



Quality Health Indicators: Measure List

Clinical Quality: Monthly

- Healthcare Associated Infections per 100 Inpatient Days *Core Measure*
- Unassisted Patient Falls per 100 Inpatient Days *Core Measure*
- Readmission within 30 days (All Cause) - Kansas HEN 1.0(Outcome 2) & HEN 2.0 & KHC HIIN *Core Measure*
- Percentage of Return ER Visits within 72 hours with same/similar diagnosis *Core Measure*
- Inpatients Receiving O2 Assessment within 24 hours of admission - CMS PN-1 (Removed by CMS)
- Inpatients Receiving Pneumococcal Vaccination - CMS PN-2 (Removed by CMS)
- Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital - CMS PN-3b & MBQIP Phase 1 (Removed by CMS)
- Adult Smoking Cessation Advice/Counseling - CMS PN-4 (Removed by CMS)
- Pneumonia Patients Receiving Initial Antibiotic Within 6 Hours of Hospital Arrival - CMS PN-5c (Removed by CMS)
- Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - CMS PN-6 & MBQIP Phase 1 (Removed by CMS)
- Influenza Vaccination - CMS PN-7 (Removed by CMS)
- Inpatients Screened for Pneumonia Vaccine Status - Not a CMS measure
- Evaluation of LVS Function - CMS HF-2 & MBQIP Phase 1 (Removed by CMS)
- ACEI or ARB for LVSD - CMS HF-3 & MBQIP Phase 1 (Removed by CMS)
- Adult Smoking Cessation Advice/Counseling - CMS HF-4 (Removed by CMS)
- Median Time to Fibrinolysis in the Emergency Department - CMS OP-1 & MBQIP Phase 2 & MBQIP 2015-2018 Measures
- Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department - CMS OP-2 & MBQIP Phase 2 & MBQIP 2015-2018 Measures
- Median Time to Transfer to Another Facility for Acute Coronary Intervention in the Emergency Department - CMS OP-3 & MBQIP Phase 2 & MBQIP 2015-2018 Measures
- Aspirin at Arrival in the Emergency Department - CMS OP-4 & MBQIP Phase 2 & MBQIP 2015-2018 Measures



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- Median Time to ECG in the Emergency Department - CMS OP-5 & MBQIP Phase 2 & MBQIP 2015-2018 Measures
- Median Time to ECG in the Emergency Department - CMS OP-5a (AMI Patients) & MBQIP Phase 2 & MBQIP 2015-2018 Measures
- Median Time to ECG in the Emergency Department - CMS OP-5b (Chest Pain Patients with Probable Cardiac Chest Pain) & MBQIP Phase 2 & MBQIP 2015-2018 Measures
- Timing of Antibiotic Prophylaxis in Hospital Outpatient Surgery - CMS OP-6 & MBQIP Phase 2 (Removed by CMS)
- Prophylactic Antibiotic Selection for Surgical Patients in Hospital Outpatient Surgery - CMS OP-7 & MBQIP Phase 2 (Removed by CMS)
- Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate - CMS ED-1a
- Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate - CMS ED-2a
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall Rate - CMS OP-18a & MBQIP 2015-2018 Measures
- Door to Diagnostic Evaluation by a Qualified Medical Professional - CMS OP-20 & MBQIP 2015-2018 Measures
- Median Time to Pain Management for Long Bone Fracture - CMS OP-21 & MBQIP 2015-2018 Measures
- Left Without Being Seen - CMS OP-22 & MBQIP 2015-2018 Measures
- Pneumococcal Immunization - Overall Rate - CMS IMM-1a (Removed by CMS)
- Pneumococcal Immunization - Age 65 and Older - CMS IMM-1b (Removed by CMS)
- Pneumococcal Immunization - High Risk Populations (Age 5 through 64 years) - CMS IMM-1c (Removed by CMS)
- Influenza Immunization - CMS IMM-2 & MBQIP 2015-2018 Measures
- Medication Omissions Resulting in Medication Errors per 100 inpatient days
- Medication Errors Resulting from Transcription Errors per 100 inpatient days
- Percentage of ER Provider Response Times
- Percentage of Readmissions Within 30 Days with Same or Similar Diagnosis
- Long Term Care Patient Falls per 100 Long Term Care patient days
- Surgery Patients with Appropriate Hair Removal (CMS SCIP-Inf-6) (Removed by CMS)



Quality Health Indicators: Measure List

- Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero (CMS SCIP-Inf-9) (Removed by CMS)
- Surgery Patients with Perioperative Temperature Management (CMS SCIP-Inf-10) (Removed by CMS)
- Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period (CMS SCIP-Card-2) (Removed by CMS)
- Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered (CMS SCIP VTE 1) (Removed by CMS)
- Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (CMS SCIP-VTE-2) (Removed by CMS)
- Pharmacist CPOE/Verification of Medication Orders Within 24 Hours
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 1 Administrative Communication) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 2 Patient Information) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 3 Vital Signs) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 4 Medication Information) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 5 Physician or Practitioner Generated Information) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 6 Nurse Generated Information) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 7 Procedures and Tests) - MBQIP 2015-2018 Measures
- Outpatient Emergency Department Transfer Communication (All EDTC) - MBQIP 2015-2018 Measures
- Number of unassisted patient falls - Wyoming
- Unassisted Patient Falls per 1,000 Inpatient Days - Wyoming
- Long Term Care Patient Falls per 1,000 Long Term Care patient days - Wyoming
- Percentage of unassisted acute care patient falls that result in injury - Wyoming
- Venous Thromboembolism Prophylaxis - CMS VTE-1 (Removed by CMS)



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- Venous Thromboembolism Warfarin Therapy Discharge Instructions - CMS VTE-5 (Removed by CMS)
- Hospital Acquired Potentially-Preventable Venous Thromboembolism - CMS VTE-6
- Venous Thromboembolism (VTE) Prophylaxis - CMS STK-1 (Removed by CMS)
- Discharged on Antithrombotic Therapy - CMS STK-2 (Removed by CMS)
- Anticoagulation Therapy for Atrial Fibrillation/Flutter - CMS STK-3 (Removed by CMS)
- Thrombolytic Therapy - CMS STK-4 (Removed by CMS)
- Antithrombotic Therapy By End of Hospital Day 2 - CMS STK-5 (Removed by CMS)
- Discharged on Statin Medication - CMS STK-6 (Removed by CMS)
- Stroke Education - CMS STK-8 (Removed by CMS)
- Assessed for Rehabilitation - CMS STK-10 (Removed by CMS)
- ED to Higher Level of Care Transfer Communications
- Inpatient to Higher Level of Care Transfer Communications
- Clinic** to ED Transfer Communications (** Only applies to clinics under administrative control of WRHC member)
- Clinic** to Inpatient Transfer Communications (** Only applies to clinics under administrative control of WRHC member)
- ED to Clinic Transfer Communications
- Inpatient to Clinic Transfer Communications
- Heart Failure Discharge Instructions - Kansas HEN 1.0(Process 1) (CMS HF-1) & MBQIP Phase 1 (Removed by CMS)
- Use of standardized tool for scheduling cesarean sections and induction of labor - Kansas HEN 1.0(Process 1)
- Documentation of indication prior to induction of labor as part of induction bundle - Kansas HEN 1.0(Process 2)
- Record review of scheduled cesarean sections and inductions of labor less than 39 weeks gestation - Kansas HEN 1.0(Process 3)
- Total OB Blood Transfusions - Kansas HEN 1.0(Outcome 2)
- OB Hemorrhage Risk Assessment on Admission - Kansas HEN 1.0(Process 4)



Quality Health Indicators: Measure List

- Timely Treatment for Severe Hypertension - Kansas HEN 1.0(Outcome 4)
- Heart Failure (HF) Patients - Readmissions within 30 days (All Cause) - Kansas HEN 1.0(Outcome 1)
- Patients with at least one Stage III or Greater Hospital-Acquired Pressure Ulcer (HAPU) - Kansas HEN 1.0(Outcome 2)
- Ventilator-Associated Pneumonia Rate - ICU Only - Kansas HEN 1.0(Outcome 1)
- ICU Ventilator Bundle Use - Kansas HEN 1.0(Process 1)
- Appropriate/Inappropriate Catheter Indication Rates - Kansas HEN 1.0(Process 2)
- Catheter Placement in ED - Kansas HEN 1.0(Process 3)
- ADE Reporting - Kansas HEN 1.0(Process 1)
- Rate of Harmful Events - Kansas HEN 1.0(Process 2)
- All Documented Patient Falls with or without Injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- Adverse Drug Events due to Opioids - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- Excessive Anticoagulation with Warfarin - Inpatients - Kansas HEN 1.0(Outcome 2) & HEN 2.0 & KHC HIIN
- Pressure Ulcer Prevalence, Hospital-Acquired-Stage 2+ - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- Hypoglycemia in Inpatients Receiving Insulin - Kansas HEN 1.0(Outcome 3) & HEN 2.0 & KHC HIIN
- Central Line Insertion Bundle Adherence Rate - ICUs + Other Inpatient Units (including NICUs) - (NHSN) Kansas HEN 1.0(Process 1) & HEN 2.0 & KHC HIIN
- Elective Deliveries at \geq 37 Weeks and 39 Weeks - Kansas HEN 1.0(Outcome 1) & HEN 2.0
- OB Hemorrhage - Massive Blood Transfusions - Kansas HEN 1.0(Outcome 3) & HEN 2.0
- Surgical Site Infection (SSI) Rate - All Surgeries - (NHSN) Kansas HEN 1.0(Outcome 3)(Option 2) & HEN 2.0 & KHC HIIN
- Hospital acquired potentially-preventable VTE - Kansas HEN 1.0(Outcome 1)(CMS VTE-6) & HEN 2.0 & KHC HIIN
- VTE Warfarin therapy Discharge Instructions - Kansas HEN 1.0(Process 1)(CMS VTE-5) (Removed by CMS) & HEN 2.0
- Surgical Site Infection (SSI) Rate (within 30 days after procedure) for Colon Surgery Procedures - (NHSN) Kansas HEN 1.0(Outcome 1) (Option 1) & HEN 2.0 & KHC HIIN



Quality Health Indicators: Measure List

- Surgical Site Infection (SSI) Rate (within 30 days after procedure) for Abdominal Hysterectomy Procedures - (NHSN) Kansas HEN 1.0(Outcome 2) (Option 1) & HEN 2.0 & KHC HIIN
- Fall Risk Assessment Completed within 24 Hours of Admission - Kansas HEN 1.0(Process 1) & HEN 2.0
- Urinary Catheter Utilization Ratio - ICUs + Other Inpatient Units (excluding NICUs) - HEN 1.0(Process 1) & HEN 2.0 & KHC HIIN
- Patients with Pressure Ulcer Risk Assessment Completed within 24 hours of Admission - Kansas HEN 1.0(Process 1) & HEN 2.0
- Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICUs + Other Inpatient Units (including NICUs) - (NHSN) HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- All Documented Patient Falls with an Injury Level of Minor or Greater – HEN 2.0 & KHC HIIN
- Patients with Skin Assessment Documented within 24 hours of Admission - Kansas HEN 1.0(Process 2) & HEN 2.0
- Catheter-Associated Urinary Tract Infection (CAUTI) Rates, reported separately for ICUs + Other Inpatient Units (excluding NICUs) - (NHSN) HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate - Kansas HEN 1.0(Process 2) (CMS SCIP-Inf-2a) (Removed by CMS) & HEN 2.0
- Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate - Kansas HEN 1.0(Process 1) (CMS SCIP-Inf-1a) (Removed by CMS) & HEN 2.0
- Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (AHRQ PSI Measure) – HEN 2.0
- Prophylactic Antibiotics Discontinued Within 24 Hours after Surgery End Time - Overall Rate - Kansas HEN 1.0(Process 3)(CMS SCIP-Inf-3a) (Removed by CMS) & HEN 2.0
- Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI Measure) – HEN 2.0 & KHC HIIN
- Post-Operative Sepsis (AHRQ PSI Measure) – HEN 2.0 & KHC HIIN
- Pressure Ulcer Rate, Stages 3+ (AHRQ PSI Measure) - HEN 2.0 & KHC HIIN
- Central Line Utilization Ratio - ICUs + Other Inpatient Units (including NICUs) – HEN 2.0 & KHC HIIN
- OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI Measure) – HEN 2.0
- Pre-Eclampsia – ICU Admissions – HEN 2.0
- Hand-Hygiene Adherence Rate - HEN 2.0
- OB Preeclampsia Assessment - HEN 2.0



Quality Health Indicators: Measure List

- OB Hemorrhage Risk Assessment on Admission (CMQCC) - HEN 2.0
- OB Patients at Risk for Pre-Term Delivery Receiving Antenatal Steroids - HEN 2.0
- Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means - HEN 2.0
- ABCDEF Ventilator Bundle Compliance - HEN 2.0
- Facility-wide Inpatient *C. difficile* Rate - (NHSN) HEN 2.0 & KHC HIIN
- Three-Hour Sepsis Bundle - HEN 2.0
- Six-Hour Sepsis Bundle - HEN 2.0
- Worker Harm Events Related to Patient Handling - HEN 2.0 & KHC HIIN
- Failure to Rescue (AHRQ PSI-04) - HEN 2.0
- Surgical Site Infection (SSI) Rate for Total Knee Replacements (KPRO) (Outcome 3) (Option 1) - (NHSN) HEN 2.0 & KHC HIIN
- Surgical Site Infection (SSI) Rate for Total Hip Replacements (HPRO) (Outcome 4) (Option 1) - (NHSN) HEN 2.0 & KHC HIIN
- Hospital-Onset MRSA Bacteremia Events - (NHSN) KHC HIIN
- Hospital-Wide All Cause Unplanned Readmissions - Medicare - KHC HIIN
- Hospital-Onset Sepsis Mortality Rate - KHC HIIN
- Overall Sepsis Mortality Rate - KHC HIIN
- Harm Events Related to Workplace Violence - KHC HIIN
- Catheter-associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio (SIR) - ICUs + Other Inpatient Units (excluding NICUs) - (NHSN)
- Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio (SIR) - All Inpatient Units + All ICUs - (NHSN)
- Ventilator Associated Condition (VAC) - (NHSN)
- Infection-Related Ventilator-Associated Complication (IVAC) - (NHSN)
- Standardized Infection Ratio (SIR) for patients with *C. difficile* - (NHSN)
- Standardized Infection Ratio (SIR) for patients with MRSA - (NHSN)
- STEMI - Median Arrival Time to EKG Performed



Quality Health Indicators: Measure List

- STEMI - Median Arrival Time to EKG Interpretation
- STEMI - Median Arrival Time to Administration of Thrombolytic
- STROKE - Median Arrival Time to CT Performed
- STROKE - Median Arrival Time to CT Interpretation
- STROKE - Median Arrival Time to Administration of Thrombolytic
- Call Backs
- Discharge Timeout
- Sepsis Quality Review
- Procedural Sedation Quality Review
- Code Blue Quality Review
- Sepsis Mortality
- Sepsis Mortality Excluding Comfort Care



Quality Health Indicators: Measure List

Employees

- Benefits as a Percentage of Salary *Core Measure*
- Staff Turnover *Core Measure*
- Non-Nursing Staff Turnover
- Average Time to Hire (All Staff)
- Nursing Staff Turnover (RN, LPN, CNA)
- Average Time to Hire (Nursing)
- Average Time to Hire (Non-Nursing)
- Salary to Operating Expenses Comparison



Quality Health Indicators: Measure List

Financial/Operational

- Days Cash on Hand *Core Measure*
- Gross Days in AR *Core Measure*
- Net Days in Accounts Receivable
- Bad Debt as a percent of Gross Patient Revenue
- Charity Care as a percent of Gross Patient Revenue
- Bad Debt and Charity Care as a percent of Gross Patient Revenue
- Cost per Adjusted Patient Day
- Labor Hours per Adjusted Patient Day
- Labor Cost per Adjusted Patient Day
- Labor Cost as a percent of Net Patient Revenue
- Net Patient Revenue as a percent of Gross Patient Revenue
- Bad Debt Expense
- Charity Care
- Cost per Patient Day
- Labor Hours per Patient Day
- Operating Profit Margin
- Total Margin
- Total Margin %
- Debt Service Coverage Ratio
- Current Ratio
- EBITDA Margin
- Net Patient Revenue per Adjusted Patient Day
- Net Patient Revenue per Patient Days
- Payer Mix - Commercial



Quality Health Indicators: Measure List

- Payer Mix - Medicaid
- Payer Mix - Medicare
- Payer Mix - Other
- Payer Mix - Other Government
- Payer Mix - Self/Private Pay
- Acute Occupancy per Day
- Swing Bed Occupancy per Day
- Physical Therapy Paid Labor Hours per Unit of Service
- Laboratory Paid Labor Hours per Unit of Service
- X-Ray Paid Labor Hours per Unit of Service
- Mammogram Paid Labor Hours per Unit of Service
- Ultrasound Paid Labor Hours per Unit of Service
- CT Paid Labor Hours per Unit of Service
- MRI Paid Labor Hours per Unit of Service
- Pharmacy Paid Labor Hours per Unit of Service
- Nursing Hours per Acute Inpatient Day
- Nursing Hours per Patient Day
- Rural Health Clinic Encounters per FTE
- Long Term Care Hours per LTC Patient Day
- Laboratory Hours per Billed Service
- Laboratory - Blood Utilization Rate
- Laboratory - Single Unit Transfusions
- Laboratory - Blood Culture Contamination Rate
- Laboratory - Total Billables per Month
- Laboratory - Worked Productivity (24/7 Service)
- Laboratory - Worked Productivity (Non 24/7 Service)



Quality Health Indicators: Measure List

- Laboratory - Paid Productivity (24/7 Service)
- Laboratory - Paid Productivity (Non 24/7 Service)
- Laboratory - Corrected Reports
- Laboratory - Specimen Rejection Rate
- Laboratory - Tests per hour worked
- Laboratory - Total direct cost per test
- Radiology - Tests per hour worked
- Radiology - Total direct cost per test
- Acute Care - Worked hours per days of care
- Acute Care - Total direct cost per days of care
- Acute Care - Hospitalist or Other Provider cost per visit
- Acute Care - Hospitalist Cost per Acute Inpatient Day
- Operating Room - Procedures per patient
- Operating Room - Worked hours per procedure
- Operating Room - Total direct cost per procedure
- Operating Room - Provider cost associated with CRNA or Anesthesiologist per visit
- Emergency Room - Hours worked per visit
- Emergency Room - Total direct cost per visit
- Emergency Room - Physician/PA/NP cost per visit
- Skilled Nursing Facility - Average daily census to clinical staffing ratio
- Skilled Nursing Facility - Base cost per patient day (from monthly cost report)
- Skilled Nursing Facility - Support cost per patient day (from monthly cost report)
- Skilled Nursing Facility - Support cost to base cost ratio (from monthly cost report)
- Skilled Nursing Facility - Related support to base cost ratio limit
- Skilled Nursing Facility - Patient days (from monthly cost report)



Quality Health Indicators: Measure List

Hospital Characteristics

- Acute Inpatient Days
- Average Length of Stay (ALOS) in Hours
- Average Length of Stay (ALOS) in Days
- Average Daily Census (ADC)
- Observation Hours



Quality Health Indicators: Measure List

Patient Satisfaction

- During this hospital stay, how often did nurses treat you with courtesy and respect? (HCAHPS1) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often did nurses listen carefully to you? (HCAHPS2) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often did nurses explain things in a way you could understand? (HCAHPS3) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (HCAHPS4) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often did doctors treat you with courtesy and respect? (HCAHPS5) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often did doctors listen carefully to you? (HCAHPS6) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often did doctors explain things in a way you could understand? (HCAHPS7) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often were your room and bathroom kept clean? (HCAHPS8) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often was the area around your room quiet at night? (HCAHPS9) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? (HCAHPS10) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (HCAHPS11) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, did you need medicine for pain? (HCAHPS12) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often was your pain well controlled? (HCAHPS13) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? (HCAHPS14) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, were you given any medicine that you had not taken before? (HCAHPS15) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)



Quality Health Indicators: Measure List

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (HCAHPS16) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (HCAHPS17) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? (HCAHPS18) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? (HCAHPS19) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (HCAHPS20) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- 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? (HCAHPS21) (MBQIP Phase 2) (MBQIP 2015-2018 Measures)
- Would you recommend this hospital to your friends and family? (HCAHPS22) (MBQIP Phase 2)
- 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. (HCAHPS23)(MBQIP Phase 2)
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (HCAHPS24)(MBQIP Phase 2)
- When I left the hospital, I clearly understood the purpose for taking each of my medications. (HCAHPS25)(MBQIP Phase 2)
- How well staff worked together to care for the patient? (QHi1)
- The extent to which the patient felt ready for discharge? (QHi2)
- Ease of registration/admission process (HSI 184)
- Staff efforts to always explain any delays (HSI 95)
- Efforts made by the staff to ensure your privacy (HSI 53)
- Skill displayed by the staff involved in your care (HSI 127)



Quality Health Indicators: Measure List

Clinic: Clinical Quality

- Controlling High Blood Pressure (NQF #0018) *QHi Core Measure*
- Preventive Care and Screening: Tobacco Use Cessation Intervention (NQF #0028b) *QHi Core Measure*
- Childhood Immunization Status (NQF #0038) *QHi Core Measure*
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (NQF #0059) *QHi Core Measure*
- Documentation of Current Medications in the Medical Record (NQF #0419) *QHi Core Measure*
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (NQF #0421) *QHi Core Measure*
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (NQF #0024)
- Preventive Care and Screening: Tobacco Use Screening (NQF #0028a)
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (NQF #0068)
- Ischemic Vascular Disease (IVD): Blood Pressure Control (NQF #0073)
- Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control 100 mg/dL (NQF Endorsement Removed)
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (NQF #0418)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (8.0%) (NQF #0575)
- Children Who Receive Preventive Medical Visits (NQF #1332)
- Immunizations for Adolescents (NQF #1407)
- Breast Cancer Screening (NQF #2372)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Good Control (7.0%)
- CVD: Complete Lipid Profile and LDL Control 100
- Use of Appropriate Medications for People with Asthma (NQF #0036)
- Influenza Immunization (NQF #0041)
- Pneumonia Vaccination Status for Older Adults (NQF #0043)
- Diabetes: Foot Exam (NQF #0056)



Quality Health Indicators: Measure List

- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NQF #0057)
- Comprehensive Diabetes Care: Blood Pressure Control (140/90 mmHg) (NQF #0061)
- Comprehensive Diabetes Care: Medical Attention for Nephropathy (NQF #0062)
- Comprehensive Diabetes Care: LDL-C Screening (NQF Endorsement Removed)
- DM Patients with LCL-C 100 mg/dL
- DM Patients with Self-Management Goal
- DM Patients with PN Vaccination
- DM Patients with Influenza Vaccination
- DM Patients with documented eye exam or referral
- DM Patients with LDL 130
- Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls (NQF #0101) - SCREENING FOR FUTURE FALL RISK
- Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls (NQF #0101) - FALLS RISK ASSESSMENT
- Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls (NQF #0101) - PLAN OF CARE FOR FALLS
- Oral Health - Assessed Risk
- Oral Health - Self-Management Goals Reviewed
- Oral Health - Fluoride Varnish Application
- Oral Health - Completed Dental Referral



Quality Health Indicators: Measure List

Clinic: Monthly Financial

- No-Show Rate
- Monthly Patient visits per FTE
- Monthly Total provider cost per visit
- Monthly Medicare reimbursement per visit (from cost report)
- Monthly Medicaid reimbursement per visit (from cost report)
- Monthly Medicare cost per visit (from cost report)
- Monthly Total visits (from cost report)
- Monthly Productivity Limit (from cost report)



Quality Health Indicators: Measure List

Clinic: Annual Financial

- Annual Patient visits per FTE
- Annual Total provider cost per visit
- Annual Medicare reimbursement per visit (from cost report)
- Annual Medicaid reimbursement per visit (from cost report)
- Annual Medicare cost per visit (from cost report)
- Annual Total visits (from cost report)
- Annual Productivity Limit (from cost report)



Quality Health Indicators: Measure List

Clinic: Employees

- Staff FTEs per FTE Provider
- Staff FTEs per Provider
- Staff Cost per FTE Physician
- Rural Health Clinic Encounters per FTE
- Staff Cost as a Percent of Total Medical Revenue



Quality Health Indicators: Measure List

Clinical Quality: Annual

- Influenza Vaccination Coverage among Healthcare Personnel - (ANNUAL) CMS OP-27 & MBQIP 2015-2018 Measures



Quality Health Indicators: Measure List