

**MHCC's Maryland Hospital Performance Evaluation System: Inpatient Performance Measures  
HSCRC Quality Based Reimbursement (QBR) Measures Highlighted in Green (02/27/2014)**

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR	Public Reporting		Reporting for CMS VBP
					HPEG§	Hospital Compare	
<b>Inpatient Clinical Process of Care Measures</b>							
<b>Acute Myocardial Infarction (AMI)</b>	<b>AMI-1</b>	Percent of Heart Attack Patients Given Aspirin at Arrival	2005		✓	Suspended 1Q2012	
	<b>AMI-2</b>	Percent of Heart Attack Patients Given Aspirin at Discharge	Removed 1Q2014			Removed 1Q2014	
	<b>AMI-3</b>	Percent of Heart Attack Patients Given ACE Inhibitor (ACE-I) or Angiotensin Receptor Blocker (ARBs) for Left Ventricular Systolic Dysfunction	2005			Suspended 1Q2012	
	<b>AMI-4</b>	Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling	Retired 1Q2012			Retired 1Q2012	
	<b>AMI-5</b>	Percent of Heart Attack Patients Given Beta Blocker at Discharge	2005		✓	Suspended 1Q2012	
	<b>AMI-6</b>	Percent of Heart Attack Patients Given Beta Blocker at Arrival	Retired 2Q2009		No	Retired 2Q2009	
	<b>AMI-7a</b>	Percent of Heart Attack Patients Given Fibrinolytic Medication within 30 Minutes of Arrival	No	✓	No	✓	✓ FY2013
	<b>AMI-8a</b>	Percent of Heart Attack Patients Given PCI within 90 Minutes of Arrival	1Q2010		1Q2011	✓	✓ FY2013
	<b>AMI-10</b>	Statin Prescribed at Discharge	Removed 1Q2014			Removed 1Q2014	
<b>Heart Failure (HF)</b>	<b>HF-1</b>	Percent of Heart Failure Patients Given Discharge Instructions	Removed 1Q2014			Removed 1Q2014	✓
	<b>HF-2</b>	Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	2003		✓	✓	
	<b>HF-3</b>	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Removed 1Q2014			Removed 1Q2014	
	<b>HF-4</b>	Percent of Heart Failure Patients Given Smoking Cessation Advice/Counseling	Retired 1Q2012			Retired 1Q2012	
<b>Pneumonia (PN)</b>	<b>PN-1</b>	Percent of Pneumonia Patients Given Oxygenation Assessment	2003		Retired 1Q2009	Retired 1Q2009	
	<b>PN-2</b>	Percent of Pneumonia Patients Assessed and Given Pneumococcal Vaccination	Retired 1Q2012		N/A	✓	
	<b>PN-3a</b>	Blood Cultures Performed Within 24 Hours After Hospital Arrival for Patients who were Transferred or Admitted to the ICU within 24 Hours of Hospital Arrival	N/A		N/A	N/A	

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	<b>PN-3b</b>	Percent of Pneumonia Patients Whose Initial Emergency Room Blood Culture was Performed Prior to the Administration of the First Hospital Dose of Antibiotics	Removed 1Q2014			Removed 1Q2014	✓
	<b>PN-4</b>	Percent of Pneumonia Patients Given Smoking Cessation Advice/Counseling	Retired 1Q2012			Retired 1Q2012	
	<b>PN-5</b>	Antibiotic Timing (Median)	N/A		N/A	N/A	
	<b>PN-5b</b>	Initial Antibiotic Received within 4 hours of Hospital Arrival	2003		Retired 1Q2009	Retired 1Q2009	
	<b>PN-5c</b>	Percent of Pneumonia Patients Given Initial Antibiotic(s) within 6 hours After Arrival	Retired 1Q2012			Retired 1Q2012	
	<b>PN-6</b>	Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	2003	✓	✓	✓	✓ FY2013
	<b>PN-7</b>	Percent of Pneumonia Patients Assessed and Given Influenza Vaccination (Report by Flu Season ONLY)	Retired 1Q2012		N/A		
<b>Surgical Care Improvement Project (SCIP)</b>	<b>SCIP-Inf-1</b>	Percent of Surgery Patients who Received Preventive Antibiotic(s) 1 hour Before Incision	2007 Expanded 1Q2009		✓	✓	✓ FY2013
	<b>SCIP-Inf-2</b>	Percent of Surgery Patients who Received Prophylactic Antibiotic Selection for Surgical Patients	2007 Expanded 1Q2009	✓	✓	✓	✓ FY2013
	<b>SCIP-Inf-3</b>	Percent of Surgery Patients whose Preventative Antibiotic(s) are Discontinued within 24 Hours After Surgery	2007 Expanded 1Q2009	✓	✓	✓	✓ FY2013
	<b>SCIP-Inf-4</b>	Cardiac Surgery w/Controlled 6 a.m. Postoperative Blood Glucose	1Q2009		✓	✓	✓ FY2013
	<b>SCIP-Inf-6</b>	Surgery Patients w/Appropriate Hair Removal	1Q2009			Suspended 1Q2012	
	<b>SCIP-Inf 9</b>	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with the Day of Surgery Being 0	3Q2011	✓	✓ 2012	✓	✓ FY2014
	<b>SCIP-Inf 10</b>	Surgery Patients with Perioperative Temperature Management	Removed 1Q2014			Removed 1Q2014	
	<b>SCIP-Card-2</b>	Surgery Patients on Beta-Blocker Therapy Prior to Admission who Received a Beta-Blocker During the Perioperative Period	1Q2009	✓	✓	✓	✓ FY2014
	<b>SCIP-VTE-1</b>	Percent of Surgery Patients whose Doctors Ordered Treatments to Prevent Blood Clots (Venous Thromboembolism) for Certain Types of Surgeries	N/A			Retired 1Q2013	
	<b>SCIP-VTE-2</b>	Percent of Surgery Patients who Received Treatment to Prevent Blood Clots within 24 Hours Before or After Selected Surgeries to Prevent Blood Clots	1Q2009	✓	✓	✓	✓ FY2013

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					HPEG§	Hospital Compare		
Children's Asthma Care (CAC)	CAC-1	Relievers for Inpatient Asthma	Removed 1Q2014		✓	✓		
	CAC-2	Systemic Corticosteroids for Inpatient Asthma	Removed 1Q2014		✓	✓		
	CAC-3	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Removed 1Q2014		✓	✓		
Venous Thromboem-bolism (VTE)	VTE-1	Venous Thromboembolism Prophylaxis	1Q2013		4Q2013	✓		
	VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	1Q2013		4Q2013	✓		
	VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	1Q2013		4Q2013	✓		
	VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol	1Q2013		4Q2013	✓		
	VTE-5	Venous Thromboembolism Discharge Instructions	1Q2013		4Q2013	✓		
	VTE-6	Incidence of Potentially-Preventable Venous Thromboembolism	1Q2013		4Q2013	✓		
AHA/ASA GWGTG-Stroke	STK-1	Venous Thromboembolism (VTE) Prophylaxis	1Q2013		4Q2013	✓		
	STK-2	Discharged on Antithrombotic Therapy	1Q2013		4Q2013	✓		
	STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	1Q2013		4Q2013	✓		
	STK-4	Thrombolytic Therapy	1Q2013		4Q2013	✓		
	STK-5	Antithrombotic Therapy By End of Hospital Day 2	1Q2013		4Q2013	✓		
	STK-6	Discharged on Statin Medication	1Q2013		4Q2013	✓		
	STK-8	Stroke Education	1Q2013		4Q2013	✓		
	STK-10	Assessed for Rehabilitation	1Q2013		4Q2013	✓		
	Emergency Department (ED)	ED-1	<u>Median Time from ED Arrival to ED Departure for Admitted ED Patients</u>					
			ED-1a: Overall Rate					
ED-1b: Reporting Measure †			1Q2012		4Q2012	✓		
ED-1c: Observation Patients								
ED-1d: Psychiatric/Mental Health Patients								

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					HPEG§	Hospital Compare	
	ED-2	<u>Admit Decision Time to ED Departure Time for Admitted Patients</u>					
		ED-2a: Overall Rate					
		ED-2b: Reporting Measure †	1Q2012		4Q2012	✓	
		ED-2c: Psychiatric/Mental Health Patients					
Global Immunization Measures (IMM)	PREV-Imm-1	<u>Immunization for Pneumonia</u>					
		IMM-1a: Overall Rate †	Suspended 1Q2014		4Q2012	Suspended 1Q2014	
		IMM-1b: Age 65 and Older					
		IMM-1c: High Risk Populations (Age 6 through 64 years)					
	PREV-Imm-2	Immunization for Influenza	1Q2012	✓	4Q2012	2012	✓ FY2016

**Patient Experience Measures**

Hospital-Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)	HCAHPS	Communication with Nurses	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013
	HCAHPS	Communication with Doctors	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013
	HCAHPS	Responsiveness of Hospital Staff	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013
	HCAHPS	Pain Management	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013
	HCAHPS	Communication about Medicines	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013
	HCAHPS	Cleanliness of Hospital Environment	1Q2009	✓(Average of Cleanliness/ Quietness Measures)	✓(By Service-Line)	✓ (All Services)	✓ FY2013 (Average of Cleanliness/ Quietness Measures)
	HCAHPS	Quietness of Hospital Environment	1Q2009		✓(By Service-Line)	✓ (All Services)	
	HCAHPS	Discharge Information	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013
	HCAHPS	Overall Hospital Rating	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	✓ FY2013

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	HCAHPS	Recommend the Hospital to Family and Friends	1Q2009	✓	✓(By Service-Line)	✓ (All Services)	
	HCAHPS	Care Transition	1Q2013		TBD	Oct-14	

**Healthcare Associated Infections (HAI)**

MHCC	MHCC	Active Surveillance Testing for MRSA Survey	Retired 3Q2012		✓	N/A	
	MHCC	HCW Seasonal Influenza Vaccination	2009/10		✓	N/A	
NHSN	NHSN	Central Line –Associated Blood Stream Infection-Adult Intensive Care Unit Patients	3Q2008	✓	✓ October 2010	✓ January 2012	✓
	NHSN	Central Line-Associated Blood Stream Infection-Neonatal Intensive Care Unit Patients	3Q2008	✓	✓ October 2010		✓ FY2015
	NHSN	Methicillin-Resistant Staphylococcus Aureus Bacteremia Measure	1Q2014		Jul-15	✓	
	NHSN	Clostridium Difficile	3Q2013		Jul-14	Dec-13	
	NHSN	Surgical Site Infection-Coronary Artery Bypass Surgery	3Q2010		✓ 2012		
	NHSN	Surgical Site Infection-Total Knee Replacement Surgery	3Q2010		✓ 2012		
	NHSN	Surgical Site Infection-Total Hip Replacement Surgery	3Q2010		✓ 2012		
	NHSN	HCP Influenza Vaccination	2013/14		✓	✓ Dec 2014	
	NHSN	Surgical Site Infection- Colon & Abdominal Hysterectomy	Jan-14		TBD	4Q2012	✓ FY2016
	NHSN	Catheter Associated Urinary Tract Infections (CAUTI) in ICUs	Jan-14		TBD	4Q2012	✓ FY2016

**Requiring Web-Based Hospital Data Entry**

Perinatal Care	PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation	Jan-14		Apr-14	Dec-13	
	PC-02 ¶	Cesarean Section					
	PC-03 ¶	Antenatal Steroids					
	PC-04 ¶	Health Care-Associated Bloodstream Infections in Newborns					
	PC-05 ¶	Exclusive Breast Milk Feeding					
Structural Measures		Participation in a Systematic Database for Cardiac Surgery	CY2013‡		TBD	✓	
		Participation in a Systematic Clinical Database Registry for Stroke Care	Removed 1Q2014		TBD	Removed 1Q2014	
		Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	CY2013‡		TBD	✓	
		Participation in a Systematic Clinical Database Registry for General Surgery	CY2013‡		TBD	Dec-13	
Data Accuracy and Completeness Acknowledgement		Data Accuracy and Completeness Acknowledgement	CY2013‡		N/A	N/A	

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<b>Claims-Based Measures</b>							
<b>30-Day Readmission Rates</b>	<b>READM-30 AMI</b>	30-Day Readmission Rate for Heart Attack Patients	✓		✓	✓	
	<b>READM-30 HF</b>	30-Day Readmission Rate for Heart Failure Patients	✓		✓	✓	
	<b>READM-30 PN</b>	30-Day Readmission Rate for Pneumonia Patients	✓		✓	✓	
	<b>Hip/Knee Readmission</b>	Hospital Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)				✓	
	<b>HWR</b>	Hospital-Wide All-Cause Unplanned Readmission (HWR)				✓	
	<b>READM-30-COPD</b>	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate				✓ July2014	
	<b>READM-30-STK</b>	Stroke (STK) 30-Day Readmission Rate				✓ July2014	
<b>30-Day Mortality Rates</b>	<b>MORT-30-AMI</b>	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	✓	✓	✓	✓	✓ FY2014
	<b>MORT-30-HF</b>	Heart Failure (HF) 30-Day Mortality Rate	✓	✓	✓	✓	✓ FY2014
	<b>MORT-30-PN</b>	Pneumonia (PN) 30-Day Mortality Rate	✓	✓	✓	✓	✓ FY2014
	<b>MORT-30-COPD</b>	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate				✓ July2014	
	<b>MORT-30-STK</b>	Acute Ischemic Stroke (STK) 30-Day Mortality Rate				✓ July2014	
<b>Agency for Healthcare Research and Quality (AHRQ) Patient Safety, Inpatient Quality Indicators, and Composite Measures</b>	<b>PSI 06</b>	Iatrogenic Pneumothorax, adult				TBD	Downloadable file only
	<b>PSI 11</b>	Post-Operative Respiratory Failure				TBD	Downloadable file only
	<b>PSI 12</b>	Post-Operative Pulmonary Emboli or Deep Vein Thrombosis				TBD	Downloadable file only
	<b>PSI 14</b>	Postoperative Wound Dehiscence				TBD	Downloadable file only
	<b>PSI 15</b>	Accidental Puncture or Laceration				TBD	Downloadable file only
	<b>IQI 11</b>	Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate (with or without volume)				TBD	Downloadable file only
	<b>IQI 19</b>	Hip Fracture Mortality Rate				TBD	Downloadable file only
	<b>IQI 91</b>	Mortality for Selected Medical Conditions (Composite)				TBD	Downloadable file only
<b>PSI 90</b>	Serious Complications (Complication/patient safety for selected indicators) (Composite)			✓	TBD	✓	✓ FY2015
<b>AHRQ PSI and Nursing Sensitive Care</b>	<b>PSI 4</b>	Death Among Surgical Patients with Serious Treatable Complications				✓	

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<b>Surgical Complications</b>	<b>Hip/Knee Complications</b>	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)				✓	
<b>Cost Efficiency Measures</b>		Medicare Spending per Beneficiary (MSPB)				✓	✓ FY2015
		Acute Myocardial Infarction (AMI) Payment per Episode of Care				✓ July2014	
<b>Hospital-Acquired Condition Measures (HACs)</b>		Foreign Object Retained After Surgery			TBD	✓	
		Air Embolism			TBD	✓	
		Blood Incompatibility			TBD	✓	
		Pressure Ulcer Stages III and IV			TBD	✓	
		Falls and Trauma: includes Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock			TBD	✓	
		Vascular Catheter-Associated Infections			TBD	✓	
		Catheter-Associated Urinary Tract Infection (UTI)			TBD	✓	
	Manifestations of Poor Glycemic Control			TBD	✓		
<b>Cardiac Measures</b>							
<b>National Cardiovascular Data Registry (NCDR)</b>	<b>CathPCI Registry</b>	The CathPCI Registry® is a comprehensive, nationwide data collection and management tool for cardiac catheterization and PCI procedures which helps identify quality gaps and implement new processes to improve patient care.	<b>3Q2010</b>			TBD	N/A
	<b>ACTION Registry</b>	ACTION Registry®-GWTG™ is risk-adjusted, outcomes-based, data collection tool, and quality improvement program that focuses exclusively on high-risk STEMI/NSTEMI patients.	<b>3Q2010</b>			TBD	N/A

Source: Maryland Health Care Commission

**NOTES:**

§ 'HPEG' indicates the Maryland Hospital Performance Evaluation Guide (<http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm>)

All timeframes for data reporting are based on the calendar year.

Stroke data will be collected through the GWTG Stroke Registry

✓Currently included in the initiative

TBD – Reporting date to be determined

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† For ED-1 and ED-2 only the Reporting Measure (ED-1b and ED-2b) will be reported on the Hospital Guide and Hospital Compare.

For PREV-Imm-1, only the Overall Rate (IMM-1a) will be reported on the Hospital Guide and Hospital Compare.

\* Data posted on Hospital Compare and the Hospital Performance Evaluation Guide reflects a three-year reporting period and is updated annually. Currently, the 30-day risk adjusted mortality and 30-day readmission rates refer to the period July 1, 2008 (Q3) - June 30, 2011 (Q2). In 2014, the data will be updated for the period July 1, 2009 (Q3) - June 30, 2012 (Q2).

‡ Inpatient Structural Measures for the reference period CY2013 must be entered through QualityNet.org between April 1, 2014 and May 15, 2014.

¶ MHCC requires PC-01 only. PC-02 through PC-05 are collected only for The Joint Commission for hospitals that have at least 1,100 births per year.