Washington State Hospital Association

2020 Medicaid Quality Incentive Program - Data Submission Requirements

Measure	Submission Method	Data Elements to be Reported	Submission Frequency	Reporting Deadline	Data Collection Period
Infection Prevention					
Colon Surgical Site Infection per 100 Procedures	NHSN	**Numerator:** Total colon SSI that meets NHSN criteria **Inclusions:** • Includes only in-plan, inpatient Colon procedures in adult patients (i.e., ≥ 18 years of age) • Includes only deep incisional primary SSIs and organ/space SSIs with an event date within 30 days of the procedure **Denominator:** Total colon procedures that meet NHSN criteria	Monthly	75 Days After the End of Prior Month	July 1, 2020 – December 31, 2020
CAUTI (Catheter-Related Urinary Tract Infection) per 1000	NHSN	**Numerator:** Number of CAUTI per location **Denominator:** Number of Urinary Catheter Days per location **Inclusions:** Includes only admitted adult patients ≥ 18 years of age	Monthly	75 Days After the End of Prior Month	July 1, 2020 - December 31, 2020
Workforce Safety Events					
Number (count) of workplace violence events where security or additional staff are called to respond to an event or where security is later informed of an event. The count will be stratified by area of the hospital to include: ICU, ED, Medical Surgical, OB, Peds/NICU, Psych, Surgical Services, Outpatient setting, General Hospital settings (e.g., lobby, cafeteria, waiting areas, parking lots, breezeways or grounds).	QBS	**Measure:** Number (count) of workplace violence events where security or additional staff are called to mitigate, respond to or are later informed of a violent event toward hospital staff or providers. The Count will be stratified by are of the hospital. **Numerator:** No numerator **Denominator:** No denominator In WSHA's Quality Benchmarking System (QBS) enter a value of -1 instead of leaving blank for the stratification areas that aren't applicable to your facility.	Monthly	45 Days After the End of Prior Month	July 1, 2020 - December 31, 2020
General Care Measures					
Pressure Ulcer (AHRQ PSI 03)	WA DOH CHARS	**Numerator:** Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable) (DECUBVD*). **Denominator:** Surgical or medical discharges, for patients ages 18 years and older. Surgical (Appendix E: SURGI2R) and medical (Appendix C: MEDIC2R) discharges are defined by specific MS-DRG. **Exclusions:** See AHRQ PSI 03 Technical Specifications https://www.qualityindicators.ahrq.gov/	Monthly	45 Days After the End of Prior Month	July 1, 2020 – December 31, 2020

General Care Measures (continued)					
All Falls/drops injurious/non-injurious by Type, Age-based Populations and Post Fall Huddle Compliance	QBS	**All Falls by Type and Post Fall Huddle:** **Total number of post-fall huddles** (enter the number of post fall huddles that were conducted during this month; a post-huddle should be conducted after every non-injurious/injurious fall to determine cause of why the body went down and/or to identify source that caused the injury.) • **Types of Falls** (enter the number of falls, per category that occurred during this month; in the absence of completing the post-fall huddle and without identifying fall by type, select "Unsure".) **Select type of fall by category description:** • **Accidental/Environmental:** fall that is related to environmental circumstance (trip over cord or wire, liquid on a floor, uneven floor, unlocked chair or bed wheels). • **Anticipated Physiological:** fall that is intrinsic to the patients known risk factors such as poor vision, polypharmacy, history of falls, unsteady or impaired gait. • **Unanticipated Physiological:** physical condition that cannot predict risk of falling such as seizure, collapse from sudden cardiac arrest. • **Unsure:** inability to categorize type of fall; post fall huddle not conducted or incomplete. • **Post Fall Huddles:** Total number of post-fall huddles (enter the number of post fall huddles that were conducted during this month) **All Falls-Age-based Populations:** ~~Aggregate hospital patient days from all eligible units during the calendar month.~~ All falls stratified by age-based populations, with or without injury (whether assisted by a staff member) in any hospital unit during calendar month: • < than 1 year old • Age 1-17 year old • Age 18-44 year old • Age 45-64 year old • Age 65-74 year old • Age 75-84 year old • Over age 85 **Inclusions:** • Inpatients, short stay patients, observation patients, emergency room, neonates, pediatrics, maternal ward, behavioral health, rehabilitation units.	Monthly	45 Days Following the End of Month	July 1, 2019 – December 31, 2019

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ER is for Emergency					
Percent of Patients with Five or More Visits to the Emergency Room to the Same Facility with a Care Guideline	EDIE	**Numerator:** Number of care guidelines completed in the calendar month by the facility for patients with five or more visits to the same facility in the last year without a care guideline. **Denominator:** Number of patients without a care guideline with five or more visits to the same facility in the last year seen by the facility in the month and are not admitted.	Monthly	Data will be Submitted Directly to WSHA by EDIE (Calculated Automatically)	July 1, 2020 - December 31, 2020
Safe Deliveries					
Alliance for Innovation on Maternal Health (AIM) Program Data Submission	Part A: MDC or QBS Part B: WHSA	**Part A -** Hospital submission of 2 quarters of all 5 AIM hemorrhage bundle process measures. **Part B** –WSHA will internally track hospital completion of Part B criteria. Send hospital data contact name and email with the subject line "AIM Data Contact" to: AshleighB@wsha.org. Afterwards, an email with an invitation and link to log into the AIM data portal will come from support@maternalsafety.org.	Part A: Hospital must report AIM hemorrhage bundle process measures for the entire reporting period: **July -December (2 quarters).**	**Part A:** 45 days after the end of the quarter **Part B:** November 1, 2020 for contact information to WSHA; December 31, 2020 for data authorization in AIM portal	July 1, 2020 - December 31, 2020
Medications for Opioid Use Disorder (MOUD)					
Buprenorphine include in facility formulary and at least five Data 2000 waivered prescribers MOUD Protocol in Place for ED and/or Inpatient	QBS	1. Buprenorphine on hospital formulary: Yes or No if already on formulary, then Yes. Can enter yes at any time during the time period of measurement. 2. # of DATA-2000 waivered prescribers at facility 1. Protocol for MOUD in ED (CA-Bridge or other) in place at facility and protocol submitted to QBS. If already have protocol in place, enter "Yes". 2. Protocol for MOUD in inpatient (CA-Bridge or other) in place at facility and protocol submitted to QBS. If already have protocol in place, enter "Yes".	Once during or after the incentive period	December 31, 2020	July 1, 2020 - December 31, 2020

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Behavioral Health					
Behavioral Health Safety Measures- Adults and Pediatrics: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strength complete.	QBS	**Numerator:** Patients with admission screening within the first three days of admission for **all** of the following: risk of violence to self or others; substance use; psychological trauma history; and patient strengths **Inclusions:** • All ages **Denominator:** All patients admitted to inpatient psychiatric facility/unit **Exclusions:** • Patients that died. • Patients with length of stay < 3 days. • Patients for whom there is an inability to complete admission screening	Monthly	60 Days Following the End of Month	July 1, 2020 - December 31, 2020
Behavioral Health Safety Measures- Adults and Pediatrics: Transition Record with Four Specified Elements Received by Discharged Patients	QBS	**Numerator:** Inpatient psychiatric patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge including the following four elements: **Contact Information/Plan for Follow-up Care** 1. 24-hour/7-day contact information, including physician for emergencies related to inpatient stay, AND 2. Contact information for obtaining results of studies pending at discharge, AND 3. Plan for follow-up care, AND 4. Primary physician, other health care professional, or site designated for follow-up care. • All applicable elements must be captured to satisfy the measure numerator. Please refer to the data element definition for additional guidance pertaining to the required elements for this measure. **Denominator:** All patients, regardless of age, discharged from the inpatient facility to home/self-care or any other site of care. **Exclusions:** • Patients who died or left against medical advice (AMA) or discontinued care	Monthly	60 Days Following the End of Month	July 1, 2020 - December 31, 2020

Social Determinants of Health: Inpatient Screening for Social Determinants of Health (SDOH)	QBS	Screening for housing stability, food insecurity, and transportation needs SDOH: Yes or No. If screening for all three SDOH (housing, food, transportation) is already in place, then enter Yes. Can enter Yes anytime during the time period of measurement. • **Upload a copy of screening tool or screening question in use.** Only an answer of Yes will allow eligible hospitals to receive credit toward the incentive. Code SDOH screening results in EHR. Yes or No. If SDOH screening results are coded in EHR system (for the purposes of tracking, treatment planning ad-hoc data analysis), then enter Yes. Can enter Yes anytime during the time period of measurement. • **Upload of codes used to document SDOH in EHR or check code list** (LOINC, SNOMED, Z-Codes, Other) in QBS. Only an answer of Yes will allow eligible hospitals to receive credit toward the incentive.	Once during or after the incentive period	December 31, 2020	July 1, 2020 - December 31, 2020

Submission Method:

EDIE - Emergency Department Information Exchange
MDC - Maternal Data Center
NHSN - National Healthcare Safety Network
QBS - Quality Benchmarking System
WA DOH CHARS - Inpatient discharge data collected by the Washington Department of Health

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