

**2Q & 3Q 2022 CORE
MEASURES &
2Q & 3Q 2022 MBQIP
DATA REPORTS**



Any information included in the following reports is for quality improvement and benchmarking purposes only.



The information in this report is based on data obtained from National Institutes of Health & Quantros.

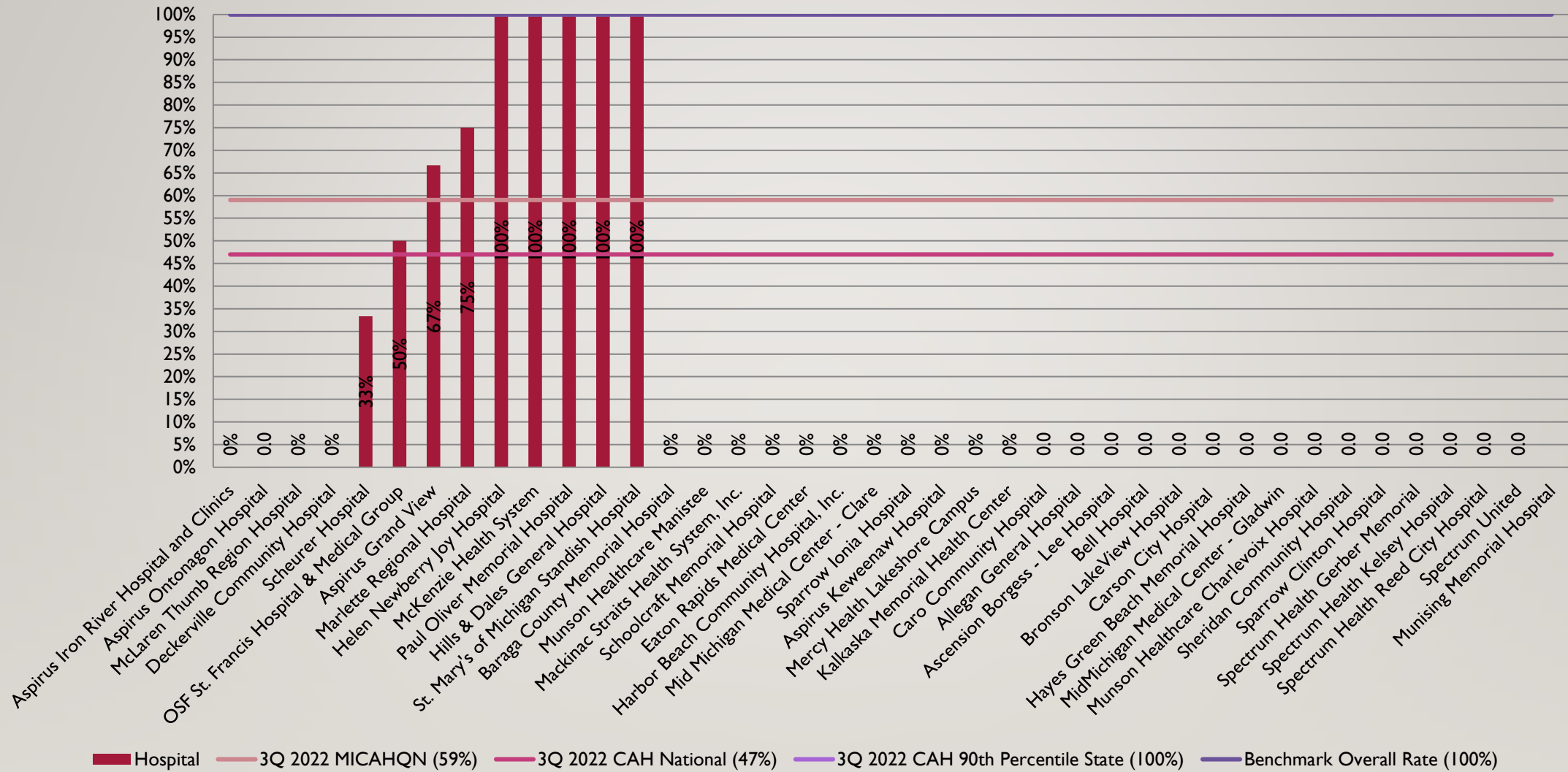
2Q 2022 MICAH				
<u>Measure</u>	<u># Hospitals</u>	<u>Denominator</u>	<u>Current Rate/Value</u>	<u>Top Performers</u>
OP-2	38	11	46.8%	Marlette Regional Hospital, followed by McKenzie Health System
OP-3b	38	10	72	MyMichigan Medical Center-Gladwin, followed by Bronson LakeView Hospital
OP-18b	38	3551	112	McLaren Caro Region, followed by Hills & Dales General Hospital
3Q 2022 MICAH				
<u>Measure</u>	<u># Hospitals</u>	<u>Denominator</u>	<u>Current Rate/Value</u>	<u>Top Performers</u>
OP-2	38	13	69.2%	Hills & Dales General Hospital, McKenzie Health System, Ascension Standish, Helen Newbery Joy Hospital, Munson Paul Oliver Memorial Hospital
OP-3b	38	13	59	Eaton Rapids Medical Center followed by Sparrow Clinton Hospital
OP-18b	38	3583	116	Hills & Dales General Hospital, followed by McLaren Caro Region

"*" indicates that a CAH either: reported a population of 0, meaning there were no patients that met the patient population, or submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure. Instead of * you will see nothing or a 0 (zero)

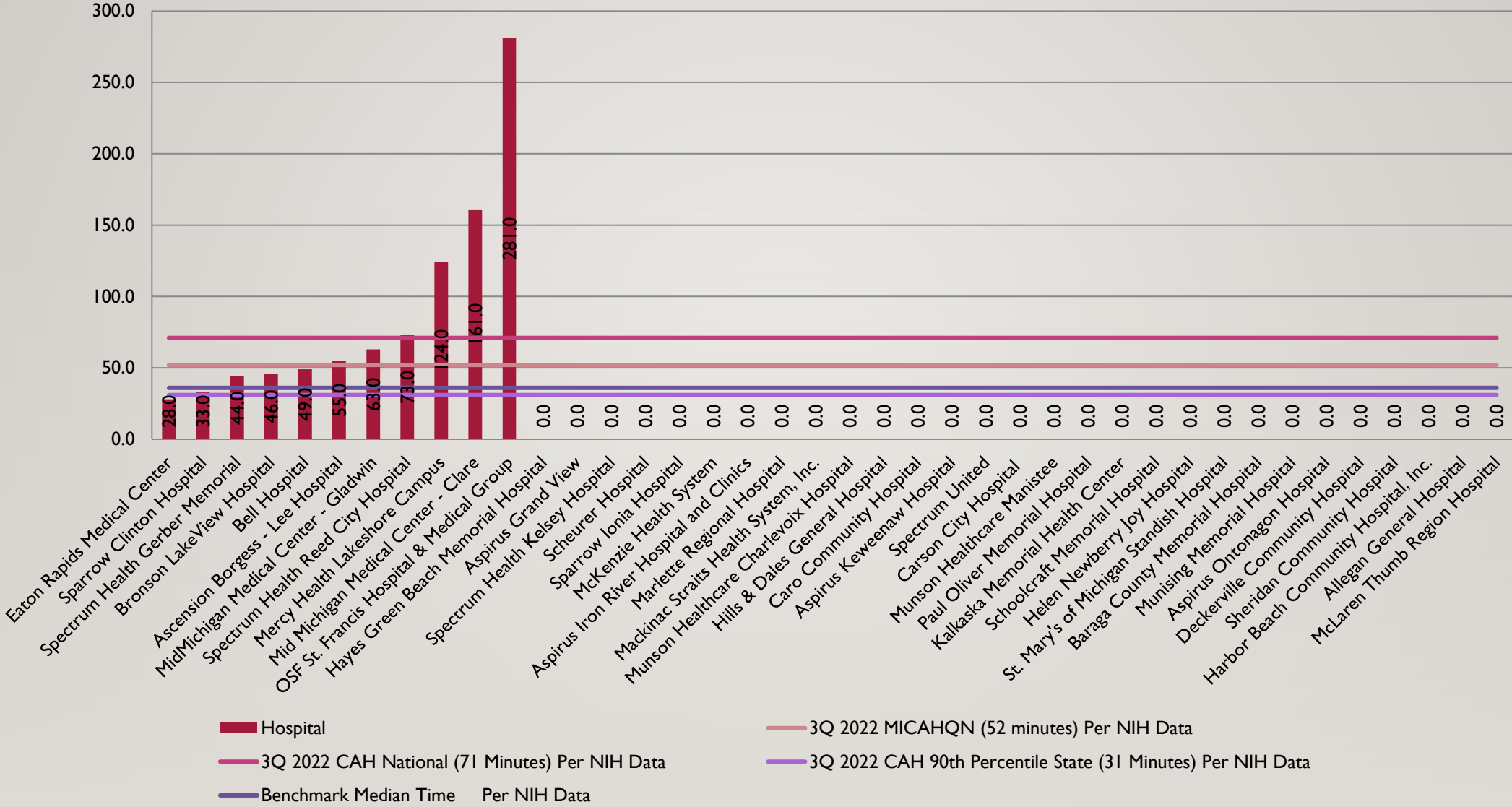
CCN	State	Core MBQIP Measures													
		OP-2		OP-3b		OP-18b		HCP/IMM-3			OP-22				
		Numerator	Denominator	Median	Count	Median	Count	Numerator	Denominator		Numerator	Denominator			
MI	231300	0	1*	*		112	113								
MI	231301	*	*	*	*	104	115	616	641	96.1%		177	14748	1.2%	
MI	231303	1	1*	*	*	154	80	247	253	97.6%					
MI	231304	1	1*	*	*	185	56	305	320	95.3%		79	3728	2.1%	
MI	231305	*	*	*	*	115	93	176	200	88.0%		60	8519	0.7%	
MI	231306	*	*	*	*	138	84					119	5836	2.0%	
MI	231307	*	*	*	*	117	48								
MI	231308	0	1*	*	*	128	66					7	2240	0.3%	
MI	231309	0	1*	*	*	112	65					1	2263	0.0%	
MI	231310	*	*	*	*	110	100	458	613	74.7%					
MI	231311	*	*	*	*	88	54	64	102	62.7%					
MI	231312	*	*	*	*	92	222					43	2641	1.6%	
MI	231313	*	*	*	*	155	68								
MI	231314	2	2*	*	*	113	93	158	353	44.8%					
MI	231315	*	*	*	*	104	128	36	43	83.7%		43	7888	0.5%	
MI	231316	*	*	*	*	93	85	295	396	74.5%		14	6869	0.2%	
MI	231317	*	*	*	*	82	102	142	151	94.0%		121	7254	1.7%	
MI	231318	0	1*	*	*	123	91	183	247	74.1%		7	6826	0.1%	
MI	231319	*	*	*	*	138	92	443	561	79.0%		93	6025	1.5%	
MI	231320	*	*	*	*	90	83								
MI	231321	*	*		243	1135	93	327	342	95.6%		195	9560	2.0%	
MI	231322	*	*	*	*	181	62	435	445	97.8%					
MI	231323	*	*	*	*	112	104	285	299	95.3%		276	14584	1.9%	
MI	231324	1	1		93	1115	117	220	301	73.1%					
MI	231325	*	*		47	1152	92	173	311	55.6%		173	11451	1.5%	
MI	231326	*	*		47	1169	124	282	349	80.8%		81	12736	0.6%	
MI	231327	*	*		30	1153	119	483	614	78.7%		187	14284	1.3%	
MI	231328	*	*	*	*	114	88	48	54	88.9%		25	9070	0.3%	
MI	231329	*	*	*	*	74	80	121	167	72.5%					
MI	231330	*	*		135	1119	114	251	414	60.6%					
MI	231331	*	*		41	1125	118	383	447	85.7%		284	15895	1.8%	
MI	231332	*	*	*	*	154	112	873	876	99.7%		374	18613	2.0%	
MI	231333	*	*		100	1136	90	411	463	88.8%		3	9545	0.0%	
MI	231337	*	*		172	1226	86	440	683	64.4%		523	16252	3.2%	
MI	231338	*	*		60	1170	105	372	427	87.1%		878	24962	3.5%	
MI	231340	*	*	*	*	100	83								
		5	9			10		3425	8227	10072	81.7%	3763	231789	1.6%	

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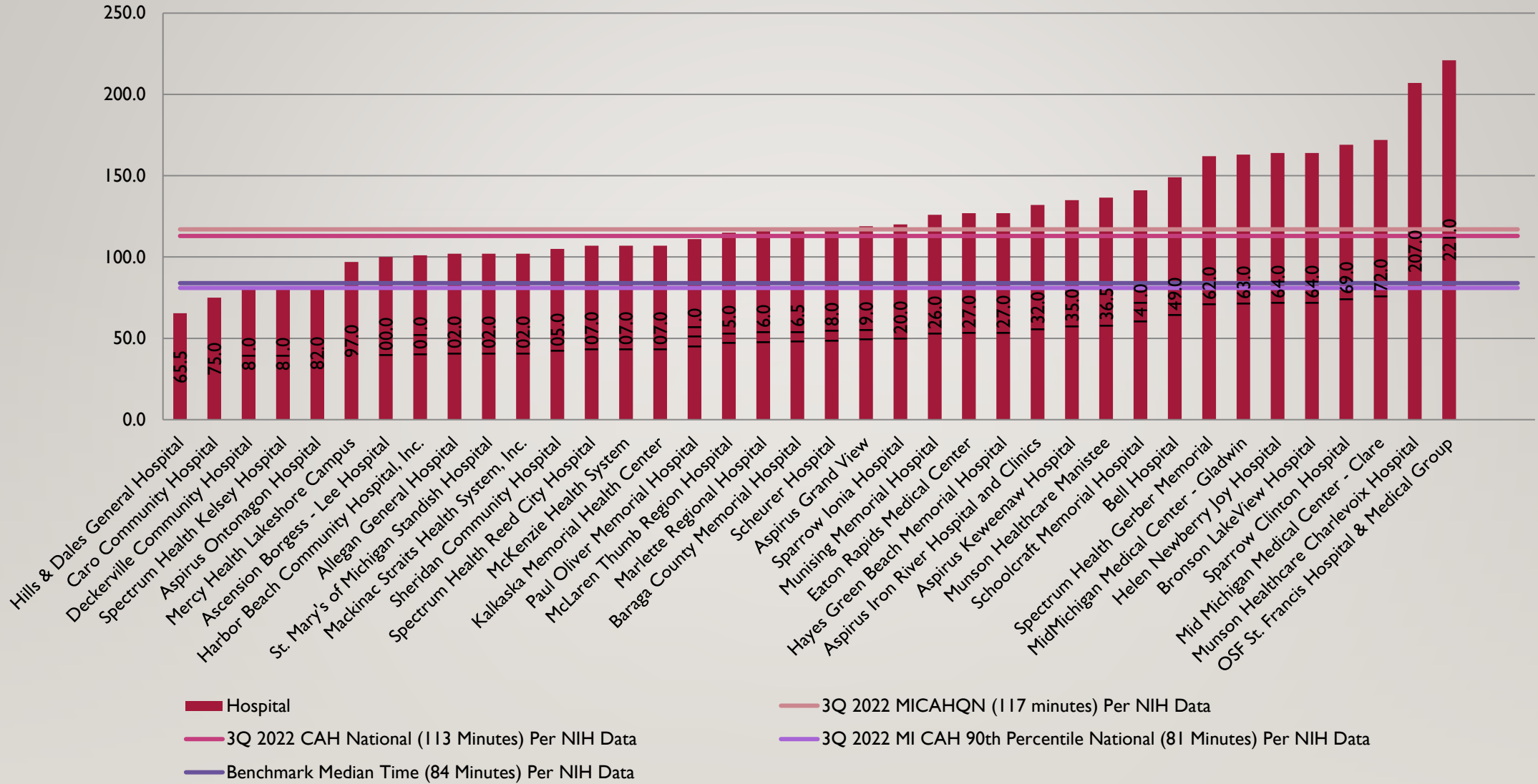
OP-2: Fibrinolytic Therapy Received Within 30 Minutes



OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention - Reporting Measure



OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure



Michigan

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

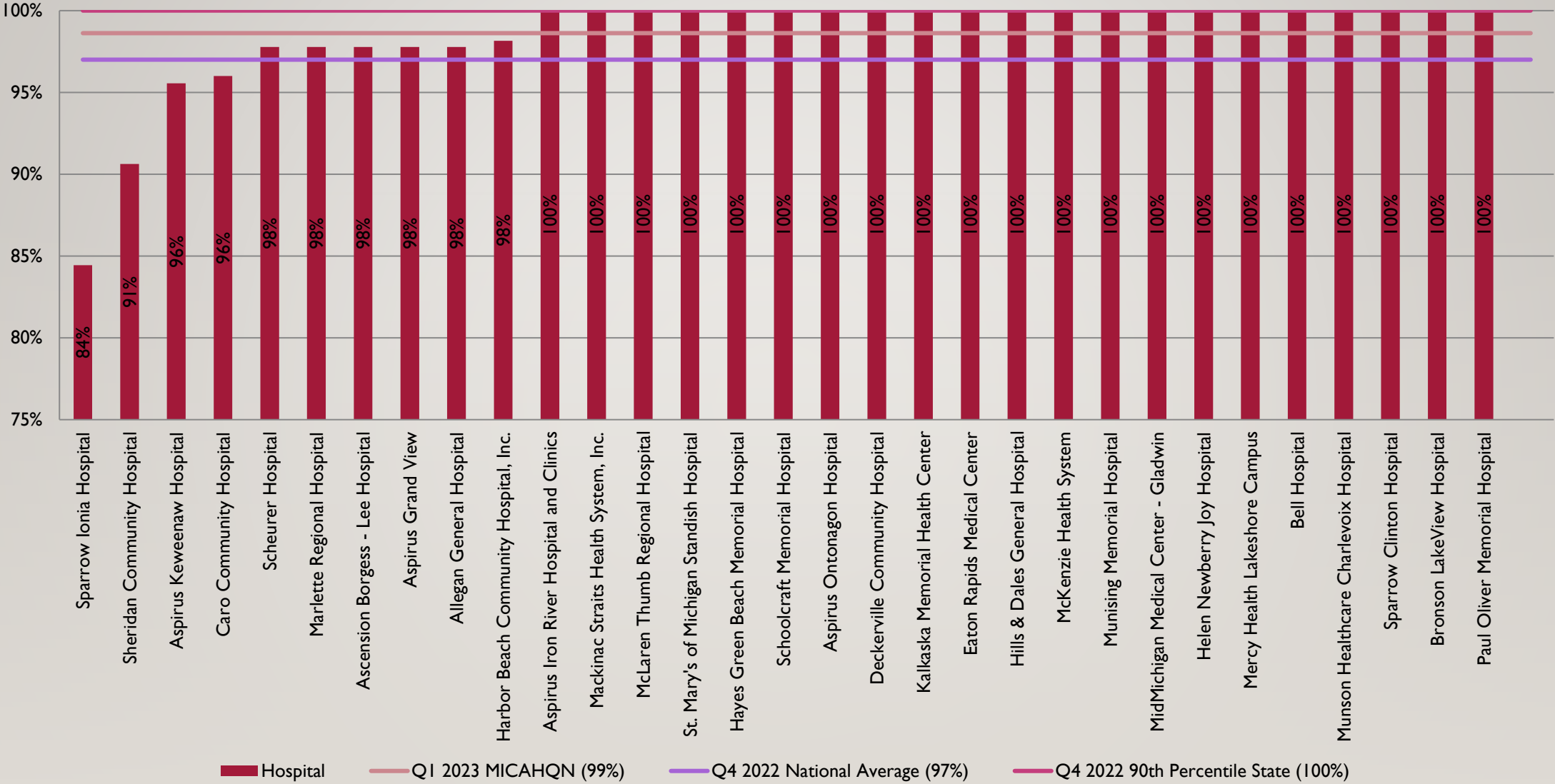
Quarter 3 - 2022

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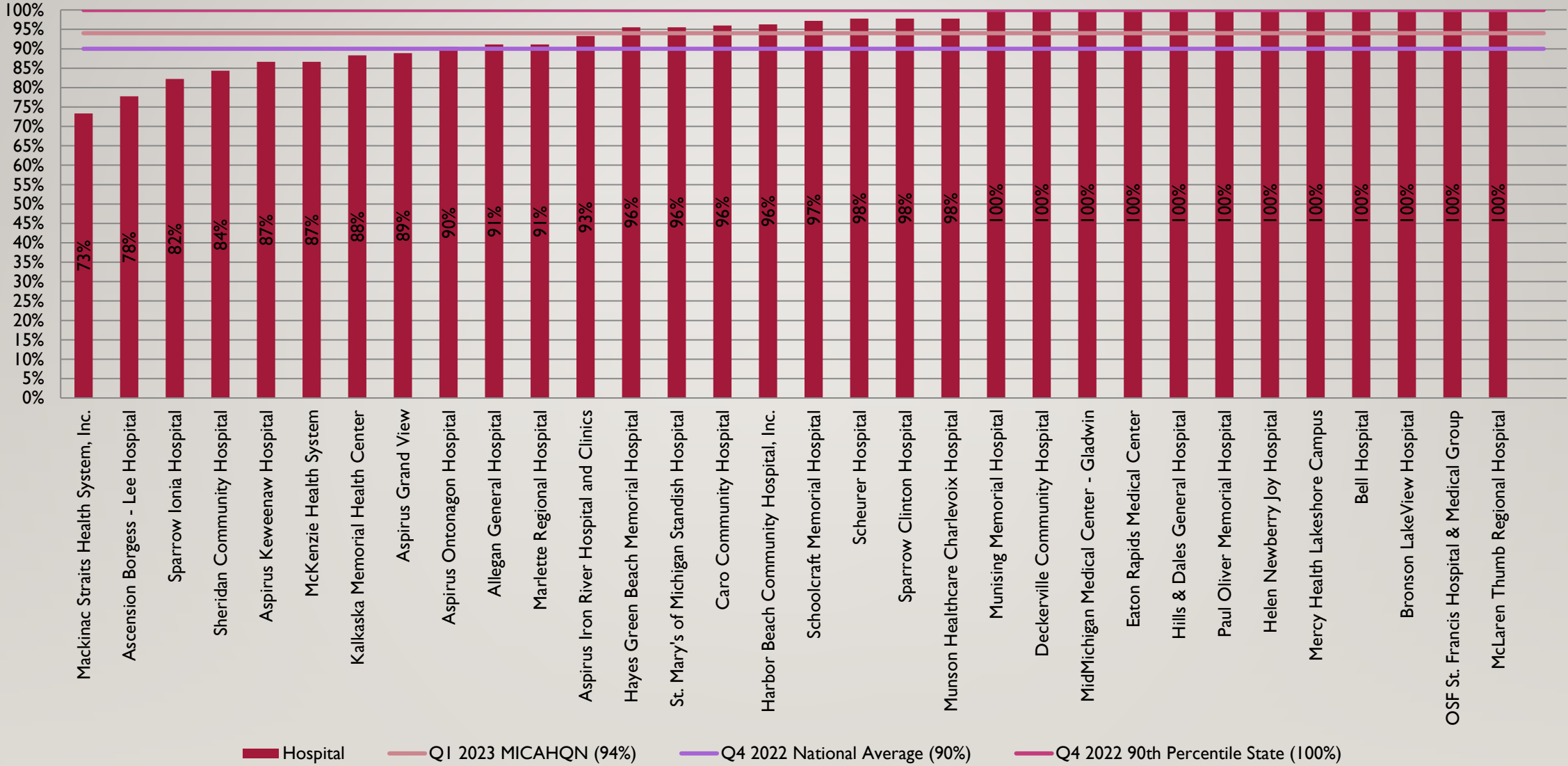
	State Percentage by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Bench- mark
	Survey Year 2020	Survey Year 2021	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of CAHs Meeting Element
Antibiotic Stewardship Measure – CDC Core Elements							
All Elements Met	84%	94%	32	94%	1,250	89%	100%
Element 1: Leadership	97%	94%	32	94%	1,250	98%	100%
Element 2: Accountability	97%	97%	32	97%	1,250	96%	100%
Element 3: Drug Expertise	97%	100%	32	100%	1,250	97%	100%
Element 4: Action	100%	100%	32	100%	1,250	98%	100%
Element 5: Tracking	100%	97%	32	97%	1,250	96%	100%
Element 6: Reporting	90%	100%	32	100%	1,250	98%	100%
Element 7: Education	87%	100%	32	100%	1,250	99%	100%

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

EDTC - 6 Reason for Transfer and/ or Plan of Care



All EDTC Measures



Thank you!

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MCRH

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