MICAH QN MBQIP DATA REPORT OUT
FEBRUARY 2025

MICAH

Michigan Critical Access Hospital
Quality Network

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.

- 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 MICAH QN
  - 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.
  - Identify trends and provide an opportunity that directly benefits rural patients with safer and more effective care.
  - Quality improvement initiatives.
- Allows CAHs to meet quality benchmarks through best practices and resources.
  - Align priorities with peer sharing and subject matter experts from the MICAH QN.
- Reaffirms your commitment to providing a sustainable, high-quality healthcare model that prioritizes Michigan's rural communities.
- 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 QUALITY REPORTING 2025
12 MEASURES

MBQIP

Global Measures:
- CAH Quality Infrastructure Implementation Hospital Annual
- Commitment to Health Equity Annual

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

Patient Experience
- HCAHPS **Quarterly**

Care Coordination
- Hybrid All Cause Readmissions Annual
- SDOH Screening Annual
- SDOH Screening Positive Annual

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

Measures Due May 15th
- Commitment to Health Equity
- SDoH Screen
- SDoH Screen Positive
- IMM-3
- OP-22

MBQIP SUBMISSION DEADLINES

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)			

Due Date March 14

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 SUBMISSION DEADLINES

MBQIP 2025 – Measures Continuing in Core Set from Prior Years

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
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	N/A	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)		N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)
Antibiotic Steward-ship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2024[4] (CY 2023 data)		March 3, 2025[4] (CY 2024 data)				March 2, 2026[4] (CY 2025 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	January 2, 2025	April 2, 2025	July 2, 2025 anticipated	October 1, 2025 anticipated	January 7, 2026 anticipated	April 1, 2026 anticipated
EDTC[5]	Emergency Department Transfer Communica-tion	Emergency Department	Submission process directed by state Flex Program	October 31, 2023	January 31, 2024	April 30, 2024	July 31, 2024	October 31, 2024	January 31, 2025	April 30, 2025	July 31, 2025	October 31, 2025	January 31, 2026
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	February 1, 2025	May 1, 2025	August 1, 2025	November 1, 2025	February 1, 2026	May 1, 2026
OP-22	Patient left without being seen	Emergency Department	HQR Secure Portal	May 15, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)				May 15, 2026 (CY 2025 data aggregate)			

Quarterly Measures

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).

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 REPORTING 2025

	Report 1	Report 2	Report 3	Report 4
Month Released	January	March	July	September
Date Updated - ***All measures will be included in each report. This timeline shows which reports will include new data for each measures.***	* 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 *All measures are included and updated in each report*	*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	

MBQIP REPORT 1

OP18B Q2 2024
CAH INFRASTRUCTURE – 2023 (PREVIOUSLY PRESENTED)
EDTC Q3 2024

MICAH
Michigan Critical Access Hospital Quality Network

OP18B Q2 2024

MICAH
Michigan Critical Access Hospital Quality Network

OP – 18B

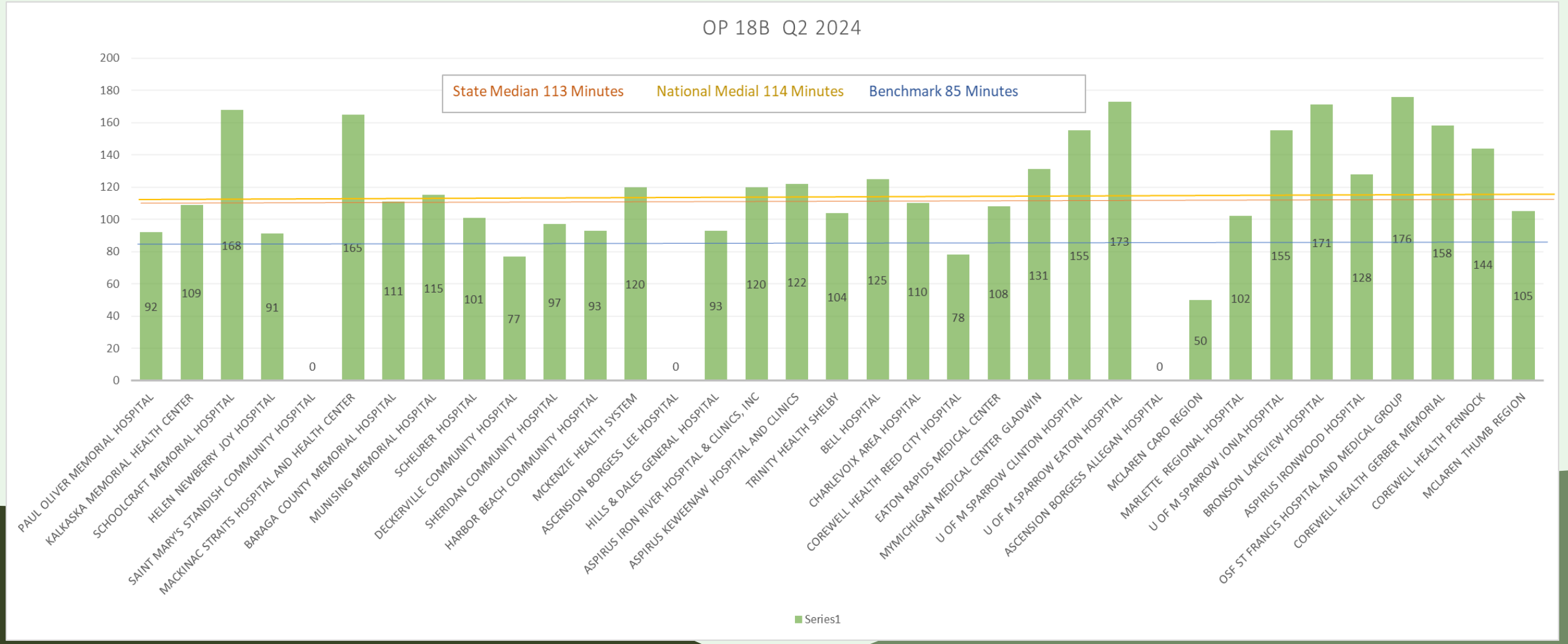
Emergency Department – Quarterly Measure	State by Performance				State Current Quarter			National Current Quarter		Benchmark
	Q3 2023	Q4 2023	Q1 2024	**Q2 2024**	# CAH Reporting	Median Time	90th percentile	#CAH Reporting	Median Time	90th Percentile
Median Time from ED Arrival to ED Departure for Discharged ED Patients	112 min	111 min	122 min	**113 min**	**32**	**113 min**	**91 mins**	**1116**	**114 min**	**85 min**
Number of Patients (N)	3163	3100	3070	2844						

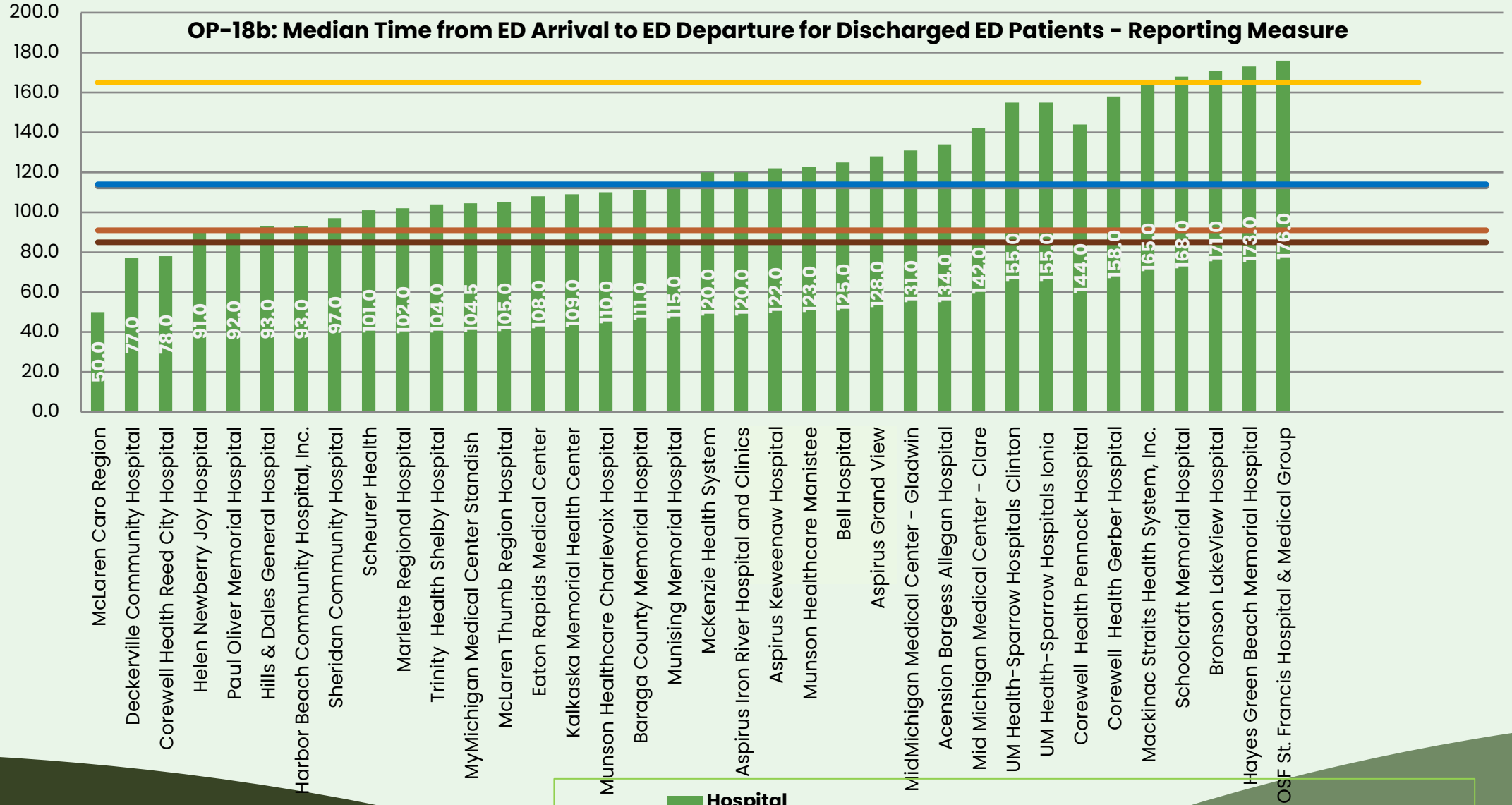
Number CAH Reporting	35/36	35/36	33/35	**32/35**
Reporting Percentage	97%	97%	95%	**91%**
CAH Above State Median	47%	47%	46%	46%
CAH Lower than State Median	50%	33%	49%	37%
National Benchmark	8%	6%	11%	9%

Take aways.

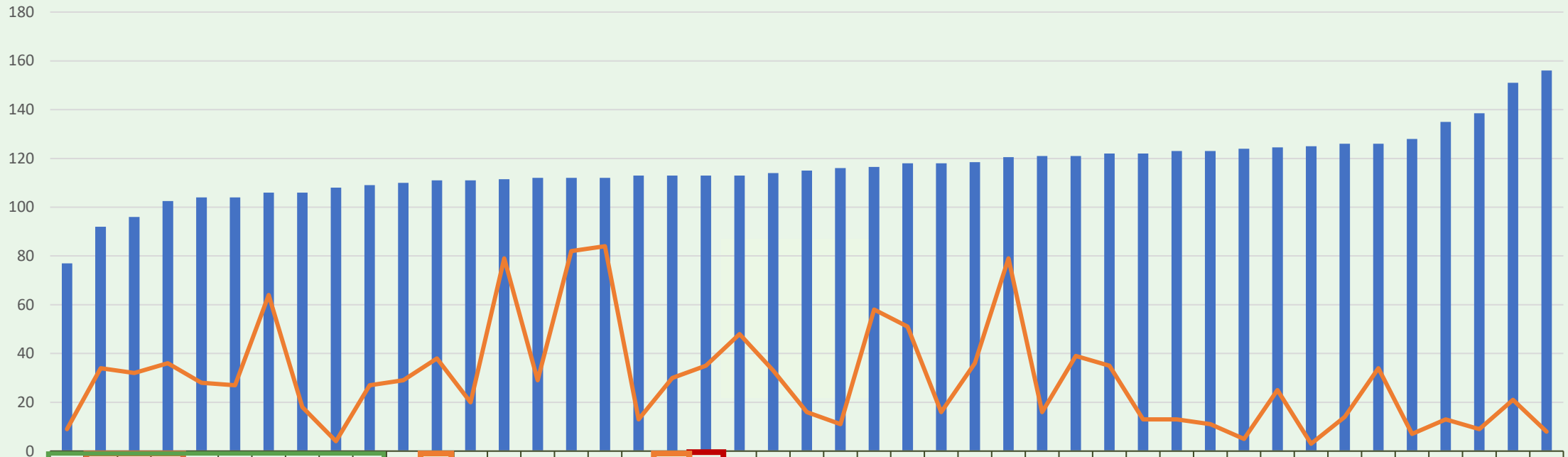
- State Median Time Decreased by 8 minutes
- State Measure Participation dropped by 4%
- Decrease in CAH meeting State Median of 113 minutes
- Decrease in CAH meeting the National Benchmark of 85 minutes

Next Due Date is May 1st


OP 18B Q2 2024
State Median 113 Minutes
National Medial 114 Minutes
Benchmark 85 Minutes
200
180
160
140
120
100
80
60
40
20
0
92
109
168
91
0
165
111
115
101
77
97
93
120
0
93
120
122
104
125
110
78
108
131
155
173
0
50
102
155
171
128
176
158
144
105
PAUL OLIVER MEMORIAL HOSPITAL
KALKASKA MEMORIAL HEALTH CENTER
SCHOOLCRAFT MEMORIAL HOSPITAL
HELEN NEWBERRY JOY HOSPITAL
SAINT MARY'S STANDISH COMMUNITY HOSPITAL
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER
BARAGA COUNTY MEMORIAL HOSPITAL
MUNISING MEMORIAL HOSPITAL
SCHEURER HOSPITAL
DECKERVILLE COMMUNITY HOSPITAL
SHERIDAN COMMUNITY HOSPITAL
HARBOR BEACH COMMUNITY HOSPITAL
MCKENZIE HEALTH SYSTEM
ASCENSION BORGESS LEE HOSPITAL
HILLS & DALES GENERAL HOSPITAL
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC
ASPIRUS KEWEENAW HOSPITAL AND CLINICS
TRINITY HEALTH SHELBY
BELL HOSPITAL
CHARLEVOIX AREA HOSPITAL
COREWELL HEALTH REED CITY HOSPITAL
EATON RAPIDS MEDICAL CENTER
MYMICHIGAN MEDICAL CENTER GLADWIN
U OF M SPARROW CLINTON HOSPITAL
U OF M SPARROW EATON HOSPITAL
ASCENSION BORGESS ALLEGAN HOSPITAL
MCLAREN CARO REGION
MARLETTE REGIONAL HOSPITAL
U OF M SPARROW IONIA HOSPITAL
BRONSON LAKEVIEW HOSPITAL
ASPIRUS IRONWOOD HOSPITAL
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP
COREWELL HEALTH GERBER MEMORIAL
COREWELL HEALTH PENNOCK
MCLAREN THUMB REGION
Series1


OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure
200.0
180.0
160.0
140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
50.0
77.0
78.0
91.0
92.0
93.0
93.0
97.0
101.0
102.0
104.0
104.5
105.0
108.0
109.0
110.0
111.0
115.0
120.0
120.0
122.0
123.0
125.0
128.0
131.0
134.0
142.0
155.0
155.0
144.0
158.0
165.0
168.0
171.0
173.0
176.0
McLaren Caro Region
Deckerville Community Hospital
Corewell Health Reed City Hospital
Helen Newberry Joy Hospital
Paul Oliver Memorial Hospital
Hills & Dales General Hospital
Harbor Beach Community Hospital, Inc.
Sheridan Community Hospital
Scheurer Health
Marlette Regional Hospital
Trinity Health Shelby Hospital
MyMichigan Medical Center Standish
McLaren Thumb Region Hospital
Eaton Rapids Medical Center
Kalkaska Memorial Health Center
Munson Healthcare Charlevoix Hospital
Baraga County Memorial Hospital
Munising Memorial Hospital
McKenzie Health System
Aspirus Iron River Hospital and Clinics
Aspirus Keweenaw Hospital
Munson Healthcare Manistee
Bell Hospital
Aspirus Grand View
MidMichigan Medical Center - Gladwin
Acension Borgess Allegan Hospital
Mid Michigan Medical Center - Clare
UM Health-Sparrow Hospitals Clinton
UM Health-Sparrow Hospitals Ionia
Corewell Health Pennock Hospital
Corewell Health Gerber Hospital
Mackinac Straits Health System, Inc.
Schoolcraft Memorial Hospital
Bronson LakeView Hospital
Hayes Green Beach Memorial Hospital
OSF St. Francis Hospital & Medical Group
Hospital
1Q 2024 Overall State Rate (all Hospitals) (165 minutes) Per CMS Data
2Q 2024 MICAHQN (113 minutes) Per NIH Data
2Q 2024 CAH National (114 Minutes) Per NIH Data
2Q 2024 MI CAH 90th Percentile National (91 Minutes) Per NIH Data

National OP 18b Comparison



	HI	OK	MS	ND	KY	LA	NE	NY	AL	ID	AR	SD	WV	TX	CO	IA	KS	FL	GA	MI	MT	OH	TN	UT	WI	IL	WY	MO	MN	ME	WA	IN	PA	NH	NV	SC	OR	MA	AZ	CA	VA	AK	NM	NC	VT
Mean	77	92	96	103	104	104	106	106	108	109	110	111	111	112	112	112	112	113	113	113	113	114	115	116	117	118	118	119	121	121	121	122	122	123	123	124	125	125	126	126	128	135	139	151	156
#CAH	9	34	32	36	28	27	64	18	4	27	29	38	20	79	29	82	84	13	30	35	48	33	16	11	58	51	16	36	79	16	39	35	13	13	11	5	25	3	14	34	7	13	9	21	8

Mean #CAH

CAH INFRASTRUCTURE 2024 REVIEW

MICAH
Michigan Critical Access Hospital
Quality Network

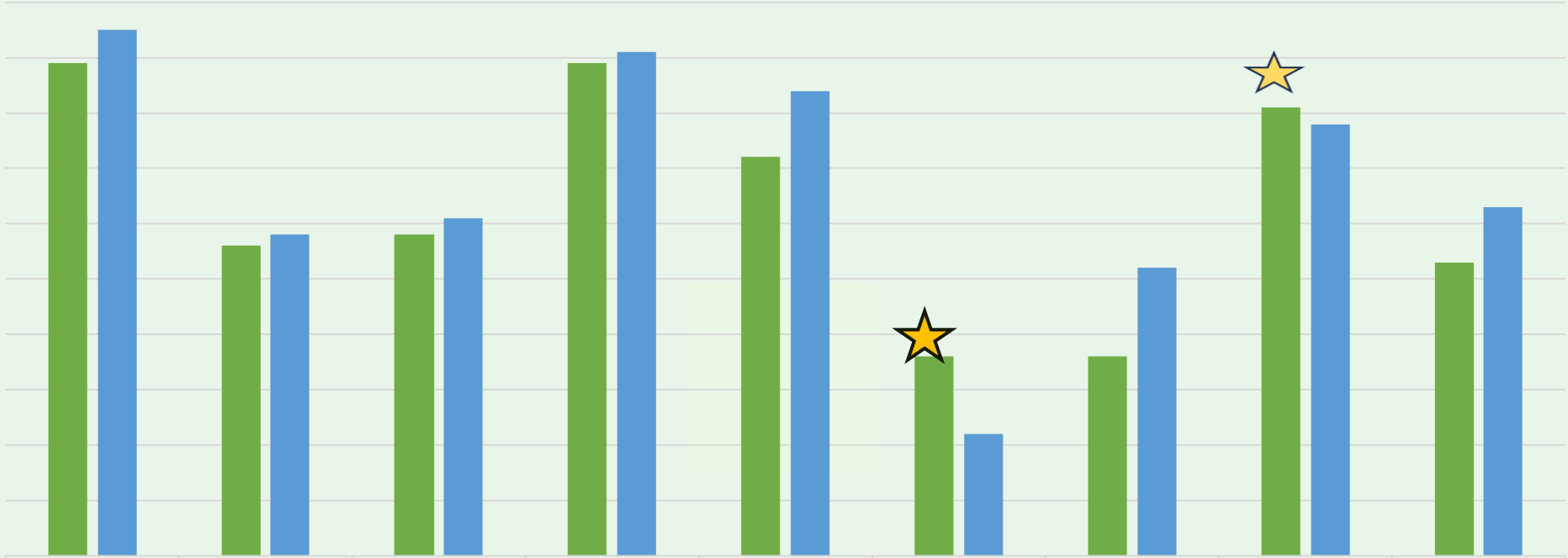
- **What:** The CAH Assessment and Inventory MBQIP measure will provide state and national comparison information to assess your CAH infrastructure, QI processes, and areas of improvement for each facility. An Individualized report was sent to you last week with your hospitals results.

Why: Using this measure, MCRH and MICAH QN can plan quality activities to improve CAH quality infrastructure. Data will provide timely, accurate, and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities. This measure will provide hospital and state specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

CAH Element Criteria

Number of Elements Met	MI CAHs (n=36)	CAHs Nationally (n=1,207)
All 9 Elements	6%	10%
Median Number of Elements Met	7	6

MICAH QN v National 2023 Data

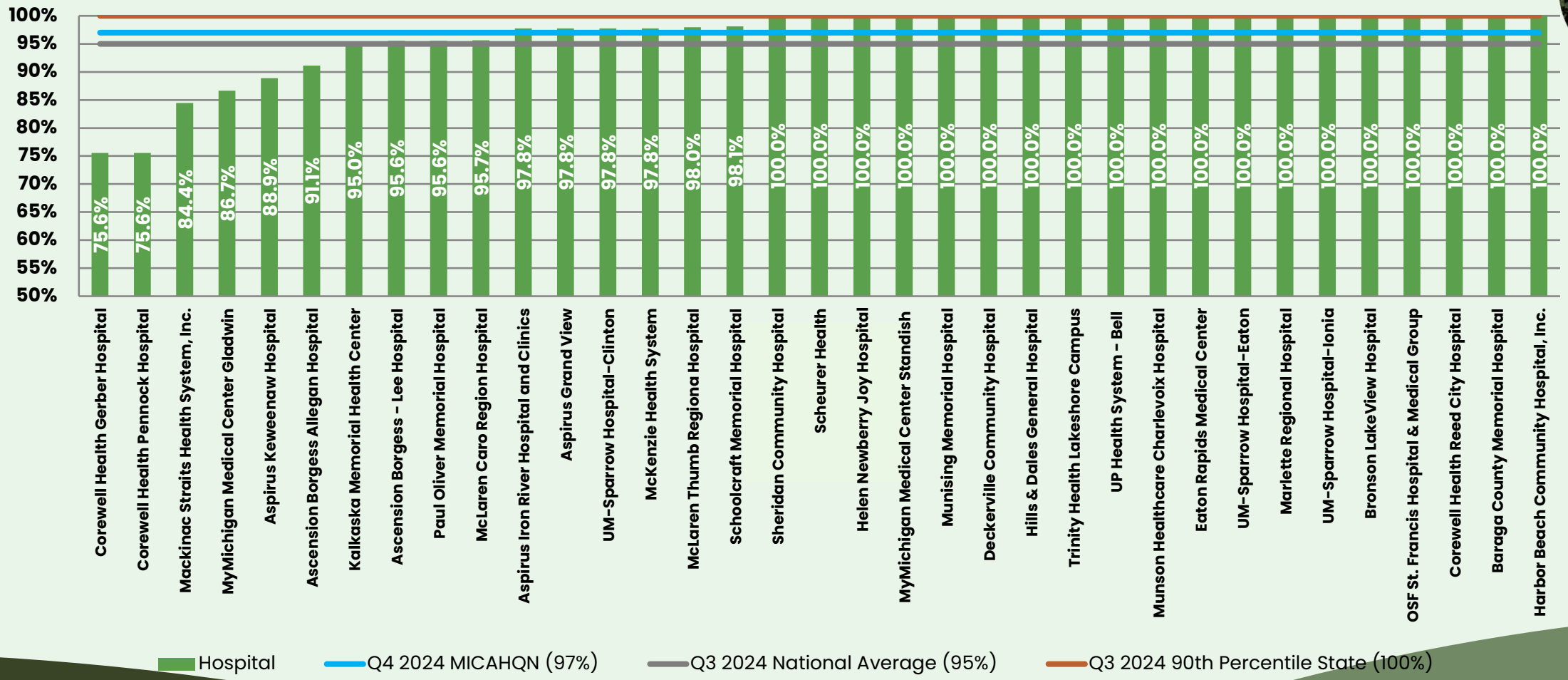


	Leadership	Strategic Plan	Workforce	CQI Systems	CQI Behavior	Equity	Pt Engagement	Data Collection	Using Data
MI CAHs	89%	56%	58%	89%	72%	36%	36%	81%	53%
Nat'l CAHs	95%	58%	61%	91%	84%	22%	52%	78%	63%

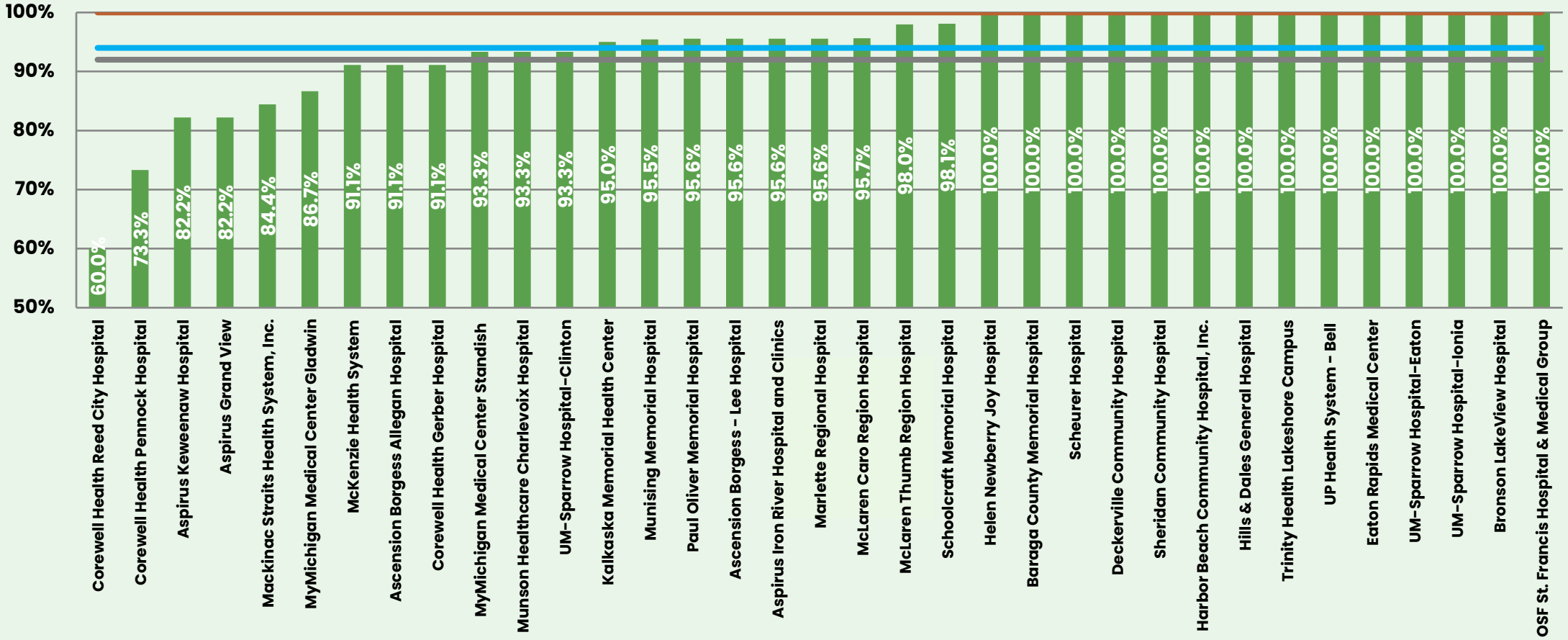
EDTC Q4 2024

MICAH
Michigan Critical Access Hospital Quality Network

EDTC-1 Home Medication



All EDTC Measures



HCAHPS CY 2023

MICAH
Michigan Critical Access Hospital
Quality Network

CY 2023 HCAHPS COMPOSITE TOP PERFORMERS

Composite 1 (Q 1 - Q3) Nurse Communication		
CAH	**# Completed Surveys**	**Score**
ASPIRUS ONTONAGON HOSPITAL INC	12	**99%**
SCHEURER HOSPITAL	67	**99%**
SHERIDAN COMMUNITY HOSPITAL	24	**97%**
MUNISING MEMORIAL HOSPITAL	23	**96%**
HARBOR BEACH COMMUNITY HOSPITAL	18	**94%**
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80	**94%**

Composite 2 (Q5-Q7) Doctor Communication		
CAH	**# Completed Surveys**	**Score**
ASPIRUS ONTONAGON HOSPITAL INC	12	**99%**
SCHEURER HOSPITAL	67	**99%**
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	93	**89%**
MCLAREN CARO REGION	5	**88%**
EATON RAPIDS MEDICAL CENTER	80	**87%**
HILLS & DALES GENERAL HOSPITAL	83	**87%**

Composite 3 (Q4&Q11) Responsiveness of Staff		
CAH	**# Completed Surveys**	**Score**
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80	**93%**
HARBOR BEACH COMMUNITY HOSPITAL	18	**92%**
SAINT MARY'S STANDISH COMMUNITY HOSPITAL	146	**88%**
EATON RAPIDS MEDICAL CENTER	80	**88%**
SCHEURER HOSPITAL	67	**88%**
ASPIRUS ONTONAGON HOSPITAL INC	12	**88%**

HCAHPS CY 2023	Composite 1 Q1-Q3 (Always)	Composite 2 Q5-Q7 (Always)	Composite 3 Q4&Q11 (Always)
Benchmark	**88%**	**88%**	**81%**
National Average	**84%**	**84%**	**75%**
State Average	**84%**	**82%**	**79%**

CY 2023 HCAHPS COMPOSITE TOP PERFORMERS

Composite 5 (Q13&Q14) Medication Communication		
CAH	**# Completed Surveys**	**Score**
ASPIRUS ONTONAGON HOSPITAL INC	12	**83%**
SCHEURER HOSPITAL	67	**83%**
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80	**81%**
HARBOR BEACH COMMUNITY HOSPITAL	18	**79%**
MCLAREN CARO REGION	5	**78%**

Question 9 Quitness of Hospital Environment		
CAH	**# Completed Surveys**	**Score**
CHARLEVOIX AREA HOSPITAL	384	**85%**
ASCENSION BORGESS ALLEGAN HOSPITAL	NA	**77%**
ASCENSION BORGESS LEE HOSPITAL	76	**77%**
EATON RAPIDS MEDICAL CENTER	80	**77%**
SPARROW EATON HOSPITAL	289	**77%**
SAINT MARY'S STANDISH COMMUNITY HOSPITAL	146	**76%**

Question 8 Cleanliness of Hospital Environment		
CAH	**# Completed Surveys**	**Score**
HARBOR BEACH COMMUNITY HOSPITAL	18	**95%**
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80	**93%**
ASPIRUS ONTONAGON HOSPITAL INC	12	**92%**
SCHEURER HOSPITAL	67	**92%**
SCHOOLCRAFT MEMORIAL HOSPITAL	84	**90%**

HCAHPS CY 2023	Composite 5 Q13&Q14 (Always)	Q8 (Always)	Q9 (Always)
Benchmark	**74%**	**80%**	**80%**
National Average	**66%**	**80%**	**67%**
State Average	**66%**	**80%**	**68%**

CY 2023 HCAHPS COMPOSITE TOP PERFORMERS

Composite 6 (Q16 & Q17) Discharge Information		
CAH	**# Completed Surveys**	**Score**
EATON RAPIDS MEDICAL CENTER	80	**96%**
ASPIRUS ONTONAGON HOSPITAL INC	12	**94%**
COREWELL HEALTH REED CITY HOSPITAL	36	**94%**
MCLAREN CARO REGION	5	**94%**
SCHEURER HOSPITAL	67	**94%**

Question 19 Willingness to Recommend		
CAH	**# Completed Surveys**	**Score**
SCHEURER HOSPITAL	67	**91%**
SCHOOLCRAFT MEMORIAL HOSPITAL	84	**90%**
COREWELL HEALTH REED CITY HOSPITAL	36	**87%**
MCLAREN CARO REGION	5	**87%**
HARBOR BEACH COMMUNITY HOSPITAL	18	**85%**
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80	**85%**

Question 18 Hospital Rating		
CAH	**# Completed Surveys**	**Score**
SAINT MARY'S STANDISH COMMUNITY HOSPITAL	146	**94%**
ASPIRUS ONTONAGON HOSPITAL INC	12	**93%**
SCHEURER HOSPITAL	67	**93%**
HARBOR BEACH COMMUNITY HOSPITAL	18	**90%**
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80	**90%**
EATON RAPIDS MEDICAL CENTER	80	**89%**

HCAHPS CY 2023	Composite 6 Q16 & Q17 (Yes)	Q18 (9-10 Rating)	Q19 (Definitely)
Benchmark	**92%**	**86%**	**NA**
National Average	**89%**	**78%**	**75%**
State Average	**90%**	**79%**	**75%**

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 Educational Videos

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

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%
90th percentile	32%	39%	43%
75th percentile	26%	34%	36%
50th percentile	21%	26%	30%
25th 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.*

HCAHPS CROSSWALK OF CURRENT SURVEY QUESTIONS TO UPDATED SURVEY QUESTIONS.

PROPOSED

Crosswalk of Current HCAHPS Survey questions (29) to Updated HCAHPS Survey questions (32)*

Current HCAHPS Survey Question	Updated HCAHPS Survey Question
1. During this hospital stay, how often did nurses treat you with courtesy and respect?	1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you?	2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?	3. During this hospital stay, how often did nurses explain things in a way you could understand?
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	*N/A (removed from Updated HCAHPS Survey)*
5. During this hospital stay, how often did doctors treat you with courtesy and respect?	4. During this hospital stay, how often did doctors treat you with courtesy and respect?
6. During this hospital stay, how often did doctors listen carefully to you?	5. During this hospital stay, how often did doctors listen carefully to you?
7. During this hospital stay, how often did doctors explain things in a way you could understand?	6. During this hospital stay, how often did doctors explain things in a way you could understand?
8. During this hospital stay, how often were your room and bathroom kept clean?	7. During this hospital stay, how often were your room and bathroom kept clean?
9. During this hospital stay, how often was the area around your room quiet at night?	9. During this hospital stay, how often was the area around your room quiet at night?
N/A (not on current HCAHPS Survey)	8. During this hospital stay, how often were you able to get the rest you needed?
N/A (not on current HCAHPS Survey)	10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?
N/A (not on current HCAHPS Survey)	11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?
10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?	12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

HCAHPS CROSSWALK OF CURRENT SURVEY QUESTIONS TO UPDATED SURVEY QUESTIONS.

Current HCAHPS Survey Question	Updated HCAHPS Survey Question
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
N/A (not on current HCAHPS Survey)	14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?
12. During this hospital stay, were you given any medicine that you had not taken before?	15. During this hospital stay, were you given any medicine that you had not taken before?
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
N/A (not on current HCAHPS Survey)	18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?
N/A (not on current HCAHPS Survey)	19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?
N/A (not on current HCAHPS Survey)	20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?
15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?	21. When ~~After~~ you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	22. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after ~~when~~ you left the hospital?
17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

HCAHPS CROSSWALK OF CURRENT SURVEY QUESTIONS TO UPDATED SURVEY QUESTIONS.

Current HCAHPS Survey Question	Updated HCAHPS Survey Question
18. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
19. Would you recommend this hospital to your friends and family?	25. Would you recommend this hospital to your friends and family?
20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	*N/A (removed from Updated HCAHPS Survey)*
21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	*N/A (removed from Updated HCAHPS Survey)*
22. When I left the hospital, I clearly understood the purpose for taking each of my medications.	*N/A (removed from Updated HCAHPS Survey)*
23. During this hospital stay, were you admitted to this hospital through the Emergency Room?	*N/A (removed from Updated HCAHPS Survey)*
N/A (not on current HCAHPS Survey)	26. Was this hospital stay planned in advance?
24. In general, how would you rate your overall health?	27. In general, how would you rate your overall health?
25. In general, how would you rate your overall mental or emotional health?	28. In general, how would you rate your overall mental or emotional health?
26. What is the highest grade or level of school that you have completed?	30. What is the highest grade or level of school that you have completed?
27. Are you of Spanish, Hispanic or Latino origin or descent?	31. Are you of Spanish, Hispanic or Latino origin ~~or descent~~?
28. What is your race? Please choose one or more.	32. What is your race? Please choose one or more.
29. What language do you mainly speak at home?	29. What language do you mainly speak at home?

Pending final approval of the proposed HCAHPS Survey changes included in the FY 2025 proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals rule (CMS-1808-P).