

## **2021 MQI Measure Thresholds**

### **Thresholds and Award Considerations:**

Measure Thresholds are reviewed annually in consideration of historical hospital data performance, evidence-based guidance on reducing patient harm, improving transitions and continuity of care. Every year, WA State eligible hospitals have an opportunity to earn recognition and/or a one percent incentive payment under the Medicaid Quality Incentive Program (MQI) during the 6-month reporting window which begins July 1, 2021 and ends December 31, 2021. Awards are incentive-based, as evidenced by data submission that support quality improvement, reduction of patient harm and improving continuity/transitions of care.

Each of the measure thresholds and point award is an opportunity for an eligible hospital to participate in recognition and/or receive the awards based on hospital performance. Points are awarded for each quartile or quantile. For each measure, hospitals can earn 0 to 10 points. Points are averaged across all applicable measures and hospitals with an average score of 5 and above considered eligible for the increase.

### **Colon Surgical Site Infections**

Threshold	Submission of policy that includes tools developed by the <a href="#">AHRQ Safety Program for Surgery</a> or other evidence-based tools
Point Award 2021	10

### **CAUTI (catheter associated urinary tract infection)**

Threshold	Submission of policy with policy statements and tools from the <a href="#">AHRQ Toolkit for Reducing Catheter-Associated Urinary Tract Infection (CAUTI) in Hospital Units: Implementation Guide</a> or other evidence-based tools
Point Award 2021	10

### **Workplace Violence Prevention**

Thresholds	Count of events that occur anywhere within the hospital	1. Do you perform root cause analysis on event submissions. Answer Yes or No <b>(Yes =1 point)</b>	2. If yes, please upload policy or process related to WPV events = <b>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. (Any answer =1 point)</b>	4. <b>If yes,</b> please upload policy or process = <b>1 point</b>
Point Award	6 points	1 point	1 point	1 point	1 point

Attestation to be reported at the completion of the MQI period to attain the 4 points

## **2021 MQI Measure Thresholds**

### **Pressure Ulcer (NPIAP)**

Threshold	Submit policy showing requirement of skin assessment to be completed by 2 RN's within 4 hours following admission, transfer, or if patient has away from the unit for > 4 hours	Submit attestation of ≥80% clinical staff completion of HAPI education*
Point Award 2021	5	5

### **Falls with Injury/1,000 patient day and post fall huddle tracking for each fall that occurs.**

Threshold	Total Falls	Post Fall Huddle
Point Award 2021	5	5
Point Award 2021 BH (9 independent facilities)	5	5

### **ER is for Emergencies**

Threshold	<=50	51% -75%	76%-85%	>90%
Point Award 2020	0	3	5	10

\*These data are based on the 2020 WSHA Hospital Performance Reports and divided into quartiles.

## **2021 MQI Measure Thresholds**

### **Safe Deliveries Roadmap \*Two-part measure\***

#### **Safe Sleep Policy/Procedure – Part A**

1. 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? (Yes/No)

If yes, upload policy/procedure to QBS.

Threshold	Answer of yes AND uploads policy/procedure.	Answer of no, OR answer of yes and does not upload policy/procedure
Point Award	5	0

#### **Safe Sleep Policy/Procedure – Part B**

1. Upload any written discharge instructions for Safe Sleep education provided to parents and/or caregivers

Threshold	Upload any written discharge instructions	No response - OR response provided, and discharge instructions not uploaded to QBS.
Point Award	5	0

### **Safe Deliveries Roadmap \*Two-part measure\***

#### **Emergency Department 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’s age specification): “Are you currently pregnant or have you been pregnant within the past year?” (Yes/No)

If yes, upload policy/procedure to QBS

Threshold	Answer of yes, upload policy/procedure to QBS	Answer of no
Point Award	5	0

## **2021 MQI Measure Thresholds**

### **Behavioral Health Measures – Adult and Pediatrics**

#### **Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed**

Threshold	< 80%	80% - 94%	95% – 98%	≥ 99%
Point Award	0	3	5	10

#### **Behavioral Health Transition Record with Four Specified Elements Received by Discharged Patients Overall Rate**

Threshold	< 80%	80% - 94%	95% – 98%	≥ 99%
Point Award	0	3	5	10

### **Social Determinants of Health**

Threshold	Answer “No” to Screening	Only an answer of Yes and upload of required documents in QBS will allow eligible hospitals to receive credit toward the incentive:
Point Award 2021	0	10

(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).

## **2021 MQI Measure Thresholds**

### **New-Diagnostic Excellence**

Threshold	<p>Part A: Upload policy, procedure and/or workflow on communicating critical labs and critical radiology findings showing closed loop communications by December 31, 2021.</p>	<p>Part B: <b>Data Lab upload</b> - only upload one month of data during the performance period</p> <p><b>Count:</b> Total # 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.</p> <p><b>Count:</b> Total # of lab results identified as critical from July 1, 2021 to December 31, 2021 for inpatient and ED units.</p> <p><b>Count:</b> Total # of lab test performed in performance period from July 1, 2021 to December 31, 2021 for inpatient and ED units.</p> <p>“Critical results” and “actionable” are defined by the hospital policy.</p>	<p><b>Data Radiology upload</b> - only upload one month of data during the performance period</p> <p><b>Count:</b> Total # of radiology result 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.</p> <p><b>Count:</b> Total # of radiology results findings that are critical in nature from July 1, 2021 to December 31, 2021 for inpatient and ED units.</p> <p><b>Count:</b> 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.</p>
Point Award	4	3	3

Hospitals obtain point awards based on submission of above components into the QBS portal. Submit at least one month of count data for the 6 components outlined above from the reporting period in Part B to receive full points for part B.