

Updates and Changes Log for MBQIP Data Reports and Excel Data Files

Patient Safety and Outpatient Reports Combined

Starting with Q4 2015 reports, MBQIP data reports for patient safety and outpatient measures were combined into one report to reduce the total number of MBQIP data reports state Flex Coordinators received each quarter.

State & National Averages – Median Measures for Q4 2015 and Q1 2016

In Fall of 2016, it was identified that the State and National averages for all of the measures that are medians were being incorrectly calculated for Q4 2015 and Q1 2016 time periods and reports. PDF reports for Q4 2015 and Q1 2016 were not re-run, but starting with the Q2 2016 reports, the issue was resolved. The data in the Q2 2016 report (and subsequent reports) is the accurate data to use for these measures for Q4 2015 and Q1 2016.

If you would like the State & National averages for median measures in Q4 2015 and Q1 2016 in an Excel format, you should have an Excel file called “XX_Median Times_4Q15 and 1Q16” that contains them. That file should be at the very bottom of the folder from FORHP that holds your 2Q16 Patient Safety reports.

OP-22 90th Percentile

For OP-22 (shown on reports in the Q4 2015 time period) the 90th percentile (state and national) was calculated incorrectly. This issue was fixed and updated MBQIP state Excel data files with the correct 90th percentile were sent out in mid-April 2017. The subsequent report release that includes an update to OP-22 (shown in the Q4 2016 time period) is correct – these reports were distributed in June 2017.

HCAHPS Labeling

Starting with Q2 2015 reports, the label for the HCAHPS Care Transitions composite reads “Q23 & Q25.” It should read “Q23 to Q25” instead. This was resolved starting with Q4 2016 reports.

Updates to Population and Sampling Data Available in the Raw Data Files

Starting with Q2 2015 reports, the population for IMM2, AMI, ED, and PM measure sets were included in the MBQIP state Excel data files. There are two populations for the AMI measure set – the Chest Pain population (only for OP-4 and OP-5), and the AMI population (OP-1 – OP-5). CAHs will frequently have patients in the Chest Pain population but not the AMI population.

Starting with Q4 2016 reports (distributed in June 2017), the population for both AMI and Chest Pain are included in two separate columns, and the combined Chest Pain and AMI populations are also included in a third column in the MBQIP state Excel data files.

4Q15 EDTC National Averages

Due to a miscalculation in the Q4 2015 raw data, there is a very minor change for two of the national sub-measure averages. Please note the changes **highlighted in yellow** in the following chart.

	Original Q4 2015 EDTC National Averages	Updated (Correct) Q4 2015 EDTC National Averages
Records reviewed	40,055	41,401
EDTC -1	93%	93%
EDTC -2	94%	95%
EDTC -3	94%	94%
EDTC -4	92%	92%
EDTC -5	92%	91%
EDTC -6	87%	87%
EDTC -7	95%	95%
ALL EDTC	71%	71%

Standard Operating Procedure for Correcting Errors in EDTC Data Reports

After Flex Coordinators and CAHs receive each quarterly EDTC reports, both should review the reports as soon as possible. If there are any errors in the reports, Flex staff should update the EDTC State Reporting Excel Spreadsheet and email the updated EDTC spreadsheet to MBQIP@hrsa.gov by next quarter's submission deadline. The hospital's corrected data will be updated in next quarter's EDTC data reports.

Example: After receiving Q1 2016 EDTC data reports, a hospital notices that there is an error in the data. Flex Coordinator corrects the data in the Q1 2016 State Reporting Excel spreadsheet and emails MBQIP@hrsa.gov by the EDTC submission deadline for Q2 2016. The hospital's correct data will be reflected in Q2 2016 EDTC reports.

This procedure only applies to data that is incorrect, NOT for data that was submitted late to Flex Programs or FORHP.