Understanding Changes to MBQIP

Getting to know the new measures and strategies to collect them

Understanding New Measures for MBQIP Series

Webinars every two weeks

Total of 6 webinars

Last webinar August 27, 2024

Each webinar focused on one measure

All previous webinars have been recorded and posted

Put Questions in chat box

MBQIP Measures

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

MBQIP measures are divided into two categories:

- **Core MBQIP Measures** are those that all state Flex Programs are expected to support. Reporting on these measures contributes towards a CAH's Flex eligibility requirements.
- **Additional MBQIP Measures** are those that state Flex Programs can elect to support in addition to the Core measures, particularly in alignment with other partners or initiatives. While these measures are also rural relevant, they may not be as widely applicable across all CAHs. The MBQIP Measures resource includes a list of potential additional measures, but that list is not meant to be exhaustive. Flex programs can propose to work on other quality improvement topics within the four MBQIP domains. If there is not a nationally standardized or standardly reported measure currently available, Flex programs can propose a data collection mechanism.

Core MBQIP Measures			
Patient Safety/Inpatient	***Patient Engagement***	***Care Transitions***	***Outpatient***
HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:* • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care *The survey also includes screener questions and demographic items. The survey is 29 questions in length.*	**Emergency Department Transfer Communication (EDTC)** *1 composite; 8 elements* • **All EDTC Composite** • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results	**AMI:** • **OP-2:** Fibrinolytic Therapy Received within 30 minutes • **OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention **ED Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for *Discharged* ED Patients • **OP-22:** Patient Left Without Being Seen

Retired

Retired

New Core Measure Set

Proposed New MBQIP Core Measure Set				
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
▪ CAH Quality Infrastructure Implementation *(annual submission)* ▪ Hospital Commitment to Health Equity (required CY 2025) *(annual submission)*	▪ Healthcare Personnel Influenza Immunization *(annual submission)* ▪ Antibiotic Stewardship Implementation *(annual submission)* ▪ Safe Use of Opioids (eCQM) *(annual submission)*	▪ Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) *(quarterly submission)*	▪ Hybrid All-Cause Readmissions (required starting in 2025) *(annual submission)* ▪ SDOH Screening (required CY 2025) *(annual submission)* ▪ SDOH Screening Positive (required CY 2025) *(annual submission)*	▪ Emergency Department Transfer Communication (EDTC) *(quarterly submission)* ▪ OP-18 Time from Arrival to Departure *(quarterly submission)* ▪ OP-22 Left without Being Seen *(annual submission)*

Deadlines

Submission Process and Deadlines[1,2]

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period									
				Q3 / 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan – Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
TBD	CAH Quality Infrastructure	Global Measures	FMT via Qualtrics	MBQIP 2025 Core Measure starting with this measurement period due Dec 15, 2023		National CAH Inventory and Assessment Continues Due date TBD				National CAH Inventory and Assessment Continues Due date TBD			
HCHE	Hospital Commitment to Health Equity	Global Measures	HQR Secure Portal	Hospitals may choose to report to CMS. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)		Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
Safe Use of Opioids	Safe Use of Opioids-Concurrent Prescribing	Patient Safety	HQR Secure Portal	Hospitals may choose to report to CMS[3]. Deadline February 29, 2024 (CY 2023 data)		Hospitals may choose to report to CMS[3] Submission Deadline February 28, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period[3] Submission Deadline February 27, 2026 (CY 2025 data)			
Hybrid HWR	Hybrid Hospital-Wide Readmission	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS Submission Deadline September 30, 2024 (Q3 2023 - Q2 2024 data)						MBQIP 2025 Core Measure starting with this measurement period Submission Deadline September 30, 2025 (Q3 2024 - Q2 2025 data)			Submission Deadline September 30, 2026 (Q3 2025 - Q2 2026 data)
SDOH-1	Social Drivers of Health (SDOH) Screening	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)		Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
SDOH-2	Screen Positive for Social Drivers of Health (SDOH)	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)		Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			

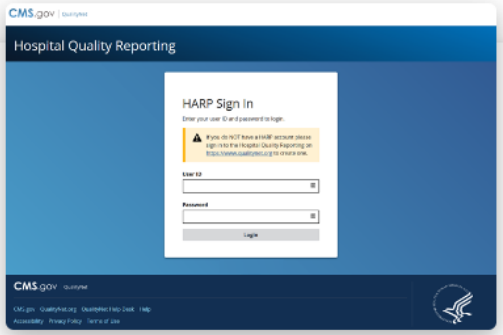
Submission Process and Deadlines[1,2]

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period									
				Q3/ 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
HCP/IMM-3[4]	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15, 2024 (Q4 2023 - Q1 2024 aggregate)		N/A	N/A	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)		N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)
Antibiotic Steward-ship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2024[5] (CY 2023 data)		March 3, 2025[5] (CY 2024 data)				March 2, 2026[5] (CY 2025 data)			
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR via Vendor	January 3, 2024	April 3, 2024	July 3, 2024	October 2, 2024	January 2, 2025	April 2, 2025	July 2, 2025 anticipated	October 1, 2025 anticipated	January 7, 2026 anticipated	April 1, 2026 anticipated
EDTC[6]	Emergency Department Transfer Communica-tion	Emergency Department	Submission process directed by state Flex Program	October 31, 2023	January 31, 2024	April 30, 2024	July 31, 2024	October 31, 2024	January 31, 2025	April 30, 2025	July 31, 2025	October 31, 2025	January 31, 2026
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR via Outpatient CART/ Vendor	February 1, 2024	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025	May 1, 2025	August 1, 2025	November 1, 2025	February 1, 2026	May 1, 2026
OP-22	Patient left without being seen	Emergency Department	HQR Secure Portal	May 15, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)				May 15, 2026 (CY 2025 data aggregate)			

MBQIP Data Portal

mbqipportal.rchitexas.org

MBQIP Portal | HOME | MEASURES | RESOURCES | DEADLINES | NEWS | DICTIONA



HARP

Hospital Qua Reporting

LOGIN

Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.

QualityNet is the only CMS-

NHSN

National Hea Safety Network

LOGIN

The Centers for Disease Control and Prevention(CDC)'s National Healthcare Safety Network is the nation's most widely used healthcare-associated infection (HAI) tracking system.

In addition, NHSN allows healthcare facilities to track blood safety errors

MBQIP-DB

MBQIP Datab

LOGIN

ARCHI is working in collaboration with the State Office of Rural Health (SORH) and Texas Hospital Association Foundation (THAF) to assist Critical Access Hospitals in reporting MBQIP measures.

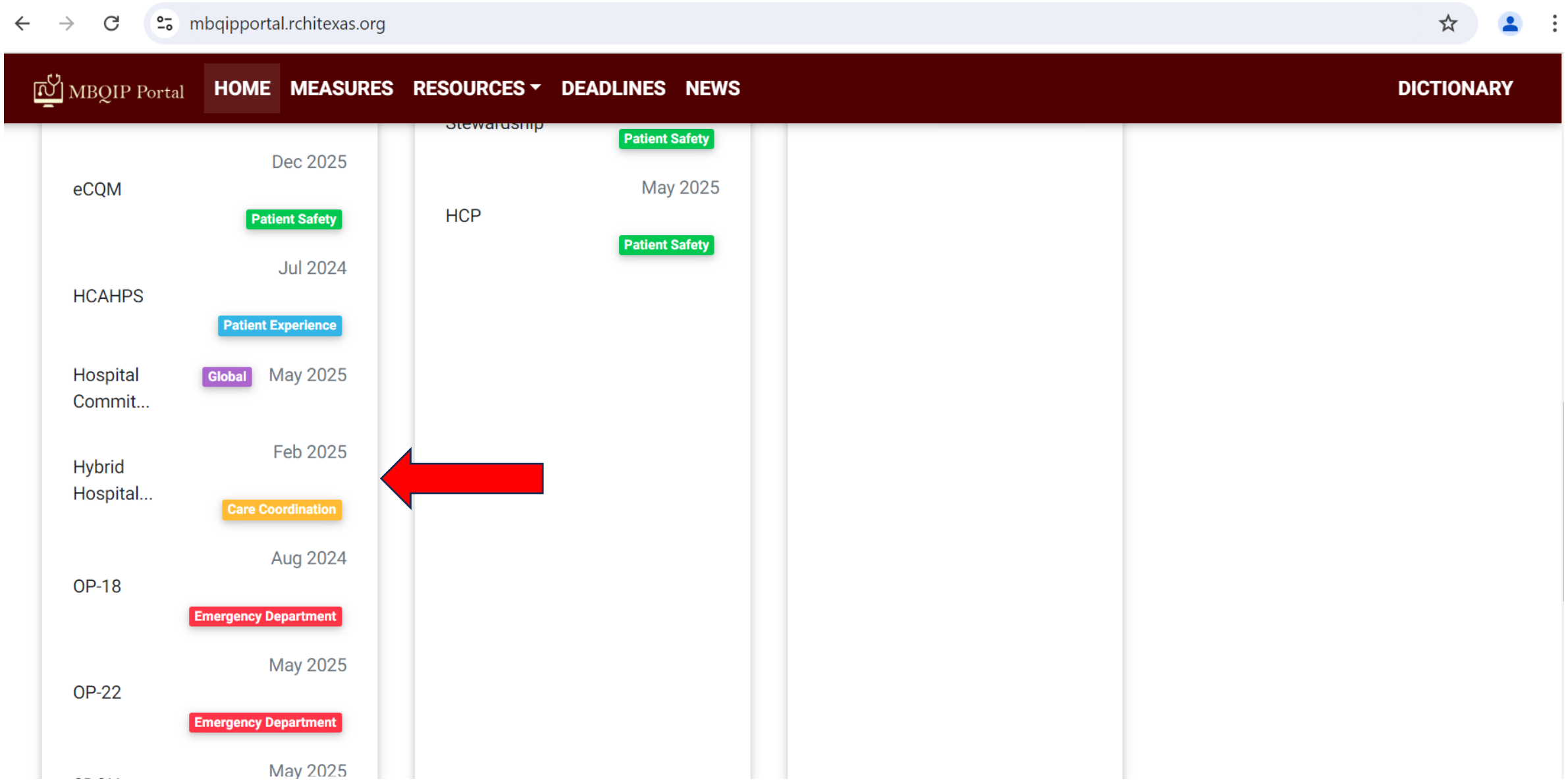
ARCHI provides information on MBQIP measures, reporting process for all III Phases and how to use

Upcoming Deadlines

HCAHPS »
Jul 3rd

EDTC »
Jul 15th

OP-18 »
Aug 1st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Dec 2025
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Patient Safety
Jul 2024
HCAHPS
Patient Experience
Hospital Commit...
Global
May 2025
Feb 2025
Hybrid Hospital...
Care Coordination
Aug 2024
OP-18
Emergency Department
May 2025
OP-22
Emergency Department
May 2025
Patient Safety
May 2025
HCP
Patient Safety

MEASURES

Core Measures

Care Coordination

Emergency Department

Global Measures

Patient Experience

Patient Safety

Additional Measures

Hybrid Hospital-Wide Readmission

CARE COORDINATION

Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization.

Importance

Returning to the hospital for unplanned care disrupts patients' lives, increases risk of harmful events like healthcare-associated infections, and results in higher costs absorbed by the health

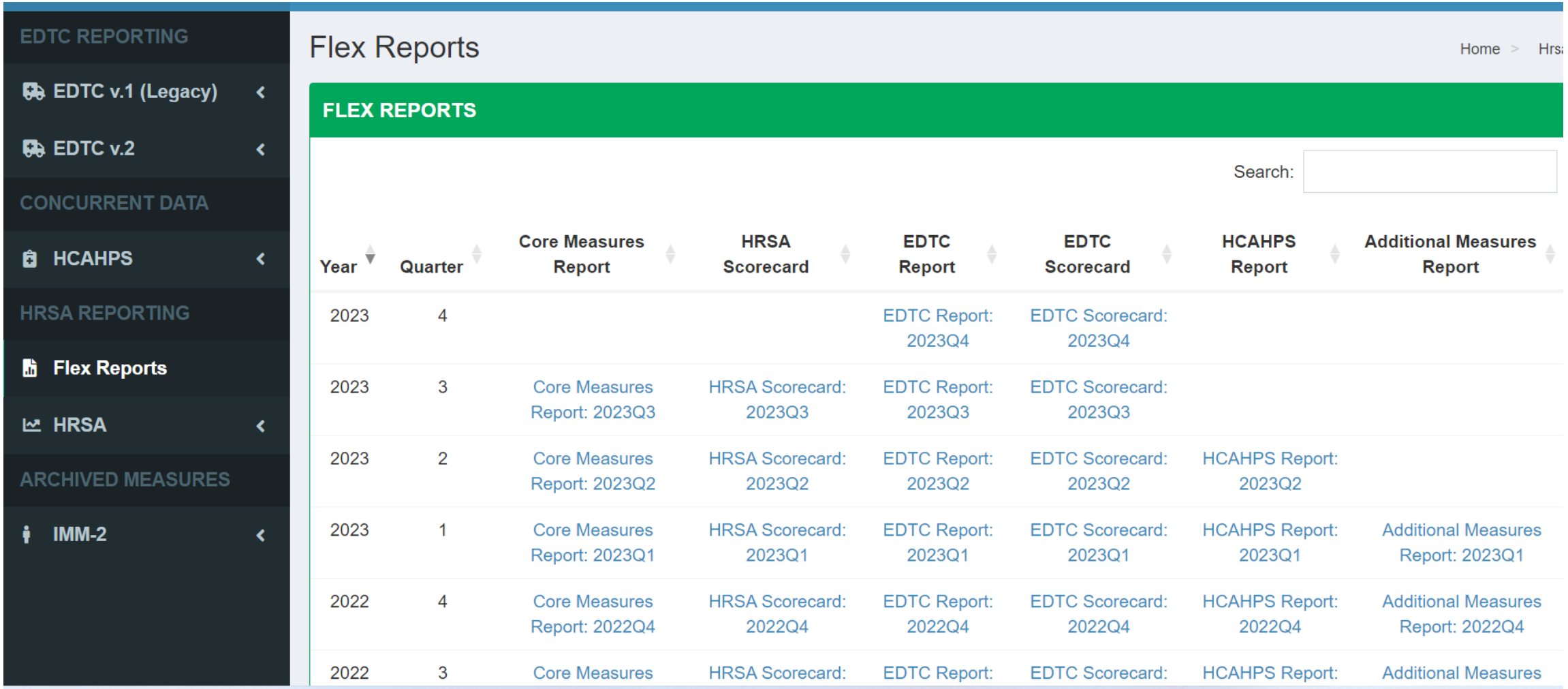
Data Reported To

HARP

Data Source

- Manual Chart Abstraction
- Retrospective data sources for required data elements include administrative data and

Accessing your reports....


EDTC REPORTING
EDTC v.1 (Legacy)
EDTC v.2
CONCURRENT DATA
HCAHPS
HRSA REPORTING
Flex Reports
HRSA
ARCHIVED MEASURES
IMM-2
Flex Reports
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Search:
Year
Quarter
Core Measures Report
HRSA Scorecard
EDTC Report
EDTC Scorecard
HCAHPS Report
Additional Measures Report
2023 4 EDTC Report: 2023Q4 EDTC Scorecard: 2023Q4
2023 3 Core Measures Report: 2023Q3 HRSA Scorecard: 2023Q3 EDTC Report: 2023Q3 EDTC Scorecard: 2023Q3
2023 2 Core Measures Report: 2023Q2 HRSA Scorecard: 2023Q2 EDTC Report: 2023Q2 EDTC Scorecard: 2023Q2 HCAHPS Report: 2023Q2
2023 1 Core Measures Report: 2023Q1 HRSA Scorecard: 2023Q1 EDTC Report: 2023Q1 EDTC Scorecard: 2023Q1 HCAHPS Report: 2023Q1 Additional Measures Report: 2023Q1
2022 4 Core Measures Report: 2022Q4 HRSA Scorecard: 2022Q4 EDTC Report: 2022Q4 EDTC Scorecard: 2022Q4 HCAHPS Report: 2022Q4 Additional Measures Report: 2022Q4
2022 3 Core Measures HRSA Scorecard: EDTC Report: EDTC Scorecard: HCAHPS Report: Additional Measures

Core Measure Report

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 3 - 2023

Generated on 03/06/24

		Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Bench-mark
	Emergency Department – Quarterly Measure	Q4 2022	Q1 2023	Q2 2023	Q3 2023	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	90	92	122	N/A	53	111	79	1,004	114	85
	Number of Patients (N)	N=94	N=99	N=96	N/A						

		Your Hospital's Performance by Calendar Year			State Current Year			National Current Year		Bench-mark
	Emergency Department – Annual Measure	CY 2020	CY 2021	CY 2022	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	Patient Left Without Being Seen	N/A	N/A	N/A	29	1%	0%	963	1%	0%
	Number of Patients (N)	N/A	N/A	N/A						

		Your Hospital's Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Bench-mark
	NHSN Immunization Measure	4Q20 - 1Q21	4Q21 - 1Q22	4Q22 - 1Q23	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	Healthcare Provider Influenza Vaccination	94%	N/A	88%	32	79%	91%	1,063	79%	100%

"N/A" indicates that a CAH either:

- Did not submit any measure data, or
- Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

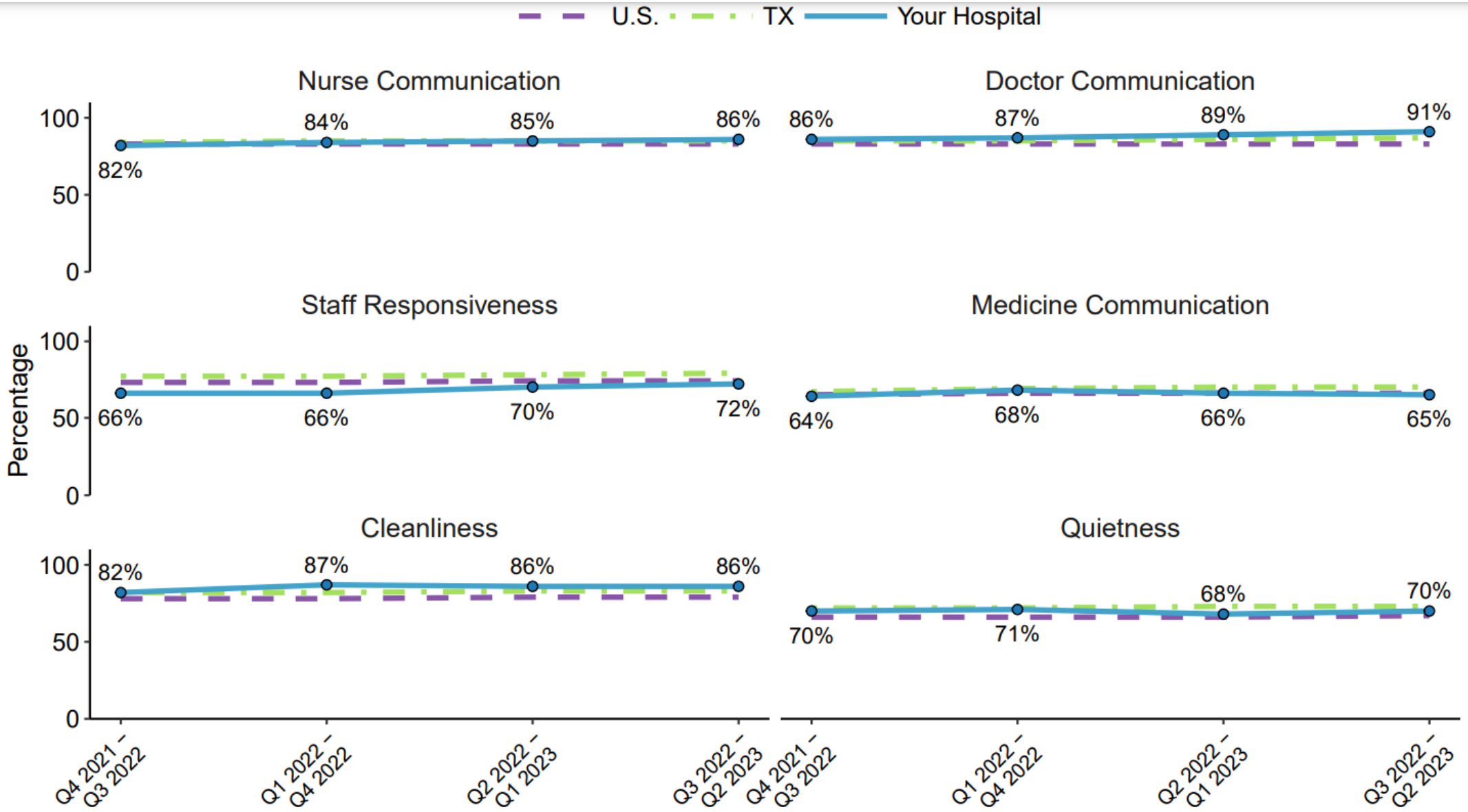
"#" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

	HCAHPS Star Rating	Your Hospital's Adjusted Score		Your State's CAH Data		National CAH Data		Benchmark
Discharge Information Composite	Star Rating (0-5)	No	Yes	No	Yes	No	Yes	Yes
Composite 6 (Q16 & Q17) Discharge Information	N/C	14%	86%	12%	88%	12%	88%	92%

	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
Care Transition Composite	Star Rating (0-5)	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Strongly Agree
Composite 7 (Q20 to Q22) Care Transition	N/C	6%	45%	49%	4%	38%	58%	4%	41%	55%	64%

	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
HCAHPS Global Items	Star Rating (0-5)	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	9-10 rating
Q18 Overall Rating of Hospital (0 = worst hospital, 10 = best hospital)	N/C	4%	12%	84%	6%	15%	80%	5%	18%	77%	86%
	Star Rating (0-5)	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	No Benchmark
Q19 Willingness to Recommend This Hospital	N/C	2%	25%	73%	3%	20%	77%	4%	22%	74%	

"N/A" indicates that a CAH did not report data in at least 10 of the 12 months for the current reporting period.


U.S.
TX
Your Hospital
Nurse Communication
82%
84%
85%
86%
Doctor Communication
86%
87%
89%
91%
Staff Responsiveness
66%
66%
70%
72%
Medicine Communication
64%
68%
66%
65%
Cleanliness
82%
87%
86%
86%
Quietness
70%
71%
68%
70%
Percentage
100
50
0
Q4 2021 – Q3 2022
Q1 2022 – Q4 2022
Q2 2022 – Q1 2023
Q3 2022 – Q2 2023

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Additional Measures Report

Quarter 1 - 2023

Generated on 09/13/23

		Your Hospital's Performance by Quarter								State Current Quarter			National Current Quarter		
		Q2 2022		Q3 2022		Q4 2022		Q1 2023							
	Healthcare-Associated Infection	# Cases	SIR	# Cases	SIR	# Cases	SIR	# Cases	SIR	# CAHs Report-ing	Total # Cases	Overall SIR	# CAHs Report-ing	Total # Cases	Overall SIR
CAUTI	Catheter-associated urinary tract infections	0	N/C	0	N/C	0	N/C	0	N/C	56	0	0.0	1,160	53	0.6
CDI	Clostridium difficile (C.diff) intestinal infections	0	N/C	N/A	N/A	1	N/C	0	N/C	53	8	0.9	951	151	0.8
CLABSI	Central-line associated bloodstream infections	0	N/C	0	N/C	0	N/C	0	N/C	55	0	N/C	1,122	7	0.6
MRSA	Methicillin-resistant Staphylococcus aureus blood infections	1	N/C	N/A	N/A	0	N/C	0	N/C	53	0	N/C	929	9	0.6
SSI:C	Surgical site infections from colon surgery	0	N/C	0	N/C	0	N/C	0	N/C	15	0	N/C	460	17	1.1
SSI:H	Surgical site infections from abdominal hysterectomy	0	N/C	0	N/C	0	N/C	0	N/C	14	1	N/C	420	8	2.3

"N/A" indicates that the CAH did not submit data for this measure.
"#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.
"N/C" indicates that a SIR was not able to be calculated.

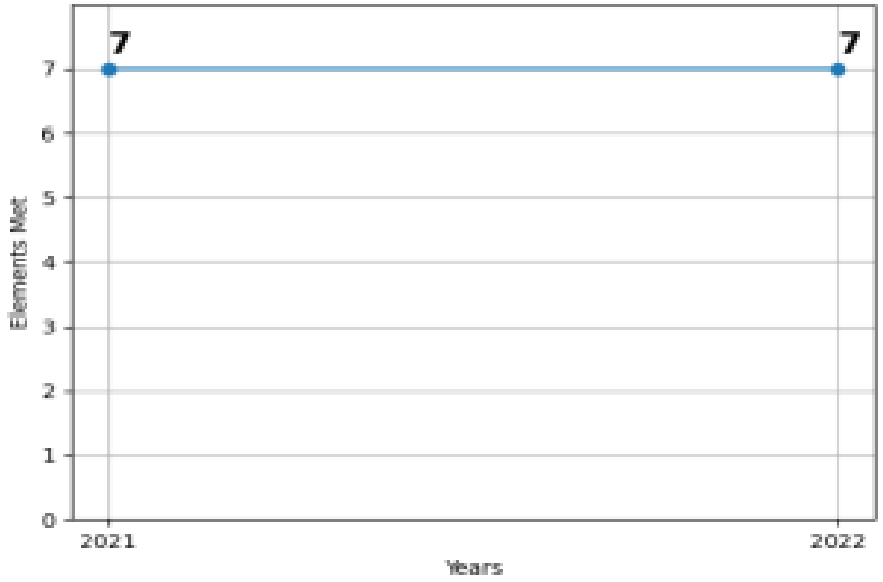
Trending Scorecard

Antibiotic Stewardship

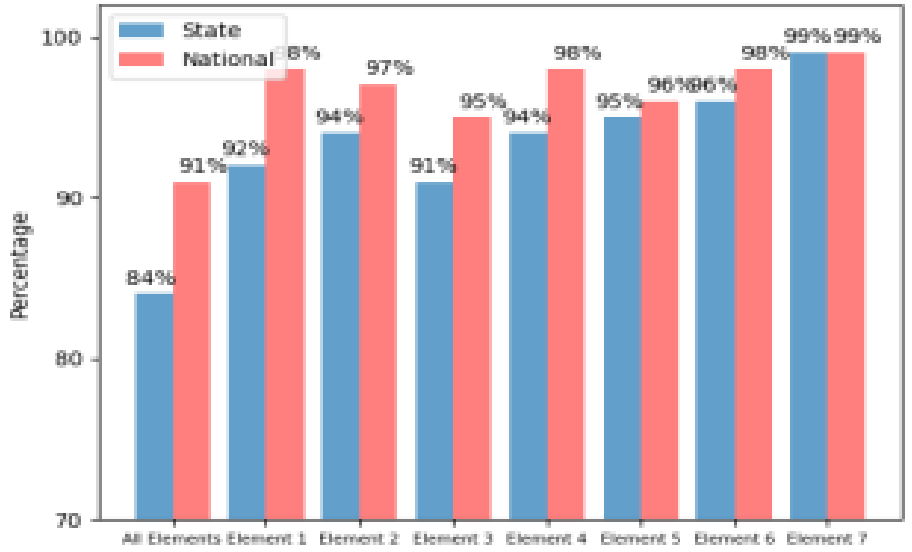
Positive Outcome: High Core Elements Met

(Reported Annually)
2021 through 2022

Your Hospital's Performance



Current Survey Year



CDC Core Elements Across Time	2021	2022
Elements Met	7	7
Element 1: Leadership	Y	Y
Element 2: Accountability	Y	Y
Element 3: Drug Expertise	Y	Y
Element 4: Action	Y	Y

Percentage of CAHs Meeting Elements	Facility	State	National
All Elements Met	Y	84%	91%
Element 1: Leadership	Y	92%	98%
Element 2: Accountability	Y	94%	97%
Element 3: Drug Expertise	Y	91%	95%
Element 4: Action	Y	94%	98%

Hybrid All-Cause Readmissions

Hybrid Hospital Wide Readmissions

Annual submission

Submission deadline September 30, 2025

(Quarter 3-2024 to Quarter 2-2025 data)

Links claims data with patient specific information to allow for risk adjustment

Patient specific data to come from EHR

Quality Improvement Infrastructure

Measure Name – CAH Quality Infrastructure	
	Global Measures
ɔtion	**Specification for CAH Quality Infrastructure Measure will be released in 2 and are dependent on data collection via the National CAH Quality Invent and Assessment.** Structural measure to assess CAH quality infrastructure based on the nine elements of CAH quality infrastructure: 1. Leadership Responsibility & Accountability 2. Quality Embedded within the Organization's Strategic Plan 3. Workforce Engagement & Ownership 4. Culture of Continuous Improvement through Behavior 5. Culture of Continuous Improvement through Systems 6. Integrating Equity into Quality Practices 7. Engagement of Patients, Partners, and Community 8. Collecting Meaningful and Accurate Data 9. Using Data to Improve Quality

QUALITY INFRASTRUCTURE DATA SOURCE: ANNUAL SUBMISSION NATIONAL CAH QUALITY INVENTORY

What is it?

- MBQIP Topic Area - Global Measure
- Attestation much like antibiotic stewardship
- Focused on 9 core elements of CAH quality infrastructure
- Annual submission to Flex Monitoring Team(FMT) – administered Qualtrics platform
- Hospital score will be zero to nine points
- Deadline: Window open September 16 to November 22, 2024

Screening for SDOH

Screening for Social Determinants of Health

Data Source: Chart Abstraction

Measure Name – Screening for Social Drivers of Health (SDOH Screening)	
MBQIP Domain	Care Coordination
Encounter Period	Calendar Year (January 1, 20XX – December 31, 20XX)
Submission Deadline	May 15, 20XX ; Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
Measure Description	The Screening for Social Drivers of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. To report on this measure, hospitals will provide: (1) The number of patients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; **and** (2) the total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted. A specific screening tool is not required to be used, but all areas of health-related social needs must be included.

- Looking at 5 health related social needs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

Data Definition / Deadlines

- Numerator
  - Number of admitted patients age 18 or over on date of admission who are screened during hospital stay
- Denominator
  - Total number of patient admitted who are age 18 or over on date of admission
- Exclusions
  - Patients who opt out of screening
  - Patients who are unable to complete screening or have no legal guardian/representative able to do so on their behalf
- Deadlines
  - May 15, 2025 (CY 2024 data – optional)
  - May 15, 2026 (CY 2025 data)

Screening Positive for SDOH

Patients Screening Positive for Social Drivers of Health
Data Source: Chart Abstraction

Measure Name – Screen Positive for Social Drivers of Health (SDOH Screening Positive)	
MBQIP Domain	Care Coordination
Encounter Period	Calendar Year (January 1, 20XX – December 31, 20XX)
Submission Deadline	May 15, 20XX ; Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
Measure Description	The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five health-related social needs (HSRNs): Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

Data Definition

- Provides information on prevalence for SDOH in community
- Not an indication of hospital performance
- Numerator – Number of patients who screen positive for a SDOH
- Denominator – Number of patients screened for SDOH
- Exclusions –
  - Patients who opt out of screening
  - Patients who are unable to complete screening or have no legal guardian/representative able to do so on their behalf

More measure specifics

- No sampling size – report on all patients
- Results in five separate rates
  - Food insecurity
  - Housing stability
  - Transportation Needs
  - Utility Difficulties
  - Interpersonal Safety
- Calendar Submission (January 1 – December 31)
- Deadlines
  - May 15, 2025 (CY 2024 data – optional)
  - May 15, 2026 (CY 2025 data)

Hospital Commitment to Health Equity

Why this measure…..

Heightened sense of awareness to health disparities and inequities

Particularly relevant in rural areas

Rural risk factors include:

- Geographic isolation
- Lower socioeconomic status
- Less access to specialty care
- Limited job opportunities
- Higher rate of risky health behaviors

Residents less likely to have insurance or be covered by medicaid

Hospital Commitment to Health Equity

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

- No partial credit for domains. Hospital score with be 0 to 5 based on 1 point per domain.
- Must answer “YES” to ALL sub-questions in each domain to receive credit
- Deadline
  - May 15, 2025 (CY 2024 – optional)
  - May 15, 2026 (CY 2025)

Safe Use of Opioids

Definitions:

For the purpose of this measure, the following are defined as:

Opioid: Any Schedule II or III opioid medication

Benzodiazepine: Any Schedule IV benzodiazepine medication

Prescribed: The intent of the measure is to capture opioid and/or benzodiazepine medications continued or ordered at discharge

Numerator criteria: Two or more unique orders for opioids, or an opioid and benzodiazepine at discharge

Measure Information

Process measure

Rationale – unintentional overdose related to opioids is of high concern

Attention placed on prescribing habits and encourage alternative methods of treating pain

Improvement noted through decrease in rate

Data elements

Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge

Report all cases

Exclusions for cancer, in-patient palliative care, transfers to other acute care

Deadlines

February 28, 2025	CY 2024 data - optional
February 27, 2026	CY 2025 data


Questions???

Upcoming Events

- **Frontline Staff Documentation Workshop**
  - **August 30, 2024 – Austin, Tx**
- **2025 CNO Workshop**
  - **July 31 – August 1, 2025 – Austin, Texas**
- **Policy and Procedure Virtual Series**
  - **Begins October 23, 2024**
  - **https://www.tha.org/services-for-hospitals/clinical-services/critical-access-hospital-quality-improvement-program-cah-qi/**

Who To Contact

- **Regional Coordinator with SORH**
- **EVA CRUZ** Rural Health Coordinator | State Office of Rural Health
- 512-936-7880 / eva.cruz@texasagriculture.gov

- **Need access or have issues with MBQIP Portal?**
  - **Sherry Jennings, MSN, RN** | Director Quality Texas A&M Rural and Community Health Institute | Texas A&M Health
  - ph: 979.436.0391 | sherry.jennings@tamu.edu

- **Need quality improvement technical assistance, all questions in general or want to schedule a site visit?**
  - **Sheila Dolbow, MSN, RN, CFN, CPHQ /** Quality Improvement Manager
  - Texas Hospital Association Foundation
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