

2021-22 Hospital QIP Measurement Set

Large hospitals (≥ 50 general acute beds) and Small hospitals (< 50 general acute beds) report on measures as indicated below. Each hospital may earn up to 100 points.

| Measure/Requirement | Target | Points Small/Large |
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| HIE and EDIE Interface | All hospitals must complete Admission, Discharge, and Transfer (ADT) interface with a community HIE and EDIE interface by the end of MY. | Required for large and small hospitals |
| Delegation Reporting | Capitated hospitals must submit a written Utilization Program Structure, and must submit timely and correct delegation reports (as outlined in delegation agreement): <ul style="list-style-type: none"> Timely submission $\geq 90.0\%$ of reporting requirements for 100% of incentive. Timely submission $\geq 75.0\%$ and $< 90.0\%$ of reporting requirements for 10% cut from incentive. Timely submission $< 75.0\%$ of reporting requirements for 20% cut from incentive. | Required reporting for large and small hospitals |
| 1. Risk Adjusted Readmissions Rate | <ul style="list-style-type: none"> Full Points: <1.0 Partial Points: $\geq 1.0-1.2$ | 20/20 |
| 2. Palliative Care Capacity | <p>Hospitals < 100 beds:</p> <ul style="list-style-type: none"> Hospital < 50 beds: One Physician Champion, one trained* Licensed Clinical Social Worker or trained* Licensed RN, NP, or PA, and availability of consultation with Palliative Care Physician. <p>Hospitals ≥ 100 beds Require Palliative Care Quality Collaborative (PCQC) participation:</p> <ul style="list-style-type: none"> Report summarizing # of Palliative Care Consults per month Rate of all consults who have completed Advance Directive Rate of all consults who have a signed POLST on the chart <p>Option for 50-99 bed Hospital. At least two trained* Licensed Clinician (RN, NP, or PA), and availability of consultation with a Palliative Care Physician.</p> | 5/10 |
| 3. Rate of Elective Delivery (Reporting via CMQCC) | All hospitals with maternity services. Excluded for non-maternity hospitals. <ul style="list-style-type: none"> Full Points: $<1.0\%$ Half Points: $\geq 1.0-1.2$ | 5/5 |

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| 4. Exclusive Breast Milk Feeding (Reporting via CMQCC) | All hospitals with maternity services. Excluded for non-maternity hospitals. <ul style="list-style-type: none"> • Full Points: $\geq 75.0\%$ • Half Points: $70.0\% - < 75.0\%$ | | 5/5 |
| 5. NTSV Cesarean Rate (Reporting via CMQCC) | All hospitals with maternity services. Excluded for non-maternity hospitals. <ul style="list-style-type: none"> • Full Points: $< 21.7\%$ • Half Points: $22.0\% - 23.6\%$ | | 10/5 |
| 6. Vaginal Birth After C-Section (VBAC) | Measure Summary: Percent of patients who had a previous cesarean delivery who deliver vaginally. This measure will only apply to hospitals > 100 beds that offer OB services. Target: Full Points: $\geq 5.0\%$ VBAC Uncomplicated. No partial points available for this measure. | | 0/5 |
| 7. CHPSO Patient Safety Organization Participation | Small Hospitals (< 50 beds): <ul style="list-style-type: none"> • Participation in at least <u>1</u> Safe Table Forum • Submission of <u>50</u> patient safety events to CHPSO | Large Hospitals (> 50 beds): <ul style="list-style-type: none"> • Participation in at least <u>4</u> Safe Table Forums • Submission of <u>100</u> patient safety events to CHPSO | 10/5 |
| 8. QI Capacity | Small hospitals (< 50 beds): <ul style="list-style-type: none"> • Full points for attending the Hospital Quality Symposium in 2022 Large Hospitals (≥ 50 beds): <ul style="list-style-type: none"> • Full points for attending the Hospital Quality Symposium in 2022 | | 5/5 |
| 9. Hepatitis B Vaccination/ CAIR Utilization | All hospitals with maternity services. Excluded for non-maternity hospitals. Target Option 1: Full Points $> 20\%$, Partial 10-20% <u>Option 1: Hospital with maternity services</u> <ul style="list-style-type: none"> • Numerator: # of newborn Hepatitis B vaccinations documented in CAIR • Denominator: newborn hospital births occurring between July 1, 2021 – June 30, 2022 Target Option 2: Full Points Ratio > 1.20 , Partial Points Ratio 0.20 to 1.20 <u>Option 2: Hospital without maternity services</u> <ul style="list-style-type: none"> • Numerator: # of vaccines documented in CAIR from July 1, 2021 - June 30, 2022 • Denominator # of licensed acute inpatient beds | | 10/10 |

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| 10. Substance Use Disorder | All hospitals <ul style="list-style-type: none"> • PHC members started on Medication Assisted Treatment (MAT) in the ED or Inpatient setting PHC Members: <ul style="list-style-type: none"> ○ Small Hospitals < 50 Beds: ≥ 5 PHC Members ○ Large Hospitals ≥ 50 beds: ≥ 10 PHC Members | 10/10 |
| 11. Cal Hospital Compare – Patient Experience | All Hospitals Target: <ul style="list-style-type: none"> • Patient Experience average subcategory scores compared to average score for California hospitals Full points: <ul style="list-style-type: none"> • If [individual hospital composite score] is greater than [Average California Hospital score * 0.95] | 10/10 |
| 12. Health Equity | All Hospitals <ul style="list-style-type: none"> • Hospitals will submit a project based on Health Equity. At the beginning of the measurement year we will request providers to submit an outline of their project that we will review and approve or reject. • Project requirements include how best practices apply to internal domains such as. Admissions, Assessment, Treatment, Discharge and Transfers. Completion and results of the project are also required. | 5/5 |
| 13. Sexual Orientation/ Gender Identity (SOGI) in EHR | All Hospitals <ul style="list-style-type: none"> • This measure will continue from 2021-22 measurement year. In 2020-21, providers submitted a SO/GI EHR Implementation plan. Providers will start this plan on July 1, 2021, and complete all steps noted in their previously submitted implementation plan by June 30, 2022. | 5/5 |

*Training must total 4 CE or CME hours. Training options include [ELNEC](#), [EPEC](#), or the [CSU Institute for Palliative Care](#)