ALLIANT QUALITY
The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

HQIC Measurements and Goals

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen

We will get started shortly!

HQIC Measurements and Goals

https://www.alliantquality.org/wp-content/uploads/2021/08/HQIC_Monthly_Measurement_Specifications_Aug21-V4.xlsx

September 2021

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Making Health Care Better *Together*

Collaborators:

Alabama Hospital Association
Alliant Quality
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement

Welcome from all of us!

ALABAMA HOSPITAL ASSOCIATION

ALLIANT QUALITY
The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

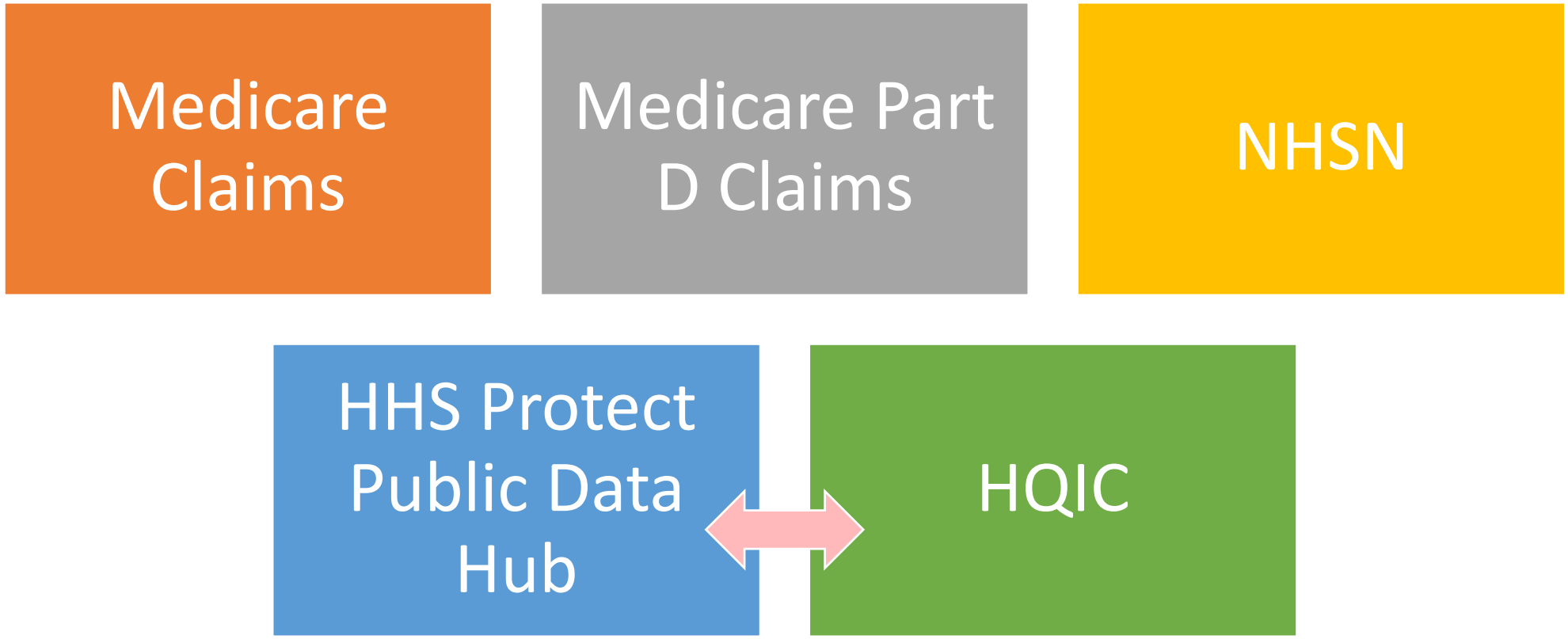
Comagine Health

GHA
Georgia Hospital Association

kfmc
Health Improvement Partners

KONZA

Measurement Data Source



Medicare Claims Based Measures

- Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions
- Hospital Harm- Severe Hypoglycemia
- Opioid-Related Adverse Drug Event Rate
- Pressure Ulcer Rate AHRQ PSI-3
- Hospital-wide, All cause, unplanned hospital 30-day readmissions (NQF 1789)
- 30-day Sepsis Mortality rate
- Post-operative sepsis and septic shock (PSI-13)

Measure Domain	Measure Name (in run chart data)	Detailed Measure Name	Data Source	Link to Measure Specification Document (if measure is publicly documented)	Numerator Inclusion Criteria (if measure is not documented elsewhere)	Denominator Inclusion Criteria (if measure is not documented elsewhere)
Readmissions	READM_30D_HW	Hospital-wide, All cause, unplanned hospital 30-day readmissions (NQF 1789)	Claims	NQF #1789, Note that risk adjustment is not required. Please submit unadjusted numerator and denominator	All-cause 30-day readmissions	All eligible discharges (see link to NQF #1789 and READM_30DAY_HW_ICD10_EXCLUSIONS tab)
COVID-19_HOSPITAL	COVID_VAC_COMP	COVID-19 vaccination among hospital clinicians-Vaccination Complete	HHS Protect/NHSN/HQIC	N/A	Cumulative number of HCP who have completed the COVID-19 vaccine series at this facility or elsewhere	Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the month (HCP includes: Registered nurses and licensed practical/vocational nurses, Attending physicians and fellows, Advanced practice nurses and physician assistants, respiratory therapists, pharmacists and pharmacy technicians)
COVID-19_HOSPITAL	COVID_ ED_VENT	ED Utilization related to COVID- ventilated beneficiaries	HHS Protect/HQIC	N/A	Total ventilated beneficiaries with suspected or laboratory-confirmed COVID-19 in the Emergency Department (ED) or any overflow location awaiting an inpatient bed.	Total COVID-19-related admissions through the ED
COVID-19_HOSPITAL	COVID_ HOSP_ONSET	Hospital Onset of COVID-19	HHS Protect/HQIC	N/A	Total inbeneficiaries with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19.	Total number of admissions
ADE	ADE_ANTICOAG	Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions	Claims	See ADE_ANTICOAG_ICD10 tab	Number of anticoagulant related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for anticoagulant ADE, not present on admission.	All acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe
ADE	ADE_DIABETES	Hospital Harm- Severe Hypoglycemia	Claims	See ADE_DIABETES_ICD10 tab & DIABETES_ICD10 tab	Number ofglycemic related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for glycemic ADE, not present on admission.	All acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe with a primary or secondary diagnosis of diabetes
ADE	ADE_OPIOID	Opioid-Related Adverse Drug Event Rate	Claims	See ADE_OPIOID_ICD10 tab	Number of discharges having any of the ICD-10 codes from the Digmann article indicating an opioid adverse drug event not present on admission (POA), among those eligible for denominator	Number of discharges from the target hospital where patient was prescribed at least one oral opioid during the month of or month prior to the discharge date
Sepsis	SEPSIS_SHOCK	Post-operative sepsis and septic shock (PSI-13)	Claims	AHRQ PSI-13	Post-operative Sepsis cases (secondary dx)	Elective surgical discharges over 18
Sepsis	SEPSIS_MORT_2	30-day Sepsis Mortality rate	Claims	See SEPSIS_ICD10 tab	Number beneficiaries who died within 30 days of being diagnosed with sepsis	Number of beneficiaries who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission
PrU	PU_STAGE3	Pressure Ulcer Rate AHRQ PSI-3	Claims	AHRQ PSI-3	Stage 3 or 4 pressure ulcers (or unstageable) secondary diagnoses	Discharges among medical or surgical patients over 18
C_Diff	CDIFF_SIR	Laboratory-identified Hospital Onset Clostridioides difficile Standardized Infection Ratio (SIR) (NQF 1717)	NHSN	NQF 1717	Observed number of Cdiff infections	Expected number of Cdiff infections
MRSA	MRSA_SIR	Laboratory-identified Hospital Onset Methicillin-resistant Staphylococcus (MRSA) bacteremia Ratio (SIR)	NHSN	NQF 1718	Observed number of MRSA infections	Expected number of MRSA infections
CAUTI	CDC_CAUTI_ICU_I	NHSN CAUTI SIR - ICU, excluding NICU	NHSN	NQF 0138	Observed number of CAUTI infections among ICU patients excluding NICU	Expected number of CAUTI infections among ICU patients excluding NICU
CAUTI	CDC_CAUTI_ICU_P	NHSN CAUTI SIR - ICU + Other Units	NHSN	NQF 0138	Observed number of CAUTI infections	Expected number of CAUTI infections
CAUTI	CDC_CAUTI_UR	NHSN CAUTI Utilization Ratio	NHSN	NHSN	Number of catheter days	Number of patient days
CLABSI	CDC_CLABSI_ICU_I	NHSN CLABSI SIR - ICU, including NICU	NHSN	NQF 0139	Observed number of CLABSI infections among ICU patients excluding NICU	Expected number of CLABSI infections among ICU patients excluding NICU
CLABSI	CDC_CLABSI_ICU_P	NHSN CLABSI SIR - ICU + Other units	NHSN	NQF 0139	Observed number of CLABSI infections	Expected number of CLABSI infections
CLABSI	CDC_CLABSI_UR	NHSN CLABSI Utilization Ratio	NHSN	NHSN	Number of central line days	Number of patient days
Opioids	OPIOID_DOSE_DC	High-Dose Opioid Prescribing Upon Discharge	Claims (Part D)	N/A	Number of beneficiaries discharged with an opioid prescription with ≥90 MME daily	Number of inpatient and observation beneficiaries discharged with an opioid prescription
Opioids	NARCAN_DC	Naloxone Upon Discharge	Claims (Part D)	N/A	Number of doses of a reversal agent (e.g., Naloxone) administered to patients who have been prescribed opioids	Total number of inpatient and observation patients prescribed opioids
MRSA	MRSA_RATE	NHSN CDC Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	MRSA incident count	Number of patient days
C_DIFF	CDIFF_RATE	NHSN CDC C. Difficile Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	CDiff incident count	Number of patient days

Medicare Part D Claims

- Naloxone Upon Discharge
- High-Dose Opioid Prescribing Upon Discharge

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COVID-19_HOSPITAL	COVID_VAC_COMP	COVID-19 vaccination among hospital clinicians-Vaccination Complete	HHS Protect/NHSN/HQIC	N/A	Cumulative number of HCP who have completed the COVID-19 vaccine series at this facility or elsewhere	Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the month (HCP includes: Registered nurses and licensed practical/vocational nurses, Attending physicians and fellows, Advanced practice nurses and physician assistants, respiratory therapists, pharmacists and pharmacy technicians)
COVID-19_HOSPITAL	COVID_ ED_VENT	ED Utilization related to COVID- ventilated beneficiaries	HHS Protect/HQIC	N/A	Total ventilated beneficiaries with suspected or laboratory-confirmed COVID-19 in the Emergency Department (ED) or any overflow location awaiting an inpatient bed.	Total COVID-19-related admissions through the ED
COVID-19_HOSPITAL	COVID_ HOSP_ONSET	Hospital Onset of COVID-19	HHS Protect/HQIC	N/A	Total inbeneficiaries with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19.	Total number of admissions
ADE	ADE_ANTICOAG	Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions	Claims	See ADE_ANTICOAG_ICD10 tab	Number of anticoagulant related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for anticoagulant ADE, not present on admission.	All acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe
ADE	ADE_DIABETES	Hospital Harm- Severe Hypoglycemia	Claims	See ADE_DIABETES_ICD10 tab & DIABETES_ICD10 tab	Number ofglycemic related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for glycemic ADE, not present on admission.	All acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe with a primary or secondary diagnosis of diabetes
ADE	ADE_OPIOID	Opioid-Related Adverse Drug Event Rate	Claims	See ADE_OPIOID_ICD10 tab	Number of discharges having any of the ICD-10 codes from the Digmann article indicating an opioid adverse drug event not present on admission (POA), among those eligible for denominator	Number of discharges from the target hospital where patient was prescribed at least one oral opioid during the month of or month prior to the discharge date
Sepsis	SEPSIS_SHOCK	Post-operative sepsis and septic shock (PSI-13)	Claims	AHRQ PSI-13	Post-operative Sepsis cases (secondary dx)	Elective surgical discharges over 18
Sepsis	SEPSIS_MORT_2	30-day Sepsis Mortality rate	Claims	See SEPSIS_ICD10 tab	Number beneficiaries who died within 30 days of being diagnosed with sepsis	Number of beneficiaries who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission
PrU	PU_STAGE3	Pressure Ulcer Rate AHRQ PSI-3	Claims	AHRQ PSI-3	Stage 3 or 4 pressure ulcers (or unstageable) secondary diagnoses	Discharges among medical or surgical patients over 18
C_Diff	CDIFF_SIR	Laboratory-identified Hospital Onset Clostridioides difficile Standardized Infection Ratio (SIR) (NQF 1717)	NHSN	NQF 1717	Observed number of Cdiff infections	Expected number of Cdiff infections
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CAUTI	CDC_CAUTI_ICU_I	NHSN CAUTI SIR - ICU, excluding NICU	NHSN	NQF 0138	Observed number of CAUTI infections among ICU patients excluding NICU	Expected number of CAUTI infections among ICU patients excluding NICU
CAUTI	CDC_CAUTI_ICU_P	NHSN CAUTI SIR - ICU + Other Units	NHSN	NQF 0138	Observed number of CAUTI infections	Expected number of CAUTI infections
CAUTI	CDC_CAUTI_UR	NHSN CAUTI Utilization Ratio	NHSN	NHSN	Number of catheter days	Number of patient days
CLABSI	CDC_CLABSI_ICU_I	NHSN CLABSI SIR - ICU, including NICU	NHSN	NQF 0139	Observed number of CLABSI infections among ICU patients excluding NICU	Expected number of CLABSI infections among ICU patients excluding NICU
CLABSI	CDC_CLABSI_ICU_P	NHSN CLABSI SIR - ICU + Other units	NHSN	NQF 0139	Observed number of CLABSI infections	Expected number of CLABSI infections
CLABSI	CDC_CLABSI_UR	NHSN CLABSI Utilization Ratio	NHSN	NHSN	Number of central line days	Number of patient days
Opioids	OPIOID_DOSE_DC	High-Dose Opioid Prescribing Upon Discharge	Claims (Part D)	N/A	Number of beneficiaries discharged with an opioid prescription with ≥90 MME daily	Number of inpatient and observation beneficiaries discharged with an opioid prescription
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C_DIFF	CDIFF_RATE	NHSN CDC C. Difficile Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	CDiff incident count	Number of patient days

NHSN

- Device Related
  - NHSN CAUTI SIR - ICU, excluding NICU
  - NHSN CAUTI SIR - ICU + Other Units
  - NHSN CAUTI Utilization Ratio
  - NHSN CLABSI SIR - ICU, excluding NICU
  - NHSN CLABSI SIR - ICU + Other units
  - NHSN CLABSI Utilization Ratio
- Lab Value Related
  - NHSN CDC C. Difficile Rate
  - CDIFF SIR
  - NHSN CDC Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Rate
  - Laboratory-identified Hospital Onset Methicillin-resistant Staphylococcus (MRSA) bacteremia Ratio (SIR)

Measure Domain	Measure Name (in run chart data)	Detailed Measure Name	Data Source	Link to Measure Specification Document (if measure is publicly documented)	Numerator Inclusion Criteria (if measure is not documented elsewhere)	Denominator Inclusion Criteria (if measure is not documented elsewhere)
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CLABSI	CDC_CLABSI_UR	NHSN CLABSI Utilization Ratio	NHSN	NHSN	Number of central line days	Number of patient days
Opioids	OPIOID_DOSE_DC	High-Dose Opioid Prescribing Upon Discharge	Claims (Part D)	N/A	Number of beneficiaries discharged with an opioid prescription with ≥90 MME daily	Number of inpatient and observation beneficiaries discharged with an opioid prescription
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MRSA	MRSA_RATE	NHSN CDC Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	MRSA incident count	Number of patient days
C_DIFF	CDIFF_RATE	NHSN CDC C. Difficile Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	CDiff incident count	Number of patient days

HHS Protect Public Data Hub

https://protect-public.hhs.gov/

- ED Utilization related to COVID- non-ventilated beneficiaries
- ED Utilization related to COVID- ventilated beneficiaries
- Hospital Onset of COVID-19
- COVID-19 vaccination among hospital clinicians- Vaccination Complete (NHSN)

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ADE_DIABETES	Hospital Harm- Severe Hypoglycemia	Claims	See ADE_DIABETES_ICD10 tab & DIABETES_ICD10 tab	Number ofglycemic related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for glycemic ADE, not present on admission.	All acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe with a primary or secondary diagnosis of diabetes
ADE_OPIOID	Opioid-Related Adverse Drug Event Rate	Claims	See ADE_OPIOID_ICD10 tab	Number of discharges having any of the ICD-10 codes from the Digmann article indicating an opioid adverse drug event not present on admission (POA), among those eligible for denominator	Number of discharges from the target hospital where patient was prescribed at least one oral opioid during the month of or month prior to the discharge date
SEPSIS_SHOCK	Post-operative sepsis and septic shock (PSI-13)	Claims	AHRQ PSI-13	Post-operative Sepsis cases (secondary dx)	Elective surgical discharges over 18
SEPSIS_MORT_2	30-day Sepsis Mortality rate	Claims	See SEPSIS_ICD10 tab	Number beneficiaries who died within 30 days of being diagnosed with sepsis	Number of beneficiaries who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission
PU_STAGE3	Pressure Ulcer Rate AHRQ PSI-3	Claims	AHRQ PSI-3	Stage 3 or 4 pressure ulcers (or unstageable) secondary diagnoses	Discharges among medical or surgical patients over 18
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CDC_CAUTI_UR	NHSN CAUTI Utilization Ratio	NHSN	NHSN	Number of catheter days	Number of patient days
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CDC_CLABSI_UR	NHSN CLABSI Utilization Ratio	NHSN	NHSN	Number of central line days	Number of patient days
OPIOID_DOSE_DC	High-Dose Opioid Prescribing Upon Discharge	Claims (Part D)	N/A	Number of beneficiaries discharged with an opioid prescription with ≥90 MME daily	Number of inpatient and observation beneficiaries discharged with an opioid prescription
NARCAN_DC	Naloxone Upon Discharge	Claims (Part D)	N/A	Number of doses of a reversal agent (e.g., Naloxone) administered to patients who have been prescribed opioids	Total number of inpatient and observation patients prescribed opioids
MRSA_RATE	NHSN CDC Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	MRSA incident count	Number of patient days
CDIFF_RATE	NHSN CDC C. Difficile Rate	NHSN	https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf	CDiff incident count	Number of patient days

Relative Improvement Rate Calculation

- $RIR = \frac{Current\ Rate - Baseline\ Rate}{Baseline\ Rate}$ (Expressed as a Percent)

MEDICARE CLAIMS BASED MEASUREMENTS

Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions

- Numerator
  - Number of anticoagulant related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for anticoagulant ADE, not present on admission. Medicare Claims Only
- Denominator
  - All Medicare acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe
- Displayed: Ratio 1000 X Num/Den
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 4%, Year 2 = 8.5%, Year 3 = 13%
- Measure Shorthand in Graphs: ADE_ANTICOAG

Anticoagulant Related ADE Resources

Links to Resources
Core Elements of Anticoagulation Stewardship
Core Elements of Anticoagulation Stewardship Program
Resources for Anticoagulation Patient Management (ASHP Members)

Professional Association Websites
Anticoagulation Forum
American Hospital Association
American Society of Health-System Pharmacists

Subject Matter Expert	Jennifer Massey, PharmD | Alliant Health | Jennifer.Massey@AlliantHealth.org

Hospital Harm- Severe Hypoglycemia

- Numerator
  - Number of glycemic related adverse drug events, with a primary or secondary ICD-10-CM diagnosis for glycemic ADE, not present on admission. Medicare Claims Only
- Denominator
  - All Medicare acute inpatient admissions (including transfers and left against medical advice [LAMA]) in the measurement timeframe with a primary or secondary diagnosis of diabetes
- Displayed: Ratio 1000 X Num/Den
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 4%, Year 2 = 8.5%, Year 3 = 13%
- Measure Shorthand in Graphs: ADE_DIABETES

Hypoglycemic ADE Resources

Links to Resources
The Glycemic Control Implementation Guide
Hypoglycemia Quality Collaborative Strategic Blueprint

Professional Association Websites
Anticoagulation Forum
American Hospital Association
American Society of Health-System Pharmacists

Subject Matter Expert	Jennifer Massey, PharmD | Alliant Health | Jennifer.Massey@AlliantHealth.org

Opioid-Related Adverse Drug Event Rate

- Numerator
  - Number of discharges having any of the ICD-10 codes from the Digmann article indicating an opioid adverse drug event not present on admission (POA), among those eligible for denominator. Medicare Claims Only
- Denominator
  - Number of Medicare discharges from the target hospital where patient was prescribed at least one oral opioid during the month of or month prior to the discharge date
- Displayed: Ratio 1000 X Num/Den
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 2.5%, Year 2 = 5%, Year 3 = 7%
- Measure Shorthand in Graphs: ADE_OPIOID_RATE

Opioid Related ADE Resources

Links to Resources
Do's and Don'ts of Pain Medicine
Comfort Menu
Addressing the Opioid Overdose Epidemic in the Emergency Department
Opioid Risk Tool
Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP® -R)
NIDA Quick Screen
Identification, Management, and Transition of Care for Patients With Opioid Use Disorder in the Emergency Department
Addressing the Opioid Epidemic

Professional Association Websites
American Society of Addiction Medicine
American Hospital Association

Subject Matter Expert	Jennifer Massey, PharmD | Alliant Health | Jennifer.Massey@AlliantHealth.org

Hospital-wide, All Cause, Unplanned Hospital 30-day Readmissions (NQF 1789)

- Numerator:
  - All Medicare Patients having an unplanned Readmission within 30 days of discharge from an Acute Care Setting
- Denominator:
  - All eligible Medicare discharges
- Display: Num/Den as percentage
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 1%, Year 2 = 3%, Year 3 = 5%
- Measure Shorthand in Graphs: READM_30D_HW

Readmissions Resources

Links to Resources	
NIH Evidence based follow up programs that reduced HF readmissions	
Heart Failure Tools and Resources	
Zone Tool (HF)	Immunizations
Zone Tool (Diabetes)	Telehealth
Zone Tool (Pneumonia)	Community Coalitions
Zone Tool (COPD)	Vaccines and Immunizations
Chronic Diseases	

Professional Association Websites
American Hospital Association
American Heart Association
Heart Failure
Million Hearts

Subject Matter Expert	Melody Brown, MSM | Alliant Health | Melody.Brown@AlliantHealth.org

Post-operative Sepsis and Septic Shock (PSI-13)

- Numerator:
  - Post-operative Sepsis cases (secondary dx)
- Denominator:
  - Elective Medicare surgical discharges for patients over 18 y.o.
- Display: Num/Den X 1,000
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: SEPSIS_SHOCK

30-day Sepsis Mortality Rate

- Numerator:
  - Number Medicare beneficiaries who died within 30 days of being diagnosed with sepsis
- Denominator:
  - Number of Medicare beneficiaries who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission.
- Display: Num/Den X 1,000
- Baseline = Calendar Year 2019
- RIR Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: SEPSIS_MORT_2

Sepsis Resources

Links to Resources
Hospital Toolkit for Adult Sepsis Surveillance - CDC
Sepsis Early Recognition and Treatment Tool
Guidelines and Bundles for Adult Patients
Guidelines and Bundles for Pediatric Patients

Professional Association Websites
CDC Sepsis Clinical Information
Society of Critical Care Medicine – Surviving Sepsis Campaign
The Sepsis Alliance Institute

Subject Matter Expert | **Amy Ward, MS, BSN, RN, CIC | Alliant Health | Amy.Ward@AlliantHealth.org**

Pressure Ulcer Rate AHRQ PSI-3

- Numerator:
  - Medicare Patients with >3 day LOS with a secondary diagnoses of a pressure injury Stage 3 or 4 pressure ulcers (or unstageable) not present on admission
- Denominator:
  - Medicare Discharges among medical or surgical patients over 18 y.o.
- Display: Num/Den X 1,000
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: PU_STAGE3

Pressure Injury Resources

Links to Resources
AHRQ Toolkit
Skin Assessment Tool: Braden Scale
Skin Assessment Tool: Four Eyes
IHI on Pressure Ulcer Prevention

Professional Association Websites
National Pressure Ulcer Advisory Panel
Wound, Ostomy and Continence Nurses Society

Subject Matter Expert	Sara Phillips | Comagine | sphillips@comagine.org

MEDICARE PART D CLAIMS BASED MEASUREMENTS

High-Dose Opioid Prescribing Upon Discharge

- Numerator:
  - Number of Medicare beneficiaries discharged with an opioid prescription with ≥90 MME daily
- Denominator:
  - Number of inpatient and observation Medicare beneficiaries discharged with an opioid prescription
- Display: Num/Den X 100%
- Baseline = Calendar Year 2019
- Goal: Year 1 = 4%, Year 2 = 8%, Year 3 = 12%
- Measure Shorthand in Graphs: OPIOID_DOSE_DC

Naloxone Upon Discharge

- Numerator:
  - Number of doses of a reversal agent (e.g., Naloxone) prescribed to Medicare patients who have been prescribed opioids
- Denominator:
  - Total number of inpatient and observation Medicare patients prescribed opioids
- Display: Num/Den X 100%
- Baseline = Calendar Year 2019
- Goal: TBD
- Measure Shorthand in Graphs: NARCAN_DC

NHSN MEASURES

CAUTI Standard Infection Ratio – ICU, Excluding NICU

- Numerator:
  - Observed number of CAUTI infections among ICU patients excluding NICU
- Denominator:
  - Expected number of CAUTI infections among ICU patients excluding NICU
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDC_CAUTI_ICU_I
- Measure Specification Source: NQF 0138

CAUTI Standard Infection Ratio - ICU + Other Units (FacWide)

- Numerator:
  - Observed number of CAUTI infections
- Denominator:
  - Expected number of CAUTI infections
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDC_CAUTI_ICU_P
- Measure Specification Source: NQF 0138

Indwelling Catheter Utilization Ratio (FacWide)

- Numerator:
  - Number of catheter days
- Denominator:
  - Number of patient days
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDC_CAUTI_UR
- Measure Specification Source: NHSN Guide to SUR

CAUTI Resources

Links to Resources
APIC Guide to Elimination of CAUTI
IDSA Guidelines
SHEA Compendium of Strategies to Prevent CAUTI
IHI CAUTI How To Guide
CDC HICPAC CAUTI Prevention Guidelines

Professional Association Websites
Association for Professionals in Infection Control and Epidemiology
Infectious Diseases Society of America
The Society of Healthcare Epidemiology of America

Subject Matter Expert	Amy Ward, MS, BSN, RN, CIC | Alliant Health | Amy.Ward@AlliantHealth.org

CLABSI Standard Infection Ratio - ICU, Excluding NICU

- Numerator:
  - Observed number of CLABSI infections among ICU patients excluding NICU
- Denominator:
  - Expected number of CLABSI infections among ICU patients excluding NICU
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDC_CLABSI_ICU_I
- Measure Specification Source: NQF 0139

CLABSI Standard Infection Ratio - ICU + Other Units (FACWIDE)

- Numerator:
  - Observed number of CLABSI infections
- Denominator:
  - Expected number of CLABSI infections
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDC_CLABSI_ICU_P
- Measure Specification Source: NQF 0139

Central Line Utilization Ratio (FacWide)

- Numerator:
  - Number of central line days
- Denominator:
  - Number of patient days
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDC_CAUTI_UR
- Measure Specifications: NHSN Guide to SUR

CLABSI RESOURCES

Links to Resources
CDC Checklist for Prevention of CLABSI
CDC Guidelines for Prevention of BSI
SHEA Compendium of Strategies to Prevent CLABSI
APIC Guide to Preventing CLABSI
NHSN BSI Surveillance

Professional Association Websites
Association for Professionals in Infection Control and Epidemiology
Infectious Diseases Society of America
The Society of Healthcare Epidemiology of America

Subject Matter Expert	Amy Ward, MS, BSN, RN, CIC | Alliant Health | Amy.Ward@AlliantHealth.org

Laboratory-identified Hospital Onset *Clostridioides difficile* RATE

- Numerator:
  - *C. diff* incident count
- Denominator:
  - Number of patient days
- Display: Num/Den x 100%
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDIFF_RATE
- Measure Specification: https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf

Laboratory-identified Hospital Onset *Clostridioides difficile* Standardized Infection Ratio (SIR) (NQF 1717)

- Numerator:
  - Observed number of *C. diff* infections
- Denominator:
  - Expected number of *C. diff* infections
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: CDIFF_SIR
- Measure Specification: NQF 1717

Clostridioides difficile Resources

Links to Resources
CDC Strategies to Prevent C. diff Infection
SHEA Compendium of Strategies to prevent C. diff Infection
IDSA Clinical Practice Guidelines for C. diff Infection
APIC Guide to Prevention C. diff Infection
CDC TAP C. diff infection Implementation guide

Professional Association Websites
Association for Professionals in Infection Control and Epidemiology
Infectious Diseases Society of America
The Society of Healthcare Epidemiology of America

Subject Matter Expert	Amy Ward, MS, BSN, RN, CIC | Alliant Health | Amy.Ward@AlliantHealth.org

Methicillin-Resistant *Staphylococcus* Aureus (MRSA) Bacteremia Rate

- Numerator:
  - MRSA incident count
- Denominator:
  - Number of patient days
- Display: Num/Den x 100%
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: MRSA_RATE
- Measure Specification: https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf

Laboratory-identified Hospital Onset Methicillin-resistant *Staphylococcus* (MRSA) *bacteremia* Ratio (SIR)

- Numerator:
  - Observed number of MRSA infections
- Denominator:
  - Expected number of MRSA infections
- Display: Num/Den
- Baseline = Calendar Year 2019
- Goal: Year 1 = 2%, Year 2 = 6%, Year 3 = 9%
- Measure Shorthand in Graphs: MRSA_SIR
- Measure Specification: NQF 1718

Antibiotic Stewardship Resources

Links to Resources
The Core Elements of Hospital Antibiotic Stewardship Programs and Program Checklist
Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals
Overview and Evidence to Support Appropriate Antibiotic Use

Professional Association Websites
Infectious Diseases Society of America
American Hospital Association

Subject Matter Expert	Amy Ward, MS, BSN, RN, CIC | Alliant Health | Amy.Ward@AlliantHealth.org

HHS PROTECT PUBLIC DATA HUB MEASURES

COVID-19 Vaccination Among Hospital Clinicians - Vaccination Complete

- Numerator
  - Cumulative number of HCP who have completed the COVID-19 vaccine series at this facility or elsewhere
- Denominator
  - Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the month (HCP includes: Registered nurses and licensed practical/vocational nurses, Attending physicians and fellows, Advanced practice nurses and physician assistants, respiratory therapists, pharmacists and pharmacy technicians)
- Displayed: Ratio Num/Den X 100%
- Baseline = N/A
- RIR Goal: N/A
- Measure Shorthand in Graphs: COVID_VAC_COMP

ED Utilization Related to COVID- ventilated Beneficiaries

- Numerator
  - Total ventilated beneficiaries with suspected or laboratory-confirmed COVID-19 in the Emergency Department (ED) or any overflow location awaiting an inpatient bed.
- Denominator
  - Total COVID-19-related admissions through the ED
- Displayed: Ratio Num/Den X 100%
- Baseline = N/A
- RIR Goal: N/A
- Measure Shorthand in Graphs: COVID_ ED_VENT

ED Utilization Related to COVID-non-ventilated Beneficiaries

- Numerator
  - Total non-ventilated beneficiaries with suspected or laboratory-confirmed COVID-19 in the Emergency Department (ED) or any overflow location awaiting an inpatient bed.
- Denominator
  - Total COVID-19-related admissions through the ED
- Displayed: Ratio Num/Den X 100%
- Baseline = N/A
- RIR Goal: N/A
- Measure Shorthand in Graphs: COVID_ ED_NON_VENT

Hospital Onset of COVID-19

- Numerator
  - Total inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19.
- Denominator
  - Total number of admissions
- Displayed: Ratio Num/Den X 100%
- Baseline = N/A
- RIR Goal: N/A
- Measure Shorthand in Graphs: COVID_ HOSP_ONSET

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Questions?

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HQIC Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

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Making Health Care Better *Together*

Collaborators:

Alabama Hospital Association
Alliant Quality
Comagine Health
Georgia Hospital Association
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Hospital Quality Improvement

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