Medicare Beneficiary Quality Improvement Project (MBQIP) Minnesota Quality Reporting Guide

December 2025

Contents

Overview

About MBQIP

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Federal Office of Rural Health Policy (FORHP) Medicare Rural Hospital Flexibility (Flex) grant program. MBQIP aims to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting among CAHs and then driving quality improvement activities based on the data. Although the program includes Medicare in the name, most of the measures reported for this program encompass all eligible patients, regardless of payer.

Purpose of This Guide

This guide is intended to help CAH staff understand the reporting processes for the core MBQIP measures. For each reporting channel, information is provided on how to register for the site, the measures reported to the site, and the process for submitting those measures.

MBQIP Core Measure Set

The table below lays out the current MBQIP Core Measure Set organized by domain.

Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
CAH Quality Infrastructure Implementation*	Healthcare Personnel Influenza Immunization (HCP/IMM-3)* Antibiotic Stewardship Implementation* Safe Use of Opioids eCQM*	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Hybrid Hospital Wide All-Cause Readmissions (Hybrid HWR)*	Emergency Department Transfer Communication (EDTC) OP-18 Time from Arrival to Departure OP-22 Left without Being Seen*

*Annual Submission.
Six measures are reported once annually, three measures reported quarterly (HCAHPS, EDTC, OP-18).

How This Guide is Organized

MBQIP measures are typically organized by domain: Global Measures, Patient Safety, Patient Experience, Care Coordination, and Emergency Department, as in the table above. However, since this guide focuses on reporting, the measures are organized by how and where the data is to be reported. An acronym list is also provided.

Key Resources

Below is an alphabetical listing of key resources that are referenced throughout this Guide.

Emergency Department Transfer Communication (EDTC) Resources
Source for the Emergency Department Transfer Communication (EDTC) Specifications Manual and a free Excel data entry tool.

Hospital Quality Reporting (HQR) Secure Portal
The Centers for Medicare & Medicaid (CMS) approved website for secure communication and health care quality data exchange.

MBQIP Measures and Data Submission Deadlines
Chart of data submission deadlines for the MBQIP measures.

Minnesota Hospital Association (MHA) Portal
The portal through which Minnesota CAHs submit data for the Emergency Department Transfer Communication (EDTC) measure.

National Healthcare Safety Network (NHSN)
The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system.
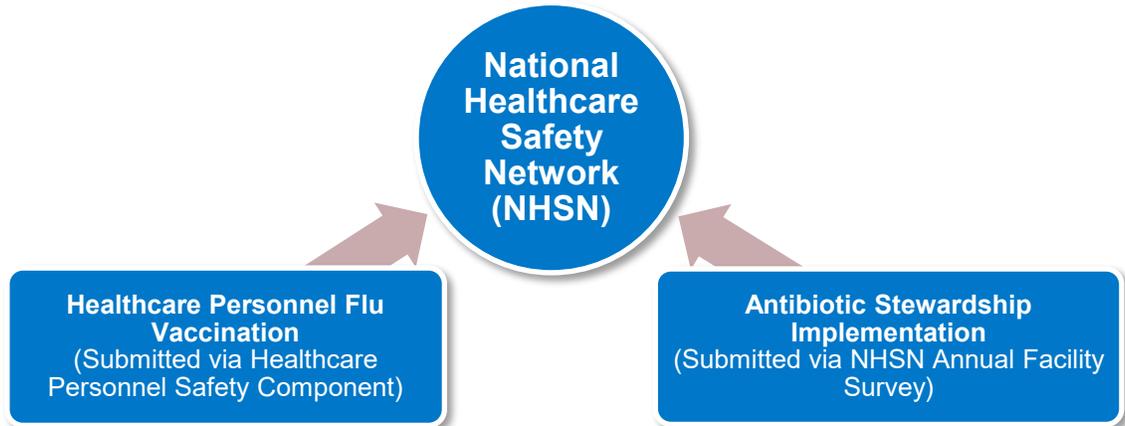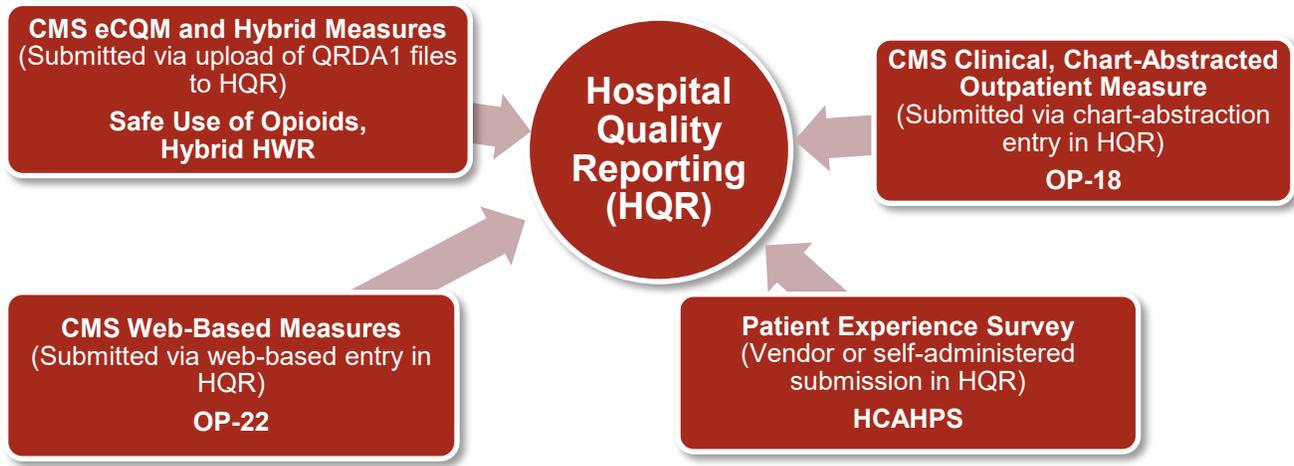
Quality Reporting Center
This site contains quality reporting-related educational materials/resources for CMS Measures. Note that the information found here is based on requirements for the CMS Inpatient and Outpatient Reporting Programs, and MBQIP Program requirements may differ.

QualityNet
The primary resource for information on CMS measures, including measure specifications.

Quality Data Reporting Channels for Core MBQIP Measures

CMS eCQM and Hybrid Measures
(Submitted via upload of QRDA1 files to HQR)
Safe Use of Opioids, Hybrid HWR

CMS Clinical, Chart-Abstracted Outpatient Measure
(Submitted via chart-abstraction entry in HQR)
OP-18

Hospital Quality Reporting (HQR)

CMS Web-Based Measures
(Submitted via web-based entry in HQR)
OP-22

Patient Experience Survey
(Vendor or self-administered submission in HQR)
HCAHPS

National Healthcare Safety Network (NHSN)

Healthcare Personnel Flu Vaccination
(Submitted via Healthcare Personnel Safety Component)

Antibiotic Stewardship Implementation
(Submitted via NHSN Annual Facility Survey)

Flex Monitoring Team (FMT)

Minnesota Hospital Association (MHA)

CAH Quality Infrastructure
(submitted via National CAH Quality Inventory & Assessment

EDTC
(submitted via chart-abstraction and submission to MHA Portal)

Hospital Quality Reporting (HQR)

The [Hospital Quality Reporting (HQR) Secure Portal](#) is the CMS-approved website for secure communication and health care quality data exchange. This is where CMS measures are reported, including the following Core MBQIP measures:

- Safe Use of Opioids
- HWR: Hybrid Hospital-Wide Readmissions
- OP-18: Median Time from Emergency Department Arrival to ED Departure for Discharged ED Patients
- OP-22: Left Without Being Seen
- HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

If you have not submitted data to HQR before, the following steps will help you get started.

1. **Become familiar with the CMS QualityNet website and sign up for QualityNet emails**
   [QualityNet](#) provides health care quality improvement news, resources, data reporting tools, and applications used for CMS quality programs. This site is where you will find the Hospital Quality Reporting Specifications Manuals and measure specifications, which contain the measure definitions for reporting. The [QualityNet Support Center](#) offers technical support for issues with data submission.

   You are encouraged to subscribe to QualityNet email updates to receive information from CMS about measure or reporting updates.
   a. On the [QualityNet Home Page](#), select **Subscribe to Email Updates.**
   b. Enter your email address, then select the lists you want to join. The mailing lists most relevant for MBQIP include:
      - HARP Notify
      - HIQR EHR Notify (eCQMs)
      - HCAHPs Notify
      - HIQR Notify (Hospital Inpatient/IQR)
      - HOQR Notify (Hospital Outpatient/OQR)
   c. Click the **sign-up** button. You will receive an email requesting your confirmation for each subscription submission.

2. **Register for a HARP Account**
   To submit data to via HQR, you must create a Health Care Quality Information Systems (HCQIS) Access Roles and Profile, or HARP account ([Getting Started with QualityNet](#)). HARP is a secure identity management portal provided by the CMS.
   Watch this [CMS HARP Registration video](#), then follow these steps:
   a. Go to https://harp.cms.gov/register.
   b. Enter your profile information (please use your corporate email address) and select **Next**.
   c. Choose your user ID, password, and challenge question and select **Next.**
   d. If remote proofing questions were successfully generated, answer the five identity proofing questions to verify your identity and select **Next.**
   e. Your account has been created, and you will receive a confirmation email.
   f. For security reasons, all HARP accounts are required to have two-factor authentication. Select **Login** to Complete Setup to log in to HARP and set up two-factor authentication. Once you have set up two-factor authentication, you can log in to your respective CMS application. Follow the instructions on your application for how to request a role.

To register as a Basic User or Security Administrator/Official in HQR:
  a. Log into https://hqr.cms.gov/hqrng/login with your HARP User ID and Password.
  b. Go to **My Profile**. (Under your **Name** in the upper right)
      a. From this page, you can Request Access or View Current Access.
  c. Select either **Basic User or Security Administrator/Official*** when prompted to **Choose Your User Type.**
  d. **Select** your required permissions, **Review** them, and click **Submit** when ready.
  e. You will be notified by email when your request has been approved.

*The Security Administrator (SA)/Official role gives you access to all functions for submitting data in HQR. Hospitals are required to maintain an active SA. To stay active, SAs should log into their account at least once a month. It is recommended that all hospitals have at least two staff members in that role.

> **CMS Training Videos:** HQR Tutorials. This playlist features numerous videos offering tips on using HQR, including instructions on submitting data to CMS.

CMS Outpatient Clinical, Chart-Abstracted Measures

Chart-abstracted measures require reviewing medical record documentation for the purposes of data collection. When submitting chart-abstracted measures, first ensure you have identified the appropriate cases to include in the measure population. Hospitals are strongly encouraged to also submit population and sampling counts. There is currently one outpatient chart-abstracted measure in MBQIP: OP-18: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients.

1. **Identify the Measure Population**
   Identify which outpatient cases fit in the measure population for reporting. Information on determining the initial patient population for each measure is available in the related Measurement Information section of the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet. Be sure to reference the manual for the encounter period you are currently abstracting.

2. **Enter Outpatient Population and Sampling Counts**
   Hospitals are encouraged to submit aggregate population and sample size counts for all discharges (Medicare and non-Medicare) for chart-abstracted measure(s) quarterly. Submitting this data allows CAHs with no cases that meet population requirements for measure(s) an option to indicate 'zero' patients for the quarter.

   Information on determining the clinical measure population and sampling requirements is found in the Measurement Information and Population and Sampling Specification sections of the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet.

   Population and Sample size counts are submitted in HQR.
     a. Log in to HQR via your HARP account.
     b. Under Dashboard on the left-hand side of the screen, select **Data Submissions**.
     c. Click on the **Population and Sampling** tab.
     d. Choose **Data Form** and then **OQR** for Outpatient Quality Reporting.
     e. Ensure the Reporting Period box contains the correct quarter for which you are submitting data.
     f. Click on **Start Measure** for the measure set where you want to submit data.

g. Select your sampling option.
   - Choose **Sampled** if you are not doing all the cases that meet the measure set population requirements and you are only doing a sample.
   - Choose **Not Sampled** if you are doing all the cases that meet the measure set population requirements or if you have no cases that meet the measure population requirements.
   - Choose **N/A Submission Not Required** if you are not submitting any data for the measure set.

h. Enter your numbers in the grids. Under **Population**, enter the total number of cases that meet the measure set requirements for the quarter in the boxes. Enter zero if there are no cases that meet the population requirements. Under **Sampling**, enter the number of cases you are planning to submit.

i. Click on **Save and Return** to get back to the measure selection screen.

j. When you have finished submitting data for each measure, in a green banner toward the top of the page, you should see a checkmark and the notice "Hospital Outpatient: Population and Sampling Measure Sets Successfully Submitted."

Each measure must have a reply. If you are not submitting on a measure set, choose **N/A** for the sampling option. If you have a measure set for which you would be submitting cases, but none meet the measure requirements for the quarter, select **Not Sampled** and record zero in the population and sampling boxes.

> **CMS Training Video:** How to Upload a Population and Sampling File in HQR (2 minutes).
> *Note:* An additional option is available to upload a file containing population and sampling data. Instructions for using the Data Form start at 0.56.

OP-18
Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients

1. **Understand the Measure**
   Review the measures specifications for OP-18 found in the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet. Hospitals must abstract and submit complete data quarterly for OP-18. Be sure you reference the manual for the discharge period you are currently abstracting.

2. **Abstract and Submit Data in HQR**
   Abstraction and Reporting for OP-18 has been integrated into HQR. Starting with Q4 2024 data, hospitals will use HQR for OP-18 abstractions. Any users who have access to HQR for the facility will be able to submit OP-18 chart-abstracted data. For those using a vendor tool, you may continue to do so. However, ensure that the vendor tool meets the specific requirements of HQR.

Instructions for Abstracting and Submitting OP-18 Data in HQR:
   a. Log in to HQR via your HARP account.
   b. Use the menu on the left and select **Data Submissions.**
   c. Select **Chart Abstracted.**
   d. Select **Data Form.**
   e. Select **OQR.**
   f. Select **Launch Data Form.**
   g. Select the appropriate encounter quarter.
   h. Select **View.**
   i. Select **Add Case** to begin entering patient information.
   j. Enter patient information.
   k. Click **Submit.**
   l. Repeat the process to enter all patient abstraction information.

> **CMS Training Videos:** How to Enter Chart Abstracted Data for REHQR (2 minutes). The video is directed to rural emergency hospitals (REHs); however, CAHs will follow a similar pathway to access their data form and enter patient information for OP-18.

3. **Verifying Acceptance of Submitted Data in HQR**
   After your data is submitted, you should get confirmation that it was received. To verify that the data was accepted and not rejected, run the **Case Status Summary Report**. This report is run in HQR. To Run the Case Status Summary Report:
   a. Log in to HQR via your HARP account.
   b. Use the menu on the left and select **Data Results.**
   c. Select **Chart Abstracted.**
   d. Select the **File Accuracy** tab.
   e. Under Program, choose **OQR** (Outpatient Quality Reporting).
   f. Under Report, select **Case Status Summary**.
   g. Under Encounter Quarter, select the **quarter for the data you have just submitted.**
   h. Click on **Export CSV**. Your report will appear in an Excel format, showing the number of cases that made it to the warehouse for each measure submitted and the number accepted and/or rejected.
   i. If your Case Status Summary Report shows that cases have been rejected, run the Submission Detail Report. This report will show you why your cases have been rejected. Correct the errors and resubmit those cases. Follow the above steps but select **Submission Detail** as your report. You can also run the **Potential Duplicate Records Report**.
   j. If your Case Status Summary Report shows no data fits the criteria, the data you submitted did not reach the warehouse. Something must have gone wrong with your submission, so try again.

Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes; once the due date has passed, no further data will be accepted for the quarter. Do not wait until right before the data due date to submit and check your data. If you have rejected cases, you will need time to correct the errors and resubmit.

CMS Web-Based Measures

Web-based measures do not require manual review of individual patient records like chart-abstracted measures. Rather, hospitals collect and track the data required for these measures and submit the numerators and denominators as defined in the measure specifications into HQR. The current web-based measure in MBQIP is Left Without Being Seen (OP-22).

OP-22
Left Without Being Seen

1. **Understand the Measure**
   Review the measures specifications for OP-22 found in the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet. Be sure you reference the manual for the discharge period you are currently abstracting. Hospitals must submit complete data to HQR annually. Refer to the MBQIP Data Submission Deadlines for timeframes.

2. **Collect the Data**
   OP-22 is collected using administrative data; there is no individual chart abstraction. Your facility will need to establish a process to ensure accurate data collection for both the numerator and denominator.

3. **Submit OP-22 Data in HQR**
   a. Log in to HQR via your HARP account.
   b. Use the menu on the left and select **Data Submissions.**
   c. Select **Web-based Measures.**
   d. Select **Data Form**.
   e. Select the **OQR.**
   f. Select the reporting period.
   g. Click the **Start Measur**e button, then enter data into the data fields.
   h. Once data is entered, select **Submit.**

CMS Training Video: Submitting web-based measure data using the data form (1-minute video).

CMS eCQM and Hybrid Measures

Electronic clinical quality measures (eCQMs) are measures specified in a standard electronic format that use data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems to measure the quality of health care provided. The MBQIP Core Measure Set includes Safe Use of Opioids, an eCQM, and Hybrid Hospital-Wide Readmissions, which combines eCQM data with Medicare claims data, making it a hybrid measure.

Safe Use of Opioids
Safe Use of Opioids – Concurrent Prescribing

1. **Understand the Measure**
   Review the measure specifications for Safe Use of Opioids – Concurrent Prescribing found on the eCQI Resource Center website. You may also wish to familiarize yourself with the Promoting Interoperability Program Requirements on the CMS.gov website. Safe Use of Opioids is reported annually via a QRDA 1 file submission to HQR. Refer to the MBQIP Data Submission Deadlines for timeframes.

2. **Prepare the QRDA 1 File**
   In combination with the measure specifications above, review the [QRDA - Quality Reporting Document Architecture](#) resources on the eCQI Resource Center website to ensure your file is properly prepared for submission.

3. **Submit Safe Use of Opioids Data in HQR**
   a. Log in to [HQR](#) via your HARP account.
   b. Use the menu on the left and select **Data Submissions.**
   c. Select the **eCQM** tab.
   d. Select a **Submission Type** (test or production).
   e. Click the **Select File** button.
   f. Select the file from your computer and click **Open.**
   g. Once you see a green check mark and "accepted" under the heading **Status**, the upload is complete.

> **CMS Training Video:** [How to Upload and eCQM file](#) (1-minute video).
> **Quality Reporting Center On-Demand Webinar:** [Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide](#)

> ***Calendar Year (CY) vs. Fiscal Year (FY)**
> CMS Quality Reporting systems often reference a 'Fiscal Year (FY)' rather than a 'Calendar Year (CY).'
>
> In CMS quality programs, there is a two-year lag between 'Fiscal Year' and 'Calendar Year':
> - Calendar Year 2024 = Fiscal Year 2026
> - Calendar Year 2025 = Fiscal Year 2027
>
> The 'fiscal year' refers to the period during which the financial penalty would be imposed for hospitals subject to IQR and OQR that do not meet the reporting requirements. So, an eligible hospital that did not meet IQR requirements for CY 2024 reporting would incur a financial penalty in 2026. CAHs are not held to the IQR and OQR program requirements.

Hybrid HWR
Hybrid Hospital-Wide Readmissions

1. **Understand the Measure**
   Review the [measure specifications for the Core Clinical Data Elements of the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data](#).
   You may also wish to familiarize yourself with information on the QualityNet website:
   - [Hybrid Hospital-Wide Readmissions (HWR) Measures Overview](#)
   - [Hybrid Measures Methodology](#) (including the HWR Measure Updates and Specifications Report)
   - [Hybrid Measures Resources](#) (including the Hybrid Measures Fact Sheet and Frequently Asked Questions)

   The Core Clinical Data elements for the HWR measure are submitted annually to HQR via a QRDA 1 file. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

2. **Prepare the QRDA 1 File**
   In combination with the measure specifications above, review the [QRDA - Quality Reporting Document Architecture](#) resources on the eCQI Resource Center website to ensure your file is properly prepared for submission.

3. **Submit Safe Use of Opioids Data in HQR**
   a. Log in to HQR via your HARP account.
   b. Use the menu on the left and select **Data Submissions.**
   c. Select the **Hybrid Measures** tab.
   d. Select a **Submission Type** (test or production).
   e. Click the **Select File** button.
   f. Select the file from your computer and click **Open.**
   g. Once you see a green check mark and "accepted" under the heading **Status**, the upload is complete.

> **CMS Training Video:** How to Submit Hybrid Measures and View Outcomes (2.5-minute video).
> **Quality Reporting Center On-Demand Webinar:** Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide

CMS Survey Measures

Some of the consumer assessment of healthcare providers and systems (CAHPS) family of surveys can be submitted to CMS to allow for standardized evaluation and comparison of patient experience of care. The Hospital CAHPS (or HCAHPS) is one such survey that hospitals collect, typically through a vendor, and the data is submitted through HQR.

HCAHPS
Hospital Consumer Assessment of Healthcare Providers and Systems

1. **Understand the Measure**
   HCAHPS is a standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. Data is submitted to HQR on a quarterly basis. Refer to the MBQIP Data Submission Deadlines for timeframes.

2. **Establish a Process for HCAHPS Survey Implementation**
   Either your hospital or an approved vendor representing your hospital can implement the survey. Hospitals planning to administer the survey themselves will want to review these training materials. It is worth noting that the requirements for implementing the survey are quite stringent, so most hospitals opt to have their survey process conducted by a vendor.

   For more information about approved vendors, including those that specialize in working with small rural hospitals, refer to the HCAHPS Vendor Directory from the National Rural Health Resource Center.

3. **Conduct the HCAHPS Survey**
   The Facts and FAQs section on HCAHPS Online website provides an overview of the survey and approved methods of conducting the survey. Several changes to HCAHPS took effect in January 2025, including the option for web-based survey administration and modifications to the number and content of the questions. See What's New on the HCAHPS Online website to learn more.

4. **Submit HCAHPS Data in HQR**
   The survey data must be submitted via HQR in a specified format by a registered HQR user. Data may be submitted by the hospital or a vendor representing the hospital. If you are submitting your own data to HQR (rather than using a vendor), follow these steps:
   a. Use the menu on the left and select **data submissions.**

b. Select the **HCAHPS** tab.
c. Select **File Upload.**
d. Click the **Select File** button.
e. Select the file from your computer and click **Open.**
f. Once you see a green check mark under the heading **Status**, the upload is complete.

CMS Training Video: How to Submit HCAHPS (1-minute video).

For more information about HCAHPS, see HCAHPSOnline.org

National Healthcare Safety Network (NHSN)

NHSN is the data repository for the Center for Disease Control & Prevention (CDC). Through NHSN, health care facilities can track safety measures such as the MBQIP measures Influenza Vaccination Among Health Care Personnel (HCP/IMM-3) and Antibiotic Stewardship Implementation. Hospitals may also track other measures in NHSN, such as healthcare-associated infections, hospital respiratory data, antimicrobial use, and antimicrobial resistance. To learn more about all of the reporting options in NHSN, review the Acute Care/Critical Access Hospitals webpage.

If you have not submitted data to NHSN before, the following steps will help you get started.

1. **Confirm if Your Facility is Enrolled in NHSN**
   If you are unsure if your facility is enrolled in NHSN, you can check your NHSN enrollment status.
   - If your facility is not enrolled, follow the steps outlined in the NHSN Facility Enrollment Guide.
   - Enrolled facilities are required to designate an NHSN Facility Administrator. If your facility needs to reassign this role, follow the steps to Change NHSN Facility Administrator.

2. **Request to be Added by your NHSN Facility Administration**
   If your facility is enrolled in NHSN and has a known Facility Administration, that person can add users to the system following the instructions for How to Add a New NHSN User.

3. **Get a SAMS Card**
   New users will receive a welcome email with an invitation to register with the CDC's Secure Access Management System (SAMS). Follow the instructions provided to gain access to the NHSN for your facility.

4. **Confirm If Your Facility Has the Necessary Components Activated**
   Hospitals report healthcare personnel influenza vaccination coverage in the Healthcare Personnel Safety (HPS) Component of NHSN and Antibiotic Stewardship Implementation information via the Annual Facility Survey in the Patient Safety Component (PSC) of NHSN. Check to see if your facility has activated the necessary components and, if not, activate them.

   a. Log into NHSN using your SAMS credentials.
   b. Select **Facility** from the left-hand menu.
   c. Select **Add/Edit Component.**
   d. Scroll down to **Components Followed.**
   e. If Healthcare Personnel Safety and Patient Safety are noted as activated, no further action is needed. If either are not noted as activated, check the appropriate box under the heading **Follow/Followed**.
   f. An alert will pop up, indicating you must first define the primary contact for this component. Select **OK**.
   g. Enter the contact information for your HPS or PSC Primary Contact (can be an existing NHSN user).
   h. Click **Submit**.
   i. The NHSN Facility Administrator must log in to the HPS Component or PSC and accept the agreement to participate and consent by scrolling to the bottom of the page and clicking **Accept**.

HCP/IMM-3
Influenza Vaccination Among Health Care Personnel

1. **Understand the Measure**
   Review the materials on the HCP Safety: Influenza webpage of the CDC website. Measure specifications are included in the HCP Annual Influenza Summary Protocol. HCP/IMM-3 data is submitted annually. Refer to the MBQIP Data Submission Deadlines for timeframes.

2. **Collect the Data**
   The HCP Annual Influenza Summary Protocol on the HCP Safety: Influenza webpage of the CDC website under **Protocols** provides detailed instructions for collecting HCP influenza vaccination data, including a link to the **HCP Influenza Vaccination Summary Form**.

3. **Submit Influenza Vaccination Data to NHSN**
   Hospitals can choose to report monthly or once per year. Data must represent cumulative counts for the entire influenza season (October 1 through March 31). Resources and instructions on how hospitals submit HCP influenza data can be found on the HCP Safety: Influenza webpage of the CDC website under the heading **Facility-Specific Training Slides**.

   a. Log into NHSN using your SAMS credentials.
   b. Select **Health Personnel Safety** from the select component dropdown list.
   c. Select **Vaccination Summary** from the left-hand menu.
   d. Select **Annual Vaccination Flu Summary.**
   e. Select **Add.**
   f. Click **Continue.**
   g. Leave **Influenza** and **Seasonal** as default responses for the vaccination type and influenza subtype.
   h. Select the appropriate flu season from the Flu Season drop-down list.
   i. Enter data into the table or use the **Upload CSV** option (See the CSV Data Import section of the HCP Safety: Influenza webpage for more information).
   j. Use the comments box to enter any additional information.
   k. Click **Save.**

Antibiotic Stewardship
Implementation of Antibiotic Stewardship

1. **Understand the Measure**
   In 2014, the CDC released the Core Elements of Hospital Antibiotic Stewardship, which identifies key structural and functional aspects of effective antibiotic stewardship programs in hospitals. Since that time, questions on the NHSN annual facility survey have been used to query hospitals about their implementation of the core elements. The CDC and FORHP collaborated to establish a process measure regarding antibiotic stewardship implementation for MBQIP based on CAH completion of the annual survey. Refer to the MBQIP Data Submission Deadlines for timeframes.

2. **Gather Information Needed to Complete the NHSN Annual Facility Survey**
   Hospitals are strongly encouraged to gather the required answers for the survey in advance of submission, referring to a copy of the survey and instructions for completion, as found on the CDC website.

3. **Submit Annual Facility Survey to NHSN**

Resources and instructions on how to submit the annual facility survey can be found on the [Annual Surveys, Locations & Monthly Reporting](#) webpage of the CDC website under the heading **Guidance Documents**.

   a. Log into [NHSN](#) using your SAMS credentials.
   b. Select **Patient Safety** from the select component drop-down list.
   c. Select **Surveys** from the left-hand menu.
   d. Select **Add.**
   e. Select the appropriate survey type and survey year from the dropdown lists.
   f. Begin entering your survey responses. If you are unable to complete the entire survey, scroll to the bottom of the page and click **Save**. If you can complete the survey, click **Submit.**

Minnesota Hospital Association (MHA) Portal

As a partner of the Minnesota Department of Health, MHA hosts an online portal through which CAHs submit quarterly EDTC data.

EDTC
Emergency Department Transfer Communication

1. **Understand the Measure**
   Review the EDTC Data Specifications Manual available on the EDTC Resources webpage of the Stratis Health website. EDTC data is chart abstracted and submitted quarterly. Refer to the MBQIP Data Submission Deadlines for timeframes.

2. **Identify Measure Population**
   Hospitals need to identify which emergency department cases fit the measure population for reporting. The information on how to determine the patient population for the measure is found on the Population and Sampling page of the EDTC Data Specifications Manual available on the EDTC Resources webpage of the Stratis Health website.

3. **Abstract the EDTC Measure Data**
   Hospitals must chart abstract the EDTC data elements to determine the numerator and denominator for quarterly data submission. Data can be collected via a tool from a vendor or by using an Excel-based data collection tool. A free Excel-based Data Collection Tool for the EDTC measure, along with instructions for using the tool, can be found on the EDTC Resources webpage of the Stratis Health website.

4. **Submit the EDTC Data**
   a. Log into the MN Hospital Association (MHA) Portal.
   b. Select **ED Transfer Communication.**
   c. Select **Enter ED Data** from the upper right.
   d. Select **Add New Quarter.**
   e. Select the report period from the dropdown list.
   f. Enter the data into the form.
   g. Click **Save.**

MBQIP Training Video: EDTC Data Collection Tool (56-minute video). A guide on abstracting EDTC measure and submitting data to the MHA portal.

Flex Monitoring Team (FMT)

As a partner of the Federal Office of Rural Health Policy, FMT administers the Annual CAH Quality Inventory and Assessment, through which data is collected to determine performance on the CAH Quality Infrastructure Implementation measure.

CAH Quality Infrastructure Implementation

1. **Understand the Measure**
   Review the CAH Quality Infrastructure Resources, including the measure specifications on the FMT website. You can also familiarize yourself with the CAH Quality Inventory & Assessment Resources, also on the FMT website.

2. **Complete the National CAH Quality Inventory and Assessment**
   A survey link with detailed instructions, including a copy of the survey questions, will be distributed to CAH Quality Reporting contacts via email from Stratis Health and/or the MN State Office of Rural Health, along with a completion request.

Acronyms

AU/AR	Antibiotic Use/Resistance
CAH	Critical Access Hospital
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services (CMS)
ED	Emergency Department
EDTC	Emergency Department Transfer Communication
Flex	Medicare Rural Hospital Flexibility Program
FORHP	Federal Office of Rural Health Policy
HAI	Healthcare-Associated Infections
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HQR	Hospital Quality Reporting Secure Portal
IMM	Immunization
IQR	Inpatient Quality Reporting
MBQIP	Medicare Beneficiary Quality Improvement Project
NHSN	National Healthcare Safety Network
OP	Outpatient
OQR	Outpatient Quality Reporting
PPS	Prospective Payment System
SA	System Administrator
SAMS	Secure Access Management System

Record Your Quality Reporting Contacts

It is important to track who in your organization has roles in various reporting processes. If you have staff changes, this list can be a helpful record of which personnel have access to reporting sites, tools, and vendors.

Hospital Quality Reporting

HQR Security Administrators (recommend two from each facility)	

National Healthcare Safety Network

NHSN Facility Administrator:	
NHSN Users (recommend at least one additional user beyond the facility administrator)	

Chart-Abstracted Measure Vendor (if applicable)

Vendor	
Staff with Access	
Contact information for vendor tool	

Emergency Department Transfer Communication

What data collection tool is used	
Staff with access to the tool	
Staff with access to the MHA Portal	

HCAHPS

HCAHPS vendor	
Staff with responsibility for working with HCAHPS vendor	

Other

Other Quality Reporting Tools or Contacts	