Washington State Hospital Association

2021 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 (SSI)	QBS	**Submission of policy** that includes tools developed by the AHRQ Safety Program for Surgery or other evidence-based tools that help perioperative and surgical units in hospitals identify opportunities to improve care and safety practices and implement evidence-based interventions to prevent surgical site infections. **Examples of content elements include:** • Standardized, evidenced-based clinical education content to be provided to participating hospitals by WSHA • Surgical safety team roles and responsibilities tool • Perioperative staff safety assessment tool • Learn from defects tool-perioperative setting • Briefing and debriefing tool • Operating room briefing and debriefing audit tool	Once during the performance period, or **by December 31, 2021**	30 days after the close of the performance period or **by January 31, 2022**	July 1, 2021 – December 31, 2021
CAUTI (Catheter-Related Urinary Tract Infection)	QBS	**Submission of policy** with policy statements and tools from the AHRQ Toolkit for Reducing Catheter-Associated Urinary Tract Infections (CAUTI) in Hospital Units: Implementation Guide or other evidence-based tools that are used to improve safety culture at the unit level following clinical best practices to reduce CAUTI. **Examples of content elements include:** • Checklists for assessing executive and physician champion potential • Urinary catheterization-sample policy • Sample bladder scan policy • Urinary catheter decision-making algorithm • Example of a nurse-driven protocol for catheter removal • Skin care in the incontinent patient • CAUTI event report template • Interpreting CAUTI data trends tool	Once during the performance period, or **by December 31, 2021**	30 days after the close of the performance period or **by January 31, 2022**	July 1, 2021 - December 31, 2021
Workforce Safety Events					
Workplace Violence	QBS	**Measure:** Number (count) of workplace violence events in which a physical assault or threat of physical assault occurs toward hospital staff or providers within the hospital setting. Hospitals obtain points based on submission of supporting data into the QBS data portal (6 points.) Count of events that occur anywhere within the hospital setting should be reported on a monthly cadence. 1. Does your hospital perform root cause analysis on event submissions? **Answer Yes or No.** (Yes = 1 point). If yes, please upload policy or process related to WPV events. (1 point) 2. Does your hospital collect race, ethnicity and language (REaL) data on the patient or other persons inciting and receiving violence? **Answer: Yes, No, In Progress**. Any answer = 1 point. If yes, please upload policy or process =1 point.	Count of events are to be reported Monthly within 30 days after the close of reporting period Attestations can be reported 30 days after the close of the performance period, or **by January 31, 2022**	30 days after the close of the performance period or **by January 31, 2022**	July 1, 2021 - December 31, 2021

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General Care Measures					
Pressure Ulcer (NPIAP) (adult acute and rehabilitation)	QBS	**Two-step process measure for this performance period commencing:** **Step 1:** Submit policy showing of skin assessment to be completed by 2 RN's within 4 hours following admission, transfer, or if patient has been away from the unit for >4 hours. **Step 2:** Submit attestation of >80% clinical staff completion of HAPI education. • Standardized, evidenced-based clinical education content to be provided to participating hospitals by WSHA Definition of clinical staff is as follows: • Includes staff who are permanent staff who care for patients in inpatient units within the hospital setting AND are responsible for assessing the patient's skin upon admission, transfer, or long length of stay away from unit. • Does not include those who are out on approved FMLA or LOA • Does not include those who are identified as temporary/agency hires	Once during the performance period, or **by January 31, 2022**	30 days after the close of the performance period, or **by January 31, 2022**	July 1, 2021 – December 31, 2021
Fall Prevention and Harm Reduction	QBS	All Falls and Post Fall Huddle (PFH) completed for every fall. **Answer Yes/No** and submit attestation piece for the Post Fall Huddle at the end of the 6-month period. Attestation template for Falls Prevention available to download on the WSHA MQI website.	Monthly for All Falls Attestations can be reported 30 days after the close of performance period or **by January 31, 2022**	30 days after the close of the performance period, or **by January 31, 2022**	July 1, 2021- December 31, 2021

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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. Care guidelines are expected to be unique for the patient to provide valuable information for the next care provider.	Monthly	Data will be Submitted Directly to WSHA by EDIE (Calculated Automatically)	July 1, 2021 - December 31, 2021
Safe Deliveries Roadmap (Safe Sleep Policy/Procedure)					
The MQI SDR measure is comprised of two parts:	**Part A:** QBS **Part B:** QBS	**Part A –** Does your hospital have a policy/procedure containing American Academy of Pediatrics Safe Sleep recommendations and outlines education requirements for staff and patients about Safe Sleep best practices? **Answer Yes/No** If yes, upload policy/procedure to QBS **Part B** –Upload any written discharge instructions for Safe Sleep education provided to parents and/or caregivers. **Answer Yes/No to the following formatting questions:** • Prenatal Education class Yes/No? • In-hospital video education Yes/No? • In-hospital individualized instruction Yes/No? • Patient facing App Yes/No? • Printed instructions Yes/No? If you answered yes to any of the format questions, please enter Yes and upload your instructions.	Answers to Part A and Part B are reported Once during the performance period, **July 1, 2021 to December 31, 2021**	30 days after the close of the performance period or **by January 31, 2022**	July 1, 2021 - December 31, 2021
Safe Deliveries Roadmap (Emergency Department pregnant and postpartum triage)					
The MQI **SDR Emergency Department Pregnant and Postpartum Triage Measure**	**Part A:** QBS	**Part A –** Does your hospital ED consistently ask the following question during triage to all females between the ages of 8-64 (The Joint Commission age specification): "Are you currently pregnant or have you been pregnant within the past year? **"Answer Yes/No** If yes, upload policy/procedure to QBS	Once during the performance period, **July 1, 2021 to December 31, 2021**	30 days after the close of the performance period or **by January 31, 2022**	July 1, 2021 - December 31, 2021

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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 Completed	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	30 days after close of the reporting period.	July 1, 2021 - December 31, 2021
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	30 days after close of the reporting period.	July 1, 2021 - December 31, 2021

2021 Medicaid Quality Incentive Program - Data Submission Requirements

Measure	Submission Method	Data Elements to be Reported	Submission Frequency	Reporting Deadline	Data Collection Period
Social Determinates of Health (SDOH)					
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 of measurement. **In QBS, upload a copy of the SDOH screening protocol inclusive of the workflow and screening questions.** • Only an answer of Yes and upload of all required documents in QBS (screening questions, protocol, and workflow) will allow eligible hospitals to receive 10-point awards toward the incentive. (Note: the 2021 SDOH screening metric does not require reporting use of standard coding in medical records, however this is recommended to support data analytics and allows for better understanding of population health needs)	Once during the performance period, **July 1, 2021 to December 31, 2021**	30 days after the close of the performance period, or **by January 31, 2022**	July 1, 2021 - December 31, 2021
Diagnostic Excellence Measure					
Diagnostic Excellence	QBS	**Part A** –Upload policy, procedure and/or workflow of notifying ordering or provider who can take action on an abnormal lab test and/or radiology test finding showing closed loop communications by December 31, 2021. **Part B** – Complete the Data Lab upload 1. Data LAB upload - (3 points) One monthly data upload to QBS • **Count**: Total number of **lab tests** that are critical and have been communicated to an actionable provider from July 1, 2021 to December 31, 2021 for inpatient and ED units. • **Count**: Total number of **lab results** identified as critical from July 1, 2021 to December 31, 2021 for inpatient and ED units. • **Count**: Total number of **lab test** performed in performance period from July 1, 2021 to December 31, 2021 for inpatient and ED units. 2. Data RADIOLOGY upload - (3 points) One monthly data upload to QBS • **Count:** Total number of **radiology findings** that are critical in nature that have communicated to an actionable provider from July 1, 2021 to December 31, 2021 for inpatient and ED units. • **Count:** Total number of **radiology findings** that are critical in nature from July 1, 2021 to December 31, 2021 for inpatient and ED units. • **Count:** Total **radiology tests** ordered and completed in any month for the ED patients and inpatients from July 1, 2021 to December 31, 2021 for inpatient and ED units. One monthly data upload to QBS	**Part A** upload Once **by December 31, 2021** **Part B** is One Monthly Data upload for Lab and Radiology tests during the performance period, **July 1, 2021- December 31, 2021**	30 days after the close of the performance period, or **by January 31, 2022**	July 1, 2021- December 31, 2021

Submission Method:
EDIE - Emergency Department Information Exchange
QBS - Quality Benchmarking System
Email Questions to Melina Ovchiyan – melinao@wsha.org