Clinical Quality: Monthly

- Healthcare Associated Infections per 100 Inpatient Days - BCBSKS CAH *Core Measure*
- Unassisted Patient Falls per 100 Inpatient Days *Core Measure*
- Readmission within 30 days (All Cause) Rate- KHC HIIN & BCBSKS CAH & BCBSKS PPS *Core Measure*
- Percentage of Return ER Visits within 72 hours with same/similar diagnosis *Core Measure*
- Inappropriate Emergency Department Utilization
- 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)
- Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department - CMS OP-2 (KS MBQIP 2019-2020)
- Median Time to Transfer to Another Facility for Acute Coronary Intervention in the Emergency Department - CMS OP-3 (KS MBQIP 2019-2020)
Quality Health Indicators: Measure List

- 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 & MBQIP 2018-2021 (Removed by CMS)
- Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting Measure - CMS ED-1b & MBQIP 2018-2021 (Removed by CMS)
- Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients - CMS ED-1c & MBQIP 2018-2021 (Removed by CMS)
- Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate - CMS ED-2a (KS MBQIP 2019-2020)
- Admit Decision Time to ED Departure Time for Admitted Patients - Psychiatric/Mental Health Patients - CMS ED-2c (KS MBQIP 2019-2020)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall Rate - CMS OP-18a (KS MBQIP 2019-2020)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure - CMS OP-18b (KS MBQIP 2019-2020)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients - CMS OP-18c (KS MBQIP 2019-2020)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients - CMS OP-18d (KS MBQIP 2019-2020)
Quality Health Indicators: Measure List

- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival - CMS OP-23
- 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)
- 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)
- 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) - (KS MBQIP 2019-2020)
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 2 Patient Information) - (KS MBQIP 2019-2020)
• Outpatient Emergency Department Transfer Communication (EDTC-SUB 3 Vital Signs) - (KS MBQIP 2019-2020)
• Outpatient Emergency Department Transfer Communication (EDTC-SUB 4 Medication Information) - (KS MBQIP 2019-2020)
• Outpatient Emergency Department Transfer Communication (EDTC-SUB 5 Physician or Practitioner Generated Information) - (KS MBQIP 2019-2020)
• Outpatient Emergency Department Transfer Communication (EDTC-SUB 6 Nurse Generated Information) - (KS MBQIP 2019-2020)
• Outpatient Emergency Department Transfer Communication (EDTC-SUB 7 Procedures and Tests) - (KS MBQIP 2019-2020)
• Outpatient Emergency Department Transfer Communication (All EDTC) - (KS MBQIP 2019-2020)
• EDTC-1 2020: Home Medications
• EDTC-2 2020: Allergies and/or Reactions
• EDTC-3 2020: Medications Administered in ED
• EDTC-4 2020: ED Provider Note
• EDTC-5 2020: Mental Status/Orientation Assessment
• EDTC-6 2020: Reason for Transfer and/or Plan of Care
• EDTC-7 2020: Tests and/or Procedures Performed
• EDTC-8 2020: Tests and/or Procedure Results
• EDTC-All 2020: EDTC All or None Composite Calculation
• 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)
• 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 - (CMS HF-1) & MBQIP Phase 1 (Removed by CMS)
• STROKE - CT completed within 20 minutes from ED arrival (KU CC)
• HEART FAILURE – ACEI/ARB prescribed for patients with LVEF 40% (KU CC)
• STROKE - Thrombolytic administration within 60 minutes from ED arrival (KU CC)
• STROKE - CT interpretation received within 45 minutes from ED arrival (KU CC)
• STEMI - Patients not receiving thrombolytic transferred within 30 minutes of ED arrival for acute coronary intervention (KU CC)
• STEMI - Administration of thrombolytic within 30 minutes (KU CC)
• STEMI - EKG interpreted within 10 minutes of arrival to ED (KU CC)
• STEMI - EKG completed within 5 minutes of arrival to ED (KU CC)
• Anticoagulation Therapy for Chronic or Paroxysmal A-fib/flutter (KU CC)
• HEART FAILURE - Discharge Checklist (KU CC)
• HEART FAILURE - 72-Hour Phone Call (KU CC)
• HEART FAILURE - Follow-up Appointment within 7 Days (KU CC)
• Use of standardized tool for scheduling cesarean sections and induction of labor
• Documentation of indication prior to induction of labor as part of induction bundle
• Record review of scheduled cesarean sections and inductions of labor less than 39 weeks gestation
• Total OB Blood Transfusions
• OB Hemorrhage Risk Assessment on Admission
• Timely Treatment for Severe Hypertension
• Heart Failure (HF) Patients - Readmissions within 30 days (All Cause)
• Patients with at least one Stage III or Greater Hospital-Acquired Pressure Ulcer (HAPU) - [NOTE: KHC HIIN hospitals please use "Pressure Ulcer Rate, Stage 3+ (AHRQ PSI Measure) - KHC HIIN"]
• Ventilator-Associated Pneumonia Rate - ICU Only
• ICU Ventilator Bundle Use
• Appropriate/Inappropriate Catheter Indication Rates
• Catheter Placement in ED
• ADE Reporting
• Rate of Harmful Events
• All Documented Patient Falls with or without Injury - KHC HIIN
• Adverse Drug Events - Opioid Safety - KHC HIIN
• Adverse Drug Events - Anticoagulation Safety - Inpatients - KHC HIIN
• Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+ - KHC HIIN
• Adverse Drug Events - Glycemic Management - KHC HIIN & BCBSKS CAH & BCBSKS PPS
• Central Line Insertion Bundle Adherence Rate - ICUs + Other Inpatient Units (including NICUs) - (NHSN) & KHC HIIN & BCBSKS PPS
• Elective Deliveries at >= 37 Weeks and 39 Weeks - BCBSKS CAH & BCBSKS PPS
• OB Hemorrhage - Massive Blood Transfusions
• Surgical Site Infection (SSI) Rate - All Surgeries - (NHSN) & KHC HIIN
• Urinary Catheter Utilization Ratio - ICUs (excluding NICUs) + Other Inpatient Units - (NHSN) & KHC HIIN
All Documented Patient Falls with an Injury Level of Minor or Greater – KHC HIIN & BCBSKS CAH & BCBSKS PPS

Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (AHRQ PSI Measure)

OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI Measure)

Pre-Eclampsia – ICU Admissions

Postoperative Sepsis Rate (AHRQ PSI Measure) – KHC HIIN

Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI Measure) – KHC HIIN

Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICUs + Other Inpatient Units - (NHSN) & KHC HIIN & BCBSKS PPS

Hospital acquired potentially-preventable VTE - (CMS VTE-6) KHC HIIN (Removed by CMS)

Fall Risk Assessment Completed within 24 Hours of Admission

Surgical Site Infection (SSI) Rate for Abdominal hysterectomies (HYST) - (NHSN) & KHC HIIN

Catheter-Associated Urinary Tract Infection (CAUTI) Rate, reported separately for ICUs (excluding NICUs) + Other Inpatient Units - (NHSN) & KHC HIIN & BCBSKS CAH & BCBSKS PPS

Surgical Site Infection (SSI) Rate for Colon Surgeries (COLO) - (NHSN) & KHC HIIN

Central Line Utilization Ratio - ICUs + Other Inpatient Units – (NHSN) & KHC HIIN

Patients with Skin Assessment Documented within 24 hours of Admission

Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate - (CMS SCIP-Inf-2a) (Removed by CMS)

VTE Warfarin therapy Discharge Instructions - (CMS VTE-5) (Removed by CMS)

Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate - (CMS SCIP-Inf-1a) (Removed by CMS)

Patients with Pressure Ulcer Risk Assessment Completed within 24 hours of Admission

Pressure Ulcer Rate, Stage 3+ (AHRQ PSI Measure) - KHC HIIN

Prophylactic Antibiotics Discontinued Within 24 Hours after Surgery End Time - Overall Rate - (CMS SCIP-Inf-3a) (Removed by CMS)

Hand-Hygiene Adherence Rate - KHC HIIN & BCBSKS CAH & BCBSKS PPS

OB Preeclampsia Assessment
• OB Hemorrhage Risk Assessment on Admission (CMQCC)
• OB Patients at Risk for Pre-Term Delivery Receiving Antenatal Steroids
• Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means
• ABCDEF Ventilator Bundle Compliance
• Clostridioides difficile Rate - (NHSN) & KHC HIIN
• 3-Hour Sepsis Bundle - BCBSKS CAH & BCBSKS PPS
• 6-Hour Sepsis Bundle
• Worker Harm Events Related to Patient Handling - KHC HIIN
• Failure to Rescue (AHRQ PSI-04)
• Surgical Site Infection (SSI) Rate for Total Knee Replacements (KPRO) - (NHSN) & KHC HIIN
• Surgical Site Infection (SSI) Rate for Total Hip Replacements (HPRO) - (NHSN) & 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 & BCBSKS CAH & BCBSKS PPS
• Harm Events Related to Workplace Violence - KHC HIIN
• Catheter-associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio (SIR) - ICUs (excluding NICUs) + Other Inpatient Units - (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)
• Clostridioides difficile Standardized Infection Ratio (SIR) - (NHSN)
• MRSA Bacteremia - Standardized Infection Ratio (SIR) - (NHSN)
• STEMI - Median Arrival Time to EKG Performed
• STEMI - Median Arrival Time to EKG Interpretation
• STEMI - Median Arrival Time to Administration of Thrombolytic
Quality Health Indicators: Measure List

- 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
- Early Management Bundle, Severe Sepsis/Septic Shock - CMS SEP-1
- Swing Bed - Rate of Return to Prior Level of Care
- Swing Bed - Improvement in Self-Care Score
- Swing Bed - Improvement in Mobility Score
- Repeat Falls
- Total Fall Rate
- Injurious Fall Rate
- Colorectal Cancer Screening (COL) (NQF #0034)
- Days of Therapy for Antimicrobial Stewardship
**Workforce**

- 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
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
- Payer Mix - BCBS
- 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
- Radiology 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

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Quality Health Indicators: Measure List

- Laboratory - Worked Productivity (24/7 Service)
- Laboratory - Worked Productivity (Non 24/7 Service)
- 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
Quality Health Indicators: Measure List

- Skilled Nursing Facility - Patient days (from monthly cost report)
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
Patient Satisfaction

- During this hospital stay, how often did nurses treat you with courtesy and respect? (HCAHPS1) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often did nurses listen carefully to you? (HCAHPS2) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often did nurses explain things in a way you could understand? (HCAHPS3) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (HCAHPS4) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often did doctors treat you with courtesy and respect? (HCAHPS5) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often did doctors listen carefully to you? (HCAHPS6) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often did doctors explain things in a way you could understand? (HCAHPS7) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often were your room and bathroom kept clean? (HCAHPS8) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often was the area around your room quiet at night? (HCAHPS9) (KS MBQIP 2019-2020 HCAHPS)
- 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) (KS MBQIP 2019-2020 HCAHPS)
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (HCAHPS11) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, did you need medicine for pain? (HCAHPS12) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often was your pain well controlled? (HCAHPS13) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? (HCAHPS14) (KS MBQIP 2019-2020 HCAHPS)
- During this hospital stay, were you given any medicine that you had not taken before? (HCAHPS15) (KS MBQIP 2019-2020 HCAHPS)
Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (HCAHPS16) (KS MBQIP 2019-2020 HCAHPS)

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (HCAHPS17) (KS MBQIP 2019-2020 HCAHPS)

After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility? (HCAHPS18) (KS MBQIP 2019-2020 HCAHPS)

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) (KS MBQIP 2019-2020 HCAHPS)

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) (KS MBQIP 2019-2020 HCAHPS)

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) (KS MBQIP 2019-2020 HCAHPS)

Would you recommend this hospital to your friends and family? (HCAHPS22) (KS MBQIP 2019-2020 HCAHPS)

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) (KS MBQIP 2019-2020 HCAHPS)

When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (HCAHPS24) (KS MBQIP 2019-2020 HCAHPS)

When I left the hospital, I clearly understood the purpose for taking each of my medications. (HCAHPS25) (KS MBQIP 2019-2020 HCAHPS)

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)
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 (WCC) (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)
• 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 - Dental Referral Initiated
• Oral Health - Completed Dental Referral
• Oral Health – Assessed Risk (Adults with Diabetes)
• Oral Health - Self-Management Goals Reviewed (Adults with Diabetes)
• Oral Health - Oral Cancer Screening (Adults with Diabetes)
• Oral Health - Dental Referral Initiated (Adults with Diabetes)
• Oral Health - Completed Dental Referral (Adults with Diabetes)
• BMI
• Pneumococcal Vaccination Status for Older Adults (CMS PREV-8)
• READM-30-HOSP-WIDE Readmission within 30 days (All Cause)
• COPD Plus Current Tobacco Use
• Colorectal Cancer Screening (COL) (NQF #0034)
• Depression Remission at Twelve Months (NQF #0710)
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)
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 Medicaid cost per visit (from cost report)
- Annual Total visits (from cost report)
- Annual Productivity Limit (from cost report)
Clinic: Workforce

- 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
Clinical Quality: Annual

- Influenza Vaccination Coverage among Healthcare Personnel - (ANNUAL) CMS HCP/IMM-3 (KS MBQIP 2019-2020)