



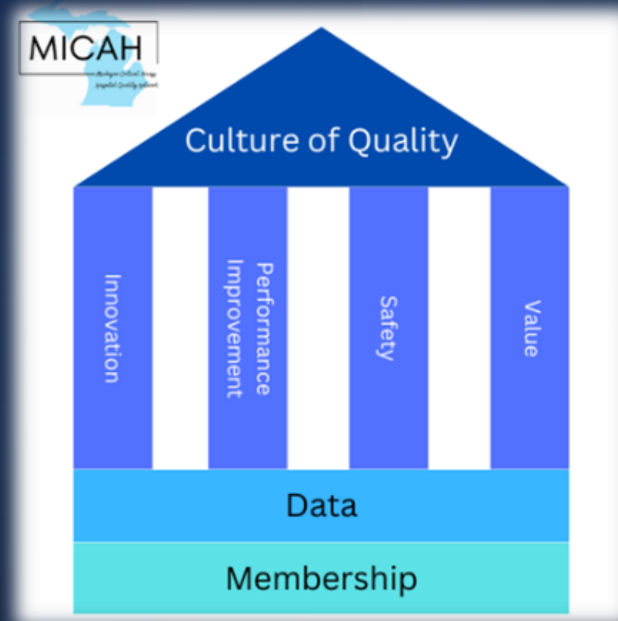
MICAH QN MBQIP Data Report Out August 2024

HCAHPS CMS Download (used for Summary Star Rating)

HCAHPS Composite Review

IP Core/Antibiotic Stewardship

EDTC



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 Medicare Beneficiary Quality Improvement Program and the Methodology used for the CMS 5 Star Rating.
 - CAH HCAHPS Quarterly Rolling Data,
 - Quality measures found with in the Timely and Effective Care Data
 - OP 18b, OP22, IMM3, Safe use of Opioids (MBQIP)
 - Additional Quality Data (CMS 5 Star)
 - EDTC
- 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.



Past Quality Reporting 22 Measures

HF-1	Discharge Instructions	OP-3a	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Overall	OP-18a	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall
HF-2	Evaluation of LVS Function			OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure
HF-3	ACEI or ARB for LVSD	OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Reporting Measure	OP-18c	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Observation Patients
PN-3b	Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital			OP-18d	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients
PN-6	Initial Antibiotic Selection for PN in Immunocompetent Patient	OP-4a	Aspirin at Arrival - Overall Rate	OP-18e	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients
IMM-1a	Pneumococcal Immunization (PPV23) – Overall Rate			OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional
IMM-1b	Pneumococcal Immunization (PPV23) – Age 65 and older	OP-4b	Aspirin at Arrival - AMI	ED-1a	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate
		OP-4c	Aspirin at Arrival - Chest Pain	ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting Measure
IMM-1c	Pneumococcal Immunization (PPV23) – High Risk Populations (Age 6 through 64 years)	OP-5a	Median Time to ECG - Overall Rate	ED-1c	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients
		OP-5b	Median Time to ECG - AMI		
IMM-2	Influenza Immunization – Overall Rate	OP-5c	Median Time to ECG - Chest Pain	ED-2a	Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate
OP-1	Median Time to Fibrinolysis	OP-6	Antibiotic Timing	ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure
OP-2	Fibrolytic Therapy Received Within 30 Minutes			OP-7	Antibiotic Selection

Present Quality Reporting (Recommended) 12 Measures

MBQIP

Global Measures:

- CAH Quality Infrastructure Implementation*+
- Hospital Commitment to Health Equity*+

Patient Safety

- Healthcare Personnel Influenza Immunization
 - Antibiotic Stewardship
 - Safe Use of Opioids (eCQM)*

Patient Experience

- HCAHPS

Care Coordination

- Hybrid All Cause Readmissions*+
 - SDOH Screening*+
 - SDOH Screening Positive*+

Emergency Department

- Emergency Department Transfer Communication (EDTC)
 - OP-18 Time from Arrival to Departure
 - OP-22 Left without Being Seen

*New Measure for MBQIP
+ Annual Submission for 2025

MICAH QN supports the submission of all MBQIP measures as we strive to remain in the 10 states recognized by HRSA for reporting.

Future Quality Reporting (Required 2025)

12 Measures

MBQIP

Global Measures:

- CAH Quality Infrastructure Implementation Hospital
 - Commitment to Health Equity

Patient Safety

- Healthcare Personnel Influenza Immunization
 - Antibiotic Stewardship
 - Safe Use of Opioids (eCQM)

Patient Experience

- HCAHPS

Care Coordination

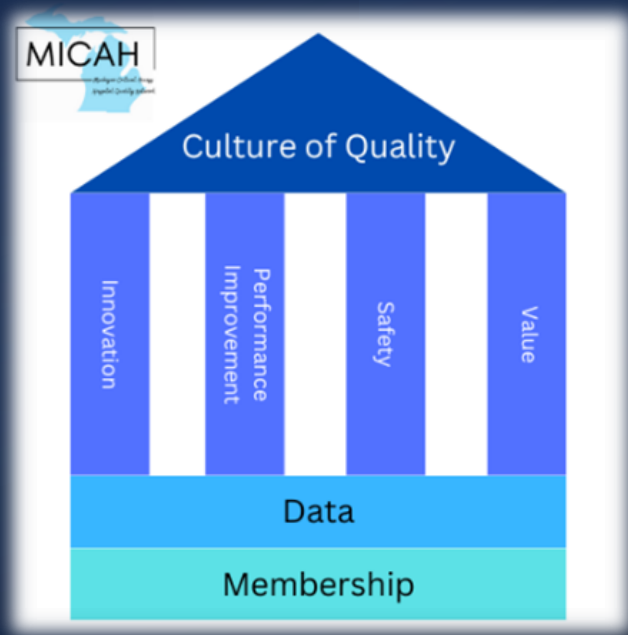
- Hybrid All Cause Readmissions
 - SDOH Screening
 - SDOH Screening Positive

Emergency Department

- Emergency Department Transfer Communication (EDTC)
 - OP-18 Time from Arrival to Departure
 - OP-22 Left without Being Seen



CMS Care Compare 5 Star Rating 2023



CMS Star Rating Methodology

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three measures in at least three groups, one of which must be from an outcome group (safety of care, mortality)

Score is calculated based on simple average of the measure score within each measure group.

Measure group weights are re-proportioned if no measure are available in a measure group (except Patient Experience).

The CMS 5-star rating provides a concise and easily understandable metric for evaluating the quality of healthcare facilities, aiding patients and stakeholders in making informed decisions.



Table 1. Overall Star Ratings Weighting by Group

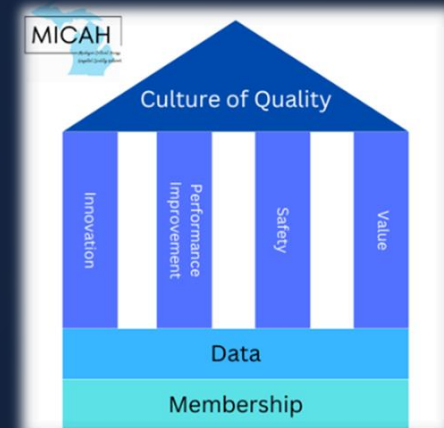
Group	Star Ratings Weight (w_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

2023 CMS Star Rated Critical Access Hospitals



Critical Access Hospital	Overall Star Rating	Patient Survey Rating
UofM Sparrow Clinton	★★★★★	★★★★☆
UofM Sparrow Ionia	★★★★★	★★★★☆
Aspirus Ironwood	★★★★☆	★★★★☆
Corewell Health Pennock	★★★★☆	★★★★☆
OSF St Francis	★★★☆☆	★★★★☆

HCAHPS CMS Download 10/1/2022 – 9/30/2023 Rolling Data



CAH HCAHPS Quarterly Rolling Data

The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:

- Communication with Doctors
- Responsiveness of Hospital Staff
- Discharge Information
- Quietness of the Hospital Environment
- Communication with Nurses
- Communication about Medicines
- Cleanliness of the Hospital Environment
- Transition of Care

MCRH is able to view these quarterly reports every January, April, July, and October from the CMS website. This data is used to compare current results to previous periods and track progress over time. We use the data to benchmark performance and gauge how each CAH is doing relative to their peers.

By continuously collecting and analyzing data, CAHs can make ongoing improvements to patient care processes and experiences.

Overall, rolling data allows hospitals to monitor patient satisfaction trends over time and make informed decisions to enhance the quality of care they provide.

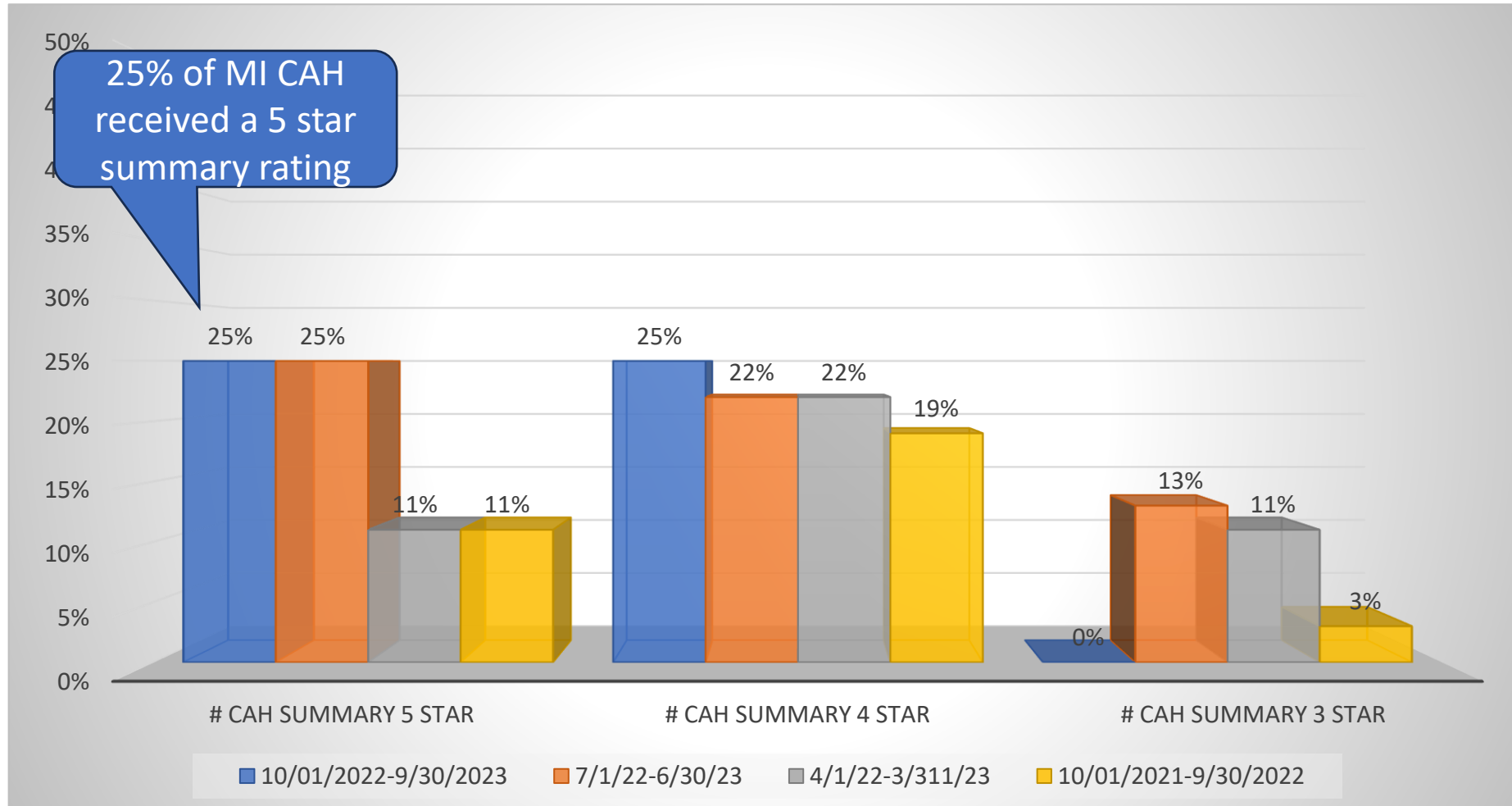
The data from these reports is used to calculate your future CMS Star Rating and your performance on MBQIP.



HCAHPS Rolling Data CMS Download
 10/1/2022 – 9/30/2023
 CAH with receiving Summary Star Rating (12 CAHs)

Critical Access Hospital	Summary Star Rating	# Surveys Completed	Response Rate Percentage
BRONSON LAKEVIEW HOSPITAL	5	186	38
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL	5	384	36
ASCENSION STANDISH COMMUNITY HOSPITAL	5	146	34
ASPIRUS IRONWOOD HOSPITAL	4	110	24
UP HEALTH SYSTEM - BELL	4	200	29
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	4	330	28
SPARROW CLINTON HOSPITAL	4	245	44
SPARROW EATON HOSPITAL	4	289	42
SPARROW IONIA HOSPITAL	4	203	38
SPECTRUM HEALTH GERBER MEMORIAL	4	344	24
SPECTRUM HEALTH PENNOCK	4	216	24
MERCY HEALTH LAKESHORE CAMPUS	4	106	29

HCAHPS Rolling Data CMS Download Comparison



HCAHPS Rolling Data CMS Download

10/1/2022 – 9/30/2023

CAH with under 100 reported surveys (14 CAHs)

Critical Access Hospital	Summary Star Rating	# Surveys Completed	Response Rate Percentage
MARLETTE REGIONAL HOSPITAL		30	32
SPECTRUM HEALTH REED CITY		36	30
SCHEURER HOSPITAL		37	57
BARAGA COUNTY MEMORIAL HOSPITAL		67	25
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC		69	31
ASCENSION BORGESS LEE HOSPITAL		76	30
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER		80	39
EATON RAPIDS MEDICAL CENTER		80	35
HILLS & DALES GENERAL HOSPITAL		83	36
SCHOOLCRAFT MEMORIAL HOSPITAL		84	42
MYMICHIGAN MEDICAL CENTER GLADWIN		86	38
HELEN NEWBERRY JOY HOSPITAL		92	38
ASPIRUS KEWEENAW HOSPITAL AND CLINICS		93	19
ASCENSION BORGESS ALLEGAN HOSPITAL		94	38

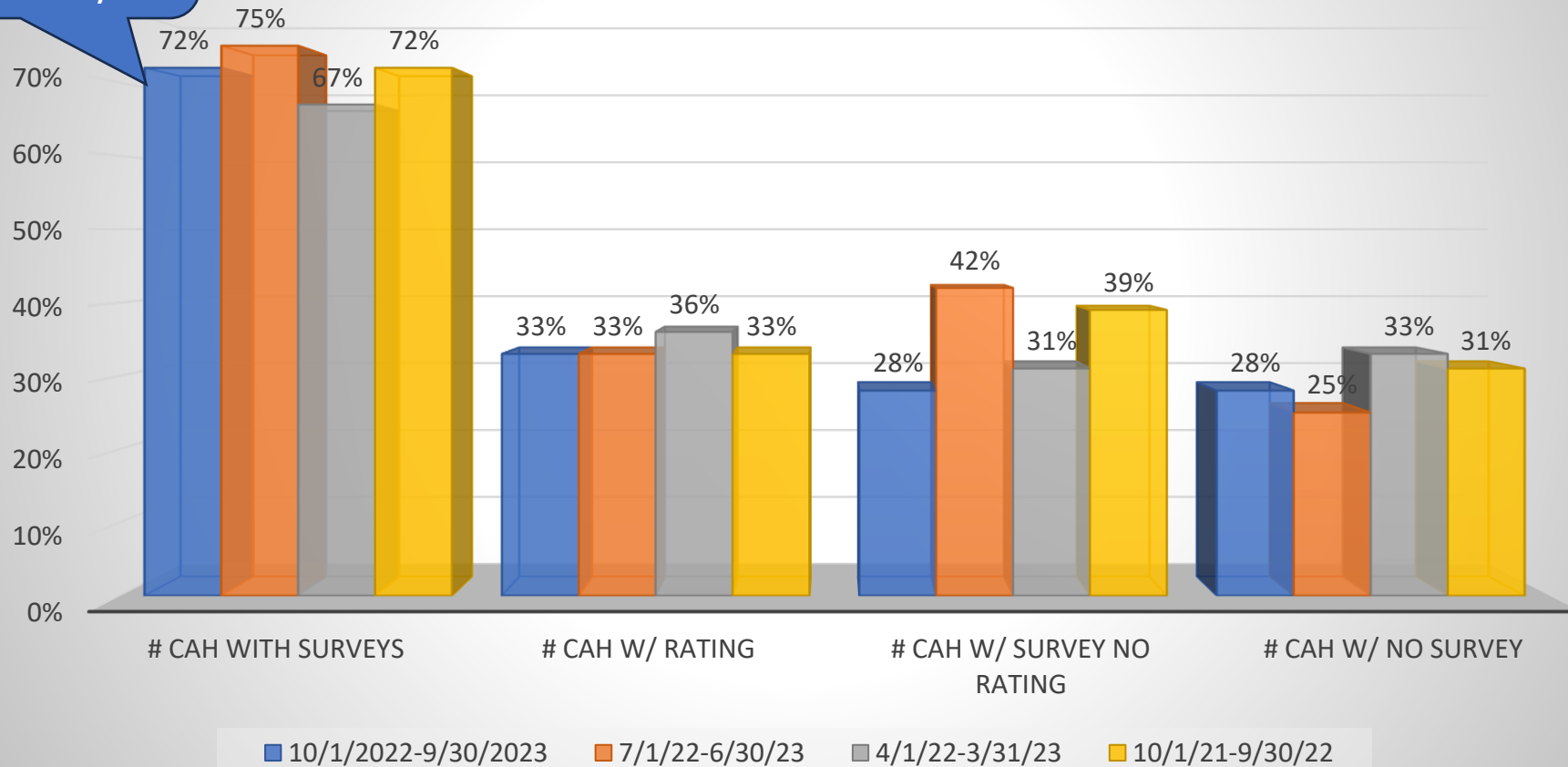
HCAHPS Rolling Data CMS Download

10/1/2022 – 9/30/2023
CAH with no reported surveys (10)

Critical Access Hospital	Summary Star Rating	# Surveys Completed	Response Rate Percentage
ASPIRUS ONTONAGON HOSPITAL INC			
DECKERVILLE COMMUNITY HOSPITAL			
HARBOR BEACH COMMUNITY HOSPITAL			
KALKASKA MEMORIAL HEALTH CENTER			
MCKENZIE HEALTH SYSTEM			
MCLAREN CARO REGION			
MCLAREN THUMB REGION			
MUNISING MEMORIAL HOSPITAL			
PAUL OLIVER MEMORIAL HOSPITAL			
SHERIDAN COMMUNITY HOSPITAL			

HCAHPS Rolling Data CMS Download Comparison

72% of MI CAHs have reported HCAHPS surveys



HCAHPS Response Rate by Survey Mode

(April 2023 Public Reporting: Patients Discharged from July 2021 to June 2022)

	Mail Only	Telephone Only	Mixed Mode
Average	21%	25%	33%
90 th percentile	31%	34%	40%
75 th percentile	25%	30%	38%
50 th percentile	20%	24%	31%
25 th percentile	16%	19%	29%

* 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.

HCAHPS

Q4 2022 – Q3 2023

10/01/2022 – 09/31/2023

State Level HCAHPS Report Performance

HCAHPS Composite Questions

Composite Topics:

- Composite 1
 - Nurse Communication – Questions 1, 2,3
- Composite 2
 - Doctor Communication – Questions 5,6,7
- Composite 3
 - Responsiveness of hospital staff – Questions 4, 11
- Composite 5
 - Communication about medications – Questions 13,14
- Composite 6
 - Discharge Information – Questions 16, 17
- Composite 7
 - Care Transitions – Questions 20, 21, 22

Individual Topics:

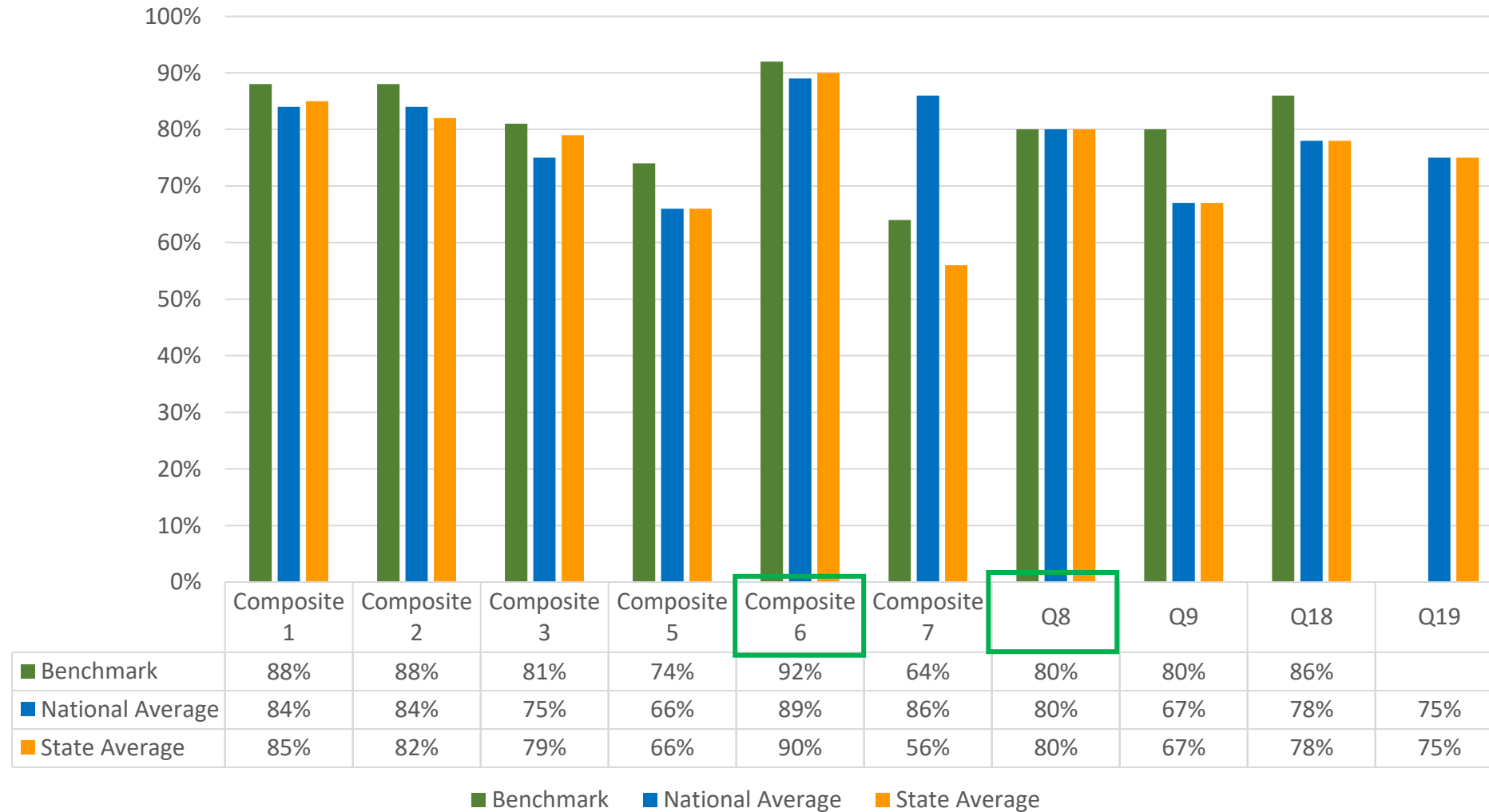
- Cleanliness of hospital environment – Question 8
- Quietness of hospital environment – Question 9

Global Topics:

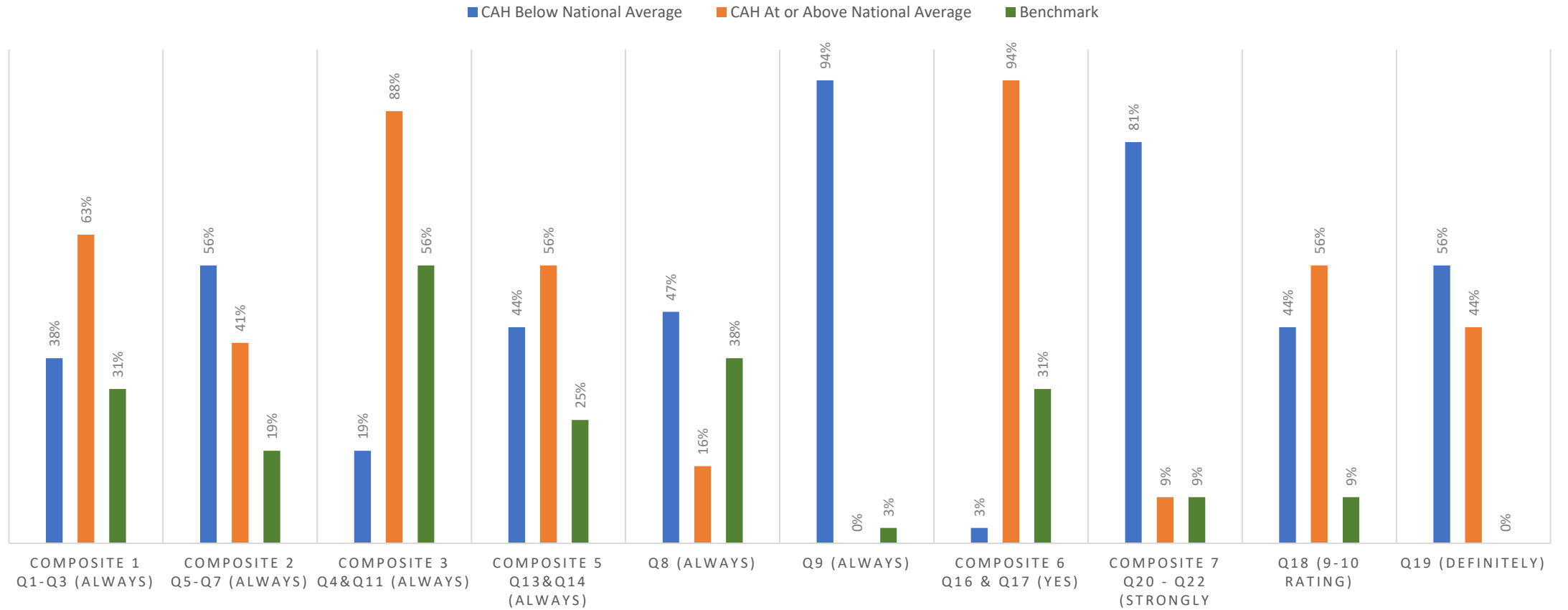
- Hospital rating – Question 18
- Willingness to recommend hospital – Question 19

HCAHPS Q4 2022 – Q3 2023

National Average vs MI CAH State Data



HCAHPS Q4 2022 – Q3 2023 Composite Analysis



Benchmark	88%	88%	81%	74%	80%	80%	92%	64%	88%	NA
National Avg	84%	84%	75%	66%	89%	86%	80%	67%	78%	75%

Take Aways

January
Q2 2022 – Q1 2023
86% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 79%
 - 32% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 66%
 - 35% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 55%
 - 35% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 77%
 - 35% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 74%
 - 35% CAH Did not meet

April
Q3 2022 – Q2 2023
89% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 79%
 - 28% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 67%
 - 34% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 55%
 - 47% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 77%
 - 47% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 74%
 - 72% CAH Did not meet

July
Q4 2022 – Q3 2023
89% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 89%
 - 47% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 86%
 - 94% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 67%
 - 81% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 78%
 - 44% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 75%
 - 56% CAH Did not meet

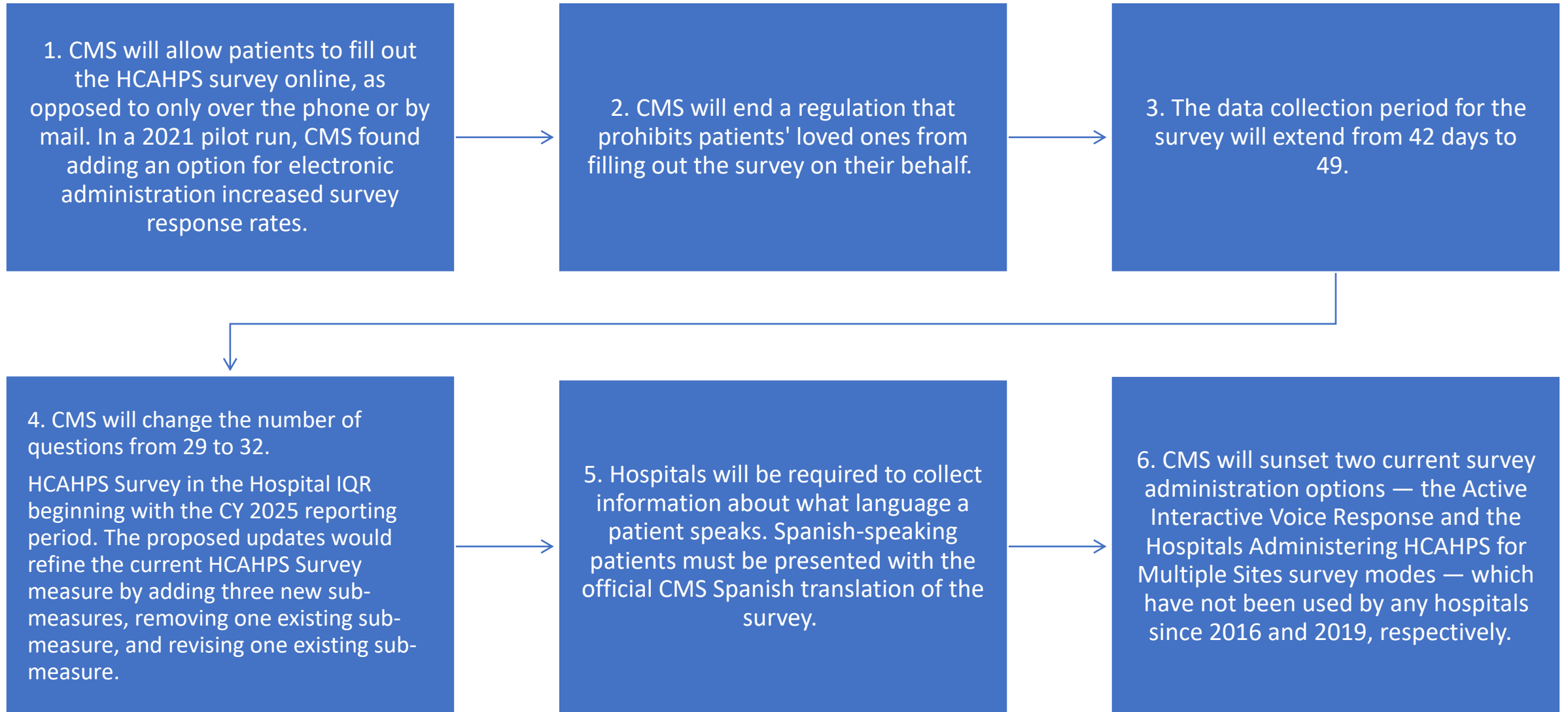
Jan-July Comparison Take Aways

No Increase in Reporting

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
19% Negative Change
- Q9 – Quietness of Hospital
60% Negative Change
- Composite 7 – Care Transitions
34% Negative Change
- Question 18 – Overall Rating
3% Positive Change
- Question 19 – Willingness to Recommend
20% Positive Change

Upcoming Proposed Changes for 2025 reporting period

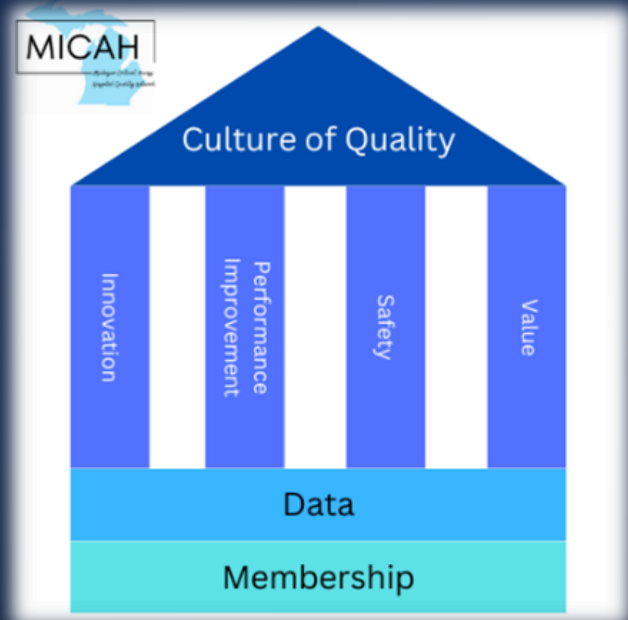




Timely and Effective Care

01/01/2022-12/31/2022

10/01/2022 – 09/30/2023



CMS Star Rating Methodology

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three measures in at least three groups, one of which must be from an outcome group (safety of care, mortality)

Score is calculated based on simple average of the measure score within each measure group.

Measure group weights are re-proportioned if no measure are available in a measure group (except Patient Experience)

The CMS 5-star rating provides a concise and easily understandable metric for evaluating the quality of healthcare facilities, aiding patients and stakeholders in making informed decisions.



Table 1. Overall Star Ratings Weighting by Group

Group	Star Ratings Weight (w_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

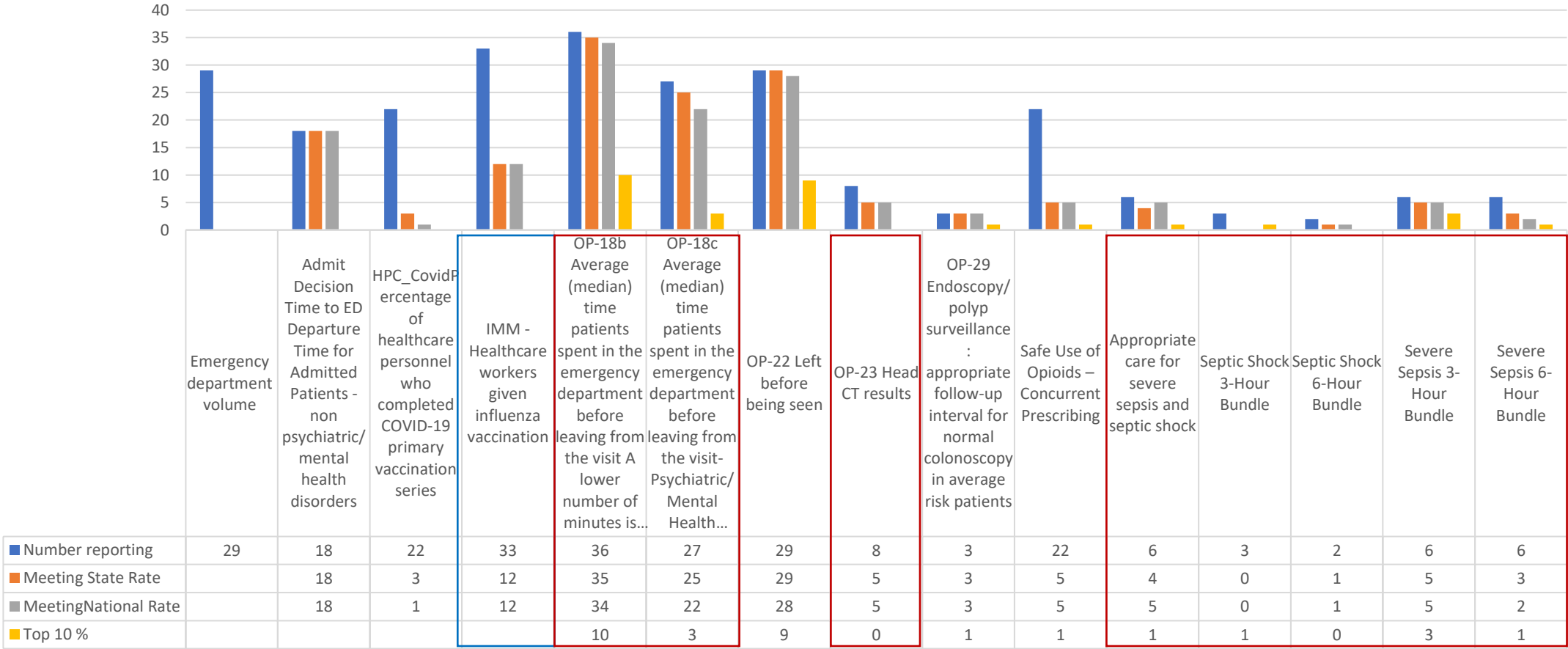
CAH Timely and Effective Care

CMS Download

- 23 Reportable Measures Reporting out 15 Measures (65%)

Measure ID	Measure Description	Start	End
ED Vol	Emergency Department Volume	1/1/2022	12/31/2022
ED_2_Strata_1	Admit Decision Time to ED Departure Time for Admitted Patients - non psychiatric/mental health disorders	1/1/2022	12/31/2022
OP_22	Left before being seen	1/1/2022	12/31/2022
OP_29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	1/1/2022	12/31/2022
SAFE_USE_OF_OPIOIDS	Safe Use of Opioids - Concurrent Prescribing	1/1/2022	12/31/2022
VTE_1	Venous Thromboembolism Prophylaxis	1/1/2022	12/31/2022
OP_23	Head CT results	10/1/2022	9/30/2023
OP_18b	Average (median) time patients spent in the emergency department before leaving from the visit A lower number of minutes is better	10/1/2022	9/30/2023
SEP_SH_3HR	Septic Shock 3-Hour Bundle	10/1/2022	9/30/2023
SEP_SH_6HR	Septic Shock 6-Hour Bundle	10/1/2022	9/30/2023
SEV_SEP_3HR	Severe Sepsis 3-Hour Bundle	10/1/2022	9/30/2023
SEP_1	Percentage of patient who received appropriate care for severe sepsis and septic shock	10/1/2022	9/30/2023
OP_18c	Average (median) time patients spent in the emergency department before leaving from the visit- Psychiatric/Mental Health Patients. A lower number of minutes is better	10/1/2022	9/30/2023
SEV_SEP_6HR	Severe Sepsis 6-Hour Bundle	10/1/2022	9/30/2023
IMM_3	Healthcare workers given influenza vaccination	10/1/2022	3/31/2023
HPC_Covid	Percentage of healthcare personnel who completed COVID 19 primary vaccination series	7/1/2023	9/30/2023

CAH Timely and Effective Care Breakdown



Red Box – Date Range 10/1/22 – 9/30/23

Blue Box – Date Range 10/1/2022 – 3/31/2023

MI CAH Top 4 Reported Measures

(align with MBQIP Measures)

- Top 4 reported Measures
 - Healthcare workers given influenza Vaccination (IMM_3) [10/1/2022 – 3/31/2023](#)
 - 33 CAH (92%) reporting with 12 meeting the State Rate of 82% or better.
 - **Reporting decrease of 2% points**
 - Average (median) time patients spent in the emergency department before leaving from the visit. (OP 18b) [10/1/2022 – 3/31/2023](#)
 - 36 CAH (100%) reporting with 34 meeting the State Rate of 166 minutes or less.
 - **No change in reporting**
 - Average (median) time patients spent in the emergency department before leaving from the visit Psychiatric/Mental Health Patients. (OP 18c) [10/1/2022 – 3/31/2023](#)
 - 27 CAH (75%) reporting with 25 meeting the State Rate of 305 minutes or less.
 - **Reporting increased 3% points**
 - Left before being seen (OP 22) [1/1/2022 – 12/31/2022](#)
 - 27 CAH (27%) reporting with 27 meeting the State Rate of 4% or less.
 - **Reporting increased 33% points**
 - **Top area of opportunity for reporting improvement**

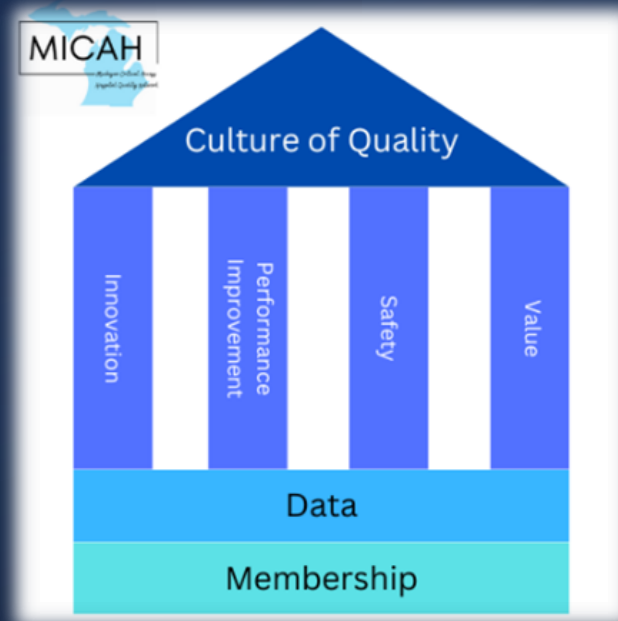


IP Core

Q4 2023

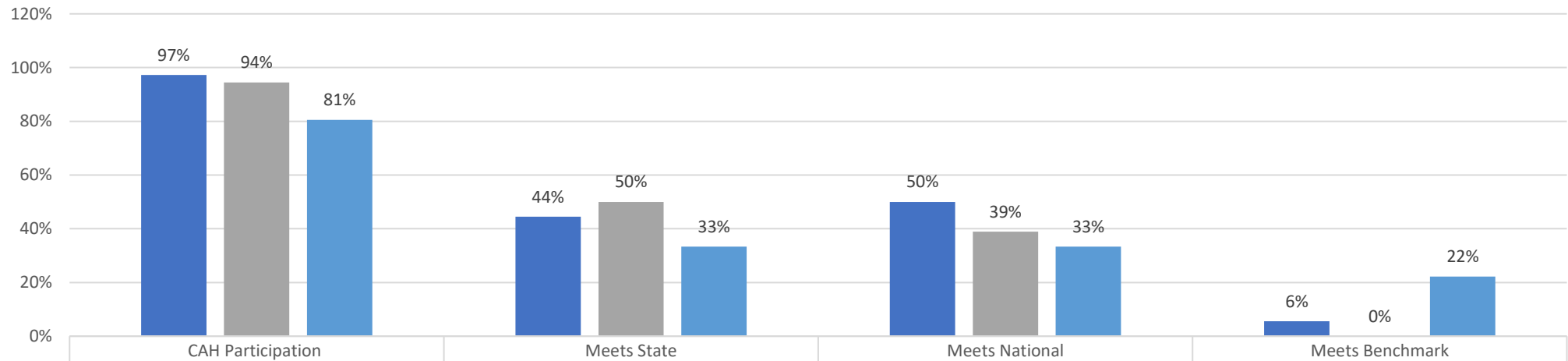
Antibiotic Stewardship

Calendar Year 2023



IP Core State Level Data Calendar Year 2023

IP Core



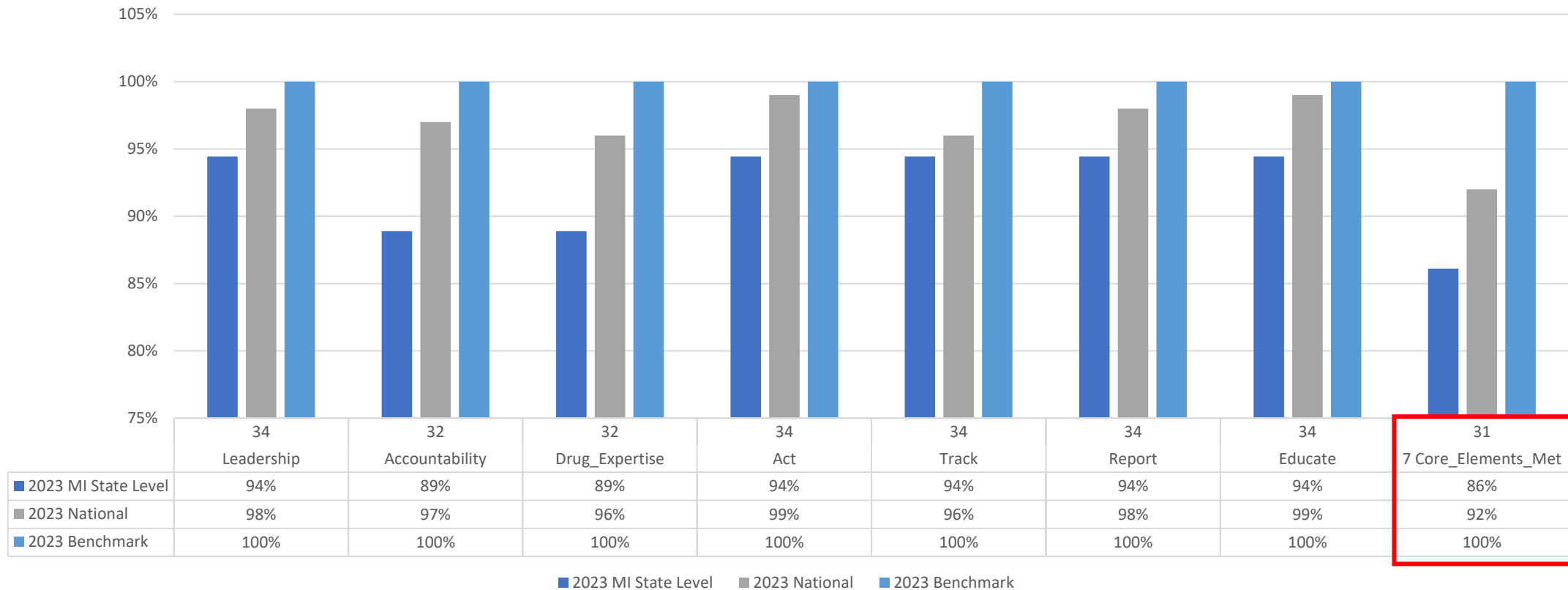
	OP-18b Q4 2023 10.1.23-12.31.23	HCP/IMM-3 Q4 2023- Q1 2024	OP-22 CY 2023
CAH Participation	97%	94%	81%
Meets State	44%	50%	33%
Meets National	50%	39%	33%
Meets Benchmark	6%	0%	22%

■ OP-18b Q4 2023...
 ■ HCP/IMM-3 Q4 2023- Q1 2024
 ■ OP-22 CY 2023

	OP-18b 10.1.23 -12.31.23	HCP/IMM-3 Q4 2023- Q1 2024	OP-22 CY 2023
2023 MI State Level	110	74	1%
2023 National	115	79	1%
2023 Benchmark	85	100	0%

Antibiotic Stewardship State Level Data Calendar Year 2023

2023 Antibiotic Stewardship Measure



2023 Antibiotic Stewardship Measure VS 2022 Antibiotic Stewardship Measure Take Aways

2022

Greatest Area of Opportunity

- Reporting Data
 - 34/36 Participated
 - 94%
- 7 Core Elements
 - 94% of the 34 reporting CAH Met

2023

Greatest Area of Opportunity

- Reporting Data
 - 34/36 Participated
 - 94%
- 7 Core Elements
 - 86% of the reporting CAH Met

2022 v 2023

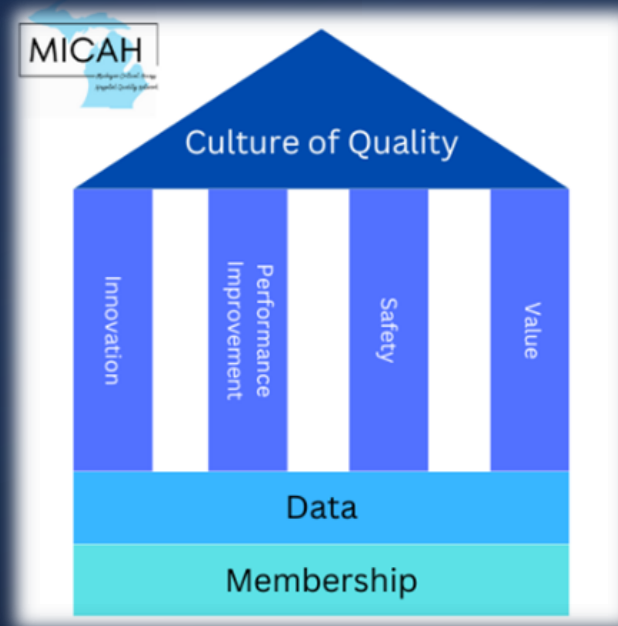
- Participation
 - No Change
- Greatest Area of Opportunity
 - Leadership
 - 3% Negative Change
 - Accountability
 - 8% Negative Change
 - Drug Expertise
 - 8% Negative Change
 - Act, Track and Educate
 - 6% Negative Change
 - All Elements Met
 - 8% Negative Change



Individual Michigan Hospital MBQIP Performance 3Q 2023

&

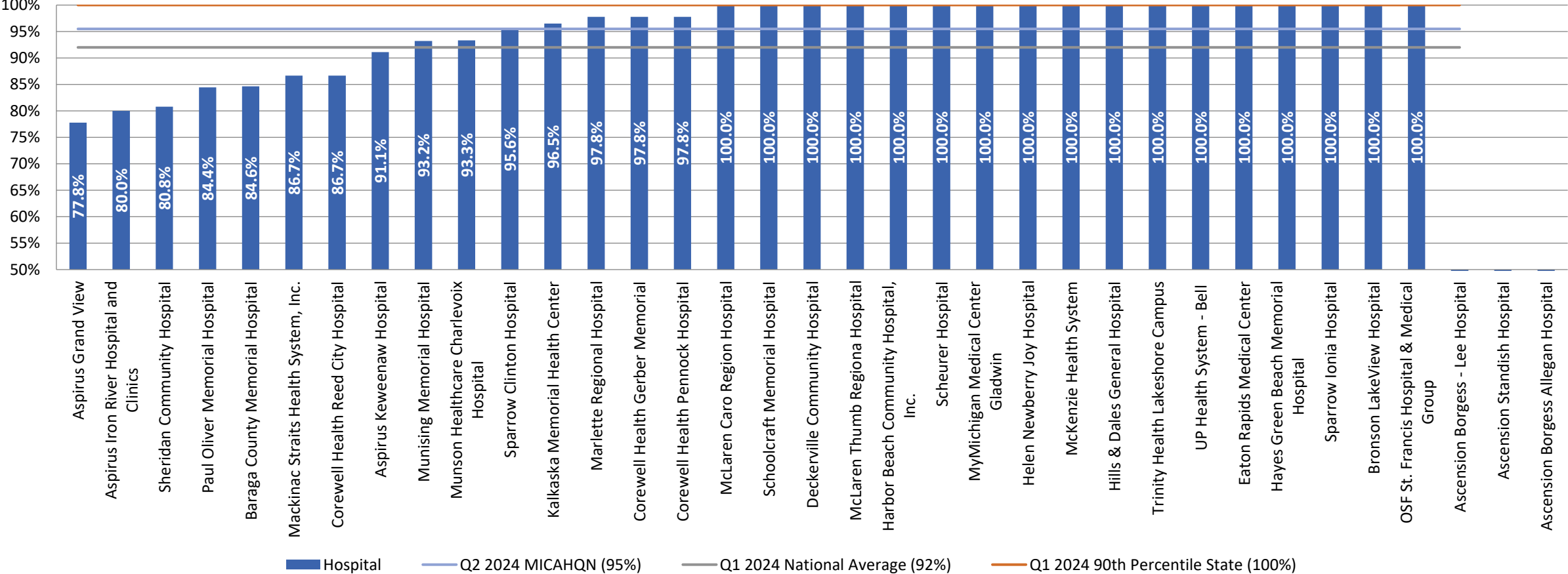
Emergency Department Transfer Communication Measures/EDTC



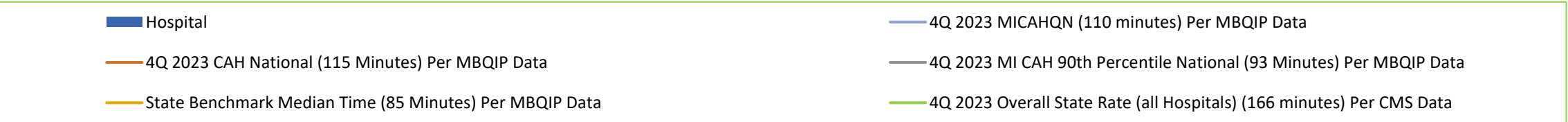
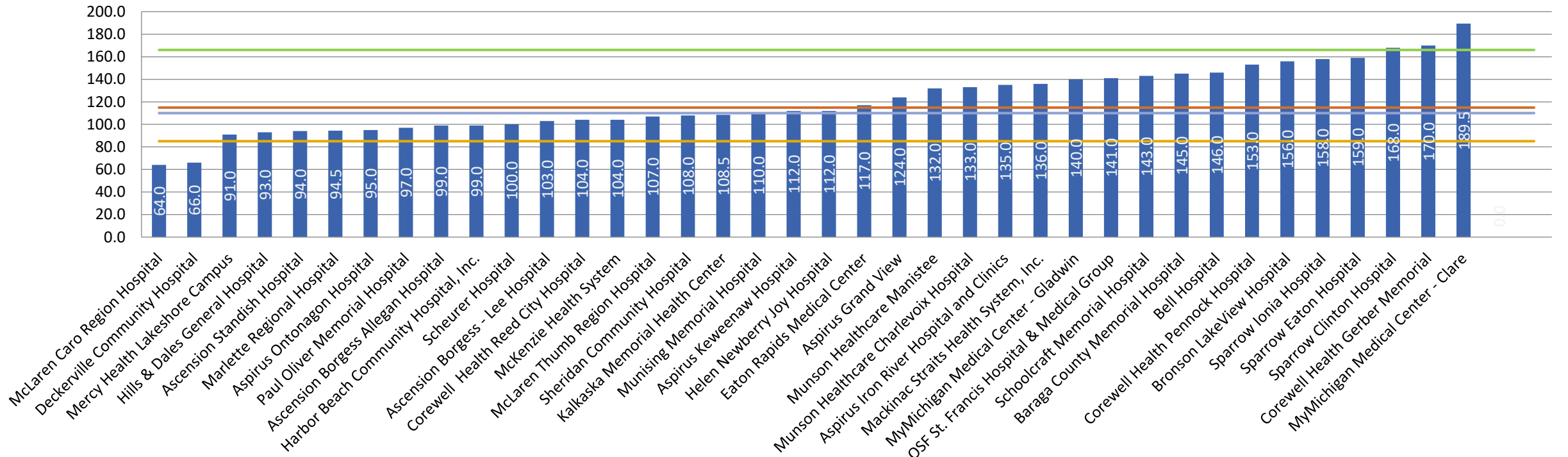
MBQIP Comparison Data

- This information is being reported to help facilities understand where they stand in comparison to their peers in the state, nationally and to benchmarks CMS has established.
- 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 Quantros, MBQIP, or is hospital-reported.
- The reports incorporate Michigan Critical Access Hospital data along with data from two Rural PPS Hospitals.

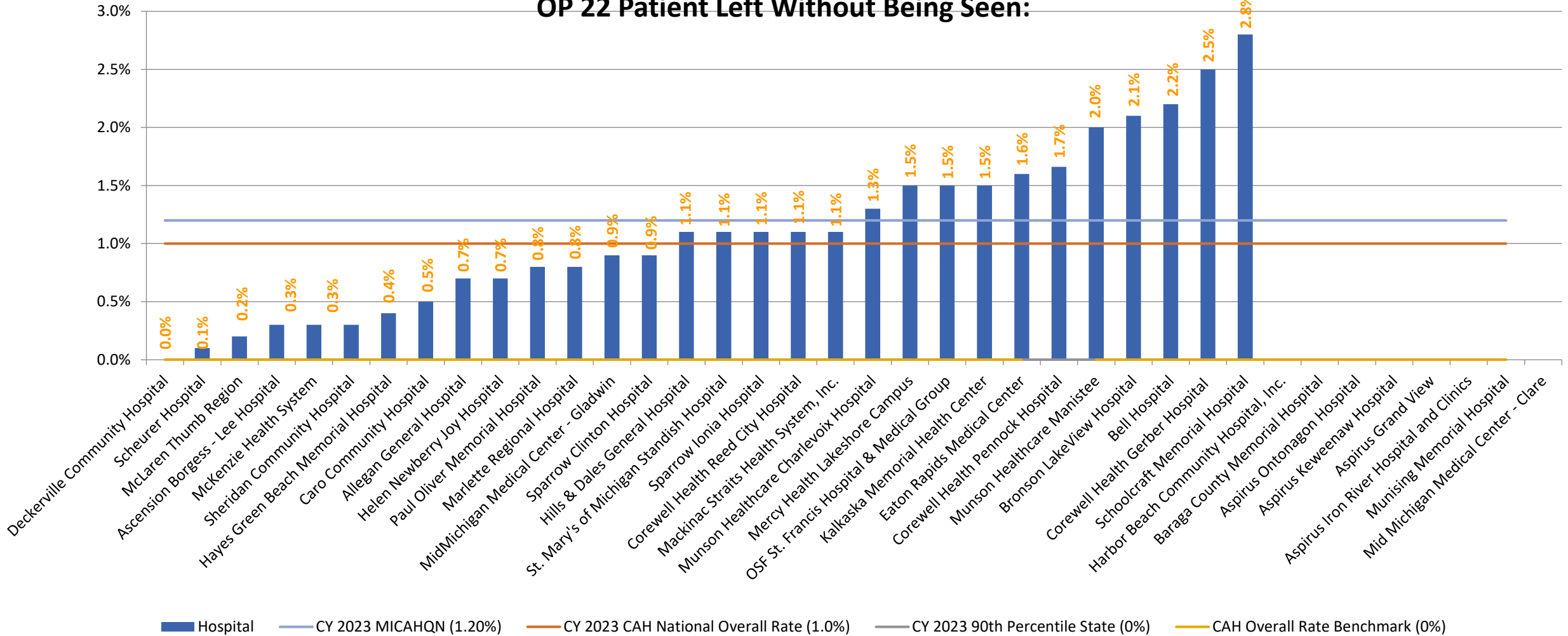
All EDTC Measures



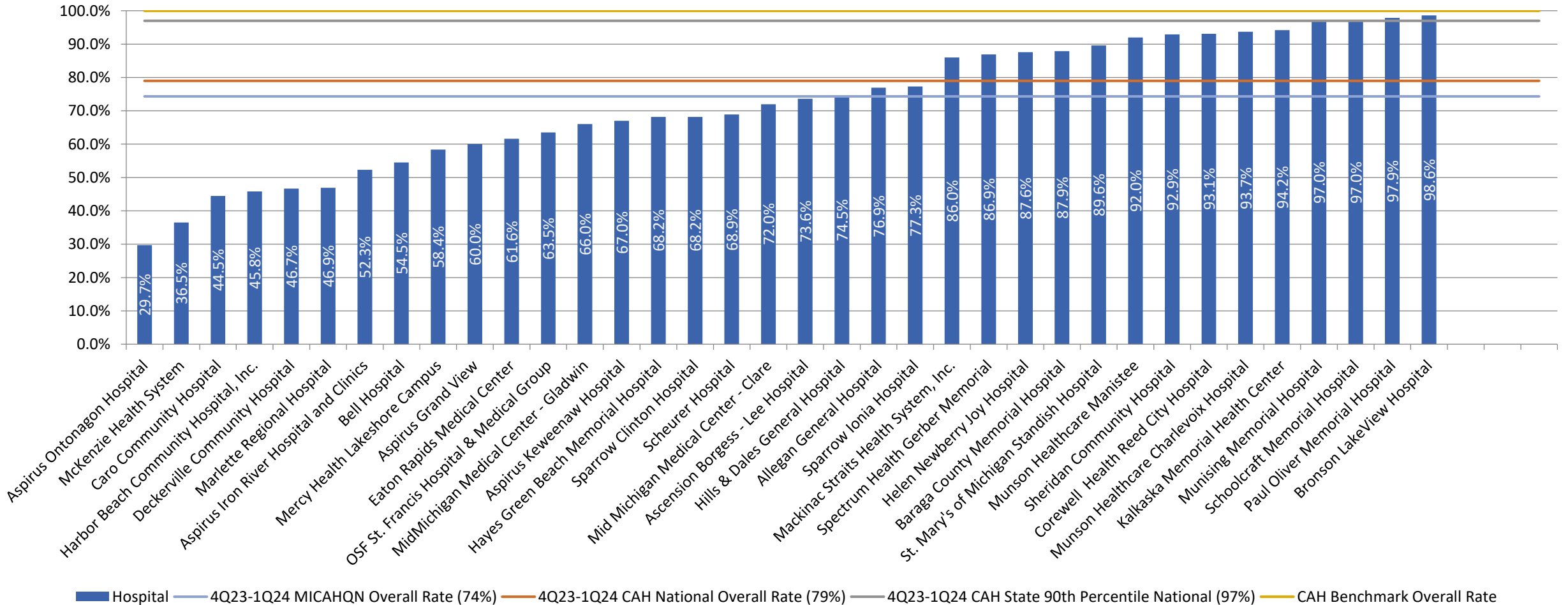
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure



OP 22 Patient Left Without Being Seen:



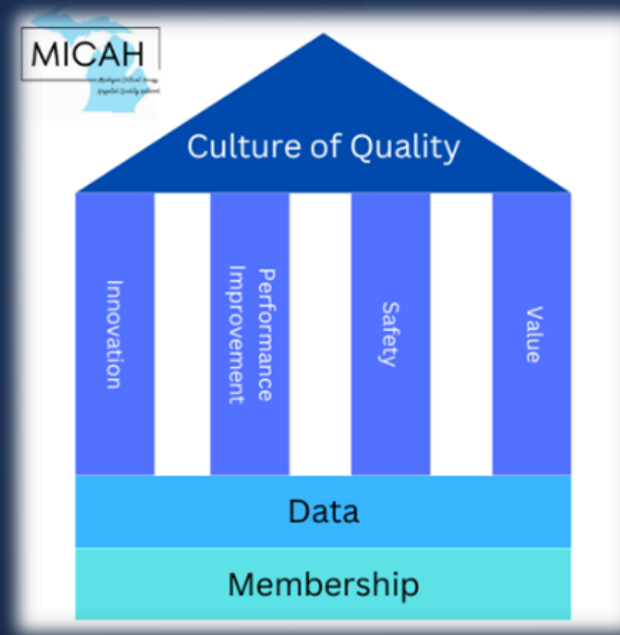
HCP/IMM-3: Healthcare Provider Influenzr Vaccination



■ Hospital
 — 4Q23-1Q24 MICAHQN Overall Rate (74%)
 — 4Q23-1Q24 CAH National Overall Rate (79%)
 — 4Q23-1Q24 CAH State 90th Percentile National (97%)
 — CAH Benchmark Overall Rate



Supplemental Data



HCAHPS Q4 2022 – Q3 2023 Composite Data

CAH Individual Performance

HCAHPS Q2 2022 - Q1 2023	Number of Completed Surveys	HCAHPS Star Rating	Composite 1 Q3 (Always)	Composite 2 Q7 (Always)	Composite 3 & Q11 (Always)	Composite 4 Q8 (Always)	Q9 (Always)	Composite 5 Q6 & Q17 (Yes)	Composite 6 Q10-Q22 (Strongly Agree)	Q19 (Definitely)		
National Average			84%	84%	75%	66%	89%	86%	80%	67%	78%	75%
State Average			85%	82%	79%	66%	90%	56%	80%	67%	78%	75%
Benchmark		NA	88%	88%	81%	74%	80%	80%	92%	64%	88%	NA
ASCENSION BORGESS ALLEGAN HOSPITAL	94		79%	81%	81%	63%	78%	73%	88%	58%	77%	65%
ASCENSION BORGESS LEE HOSPITAL	76		82%	77%	66%	61%	79%	67%	90%	53%	65%	59%
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	69		87%	88%	84%	66%	80%	71%	90%	57%	81%	73%
ASPIRUS IRONWOOD HOSPITAL	110	4	31%	78%	75%	56%	85%	58%	88%	55%	71%	66%
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	93		79%	83%	78%	52%	74%	54%	89%	55%	77%	72%
ASPIRUS ONTONAGON HOSPITAL INC	12		79%	75%	70%	88%	79%	58%	100%	41%	59%	73%
BARAGA COUNTY MEMORIAL HOSPITAL	67		79%	80%	81%	60%	85%	59%	80%	38%	71%	63%
BRONSON LAKEVIEW HOSPITAL	186	5	82%	83%	78%	66%	81%	71%	91%	55%	80%	74%
CHARLEVOIX AREA HOSPITAL	384	5	87%	87%	83%	69%	80%	67%	90%	55%	84%	83%
COREWELL HEALTH GERBER HOSPITAL	344	4	84%	78%	72%	64%	81%	70%	91%	53%	74%	71%
COREWELL HEALTH PENNOCK HOSPITAL	216	4	82%	81%	68%	59%	78%	59%	89%	50%	73%	68%
COREWELL HEALTH REED CITY HOSPITAL	36		81%	80%	81%	79%	78%	79%	79%	50%	78%	77%
DECKERVILLE COMMUNITY HOSPITAL	DNS											
EATON RAPIDS MEDICAL CENTER	80		87%	79%	85%	73%	74%	81%	93%	67%	86%	88%
HARBOR BEACH COMMUNITY HOSPITAL	18		100%	90%	89%	83%	92%	46%	97%	40%	82%	56%
HELEN NEWBERRY JOY HOSPITAL	92		88%	82%	86%	70%	83%	67%	83%	49%	67%	56%
HILLS & DALES GENERAL HOSPITAL	83		83%	84%	87%	62%	82%	79%	89%	61%	87%	86%
KALKASKA MEMORIAL HEALTH CENTER	DNS											
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80		93%	81%	87%	77%	88%	69%	87%	58%	89%	87%
MARLETTE REGIONAL HOSPITAL	30		90%	87%	79%	83%	82%	74%	94%	73%	80%	90%
MCKENZIE HEALTH SYSTEM	11		90%	77%	83%	94%	80%	51%	94%	65%	80%	80%
MCLAREN CARO REGION	5		100%	91%	80%	84%	9%			73%	100%	100%
MCLAREN THUMB	DNS											
MERCY HEALTH LAKESHORE CAMPUS	106	4	89%	84%	81%	63%	77%	64%	89%	58%	80%	77%
MUNISING MEMORIAL HOSPITAL	23		97%	86%	82%	71%	76%	74%	80%	66%	75%	64%
MYMICHIGAN MEDICAL CENTER GLADWIN	86		86%	84%	86%	65%	73%	76%	95%	62%	85%	72%
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	330	4	85%	84%	70%	67%	78%	68%	89%	54%	72%	66%
PAUL OLIVER MEMORIAL HOSPITAL	DNS											
SAINT MARY'S STANDISH COMMUNITY HOSPITAL	146	5	86%	86%	87%	72%	91%	77%	93%	62%	84%	72%
SCHEURER HOSPITAL	67		99%	98%	86%	79%	90%	73%	89%	65%	93%	90%
SCHOOLCRAFT MEMORIAL HOSPITAL	84		92%	89%	76%	71%	91%	78%	91%	58%	84%	89%
SHERIDAN COMMUNITY HOSPITAL	24		86%	93%	86%	72%	90%	74%	92%	63%	87%	80%
SPARROW CLINTON HOSPITAL	245	4	87%	84%	84%	65%	77%	52%	93%	56%	85%	82%
SPARROW EATON HOSPITAL	289	4	81%	70%	77%	55%	78%	65%	85%	51%	76%	74%
SPARROW IONIA HOSPITAL	203	4	83%	78%	78%	66%	72%	67%	92%	57%	75%	73%
UP BELL HOSPITAL	200	4	84%	85%	73%	68%	83%	63%	89%	56%	74%	79%

Red
Below national average

Green
At or Above National Average

Gold
Above Benchmark

IP Core CAH Participation Calendar Year 2023

- Did not submit data

	Core MBQIP Measures		
	OP-18b Q4 2023	HCP/IMM-3 Q4 2023- Q1 2024	OP-22 CY 2023
2023 MI State Level	110	74	1%
2023 National	115	79	1%
2023 Benchmark	85	100	0%
Paul Oliver Memorial Hospital	97	98%	1%
Kalkaska Memorial Health Center	109	94%	1%
Schoolcraft Memorial Hospital	143	97%	3%
Helen Newberry Joy Hospital	112	88%	1%
Ascension Standish Hospital	94	90%	0%
Mackinac Straits Hospital	136	86%	1%
Baraga County Memorial Hospital	145	88%	*
Munising Memorial Hospital	110	97%	*
Aspirus Ontonagon Hospital	95	30%	*
Scheurer Hospital	100	69%	0%
Deckerville Community Hospital	66	47%	0%
Sheridan Community Hospital	108	93%	0%
Harbor Beach Community Hospital Inc.	99	46%	*
McKenzie Memorial Hospital	104	37%	*
Ascension Borgess-Lee Hospital	103	74%	0%
Hills and Dales General Hospital	93	74%	0%
Aspirus Iron River Hospital	135	52%	*
Aspirus Keweenaw Hospital	112	67%	*
Mercy Health Partners Lakeshore Campus	91	58%	2%
UP Health System - Bell	146	54%	2%
Munson Healthcare Charlevoix Hospital	133	94%	1%
Spectrum Health Reed City Campus	104	93%	1%
Eaton Rapids Medical Center	117	62%	2%
MyMichigan Medical Center Gladwin	140	66%	1%
Sparrow Clinton Hospital	168	68%	1%
Sparrow Eaton Hospital	159	80%	0%
Ascension Borgess Allegan Hospital	99	77%	1%
McLaren Caro Regional Hospital	64	45%	1%
Marlette Regional Hospital	97	47%	1%
Sparrow Ionia Hospital	158	77%	1%
Lakeview Community Hospital (Bronson Lakeview)	156	99%	2%
Aspirus Ironwood Hospital	124	60%	*
OSF St. Francis Hospital	141	64%	2%
Spectrum Health Gerber	170	87%	2%
Spectrum Health Pennock	*	*	*
McLaren Thumb Regional Hospital	107	*	0%

State Level Comparisons

Michigan

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

Quarter 4 - 2023

Generated on 06/14/24

		State Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
Emergency Department – Quarterly Measure		Q1 2023	Q2 2023	Q3 2023	Q4 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	104 min	111 min	110 min	35	110 min	93 min	1,098	115 min	85 min
	Number of Patients (N)	N=3,110	N=3,235	N=3,219	N=3,163						

		State Performance by Calendar Year			State Current Year			National Current Year		Benchmark
Emergency Department – Annual Measure		CY 2021	CY 2022	CY 2023	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	Patient Left Without Being Seen	2%	2%	1%	29	1%	0%	1,033	1%	0%
	Number of Patients (N)	N=224,535	N=253,113	N=294,436						

		State Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Benchmark
NHSN Immunization Measure		4Q21 - 1Q22	4Q22 - 1Q23	4Q23 - 1Q24	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	Healthcare Provider Influenza Vaccination	81%	75%	74%	34	74%	97%	1,212	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.

Antibiotic Stewardship CAH Participation Calendar Year 2023

Antibiotic Stewardship Measure CY 2023	Leadership	Accountability	Drug_Expertise	Act	Track	Report	Educate	Core_Elements_Met
2023 MI State Level	94%	89%	89%	94%	98%	98%	98%	86%
2023 National	98%	97%	96%	99%	96%	98%	99%	92%
2023 Benchmark	100%	100%	100%	100%	100%	100%	100%	100%
Paul Oliver Memorial Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Kalkaska Memorial Health Center	100%	100%	100%	100%	100%	100%	100%	100%
Schoolcraft Memorial Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Helen Newberry Joy Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Ascension Standish Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Mackinac Straits Hospital	100%	100%	100%	100%	100%	100%	100%	86%
Aspirus Ontonagon Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Scheurer Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Deckerville Community Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Sheridan Community Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Harbor Beach Community Hospital Inc.	100%	100%	100%	100%	100%	100%	100%	100%
McKenzie Memorial Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Ascension Borgess-Lee Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Hills and Dales General Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Aspirus Iron River Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Aspirus Keweenaw Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Mercy Health Partners Lakeshore Campus	100%	100%	100%	100%	100%	100%	100%	100%
UP Health System - Bell	100%	100%	100%	100%	100%	100%	100%	100%
Munson Healthcare Charlevoix Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Spectrum Health Reed City Campus	100%	100%	100%	100%	100%	100%	100%	100%
Eaton Rapids Medical Center	100%	100%	100%	100%	100%	100%	100%	100%
MyMichigan Medical Center Gladwin	100%	100%	100%	100%	100%	100%	100%	100%
Sparrow Clinton Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Sparrow Eaton Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Ascension Borgess Allegan Hospital	100%	100%	100%	100%	100%	100%	100%	100%
McLaren Caro Regional Hospital	100%	*	*	100%	100%	100%	100%	71%
Marlette Regional Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Sparrow Ionia Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Lakeview Community Hospital (Bronson Lakeview)	100%	100%	100%	100%	100%	100%	100%	100%
Aspirus Ironwood Hospital	100%	100%	100%	100%	100%	100%	100%	100%
OSF St. Francis Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Spectrum Health Gerber	100%	100%	100%	100%	100%	100%	100%	100%
Spectrum Health Pennock	100%	100%	100%	100%	100%	100%	100%	100%
McLaren Thumb Regional Hospital	100%	*	*	100%	100%	100%	100%	57%
Baraga	*	*	*	*	*	*	*	*
Munising	*	*	*	*	*	*	*	*

- Did not submit data

Michigan

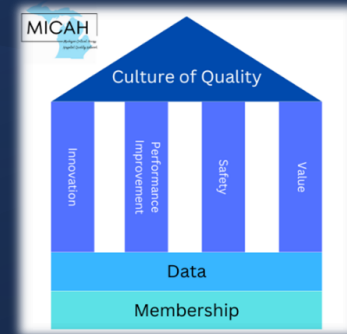
State-Level Care Transition Core Measures/EDTC Report Quarter 1 - 2024

Generated on 05/21/24

MBQIP Quality Measure	Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Benchmark
	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All Composite	94%	94%	94%	94%	94%	33	94%	100%	1,220	92%	100%
Home Medications	96%	97%	97%	96%	97%	33	96%	100%	1,220	96%	100%
Allergies and/or Reactions	98%	98%	98%	96%	98%	33	96%	100%	1,220	97%	100%
Medications Administered in ED	98%	98%	98%	97%	98%	33	97%	100%	1,220	97%	100%
ED Provider Note	97%	96%	97%	96%	96%	33	96%	100%	1,220	96%	100%
Mental Status/Orientation Assessment	98%	98%	97%	97%	97%	33	97%	100%	1,220	97%	100%
Reason for Transfer and/or Plan of Care	99%	98%	99%	97%	98%	33	97%	100%	1,220	98%	100%
Tests and/or Procedures Performed	98%	99%	98%	97%	98%	33	97%	100%	1,220	97%	100%
Tests and/or Procedures Results	98%	98%	98%	97%	98%	33	97%	100%	1,220	97%	100%
Total Medical Records Reviewed (N)	N=1,490	N=1,429	N=1,479	N=1,470	N=5,868	N=1,470			N=51,102		

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

Thank you.



For Questions. Please reach out to:

Amanda St. Martin

amanda.saintmartin@affiliate.msu.edu

Or

Jeff Nagy

Jeff.nagy@affiliate.msu.edu