

## Appendix D

### 2016 Hospital Quality Reporting Recommendations (MNCM format)

#### Existing Measures

CMS Measures	Dates of Service	Data Elements
<p>Acute myocardial infarction (AMI) / heart attack process of care measures for applicable hospital discharge dates*</p> <ul style="list-style-type: none"> <li>Fibrinolytic therapy received within 30 minutes of hospital arrival (AMI-7a) (NQF 0164)</li> </ul> <p><i>PPS hospitals only</i></p>	<p>Discharge dates            January 1, 2014 –            December 31, 2014</p>	<p>Hospitals must submit data for each of the hospital compare acute myocardial infarction (AMI) / heart attack process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>Calculated rate</li> </ul>
<p>All prevention global immunization process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> <li>Influenza immunization-overall rate (Prev-Imm-2) (NQF 1659)</li> </ul>	<p>VBP - Discharge dates            January 1, 2014 –            December 31, 2014</p> <p>MBQIP - Discharge dates            Third Quarter 2015 (July – September 30) through            Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the inpatient prevention global immunization quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>Numerator: Number of patients meeting the targets in the quality measure</li> <li>Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>Early elective deliveries - Early elective delivery prior to 39 completed weeks of gestation (PC-1) process of care measure for applicable hospital discharge dates (NQF 0469)</p> <p><i>CAH only</i></p>	<p>MBQIP - Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the early elective delivery process of care quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the measure</li> <li>• Numerator: Number of patients with elective deliveries</li> <li>• Calculated rate</li> </ul>
<p>Outpatient acute myocardial infarction (AMI) and chest pain Measures.</p> <p>The hospital outpatient process of care measures include the following measures related to acute myocardial infarctions (AMI) and chest pain emergency department care:</p> <ul style="list-style-type: none"> <li>• Fibrinolytic therapy received within 30 minutes of emergency department (ED) arrival (OP-2) (NQF 0288)</li> <li>• Median time to transfer to another facility for acute coronary intervention (OP-3) (NQF 0290)</li> <li>• Aspirin at arrival (OP-4) (NQF 0286)</li> <li>• Median time to ECG (OP-5) (NQF 0298)</li> </ul> <p><i>CAH only</i></p>	<p>MBQIP - Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the outpatient acute myocardial infarction (AMI) and chest pain quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

<p>All mortality outcome of care measures for applicable hospital discharge dates (NQF 0164)</p> <ul style="list-style-type: none"> <li>• Acute myocardial infarction (AMI) 30-day mortality rate (MORT- 30-AMI) (NQF 0230)</li> <li>• Heart failure (HF) 30-day mortality rate (MORT-30-HF) (NQF 0239)</li> <li>• Mortality pneumonia (PN) 30-day mortality rate(MORT-30-PN) (NQF 0468)</li> </ul> <p><i>PPS hospitals only</i></p>	<p>VBP - Discharge dates          October 1, 2012 – June 30, 2014</p>	<p>CMS calculates using claims data. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>
<p>Patient experience – This measure is used to assess patients’ perception of their hospital care using a national survey called the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). (NQF 0166)          (This measure is not required for hospitals with less than 500 admissions in the previous calendar year.)</p>	<p>VBP – January 1, 2014 – December 1, 2014</p> <p>MBQIP –          Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Consumer assessment of healthcare providers and systems hospital (HCAHPS) survey</p>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

AHRQ Measures	Dates of Service	Data Elements
<p>Patient safety for selected indicators composite measure. (PSI-90) (NQF 0531)</p> <p>This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> <li>• Pressure ulcer (PSI 3)</li> <li>• Iatrogenic pneumothorax (PSI 6)</li> <li>• Selected infections due to medical care (PSI 7)</li> <li>• Postoperative hip fracture (PSI 8)</li> <li>• Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) (PSI 12)</li> <li>• Postoperative sepsis (PSI 13)</li> <li>• Postoperative wound dehiscence (PSI 14)</li> <li>• Accidental puncture or laceration (PSI 15)</li> </ul> <p><i>PPS hospitals only</i></p>	<p>VBP - Discharge dates October 15, 2012-June 30, 2014</p> <p>HAC – July 1, 2012-June 30, 2014</p>	<p>Hospitals must submit data for the patient safety for selected indicators composite measure and for each of the patient safety for selected indicators composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

Other Measures	Dates of Service	Data Elements
<p>Health Information Technology (HIT)</p> <p>This survey is used to assess a hospital’s adoption and use of Health Information Technology (HIT) in its clinical practice.</p> <p>Specification Information:            2015 AHA Annual Survey Information Technology Supplement, Health Forum, L.L.C. with MN-Specific Additional Questions.</p>	<p><b>2015</b></p>	<p><b>Survey</b></p>
<p>All ED throughput process of care measures for applicable hospital discharge dates</p> <p>ED Measure: Transfer Communication</p> <ul style="list-style-type: none"> <li>• Administrative communication (NQF 0291)</li> <li>• Vital signs (NQF 0292)</li> <li>• Medication information(NQF 0293)</li> <li>• Patient information(NQF 0294)</li> <li>• Physician information(NQF 0295)</li> <li>• Nursing information(NQF 0296)</li> <li>• Procedures and tests(NQF 0297)</li> <li>• All or none composite</li> </ul> <p><i>Specification Information:</i>            Transfer Communication Measure Specifications, University of Minnesota Rural Health Research Center.  <i>CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the transfer communication quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

**Measures to be added**

CMS Measures	Dates of Service	Data Elements
<p>Pneumonia (PN) process of care measures for applicable hospital discharge dates            Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients (PN-6) (NQF 0147)</p> <p><i>PPS hospitals only</i></p>	<p>Discharge dates January 1, 2014 – December 31, 2014</p>	<p>Hospitals must submit data for each of the hospital compare pneumonia process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the target in the quality measures</li> </ul> <p><i>Calculated rate</i></p>
<p>All surgical care improvement project (SCIP) process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> <li>• Prophylactic antibiotic selection for surgical patients (SCIP-Inf-2a) (NQF0528)</li> <li>• Prophylactic antibiotics discontinued within 24 hours after surgery end time * (SCIP-Inf-3a) (NQF 0529)</li> <li>• Urinary catheter removed on postoperative day 1 or postoperative day 2 with day surgery being day zero (SCIP-Inf-9) (NQF0453)</li> <li>• Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period (SCIP- Card-2) (NQF 0284)</li> <li>• Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2) (NQF0218)</li> </ul> <p><i>PPS hospitals only</i></p>	<p>Discharge dates January 1, 2014 – December 31, 2014</p>	<p>Hospitals must submit data for each of the hospital compare surgical care improvement project (SCIP) process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> </ul> <p><i>Calculated rate</i></p>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>VTE-1 Venous Thromboembolism prophylaxis (NQF 0371)</p> <p><i>Added to CAH only</i></p>	<p>MBQIP - Discharge dates First Quarter 2015 (January – March 31) through Second Quarter 2015 (April – June 30)</p>	<p>Hospitals must submit data for inpatient measure. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measure.</li> <li>• Numerator: Number of patients meeting the targets in the quality measure</li> <li>• Calculated rate.</li> </ul>
<p>Median time from ED arrival to ED departure for admitted ED patients (ED-1a) (NQF 0495)</p> <p>Median time from admit decision time to ED departure time for admitted patients (ED-2a) (NQF 0497)</p> <p><i>Changed from voluntary to required for CAH only</i></p>	<p>MBQIP - Discharge dates First Quarter 2015 (January – March 31) through Second Quarter 2015 (April – June 30)</p>	<p>Hospitals must submit data for each of the emergency room throughput quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Number of minutes for defined steps in patient flow</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>Central line-associated bloodstream infection (CLABSI) event</p> <p>This measure is used to assess the infection rate of patients with a central line- associated bloodstream infection (CLABSI) event by inpatient hospital unit. (NQF 0139)</p> <p><i>Specification Information:</i>            Central Line-Associated Bloodstream Infection (CLABSI) Event            Specifications: Center for Disease Control and Prevention</p> <p><i>Added to PPS hospitals only</i></p>	<p>VBP Discharge dates            February 1, 2014 –            December 31, 2014</p> <p>HAC Discharge dates            January 1, 2013 –            December 31, 2014</p>	<p>Hospitals with intensive care unit must submit data for the central line-associated bloodstream infection (CLABSI) event            This data includes the following information for each intensive care unit:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of expected events</li> <li>• Numerator: Number of observed events</li> <li>• Calculated rate.</li> </ul>
<p>Catheter associated Urinary Tract Infection (CAUTI) event</p> <p>This measure is used to assess the infection rate of patients with a Catheter associated Urinary Tract Infection (CAUTI) event by inpatient hospital unit. (NQF 0138)</p> <p><i>Specification Information:</i>            Catheter associated Urinary Tract Infection (CAUTI) Event            Specifications: Center for Disease Control and Prevention</p> <p><i>Added to PPS hospitals only</i></p>	<p>VBP Discharge dates            February 1, 2014 –            December 31, 2014</p> <p>HAC Discharge dates            January 1, 2013 –            December 31, 2014</p>	<p>Hospitals with I intensive care unit (must submit data for the Catheter associated Urinary Tract Infection (CAUTI) event by intensive care unit. This data includes the following information for each intensive care unit:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of expected events</li> <li>• Numerator: Number of observed events</li> <li>• Calculated rate.</li> </ul>



Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>Catheter associated Urinary Tract Infection (CAUTI) event</p> <p>This measure is used to assess the infection rate of patients with a Catheter associated Urinary Tract Infection (CAUTI) event by inpatient hospital unit.</p> <p><i>Specification Information:</i>            Catheter associated Urinary Tract Infection (CAUTI) Event            Specifications: Center for Disease Control and Prevention</p> <p><i>Added to CAH only</i></p>	<p>Discharge dates First Quarter 2015 (January – March 31) through Second Quarter 2015 (April – June 30)</p>	<p>Hospitals must submit data for Catheter associated Urinary Tract Infection (CAUTI) event. This data includes the following information for each unit:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patient days.</li> <li>• Numerator: Number of events definition for a CAUTI</li> <li>• Calculated rate.</li> </ul>
<p>Surgical Site infections (SSI) event following colon surgery</p> <p>This measure is used to assess the infection rate of patients with a Surgical Site infections (SSI) event following colon surgery (NQF 0753)</p> <p><i>Specification Information:</i>            Surgical Site infections (SSI) event following colon surgery            Specifications: Center for Disease Control and Prevention</p> <p><i>Added for PPS hospitals only</i></p>	<p>VBP Discharge dates February 1, 2014 – December 31, 2014</p> <p>HAC Discharge dates January 1, 2013 – December 31, 2014</p>	<p>Hospitals performing colon surgery must submit data Surgical Site infections (SSI) event. This data includes the following information :</p> <ul style="list-style-type: none"> <li>• Denominator: Number of expected events</li> <li>• Numerator: Number of observed events</li> <li>• Calculated rate.</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>Surgical Site infections (SSI) event following abdominal hysterectomy surgery</p> <p>This measure is used to assess the infection rate of patients with a Surgical Site infections (SSI) event following abdominal hysterectomy surgery (NQF 0753)</p> <p><i>Specification Information:</i>            Surgical Site infections (SSI) event following abdominal hysterectomy surgery            Specifications: Center for Disease Control and Prevention</p> <p><i>Added for PPS hospitals only</i></p>	<p>VBP Discharge dates            February 1, 2014 –            December 31, 2014</p>	<p>Hospitals performing abdominal hysterectomies must submit data Surgical Site infections (SSI) event. This data includes the following information :</p> <ul style="list-style-type: none"> <li>• Denominator: Number of expected events</li> <li>• Numerator: Number of observed events</li> <li>• Calculated rate.</li> </ul>
<p>Healthcare personnel influenza immunization</p> <p>This measure is used to assess the influenza immunization rate of healthcare workers (NQF 0431)</p> <p><i>Specification Information:</i>            Healthcare Personnel Specifications: Center for Disease Control and Prevention</p> <p><i>Added for CAH only</i></p>	<p>Discharge dates Third Quarter 2014 (July – September 30) through Second Quarter 2015 (April – June 30)</p>	<p>Percentage of healthcare personnel (HCP) who receive the influenza vaccination.</p> <ul style="list-style-type: none"> <li>• Denominator: Number of healthcare personnel meeting the criteria for inclusion in the quality measure.</li> <li>• Numerator: Number of healthcare worker meeting the targets in the quality measure</li> <li>• Calculated rate.</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>Outpatient acute myocardial infarction (AMI) and chest pain Measures.            The hospital outpatient process of care measures include the following measures related to acute myocardial infarctions (AMI) and chest pain emergency department care:</p> <ul style="list-style-type: none"> <li>• Median time to fibrinolysis (OP-1) (NQF 0287)</li> </ul> <p><i>Added to CAH only</i></p>	<p>Discharge dates Third Quarter 2014 (July – September 30) through Second Quarter 2015 (April – June 30)</p>	<p>Hospitals must submit data for each of the outpatient acute myocardial infarction (AMI) and chest pain quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>
<p>OP-18 Median time from ED arrival to ED departure for discharged ED patients (NQF 0496)</p> <p><i>Added to CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for ED throughput quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
OP-20 Door to diagnostic evaluation by a qualified medical professional (NQF 0498)  <i>Added to CAH only</i>	Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)	Hospitals must submit data for each of the ED throughput measures. This data includes the following information: <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>
OP-21 ED-median time to pain management for long bone fracture (NQF 0662)  <i>Added to CAH only</i>	Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)	Hospitals must submit data for each of the ED throughput measures. This data includes the following information: <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>
OP-22 ED-patient left without being seen (numerator/denominator one time per year for the previous year) (NQF 0499)  <i>Added to CAH only</i>	Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)	Hospitals must submit data for each of the ED throughput measures. This data includes the following information: <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>OP-23 ED-head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival.            (NQF 0661)</p> <p><i>Added to CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the ED throughput measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of patients meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>
<p>OP-25 Safe surgery checklist</p> <p><i>Added to CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the safe surgery checklist structural measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Attestation that CAH are using safe surgery checklist for all procedures.</li> </ul>
<p>OP-27 Influenza Vaccination Coverage among Healthcare Personal (combined with HCP)            (NQF 0431)</p> <p><i>Added to CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the combined HCP/OP-27 measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of healthcare personnel meeting the criteria for inclusion in the quality measures</li> <li>• Numerator: Number of healthcare personnel meeting the targets in the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
Medicare Spending per Beneficiary outcome measure for applicable hospital discharge dates (NQF 2158)  <i>Added to PPS hospitals only</i>	Discharge dates January 1, 2013 – December 31, 2014	Hospitals must submit data for each of the Medicare spending per beneficiary measure. This data includes the following information: <ul style="list-style-type: none"> <li>• Calculated ratio</li> </ul>
30 Day Readmissions <ul style="list-style-type: none"> <li>• READM-30 Acute Myocardial Infarction (AMI) <i>PPS hospitals only</i> (NQF 0505)</li> <li>• READM-30 Heart Failure (HF) <i>PPS hospitals and CAH</i> (NQF 0330)</li> <li>• READM-30 Pneumonia (PN) <i>PPS hospitals and CAH</i> (NQF 0506)</li> <li>• READM-30 Total Hip (THA) /Total Knee Arthroplasty (TKA) <i>PPS hospitals only</i> (NQF 1551)</li> <li>• READM-30 Chronic Obstructive Pulmonary Disease (COPD) <i>PPS hospitals and CAH</i> (NQF 1891)</li> </ul>	July 1, 2011 – June 30, 2014	Hospitals must submit data for each of the readmissions: <ul style="list-style-type: none"> <li>• Risk standardized readmission rate (RSRR)</li> </ul>
Stage 3 meaningful use Advance Directives measure <i>More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.</i>	2014 dates of service	Hospitals must attest to meeting or not meeting measure on annual HIT survey

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
Value- based purchasing Total Performance Score  <i>PPS hospitals only</i>	FY2016 results	Hospitals must submit data for the fiscal year: <ul style="list-style-type: none"> <li>• Total performance score</li> <li>• Unweighted and weighted domain score for clinical process of care, patient experience of care, outcome and efficiency</li> <li>• Measure scores</li> </ul>
Readmissions Reduction Program Composite Score  Number of 30 readmission measures with excess readmissions  <i>PPS hospitals only</i>	FY2016 results	Hospitals must submit data for the fiscal year: <ul style="list-style-type: none"> <li>• Readmission Reduction Score</li> <li>• Excess readmissions for AMI</li> <li>• Excess readmissions for Heart Failure</li> <li>• Excess readmissions for Pneumonia</li> <li>• Excess readmission for total knee/total hip arthroplasty</li> <li>• Excess readmission for Chronic Obstructive Pulmonary Disease</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
Hospital Acquired Conditions Program Score  <i>PPS hospitals only</i>	FY2016 results	Hospitals must submit data for the fiscal year: <ul style="list-style-type: none"> <li>• Total HAC score</li> <li>• Domain 1 score</li> <li>• Domain 2 score</li> <li>• Measure scores</li> </ul>



Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

**Measures to be Removed**

CMS Measures	Dates of Service	Data Elements
<p>Acute myocardial infarction (AMI) / heart attack process of care measures for applicable hospital discharge dates*</p> <ul style="list-style-type: none"> <li>Fibrinolytic therapy received within 30 minutes of hospital arrival (AMI-7a) (NQF 0164)</li> </ul> <p><i>Discontinued voluntary reporting for CAH hospitals</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the hospital compare acute myocardial infarction (AMI) / heart attack process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>Calculated rate</li> </ul>
<p>Median time from ED arrival to ED departure for admitted ED patients (ED-1a) (NQF 0164)</p> <p>Median time from admit decision time to ED departure time for admitted patients (ED-2a) (NQF 0497)</p> <p><i>Discontinue reporting for PPS Hospitals</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the emergency room throughput quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>Number of minutes for defined steps in patient flow</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

CMS Measures	Dates of Service	Data Elements
<p>Outpatient acute myocardial infarction (AMI) and chest pain Measures.            The hospital outpatient process of care measures include the following measures related to acute myocardial infarctions (AMI) and chest pain emergency department care:</p> <ul style="list-style-type: none"> <li>• Fibrinolytic therapy received within 30 minutes of emergency department (ED) arrival (OP-2) (NQF 0288)</li> <li>• Median time to transfer to another facility for acute coronary intervention (OP-3) (NQF 0290)</li> <li>• Aspirin at arrival (OP-4) (NQF 0286)</li> <li>• Median time to ECG (OP-5) (NQF 0298)</li> </ul> <p><i>Discontinued reporting for PPS hospitals</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for each of the outpatient acute myocardial infarction (AMI) and chest pain quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>
<p>All mortality outcome of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> <li>• Acute myocardial infarction (AMI) 30-day mortality rate (MORT- 30-AMI) (NQF 0230)</li> <li>• Heart failure (HF) 30-day mortality rate (MORT-30-HF) (NQF 0239)</li> <li>• Mortality pneumonia (PN) 30-day mortality rate(MORT-30-PN) (NQF 0468)</li> </ul> <p><i>Discontinue reporting for CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>CMS calculates using claims data. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

AHRQ measures		
<p>Mortality for selected conditions composite measure. (IQI-91) (NQF 0530)</p> <p>This composite measure includes the Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQI) related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> <li>• Acute myocardial infarction (AMI) mortality rate (IQI 15)</li> <li>• Congestive heart failure (CHF) mortality rate (IQI 16)</li> <li>• Acute stroke mortality rate (IQI 17)</li> <li>• GI Hemorrhage mortality rate (IQI 18)</li> <li>• Hip fracture mortality rate (IQI 19)</li> <li>• Pneumonia mortality rate (IQI 20)</li> </ul> <p><i>Discontinue reporting for PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the mortality for selected conditions composite measure and for each of the mortality for selected conditions composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>
<p>Death among surgical inpatients with serious treatable complications (PSI 4) (NQF 0351) – This measure is used to assess the number of deaths per 1,000 patients having developed specified complications of care during hospitalization.</p> <p><i>Discontinue reporting for PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the death among surgical inpatients with serious treatable complications (PSI 4) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measure</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measure</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

AHRQ measures		
<p>Obstetric trauma – vaginal delivery with instrument (PSI 18) – This measure is used to assess the number of cases of obstetric trauma (3rd or 4th degree lacerations) per 1,000 instrument-assisted vaginal deliveries.</p> <p><i>Discontinue reporting for PPS hospitals and CAH</i></p>	<p>Discharge Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the obstetric trauma – vaginal delivery with instrument (PSI 18) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measure</li> <li>• Numerator: Number of patients meeting the targets in the quality measure</li> <li>• Calculated rate</li> </ul>
<p>Obstetric trauma – vaginal delivery without instrument (PSI 19) – This measure is used to assess the number of cases of obstetric trauma (3rd or 4th degree lacerations) per 1,000 without instrument assistance.</p> <p><i>Discontinue reporting for PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the obstetric trauma – vaginal delivery without instrument (PSI 19) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measure</li> <li>• Numerator: Number of patients meeting the targets in the quality measure</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

AHRQ measures		
<p>Patient safety for selected indicators composite measure. (PSI-90) (NQF 0531)</p> <p>This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> <li>• Pressure ulcer (PSI 3)</li> <li>• Iatrogenic pneumothorax (PSI 6)</li> <li>• Selected infections due to medical care (PSI 7)</li> <li>• Postoperative hip fracture (PSI 8)</li> <li>• Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) (PSI 12)</li> <li>• Postoperative sepsis (PSI 13)</li> <li>• Postoperative wound dehiscence (PSI 14)</li> <li>• Accidental puncture or laceration (PSI 15)</li> </ul> <p><i>Discontinue reporting for CAH only</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the patient safety for selected indicators composite measure and for each of the patient safety for selected indicators composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>
<p>Pediatric Heart Surgery Mortality Rate measure (PDI 6)</p> <p>This measures the number of in-hospital deaths in pediatric patients undergoing surgery for congenital heart disease</p> <p><i>Discontinue reporting for Children’s, PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> <li>• Denominator: Pediatric patients undergoing surgery for congenital heart disease</li> <li>• Numerator: Number of in-hospital deaths in pediatric patients undergoing surgery for congenital heart disease</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

AHRQ measures		
<p>Pediatric Heart Surgery Volume measure (PDI 7)            This measures the number of in-hospital congenital heart surgeries for pediatric patients.</p> <p><i>Discontinue reporting for Children’s, PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:            Volume: Pediatric patients undergoing surgery for congenital heart disease</p>
<p>Pediatric patient safety for selected indicators composite measure. (PDI-19)</p> <p>This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> <li>• Accidental puncture or laceration (PDI 1)</li> <li>• Pressure ulcer (PDI 2)</li> <li>• Iatrogenic pneumothorax (PDI 5)</li> <li>• Postoperative hemorrhage or hematoma (PDI 8)</li> <li>• Postoperative respiratory failure (PDI 9)</li> <li>• Postoperative sepsis (PDI 10)</li> <li>• Postoperative wound dehiscence (PDI 11)</li> <li>• Selected infections due to medical care (PDI 12)</li> </ul> <p><i>Discontinue reporting for Children’s, PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for the pediatric patient safety for selected indicators composite measure and for each of the pediatric patient safety for selected indicators composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures</li> <li>• Numerator: Number of patients meeting the targets in each of the quality measures</li> <li>• Calculated rate</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

Other measures		
<p>Late Sepsis or Meningitis in Neonates (Vermont Oxford Network)            Measures the infection rate for inborn and outborn infants meeting certain age and weight requirements.</p> <p><i>Specification Information:</i>            Late Sepsis or Meningitis in Very Low Birth Weight Neonates            Specifications: Vermont Oxford Network.</p> <p><i>Discontinue reporting for Children’s, PPS hospitals</i></p>	<p>2015 dates of service</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> <li>• Denominator: inborn and outborn infants meeting criteria (see full specifications)</li> <li>• Numerator: Infection criteria (see full specifications)</li> <li>• Calculated rate.</li> </ul>
<p>Central line-associated bloodstream infection (CLABSI) event</p> <p>This measure is used to assess the infection rate of patients with a central line- associated bloodstream infection (CLABSI) event by inpatient hospital unit.</p> <p><i>Specification Information:</i>            Central Line-Associated Bloodstream Infection (CLABSI) Event            Specifications: Center for Disease Control and Prevention</p> <p><i>Discontinued for Children’s and PPS hospitals</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016(April – June 30)</p>	<p>Hospitals with neonatal intensive care unit (NICU) and/or a pediatric intensive care unit (PICU) must submit data for the central line-associated bloodstream infection (CLABSI) event by neonatal and pediatric intensive care units. This data includes the following information for each intensive care unit:</p> <ul style="list-style-type: none"> <li>• Denominator: Number of patients meeting the criteria for inclusion in the quality measure.</li> <li>• Numerator: Number of patients meeting the targets in the quality measure</li> <li>• Calculated rate.</li> </ul>

Minnesota Statewide Quality Reporting and Measurement System  
 FINAL Slate of Proposed Measures for Hospitals  
 2016 Report Year

Other measures		
<p>All ED/ inpatient stroke registry process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> <li>• Door-to-imaging performed time</li> <li>• Door-to-needle time to intravenous thrombolytic therapy</li> </ul> <p>Specification Information:            Emergency Department Stroke Registry Process of Care Indicator Specifications. Minnesota Stroke Registry.</p> <p><i>Discontinue reporting for PPS hospitals and CAH</i></p>	<p>Discharge dates Third Quarter 2015 (July – September 30) through Second Quarter 2016 (April – June 30)</p>	<p>Hospitals must submit data for patients discharge from the emergency department or inpatient with diagnosis of ischemic stroke, subarachnoid hemorrhage, intracerebral hemorrhage, ill-defined stroke (MN Stroke Registry specifications). This data includes the following information:</p> <ul style="list-style-type: none"> <li>• Number of minutes for defined steps in patient flow.</li> </ul>



## **Submission Deadlines for Hospitals**

### **Data Submission for Centers for Quality Measures for CAH**

#### **Discharge Dates; Data Submission Deadline**

Third Quarter, 2015: July 1 – September 30; February 15, 2016  
Fourth Quarter, 2015: October 1 – December 31; May 15, 2016  
First Quarter, 2016: January 1 – March 31; August 15, 2016  
Second Quarter, 2016: April 1 – June 30; November 15, 2016

#### **Outpatient Quality Measures**

Discharge Dates Data Submission Deadline  
Third Quarter, 2015: July 1 – September 30; February 1, 2016  
Fourth Quarter, 2015: October 1 – December 31; May 1, 2016  
First Quarter, 2016: January 1 – March 31; August 1, 2016  
Second Quarter, 2016: April 1 – June 30; November 1, 2016

### **Data Submission for the Centers for Disease Control and Prevention (CDC) / National Healthcare Safety Network (NHSN)-Based Healthcare-Associated Infection (HAI) Measures**

Event Dates; Data Submission Deadline  
Third Quarter, 2015: July 1 – January 31, 2016  
Fourth Quarter, 2015: October 1 – December 31; May 15, 2016  
First Quarter, 2016: January 1 – March 31; August 15, 2016  
Second Quarter, 2016: April 1 – June 30; November 15, 2016

#### **ED Transfer Communication**

Fourth Quarter, 2015: January 31, 2016  
First Quarter, 2016: April 20, 2016  
Second Quarter, 2016: July 31, 2016  
Third Quarter, 2016: October 31, 2016

### **Data Submission for Centers for Quality Measures for PPS**

CMS Incentive programs and accompanying measures

**January 31, 2016**