Quality Improvement Infrastructure Survey

CAHQI Updates
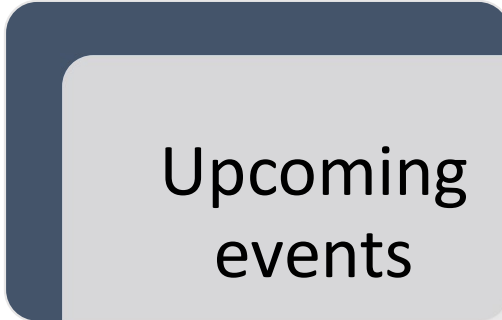
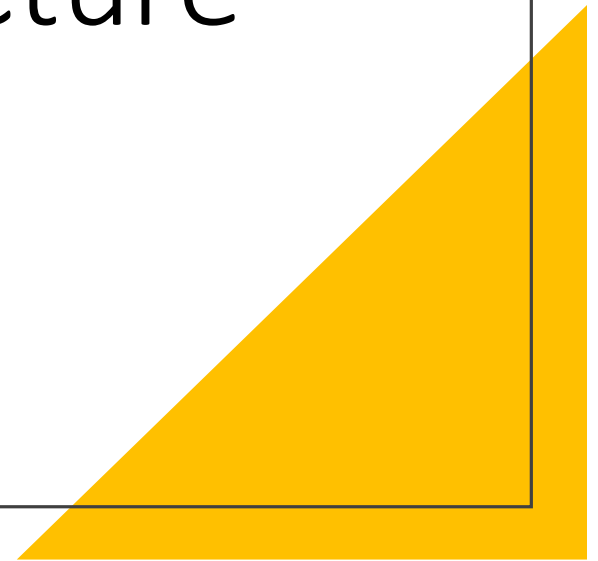# Agenda

Quality Infrastructure Survey Results

CAHQI measure updates

Upcoming events

Quality Improvement Infrastructure Survey

How we did.....

89 CAHs in Texas completed survey

2 CAHs did not complete survey

1 CAH completed survey / answered "NO" to all criteria

9 CAHs met or answered "YES" to all criteria

Criteria Performance

Criteria	Number CAHs Meeting Element	State Performance	National Performance
Leadership Responsibility/Accountability	81	89%	91%
Quality Embedded in Strategic Plan	45	48%	57%
Workforce Engagement	55	60%	67%
Culture of Continuous Improvement/System	82	90%	88%
Culture of Continuous Improvement /Behavior	79	87%	83%
Integrating Equity into quality	20	22%	29%
Engagement of patients/partners/community	44	48%	56%
Collecting Meaningful Data	75	82%	81%
Using Data to Improve Quality	44	48%	65%

What will focus areas be

Improving data reporting
- More data leads to greater improvement

Strategic Planning
- How to include quality

Use of Data
- Taking the data collection to the next level

Patient / Family Engagement
- Leveraging their input for improvement

What you can expect from us

Site visit request

Individual technical assistance

Sharing of information / resources

Education

Questions about the infrastructure survey?

MBQIP Core Measures

Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

MBQIP Core Measure Set
Current Measures in *black (for reporting data from calendar years 2023 and 2024)
MBQIP 2025 Core Measure Set (adding in the additional orange measure reporting data by calendar year 2025)

Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
*CAH Quality Infrastructure *(annual submission)* Hospital Commitment to Health Equity *(annual submission)*	*HCP/IMM-3:* Influenza Vaccination Coverage Among Healthcare Personnel (HCP) *(annual submission)* *Antibiotic Stewardship:* Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey *(annual submission)* Safe Use of Opioids (eCQM) *(annual submission)*	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) *(quarterly submission)*: 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	Hybrid Hospital-Wide Readmission *(annual submission)* Social Determinants of Health Screening *(annual submission)* Social Determinants of Health Screening Positive *(annual submission)*	*Emergency Department Transfer Communication (EDTC) *(quarterly submission)*: The following eight elements roll up into a single composite result: • 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 *OP-18:* Median Time from ED Arrival to ED Departure for Discharged ED Patients *(quarterly submission)* *OP-22:* Patient Left Without Being Seen *(annual submission)*

*Measures in current MBQIP set (reporting data from calendar years 2023 and 2024)
+Data collection began in 2023 to inform state Flex quality programs. Data will continue to be collected going forward.

Deadlines

|	
HCAHPS Q4 2024	April 2nd
EDTC Q1 2025	April 15th
HCP Influenza Vaccination	May 15th
OP-22 LWBS	May 15th
SDOH Screening	May 15th
SDOH Screening +	May 15th

MBQIP Measure Updates

- Hospital Commitment to Health Equity
  - No longer core measure with MBQIP
  - Only applies to hospitals participating in MBQIP
  - Further questions on this measure should be directed to your CMS rep
    - Stay Connected | CMS

Welcome to the MBQIP Portal

All the MBQIP Information You Need

in One Location

QNet
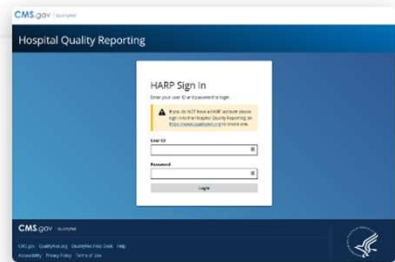
QualityNet [LOGIN]

Established by the Centers for
Medicare & Medicaid Services

NHSN

National Hea[ ] [LOGIN]
Safety Network

MBQIP-DB

MBQIP Datab[ ] [LOGIN]

ARCHI is working in collaboration
with the State Office of Rural Health

🕐 Upcoming Deadlines

HCAHPS »
📅 *Apr 3rd*

EDTC »
📅 *Apr 15th*

OP-18 »
📅 *May 1st*

OP-22 »
📅 *May 15th*

Hospital Commit...   Global   May 2025

Hybrid Hospital...   Feb 2025

Care Coordination

OP-18   Aug 2024

Emergency Department

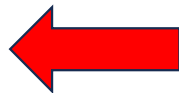OP-22   May 2025

Emergency Department

SDOH Screening   May 2025

Care Coordination

SDOH Screening +   May 2025

Care Coordination

MEASURES

- ⊞ Core Measures
- ⊕ 📁 Care Coordination
- ⊕ 📕 Emergency Department
- ⊕ 📁 Global Measures
- ⊕ 📘 Patient Experience
- ⊕ 📗 Patient Safety
- 🗂 Additional

Screening for Social Drivers of Health

CARE COORDINATION

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.

🏁 Importance

The recognition of health disparities and impact of health-related social needs (HRSN) has been heightened in recent years. Economic and social factors,

Data Reported To
HARP

Data Source
Hospital tracking

Reporting Period

Accessing your reports….

Flex Reports

EDTC REPORTING

- 🚑 EDTC v.1 (Legacy) ‹
- 🚑 EDTC v.2 ‹

CONCURRENT DATA

- 📋 HCAHPS ‹

HRSA REPORTING

- 📊 Flex Reports
- 📈 HRSA ‹

ARCHIVED MEASURES

- 🧍 IMM-2 ‹

FLEX REPORTS

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.

Upcoming Events

Quality Improvement Bootcamps

- April 23-25, 2025
- Kerrville, Texas

- April 30-May 2, 2025
- Abilene, Texas

Documentation Workshop for Nurses

- April 22, 2025
- Kerrville, Texas

- April 29, 2025
- Abilene, Texas

CNO – Nurse Leader Bootcamp

- July 30 – August 1, 2025
- Austin, Texas

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?**
  - **Diana Miller, MSN, RN** | Director Quality
  - Texas A&M Rural and Community Health Institute | Texas A&M Health
  - ph: 979.436.0406 | dgmiller@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
  - 512-970-9829 / sdolbow@tha.org

Questions???