report

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**Flex  
Monitoring  
Team** | University of Minnesota  
University of North Carolina at Chapel Hill  
University of Southern Maine

## Hospital-Level Patient Experience Core Measures/HCAHPS Report

Current Reporting Period: Q3 2021 - Q2 2022



The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other Federal programs.

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

- HCAHPS Composite 1: Q1 to Q3, Communication with Nurses
- HCAHPS Composite 2: Q5 to Q7, Communication with Doctors
- HCAHPS Composite 3: Q4 & Q11, Responsiveness of Hospital Staff
- HCAHPS Composite 5: Q13 & Q14, Communication about Medicines
- HCAHPS Composite 6: Q16 & Q17, Discharge Information
- HCAHPS Composite 7: Q20 to Q22, Care Transition
- HCAHPS Q-8: Cleanliness of Hospital Environment
- HCAHPS Q-9: Quietness of Hospital Environment
- HCAHPS Q-18: Overall Rating of Hospital
- HCAHPS Q-19: Willingness to Recommend This Hospital

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Kansas



**General Report Information**

For the measures in this report, hospital-level data are included for the current reporting period, which includes four rolling quarters. Hospital-level data include:

- The number of completed surveys - the number of participants who returned the survey in the specified timeframe.
- The survey response rate - the percentage of participants sampled who returned the survey.
- HCAHPS summary of Star Ratings - calculated using mean scores for each HCAHPS measure which was then categorized into a rating of 1, 2, 3, 4, or 5 using a statistical clustering algorithm. All measures are eligible to receive a star rating. Hospitals with fewer than 100 completed HCAHPS surveys within the current reporting period are not eligible to receive star ratings.

This report also includes state and national averages for each measure. These data may be useful in understanding how your hospital's performance compares to other hospitals. The data for state and national values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). The data used for this report are reported to the Centers for Medicare and Medicaid Services (CMS) and extracted from QualityNet.

CMS requires that CAHs submit ten months of data (reporting in all four quarters) to be publicly reporting. In order for scores to be calculated for a quarter, CAHs must also have two or more completed surveys.

Specific information on how data elements were calculated for inclusion in this report is outlined below. Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your state. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>.

**Measure Adjustment & Aggregation**

For each measure (composite or individual question), your hospital has a reported "adjusted score", where data has been adjusted by CMS for the mix of patients and the mode by which the survey was administered. Adjusted scores show the percentage of survey respondents who selected certain responses to the survey questions, and is completed to reduce the bias in comparisons between hospitals. State measures aggregate all CAHs in the state and national measures aggregate all CAHs nationwide (not all hospitals, as was the case in the MBQIP reports previously produced by Telligen). Values for state and national data may not always add to 100% due to rounding.

**Response Categories**

Response categories vary by question. For example, some questions use "Yes" or "No" as response options, where others have scales ranging from "Never" to "Always" or "Strongly disagree" to "Strongly agree". For this report, some responses are combined into one category, for example "Sometimes to Never," compared to "Usually" or "Always".

**Benchmarks**

Benchmarks for the HCAHPS measures come from the benchmarks selected for CMS' Hospital Value-Based Purchasing Program in 2021. HCAHPS Question 19 (patient recommendation) does not have a benchmark as part of these standards, and HCAHPS questions 8 and 9 (quietness and cleanliness) receive a joint benchmark.

**Data Exceptions & Labels**

- "N/A" indicates that a CAH did not report data for each of the four quarters included in the current reporting period.
- "N/C" indicates that less than 100 surveys were returned in the current reporting period so a Star Rating was not able to be calculated.
- "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

**Trend Figures**

Trend lines show CAH, state, and national performance over multiple reporting periods. Missing or excluded data are indicated by a missing data point, and a missing line indicates that data are not available for any of the previous three reporting periods or the current period. Due to similarities between some CAH, state, and national values, trend lines may overlap in some figures.

**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Number of Completed Surveys: 20  
 Survey Response Rate: 36%  
 HCAHPS Summary Star Rating: N/C



HCAHPS Composites	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Composite 1 (Q1 to Q3) Communication with Nurses	N/C	2%	2%	96%	3%	14%	83%	3%	14%	83%	88%
Composite 2 (Q5 to Q7) Communication with Doctors	N/C	2%	7%	91%	3%	11%	86%	4%	13%	83%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	N/C	6%	7%	87%	5%	22%	73%	6%	21%	73%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	N/C	29%	11%	60%	16%	19%	65%	16%	19%	65%	74%

Hospital Environment Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Q8 Cleanliness of Hospital	N/C	6%	1%	93%	6%	16%	79%	7%	16%	78%	80%
Q9 Quietness of Hospital	N/C	13%	18%	69%	6%	27%	67%	7%	27%	66%	80%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

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**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23



Number of Completed Surveys: 5  
 Survey Response Rate: 23%  
 HCAHPS Summary Star Rating: N/C

HCAHPS Composites	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Composite 1 (Q1 to Q3) Communication with Nurses	N/C	1%	8%	91%	3%	14%	83%	3%	14%	83%	88%
Composite 2 (Q5 to Q7) Communication with Doctors	N/C	2%	27%	71%	3%	11%	86%	4%	13%	83%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	N/C	2%	33%	65%	5%	22%	73%	6%	21%	73%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	N/C	5%	28%	67%	16%	19%	65%	16%	19%	65%	74%

Hospital Environment Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Q8 Cleanliness of Hospital	N/C	2%	51%	47%	6%	16%	79%	7%	16%	78%	80%
Q9 Quietness of Hospital	N/C	2%	50%	48%	6%	27%	67%	7%	27%	66%	80%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Number of Completed Surveys: N/A  
 Survey Response Rate: N/A  
 HCAHPS Summary Star Rating: N/C


HCAHPS Composites	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Composite 1 (Q1 to Q3) Communication with Nurses	N/C	N/A	N/A	N/A	3%	14%	83%	3%	14%	83%	88%
Composite 2 (Q5 to Q7) Communication with Doctors	N/C	N/A	N/A	N/A	3%	11%	86%	4%	13%	83%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	N/C	N/A	N/A	N/A	5%	22%	73%	6%	21%	73%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	N/C	N/A	N/A	N/A	16%	19%	65%	16%	19%	65%	74%

Hospital Environment Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Q8 Cleanliness of Hospital	N/C	N/A	N/A	N/A	6%	16%	79%	7%	16%	78%	80%
Q9 Quietness of Hospital	N/C	N/A	N/A	N/A	6%	27%	67%	7%	27%	66%	80%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
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**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Number of Completed Surveys: 48  
 Survey Response Rate: 50%  
 HCAHPS Summary Star Rating: N/C


HCAHPS Composites	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Composite 1 (Q1 to Q3) Communication with Nurses	N/C	2%	9%	89%	3%	14%	83%	3%	14%	83%	88%
Composite 2 (Q5 to Q7) Communication with Doctors	N/C	4%	7%	89%	3%	11%	86%	4%	13%	83%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	N/C	6%	15%	79%	5%	22%	73%	6%	21%	73%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	N/C	13%	28%	59%	16%	19%	65%	16%	19%	65%	74%

Hospital Environment Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Q8 Cleanliness of Hospital	N/C	3%	7%	90%	6%	16%	79%	7%	16%	78%	80%
Q9 Quietness of Hospital	N/C	4%	26%	70%	6%	27%	67%	7%	27%	66%	80%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

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**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Number of Completed Surveys: 63  
 Survey Response Rate: 32%  
 HCAHPS Summary Star Rating: N/C


HCAHPS Composites	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Composite 1 (Q1 to Q3) Communication with Nurses	N/C	3%	13%	84%	3%	14%	83%	3%	14%	83%	88%
Composite 2 (Q5 to Q7) Communication with Doctors	N/C	5%	9%	86%	3%	11%	86%	4%	13%	83%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	N/C	7%	20%	73%	5%	22%	73%	6%	21%	73%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	N/C	18%	16%	66%	16%	19%	65%	16%	19%	65%	74%

Hospital Environment Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Q8 Cleanliness of Hospital	N/C	5%	8%	87%	6%	16%	79%	7%	16%	78%	80%
Q9 Quietness of Hospital	N/C	6%	14%	80%	6%	27%	67%	7%	27%	66%	80%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

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**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Number of Completed Surveys: 173  
 Survey Response Rate: 27%  
 HCAHPS Summary Star Rating: 4


HCAHPS Composites	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Composite 1 (Q1 to Q3) Communication with Nurses	4	3%	19%	78%	3%	14%	83%	3%	14%	83%	88%
Composite 2 (Q5 to Q7) Communication with Doctors	4	3%	14%	83%	3%	11%	86%	4%	13%	83%	88%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	4	7%	28%	65%	5%	22%	73%	6%	21%	73%	81%
Composite 5 (Q13 & Q14) Communication about Medicines	4	18%	22%	60%	16%	19%	65%	16%	19%	65%	74%

Hospital Environment Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Always
Q8 Cleanliness of Hospital	4	8%	23%	69%	6%	16%	79%	7%	16%	78%	80%
Q9 Quietness of Hospital	3	9%	32%	59%	6%	27%	67%	7%	27%	66%	80%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

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**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Discharge Information Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score		Your State's CAH Data		National CAH Data		Benchmark
	Star Rating (0-5)	No	Yes	No	Yes	No	Yes	Yes
Composite 6 (Q16 & Q17) Discharge Information	N/C	9%	91%	14%	86%	12%	88%	92%



Care Transition Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Strongly Agree
Composite 7 (Q20 to Q22) Care Transition	N/C	2%	37%	61%	4%	40%	56%	4%	41%	55%	64%

HCAHPS Global Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	9-10 rating
Q18 Overall Rating of Hospital (0 = worst hospital, 10 = best hospital)	N/C	6%	21%	73%	5%	16%	79%	6%	18%	76%	86%
	Star Rating (0-5)	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	No Benchmark
Q19 Willingness to Recommend This Hospital	N/C	1%	15%	84%	3%	21%	76%	4%	22%	74%	

“N/A” indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 “N/C” indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this period.

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**Hospital-Level Patient Experience Core Measures/HCAHPS Report**  
 Current Reporting Period: Q3 2021 - Q2 2022  
 Generated on 03/21/23

Discharge Information Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score		Your State's CAH Data		National CAH Data		Benchmark
	Star Rating (0-5)	No	Yes	No	Yes	No	Yes	Yes
Composite 6 (Q16 & Q17) Discharge Information	N/C	0%	100%	14%	86%	12%	88%	92%



  


Care Transition Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Strongly Agree
Composite 7 (Q20 to Q22) Care Transition	N/C	2%	31%	67%	4%	40%	56%	4%	41%	55%	64%

HCAHPS Global Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	9-10 rating
Q18 Overall Rating of Hospital (0 = worst hospital, 10 = best hospital)	N/C	2%	17%	81%	5%	16%	79%	6%	18%	76%	86%
	Star Rating (0-5)	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	No Benchmark
Q19 Willingness to Recommend This Hospital	N/C	2%	15%	83%	3%	21%	76%	4%	22%	74%	

“N/A” indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 “N/C” indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 “#” indicates that the CAH did not have a signed MOU at the time of reporting for this period.







**FMT Reports**

# Quality Improvement Measure Summaries for MBQIP

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION



https://www.ruralcenter.org/resources/quality-improvement-implementation-guide-and-toolkit-cahs

**National Rural Health**  
Resource Center

Services & Innovation About Events Programs Resources


Home / Resources

## Quality Improvement Implementation Guide and Toolkit for CAHs

This guide and toolkit offers strategies and resources to help critical access hospital (CAH) staff organize and support efforts to implement best practices for quality improvement. It includes:

- A quality improvement implementation model for small, rural hospital settings.
- A 10-step guide to leading quality improvement efforts.


**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION





https://www.ruralcenter.org/resources/quality-improvement-implementation-guide-and-toolkit-cahs


Quality Health... KHA Home Home - KRHOP QuickStartGuide\_Pri... Reframing Aging In... Telligen QI Connect... SHIP Coronavirus A... QualityNet Home Patient\_man



- An Excel-based tool to help CAH quality and patient safety leaders prioritize and make decisions related to patient safety and quality planning

 **Quality Improvement Implementation Guide and Toolkit for CAHs**  
(732.96 KB)  
Stratis Health

 **Quality Improvement Measure Summaries for MBQIP**  
(442.2 KB)  
Stratis Health

 **Brainstorming Tool (33.25 KB)**  
Stratis Health

 **Internal Quality Monitoring Tool (586.13 KB)**  
Stratis Health

 **Rural Quality Improvement Technical Assistance**



**Quality Improvement Measure Summaries for MBQIP**

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**August 2020**

Quality Improvement Measure Summaries for MBQIP

**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
EDTC	Emergency Department Transfer Communication	Care Transitions
HC AHPS Composite 1	Communication with Nurses	Patient Engagement
HC AHPS Composite 2	Communication with Doctors	Patient Engagement
HC AHPS Composite 3	Responsiveness of hospital staff	Patient Safety and Inpatient
HC AHPS Composite 4 <sup>1</sup>	Pain Management	Patient Safety and Inpatient
HC AHPS Composite 5	Communication about Medicines	Patient Safety and Inpatient
HC AHPS Composite 6	Discharge Information	Care Transitions
HC AHPS Composite 7	Care Transition	Care Transitions
HC AHPS O8	Cleanliness of Hospital Environment	Patient Engagement
HC AHPS O9	Quietness of Hospital Environment	Patient Engagement
HC AHPS O21	Overall Rating of This Hospital	Patient Engagement
HC AHPS O22	Willingness to Recommend This Hospital	Patient Engagement
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-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Outpatient Care
OP-22	Patient Left Without Being Seen	Outpatient Care
HCPI/IMM-3 (formerly OP-27)	Influenza Vaccination Coverage Among Healthcare Personnel	Patient Safety and Inpatient

<sup>1</sup>Measure ED-2 is being removed by CMS following submission of Quarter 4 2019 data.  
<sup>2</sup>Pain Management HC AHPS questions are being removed by CMS beginning with Quarter 3 2019 surveys.



OP-18 Median Time from ED Arrival to ED Departure for	QualityNet via outpatient <a href="#">CART</a> or vendor	<a href="#">Median</a> time patients spent in the emergency department before being sent home	Average number of minutes patients spent in the emergency	<ul style="list-style-type: none"> <li>Consider implementing alternative patient flow models such as:                             <ul style="list-style-type: none"> <li>o RN triage and preliminary registration upon arrival, with bedside registration</li> </ul> </li> </ul>
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Quality Improvement Measure Summaries for MBQIP

Measure Abbreviation, Name	Data Entry or Origin	Technical Description	Description for Consumer	Suggested Strategies/Resources
Discharged ED Patients			department before being sent home	<ul style="list-style-type: none"> <li>o Provider/RN team evaluations upon arrival with bedside registration</li> <li>o Low acuity patients evaluated by provider upon arrival and discharged as soon as full registration is completed</li> <li>o Share median time patients spent in the emergency department before being sent home evaluation data with ED managers, ED staff, and providers daily</li> <li>• Synchronize all staff and equipment clocks in the ED</li> <li>• Utilize the AHRQ resource <a href="#">Improving Patient Flow and Reducing Emergency Department Crowding</a></li> </ul>
OP-22	QualityNet	Percent of patients who	This measure	o Focus on decreasing the time it takes for patients to be evaluated





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Measure Abbreviation	Measure Name	MBQIP Domain
Antibiotic Stewardship	Antibiotic Stewardship	Patient Safety and Inpatient
EDTC	Emergency Department Transfer Communication	Care Transitions
JCAHPS Composite 1	Communication with Nurses	Patient Engagement
JCAHPS Composite 2	Communication with Doctors	Patient Engagement
JCAHPS Composite 3	Responsiveness of Hospital Staff	Patient Safety and Inpatient
JCAHPS Composite 4*	Pain Management	Patient Safety and Inpatient
JCAHPS Composite 5	Communication about Medicines	Patient Safety and Inpatient
JCAHPS Composite 6	Discharge Information	Care Transitions
JCAHPS Composite 7	Care Transition	Care Transitions
JCAHPS Q8	Cleanliness of Hospital Environment	Patient Engagement
JCAHPS Q9	Quietness of Hospital Environment	Patient Engagement
JCAHPS Q21	Overall Rating of This Hospital	Patient Engagement
JCAHPS Q22	Willingness to Recommend This Hospital	Patient Engagement
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
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OP-22	Patient Left Without Being Seen	Outpatient Care
JCP/IMM-3 (formerly OP-27)	Influenza Vaccination Coverage Among Healthcare Personnel	Patient Safety and Inpatient

\*Measure ED-2 is being removed by CMS following submission of Quarter 4 2019 data.  
 \*Pain Management HCAHPS questions are being removed by CMS beginning with Quarter 3 2019 surveys.

**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 between settings 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 costs<sup>1</sup>.

Measure Abbreviation, Name	Data Entry or Origin	Technical Description/ HCAHPS Survey Question	Description for Consumer	Suggested Strategies/Resources
EDTC Emergency Department Transfer Communication	EDTC spreadsheet sent to state Flex Coordinator	Composite of 8 elements Number of patients transferred to another healthcare facility whose medical record documentation indicated that all the following relevant elements were documented and communicated to the receiving hospital in a timely manner: <ul style="list-style-type: none"> <li>• Home Medications</li> <li>• Allergies and/or Reactions</li> <li>• Medications Administered in the ED</li> <li>• ED Provider Notes</li> <li>• Mental Status/Orientation Assessment</li> </ul>	Not reported on Hospital Compare	<ul style="list-style-type: none"> <li>• Identify and implement a standardized process for documentation and transfer of information to the next setting of care</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>

<sup>1</sup> 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.

Quality Improvement Measure Summaries for MBQIP

**MBQIP Measure Quick Reference Guide**

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Measure Abbreviation	Measure Name	MBQIP Domain
Antibiotic Stewardship	Antibiotic Stewardship	Patient Safety and Inpatient
EDT/C	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
OP-2	Patient Left Without Being Seen	Outpatient Care
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HCP/IMM-3 (formerly OP-27)	Influenza Vaccination Coverage Among Healthcare Personnel	Patient Safety and Inpatient

\*Measure ED-2 is being removed by CMS following submission of Quarter 4 2019 data.  
 \*Pain Management HCAHPS questions are being removed by CMS beginning with Quarter 3 2019 surveys.



HCAHPS Composite	QualityNet via HCAHPS Survey Vendor	ITEM DESCRIPTION (Q&A)	Patients who stay... "Strongly Agree" they understood their care when they left the hospital	instructions
7: Care Transition		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. (Q23) • When I left the hospital, I had a good understanding of the		• 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 <i>teach-back</i> 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

Quality Improvement Measure Summaries for MBQIP

Measure Abbreviation, Name	Data Entry or Origin	Technical Description/ HCAHPS Survey Question	Description for Consumer	Suggested Strategies/Resources
		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)		effects; and special considerations in language that is easy to understand for the patient • For patients with complicated medication regimens, whenever possible, engage pharmacy staff in performing patient education, medication review, and follow-up phone calls



# MBQIP Hospital Data Submission Deadlines

## Medicare Beneficiary Quality Improvement Project (MBQIP) Hospital Data Submission Deadlines Reporting Quarters Applicable to SHIP 2023-2024 Grants

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period	
			Q4 / 2022 Oct 1 - Dec 31	Q1 / 2023 Jan 1 - Mar 31
Population & Sampling	Population & Sampling Submission (Inpatient and outpatient)	HQR via HARP Log In	May 1, 2023	August 1, 2023
OP-2	Fibrinolytic therapy received within 30 minutes	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023
OP-3	Median time to transfer to another facility for acute coronary intervention	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023
OP-22	Patient left without being seen	HQR via HARP Log In	May 15, 2023 (Aggregate based on full calendar year 2022)	
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network	May 15, 2023 (Aggregate based on Q4 2022/Q1 2023)	
EDTC	Emergency Department Transfer Communication	QHi	Submit each month by the end of the following month	
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	HQR via Vendor	April 5, 2023	July 5, 2023
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network	March 1, 2024 (Survey year 2023)	

\* The Federal Office of Rural Health currently has new MBQIP requirements under consideration. It is possible, additional items will be added. We will share more information as it becomes available.

Updated April 2023





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