Core MBQIP Measures

CMS Outpatient Measures (Domain: Outpatient)

Measure	Importance	Improvement	Reported On	Available On	Best Practices/Resources
OP-2: Fibrinolytic Therapy Received Within 30 Minutes	Same as OP-1 measure	Increase in the rate (%)	QualityNet via Outpatient CART/Vendor	• Hospital Compare • MBQIP Data and FMT Reports	• Time-to-fibrinolytic therapy is a strong predictor of outcome in patients with AMI. Nearly 2 lives per 1,000 patients are lost per hour of delay. National guidelines recommend fibrinolytic therapy within 30 minutes of hospital arrival for patients with STEMI.
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Early use of primary angioplasty in patients w/ STEMI results in a significant reduction in mortality & morbidity. The earlier primary coronary intervention is provided, the more effective.	Decrease in median value (time)	QualityNet via Outpatient CART/Vendor	• Hospital Compare • MBQIP Data and FMT Reports	• 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-18: Median time from ED Arrival to ED departure for ED discharged patients	Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care, potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.	Decrease in median value (time)			• Consider implementing alternative patient flow models such as: - 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 • AHRQ Patient Flow Guide https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/final-reports/ptflow/ptflowguide.pdf
OP-22: Patient Left Without Being Seen	Reducing patient wait time in the ED helps improve access to care, increase capability to	Decrease in the rate (%)	QualityNet Secure Online Portal		• The best practices to reduce door to evaluation by QMP (OP 20) also are likely to reduce the number of patients left without being seen

Measure	Importance	Improvement	Reported On	Available On	Best Practices/Resources
	provide treatment, reduce ambulance refusals/diversions, reduce rushed treatment environments, reduce delays in medication administration, & reduce patient suffering.				• 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 • Contact 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 • AHRQ Patient Flow Guide • https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/final-reports/ptflow/ptflowguide.pdf

Patient Safety (Patient Safety Domain)

Measure		Importance	Improvement	Reported On	Available On	Best Practices/Resources
IMM-3: Immunization for Influenza (Inpatient)		1 in 5 people in the U.S. get influenza each season. Combined in pneumonia, influenza is the 8th leading cause of death, two-thirds of those attributable to patients hospitalized during the flu season. Hospitalization is an underutilized opportunity to vaccinate.	Increase in the rate (%)	NHSN	• Hospital Compare • MBQIP Data and FMT Reports	• Offer influenza vaccination by October, if possible. Vaccination should continue to be offered as long as influenza viruses are circulating (generally October – March) • Incorporate influenza vaccination status into initial patient assessment and identify a process for follow-up when needed • Review influenza vaccination status in the discharge process with administration of vaccine if indicated on initial assessment and not already given during hospitalization
Antibiotic Stewardship		Improving antibiotic use in hospitals is imperative to improving patient outcomes. Antibiotic use has well known unintended consequences, including Clostridium difficile (C. difficile) diarrhea and other adverse events.3 C.	Increase in number of core elements met	National Healthcare Safety Network (NHSN)	• MBQIP Data and FMT Reports	• See Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals • http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf

		difficile infections alone affect more than 500,000 patients and are associated with more than 15,000 deaths in the United States each year.4 Moreover, antibiotic use is an important driving factor in the growing crisis of antibiotic resistance in the United States.				

Emergency Department Transfer Communication/EDTC (Domain: Care Transitions)

Measure	Importance	Improvement	Reported To	Available On	Best Practices/Resources
All/None Composite Calculation (all 27 data elements in EDTC sub-measures 1-7 can be used as an overall evaluation of performance on this measure set.) EDTC SUB 1: Home Medications EDTC SUB 2: Allergies and Reactions EDTC SUB 3: Medications Administered in ED EDTC SUB 4: ED Provider Note EDTC SUB 5: Mental Status/Orientation Assessment EDTC SUB 6: Reason for Transfer and/or Plan of Care	Timely, accurate, & direct communication facilitates the handoff to the receiving facility, provides continuity of care, & avoids medical errors & redundant tests.	Increase in the rate (%)	State Flex Office, then to FORHP	MBQIP Data Reports	• 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 the information was communicated to the next setting of care • Implement prompts and documentation in the electronic health record (EHR) to ensure elements are captured and communicated to the receiving facility, whether electronically or via a printed-paper form

EDTC SUB 7: Tests and/or Procedures Performed					• Initiate discussions with organizations, both hospitals and and long-term care centers that frequently receive patients from the ED, regarding opportunities for improved transfer communication and care for patients
EDTC SUB 8: Tests and/or Procedures Results					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

Source: MBQIP Measures Fact Sheets, Stratis Health, http://www.stratishealth.org/providers/ED_Transfer.html

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

HCAHPS survey contains 21 patient perspective on care and patient rating items that encompass eight key topics:

Element	Reported To	Available On
Communications with Doctors	CMS Warehouse	Hospital Compare & MBQIP Data Reports
Communication with Nurses		
Responsiveness of Hospital Staff		
Communication about Medicines		
Discharge Information		
Cleanliness of the Hospital Environment		
Quietness of the Hospital Environment		
Transition of Care		
Willingness to Recommend		
Overall Rating		

Additional Measures

Measure	Importance	Reported To	Available On
HAI-1 CLABSI: a central line-associated bloodstream infections (CLABSI) in ICUs and select wards	Central line-associated bloodstream infections (CLABSIs) result in thousands of deaths each year and billions of dollars in added costs to the U.S. healthcare system, yet these infections are preventable.	CDC/NHSN	• Hospital Compare

As of 9-2022

HAI-2 CAUTI: a catheter-associated infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney; in ICUs and select wards	UTIs are the most common type of healthcare-associated infection reported to the National Healthcare Safety Network (NHSN). CAUTIs have been associated with increased morbidity, mortality, healthcare costs, and length of stay.	CDC/NHSN	• Hospital Compare
HAI-6 CDI*: Clostridium difficile* (C.diff.) a spore-forming, Gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. Laboratory-identified Events (Intestinal infections)	It is a common cause of antibiotic-associated diarrhea (AAD). It accounts for 15-25% of all episodes of AAD. It was estimated to cause almost half a million infections in the United States in 2011, and 29,000 died within 30 days of the initial diagnosis. Those most at risk are people, especially older adults, who take antibiotics and also get medical care.	CDC/NHSN	• Hospital Compare
HAI-5 MRSA: Methicillin-resistant *Staphylococcus Aureus*(MRSA), a bacteria that is resistant to many antibiotics; blood Laboratory-identified Events (Bloodstream infections)	In a healthcare setting, such as a hospital or nursing home, MRSA can cause severe problems such as bloodstream infections, pneumonia and surgical site infections. MRSA remains an important public health problem and more remains to be done to further decrease risks of developing these infections.	CDC/NHSN	• Hospital Compare
SSIs: Surgical Site Infections Colon or Hysterectomy			
Perinatal Care • PC-01: Elective Delivery • PC-05: Exclusive Breast Milk Feeding (eCQM)			
Falls	Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk		

Source: www.cdc.gov