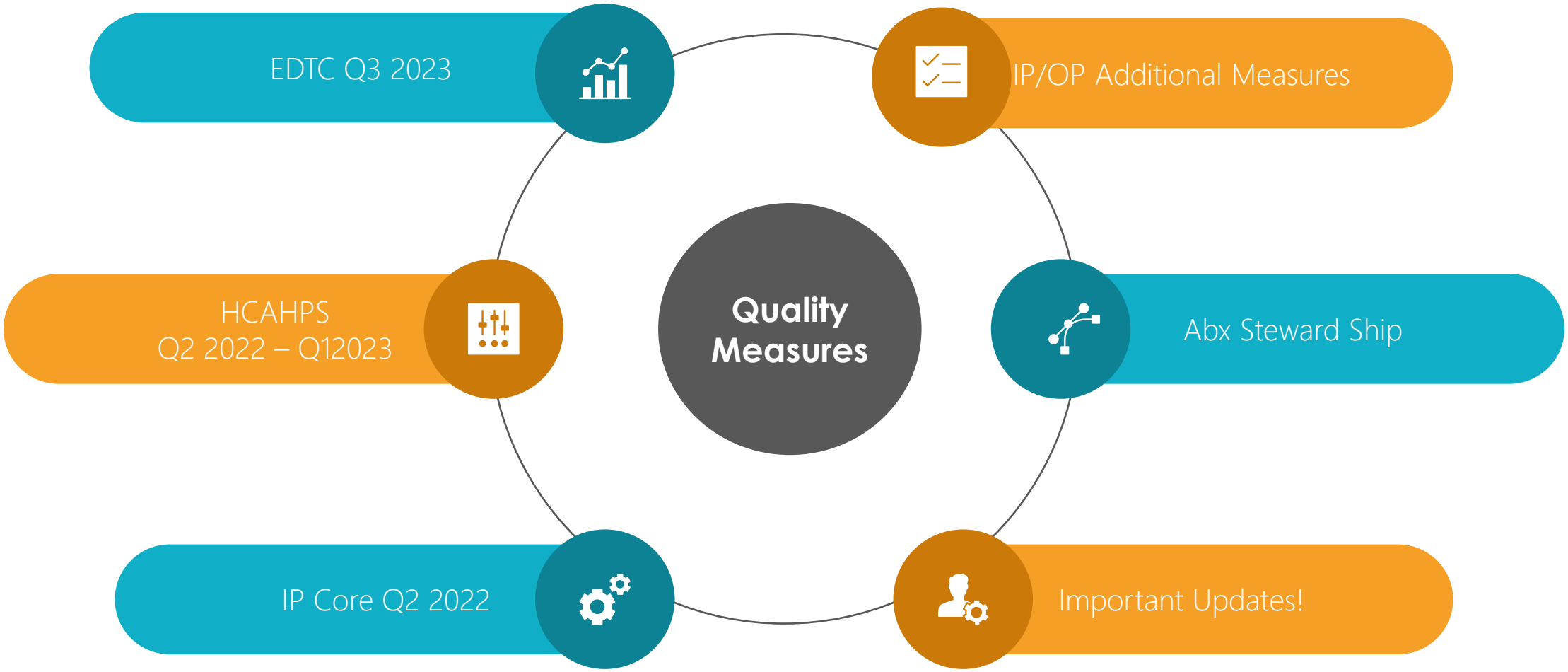
Quality Gap Analysis

December 2023

MICAH QN SG2

Quality Gap Analysis



Gap Analysis

EDTC

Composite
Home Medications
Allergies and Reactions
Meds Administered
Mental Status
Plan of Care
Test/Procedures Preformed
Test/Procedure Results

.

HCAHPS

Composite 1
Composite 2
Composite 3
Composite 5
Composite 6
Q8, Q9, Q18 and Q19

IP Core

OP-18b
OP-22
HCP/IMM

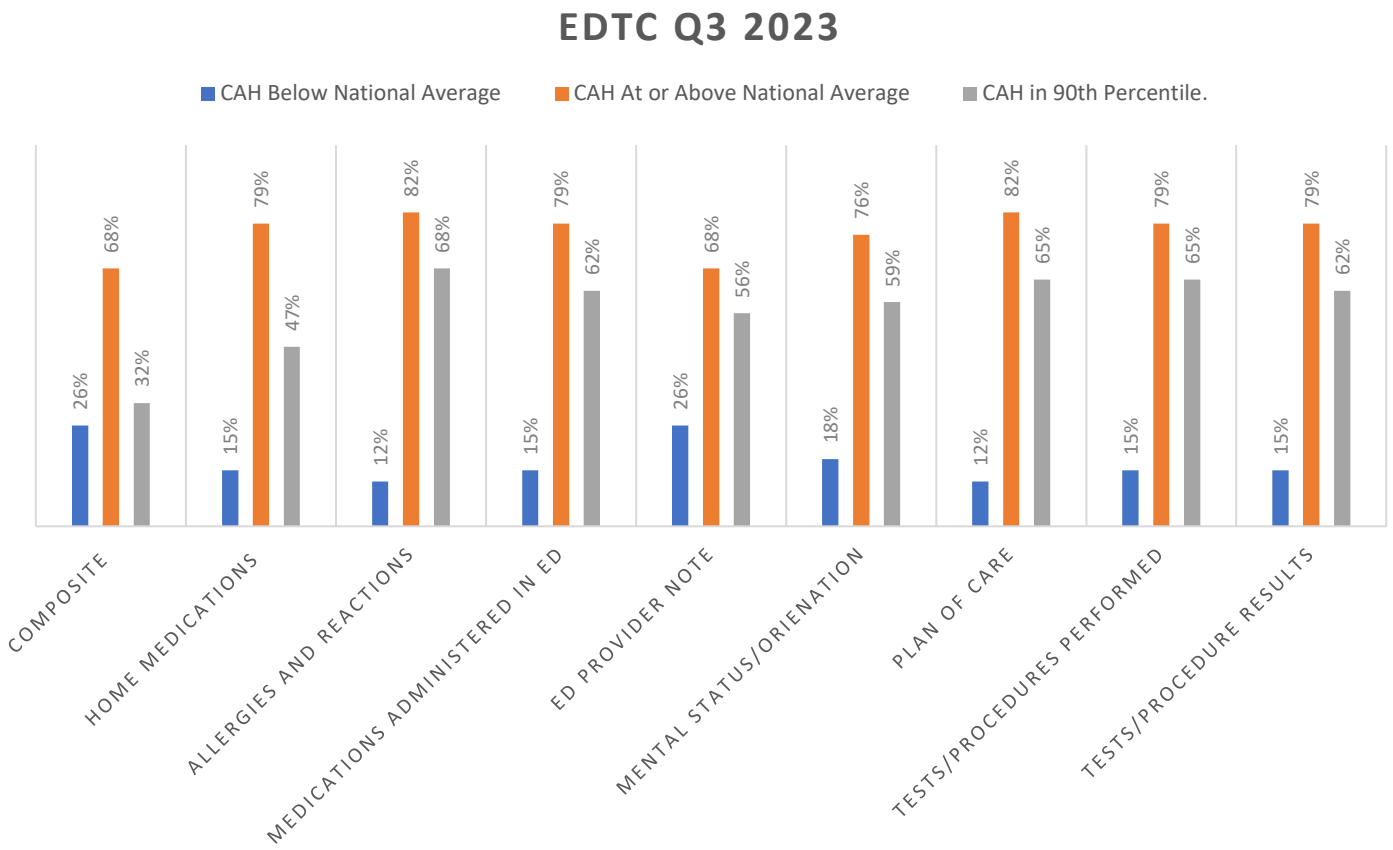
ADDITIONAL

CAUTI
CDI
CLABSI
MRSA
SSI:C
SSI:H

NEW NEWS

NIH DATA REPORTS
MBQIP CAH ASSESSMENT

EDTC



89% CAHs reported out EDTC

Greatest Area of Opportunity

- ED Provider Note
- Encourage Reporting

EDTC State Level

Michigan

State-Level Care Transition Core Measures/EDTC Report
Quarter 3 - 2023

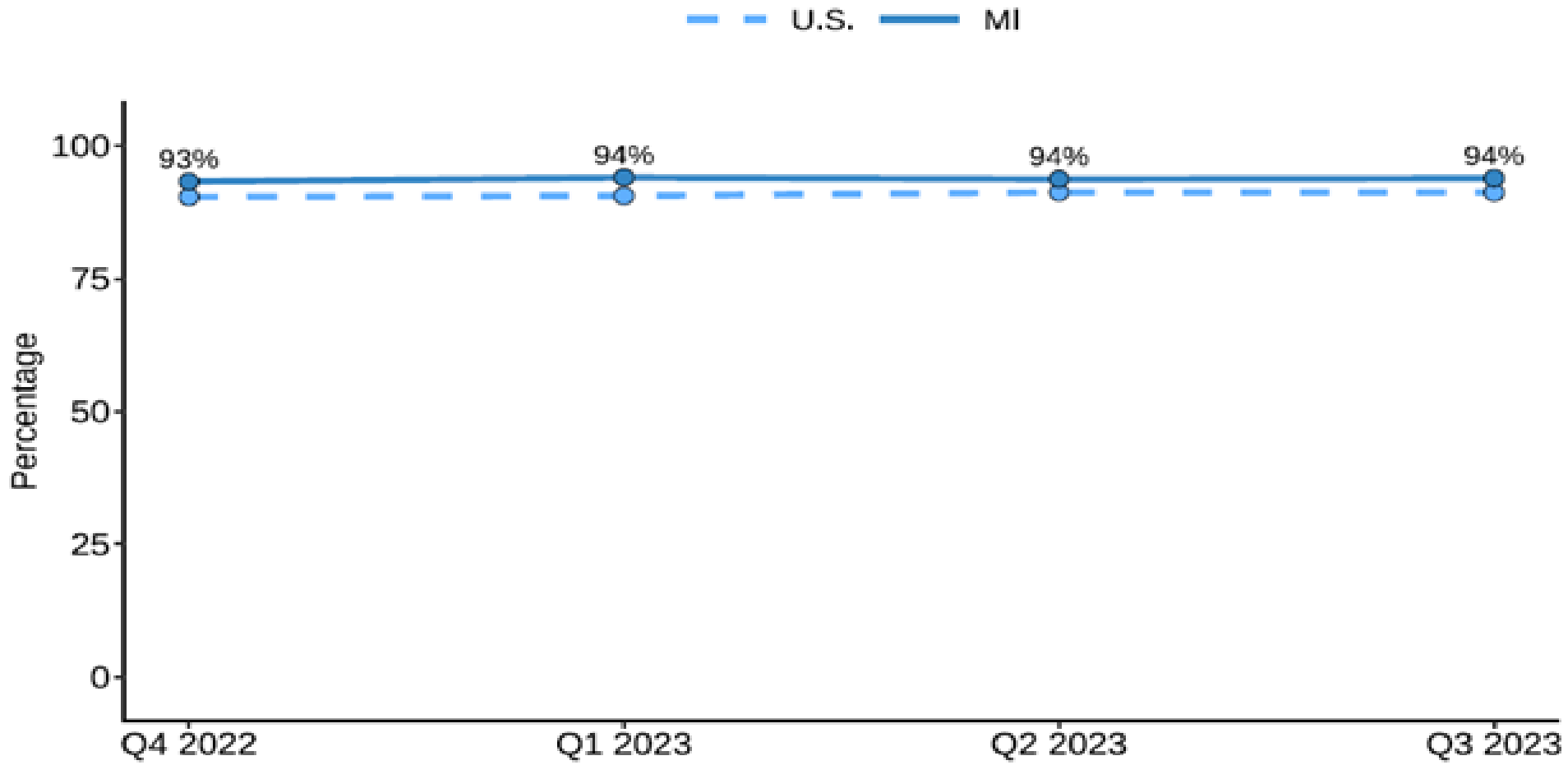
Generated on 11/17/23

		Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Bench-mark
	MBQIP Quality Measure	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Aggregate for All Four Quarters	# CAHs Report-ing	Average Current Quarter	90th Per-centile	# CAHs Report-ing	Average Current Quarter	Average Current Quarter
EDTC-All	Composite	93%	94%	94%	94%	94%	33	94%	100%	1,183	91%	100%
	Home Medications	96%	96%	96%	97%	97%	33	97%	100%	1,183	95%	100%
	Allergies and/or Reactions	98%	98%	98%	98%	98%	33	98%	100%	1,183	97%	100%
	Medications Administered in ED	98%	98%	98%	98%	98%	33	98%	100%	1,183	97%	100%
	ED Provider Note	96%	97%	97%	96%	96%	33	96%	100%	1,183	96%	100%
	Mental Status/Orientation Assessment	97%	98%	98%	98%	98%	33	98%	100%	1,183	97%	100%
	Reason for Transfer and/or Plan of Care	99%	99%	99%	98%	99%	33	98%	100%	1,183	97%	100%
	Tests and/or Procedures Performed	98%	98%	98%	98%	98%	33	98%	100%	1,183	97%	100%
	Tests and/or Procedures Results	98%	98%	98%	98%	98%	33	98%	100%	1,183	97%	100%
	Total Medical Records Reviewed (N)	N=1,372	N=1,446	N=1,490	N=1,477	N=5,785	N=1,477			N=51,522		

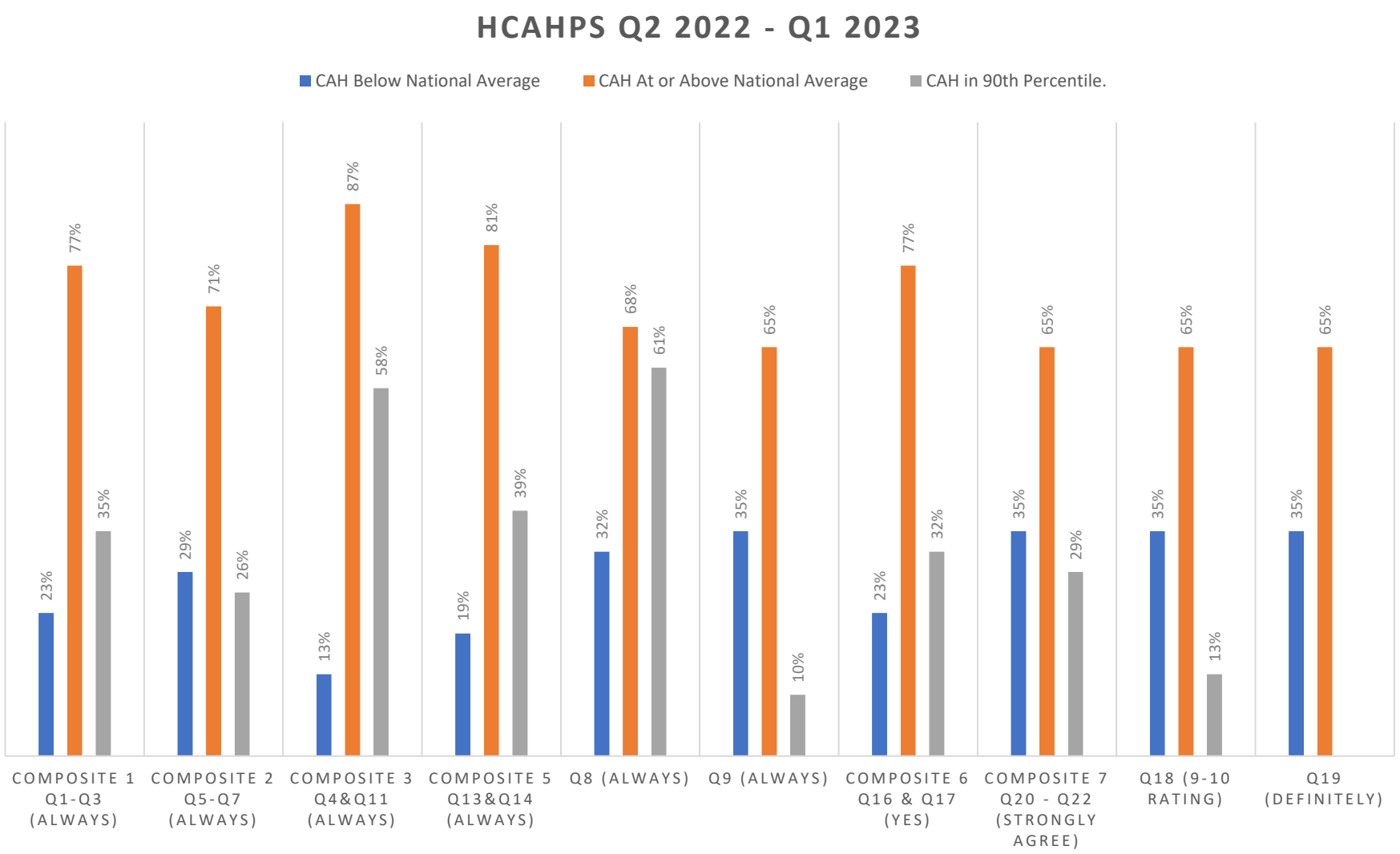
"N/A" indicates that no CAH data were submitted for this state.

EDTC Composite Comparison

Figure 1. EDTC Composite Trend in Michigan and All CAHs Nationally



HCAHPS



86% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
- Q9 – Quietness of Hospital
- Composite 7 – Care Transitions
- Question 18 – Overall Rating
- Question 19 – Willingness to Recommend

HCAHPS

HCAHPS Q2 2022 - Q1 2023	Number of Completed Surveys	HCAHPS Star Rating	Composite 1 Q1-Q3 (Always)	Composite 2 Q5-Q7 (Always)	Composite 3 Q48-Q11 (Always)	Composite 5 Q13&Q14 (Always)	Q8 (Always)	Q9 (Always)	Composite 6 Q16 & Q17 (Yes)	Composite 7 Q20-Q22 (Strongly Agree)	Q18 (9-10 Rating)	Q19 (Definitely)
National Average			**83%**	**83%**	**74%**	**66%**	**79%**	**66%**	**88%**	**55%**	**77%**	**74%**
State Average			**85%**	**82%**	**78%**	**68%**	**79%**	**66%**	**90%**	**56%**	**77%**	**78%**
Benchmark		**NA**	**88%**	**88%**	**81%**	**74%**	**80%**	**80%**	**92%**	**64%**	**88%**	**NA**
ASCENSION BORGESS ALLEGAN HOSPITAL	**101**	**4**	82%	82%	78%	64%	81%	68%	88%	61%	74%	65%
ASCENSION BORGESS LEE HOSPITAL	**73**		80%	76%	73%	54%	74%	69%	91%	45%	68%	56%
ASCENSION STANDISH COMMUNITY HOSPITAL	**135**	**5**	87%	87%	83%	71%	91%	75%	94%	64%	80%	74%
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	**68**		84%	85%	85%	72%	79%	69%	89%	47%	79%	73%
ASPIRUS IRONWOOD HOSPITAL	**111**	**3**	78%	73%	71%	61%	80%	54%	86%	82%	66%	59%
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	**95**		83%	84%	85%	70%	81%	47%	90%	62%	77%	79%
ASPIRUS ONTONAGON HOSPITAL INC	**12**		93%	88%	85%	95%	90%	69%	99%	68%	86%	85%
BARAGA COUNTY MEMORIAL HOSPITAL	**75**		82%	84%	83%	64%	87%	59%	82%	45%	70%	63%
BRONSON LAKEVIEW HOSPITAL	177	**5**	84%	83%	76%	76%	87%	67%	91%	57%	78%	77%
DECKERVILLE COMMUNITY HOSPITAL	**DNS**											
EATON RAPIDS MEDICAL CENTER	**82**		91%	83%	87%	77%	66%	77%	92%	65%	87%	88%
HARBOR BEACH COMMUNITY HOSPITAL	**19**		100%	86%	96%	83%	88%	62%	87%	53%	85%	71%
HELEN NEWBERRY JOY HOSPITAL	**80**		90%	84%	80%	78%	82%	69%	89%	51%	68%	60%
HILLS & DALES GENERAL HOSPITAL	**72**		90%	88%	84%	67%	81%	80%	88%	55%	81%	85%
KALKASKA MEMORIAL HEALTH CENTER	**DNS**											
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	**74**		92%	89%	91%	72%	82%	72%	92%	66%	97%	95%
MARLETTE REGIONAL HOSPITAL	**34**		86%	80%	83%	76%	82%	74%	87%	62%	79%	80%
MCKENZIE HEALTH SYSTEM	**16**		88%	85%	89%	89%	81%	50%	96%	66%	90%	84%
MCLAREN CARO REGION	**6**		94%	88%	97%	84%	27%	100%	56%	73%	88%	89%
MCLAREN THUMB REGION	**DNS**											
MERCY HEALTH LAKESHORE CAMPUS	**111**	**5**	90%	88%	82%	67%	81%	64%	89%	57%	80%	78%
MUNISING MEMORIAL HOSPITAL	**24**		87%	84%	96%	75%	65%	64%	86%	54%	81%	69%
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL	**379**	**5**	85%	88%	80%	71%	81%	71%	90%	59%	82%	83%
MYMICHIGAN MEDICAL CENTER GLADWIN	**72**		88%	85%	84%	71%	78%	75%	92%	62%	85%	79%
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	**328**	**4**	86%	85%	74%	68%	75%	63%	88%	54%	71%	66%
PAUL OLIVER MEMORIAL HOSPITAL	**DNS**											
SCHEURER HOSPITAL	**57**		91%	92%	84%	82%	91%	74%	93%	65%	93%	86%
SCHOOLCRAFT MEMORIAL HOSPITAL	**65**		86%	87%	75%	66%	91%	85%	91%	66%	75%	81%
SHERIDAN COMMUNITY HOSPITAL	**22**		82%	89%	78%	76%	84%	68%	90%	50%	84%	66%
SPARROW CLINTON HOSPITAL	**239**	**4**	84%	81%	83%	68%	77%	53%	92%	57%	80%	81%
SPARROW EATON HOSPITAL	**274**	**4**	82%	69%	75%	58%	64%	71%	88%	50%	74%	77%
SPARROW IONIA HOSPITAL	**203**	**4**	83%	79%	77%	68%	73%	71%	93%	58%	78%	74%
SPECTRUM HEALTH GERBER MEMORIAL	**332**	**4**	81%	79%	69%	67%	85%	62%	94%	52%	73%	69%
SPECTRUM HEALTH PENNOCK	**DNS**											
SPECTRUM HEALTH REED CITY	**13**		83%	76%	93%	74%	64%	70%	64%	37%	68%	80%
UP HEALTH SYSTEM - BELL	**222**	**4**	83%	84%	69%	63%	80%	63%	90%	55%	71%	81%

Red	Green	Gold
Below National Average	At or Above National Average	Above Benchmark

HCAHPS State Level

Michigan

State-Level Patient Experience Core Measures/HCAHPS Report
Current Reporting Period: Q2 2022 - Q1 2023

Generated on 11/08/23

	Your State's CAH Data												National CAH Data			Benchmark
	Q3 2021 - Q2 2022			Q4 2021 - Q3 2022			Q1 2022 - Q4 2022			Current Reporting Period Q2 2022 - Q1 2023			Current Reporting Period Q2 2022 - Q1 2023			
HCAHPS Composites and Individual Items	# Completed Surveys	3,479		# Completed Surveys	3,491		# Completed Surveys	3,509		# Completed Surveys	3,570		# Completed Surveys	97,130		
	Response Rate	29%		Response Rate	30%		Response Rate	31%		Response Rate	32%		Response Rate	26%		
HCAHPS Composites	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Always**
Composite 1 (Q1 to Q3) Communication with Nurses	3%	13%	84%	3%	14%	84%	3%	13%	84%	2%	13%	85%	3%	14%	83%	**88%**
Composite 2 (Q5 to Q7) Communication with Doctors	4%	14%	82%	4%	14%	82%	4%	14%	82%	4%	14%	82%	4%	13%	83%	**88%**
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	5%	17%	77%	5%	18%	77%	5%	17%	78%	4%	17%	78%	5%	21%	74%	**81%**
Composite 5 (Q13 & Q14) Communication about Medicines	15%	19%	66%	15%	19%	66%	15%	18%	67%	15%	17%	68%	15%	19%	66%	**74%**
Hospital Environment Items	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Sometimes to Never**	**Usually**	**Always**	**Always**
Q8 Cleanliness of Hospital	7%	15%	78%	7%	15%	78%	7%	15%	78%	7%	14%	79%	6%	15%	79%	**80%**
Q9 Quietness of Hospital	7%	27%	66%	7%	27%	66%	8%	27%	65%	7%	27%	66%	6%	27%	66%	**80%**
Discharge Information Composite	**No**	**Yes**		**No**	**Yes**		**No**	**Yes**		**No**	**Yes**		**No**	**Yes**		**Yes**
Composite 6 (Q16 & Q17) Discharge Information	10%	90%		10%	90%		10%	90%		10%	90%		12%	88%		**92%**
Care Transition Composite	**Disagree to Strongly Disagree**	**Agree**	**Strongly Agree**	**Disagree to Strongly Disagree**	**Agree**	**Strongly Agree**	**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	4%	40%	56%	4%	40%	56%	4%	41%	56%	4%	40%	56%	4%	41%	55%	**64%**

"N/A" indicates that no CAH in the state submitted data for this reporting period.

HCAHPS State Level

Michigan

State-Level Patient Experience Core Measures/HCAHPS Report
Current Reporting Period: Q2 2022 - Q1 2023

Generated on 11/08/23

	Your State's CAH Data												National CAH Data			Benchmark
	Q3 2021 - Q2 2022			Q4 2021 - Q3 2022			Q1 2022 - Q4 2022			Current Reporting Period Q2 2022 - Q1 2023			Current Reporting Period Q2 2022 - Q1 2023			
HCAHPS Global Items	**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**	**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)	6%	16%	78%	6%	18%	76%	5%	18%	76%	4%	19%	77%	6%	18%	77%	86%
	Definitely Not or Probably Not	**Probably**	**Definitely**	**Definitely Not or Probably Not**	**Probably**	**Definitely**	**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	4%	21%	76%	4%	21%	75%	4%	21%	75%	3%	21%	75%	4%	22%	74%	

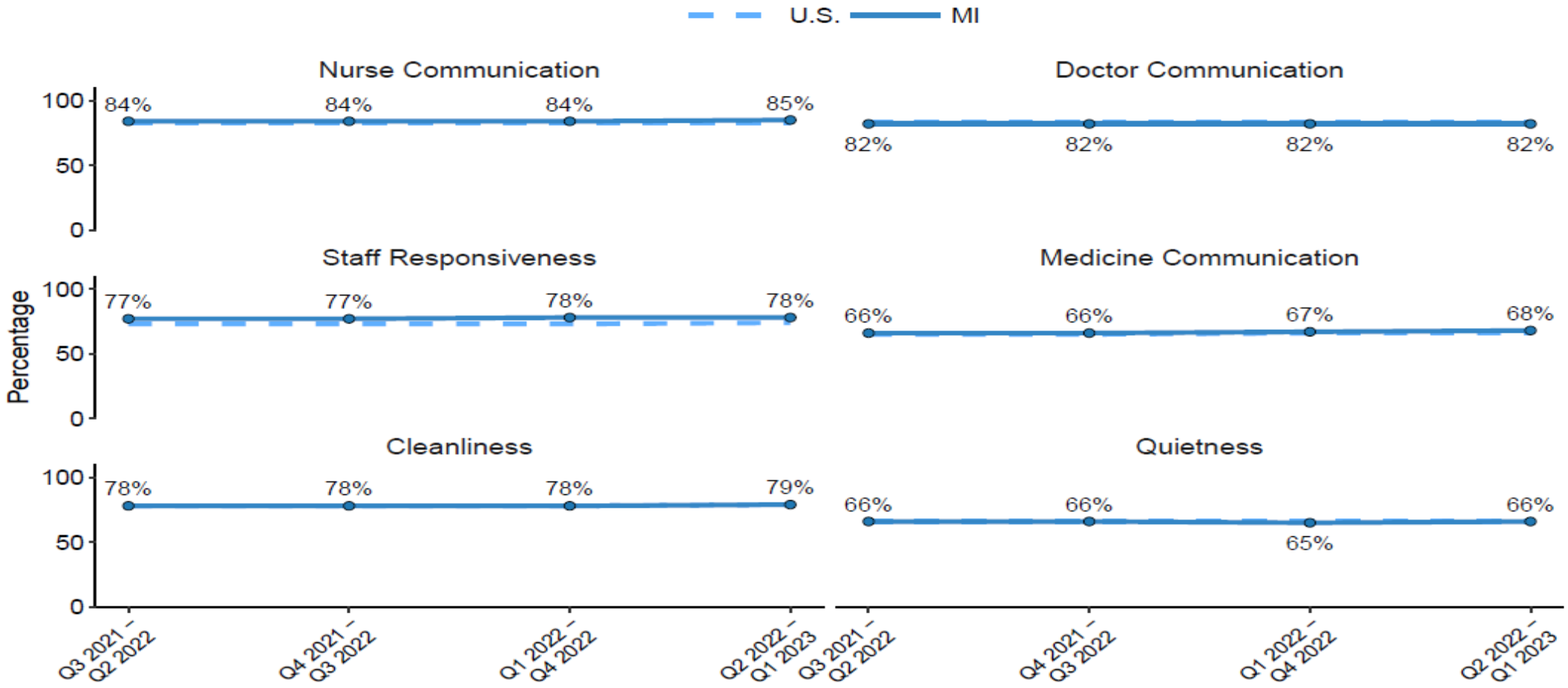
"N/A" indicates that no CAH in the state submitted data for this reporting period.

HCAHPS Comparison

Michigan

State-Level Patient Experience Core Measures/HCAHPS Report
Current Reporting Period: Q2 2022 - Q1 2023

HCAHPS Trends in Michigan and All CAHs Nationally

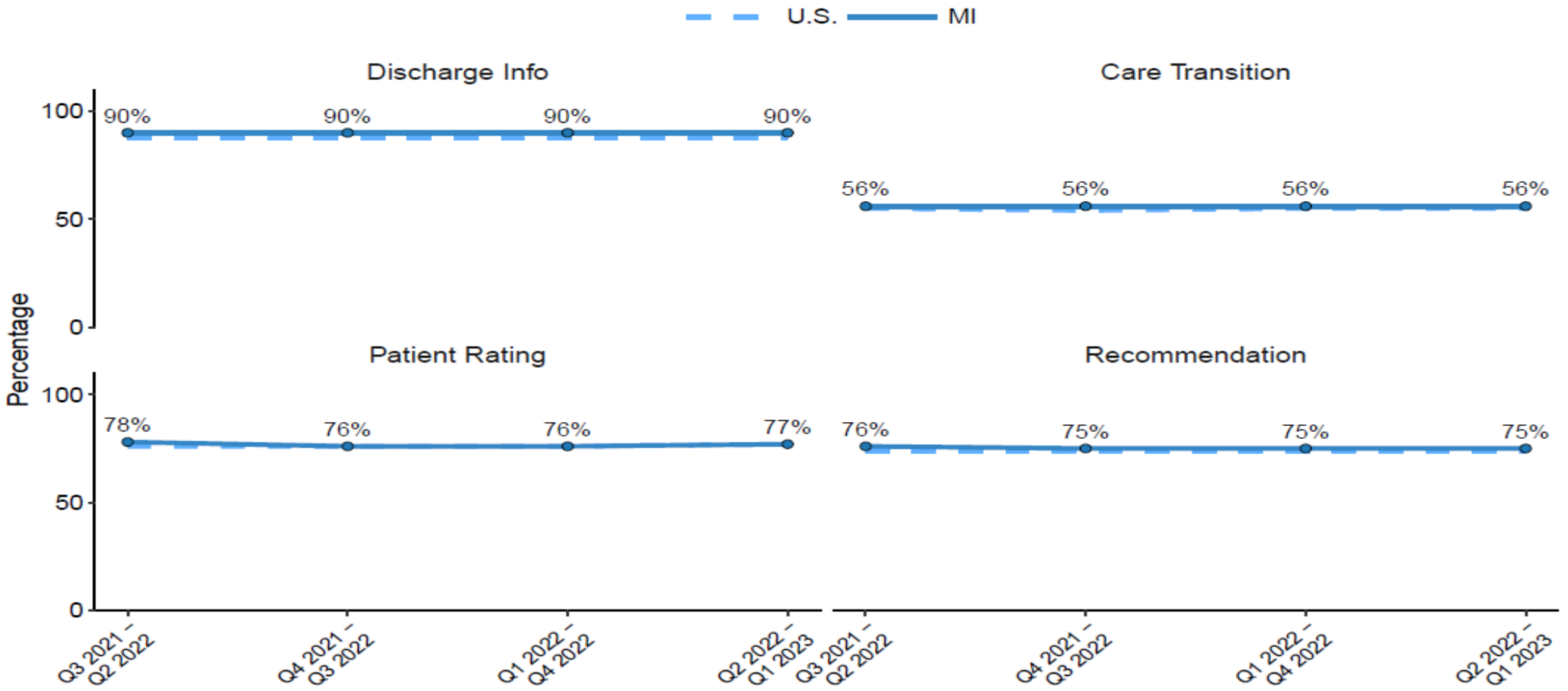


HCAHPS Comparison

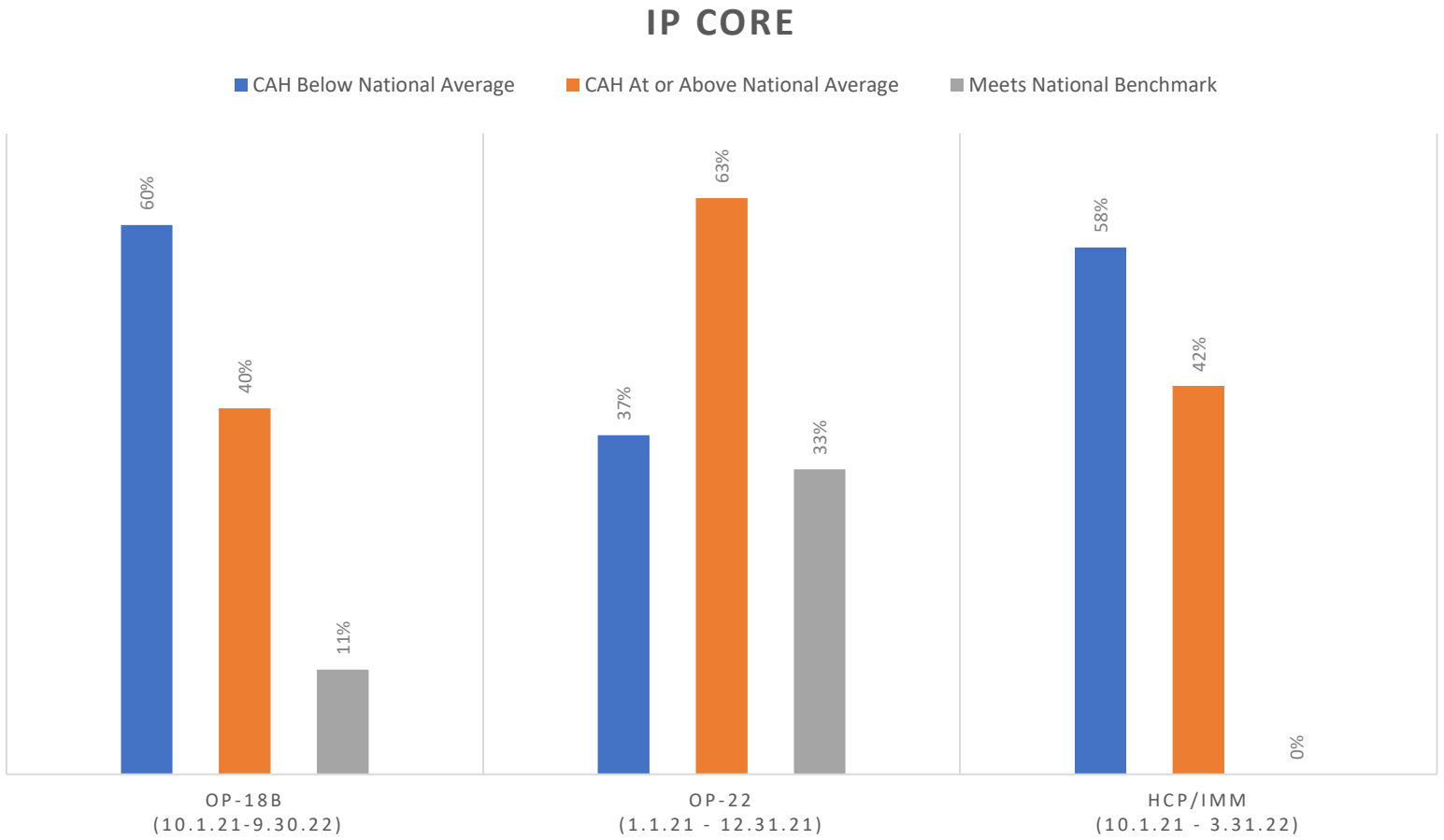
Michigan

State-Level Patient Experience Core Measures/HCAHPS Report
Current Reporting Period: Q2 2022 - Q1 2023

HCAHPS Trends in Michigan and All CAHs Nationally (continued)



IP CORE



97% CAHs reported out OP 18

75% CAHs reported out OP 22

92% reported out HCP/IMM

Greatest Area of Opportunity

- OP 18
- Reporting of OP 22

IP CORE

InPatient Core Measures Q2 2023 NIH data pull	OP-18b (10.1.21-9.30.22)	OP-22 (11.21 - 12.31.21)	HCP/IMM (10.1.21 - 3.31.22)
National Median Time/Overall Rate	113 min	1%	79%
State Median Time/Overall Rate	104 min	2%	75%
National Benchmark	85	0%	100%
ASCENSION BORGESS ALLEGAN HOSPITAL	114	1%	80%
ASCENSION BORGESS LEE HOSPITAL	90	1%	71%
ASCENSION STANDISH COMMUNITY HOSPITAL	93	0%	89%
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	105	0%	53%
ASPIRUS IRONWOOD HOSPITAL	127	0%	62%
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	128	0%	68%
ASPIRUS ONTONAGON HOSPITAL INC	92	0%	60%
BARAGA COUNTY MEMORIAL HOSPITAL	121		95%
BRONSON LAKEVIEW HOSPITAL	152	2%	99%
DECKERVILLE COMMUNITY HOSPITAL	80	0%	56%
EATON RAPIDS MEDICAL CENTER	103	1%	70%
HARBOR BEACH COMMUNITY HOSPITAL	110		53%
HELEN NEWBERRY JOY HOSPITAL	93	1%	90%
HILLS & DALES GENERAL HOSPITAL	75	0%	59%
KALKASKA MEMORIAL HEALTH CENTER	93		95%
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	103	2%	79%
MARLETTE REGIONAL HOSPITAL	103		51%
MCKENZIE HEALTH SYSTEM	91	1%	42%
MCLAREN CARO REGION	57		56%
MCLAREN THUMB REGION	91		
MERCY HEALTH LAKESHORE CAMPUS	92	2%	59%
MUNISING MEMORIAL HOSPITAL	104	0%	99%
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL	115		97%
MYMICHIGAN MEDICAL CENTER GLADWIN	133	1%	68%
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	194	2%	62%
PAUL OLIVER MEMORIAL HOSPITAL	79	2%	89%
SCHEURER HOSPITAL	104	0%	73%
SCHOOLCRAFT MEMORIAL HOSPITAL	149		95%
SHERIDAN COMMUNITY HOSPITAL	108	2%	
SPARROW CLINTON HOSPITAL	156	2%	69%
SPARROW EATON HOSPITAL	141	1%	78%
SPARROW IONIA HOSPITAL	156	1%	78%
SPECTRUM HEALTH GERBER MEMORIAL	152	4%	87%
SPECTRUM HEALTH PENNOCK			
SPECTRUM HEALTH REED CITY	90	2%	93%
UP HEALTH SYSTEM - BELL	145	2%	89%

IP Core State Level

Michigan

State-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report
Quarter 2 - 2023

Generated on 12/06/23

		State Performance by Quarter				State Current Quarter			National Current Quarter		Bench-mark
	Emergency Department – Quarterly Measure	Q3 2022	Q4 2022	Q1 2023	Q2 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	117 min	118 min	117 min	104 min	35	104 min	80 min	1,077	113 min	85 min
	Number of Patients (N)	N=3,293	N=3,279	N=3,110	N=3,235						

		State 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	1%	2%	2%	28	2%	0%	963	1%	0%
	Number of Patients (N)	N=201,612	N=224,535	N=253,113						

		State 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	89%	81%	75%	33	75%	95%	1,063	79%	100%

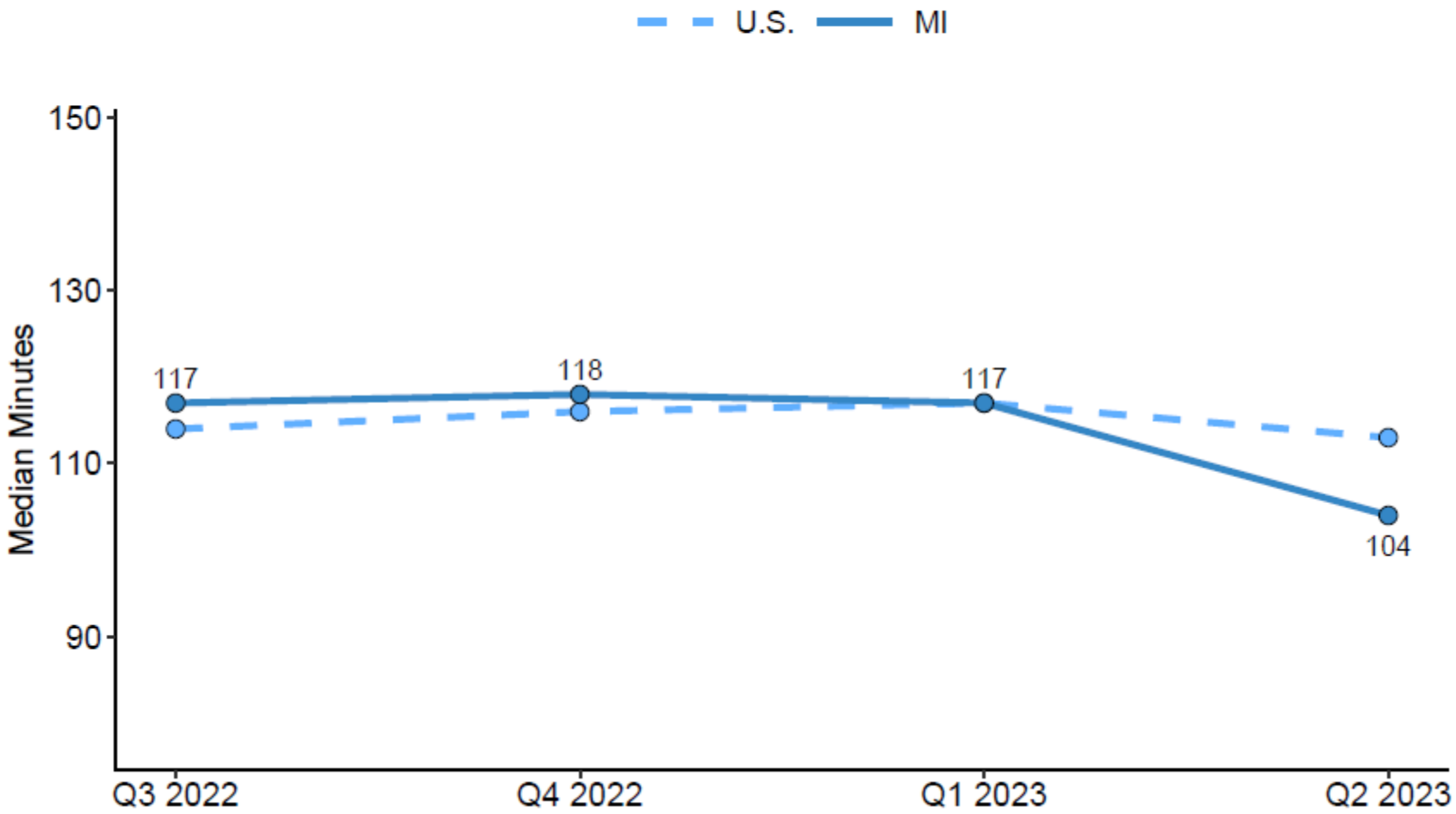
"N/A" indicates that either:

- No CAHs in the state submitted any measure data, or
- CAHs submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

IP Core Comparison

Figure 1. OP-18b Trends in Michigan and All CAHs Nationally

Median time from ED arrival to ED departure for discharged patients (lower is better)



IP Core Comparison

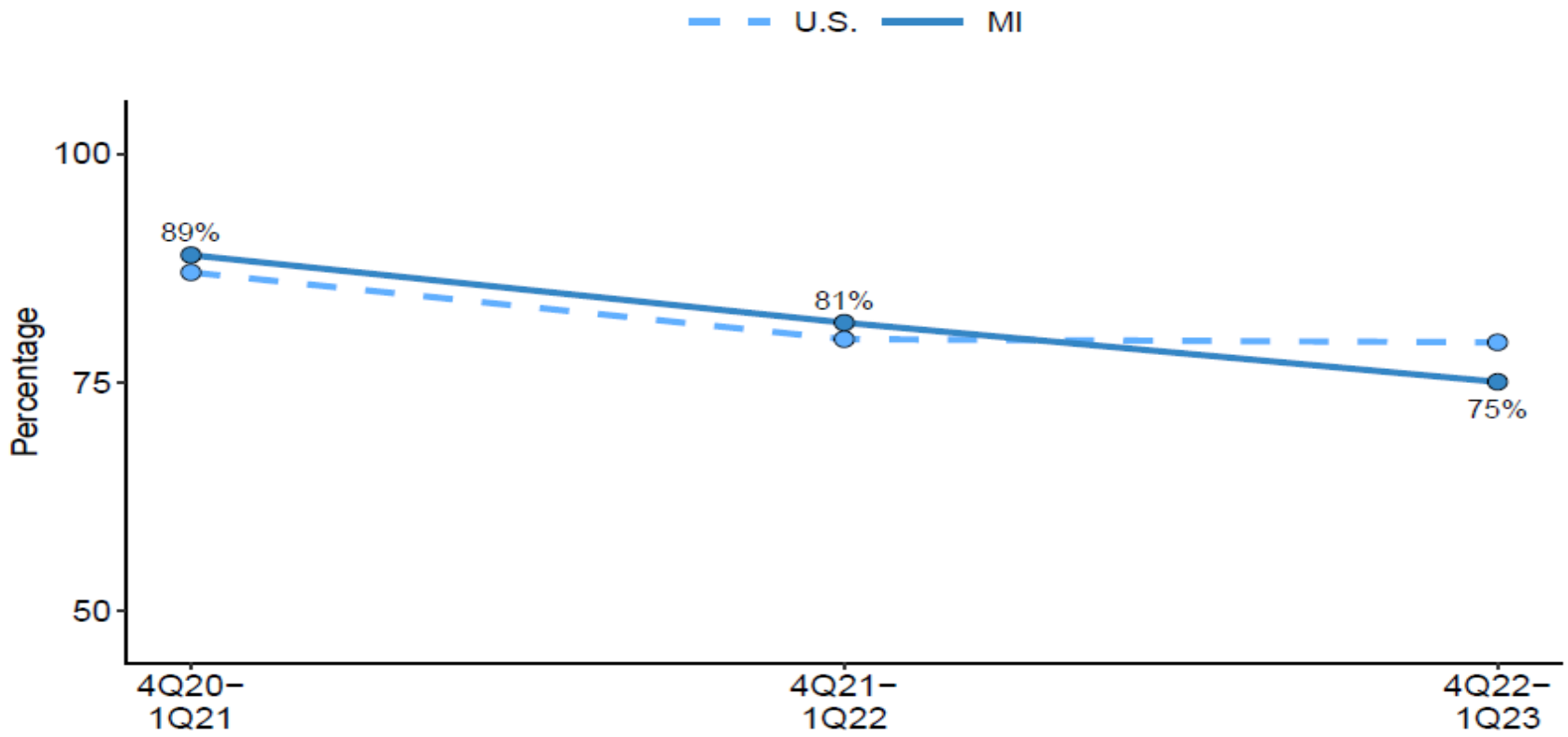
Michigan

State-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report
Quarter 2 - 2023

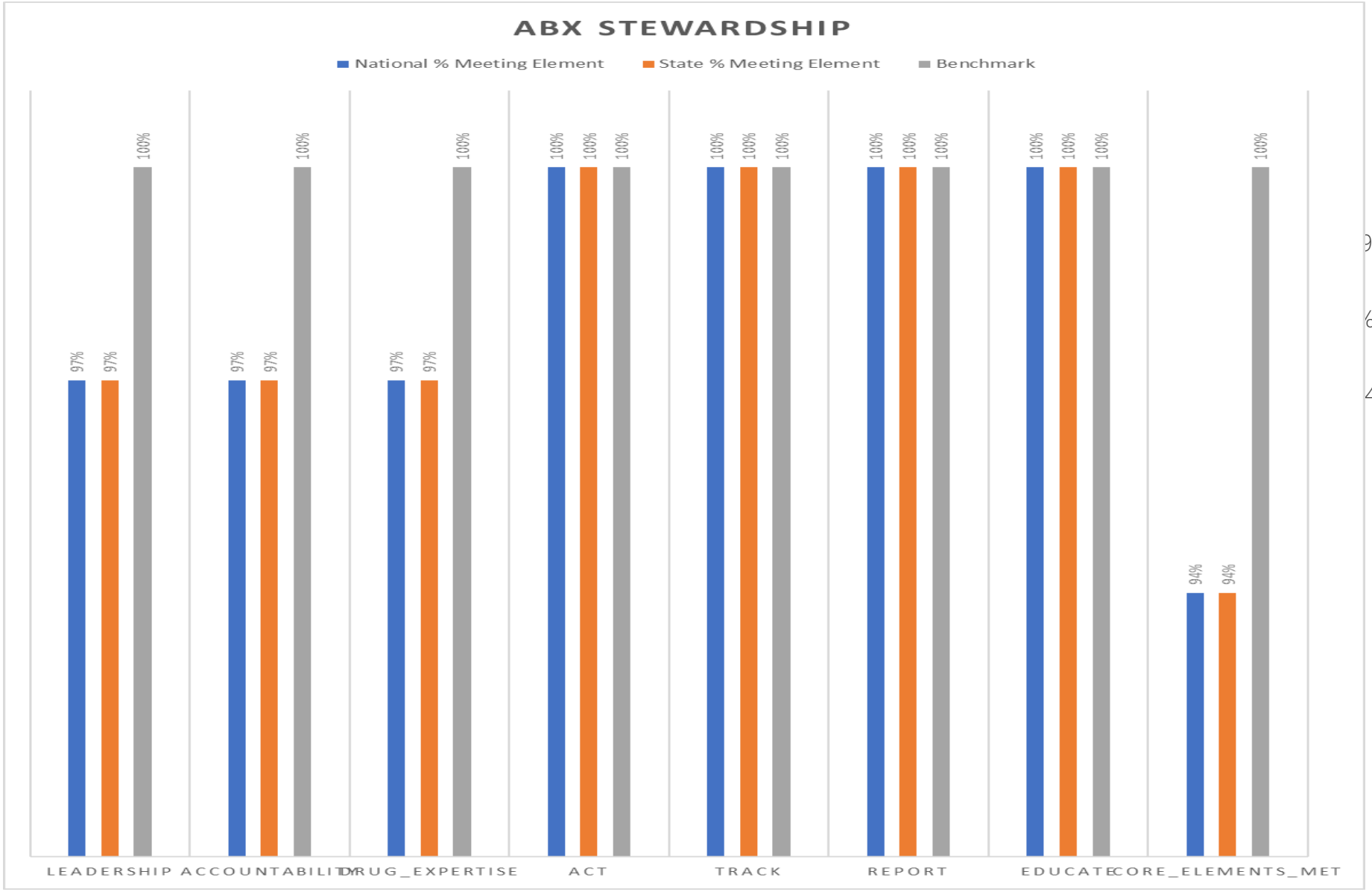
Generated on 12/06/23

Figure 2. HCP/IMM-3 Trends in Michigan and All CAHs Nationally

Healthcare workers given influenza vaccination



ABX STEWARDSHIP



97% CAHs reported out Leadership, Accountability, Drug Expertise

% CAHs reported out Act, Track, Report, Educate

4% reported out all 7 Core Elements

Greatest Area of Opportunity

- Reporting out all 7 measures

IP Core State Level

Michigan

State-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report
Quarter 2 - 2023

Generated on 12/06/23

	State Percentage by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Bench-mark
Antibiotic Stewardship Measure – CDC Core Elements	Survey Year 2021	Survey Year 2022	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of CAHs Meeting Element
All Elements Met	94%	94%	33	94%	1,232	91%	100%
Element 1: Leadership	94%	97%	33	97%	1,232	99%	100%
Element 2: Accountability	97%	97%	33	97%	1,232	97%	100%
Element 3: Drug Expertise	100%	97%	33	97%	1,232	95%	100%
Element 4: Action	100%	100%	33	100%	1,232	98%	100%
Element 5: Tracking	97%	100%	33	100%	1,232	96%	100%
Element 6: Reporting	100%	100%	33	100%	1,232	98%	100%
Element 7: Education	100%	100%	33	100%	1,232	99%	100%

"N/A" indicates that no CAHs in the state submitted data for this measure.

ABX STEWARDSHIP

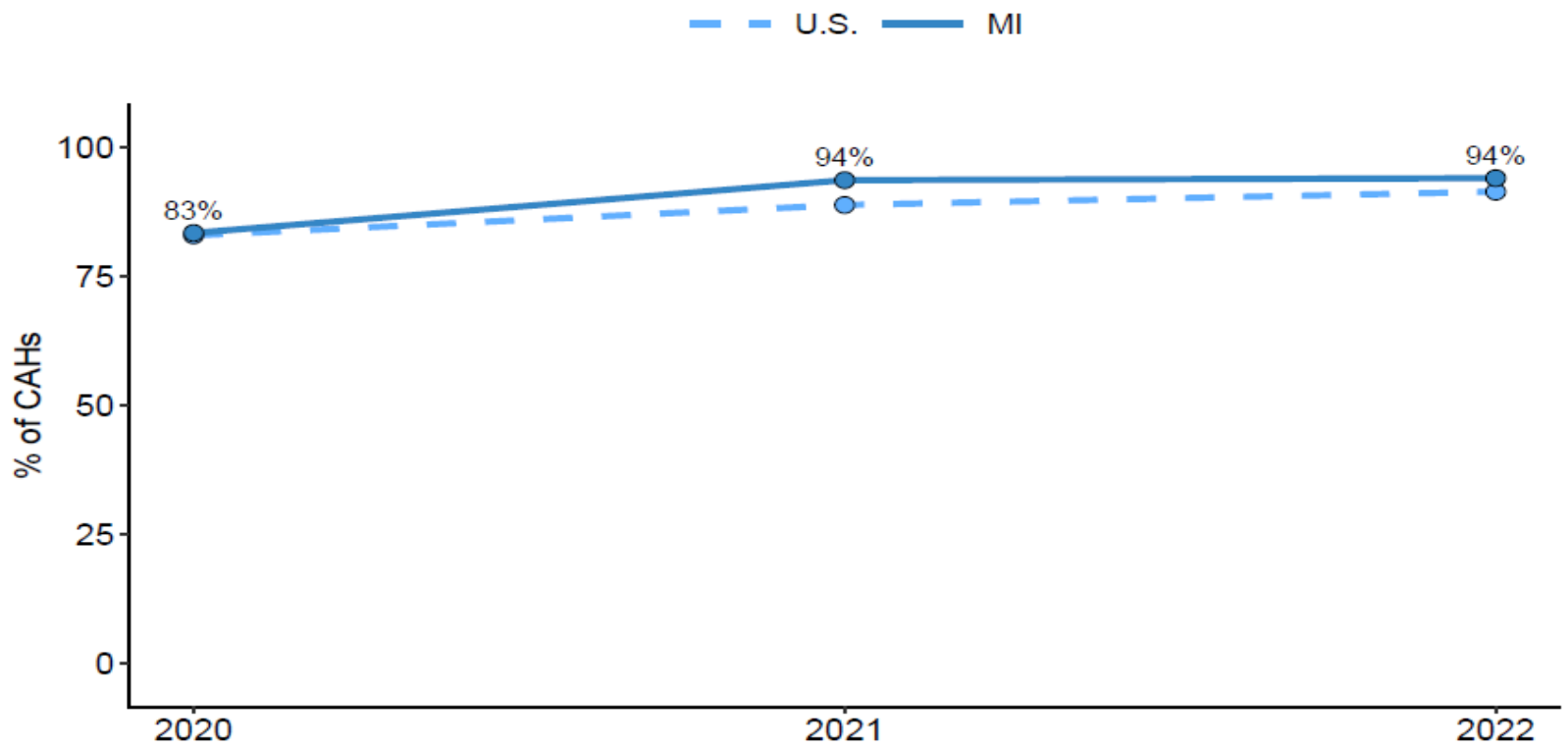
Michigan

State-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report
Quarter 2 - 2023

Generated on 12/06/23

Figure 3. Antibiotic Stewardship Trends in Michigan and All CAHs Nationally

CAHs fulfilling the seven antibiotic stewardship core elements



ADDITIONAL MEASURES

InPatient/OutPatient Additional Meausres Q1 2023	CAUTI	CDI	CLABSI	MRSA	SSI:C	SSI:H
National Current Quarter SIR	0.6	0.8	0.6	0.6	1.1	2.3
State Current Quarter SIR	1.0	0.7	NC	NC	NC	NC
ASCENSION BORGESS ALLEGAN HOSPITAL	NC	NC	NC	NC	NC	NC
ASCENSION BORGESS LEE HOSPITAL	NC	NC	NC	NC	NC	NC
ASCENSION STANDISH COMMUNITY HOSPITAL	NC	NC	NC	NC	NA	NA
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	NC	NC	NC	NC	NC	NA
ASPIRUS IRONWOOD HOSPITAL	NC	NC	NC	NC	NC	NC
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	NC	NC	NC	NC	NC	NC
ASPIRUS ONTONAGON HOSPITAL INC	NC	NC	NC	NC	NA	NA
BARAGA COUNTY MEMORIAL HOSPITAL	NC	NA	NC	NA	NA	NA
BRONSON LAKEVIEW HOSPITAL	NC	NC	NC	NC	NC	NC
DECKERVILLE COMMUNITY HOSPITAL	NC	NC	NC	NC	NC	NC
EATON RAPIDS MEDICAL CENTER	NC	NC	NC	NC	NC	NC
HARBOR BEACH COMMUNITY HOSPITAL	NC	NC	NA	NC	NA	NA
HELEN NEWBERRY JOY HOSPITAL	NC	NC	NC	NC	NA	NA
HILLS & DALES GENERAL HOSPITAL	NC	NC	NC	NC	NC	NA
KALKASKA MEMORIAL HEALTH CENTER	NC	NC	NA	NC	NA	NA
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	NC	NA	NC	NA	NA	NA
MARLETTE REGIONAL HOSPITAL	NC	NC	NC	NC	NC	NA
MCKENZIE HEALTH SYSTEM	NC	NC	NC	NC	NC	NA
MCLAREN CARO REGION	NC	NC	NC	NC	NA	NA
MCLAREN THUMB REGION	NA	NA	NA	NA	NA	NA
MERCY HEALTH LAKESHORE CAMPUS	NA	NA	NA	NA	NA	NA
MUNISING MEMORIAL HOSPITAL	NA	NA	NA	NA	NA	NA
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL	NC	NC	NC	NC	NC	NC
MYMICHIGAN MEDICAL CENTER GLADWIN	NC	NC	NC	NC	NA	NA
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	NC	NC	NC	NC	NC	NC
PAUL OLIVER MEMORIAL HOSPITAL	NC	NC	NC	NC	NA	NA
SCHEURER HOSPITAL	NC	NC	NC	NC	NC	NC
SCHOOLCRAFT MEMORIAL HOSPITAL	NC	NC	NC	NC	NC	NC
SHERIDAN COMMUNITY HOSPITAL	NC	NA	NC	NA	NA	NA
SPARROW CLINTON HOSPITAL	NC	NC	NC	NC	NC	NC
SPARROW EATON HOSPITAL	NC	NC	NC	NC	NC	NC
SPARROW IONIA HOSPITAL	NC	NC	NC	NC	NC	NC
SPECTRUM HEALTH GERBER MEMORIAL	NC	NC	NC	NC	NC	NC
SPECTRUM HEALTH PENNOCK						
SPECTRUM HEALTH REED CITY	NC	NC	NC	NC	NA	NA
UP HEALTH SYSTEM - BELL	NC	NC	NC	NC	NC	NC

Important Updates

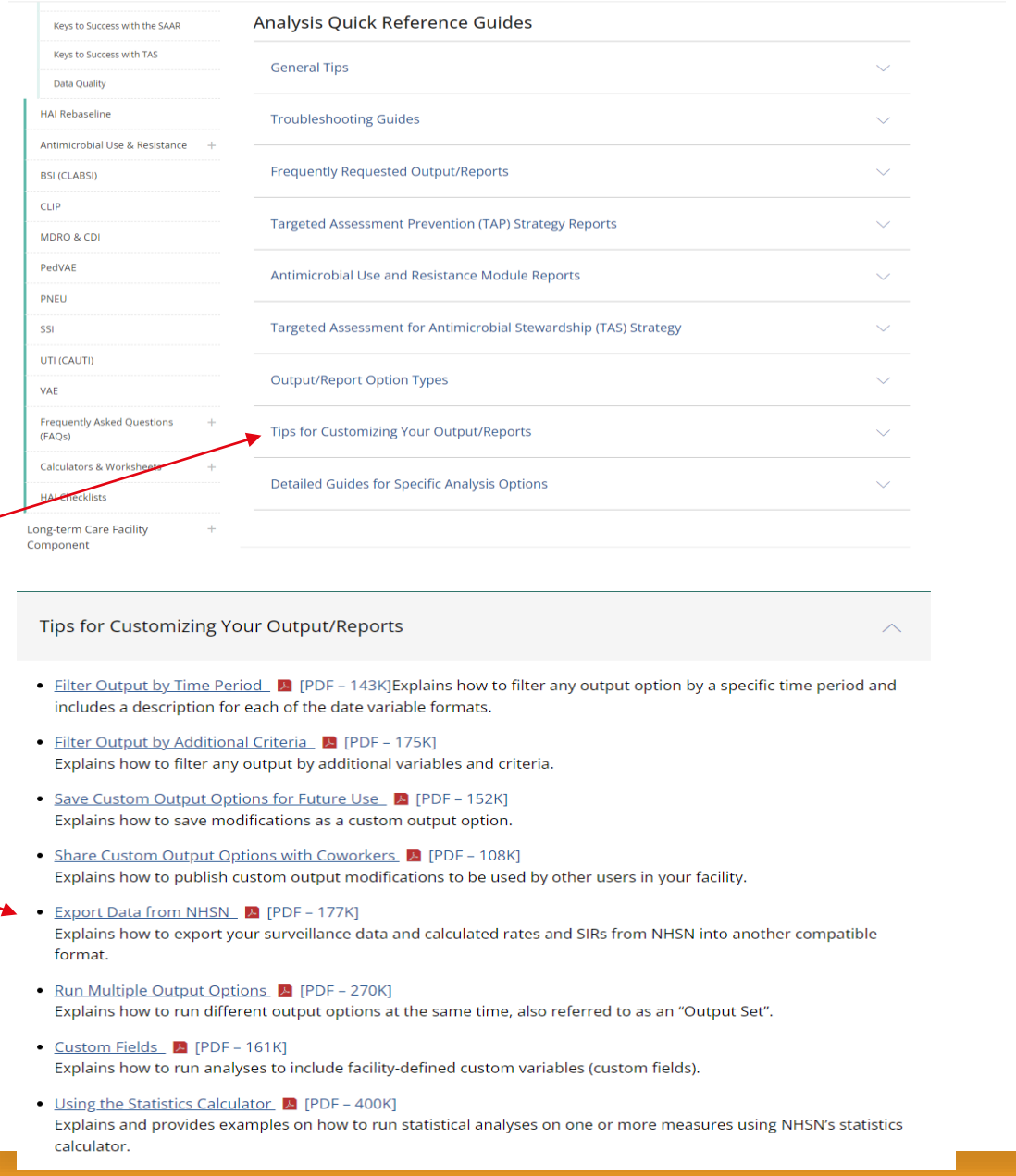
- Starting with Q2 2023 Data, the MBQIP reports will no longer include Additional Patient Safety/Inpatient and Outpatient report.
  - Reasons behind the removal: 1) Inaccuracy in the data once transmitted to FORHP; 2) Challenges in using the data, particularly with the Standardized Infection Ratio.
- This report included the Healthcare-Associated Infections from the NHSN National Survey.
  - Hospitals will still be able to track performance by logging into NHSN directly
  - This will not impact past or future reporting data for CAHs participating in MBQIP

Accessing your NHSN reports

Follow the link: https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html

Navigate to “Tips for Customizing Your Output/Reports” drop down.

Select “Export Data from NHSN”



Important Updates

Medicare Beneficiary Quality Improvement Project (MBQIP) Current MBQIP Core Measure Set

Data Submission Deadlines[1,2]

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q3 / 2023 Jul 1 - Sep 30	Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31	Q2 / 2024 Apr 1 - Jun 30
HCP/IMM-3[3]	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15, 2024 (Q4 2023 - Q1 2024 aggregate)		N/A
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2024[4] (CY 2023 data)		March 1, 2025[4] (CY 2024 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
EDTC[5]	Emergency Department Transfer Communication	Emergency Department	Submission process directed by state Flex Program	October 31, 2023	January 31, 2023	April 30, 2024	July 31, 2024
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
OP-22	Patient left without being seen	Emergency Department	HQR via HARP Log in	May 15, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)	

1. Based on currently available information. Submissions dates are subject to change.
2. 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.
3. The encounter period for HCP/IMM-3 is limited to Q4 and Q1.
4. Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year but may submit or update survey responses throughout the year.
5. State Flex Programs must submit data to FMT by the 10th day of the month following the hospital deadline (e.g. Q3 2023 data due to FMT by Nov 10, 2023). For additional information about measure submission see the MBQIP Quality Reporting Guide.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $640,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.

Important Updates

MBQIP 2025 – Measures Being Added to Core Set

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			
TBD	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)			
TBD	Safe Use of Opioids	Patient Safety	HQR Secure Portal	Hospitals may choose to report to CMS. Deadline February 29, 2024 (CY 2023 data)		Hospitals may choose to report to CMS Submission Deadline February 28, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline February 27, 2026 (CY 2025 data)			
TBD	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)
TBD	Social Determinants 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)			
TBD	Social Determinants of Health (SDOH) Screening Positive	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)			

This resource was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $640,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

MBQIP Quality Measure Resources

MBQIP Quality Measure Resources (also found on the MCRH Website)

- MBQIP 2025 Information Guide
- MBQIP Quality Reporting Guide - This guide is intended to assist in understanding the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site, and how to submit those measures to the site.
- MBQIP Submission Deadlines
- MBQIP Measures - Updated table that incorporates the new MBQIP 2025 measures and includes the table of suggested additional.
- This entire webpage is a good resource to review
- Specific Resources related to the EDTC measure within MBQIP
    - Webpage that houses the tool that CAHs need to use to abstract the data
- MBQIP New Measure Open Office
    - The Future of MBQIP - Are You Ready? - Presentation
    - Video

Thank You

24Slides