



# Quality Improvement Measure Summaries for MBQIP

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## Overview

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

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

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

With regards to the measure summaries, unless otherwise noted:

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

## MBQIP Measure Quick Reference Guide

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

| Measure Abbreviation                       | Measure Name  | MBQIP Domain                 |
|--|---|------------------------------|
| <a href="#">Antibiotic Stewardship</a>     | Antibiotic Stewardship  | Patient Safety and Inpatient |
| <a href="#">ED-2*</a>                      | Admit decision time to ED departure time or admitted patients                               | Patient Safety and Inpatient |
| <a href="#">EDTC</a>                       | Emergency Department Transfer Communication   | Care Transitions             |
| <a href="#">HCAHPS Composite 1</a>         | Communication with Nurses   | Patient Engagement           |
| <a href="#">HCAHPS Composite 2</a>         | Communication with Doctors  | Patient Engagement           |
| <a href="#">HCAHPS Composite 3</a>         | Responsiveness of hospital staff  | Patient Safety and Inpatient |
| <a href="#">HCAHPS Composite 4†</a>        | Pain Management   | Patient Safety and Inpatient |
| <a href="#">HCAHPS Composite 5</a>         | Communication about Medicines   | Patient Safety and Inpatient |
| <a href="#">HCAHPS Composite 6</a>         | Discharge Information   | Care Transitions             |
| <a href="#">HCAHPS Composite 7</a>         | Care Transition   | Care Transitions             |
| <a href="#">HCAHPS Q8</a>                  | Cleanliness of Hospital Environment   | Patient Engagement           |
| <a href="#">HCAHPS Q9</a>                  | Quietness of Hospital Environment   | Patient Engagement           |
| <a href="#">HCAHPS Q21</a>                 | Overall Rating of This Hospital   | Patient Engagement           |
| <a href="#">HCAHPS Q22</a>                 | Willingness to Recommend This Hospital  | Patient Engagement           |
| <a href="#">OP-2</a>                       | Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival                               | Outpatient Care              |
| <a href="#">OP-3</a>                       | <a href="#">Median</a> Time to Transfer to Another Facility for Acute Coronary Intervention | Outpatient Care              |
| <a href="#">OP-18</a>                      | Median Time from ED Arrival to ED Departure for Discharged ED Patients                      | Outpatient Care              |
| <a href="#">OP-22</a>                      | Patient Left Without Being Seen   | Outpatient Care              |
| <a href="#">HCP/IMM-3 (formerly OP-27)</a> | 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.

## Patient Safety and Inpatient Quality Improvement Measure Summary

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

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

| Measure Abbreviation, Name   | Data Submission or Origin               | Technical Description  | Description for Consumer  | Suggested Strategies/Resources   |
|--|---|--|---|--|
| ED-2<br>Admit decision time to ED departure time for admitted patients   | QualityNet via Inpatient CART or Vendor | Median time from admit decision time to time of departure from the emergency department for admitted patients  | Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room | <ul style="list-style-type: none"> <li>• Consider forming a multidisciplinary collaborative team to study processes of care and identify improvement opportunities</li> <li>• Synchronize clocks and equipment in the ED</li> <li>• Consider having designated “rounders” to help with admission process serving as a liaison between the ED and the inpatient unit(s)</li> <li>• Post ED throughput data in a location visible to staff; share data widely and often</li> <li>• Utilize huddles to address immediate throughput concerns</li> <li>• Work with imaging and lab services to streamline workflows and ensure quick turnaround times for diagnostic tests</li> <li>• Utilize the AHRQ resource <a href="#">Improving Patient Flow and Reducing Emergency Department Crowding</a></li> <li>• Implement bedside transfer communication between ED and inpatient nurses</li> </ul> |
| HCAHPS <a href="#">Composite 3</a> :<br>Responsiveness of hospital staff | QualityNet via HCAHPS Survey Vendor     | During this hospital stay... <ul style="list-style-type: none"> <li>• After you pressed the call button, how often did you get help as soon as you wanted it? (Q4)</li> <li>• How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Q11)</li> </ul> | Patients who reported that they "Always" received help as soon as they wanted   | <ul style="list-style-type: none"> <li>• Establish protocols and identify accountability for responding to inpatient calls, e.g., a “No Pass Zone” – no one passes by a call light.</li> <li>• Track the type and timing of inpatient call requests to target support and response processes</li> <li>• Implement <a href="#">intentional hourly rounding</a>; anticipate and address patient needs when staff are in the room to reduce use of call lights overall</li> <li>• Establish processes and expectations regarding communication for nurses when stepping away from the floor or when assistance is needed</li> <li>• Set and manage expectations with patients, and keep them informed if there is going to be a delay; utilize a communication tool in the patient room, such as a white board to capture such information</li> </ul>   |
| HCAHPS <a href="#">Composite 4</a> :<br>Pain Management                  | QualityNet via HCAHPS Survey Vendor     | During this hospital stay... <ul style="list-style-type: none"> <li>• How often was your pain well controlled? (Q13)</li> </ul>  | Patients who reported that their pain was "Always" well controlled  | <ul style="list-style-type: none"> <li>• Consistently use a pain scale to evaluate patient perception of pain</li> <li>• Implement <a href="#">intentional hourly rounding</a></li> <li>• Use a communication tool in the patient room, such as a whiteboard, for communication regarding timing and dose of pain medication</li> </ul>  |

| Measure Abbreviation, Name   | Data Submission or Origin                  | Technical Description  | Description for Consumer   | Suggested Strategies/Resources  |
|--|--|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>How often did the hospital staff do everything they could to help you with your pain? (Q14)</li> </ul>  |  | <ul style="list-style-type: none"> <li>Offer alternative methods to manage pain and engage family and caregivers in communication about pain management</li> </ul>  |
| <p>HCAHPS <a href="#">Composite 5</a>: Communication about Medicines</p>                 | <p>QualityNet via HCAHPS Survey Vendor</p> | <p>During this hospital stay...</p> <ul style="list-style-type: none"> <li>Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (Q16)</li> <li>Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (Q17)</li> </ul> | <p>Patients who reported that staff "Always" explained about medicines before giving it to them</p>            | <ul style="list-style-type: none"> <li>Implement triggers and prompts in care processes to ensure education about medications is provided</li> <li>Use <a href="#">teach-back</a> to assess patient understanding</li> <li>Limit use of jargon and technical terms</li> <li>Provide nurses ready access to resources and tools with information about medications in patient friendly terms</li> <li>Consider providing a pharmacist bedside visit to review new medications, or include pharmacist in <a href="#">intentional hourly rounding</a></li> <li>Include inquiring about medication questions in <a href="#">intentional hourly rounding</a> practice</li> <li>Share best practices and processes among staff for communicating in difficult situations (e.g., patient doesn't speak English or has difficulty hearing)</li> <li>Conduct follow-up phone calls within 48 hours post-discharge to clarify patient and family understanding of medications and follow-up services</li> </ul> |
| <p>HCP/IMM-3 Influenza Vaccination Among Healthcare Personnel (HCP) (formerly OP-27)</p> | <p>NHSN</p>                                | <p>Influenza Vaccination Coverage Among Healthcare Personnel</p>   | <p>This measure shows the percentage of all healthcare workers in a hospital that received the flu vaccine</p> | <ul style="list-style-type: none"> <li>Consider an organized influenza immunization campaign to improve HCP acceptance of vaccination</li> <li>Provide easy access to free influenza vaccinations to all HCP on all shifts as soon as vaccinations arrive (October)</li> <li>Highlight the level of vaccination coverage among HCP to be one measure of a patient safety quality program that is regularly measured and reported to facility administrators and staff</li> </ul>  |

| Measure Abbreviation, Name | Data Submission or Origin | Technical Description | Description for Consumer | Suggested Strategies/Resources   |
|----------------------------|---------------------------|-----------------------|--------------------------|--|
|                            |                           |                       |                          | <ul style="list-style-type: none"> <li>• Consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications</li> <li>• Document reasons for non-receipt of a recommended vaccine</li> <li>• Consider steps to minimize/reduce potential for spread of vaccine preventable disease by unvaccinated employees such as the use of facemasks</li> <li>• Consider policy for a follow-up conversation with anyone who declines or refuses vaccine to provide resources to counter misinformation (if indicated) and advise employee on post-exposure protocols and any need to restrict or modify work</li> </ul> |

## Outpatient Quality Improvement Measure Summary

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

| Measure Abbreviation, Name  | Data Entry or Origin                                     | Technical Description  | Description for Consumer   | Suggested Strategies/Resources   |
|---|--|--|--|--|
| OP-2<br>Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival<br><br>(AMI Care)                               | QualityNet via outpatient <a href="#">CART</a> or vendor | Emergency Department AMI patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less | Outpatients with chest pain or possible heart attack who received drugs to break up blood clots within 30 minutes of arrival                           | <ul style="list-style-type: none"> <li>• Diagnose the patient as early in the patient flow as possible (e.g., enable EMS to diagnose ST segment elevation myocardial infarction (STEMI) patients and/or notify ED of possible STEMI to initiate preparation processes)</li> <li>• Synchronize clocks and equipment in the ED</li> <li>• Establish local guidelines or care pathways for AMI patients</li> <li>• Ensure the emergency physician on duty activates the reperfusion plan according to established local guidelines and care pathways</li> <li>• Treat registration for patients with AMI in a fashion similar to trauma patients with the ability to fast-track critical labs, such as creatinine and Prothrombin Time (PT)/International Normalized Ratio (INR) test</li> <li>• Store fibrinolytic agent in the ED and/or establish ability to reconstitute and administer fibrinolytic in the ED</li> </ul> |
| OP-3<br><a href="#">Median</a> Time to Transfer to Another Facility for Acute Coronary Intervention<br><br>(AMI Care) | QualityNet via outpatient <a href="#">CART</a> or vendor | <a href="#">Median</a> time from emergency department arrival to time of transfer to another facility for acute coronary intervention  | Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital | <ul style="list-style-type: none"> <li>• Diagnose the patient as early in the patient flow as possible (e.g., enable emergency medical service (EMS) to diagnose STEMI patients)</li> <li>• Synchronize equipment and clocks in the ED</li> <li>• Work with EMS providers and regional centers to establish processes and protocols to expedite communication and transfer</li> <li>• Establish initial and backup plan for transfer or transport to a STEMI-receiving hospital</li> <li>• For helicopter transport, immediately activate transport during initial communication between referring hospital ED and receiving hospital regarding the need for reperfusion</li> </ul>  |
| OP-18<br>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>○ RN triage and preliminary registration upon arrival, with bedside registration</li> </ul> </li> </ul>   |



| 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>○ Provider/RN team evaluations upon arrival with bedside registration</li> <li>○ Low acuity patients evaluated by provider upon arrival and discharged as soon as full registration is completed</li> <li>○ 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 Patient left without being seen | QualityNet via Secure Log In | Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advance practice nurse/physician’s assistant (physician/APN/PA). | This measure shows the percentage of all individuals who signed into an emergency department but left before being evaluated by a healthcare professional | <ul style="list-style-type: none"> <li>● Focus on shortening the time it takes for patients to be evaluated by a QMP (see <a href="#">OP-20</a>)</li> <li>● Implement a process to capture patients that leave without being seen</li> <li>● Conduct regular patient record analyses to identify and understand trends, such as a particular diagnosis or timeframe</li> <li>● Gather contact information at sign in and reach out to patients who leave without being seen before the end of the shift or the next day to encourage them to return to the ED or seek treatment; inquire as to the reason they left before being seen and utilize feedback to improve processes</li> <li>● Utilize the AHRQ resource <a href="#">Improving Patient Flow and Reducing Emergency Department Crowding</a></li> </ul> |

## Patient Engagement Quality Improvement Measure Summary

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

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

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

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

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

## Care Transitions Quality Improvement Measure Summary

Care transitions refer to the movement of patients from one health care provider or setting to another. For people living with serious and complex illnesses, transitions 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<br>Emergency Department Transfer Communication | EDTC spreadsheet sent to state Flex Coordinator | Composite of 8 elements<br><br>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:<br><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.

| Measure Abbreviation, Name                                | Data Entry or Origin                | Technical Description/ HCAHPS Survey Question   | Description for Consumer   | Suggested Strategies/Resources  |
|---|-------------------------------------|---|--|---|
|   |                                     | <ul style="list-style-type: none"> <li>Reason for Transfer and/or Plan of Care</li> <li>Tests and/or Procedures Performed</li> <li>Tests and/or Procedure Results</li> </ul>  |  |   |
| HCAHPS <a href="#">Composite</a> 6: Discharge Information | QualityNet via HCAHPS Survey Vendor | During this hospital stay... <ul style="list-style-type: none"> <li>Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Q19)</li> <li>Did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Q20)</li> </ul> | Patients who reported that "Yes", they were given information about what to do during their recovery at home | <ul style="list-style-type: none"> <li>Conduct pre-discharge assessment of ability of patient and/or family to provide self-care, including: problem solving, decision making, early symptom recognition and taking action, quality of life, depression, and other cognitive and functional ability factors</li> <li>Develop a comprehensive shared care plan using a shared decision-making approach; consider patient values, preferences, social, and medical needs</li> <li>Throughout the patient stay, work with the patient and family to prepare for discharge and follow-up planning, including goals, questions, and concerns</li> <li>Ensure written discharge plan is easy to read and includes only essential education on health condition, using plain language and health literacy principles</li> <li>Use <a href="#">teach-back</a> method to ensure patient understanding of discharge instructions</li> </ul> |
| HCAHPS <a href="#">Composite</a> 7: Care Transition       | QualityNet via HCAHPS Survey Vendor | During this hospital stay... <ul style="list-style-type: none"> <li>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)</li> <li>When I left the hospital, I had a good understanding of the</li> </ul>  | Patients who "Strongly Agree" they understood their care when they left the hospital                         | <ul style="list-style-type: none"> <li>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</li> <li>Whenever possible, make follow-up appointments or arrangements for other services prior to discharge, always with patient and family input regarding availability and preferences</li> <li>Use <a href="#">teach-back</a> and health literacy principles in patient education</li> <li>Conduct follow-up phone calls within 48 hours post-discharge to clarify patient and family understanding of medications and follow-up services</li> <li>Provide a written listing of medications to the patient and family including the name of the medication, dose, route, purpose, side</li> </ul>                                     |

| 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)<br>• 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<br>• For patients with complicated medication regimes, whenever possible, engage pharmacy staff in performing patient education, medication review, and follow-up phone calls |



## Glossary

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

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

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

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

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

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

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

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

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

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

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

## Appendix A – Acronym Guide

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

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