



MBQIP Phase 2 Data Reports: Outpatient and HCAHPS

August 14, 2013

**Department of Health and Human Services
Health Resources and Services Administration
Federal Office of Rural Health Policy**



Outpatient Hospital Report

Report Run Date: 06/27/2013

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Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information Hospital OQR Hospital Performance

Reporting Period for Clinical Process Measures: 1 Quarter 2012 through 4 Quarter 2012 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: 01/01/2012 through 12/31/2012 All Paid Medicare FFS Claims

CCN - Hospital Name		City, State, Zip					
Hospital Quality Measures		Your Hospital Performance by Quarter				State Performance	National Performance
		1Q12	2Q12	3Q12	4Q12		
OP-1	Median Time to Fibrinolysis	N/A Minutes based on N/A patients	N/A Minutes based on N/A patients	0 Minutes based on 0 patients	24 Minutes based on 1 patients	16 Minutes	13 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	1 N/A% of N/A patients	N/A% of N/A patients	2 0% of 0 patients	100% of 1 patients	44%	47%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	N/A Minutes based on N/A patients	N/A Minutes based on N/A patients	N/A Minutes based on N/A patients	37 Minutes based on 1 patients	44 Minutes	117 Minutes
OP-4	Aspirin at Arrival	N/A% of N/A patients	N/A% of N/A patients	100% of 8 patients	100% of 11 patients	97%	95%
OP-5	Median Time to ECG	N/A Minutes based on N/A patients	N/A Minutes based on N/A patients	17 Minutes based on 8 patients	12 Minutes based on 11 patients	15 Minutes	170 Minutes
OP-6	Timing of Antibiotic Prophylaxis	N/A% of N/A patients	N/A% of N/A patients	83% of 6 patients	100% of 7 patients	91%	92%
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	N/A% of N/A patients	N/A% of N/A patients	100% of 5 patients	86% of 7 patients	92%	94%

7

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6

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8



Outpatient Hospital Report: Legend



1. "N/A% of N/A patients" indicates that no data was reported for a particular measure.
2. "0% of 0 patients" indicates that the CAH reported data, but did not have any eligible cases for that measure.
3. These columns include totals only for those CAHs participating in MBQIP during the quarter, and performance will only account for those CAHs that actually submitted data. (You have received a list of CAHs that did not submit any Outpatient data in 4Q2012.)
4. This column is the same data that will be found in the state report for the current quarter of performance, and includes the average performance for CAHs participating in MBQIP in your state. CAHs can begin to gauge how their performance looks compared to the state average performance.
5. This column tells you the national average of CAHs participating in MBQIP for the current quarter. CAHs can begin to gauge how their performance looks compared to national average performance.
6. This is the most recent quarter of data. Next quarter, 1Q12 will roll off the report, all columns will shift to the left, and the newest quarter of data (1Q13) will be inserted in this far right column.
7. Median times are equally weighted; no data was dropped out.
8. Median times con't: Some CAHs reported very large values (1500 min +), and these may have been in error. If these outliers are in fact reporting errors, then the state and national performance may be incorrectly high. Because of this possibility, we recommend you use the individual CAH data for each quarter as a means to determine if there are CAHs in your state that may need further assistance with data reporting.



Outpatient State Report

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Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information
Hospital OQR Hospital Performance by State

State Name

Reporting Period for Clinical Process Measures: 1 Quarter 2012 through 4 Quarter 2012 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: 01/01/2012 through 12/31/2012 All Paid Medicare FFS Claims

State: XX

Your Hospital Performance by Quarter								
Hospital Quality Measures		1Q12	2Q12	3Q12	4Q12	Your State Performance Aggregate Rate for All Four Quarters	State Performance	National Performance
AMI Cardiac Care								
OP-1	Median Time to Fibrinolysis	22 Minutes based on 8 patients	10 Minutes based on 5 patients	18 Minutes based on 8 patients	16 Minutes based on 12 patients	17 Minutes based on 33 patients	16 Minutes	13 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	25% of 8 patients	40% of 5 patients	50% of 8 patients	50% of 12 patients	42% of 33 patients	50%	47%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	45 Minutes based on 8 patients	38 Minutes based on 9 patients	38 Minutes based on 8 patients	46 Minutes based on 9 patients	42 Minutes based on 34 patients	46 Minutes	117 Minutes
OP-4	Aspirin at Arrival	92% of 92 patients	96% of 82 patients	92% of 100 patients	90% of 122 patients	92% of 396 patients	90%	95%
OP-5	Median Time to ECG	83 Minutes based on 89 patients	16 Minutes based on 82 patients	11 Minutes based on 100 patients	18 Minutes based on 124 patients	32 Minutes based on 395 patients	18 Minutes	170 Minutes
Surgical Care								
OP-6	Timing of Antibiotic Prophylaxis	100% of 11 patients	86% of 22 patients	100% of 9 patients	83% of 18 patients	90% of 60 patients	83%	92%
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	100% of 11 patients	83% of 23 patients	100% of 10 patients	95% of 19 patients	92% of 63 patients	95%	94%



Outpatient State Report: Legend



1. This is the data for your state. Data for all CAHs in your state participating in MBQIP *that submitted data for each of the quarters* is included.
2. This is the aggregate rate of performance for all CAHs in your state over the four quarters of data included on the report.
3. This is the state average for the current quarter of data (4Q2012 for this report sample). Only CAHs in your state that are participating in MBQIP and *that submitted data for the quarter* are included.
4. This is the national average for the current quarter (again, 4Q2012). Only CAHs that are participating in MBQIP and *that submitted data for the quarter* are included (1230 CAHs participating; 643 CAHs submitted data 4Q2012).
5. Again, the Median Times are weighted equally across all 4 quarters. If your state had any quarters where there were no patients reported (indicated by “0 minutes based on 0 patients”), your state performance may be calculated incorrectly.
 - For example, if your state has “7 minutes based on 2 patients” for 1Q12, and “20 minutes based on 2 patients” for 2Q12 and 0 patients in both 3Q12 and 4Q12, your state aggregate performance was calculated by summing the four quarters and dividing by four: $(7+20+0+0) / 4 = 7$ minutes; instead of the more appropriate calculation of: $(7+20) / 2 = 14$ minutes (the times are rounded to the nearest full number). We will work with Telligen to correct this in future reports.



HCAHPS Hospital Report – pg. 1

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Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information
Hospital IQR Hospital Performance - Survey Completion and Response Rate
Hospital CAHPS (HCAHPS) Survey

CCN - Hospital Name		City, State, Zip 1											
HCAHPS Composites and Individual Items		Your Hospital's Adjusted Score											
		Reporting Period 2Q11 - 1Q12			Reporting Period 3Q11 - 2Q12			Reporting Period 4Q11 - 3Q12			Reporting Period 1Q12 - 4Q12		
		Number of Completed Surveys		98	Number of Completed Surveys		94	Number of Completed Surveys		89	Number of Completed Surveys		94
		Survey Response Rate		36	Survey Response Rate		37	Survey Response Rate		34	Survey Response Rate		35
HCAHPS Composites		Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always
Composite 1 (Q1 to Q3)	Communication with Nurses	5	18	77	4	18	78	5	17	78	4	22	74
Composite 2 (Q5 to Q7)	Communication with Doctors	3	14	83	3	13	84	4	12	84	4	17	79
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	10	29	61	5	30	65	6	30	64	7	26	67
Composite 4 (Q13 & Q14)	Pain Management	11	28	61	10	31	59	7	32	61	4	34	62
Composite 5 (Q16 & Q17)	Communication about Medicines	25	24	51	23	19	58	22	18	60	21	17	62
Hospital Environment Items		Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always
Q8	Cleanliness of Hospital Environment	2	19	79	3	16	81	4	13	83	4	17	79
Q9	Quietness of Hospital Environment	3	34	63	3	30	67	3	31	66	1	33	66
Discharge Information Composite		% Yes		% No		% Yes		% No		% Yes		% No	
Composite 6 (Q19 & Q20)	Discharge Information	85		15		85		15		87		13	
86		14											
HCAHPS Global Items		Your Hospital's Adjusted Score											
Q21		Reporting Period 2Q11 - 1Q12			Reporting Period 3Q11 - 2Q12			Reporting Period 4Q11 - 3Q12			Reporting Period 1Q12 - 4Q12		
		% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
Overall Rating of Hospital (1 = Worst Hospital 10 = Best Hospital)		9	21	70	6	22	72	6	27	67	4	28	68
Q22		% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Willingness to Recommend this Hospital		3	25	72	4	23	73	3	25	72	3	23	74

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HCAHPS Hospital Report – pg. 2

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Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information
Hospital IQR Hospital Performance - Survey Completion and Response Rate
Hospital CAHPS (HCAHPS) Survey

CCN - Hospital Name		City, State, Zip							
HCAHPS Composites and Individual Items		State Average			U.S. Average				
HCAHPS Composites		Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always		
Composite 1 (Q1 to Q3)	Communication with Nurses	4	18	78	5	17	78		
Composite 2 (Q5 to Q7)	Communication with Doctors	3	16	81	4	15	81		
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	7	24	69	9	24	67		
Composite 4 (Q13 & Q14)	Pain Management	6	24	70	7	22	71		
Composite 5 (Q16 & Q17)	Communication about Medicines	17	17	66	19	17	64		
Hospital Environment Items		Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always		
Q8	Cleanliness of Hospital Environment	7	18	75	9	18	73		
Q9	Quietness of Hospital Environment	8	29	63	10	30	60		
Discharge information Composite		% Yes		% No		% Yes		% No	
Composite 6 (Q19 & Q20)	Discharge Information	87		13		85		15	
HCAHPS Global Items		State Average			U.S. Average				
Q21	Overall Rating of Hospital	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating		
Overall Rating of Hospital (1 = Worst Hospital 10 = Best Hospital)		7	19	74	8	22	70		
Q22	Willingness to Recommend this Hospital	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend		
Willingness to Recommend this Hospital		4	21	75	5	24	71		

↑ _____ 3 _____ ↑



HCAHPS Hospital Report: Legend



1. You are being provided HCAHPS *data*, not HCAHPS *scores*. Please do not use this data to compare HCAHPS data that is released through Hospital Compare. There may be additional adjustments made to the data before it is released publicly by CMS.
2. Each column is comprised of one reporting period. Each reporting period includes 4 rolling quarters of data.
3. The State and U.S. average includes HCAHPS data for ALL hospitals submitting HCAHPS data in the State and U.S. respectively.



HCAHPS State Report - pg. 1

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Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information
Hospital IQR Hospital Performance by State
Hospital CAHPS (HCAHPS) Survey - State Level

2

3

4

State: XX

HCAHPS Survey Completion and Response Rate																						
HCAHPS Composites and Individual Items																						
HCAHPS Composites		Your State's Adjusted Score												State Aggregate			State Average			U.S. Average		
		Reporting Period 2Q11 - 1Q12			Reporting Period 3Q11 - 2Q12			Reporting Period 4Q11 - 3Q12			Reporting Period 1Q12 - 4Q12											
		Number of Completed Surveys		10046	Number of Completed Surveys		9221	Number of Completed Surveys		9020	Number of Completed Surveys		9000	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always
		Survey Response Rate		28	Survey Response Rate		28	Survey Response Rate		28	Survey Response Rate		29									
		Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always									
Composite 1 (Q1 to Q3)	Communication with Nurses	3	18	79	3	18	79	3	18	79	3	17	80	N/A	N/A	N/A	3	17	80	5	17	78
Composite 2 (Q5 to Q7)	Communication with Doctors	3	14	83	3	14	83	3	14	83	3	14	83	N/A	N/A	N/A	3	14	83	4	15	81
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	6	22	72	6	22	72	6	21	73	6	21	73	N/A	N/A	N/A	6	21	73	9	24	67
Composite 4 (Q13 & Q14)	Pain Management	5	24	71	5	25	70	5	25	70	5	24	71	N/A	N/A	N/A	5	24	71	7	22	71
Composite 5 (Q16 & Q17)	Communication about Medicines	16	20	64	16	19	65	15	19	66	15	19	66	N/A	N/A	N/A	15	19	66	19	17	64
Hospital Environment Items		Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always	Sometimes to Never	% Usually	% Always
Q8	Cleanliness of Hospital Environment	6	17	77	6	17	77	6	17	77	6	17	77	N/A	N/A	N/A	6	17	77	9	18	73
Q9	Quietness of Hospital Environment	7	29	64	7	29	64	7	29	64	7	29	64	N/A	N/A	N/A	7	29	64	10	30	60
Discharge Information Composite		% Yes		% No	% Yes		% No	% Yes		% No	% Yes		% No				% Yes		% No	% Yes		% No
Composite 6 (Q19 & Q20)	Discharge Information	86		14	86		14	86		14	87		13				87		13	85		15





HCAHPS State Report – pg. 2

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Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information
Hospital IQR Hospital Performance by State



Hospital CAHPS (HCAHPS) Survey - State Level

State: XX																						
HCAHPS Global Items																						
Q21	Overall Rating of Hospital	Your State's Adjusted Score												State Aggregate			State Average			U.S. Average		
		Reporting Period 2Q11 - 1Q12			Reporting Period 3Q11 - 2Q12			Reporting Period 4Q11 - 3Q12			Reporting Period 1Q12 - 4Q12			% 0 to 6 rating			% 0 to 6 rating			% 0 to 6 rating		
		% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
	Overall Rating of Hospital at a State Level (1 = Worst Hospital 10 = Best Hospital)	6	22	72	6	21	73	6	21	73	6	21	73	N/A	N/A	N/A	6	21	73	8	22	70
Q22	Willingness to Recommend this Hospital	Your State's Adjusted Score												State Aggregate			State Average			U.S. Average		
		Reporting Period 2Q11 - 1Q12			Reporting Period 3Q11 - 2Q12			Reporting Period 4Q11 - 3Q12			Reporting Period 1Q12 - 4Q12			% No: Definitely or Probably Not Recommend			% No: Definitely or Probably Not Recommend			% No: Definitely or Probably Not Recommend		
		% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
	Willingness to Recommend this Hospital at a State Level	3	24	73	3	24	73	3	23	74	3	24	73	N/A	N/A	N/A	3	24	73	5	24	71



HCAHPS State Report: Legend



1. The HCAHPS data for your state includes data for all HCAHPS participating hospitals (CAHs, rural PPS, urban PPS, etc.).
2. The state aggregate across 4 reporting periods cannot be calculated. This column can be removed from future reports.
3. This is the state average for the most recent reporting period.
4. The HCAHPS data for the U.S. average includes data for all HCAHPS participating hospitals nationally.