



Quality Health Indicators: Measure List

Clinical Quality: Monthly

- Healthcare Associated Infections per 100 Inpatient Days - *Core Measure* BCBSKS CAH
- Unassisted Patient Falls per 100 Inpatient Days - *Core Measure*
- Readmission within 30 days (All Cause) Rate (same hospital) - *Core Measure* KHC Compass (Req.), BCBSKS CAH & BCBSKS PPS, MT HQIC
- Percentage of Return ER Visits within 72 hours with same/similar diagnosis - *Core Measure*
- Inappropriate Emergency Department Utilization
- Inpatients Screened for Pneumonia Vaccine Status - Not a CMS measure
- Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department - CMS OP-2 (KS MBQIP) (Removed by CMS)
- Median Time to Transfer to Another Facility for Acute Coronary Intervention in the Emergency Department - CMS OP-3 (KS MBQIP) (Removed by CMS)
- Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate - CMS ED-2a (Removed by CMS)
- Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure - CMS ED-2b (Removed by CMS)
- Admit Decision Time to ED Departure Time for Admitted Patients - Psychiatric/Mental Health Patients - CMS ED-2c (Removed by CMS)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall Rate - CMS OP-18a (KS MBQIP)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure - CMS OP-18b (KS MBQIP)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients - CMS OP-18c (KS MBQIP)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients - CMS OP-18d (KS MBQIP)
- Left Without Being Seen - CMS OP-22 (KS MBQIP)
- 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
- Medication Omissions Resulting in Medication Errors per 100 inpatient days



Quality Health Indicators: Measure List

- 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
- Pharmacist CPOE/Verification of Medication Orders Within 24 Hours
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 1 Administrative Communication) - (KS MBQIP thru 2019)
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 2 Patient Information) - (KS MBQIP thru 2019)
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 3 Vital Signs) - (KS MBQIP thru 2019))
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 4 Medication Information) - (KS MBQIP thru 2019)
- 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 thru 2019)
- Outpatient Emergency Department Transfer Communication (EDTC-SUB 7 Procedures and Tests) - (KS MBQIP thru 2019)
- Outpatient Emergency Department Transfer Communication (All EDTC) - (KS MBQIP thru 2019)
- EDTC-1: Home Medications - KS MBQIP
- EDTC-2: Allergies - KS MBQIP
- EDTC-3: Medications Administered in ED - KS MBQIP
- EDTC-4: ED Provider Note - KS MBQIP
- EDTC-5: Mental Status/Orientation Assessment - KS MBQIP
- EDTC-6: Reason for Transfer and/or Plan of Care - KS MBQIP
- EDTC-7: Tests and/or Procedures Performed - KS MBQIP
- EDTC-8: Tests and/or Procedure Results - KS MBQIP
- EDTC-All: EDTC All or None Composite Calculation - BCBSKS CAH & KS MBQIP



Quality Health Indicators: Measure List

- 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
- 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
- FTI: SS1-Postpartum Readmissions within 42 Days
- FTI: SS2-Postpartum Pregnancy-Related Deaths
- FTI: P1A-Inpatient-Outpatient Care Provider Collaborative Education as it pertains to any FTI project work
- FTI: P1B-Inpatient-Outpatient Care Provider Collaborative Education
- FTI: P2-Provider and Nursing Education: POST-BIRTH
- FTI: P3-Provider and Nursing Education: Birth Equity
- FTI: P4-Postpartum Visit Scheduling
- FTI: P5-Screening for Social and Structural Drivers of Health (SSDOH)
- FTI: P6-Patient Education on POST-BIRTH
- FTI: S1- Postpartum Team Coordination
- FTI: S2-Community Resource List of Community Resources
- FTI: S3-Shared Comprehensive Postpartum Visit Template
- FTI: S4-Emergency Department (ED) Screening for Current or Recent Pregnancy
- FTI: S5-Materials on POST-BIRTH
- FTI: S6-Patient Event Debriefs



Quality Health Indicators: Measure List

- STROKE - Thrombolytic administration within 60 minutes from ED arrival (KU CC)
- STEMI - EKG completed within 5 minutes of arrival to ED (KU CC)
- HEART FAILURE - Follow-up Appointment within 7 Days (KU CC)
- HEART FAILURE - 72-Hour Phone Call (KU CC)
- STEMI - EKG interpreted within 10 minutes of arrival to ED (KU CC)
- HEART FAILURE - Discharge Checklist (KU CC)
- STEMI - Patients not receiving thrombolytic transferred within 30 minutes of ED arrival for acute coronary intervention (KU CC)
- STROKE - CT completed within 20 minutes from ED arrival (KU CC)
- STROKE - CT interpretation received within 45 minutes from ED arrival (KU CC)
- Anticoagulation Therapy for Chronic or Paroxysmal A-fib/flutter (KU CC)
- HEART FAILURE – ACEI/ARB prescribed for patients with LVEF < 40% (KU CC)
- STEMI - Administration of thrombolytic within 30 minutes (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)
- Ventilator-Associated Pneumonia Rate - ICU Only
- ICU Ventilator Bundle Use
- Appropriate/Inappropriate Catheter Indication Rates
- Catheter Placement in ED
- ADE Reporting



Quality Health Indicators: Measure List

- Rate of Harmful Events (ADE)
- Adverse Drug Event (ADE) Rate - KHC Compass (Opt.)
- Blood Glucose Less Than 50 - KHC Compass (Opt.)
- INRs Greater Than 5 - KHC Compass (Opt.)
- All Documented Patient Falls with an Injury Level of Minor or Greater – KHC Compass (Req.), BCBSKS CAH & BCBSKS PPS
- Hand-Hygiene Adherence Rate - KHC Compass (Req.), BCBSKS CAH & BCBSKS PPS
- Post-Discharge Follow-Up Appointment - KHC Compass (Req.)
- 3-Hour Sepsis Bundle - KHC Compass (Req.), BCBSKS CAH & BCBSKS PPS
- Patients with Pressure Ulcer Risk Assessment Completed within 24 hours of Admission - KHC Compass (Req.)
- Patients with Skin Assessment Documented within 24 hours of Admission
- Days of Therapy for Antimicrobial Stewardship - KHC Compass (Opt.)
- ADE - High-Dose Opioid Prescribing Upon Discharge - KHC Compass (Opt.)
- Stat Naloxone Administration - Emergency Department - KHC Compass (Opt.)
- Stat Naloxone Administration - Inpatient - KHC Compass (Opt.)
- Unnecessary Urinary Catheters
- All Documented Patient Falls with or without Injury - KHC Compass (Opt.)
- Fall Risk Assessment Completed within 24 Hours of Admission - KHC Compass (Opt.)
- Surgical Safety Checklist Compliance - KHC Compass (Opt.)
- VTE Appropriate Prophylaxis - KHC Compass (Opt.)
- ABCDEF Ventilator Bundle Compliance - KHC Compass (Opt.)
- Catheter-Associated Urinary Tract Infection (CAUTI) Rate, reported separately for ICUs (excluding NICUs) + Other Inpatient Units - (NHSN) & BCBSKS CAH & BCBSKS PPS, KHC Compass, MT HQIC
- Urinary Catheter Utilization Ratio - ICUs (excluding NICUs) + Other Inpatient Units - (NHSN), KHC Compass, MT HQIC
- Central Line Utilization Ratio - ICUs + Other Inpatient Units – (NHSN), KHC Compass, MT HQIC



Quality Health Indicators: Measure List

- Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICUs + Other Inpatient Units - (NHSN) & BCBSKS PPS, KHC Compass, MT HQIC
- Surgical Site Infection (SSI) Rate for Colon Surgeries (COLO) - (NHSN), KHC Compass
- Surgical Site Infection (SSI) Rate for Abdominal hysterectomies (HYST) - (NHSN), KHC Compass
- Clostridioides difficile Rate - (NHSN) & BCBSKS CAH & BCBSKS PPS, KHC Compass, MT HQIC
- Clostridioides difficile Prevalence (NHSN)
- Surgical Site Infection (SSI) Rate for Total Knee Replacements (KPRO) - (NHSN), KHC Compass
- Surgical Site Infection (SSI) Rate for Total Hip Replacements (HPRO) - (NHSN), KHC Compass
- Ventilator Associated Condition (VAC) - (NHSN), KHC Compass
- Infection-Related Ventilator-Associated Complication (IVAC) - (NHSN), KHC Compass
- Possible/Probable Ventilator-Associated Pneumonia (NHSN), KHC Compass
- Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II (Administrative Claims), KHC Compass
- Pressure Ulcer Rate, Stage 3+ (AHRQ PSI 03, Administrative Claims), KHC Compass
- Opioid Mortality (Administrative Claims), KHC Compass
- Opioid-Related Adverse Drug Event (ADE) Rate (Administrative Claims), KHC Compass
- Fall Rate Resulting in Fracture or Dislocation (CMS HAC, Administrative Claims), KHC Compass
- Postoperative Sepsis Rate (AHRQ PSI 13, Administrative Claims), KHC Compass
- Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI 12, Administrative Claims), KHC Compass
- Sepsis Mortality (Administrative Claims), KHC Compass, MT HQIC
- Adverse Drug Events (ADE) - Opioid Safety - BCBSKS CAH & BCBSKS PPS, MT HQIC
- Adverse Drug Events (ADE) - Anticoagulation Safety - Inpatients - BCBSKS CAH & BCBSKS PPS, MT HQIC
- Hospital-Acquired Pressure Ulcer Prevalence, Stage 2+
- Adverse Drug Events (ADE) - Glycemic Management - BCBSKS CAH & BCBSKS PPS, MT HQIC
- Central Line Insertion Bundle Adherence Rate - ICUs + Other Inpatient Units (including NICUs) - (NHSN)



Quality Health Indicators: Measure List

- Elective Deliveries at \geq 37 Weeks and 39 Weeks - BCBSKS PPS
- Nulliparous Term Singleton Vertex (NTSV) Cesarean Birth (Joint Commission PC-02)
- Exclusive Breast Milk Feeding (Joint Commission PC-05)
- Newborn Skin to Skin at Delivery
- OB Hemorrhage - Massive Blood Transfusions
- Surgical Site Infection (SSI) Rate - All Surgeries - (NHSN)
- OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI Measure)
- Obstetrical (OB) Trauma - Vaginal Delivery with Instrument (AHRQ PSI Measure)
- Pressure Ulcer Rate, Stage 3+ (AHRQ PSI Measure), MT HQIC
- Postoperative Sepsis Rate (AHRQ PSI Measure)
- Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI Measure)
- Pre-Eclampsia – ICU Admissions
- OB Preeclampsia Assessment
- OB Patients at Risk for Pre-Term Delivery Receiving Antenatal Steroids
- Patients Receiving Complete Discharge Education Verified by Teach-Back or Other Means
- 6-Hour Sepsis Bundle
- Worker Harm Events Related to Patient Handling
- Failure to Rescue (AHRQ PSI-04)
- Hospital-onset MRSA Bacteremia Events - (NHSN), KHC Compass, MT HQIC
- Hospital-Wide All Cause Unplanned Readmissions - Medicare
- Hospital-Onset Sepsis Mortality Rate
- Overall Sepsis Mortality Rate
- Harm Events Related to Workplace Violence
- 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
- Skilled Swing Bed - Rate of Return to Prior Level of Care
- Skilled Swing Bed - Improvement in Self-Care Score
- Skilled Swing Bed - Improvement in Mobility Score
- Repeat Falls
- Total Fall Rate
- Injurious Fall Rate
- Colorectal Cancer Screening (COL) (NQF #0034)
- Skilled Swing Bed patients with skin risk assessment completed within 24 hours of admission
- Patients in the Skilled Swing Bed setting with hospital-acquired Stage II-IV pressure ulcer
- Skilled Swing Bed patients with fall risk assessment completed within 24 hours of admission
- Occurrences of patient falls resulting in any type of injury in the Skilled Swing Bed setting
- Sepsis patients discharged with a serum lactate measured within 3 hours of presentation
- Sepsis patients discharged with blood cultures drawn prior to antibiotic administration and within 3 hours of presentation
- Sepsis patients discharged that received broad spectrum or other antibiotics within 3 hours of presentation



Quality Health Indicators: Measure List

- Patients discharged with septic shock that received resuscitation with 30 ml/kg crystalloid fluids within 3 hours of presentation
- Acute Care patient falls that result in any type of injury per 100 acute care patient days
- Catheter-Associated Urinary Tract Infection (CAUTI) Rate - ICU (excluding NICU) - MT HQIC
- Urinary Catheter Device Utilization Ratio - ICU (excluding NICU) - MT HQIC
- Central Line Utilization Ratio - ICU, MT HQIC
- Central Line-Associated Bloodstream Infection (CLABSI) Rates - ICU - MT HQIC
- Primary C-Section Rate
- Percent Billable Observation Hours of Total Observation Hours
- Billable Observation Hours per Observation Visit
- Percent of acute care (inpatient) patients that are transferred
- Skilled Swing Bed Stage III+ Pressure Ulcers per 100 Patient Days
- Return Visits to ER within 72 hours for any and all cause
- Percent of ED visits resulting in a transfer
- Surgical Discharges with 12 or Fewer Opioid Pills Prescribed - MT HQIC
- Acute (Inpatient) Stage III+ Pressure Ulcers per 100 Patient Days
- Percent discharged Skilled Swing Bed patients that return to their previous residence - CAH Skilled Swing Bed
- Percent Skilled Swing Bed discharges readmitted to any status at the CAH within 30 days of discharge - CAH Skilled Swing Bed
- Percent Skilled Swing Bed discharges readmitted to inpatient status at the CAH within 30 days of discharge - CAH Skilled Swing Bed
- Percent Skilled Swing Bed discharges readmitted to Skilled Swing Bed status at the CAH within 30 days of discharge - CAH Skilled Swing Bed
- Percent Skilled Swing Bed discharges readmitted to observation status at the CAH within 30 days of discharge- CAH Skilled Swing Bed
- Number of Facility-Wide Hospital-Acquired Pressure Ulcer Stage 3+ per 100 patient days - Montana
- Number of Facility-Wide falls resulting in any type of injury - Montana



Quality Health Indicators: Measure List

- Adverse Drug Events (ADE) Originating During Hospital Stay (Administrative Claims), KHC Compass (Req.)
- Manifestations of Poor Glycemic Control (Administrative Claims), KHC Compass (Req.)
- Anticoagulant Related Adverse Drug Events (ADE) per 1,000 Acute Inpatient Admissions (Administrative Claims), KHC Compass (Req.)
- Overall Opioid Use in the Emergency Department - MT HQIC



Quality Health Indicators: Measure List

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
- Overtime Hours as a percentage of Total Worked Hours
- Staff Turnover: Non-Nursing Clinical Staff
- Staff Turnover: Non-Clinical Staff
- Nursing Staff Turnover (RN or LPN)
- Nurse Assistants Turnover (Includes Patient Care Technician, Certified Nurse Assistant or Unlicensed Assistive Personnel)
- Contract, Agency and Traveling Staffing
- Has your hospital limited procedures or admissions due to staffing challenges?



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
- Average Age of Plant
- Long Term Debt to Capitalization
- 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



Quality Health Indicators: Measure List

- Net Patient Revenue per Patient Days
- Payer Mix - Commercial
- Payer Mix - Medicaid
- Payer Mix - Medicare
- Payer Mix - Self/Private Pay
- Payer Mix - Other
- Payer Mix - BCBS
- Payer Mix - Other Government
- Acute Occupancy per Day
- Skilled 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



Quality Health Indicators: Measure List

- Laboratory - Blood Culture Contamination Rate
- Laboratory - Total Billables per Month
- 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)



Quality Health Indicators: Measure List

- 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)
- Acute Occupancy Per Day (includes Observation) - Montana
- Nursing hours per patient day (includes Observation) - Montana
- Operating Room - Worked hours per procedure - Montana
- EMS Net Collection Rate
- Net Revenue Per EMS Response
- EMS Unit-hour Costs
- EMS Payor Mix
- Total Number of EMS Responses Per Month



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
- Total Acute Care Patient Admissions
- Total number of acute care patient discharges
- Total number of obstetrics patient admissions
- Total number of births
- Total number of primary C-sections
- Total number of Skilled Swing Bed admissions
- Total number of Skilled Swing Bed discharges
- Total number of Skilled Swing Bed patient days
- Average of length of stay (LOS) in days for Skilled Swing Bed patients
- Number of sepsis patients discharged
- Number of patients discharged with septic shock
- Number of billable observation hours
- Total number of observation visits
- Total number of outpatient visits
- Total number of emergency department (ED) visits
- Number of Inpatient Transfers
- Number of ED Patients Transferred to Another Healthcare Facility
- Total number of observation days



Quality Health Indicators: Measure List

Patient Satisfaction

- During this hospital stay, how often did nurses treat you with courtesy and respect? (HCAHPS1) (MBQIP 2020-2021)
- During this hospital stay, how often did nurses listen carefully to you? (HCAHPS2) (MBQIP 2020-2021)
- During this hospital stay, how often did nurses explain things in a way you could understand? (HCAHPS3) (MBQIP 2020-2021)
- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (HCAHPS4) (MBQIP 2020-2021)
- During this hospital stay, how often did doctors treat you with courtesy and respect? (HCAHPS5) (MBQIP 2020-2021)
- During this hospital stay, how often did doctors listen carefully to you? (HCAHPS6) (MBQIP 2020-2021)
- During this hospital stay, how often did doctors explain things in a way you could understand? (HCAHPS7) (MBQIP 2020-2021)
- During this hospital stay, how often were your room and bathroom kept clean? (HCAHPS8) (MBQIP 2020-2021)
- During this hospital stay, how often was the area around your room quiet at night? (HCAHPS9) (MBQIP 2020-2021)
- 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 2020-2021)
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (HCAHPS11) (MBQIP 2020-2021)
- During this hospital stay, were you given any medicine that you had not taken before? (HCAHPS12) (MBQIP 2020-2021)
- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (HCAHPS13) (MBQIP 2020-2021)
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (HCAHPS14) (MBQIP 2020-2021)
- After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? (HCAHPS15) (MBQIP 2020-2021)
- 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? (HCAHPS16) (MBQIP 2020-2021)



Quality Health Indicators: Measure List

- 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? (HCAHPS17) (MBQIP 2020-2021)
- 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? (HCAHPS18) (MBQIP 2020-2021)
- Would you recommend this hospital to your friends and family? (HCAHPS19) (MBQIP 2020-2021)
- 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. (HCAHPS20) (MBQIP 2020-2021)
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (HCAHPS21) (MBQIP 2020-2021)
- When I left the hospital, I clearly understood the purpose for taking each of my medications. (HCAHPS22) (MBQIP 2020-2021)
- 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 (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)
- Medication Reconciliation Post-Discharge (NQF #0097)
- 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)



Quality Health Indicators: Measure List

- 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)



Quality Health Indicators: Measure List

- 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)
- Hyperlipidemia and Statin Therapy (CDC)
- Controlling High Blood Pressure [eCQM 165v8.5]
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) [eCQM 122v8.4]
- Preventive Care and Screening: Screening for Depression and Follow-Up Plan [eCQM 2v9.1]
- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented [eCQM 22v8.2]
- Diabetes: Medical Attention for Nephropathy [eCQM 134v8.4]
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease [eCQM 347v3.1] Combined Populations
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis [eCQM - NQF 0058]
- Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) [eCQM - Quality ID #331]
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Population 1 (eCQM #138, NQF #0028e)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Population 2 (eCQM #138, NQF #0028e)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Population 3 (eCQM #138, NQF #0028e)
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease - Population 1 [eCQM 347v3.1]
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease - Population 2 [eCQM 347v3.1]
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease - Population 3 [eCQM 347v3.1]



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: 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



Quality Health Indicators: Measure List

Clinical Quality: Annual

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



Quality Health Indicators: Measure List