

2021 Medicaid Quality Incentive Program - Contact List

MQI Measure	Submission Method	Update Frequency	Approximate Data Lag Time	WSHA Contact Person	WSHA Contact Phone Number	WSHA Contact Email
Infection Prevention						
Colon Surgical Site Infection (SSI)	QBS	Once during the performance period by December 31, 2021	30 days after close of reporting, or by January 31, 2022.	Sandra Assasnik	(206) 577-1805	SandraA@wsha.org
CAUTI (catheter associated urinary tract infection)	QBS	Once during the performance period by December 31, 2021	30 days after close of reporting, or by January 31, 2022.	Sandra Assasnik	(206) 577-1805	SandraA@wsha.org
Workforce Safety Events						
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. 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. 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. Attestation can be reported at the completion of the MQI period to attain the 4 points.	QBS	Monthly for submission of count of events Once at the end of the performance period or by December 31, 2021.	30 days after close of reporting, or by January 31, 2022.	Jessica Symank	(206) 216-2535	JessicaS@wsha.org
General Care Measures						
Pressure Ulcer (NPIAP) (adult acute and rehabilitation) Two Step reporting process. Step 1 – includes uploading of facility policy validating content as outlined Step 2 – includes attestation of number of staff who have completed required HAPI education as provide to facility by WHSA.	QBS	Once during the performance period, or by December 31, 2021.	30 days after close of the reporting, or by January 31, 2022.	Amy Anderson	(206) 216-2519	AmyA@wsha.org
Falls with Injury/1000 patient day and post fall huddle for each fall that occurs <ul style="list-style-type: none"> Falls per 1,000 patient days Patient Fall Huddle complete for every fall? Answer Yes/No Attestation for Post Fall Huddle completed at the end of the 6-month period.	QBS	Falls per 1,000 patient days Monthly Once during the performance period, or by December 31, 2021	30 days after close of the reporting, or by January 31, 2022.	Amy Anderson	(206) 216-2519	AmyA@wsha.org
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	Monthly	7 Days After Month End	Tina Seery	(206) 216-2517	TinaS@wsha.org
Safe Deliveries Roadmap (Safe Sleep Policy/Procedure)						
The MQI SDR measure is comprised of two parts: 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	Part A: QBS Part B: QBS	Answers to Part A and Part B are due to be reported Once during the performance period, July 1, 2021 to December 31, 2021	30 days after close of the reporting, or by January 31, 2022.	Trish Anderson	(206) 216-2524	TrishA@wsha.org
Safe Deliveries Roadmap (Emergency Department pregnant and postpartum triage)						
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	Part A: QBS	Once during the performance period, July 1, 2021 to December 31, 2021	30 days after close of the reporting, or by January 31, 2022.	Trish Anderson	(206) 216-2524	TrishA@wsha.org
Inpatient Behavioral Health Safety						
Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	QBS	Monthly	30 days after close of the reporting or January 31, 2022.	Brooke Evans	(206) 577-1831	BrookeE@wsha.org
Transition Record with Four Specified Elements Received by Discharged Patients	QBS	Monthly	30 days after close of the reporting or January 31, 2022.	Brooke Evans	(206) 577-1831	BrookeE@wsha.org

Social Determinants of Health						
Inpatient Screening for Social Determinants of Health (SDOH) <ul style="list-style-type: none"> Can enter Yes anytime during July 1, 2021- December 31, 2021 	QBS	Once during the performance period, July 1, 2021-December 31, 2021	30 days after close of the reporting or January 31, 2022.	Abby Berube	(206) 216-2544	AbigailB@wsha.org
Diagnostic Excellence						
Part A – Upload policy, procedure and/or workflow of notifying ordering or provider who can take action on an abnormal lab test/or radiology test finding. Part B – Complete the Data Lab upload 1. Data LAB upload - (3 points) One monthly data upload to QBS <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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. 	QBS	Part A upload Once during the performance period, July 1, 2021 to December 31, 2021 Part B is One Monthly Data upload for Radiology Tests and Lab Tests during the performance period, July 1, 2021 – December 31, 2021	30 days after close of the reporting or January 31, 2022.	Trish Anderson	(206) 216-2524	TrishA@wsha.org
Data Questions or Submission Support						
Data entry or submission questions Changes or edits for facility administrator(s)				Matt Shevrin	(206) 216-2864	MattS@wsha.org
				Melina Ovchijan	(206) 216-2518	MelinaO@wsha.org