

## 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
<b>Infection Prevention</b>						
Colon Surgical Site Infection (SSI) Submission of policy that includes tools developed by the <a href="#">AHRQ Safety Program</a> 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.	QBS	Once during the performance period, or <b>by December 31, 2021</b>	30 days after close of the performance period, or <b>by January 31, 2022</b>	Sandra Assasnik	(206) 577-1805	<a href="mailto:SandraA@wsha.org">SandraA@wsha.org</a>
CAUTI (catheter associated urinary tract infection) Submission of policy with policy statements and tools from the <a href="#">AHRQ Toolkit for Reducing Catheter-Associated Urinary Tract Infections (CAUTI)</a> 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.	QBS	Once during the performance period, or <b>by December 31, 2021</b>	30 days after close of the performance period, or <b>by January 31, 2022</b>	Sandra Assasnik	(206) 577-1805	<a href="mailto:SandraA@wsha.org">SandraA@wsha.org</a>
<b>Workforce Safety</b>						
Workplace Violence Events 1. Count of events that occur anywhere within the hospital 2. Do you perform root cause analysis on event submissions. <b>Answer Yes or No</b> (Yes =1 point). <b>If yes, please upload policy or process related to WPV events = 1 point</b> 3. Do you collect REaL data on the patient or other persons inciting and receiving violence. <b>Answer Yes, No, In progress.</b> (Any answer =1 point). <b>If yes, please upload policy or process = 1 point</b>	QBS	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 <b>by January 31, 2022</b>	30 days after close of the performance period, or <b>by January 31, 2022</b>	Jessica Symank	(206) 216-2535	<a href="mailto:JessicaS@wsha.org">JessicaS@wsha.org</a>
<b>General Care Measures</b>						
Pressure Ulcer (NPIAP) <b>Two-step reporting process for points.</b> Step 1 includes uploading of facility policy validating content as outlined below. Step 2 will include attestation of number of staff who have completed required HAPI education as provided to facility by WSHA. <b>Attestation template for Pressure Ulcer (NPIAP) available to download on the WSHA MQI website.</b>  <ul style="list-style-type: none"> <li>• <b>Step 1:</b> Submit policy showing of skin assessment to be completed by 2 RN's within 4 hours following admission, transfer, or if patient is away from the unit for &gt;4 hours.</li> <li>• <b>Step 2:</b> Submit attestation of &gt;80% clinical staff completion of HAPI education.</li> <li>• Standardized, evidenced-based clinical education content to be provided to participating hospitals by WSHA.</li> </ul> For the Definition of clinical staff please see the <a href="#">2021 MQI Guidelines</a>	QBS	Upload the facility policy and attestation Once during the performance period, or <b>by January 31, 2022</b>	30 days after the close of the performance period, or <b>by January 31, 2022</b>	Amy Anderson	(206) 216-2519	<a href="mailto:AmyA@wsha.org">AmyA@wsha.org</a>
Falls Prevention Falls per 1,000 patient days Post Fall Huddle (PFH) completed for every fall completed? <b>Answer Yes/No</b> and submit attestation piece for the Post Fall Huddle at the end of the 6-month period. <b>Attestation template for Falls Prevention available to download on the WSHA MQI website</b>	QBS	Monthly for Falls per 1,000 patient days within 30 days after the close of reporting period.  Attestations can be reported 30 days after the close of performance period or <b>by January 31, 2022</b>	30 days after the close of the performance period, or <b>by January 31, 2022</b>	Amy Anderson	(206) 216-2519	<a href="mailto:AmyA@wsha.org">AmyA@wsha.org</a>
<b>ER is for Emergency</b>						
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	<a href="mailto:TinaS@wsha.org">TinaS@wsha.org</a>
<b>Safe Deliveries Roadmap (Safe Sleep Policy/Procedure)</b>						
The MQI SDR measure is comprised of two parts: <b>Part A</b> – 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? <b>Answer Yes/No</b> If yes, upload policy/procedure to QBS  <b>Part B</b> – Upload any written discharge instructions for Safe Sleep education provided to parents and/or caregivers. <b>Answer Yes/No to the formatting questions</b>  Formatting question detail please see the <a href="#">2021 MQI Guidelines</a>	<b>Part A:</b> QBS  <b>Part B:</b> QBS	Answers to Part A and Part B are due to be reported Once during the performance period, <b>July 1, 2021 to December 31, 2021</b>	30 days after close of the performance period, or <b>by January 31, 2022</b>	Trish Anderson	(206) 216-2524	<a href="mailto:TrishA@wsha.org">TrishA@wsha.org</a>

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<b>Safe Deliveries Roadmap (Emergency Department pregnant and postpartum triage)</b>						
<b>Part A</b> – 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?” <b>Answer Yes/No</b>  If yes, upload policy/procedure to QBS	Part A: QBS	Once during the performance period, <b>July 1, 2021 to December 31, 2021</b>	30 days after the close of the performance period, or <b>by January 31, 2022</b>	Trish Anderson	(206) 216-2524	<a href="mailto:TrishA@wsha.org">TrishA@wsha.org</a>
<b>Inpatient Behavioral Health Safety</b>						
Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	QBS	Monthly	30 days after close of the reporting period.	Brooke Evans	(206) 577-1831	<a href="mailto:BrookeE@wsha.org">BrookeE@wsha.org</a>
Transition Record with Four Specified Elements Received by Discharged Patients	QBS	Monthly	30 days after close of the reporting period.	Brooke Evans	(206) 577-1831	<a href="mailto:BrookeE@wsha.org">BrookeE@wsha.org</a>
<b>Social Determinants of Health</b>						
Inpatient Screening for Social Determinants of Health (SDOH)  If screening for all three core SDOH (housing, food, transportation) is in place for at least one unit or a defined patient population, then enter Yes.  Can enter Yes anytime during the time period 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 will allow eligible hospitals to receive credit toward the incentive.	QBS	Once during the performance period, <b>July 1, 2021-December 31, 2021</b>	30 days after close of the performance period, or <b>by January 31, 2022</b>	Abby Berube	(206) 216-2544	<a href="mailto:AbigailB@wsha.org">AbigailB@wsha.org</a>
<b>Diagnostic Excellence</b>						
<b>Part A</b> – Upload policy, procedure and/or workflow of notifying ordering or provider who can take action on an abnormal lab test/or radiology test finding.  <b>Part B</b> – Complete the Data Lab upload  1. Data LAB upload - (3 points) One monthly data upload to QBS <ul style="list-style-type: none"> <li><b>Count:</b> 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.</li> <li><b>Count:</b> Total number of lab results identified as critical from July 1, 2021 to December 31, 2021 for inpatient and ED units.</li> <li><b>Count:</b> Total number of lab test performed in performance period from July 1, 2021 to December 31, 2021 for inpatient and ED units.</li> </ul> 2. Data RADIOLOGY upload - (3 points) One monthly data upload to QBS <ul style="list-style-type: none"> <li><b>Count:</b> 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.</li> <li><b>Count:</b> Total number of radiology findings that are critical in nature from July 1, 2021 to December 31, 2021 for inpatient and ED units.</li> <li><b>Count:</b> Total <b>radiology tests</b> 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.</li> </ul>	QBS	<b>Part A</b> upload Once during the performance period, <b>July 1, 2021 to December 31, 2021</b>  <b>Part B</b> is One Monthly Data upload for Radiology Tests and Lab Tests during the performance period, <b>July 1, 2021 – December 31, 2021</b>	30 days after close of the performance period, or <b>by January 31, 2022</b>	Trish Anderson	(206) 216-2524	<a href="mailto:TrishA@wsha.org">TrishA@wsha.org</a>
<b>Data Questions or Submission Support</b>						
Data entry or submission questions Changes or edits for facility administrator(s)				Matt Shevrin Melina Ovchian	(206) 216-2864 (206) 216-2518	<a href="mailto:MattS@wsha.org">MattS@wsha.org</a> <a href="mailto:MelinaO@wsha.org">MelinaO@wsha.org</a>