Turning Data Into Improvement

From MBQIP Reports to Real-World Change

APRIL 16, 2026

Welcome

Name

Position

Thing you enjoy most about your work

Favorite beverage

Day Two – Working Session

8:30 a.m.	Welcome and Introductions
8:45 a.m.	Review of Gathered Data
9:00 a.m.	MBQIP Measure Discussion and Report Review
10:15 a.m.	Break
10:30 a.m.	MBQIP Measure Discussion and Report Review (continued)
11:00 a.m.	Group Work - Development of Action Plan
11:45 a.m.	Report Out
12:00 p.m.	Adjourn Day Two – Travel Safe!

What We'll Actually Do Today

01

Understand key MBQIP reporting requirements and deadlines

02

Review Flex Monitoring Team reports w/ your data

03

Practice using PDSA on your own priorities

04

Leave with a draft test of change and a 30-day follow-up plan

What Data Leaves Your Hospital?

Write down every type of quality-related data your facility reports or sends outside your walls.

Think broadly — regulatory, patient experience, clinical quality, safety, anything.

Why Is Data So Difficult to Use?

Turn to a neighbor—what makes using data hard in your hospital?

What We Hear Across Oregon

Small numbers feel less valid

Staff turnover and competing priorities

Reports arrive late or feel disconnected from daily work

Not knowing where to report or how to find the data

What else?

What Helps Teams Use Data

- Looking at trends, not single points
- Connecting data to a real problem or patient
- Starting with one unit/one shift/one provider
- Sharing data in plain language

Data Submission Deadlines[1,2]

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q4 / 2025 Oct 1 – Dec 31	Q1 / 2026 Jan 1 – Mar 31	Q2 / 2026 Apr 1 – Jun 30	Q3 / 2026 Jul 1 – Sep 30
HCP/IMM-3[3]	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	May 15, 2026 (Q4 2025 - Q1 2026 data aggregate)		N/A	N/A
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2026[4] (CY 2025 data)	March 1, 2027[4] (CY 2026 data)		
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR - HCAHPS	April 8, 2026	July 8, 2026	October 14, 2026	January 13, 2027
EDTC[5]	Emergency Department Transfer Communication	Emergency Department	Submission process directed by State Flex Program	February 2, 2026	April 30, 2026	July 31, 2026	November 2, 2026
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR - Outpatient Chart Abstracted	May 1, 2026	August 3, 2026	November 2, 2026	February 1, 2027
OP-22	Patient left without being seen	Emergency Department	HQR – Outpatient Web-Based	May 15, 2026 (CY 2025 data aggregate)	May 17, 2027 (CY 2026 data aggregate) anticipated		

Data Submission Deadlines[1,2]

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q3 / 2025 Jul 1- Sep 30	Q4 / 2025 Oct 1 – Dec 31	Q1 / 2026 Jan 1 – Mar 31	Q2 / 2026 Apr 1- Jun 30
N/A	CAH Quality Infrastructure	Global Measures	FMT via Qualtrics	National CAH Inventory and Assessment Continues Submission window September 15, 2025- November 21, 2025		National CAH Inventory and Assessment Continues Submission window TBD	
Safe Use of Opioids	Safe Use of Opioids- Concurrent Prescribing	Patient Safety	HQR -eCQM File Upload	MBQIP 2025 Core Measure starting with this measurement period[5] Submission Deadline March 2, 2026 (CY 2025 data)		Submission Deadline March 1, 2027 (CY 2026 data) anticipated	
Hybrid HWR	Hybrid Hospital-Wide Readmission	Care Coordination	HQR -Hybrid	MBQIP Core Measure starting with this measurement period Submission Deadline October 1, 2026 (Q3 2025 - Q2 2026 data)			

Revised 9/01/25

Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

MBQIP Core Measure Set				
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
†**CAH Quality Infrastructure** *(annual submission)*	***HCP/IMM-3:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) *(annual submission)* ***Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey *(annual submission)* **Safe Use of Opioids (eCQM)** *(annual submission)*	***Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *(quarterly submission)*: The HCAHPS survey contains patient perspectives on care and patient rating items that encompass eleven key topics: • Communication with Nurses • Communication with Doctors • Restfulness of Hospital Environment • Care Coordination • Responsiveness of Hospital Staff • Communication About Medicines • Discharge Information • Cleanliness of Hospital Environment • Information About Symptoms • Hospital Rating • Recommend the Hospital	**Hybrid Hospital-Wide Readmission** *(annual submission)*	***Emergency Department Transfer Communication (EDTC)** *(quarterly submission)*: The following eight elements roll up into a single composite result: • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results ***OP-18:** Median Time from ED Arrival to ED Departure for Discharged ED Patients *(quarterly submission)* ***OP-22:** Patient Left Without Being Seen *(annual submission)*

HCAHPS REPORT

MBQIP MEASURES
HOSPITAL REPORT

Flex Monitoring Team Reports

Reading Your Reports

01

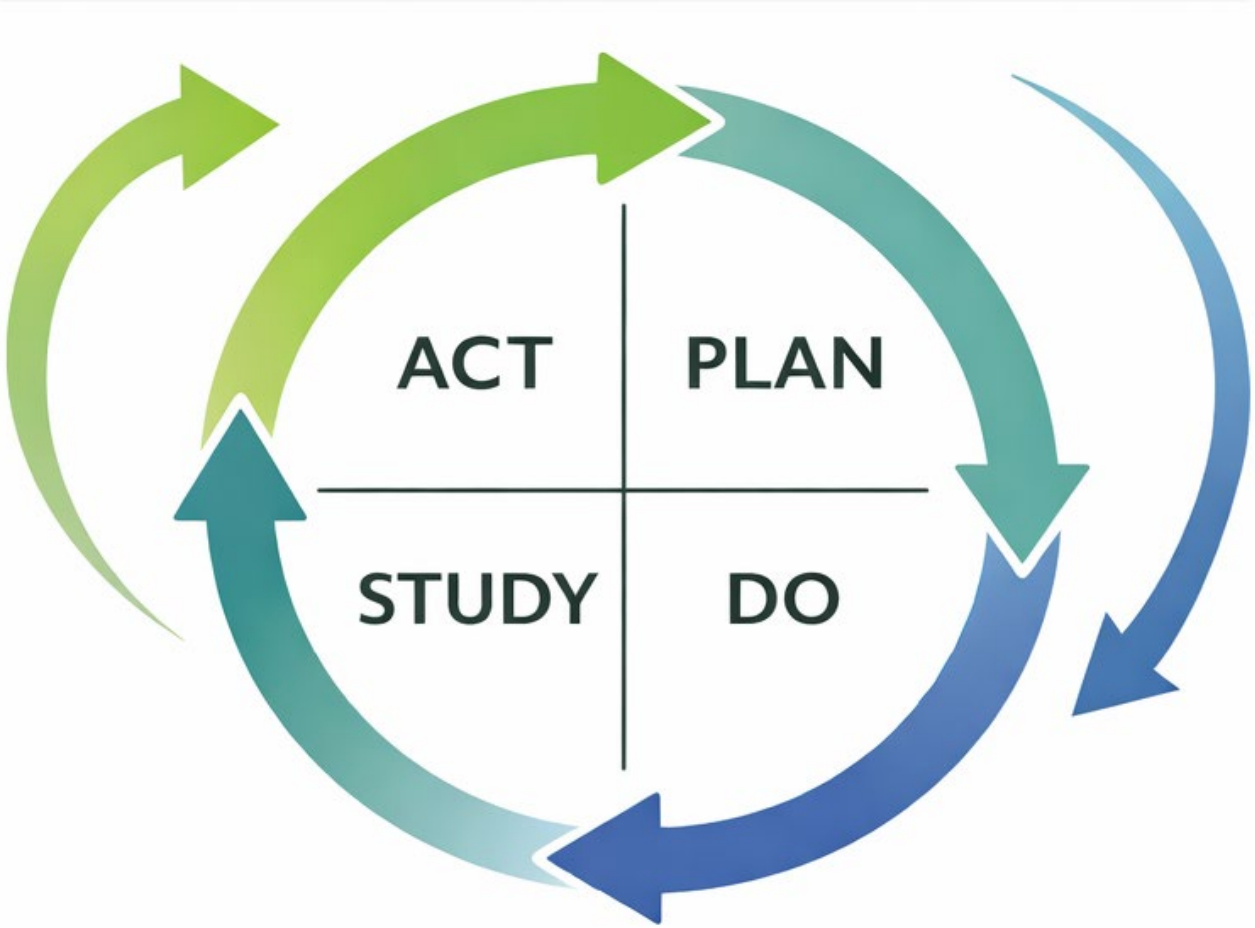
Find your hospital's reports

02

Look at trends, not just one quarter

03

Notice where you're above/below state average



QI Model for Improvement PDSA

QI Model for Improvement
Why It Works

Start tiny — one unit, one shift, one provider

Move from thinking to doing (avoid “studying it to death”)

Keep data collection simple and focused, even with small numbers

Builds confidence through quick wins

Starting Small Examples

Ask	Ask 3 patients one new question this week
Try	Try a new discharge script on one provider's patients for 2 days
Pilot	Pilot a new process on one shift

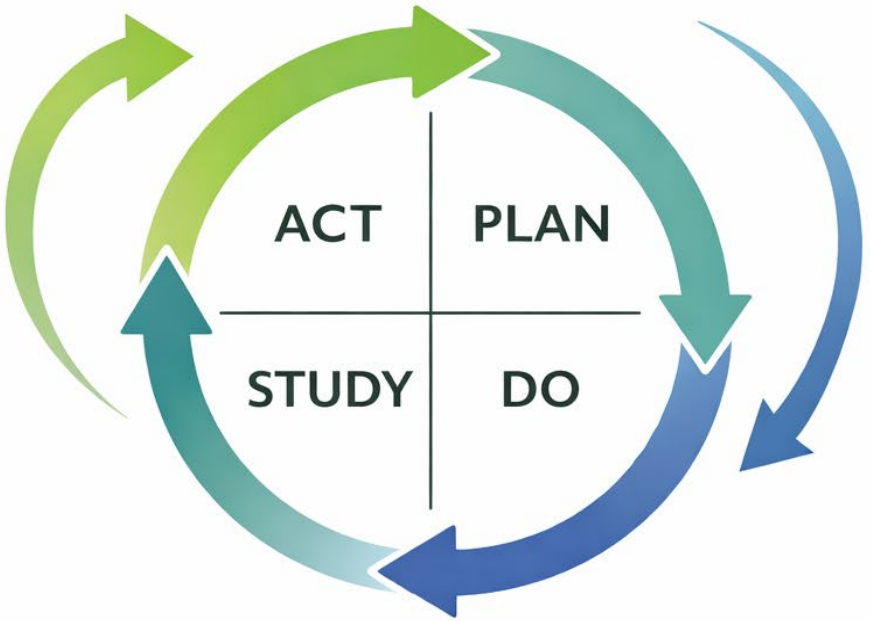
QI Model for Improvement

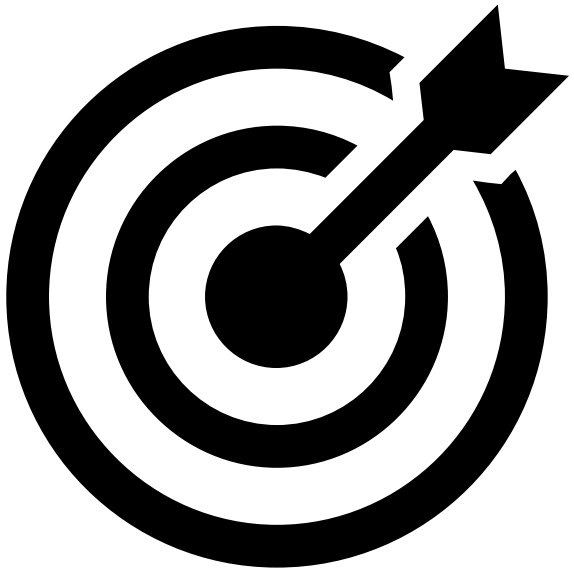
Asking Three Key Questions and Using PDSA for Small Tests of Change

What are we triying to accomplish?

How will we know a change is an **improvement?**

What change can we make that will lead to **improvement?**





Aim Statement

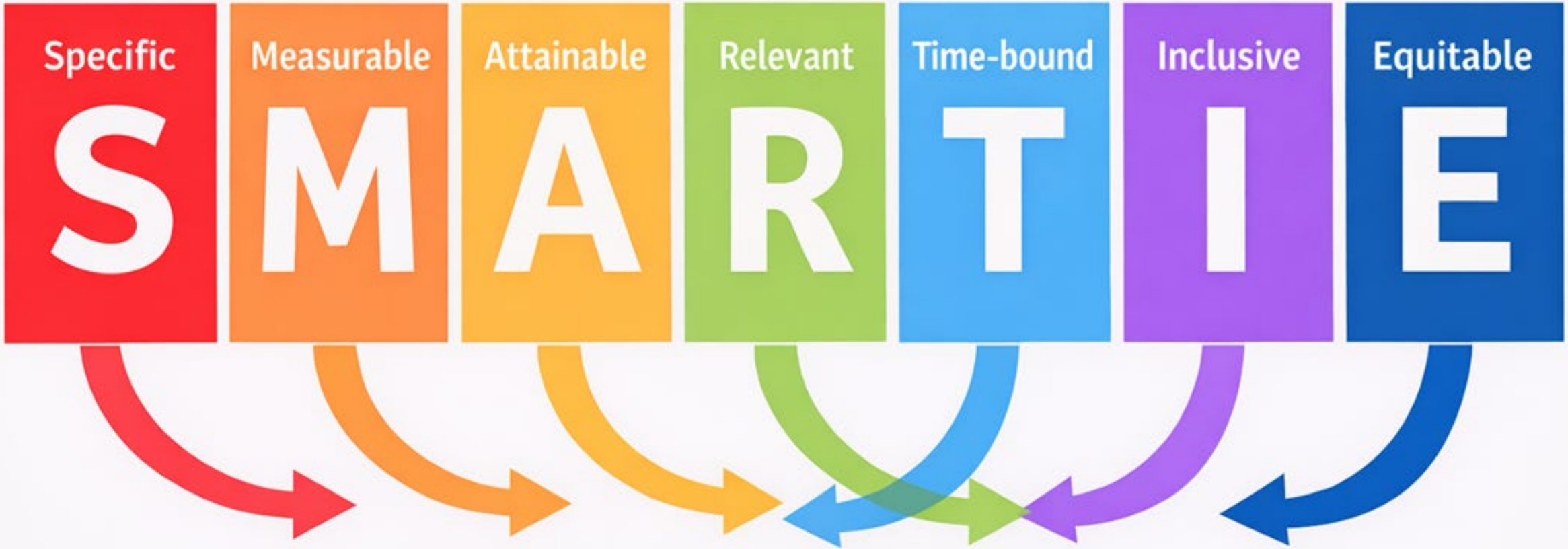
What are we trying to accomplish?

- **Clear** – everyone can say it back
- **Measurable** – includes a percentage or count
- **Time-bound** – by when
- **Stretch, not fantasy**

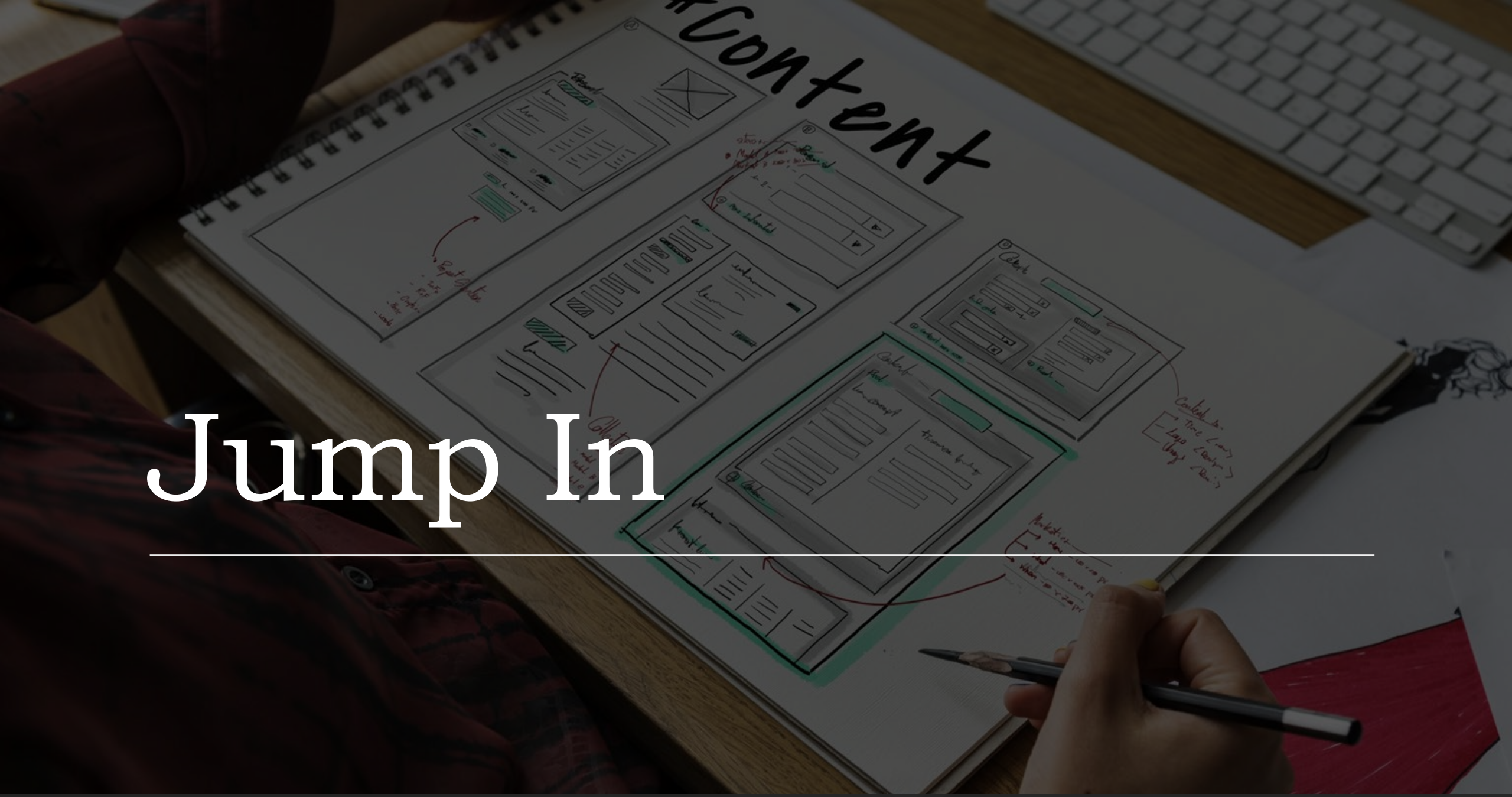
Aim Statement Examples

Good: Increase HCAHPS ‘communication with nurses’ from 62% to 70% by December 31, 2026.

Not so good: Improve communication with patients.



Improvement is iterative — we don’t just move forward, we loop back, refine, and adjust.



Jump In

RQITA RESOURCE CENTER

The Why (problem)			
AIM Statement			
Team Lead (Dept.)		Team Members (Dept.)	

Start Date: **Last Updated:** **Completion Date:**

PLAN	DO
•	•
	STUDY
	•
	ACT
	•

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Your PDSA Worksheet

Development Objective or Aim

WHAT ARE YOU TRYING TO ACCOMPLISH?

Plan the First Test

- WHAT EXACTLY WILL YOU TRY?
- WHO/WHERE/WHEN?
- WHAT DO YOU PREDICT WILL HAPPEN?
- WHAT WILL YOU MEASURE?

Group Breakout

Group Breakout

Choose	Choose a Topic: HCAHPS, HHWR, EDTC, Safe Use of Opioids, OP-18, CAH Quality Infrastructure
Use	Use Your PDSA to Draft: • One Aim Statement • One Tiny First Test – (PDSA “Plan” Level)
Time	Time: You have 45 minutes

Report Out

- Topic
- Aim
- First Test


Next Steps

Your Next 30 Days

Share your aim with your team

Run at least one tiny test

Capture what you learned (even if it “didn’t” work)

What Success Looks Like

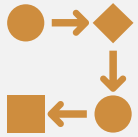
We tried something

We learned something

We know our next step

Follow-Up

In ~30 days, Stephanie will reach out to ask where you are with your PDSA



You don’t have to be ‘done’—you just need to have started

Questions

Contact Me

Susan Runyan, MHCL, MICT

Runyan Health Care

Quality Consulting

runyanhcquality@gmail.com

Phone: 620-222-8366

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