



Quality Measures: 2026 Report Year

STATEWIDE QUALITY REPORTING AND MEASUREMENT SYSTEM

Physician Clinic Measures

Physician Clinic Quality Measures¹

- Optimal Diabetes Care
- Optimal Asthma Control – Adult and Child
- Asthma Education and Self-Management – Adult and Child
- Colorectal Cancer Screening
- Depression Remission at Six Months – Adult and Adolescent
- Adolescent Mental Health and/or Depression Screening

Hospital Measures

Hospital Quality Measures

Prospective Payment System Hospital

- Hospital Value-Based Purchasing Total Performance Score
- Hospital Readmissions Reduction Program Excess Readmission Ratio
- Hospital Acquired Condition Reduction Program Score

Critical Access Hospital

Inpatient²

- Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Outpatient³

- Median Time from ED Arrival to ED Departure for Discharged ED Patients (OP-18)
- ED-Patient Left without Being Seen (OP-22)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Emergency Department Transfer Communication Composite

Prospective Payment System and Critical Access Hospitals⁴

- Emergency Department Stroke Registry Indicators: Door-to-Imaging Initiated Time
- Time to Intravenous Thrombolytic Therapy
- Mortality for Selected Conditions (IQI-91)
- Patient Safety and Adverse Events Composite (PSI-90)

Hospital Structural Measures

- Health Information Technology Hospital Survey

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¹ In May 2020, the Minnesota Department of Health (MDH) removed the Optimal Vascular Care measure to implement a measure cap of six measures enacted by the Minnesota Legislature. MDH also removed the Total Knee Replacement, Spinal Surgery – Lumbar Fusion, and Spinal Surgery – Lumbar Discectomy Laminotomy orthopedic outcome measures to align with MN Community Measurement's pause in data collection. In December 2018, MDH shifted the Health Information Technology Ambulatory Clinic Survey from an annual to biennial survey to reduce reporting burden. MDH will not conduct the survey during 2024. MDH will consult with the Minnesota e-Health Initiative Advisory Committee about future administration of this survey.

² To maintain alignment with federal programs, in December 2023, MDH removed Elective Delivery (PC-01) beginning with January 1, 2024, reporting. In May 2020, MDH removed Admit Decision Time to ED Departure Time for Admitted Patients – Overall Rate (ED-2a). In December 2018, MDH removed: Median time from ED Arrival to ED Departure for Admitted ED Patients –Overall Rate (ED1a), and Influenza Immunization (IMM-2).

³ To maintain alignment with federal programs, in December 2022, MDH removed the Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival (OP-2) and Median Time to Transfer to Another Facility for Acute Coronary Intervention (OP-3) measures beginning with reporting period April 1–June 30, 2023. In May 2020, MDH removed Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT or MRI Scan Interpretation within 45 Minutes of Arrival (OP-23). In March 2018, MDH removed: Median Time to Fibrinolysis (OP-1), Aspirin at Arrival (OP-4), Door to Diagnosis Evaluation by a Qualified Medical Professional (OP-20), Median Time to Pain Management for Long Bone Fracture (OP-21), and Safe Surgery Checklist Use (OP-25). In February 2019, MDH removed Median time to ECG (OP-5).

⁴ To maintain alignment with federal programs, in December 2024, MDH removed Death Rate among Surgical Inpatients with Serious Treatable Complications (PSI-4) with January 1, 2025, reporting.