



MICAHA QN Strategy Group #2 November 2025

Members



Strategy Group 2 Data Management and Analysis

Member	Critical Access Hospital
Nicholson, Kena, RN	Schoolcraft Memorial Hospital
Bentley, Jennifer, RN, BSN	Munson Healthcare Manistee Hospital
Bissonette, Christine, RN	Kalkaska Memorial Health Center
Bucholtz, Emily	McLaren Thumb & McLaren Caro
Duke, Jennifer, MT (ASCP), MBA	MiMichigan Standish
Harbuck-Valley, Julia RN, BSN	Scheurer Health
Walsh, Katie	Aspire Health
Johnson, Kristi, MSN	Paul Oliver Memorial Hospital
Lovern, Cory MSN, RN	UP Health Systems - Bell
Miedema, Kathy RN, BSN	Beacon Allegan Hospital
Harris, Rebecca	McKenzie Health System
Stimson, Jeffrey MHA	Munson Charlevoix
Tillery, Tisha	Harbor Beach Community Hospital
Truemner, Alicia, LPTA	Scheurer Health

Strategy Group #2 – Data Management and Analysis

- **Purpose:**
Develop a process to measure quality standards by creating a shared benchmarking database that collects data, highlights best practices, and guides each CAH in implementing targeted process improvements.
- **Why:**
To equip CAHs with the tools to drive data-informed change, strengthen accountability, and improve health outcomes in rural communities.

Where We Have Been / Key Accomplishments

MBQIP Focused Webinars

- October 2024
 - The Changing Landscape of Quality Measurement and Reporting
 - 16 participants (9 survey completions 100% satisfied), 40 website views.
- May 2025
 - Hybrid Hospital Wide Readmission
 - 29 participants (4 surveys complete @ 100% satisfied) 6 requests for recorded session and presentation.
- November 2025 coming 11/13
 - eCQM Update: The Future is Digital

Education Hour Feedback

- 6 Educational Webinars
 - 119 Participants
 - 28 Survey Responses
 - 20 satisfied (71%)

Where We Have Been / Key Accomplishments

MBQIP Focused Measures

- Monitoring OP-22 (LWBS) CY 2024
 - Increased reporting by 5% pts
 - Increased CAH meeting National Benchmark by 12% pts
- Safe use of Opioids CY 2024
 - Increased reporting by 12 % pts
 - Increased performance by 1%
- CAH Infrastructure and Assessment CY 2024
 - 100% participation

Michigan CAH Quality Dashboard

- Located on the MCRH Website - [Michigan CAH Quality Dashboard](#)
- Updated Quarterly

QUARTERLY MBQIP MEASURES

MICHIGAN CAH QUALITY DASHBOARD

HCAHPS Composite Breakdown

Composite 1	Composite 2	Composite 3	Composite 5	Composite 6	Composite 7*	Question 8	Question 9	Question 18	Question 19
Communication with Nurses	Communication with Doctors	Responsiveness of Hospital Staff	Communication about Medicines	Discharge Information	Care Transition	Cleanliness of Hospital Environment	Quietness of Hospital Environment	Overall Rating of Hospital	Willingness to Recommend This Hospital
Calendar Year 2024									
88%	88%	81%	74%	92%	64%	80%	80%	85%	NA
84%	84%	75%	67%	89%	56%	80%	67%	79%	76%
85%	82%	76%	66%	91%	56%	80%	66%	78%	75%

Date Range
Benchmark
National
State

EDTC	OP-18b
Q2 2025	Q1 2025
100%	85
92%	118
96%	117

ANNUAL MBQIP MEASURES

SDOH-2 Positive Screens | CY 2024*

Food Insecurity	Housing Instability	Interpersonal Safety	Transportation Needs	Utility Difficulties
NA	NA	NA	NA	NA
4%	4%	1%	3%	2%
4%	5%	1%	4%	3%

Benchmark
National
State

OP-22	CAH Quality Infrastructure	HCHE*	IMM-3	Antibiotic Stewardship	Safe Use Opioids	Hybrid HWR	SDOH-1*
CY 2024	2024	CY 2023	Q4 2024 - Q1 2025	2024	CY 2024	Q3 2023 - Q2 2024	CY 2024
0%	NA	100%	100%	100%	NA	NA	NA
1%	28%	68%	75%	94%	17%	15%	74%
1%	40%	52%	71%	94%	17%	15%	76%

About the Data

The data presented reflects the Medicare Beneficiary Quality Improvement Project (MBQIP) measures reported by Michigan's Critical Access Hospitals (CAHs) to the Centers for Medicare & Medicaid Services (CMS). This document will be updated as new data becomes available to ensure ongoing accuracy and relevance.

■ Above National Average
■ Meets National Average
■ Below National Average

*MBQIP measures will fall off the report in 2026.



Date Range
Benchmark
National
State

Moving Forward and Next Steps



Increase peer sharing at each quarterly meeting

Score cards/Stoplight reports/Dashboards
Performance Improvement Projects
Best Practices



MBQIP Quarterly Calls

Subject Matter Experts
Peer Led



Educational Webinars

Share feedback quarterly
Participants, Surveys,
Satisfaction



NHSN

MCRH Access
Real time data



MICAHA QN

Quality Data Review

November 2025 Meeting

MICAH QN Data Quality Reporting

- This presentation is meant to provide data in a meaningful way to the MICAH QN. The data measures and compares quality standards and identifies gaps as they relate to the Medicare Beneficiary Quality Improvement Program (MBQIP).
- The data provides information that demonstrates the high-quality services provided by Michigan's Critical Access Hospitals. It identifies opportunities for change that lead to continued improvement in the health status of the population we serve.

Objectives:

- Why Participate in MBQIP
- 2025 MBQIP Measure Review
- Data release dates
- Submission Deadlines
- New Data Review
- HCAHPS Measure Review
- Resources

Why Participate in MBQIP?

- Reflects a commitment to patient-centered care by using validated data to improve patient outcomes.
- Assists in identifying trends and provides an opportunity that directly benefits rural patients with safer and more effective care.
- Allows CAHs to meet quality benchmarks through best practices and resources.
- Aligns priorities with peer sharing and subject matter experts from the MICAH QN.
- Reaffirms commitment to providing a sustainable, high-quality healthcare model that prioritizes Michigan's rural communities using rural-relevant measures.
- Aligns with CMS Priorities.

Goals

- Improve the quality of care provided in CAHs by increasing quality data reporting by CAHs and driving quality improvement activities based on the data.

MICAH QN and MBQIP Alignment

- The MICAH QN supports and recommends full participation in the MBQIP Program.
- Vision Statement - MICAH QN will be known as the statewide and national leader in the measurement of healthcare quality for Critical Access Hospitals (CAHs).

MBQIP Data Report

Updates

OP18b – Q1 2025

Hybrid HWR – Q3 2023 – Q2 2024

HCAHPS – Q1-Q4 2024



OP 18B

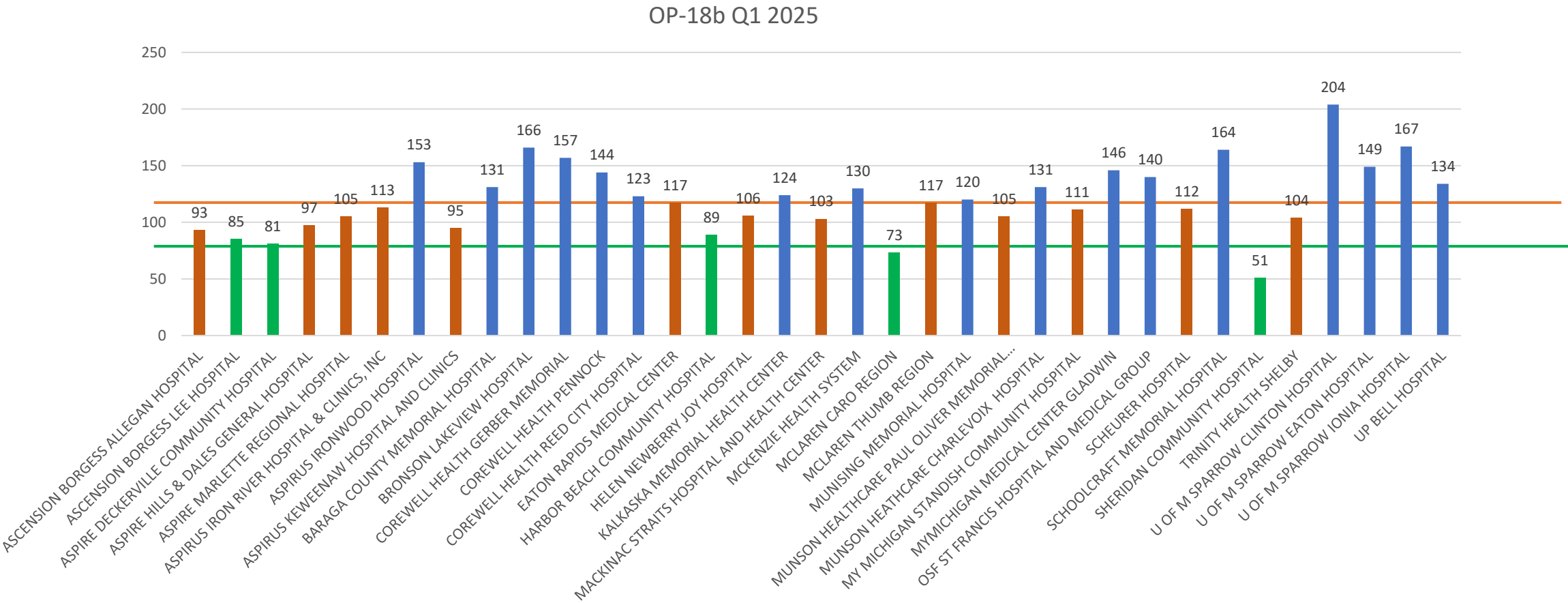


OP 18B- Q1 2025

OP - 18B		State by Performance					State Current Quarter				National Current Quarter			Benchmark
Emergency Department – Quarterly Measure		Q2 2024	Q3 2024	Q4 2024	Q1 2025		# CAH Reporting	Median Time	90th percentile		#CAH Reporting	Median Time		90 th Percentile
Median Time from ED Arrival to ED Departure for Discharged ED Patients		113 min	123 min	114 min	117 min		35	117 min	85 min		1194	118 min		85 min
Number of Patients (N)		2844	2947	3179	3197									
Number CAH Reporting		32/35	32/35	35/35	35/35	Take aways. * State Median Time Increased by 3 minutes * State Measure Participation remined at 100% participation * Decrease in CAH meeting the State Median of 117 minutes * Decrease in CAH meeting the National Benchmark of 85 minutes								
Reporting Percentage		91%	91%	100%	100%									
CAH Above State Median		46%	47%	49%	54%									
CAH Lower than State Median		37%	50%	51%	46%									
National Benchmark		9%	3%	14%	11%									

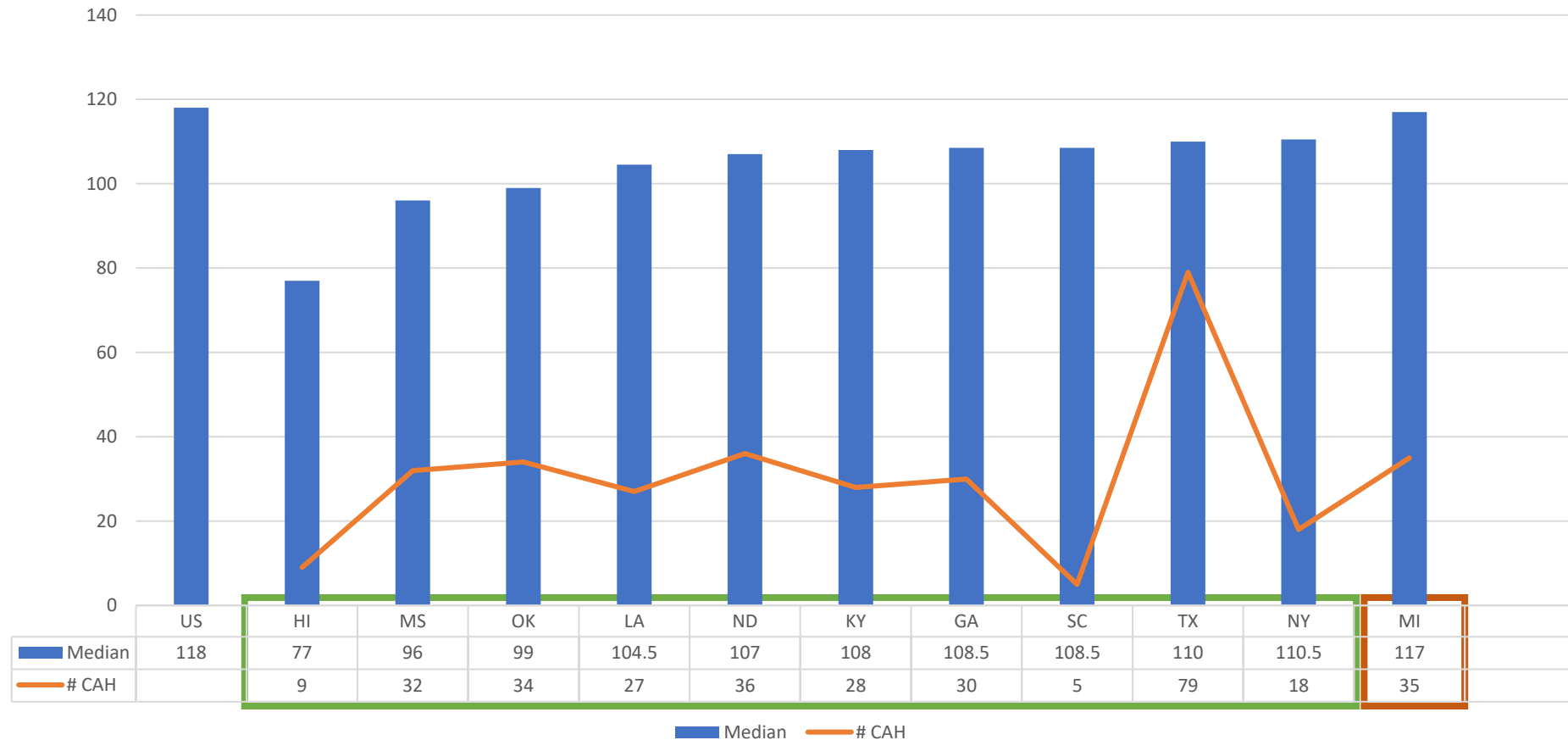
OP 18B - Q1 2025

Above State Median State Median 117 minutes National Median 118 minutes Benchmark 85



OP 18B- Q1 2025

National Comparison



Hybrid HWR – Q3 2023- Q2 2024



Hybrid HWR

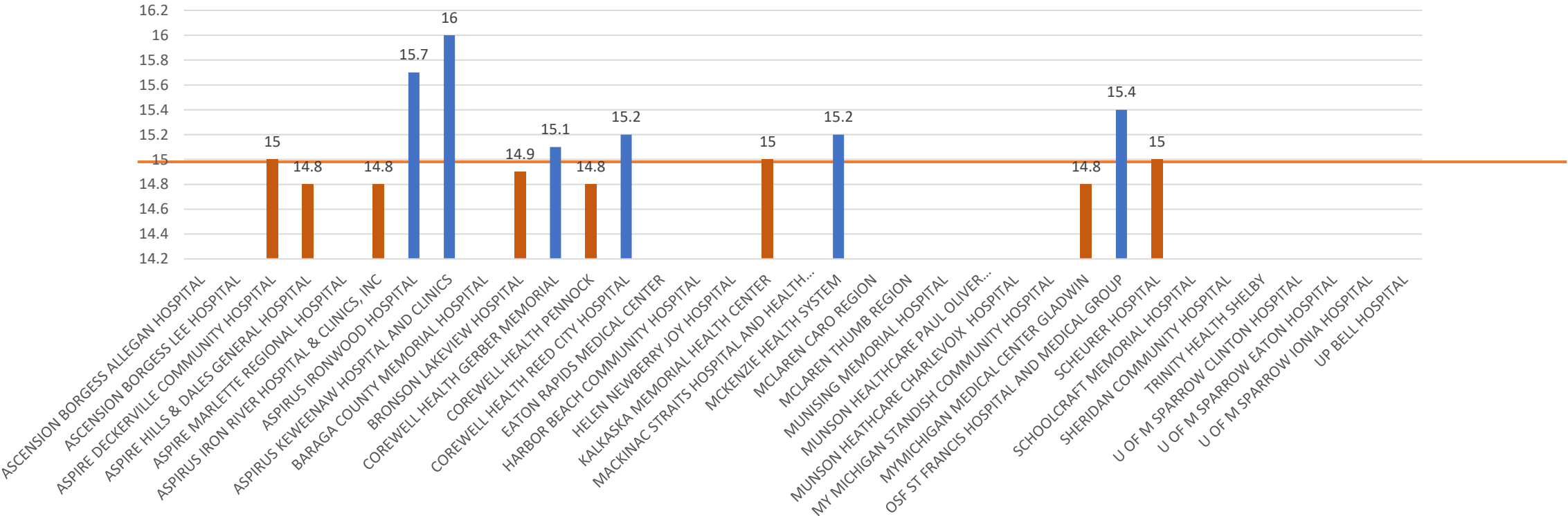
HWR	State by Performance			State Current Quarter			National Current Quarter			Benchmark
Hybrid HWR	Q3 2022 - Q2 2023	Q3 2023 - Q2 2024		# CAH Reporting	Current Year %		#CAH Reporting	Current Year %		90 th Percentile
Hybrid Hospital Wide Readmissions	13%	15%		14	15%		551	15%		NA
Number of Patients (N)	780	1628								
			Take aways. * State Measure Participation increased by 20% points * Increase in HWR by 2% pts							
Number CAH Reporting	7/35	14/35								
Reporting Percentage	20%	40%								
CAH Above State %	100%	43%								
CAH At or Below State %	0%	57%								
National Benchmark	NA	NA								

Hybrid HWR

Q3 -2023 – Q2 2024

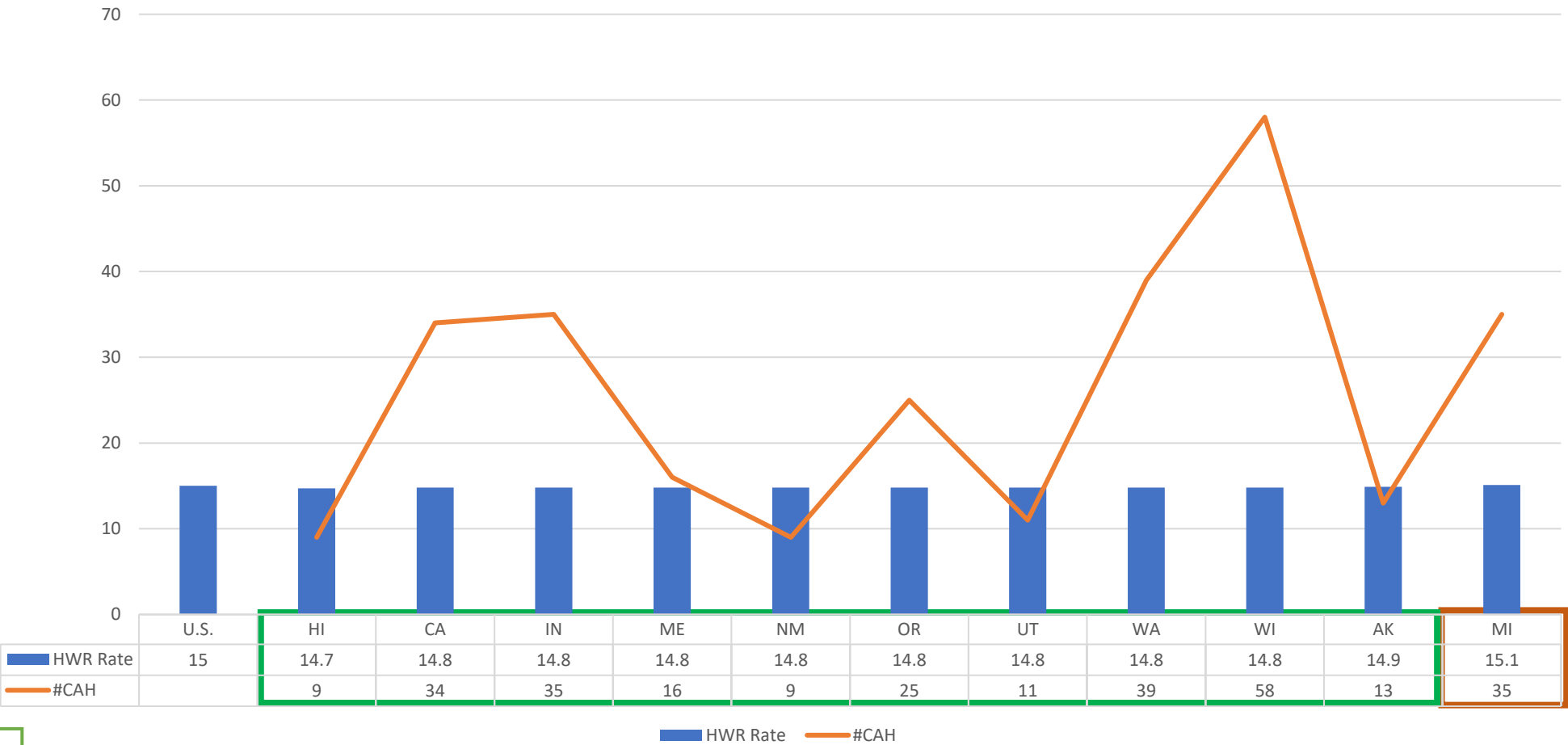
Above State % State 15% National 15%

Hybrid HWR



Hybrid HWR – Q3 2023- Q2 2024

National Comparison

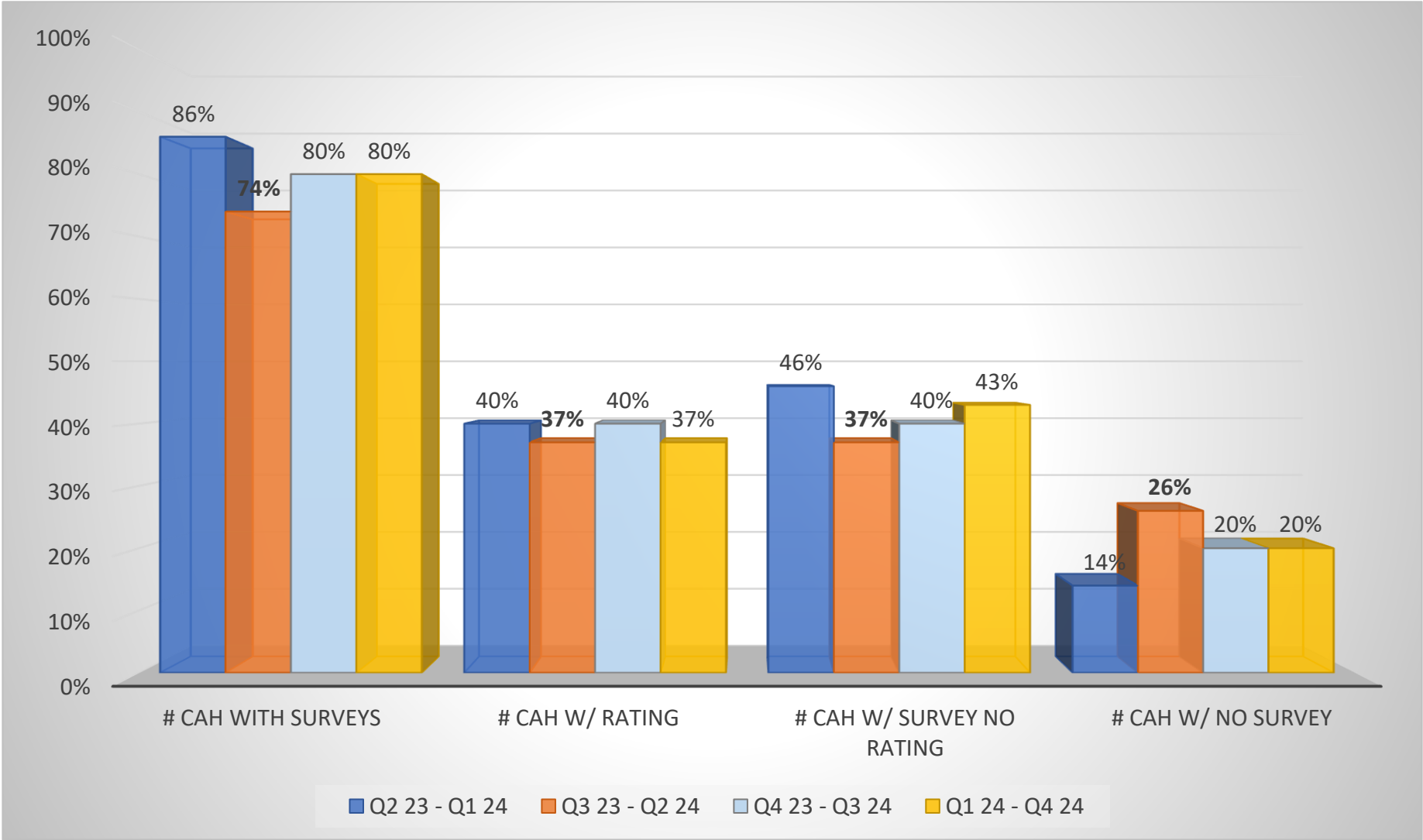


Top 10

HCAHPS Q1 2024-Q4 2024



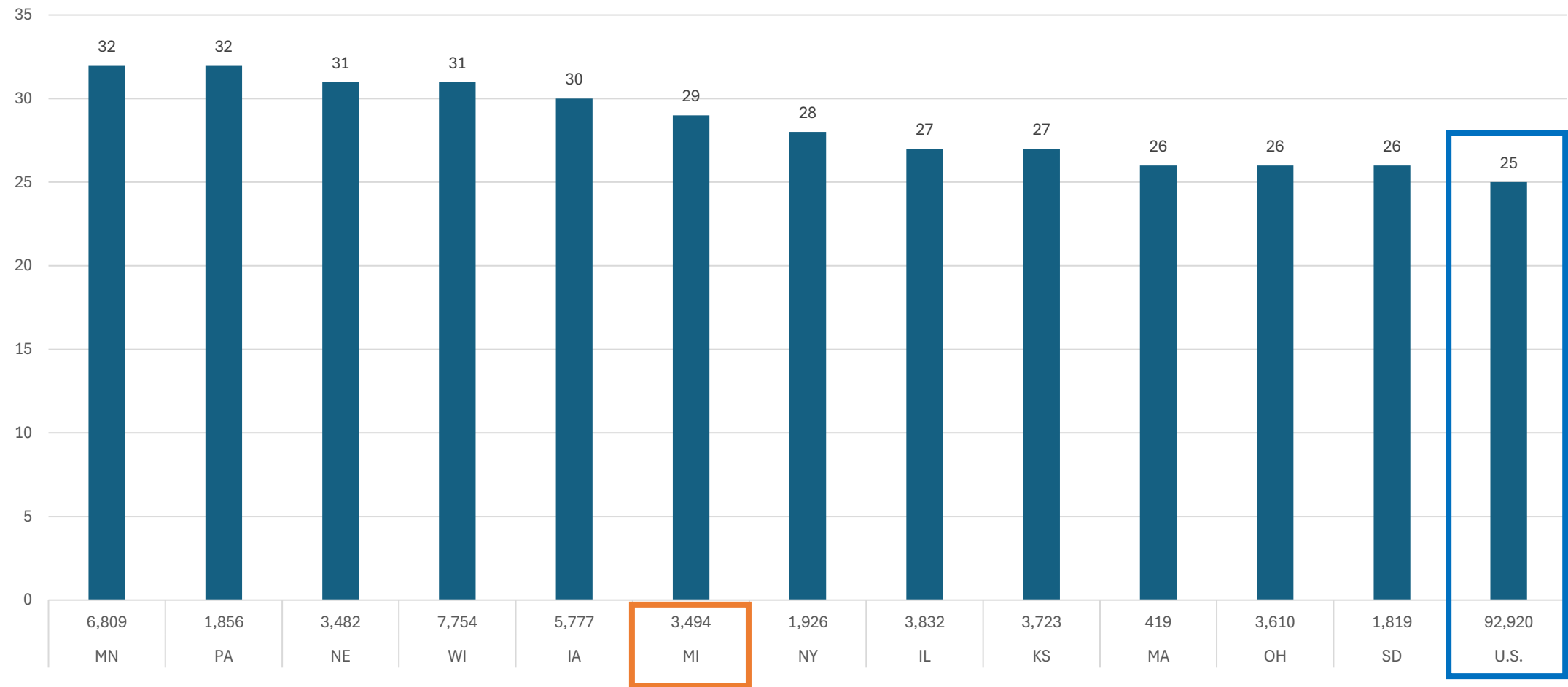
HCAHPS Rolling Data Comparison Rolling



HCAHPS Rolling Data

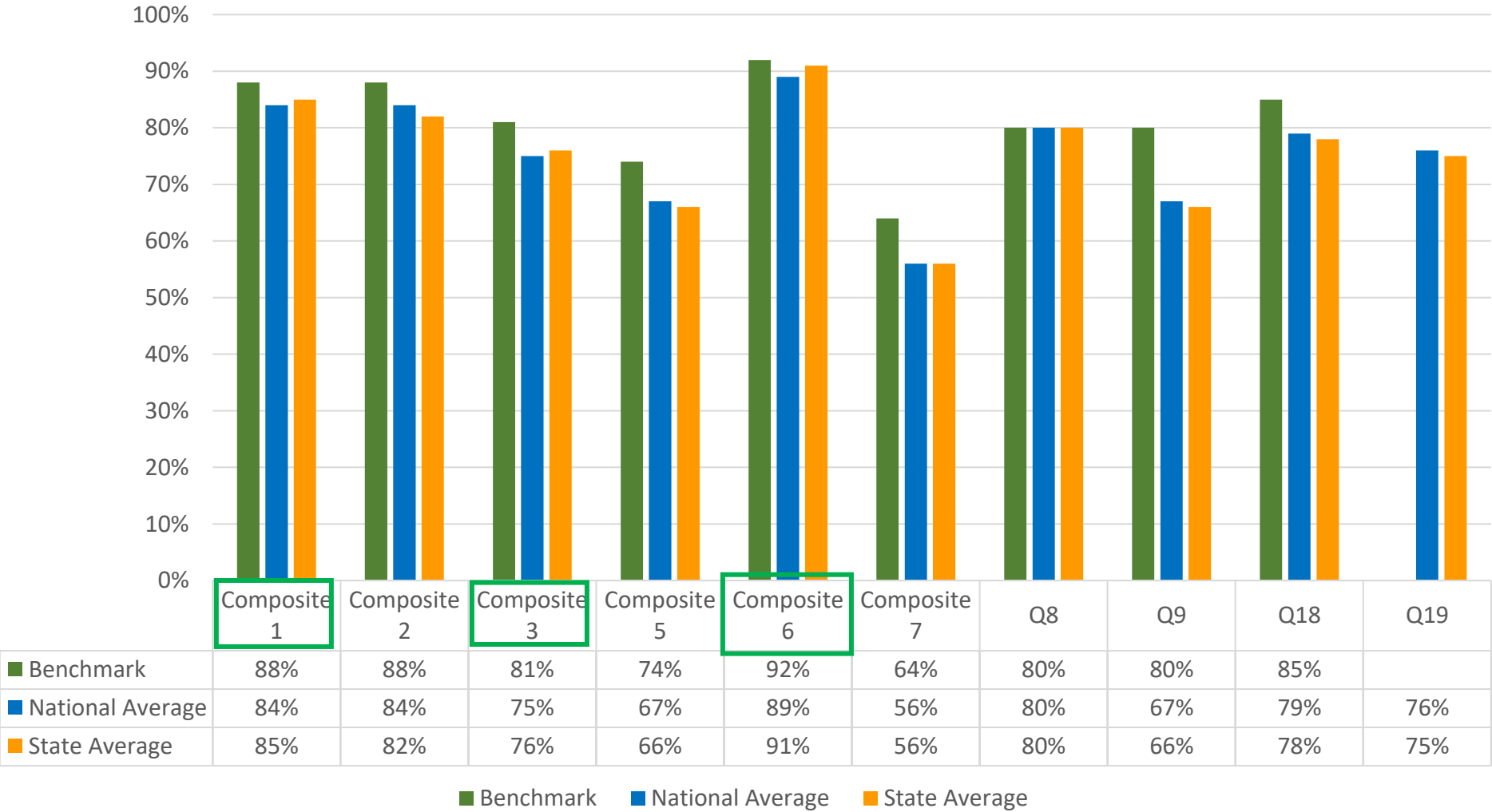
National Comparison Rolling Q1 2024 – Q4 2024

Response Rate (%)



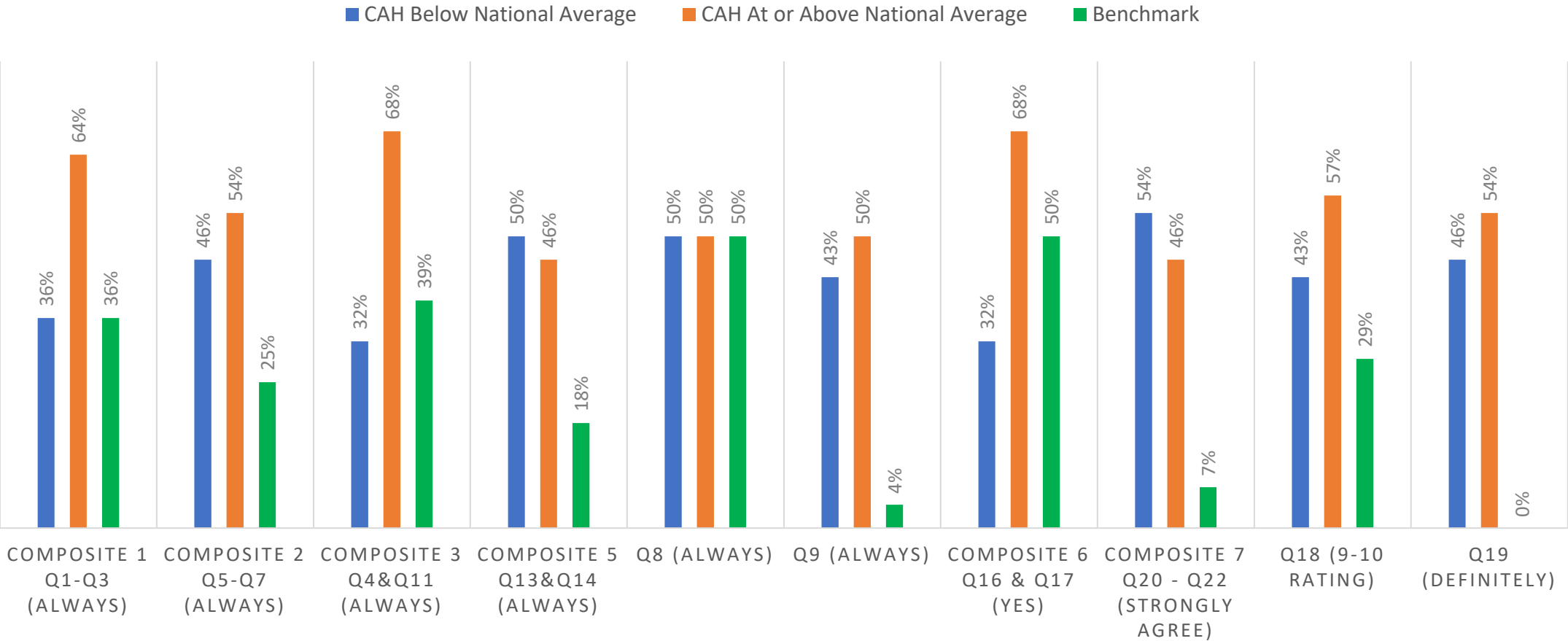
HCAHPS Q1 2024-Q4 2024

National Averages vs MI CAH State Data



HCAHPS Q4 2023-Q3 2024

Composite Analysis



Benchmark	88%	88%	81%	74%	80%	80%	92%	64%	85%	NA
National Avg	84%	84%	75%	67%	80%	67%	89%	56%	79%	75%

HCAHPS National Comparison

Composite 1

Nurse Communication

- Top 10 - AL, MA, TN, LA KY, WV, AK, PA, TX, AR (93% - 85%)
- MI 15th – 85%

Composite 2

Doctor Communication

- AL, MA, SC, MS, TN, UT, KS, KY, LA, NE (94% - 87%)
- MI 35th -82%

Composite 3

Responsiveness of Hospital Staff

- AL, MA, LA, MS, UT, KS, MN, NE, SD, TX (83% - 78%)
- MI 18th – 76%

HCAHPS National Comparison

Composite 5

Communication about Medicine

- Top 10 - AL, MA, SC, TX, AR, LA, ND, MS, TN, UT (75% - 69%)
- MI 28th – 66%

Composite 6

Discharge Information

- Top 10 - MA, MI, TN, WI, WV, AL, IL, KY, LA, MN (92% - 90%)
- MI 2nd – 91%



Question 8

Cleanliness of Hospital Environment

- Top 10 – AL, LA, WV, TX, AK, NH, OK, PA, TN, IL (92% - 82%)
- MI 24th – 80%

HCAHPS National Comparison

Question 9

Quietness of Hospital Environment

- SC, LA, AL, MS, TN, TX, GA, MS, ND, NE (80% - 72%)
- MI 24th – 66%

Question 18

Hospital Rating

- MA, LA, TN, NE, SC, UT, AL, IA, KS, KY (85% - 82%)
- MI 26th – 78%

Question 19

Willingness to Recommend Hospital

- MA, AL, LA, UT, SC, TX, KS, MS, NE, TN (87% - 79%)
- MI 22nd – 75%

Up Coming Due Dates

November 21, 2025 – CAH Inventory and Assessment

Current CAH Participation – 20%

Last Year Participation – 100%

January 14, 2026 – HCAHPS - Q3 2025 Data

February 2, 2026 – OP18 - Q3 2025 Data

March 2, 2026 – Safe Use of Opioids - Calendar Year 2025



OP 22 Breakout



Why: To explore factors affecting ED flow and LWBS, share best practices, and identify strategies to improve patient care and operational efficiency.



Breakout Groups

Group 1

U OF M SPARROW IONIA HOSPITAL
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP
U OF M SPARROW EATON HOSPITAL
COREWELL HEALTH PENNOCK
BRONSON LAKEVIEW HOSPITAL
COREWELL HEALTH GERBER MEMORIAL
KALKASKA MEMORIAL HEALTH CENTER

Group 2

MYMICHIGAN MEDICAL CENTER GLADWIN
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL
U OF M SPARROW CLINTON HOSPITAL
COREWELL HEALTH REED CITY HOSPITAL
TRINITY HEALTH SHELBY
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER

Group 3

ASPIRE HILLS & DALES GENERAL HOSPITAL
EATON RAPIDS MEDICAL CENTER
UP BELL HOSPITAL
ASPIRE MARLETTE REGIONAL HOSPITAL
MCLAREN THUMB REGION
MCLAREN CARO REGION
ASCENSION BORGESS LEE HOSPITAL

Group 4

BARAGA COUNTY MEMORIAL HOSPITAL
SCHOOLCRAFT MEMORIAL HOSPITAL
ASPIRUS IRONWOOD HOSPITAL
MCKENZIE HEALTH SYSTEM
SHERIDAN COMMUNITY HOSPITAL
MUNSON HEALTHCARE PAUL OLIVER MEMORIAL HOSPITAL
SCHEURER HOSPITAL

Group 5

ASPIRE DECKERVILLE COMMUNITY HOSPITAL
HARBOR BEACH COMMUNITY HOSPITAL
MY MICHIGAN STANDISH COMMUNITY HOSPITAL
ASCENSION BORGESS ALLEGAN HOSPITAL
MUNISING MEMORIAL HOSPITAL
ASPIRUS KEWEENAW HOSPITAL AND CLINICS
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC
HELEN NEWBERRY JOY HOSPITAL



Discussion Questions

1. Staffing and Staffing Models

- Have there been any changes in ED providers or provider groups, and did that affect patient flow or wait times?
- What changes in nursing staff or staffing levels have occurred, and how have those influenced LWBS?
- Have there been changes in staffing models—either in the ED or on the admitting unit—that may affect throughput?
- What is your current provider staffing mix (e.g., midlevel, physician, or both)?
- If you staff more than one provider, is the second provider scheduled during your peak busy hours?

2. Capacity and Bed Availability

- How many beds are available in your ED, and do you utilize hallway beds when needed?
- Are delayed transfers impacting your bed availability?

3. Throughput and Process Efficiency

- Have you correlated LWBS incidents with ED throughput times for the same period?
- Are lab and radiology turnaround times contributing to slower throughput?

4. Patient Characteristics and Acuity

- When reviewing LWBS cases, is the patient complaint generally high or low acuity?
- Is the patient a frequent ED utilizer?

5. Community and External Factors

- Does your community have an urgent care or walk-in clinic, and if so, how does that influence ED volumes or LWBS?



Supplemental Data



MBQIP Resources

- **MBQIP Quality Measure Resources**

- [MBQIP 2025 Information Guide](#)
- [MBQIP Quality Reporting Guide](#)
- [MBQIP Submission Deadlines](#)
- [MBQIP Measures](#) -
- This entire [webpage](#) is a good resource to review
- [Webpage](#) Data abstraction tools
- [How to upload a Population and Sampling File](#)
- [How to submit HCHE and SDOH data](#)
- [How to submit Hybrid Measures and View Outcomes](#)
- [CAH Quality Infrastructure](#)
- [MBQIP All Measure Document](#)
- [MBQIP Navigator](#)

MBQIP Educational Videos

2024

October - The Changing Landscape of Quality Measurement and Reporting

- [The Changing Landscape of Quality Measurement and Reporting](#) - Presentation

- [Video](#)

March - MBQIP Q&A

- [MBQIP Q&A](#) - Presentation

- [Video](#)

January - The Future of MBQIP - Are You Ready?

- [The Future of MBQIP - Are You Ready?](#) - Presentation

- [Video](#)

2025

May – Hybrid Hospital Wide All Cause Readmission

- Please reach out to Amanda St. Martin @ amanda.saintmartin@affiliate.msu.edu for the video and power point

NEW MBQIP Resource

MBQIP Navigator

Key Features and Benefits:

- Comprehensive guidance for all MBQIP core measure reporting
- Seamless navigation across all four reporting mechanisms
- Step-by-step setup and submission instructions
- Reporting worksheet for Flex programs and hospitals
- Central hub linking to essential MBQIP resources and tools



MBQIP Quality Reporting 2025

	Report 1	Report 2	Report 3	Report 4
Month Released	January	March	July	September
Date Updated - <i>All measures will be included in each report. This timeline shows which reports will include new data for each measures.</i>	* EDTC Q3 * OP-18b Q2 *CAH Quality Infrastructure	* EDTC Q4 * OP-18b Q3 *Safe Use of Opioids	* EDTC Q1 * OP-18b Q4 *IMM-3 * Abx Stewardship *OP22 *SDoH 1 *SDoH 2 *HCHE	* EDTC Q2 * OP-18b Q1 *Hybrid HWR

MBQIP Quality Reporting 2025

	Q1 HCAHPS	Q2 HCAHPS	Q3 HCAHPS	Q4 HCAHPS
Quarter Released	Winter	Spring	Summer	Fall
Data Updated	Q1 of current calendar year	Q2 of current calendar year	Q3 of current calendar year	Q4 of previous calendar year
Measures Included <i>All measures are included and updated in each report</i>	*Communication with Nurses *Communication with Doctors *Communication about Medicine *Care Transitions *Discharge Information *Cleanliness of Hospital Environment *Quietness of Hospital Environmen * Hospital Rating * Recommend the Hosptial			

HCAHPS Response Rate By Survey Mode

HCAHPS Response Rate* by Survey Mode
(April 2024 Public Reporting: Patients discharged from July 2022 to June 2023)

	Mail Only	Telephone Only	Mixed Mode
Average	22%	27%	32%
90 th percentile	32%	39%	43%
75 th percentile	26%	34%	36%
50 th percentile	21%	26%	30%
25 th percentile	16%	20%	26%

* Hospital Response Rate = Completed Surveys / Eligible Sampled Patients

NOTES

Response Rate by Survey Mode is based on hospitals with at least **50 sampled surveys** in each quarter and includes hospitals that employed the same mode across all four quarters.

Internet Citation

<https://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. *Month, Date, Year the page was accessed.*