

National Quality Reporting Crosswalk for Critical Access Hospitals (Updated May 2018)

Using this Crosswalk

Purpose and Organization of the Crosswalk

This Crosswalk is intended to provide users with a basic understanding of quality reporting initiatives taking place on a national level involving critical access hospitals (CAHs), including the lead organization and purpose of such initiatives, the measures used by each initiative, and any overlap in measures across initiatives.

[Using this Crosswalk](#)

This tab provides an overview of the Crosswalk purpose, layout and technical tips for use.

[National Quality Initiatives](#)

This tab provides an introduction to seven national quality reporting initiatives that CAHs are involved with, including the name, lead organization, high-level overview, focus areas, and quality measures for each.

[Measures](#)

This tab provides a different view of the measures by program area so that the user can see the overlap between different programs.

[Acronyms](#)

This tab provides a list of acronyms used throughout the Crosswalk along with their definitions.

Navigating the Measures Tab

The Measures tab contains information on each of the measures tracked by the various national quality reporting initiatives. Within each table, rows one through six comprise the header and are frozen, as are columns A and B, the Measure ID and Measure Name. This allows the user to scroll across to learn more about a measure, while still seeing the Measure ID and Measure Name. The user can also scroll down to see additional measures, while still seeing the column headers.

Each national reporting initiative (listed in columns C through G) is made up of at least two components: the Medicare Beneficiary Quality Improvement Project (MBQIP) has required and additional measures across four domains, eCQM has measures assigned to two of the CMS Meaningful Measures categories, Hospital Improvement and Innovation Networks (HIINs) have core and additional measures, the CMS Hospital Inpatient and Outpatient Quality Reporting Programs have many components, and two priority areas are included for the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) initiative. For each measure included within an initiative, the component area is listed. For example, OP-18 is listed as a required measure for MBQIP under the Outpatient domain, while *C.difficile* is listed as an additional measure under the Patient Safety/Inpatient domain.

The title of each reporting initiative contains a hyperlink that will take the user to the reference used to populate the information about the measures for that initiative. The final column titled "Measure Specifications/More Information" contains links to the primary source of specifications or additional information for the measure.

Information Sources

Hyperlinks to information sources are included on both the National Quality Initiatives tab and the Measures tab.

National Quality Reporting Crosswalk for Critical Access Hospitals

National Quality Initiatives

Initiative	Lead Organization	Overview	Focus Areas	Quality Reporting Measures (measure detail on following page)
Medicare Beneficiary Quality Improvement Project (MBQIP)	Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP)	The goal of the Flex Medicare Beneficiary Quality Improvement Project (MBQIP) is to improve rural quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting by CAHs and driving quality improvement activities based on the data. The MBQIP measure set reflects a subset of rural relevant measures from the CMS Hospital Inpatient Quality Reporting Program (HIQR) and the CMS Hospital Outpatient Quality Reporting Program (HOQR), except for: <ul style="list-style-type: none"> • Emergency Department Transfer Communications (EDTC), an NQF endorsed measure that is reported directly to state Flex programs • Antibiotic Stewardship measure, reported via completion of the Annual NHSN Patient Safety Component Survey 	<ol style="list-style-type: none"> 1. Patient Safety/Inpatient 2. Patient Engagement 3. Care Transitions 4. Outpatient 	<p>Required Measures: Patient Safety/Inpatient: OP-27, IMM-2, ED-1, ED-2, Antibiotic Stewardship Patient Engagement: HCAHPS Care Transitions: EDTC Outpatient: OP-1, OP-2, OP-3, OP-4, OP-5, OP-18, OP-20, OP-21, OP-22</p> <p>Additional Measures: Patient Safety/Inpatient: CLABSI, CAUTI, CDI, MRSA, SSIs, PC-01, proportion of patient hospitalized with stroke or pneumonia with potentially avoidable complications, Falls, Adverse Drug Events, Care Transitions: Discharge Planning, Medication Reconciliation, Reducing Readmissions, Swing Bed Care Outpatient: OP-23, OP-25</p> <p><i>Note</i> - Any MBQIP measures that are also eCQMs, must be chart abstracted to be considered reported for the purposes of MBQIP.</p>
Electronic Clinical Quality Measures (eCQMs)	Office of the National Coordinator for Health Information Technology (ONC)	Reporting electronic clinical quality measures (eCQMs) is a requirement for hospitals under the Promoting Interoperability (PI) Program (formerly known as the Medicare Electronic Health Record Incentive Program). eCQMs measure and track the quality of health care services provided by hospitals. CAHS could attest to meet the eCQM reporting requirement in 2017 but will be required to submit patient-level QRDA files for 2018 eCQM reporting. The requirement includes reporting on at least four measures for at least one self-selected quarter (90 days).	eCQMs are categorized into two of the CMS Meaningful Measures categories: <ol style="list-style-type: none"> 1. Patient's Experience of Care 2. Preventive Care 	Patient's Experience of Care: ED-1, ED-2, ED-3 Preventive Care: AMI-8a, CAC-3, EHDI-1a, PC-01, PC-05, STK-2, STK-3, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2,
Partnership for Patients Hospital Improvement and Innovation Networks (HIIN)	Centers for Medicare & Medicaid Services (CMS)	The Hospital Improvement and Innovation Networks (HIINs), run through the Partnership for Patients (P4P), are national contracts awarded by the Centers for Medicare & Medicaid Services (CMS) which engage hospitals across the country to improve patient safety and quality, and achieve lower costs. Funding supports vigorous educational activities, quality improvement initiatives, and other resources to help hospitals.	<ol style="list-style-type: none"> 1. 20 percent reduction in overall patient harm (to 97 Hospital-Acquired Conditions [HACs]/1,000 discharges) from 2014 baseline (of 121 HACs/1,000 patient discharges). 2. 12 percent reduction in 30-day readmissions as a population-based measure (readmissions per 1,000 people) 	The HIIN measures included in this crosswalk reflect outcome measures, some of which align with defined measures through other programs, some that do not. Each outcome measure is associated with process measures as selected by the individual HIIN. <p>Core: ADE, CLABSI, CAUTI, CDI, injuries from falls and immobility, pressure ulcers, sepsis and septic shock, SSI, VTE, VAC, IVAC, readmissions</p> <p>Additional: Multi-drug resistant organisms, diagnostic errors, malnutrition in the inpatient setting, airway safety, hospital culture of safety, iatrogenic delirium, undue exposure to radiation, metric to measure/report all cause harm</p>

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Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Priorities	Centers for Medicare & Medicaid Services (CMS)	<p>Improving Care Coordination Medicare beneficiaries experience a high rate of preventable readmissions, which are burdensome to patients and families, as well as costly. Quality Improvement Organizations (QIOs) use readmissions data from the Centers for Medicare & Medicaid Services (CMS) to assist communities in finding ways to better coordinate care and engage patients to reduce avoidable readmissions.</p> <p>Safer Care Making patient care safer is a top priority of CMS. QIOs support this goal by collaborating with healthcare providers to improve clinical processes, resulting in more effective health care that can also cost less.</p> <p>Better Data for Better Care QIOs assist health care providers with collecting, reporting and analyzing their data with the goal of improving outcomes.</p>	<p>Improving Care Coordination: 1. Reduce readmissions by 20% over three years</p> <p>Safer Care: As relates specifically to hospital care, QIOs are focused on reducing: 1. Contributing to a national goal of reducing adverse drug events (ADEs) in 265,000 lives per year</p> <p>Better Data for Better Care: 1. Provide quality improvement technical assistance and support value-based program initiatives</p>	<p>Improving Care Coordination: 30-day readmissions (READM-30-x) for the following: acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD), heart failure (HF), total hip arthroplasty and/or total knee arthroplasty (HIP-KNEE), hospital-wide all-cause unplanned (HOSP-WIDE), pneumonia (PN), stroke (STK)</p> <p>Safer Care: Adverse Drug Events (ADE)</p> <p>Better Data for Better Care: Measures selected at a QIN-QIO level from the CMS indicators for the Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR) and Value-Based Purchasing (VBP) Programs*</p> <p>*Support for improvement on individual measures in the Better Data for Better Care initiative may vary by state or region.</p>
Get With the Guidelines	American Heart Association	Get With the Guidelines is a suite of programs that support the American Heart Association's mission, backed by research that affirms, "When medical professionals apply the most up-to-date evidence-based treatment guidelines, patient outcomes improve." Each program provides participants with resources including clinical tools, decision support, and a patient management tool for submitting and tracking data on measures identified by the program.	<ol style="list-style-type: none"> Stroke Heart Failure Resuscitation AFIB 	<p>Click the hyperlinks below to view measure fact sheets for each of the program areas*:</p> <p>Stroke Heart Failure Resuscitation AFIB</p> <p>*Due to the unique nature of the measures tracked by the Get With the Guidelines programs, they are not included on the "Measures" tab of this document.</p>
Hospital Inpatient Quality Reporting Program (HIQR)	Center for Medicare and Medicaid Services (CMS)	The Hospital IQR Program was developed as a result of the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. Section 5001(a) of Pub. 09-171 of the Deficit Reduction Act (DRA) of 2005 provided new requirements for the Hospital IQR Program. The hospital quality of care information gathered through the program is available to consumers on the Hospital Compare website.	<ol style="list-style-type: none"> Healthcare-Associated Infection Chart-Abstracted Clinical Process of Care Patient Experience of Care Structural Patient Safety Claims-Based Patient Safety Claims-Based Mortality Outcome Claims-Based Coordination of Care Claims-Based Payment 	<p>Healthcare Associated Infection: CAUTI, CDI, CLABSI, Colon and Abdominal Hysterectomy SSI, HCP, MRSA Bacteremia</p> <p>Chart-Abstracted Clinical Process of Care: ED-1, ED-2, IMM-2, PC-01, Sepsis, VTE-6</p> <p>Patient Experience of Care: HCAHPS</p> <p>Structural Patient Safety: Patient Safety Culture, Safe Surgery Checklist,</p> <p>Claims-Based Patient Safety: Hip/knee complications, PSI-04, PSI-90</p> <p>Claims-Based Mortality Outcome: MORT-30-AMI, MORT-30-CABG, MORT-30-COPD; MORT-30-HF, MORT-30-PN, MORT-30-STK</p> <p>Claims-Based Coordination of Care: READM-30-AMI, READM-30-CABG, READM-30-COPD, READM-30-HF, READM-30-HWR, READM-30-PN, READM-30-STK, READM-30-THA/TKA, AMI Excess Days, HF Excess Days, PN Excess Days</p> <p>Claims-Based Payment: AMI Payment, HF Payment, PN Payment, THA/TKA Payment, MSPB, Cellulitis Payment, GI Payment, Kidney/UTI Payment, AA Payment, Chole and CDE Payment, SFusion Payment</p>

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Hospital Outpatient Quality Reporting (HOQR) Program	Center for Medicare and Medicaid Services (CMS)	The HOQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the Hospital OQR setting were implemented starting with claims submitted for services beginning in 2008.	<ol style="list-style-type: none"> 1. Acute Myocardial Infarction / Chest Pain 2. ED Throughput 3. Pain Management 4. Stroke 5. Imaging Efficiency 6. Measures Submitted via a Web-Based Tool 7. Outcome Measures 	AMI/Chest Pain: OP-1, OP-2, OP-3, OP-4, OP-5 ED Throughput: OP-18, OP-20, OP-22 Pain Management OP-21 Stroke: OP-23 Imaging Efficiency: OP-8, OP-9, OP-10, OP-11, OP-13, OP-14 Measures Submitted via a Web-Based Tool: OP-12, OP-17, OP-25, OP-26, OP-27, OP-29, OP-30, OP-31, OP-33 Outcomes Measures: OP-32

National Quality Reporting Crosswalk for Critical Access Hospitals

Measures

Measure ID/Focus Area	Measure Name	National Reporting Initiatives Collecting and/or Making Use of Data					Measure Specifications/ More Information
		MBQIP	Electronic Clinical Quality Measures (eQMs)	Partnership for Patients Hospital Improvement and Innovation Networks (HIINs)	Hospital Inpatient and Outpatient Quality Reporting Programs	QIN-QIO Priorities	
		(Core or Additional - Domain)	(Domain)	(Core or Additional)	(IQR or OQR)	(Care Coordination, Safer Care, or Better Data for Better Care)	
AA Payment	Aortic aneurysm (AA) procedure clinical episode-based payment measure				IQR		Episode Based Payment Measure Overview
ADE	Adverse drug events (ADE) Includes: Excessive Coagulation with Warfarin Inpatients, Hypoglycemia in Inpatients Receiving Insulin, ADE due to Opioids	Additional - Patient Safety/Inpatient		Core		Safer Care	AHA HRET HIIN: Encyclopedia of Measures
Airway safety	Airway safety			Additional			Varies per HIIN
All Cause Harm	All cause harm			Additional			Varies per HIIN
AMI Excess Days	Excess days in acute care after hospitalization for acute myocardial infarction (AMI)				IQR		Measure Methodology - AMI Excess Days in Acute Care
AMI Payment	Hospital-level, risk-standardized payment associated with 30-day episode of care for acute myocardial infarction (AMI)				IQR		Claims-Based Measure Methodology Reports: Payment Measures
AMI-8a	Primary percutaneous coronary intervention (PCI) received within 90 minutes of hospital arrival		Preventive Care				eQCM Electronic Specifications
Antibiotic Stewardship	Implementation of core elements of antibiotic stewardship	Core - Patient Safety/Inpatient					Instructions for Completion of the Patient Safety Component-Annual Hospital Survey
CAC-3	Home management plan of care document given to patient/caregiver		Preventive Care				eQCM Electronic Specifications
CAUTI	Catheter-associated urinary tract infection (CAUTI)	Additional - Patient Safety/Inpatient		Core	IQR	Better Data for Better Care	CDC NHSN: Surveillance for Urinary Tract Infections
CDI	Clostridium difficile (C. diff.) laboratory-identified events (intestinal infections)	Additional - Patient Safety/Inpatient		Core	IQR	Better Data for Better Care	CDC NHSN: Surveillance for C. difficile, MRSA, and other Drug-resistant infections
Cellulitis Payment	Cellulitis clinical episode-based payment measure				IQR		Episode Based Payment Measure Overview
Chole and CDE Payment	Cholecystectomy (Chole) and common duct exploration (CDE) clinical episode-based payment measure				IQR		Episode Based Payment Measure Overview
CLABSI	Central-line associated bloodstream infection (CLABSI)	Additional - Patient Safety/Inpatient		Core	IQR	Better Data for Better Care	CDC NHSN: Surveillance for Bloodstream Infections
Colon and Abdominal Hysterectomy SSI	Harmonized procedure specific surgical site infection (SSI) outcome measure			Core	IQR	Better Data for Better Care	CDC NHSN: Surveillance for Surgical Site Infection Events
CRE	Carbapenem-resistant enterobacteriaceae			Additional			Varies per HIIN
Delirium	Iatrogenic delirium			Additional			Varies per HIIN
Diagnostic Errors	Diagnostic Errors			Additional			Varies per HIIN
ED-1	Median time from emergency department (ED) arrival to ED departure for admitted ED patients	Core - Patient Safety/Inpatient	Patient's Experience of Care		IQR	Better Data for Better Care	Specifications Manual for National Hospital Inpatient Quality Measures

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Measure ID/Focus Area	Measure Name	National Reporting Initiatives Collecting and/or Making Use of Data					Measure Specifications/ More Information
		MBQIP (Core or Additional - Domain)	Electronic Clinical Quality Measures (eQMs) (Domain)	Partnership for Patients Hospital Improvement and Innovation Networks (HIINs) (Core or Additional)	Hospital Inpatient and Outpatient Quality Reporting Programs (IQR or OQR)	QIN-QIO Priorities (Care Coordination, Safer Care, or Better Data for Better Care)	
ED-2	Admit decision time to emergency (ED) department departure time for admitted patients (median)	Core - Patient Safety/Inpatient	Patient's Experience of Care		IQR	Better Data for Better Care	Specifications Manual for National Hospital Inpatient Quality Measures
ED-3	Median time from emergency department (ED) arrival to ED departure for discharged ED patients (same as OP-18)		Patient's Experience of Care				eQCM Electronic Specifications
EDHI-1a	Hearing screening prior to hospital discharge		Preventive Care				eQCM Electronic Specifications
EDTC	Emergency department transfer communication (EDTC)	Core - Care Transitions					Data Specifications Manual for Emergency Department Transfer Communication Measure
Falls	Falls with injury	Additional - Patient Safety/Inpatient		Core			AHA HRET HIIN: Encyclopedia of Measures
GI Payment	Gastrointestinal hemorrhage clinical episode-based payment measure				IQR		Episode Based Payment Measure Overview
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Core - Patient Engagement			IQR	Better Data for Better Care	HCAHPS Online
HF Excess Days	Excess days in acute care after hospitalization for heart failure (HF)				IQR		Measure Methodology - Heart Failure Excess Days in Acute Care
HF Payment	Hospital-level, risk-standardized payment associated with 30-day episode of care for heart failure (HF)				IQR		Claims-Based Measure Methodology Reports: Payment Measures
Hip/Knee Complications	Hip/knee complications: Elective primary total hip arthroplasty and/or total knee arthroplasty complication rate				IQR	Better Data for Better Care	THA/TKA Complication Technical Report
IMM-2	Influenza immunization	Core - Patient Safety/Inpatient			IQR	Better Data for Better Care	Specifications Manual for National Hospital Inpatient Quality Measures
Kidney/UTI Payment	Kidney/urinary tract infection clinical episode-based payment measure				IQR		Episode Based Payment Measure Overview
Malnutrition	Malnutrition in the inpatient setting			Additional			Varies per HIIN
MORT-30-AMI	Acute myocardial infarction 30-day mortality rate				IQR	Better Data for Better Care	Claims-Based Measure Methodology Reports: Mortality Measures
MORT-30-CABG	Coronary bypass graph surgery 30-day mortality rate				IQR		Claims-Based Measure Methodology Reports: Mortality Measures
MORT-30-COPD	Chronic obstructive pulmonary disease 30-day mortality rate				IQR		Claims-Based Measure Methodology Reports: Mortality Measures
MORT-30-HF	Heart failure 30-day mortality rate				IQR	Better Data for Better Care	Claims-Based Measure Methodology Reports: Mortality Measures

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Measure ID/Focus Area	Measure Name	National Reporting Initiatives Collecting and/or Making Use of Data					Measure Specifications/ More Information
		MBQIP	Electronic Clinical Quality Measures (eCQMs)	Partnership for Patients Hospital Improvement and Innovation Networks (HIINs)	Hospital Inpatient and Outpatient Quality Reporting Programs	QIN-QIO Priorities	
		(Core or Additional - Domain)	(Domain)	(Core or Additional)	(IQR or OQR)	(Care Coordination, Safer Care, or Better Data for Better Care)	
MORT-30-PN	Pneumonia 30-day mortality rate				IQR	Better Data for Better Care	Claims-Based Measure Methodology Reports: Mortality Measures
MORT-30-STK	Stroke 30-day mortality rate				IQR		Claims-Based Measure Methodology Reports: Mortality Measures
MRSA	Methicillin-resistant staphylococcus aureus (MRSA) blood laboratory-identified events (bloodstream infections)	Additional - Patient Safety/Inpatient		Additional	IQR	Better Data for Better Care	CDC NHSN: Surveillance for C. difficile, MRSA, and other Drug-resistant infections
MSPB	Medicare spending per beneficiary				IQR	Better Data for Better Care	Claims-Based Measure Methodology Reports: MSPB Measure
OP-2	Fibrinolytic therapy received within 30 minutes	Core - Outpatient			OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-3	Median time to transfer to another facility for acute coronary intervention	Core - Outpatient			OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-5	Median time to ECG	Core - Outpatient			OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-8	MRI Lumbar spine for low back pain				OQR	Better Data for Better Care	Hospital Outpatient Imaging Efficiency Measures
OP-9	Mammography follow up rates				OQR	Better Data for Better Care	Hospital Outpatient Imaging Efficiency Measures
OP-10	Abdomen CT - use of contrast material				OQR	Better Data for Better Care	Hospital Outpatient Imaging Efficiency Measures
OP-11	Thorax CT - use of contrast material				OQR	Better Data for Better Care	Hospital Outpatient Imaging Efficiency Measures
OP-12	The ability for providers with HIT to receive laboratory data electronically directly into their ONC-certified EHR system as discrete searchable data				OQR		Hospital Outpatient Quality Reporting Specifications Manual
OP-13	Cardiac imaging for preoperative risk assessment for non-cardiac low risk surgery				OQR	Better Data for Better Care	Hospital Outpatient Imaging Efficiency Measures
OP-14	Simultaneous use of brain Computed tomography (CT) and sinus computed tomography (CT)				OQR	Better Data for Better Care	Hospital Outpatient Imaging Efficiency Measures
OP-17	Tracking clinical results between visits				OQR		Hospital Outpatient Quality Reporting Specifications Manual
OP-18	Median time from emergency department (ED) arrival to ED departure for discharged ED patients (same as ED-3)	Core - Outpatient			OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-22	Patient left without being seen	Core - Outpatient			OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual

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Measure ID/Focus Area	Measure Name	National Reporting Initiatives Collecting and/or Making Use of Data					Measure Specifications/ More Information
		MBQIP (Core or Additional - Domain)	Electronic Clinical Quality Measures (eCQMs) (Domain)	Partnership for Patients Hospital Improvement and Innovation Networks (HIINs) (Core or Additional)	Hospital Inpatient and Outpatient Quality Reporting Programs (IQR or OQR)	QIN-QIO Priorities (Care Coordination, Safer Care, or Better Data for Better Care)	
OP-23	Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival	Additional - Outpatient			OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-26	Hospital outpatient volume on selected outpatient surgical procedures				OQR		Hospital Outpatient Quality Reporting Specifications Manual
OP-27	Influenza vaccination coverage among healthcare personnel	Core - Patient Safety/Inpatient			OQR/IQR	Better Data for Better Care	CDC NHSN: Surveillance for Healthcare Personnel Vaccination
OP-29	Appropriate follow-up interval for normal colonoscopy in average risk patients				OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-30	Colonoscopy interval for patients with a history of adenomatous polyps – avoidance of inappropriate use				OQR	Better Data for Better Care	Hospital Outpatient Quality Reporting Specifications Manual
OP-31	Cataracts – improvement in patient’s visual function within 90 days following cataract surgery				OQR		Hospital Outpatient Quality Reporting Specifications Manual
OP-32	Facility 7-day risk standardized hospital visit rate after outpatient colonoscopy				OQR		Hospital Outpatient Quality Reporting Specifications Manual
OP-33	External beam radiotherapy for bone metastases				OQR		Hospital Outpatient Quality Reporting Specifications Manual
Patient Safety Culture	Patient Safety Culture Survey through Agency for Healthcare Research & Quality (AHRQ)			Additional	IQR		AHRQ: Surveys on Patient Safety Culture
PC-01	Elective delivery	Additional - Patient Safety/Inpatient	Preventive Care		IQR	Better Data for Better Care	Specifications Manual for Joint Commission National Quality Measures: Perinatal Care
PC-05	Exclusive breast milk feeding		Preventive Care				Specifications Manual for Joint Commission National Quality Measures: Perinatal Care
PN Excess Days	Excess days in acute care after hospitalization for pneumonia (PN)				IQR		Measure Methodology - Pneumonia Excess Days in Acute Care
PN Payment	Hospital-level, risk-standardized payment associated with 30-day episode of care for pneumonia (PN)				IQR		Claims-Based Measure Methodology Reports: Payment Measures

National Quality Reporting Crosswalk for Critical Access Hospitals

Acronyms

Acronym	Definition
AA	Aortic aneurysm
ADE	Adverse drug events
AFIB	Atrial fibrillation
AHA	American Hospital Association
AHRQ	Agency for Healthcare Research & Quality
AMI	Acute myocardial infarction
CDI	Clostridium difficile
CAC	Children's asthma care
CAH	Critical access hospital
CAP	Community-acquired pneumonia
CART	CMS Abstraction & Reporting Tool
CAUTI	Catheter-associated urinary tract infection
CDC	Centers for Disease Control & Prevention
CDE	Common Duct Exploration
Chole	Cholecystectomy
CLABSI	Central-line associated bloodstream infection
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic obstructive pulmonary disease
CQM	Clinical quality measure
CT	Computerized tomography
DACA	Data Accuracy and Completeness Acknowledgment
DVT	Deep vein thrombosis
ECG	Electrocardiogram
eCQM	Electronic clinical quality measure
ED	Emergency Department
EDHI	Early hearing detection and intervention
EDTC	Emergency Department Transfer Communication
FORHP	Federal Office of Rural Health Policy
GI	Gastrointestinal
HAI	Healthcare-acquired infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers & Systems
HCP	Health Care Personnel
HIIN	Hospital Improvement and Innovation Network
HIQR	Hospital Inpatient Quality Reporting Program
HF	Heart failure
HIP-KNEE	Total hip arthroplasty and/or total knee arthroplasty
HOSP-WIDE	Hospital-wide
HOQR	Hospital Outpatient Quality Reporting Program
HRSA	Health Resources and Services Administration
HTN	Hypertension
HWR	Hospital-wide all-cause unplanned readmission
ICU	Intensive Care Unit
IMM	Immunization
IQR	Inpatient quality reporting
IVAC	Infection-related ventilator-associated complications

National Quality Reporting Crosswalk for Critical Access Hospitals

Acronyms

Acronym	Definition
MBQIP	Medicare Beneficiary Quality Improvement Project
MMA	Medicare Prescription Drug, Improvement, and Modernization Act
MORT	Mortality
MSPB	Medicare spending per beneficiary
MRSA	Methicillin-resistant Staphylococcus aureus
MU	Meaningful Use
NA	Not applicable
NHSN	National Healthcare Safety Network
HRET	Health Research & Educational Trust
ONC	Office of the National Coordinator for Health Information Technology
OP	Outpatient
OQR	Outpatient quality reporting
P4P	Partnership for Patients
PC	Pregnancy care
PCI	Primary percutaneous coronary intervention
PE	Pulmonary embolism
PN	Pneumonia
PI	Promoting Interoperability Program
POD	Postoperative day
PSI	Patient Safety Indicators
QIN-QIO	Quality Innovation Network-Quality Improvement Organization
QRDA	Quality Reporting Document Architecture
READM	Readmission
SCIP-Inf	Surgical Care Improvement Project-Infection
Sfusion	Spinal fusion
SSI	Surgical Site Infection
STK	Stroke
THA	Total hip arthroplasty
TKA	Total knee arthroplasty
UTI	Urinary Tract Infection
VAE	Ventilator-associated event
VBP	Value-based purchasing
VTE	Venous thromboembolism