Appendix C

Nebraska Hospital Association

HQIC Program Measures Specification Guide

Nebraska Hospital Association

Introduction

In support of the Centers for Medicare and Medicaid Services (CMS) priorities, the Nebraska Hospital Association (NHA) is working in partnership with Telligen QI Connect™ to improve the effectiveness, efficiency, economy and quality of healthcare services delivered. The HQIC Program involves work with enrolled hospitals to achieve CMS goals to reduce opioid related adverse events including deaths by 7%, reduce all-cause harm by 9% and reduce readmissions by 5% from a 2019 baseline by 2024. An essential component of monitoring hospital progress towards the achievement of quality improvement aims involves the collection of quality improvement metrics. The CMS-driven HQIC project will focus on the following patient safety areas to reduce harm:

- Adverse Drug Events (ADE)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Clostridioides Difficile Infection
- Falls and Immobility
- Multi-Drug Resistant Organisms (MDRO) Infection including Methicillin Resistant Staphylococcus Aureus
- Pressure Ulcers
- Readmissions
- Sepsis
- Surgical Site Infection (SSI)
- Venous Thromboembolism (VTE)

The repository for this data will be the American Hospital Association (AHA) Comprehensive Data System (CDS) which is the same system utilized for the previous Hospital Improvement Innovation Network (HIIN) project.

American Hospital Association Comprehensive Data System (https://ahacds.org/)
There will be three sources for HQIC program data:

- Medicare Fee-for-Service (FFS)
- National Health Safety Network (NHSN)
- Self-Reported

Telligen will upload data points from Medicare FFS claims (ADE, Falls, Pressure Ulcers, Readmissions, Sepsis, VTE). These measures will be denoted in CDS by measure abbreviation format as (Claims): Tell_Core_Measure Name. Hospital staff are not responsible for reporting any of the Telligen CORE measure claims measures.

Infection-related measures will be reported either by NHSN upload or self-reported direct entry into CDS (CAUTI, CLABSI, CDI, MRSA, SSI). These measures will be denoted in CDS by measure abbreviation format as (NSHN): Tell_Core_Measure Name, or (Self-Reported): Tell_SR_Measure Name. Telligen HQIC data analytics staff will pull data from NHSN on the first business day of each month and upload it to the CDS on participating hospitals' behalf. For Telligen to upload NHSN data, conferring of NHSN rights to the Telligen Hospital Group is required. Instructions for conferring NHSN rights are available on the Telligen QI Connect™ portal. If a hospital chooses not to report to NHSN or not to confer rights to the Telligen Hospital Group, they will be expected to self-report all applicable infection measures.

Due to claims data being limited to the Medicare FFS population and the delay in access to this data, the NHA requests that enrolled hospitals voluntarily enter self-reported data into the CDS for four measures. This will promote more timely analysis and capture an all-payer population for the following measures:

- Glycemic Related ADE
- Opioid Related ADE
- Readmissions
- Falls

This guide serves to provide data definitions for the above stated measures so that data is collected in a similar manner creating easier comparison among participants.

Use the link below to review the Telligen Specification Manual found on Telligen Portal Page (under Data Collection & Reporting icon):

Telligen_QI_Connect_Measure_Specification_Manual_Version_2_0.pdf

Direct any questions to Dana Steiner, NHA HQIC Quality and Performance Improvement Director, at dsteiner@nebraskahospitals.org, or Janet Endorf-Olson, NHA HQIC Quality and Performance Improvement Consultant at jendorfolson@nebraskahospitals.org.

Nebraska Hospital Association HQIC Measure Tables

Claims-Based Measures - All measures in this table will be populated by Telligen ONLY.

MEASURE DESCRIPTION	CDS MEASURE NAME
Opioid Prescribing Practices (Claims)	Tell_Core_OP1
Opioid Related ADEs (Claims)	Tell_Core_ADE1c
Glycemic Related ADEs (Claims)	Tell_Core_ADE1b
Anticoagulation Related ADEs (Claims)	Tell_Core_ADE1a
ADE Rate (Claims)	Tell_Core_ADE1
Postoperative Sepsis Rate (Claims)	Tell_Core_Sep1
Pressure Ulcer Rate, Stage 3+ (Claims)	Tell_Core_PRU1
Hospital-Acquired Pressure Ulcer, Stage 2+ (Claims)	Tell_Core_PRU2
All Cause Readmissions Rate (Claims)	Tell_Core_Read1
Falls-CMS HAC (Claims)	Tell_Core_Fall1
PE/DVT Rate (Claims)	Tell_Core_DVT1

HAI Measures – All measures in this table will be populated by Telligen's monthly upload of NHSN data if HAI data is entered into NHSN and NHSN rights have been conferred with Telligen.

MEASURE DESCRIPTION	CDS MEASURE NAME
CLABSI SIR All Units (NHSN)	Tell_Core_CLAB1
CLABSI SIR ICUs (NHSN)	Tell_Core_CLAB1a
Central Line Utilization Ratio – All Units (NHSN)	Tell_Core_CLAB3
CLABSI Rate – All units (NHSN)	Tell_Core_CLAB2
CAUTI SIR – All Units (NHSN)	Tell_Core_CAU1
CAUTI SIR ICUs Excluding NICUs (NHSN)	Tell_Core_CAU1a
Catheter Utilization Ratio – All units (NHSN)	Tell_Core_CAU3
CAUTI Rate – All units (NHSN)	Tell_Core_CAU2
CDI SIR (NHSN)	Tell_Core_CDI1
CDI Rate (NHSN)	Tell_Core_CDI2
MRSA SIR (NHSN)	Tell_Core_MRSA1
MRSA Rate (NHSN)	Tell_Core_MRSA2
SSI SIR Colon Surgeries (NHSN)	Tell_Core_COLO1
SSI SIR Total Hip Replacements (NHSN)	Tell_Core_HPRO1
SSI SIR Total Knee Replacements (NHSN)	Tell_Core_KPRO1
SSI Rate Colon Surgeries (NHSN)	Tell_Core_COLO2
SSI Rate Total Knee Replacements (NHSN)	Tell_Core_HPRO2
SSI Rate Total Hip Replacements (NHSN)	Tell_Core_KPRO2

HAI Measures – All measures in this table will be self-reported by enrolled hospitals that do not use NHSN for HAI data collection.

MEASURE DESCRIPTION	CDS MEASURE NAME
Central Line Utilization Ratio – All Units (Self-Reported)	Tell_SR_CLAB3
CLABSI Rate – All units (Self-Reported)	Tell_SR_CLAB2
Catheter Utilization Ratio – All units (Self-Reported)	Tell_SR_CAU3
CAUTI Rate – All units (Self-Reported)	Tell_SR_CAU2
CDI Rate (Self-Reported)	Tell_SR_CDI2
MRSA Rate (Self-Reported)	Tell_SR_MRSA2
SSI Rate Colon Surgeries (Self-Reported)	Tell_SR_COLO2
SSI Rate Total Knee Replacements (Self-Reported)	Tell_SR_KPRO2
SSI Rate Total Hip Replacements (Self-Reported)	Tell_SR_HPRO2

NHA HQIC Self-Reported Measures – The following measures are defined by the NHA enrolled hospitals and will be voluntarily self-reported by enrolled hospitals. This data will be used for internal benchmarking and process improvement.

MEASURE DESCRIPTION	CDS MEASURE NAME
Opioid Related ADEs (Self-Reported)	Tell_SR_NEOP
Glycemic Related ADEs (Self-Reported)	Tell_SR_NEGL
Nebraska Capture Falls Rate–All Fall Rate(Self-Reported)	Tell_SR_NEFALL
All Cause Readmission Rate (Self-Reported)	Tell_SR_NERead

Opioid Related ADEs (self-reported)

Patients Experiencing Adverse Drug Event Related to Opioids While Hospitalized

MEASURE TYPE	Outcome
NUMERATOR	Number of patients >18 years experiencing an opioid-related adverse drug event, that requires administration of a reversal agent and up to death, while hospitalized
DENOMINATOR	Number of patients >18 years old receiving medications from the Specifications List (below) while hospitalized
INCLUSIONS	• Acute, Swing, Observation Patients • Obstetric • All Payers
EXCLUSIONS	• Present on admission • Naloxone given in ED • Naloxone doses given within 24 hours of admission for a diagnosis of suicide attempt, opiate abuse, dependence, poisoning or overdose
RATE CALCULATION	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$
SPECIFICATIONS/ DEFINITIONS	Number of patients >18 years experiencing an opioid-related adverse drug event, that requires administration of a reversal agent and up to death, while hospitalized Opioid medication list containing any combination of the following: codeine, oxycodone, oxycodone / acetaminophen, hydrocodone, hydrocodone / acetaminophen, hydromorphone, meperidine, morphine, oxymorphone, methadone, tramadol, fentanyl, naloxone
MONITORING PERIOD	Monthly, beginning January 2021
BASELINE PERIOD	Minimum of 3 months, furthest out from performance period

Glycemic Management ADEs (self-reported)

Patients Experiencing Hypoglycemia Related to Glycemic Agents While Hospitalized

MEASURE TYPE	Outcome
NUMERATOR	Number of patients > 18 years old experiencing a glycemic-related adverse drug event,resulting in a blood sugar (BS) <50 mg/dL while hospitalized
DENOMINATOR	Number of patients > 18 years old receiving insulin or oral glycemic medications while hospitalized
INCLUSIONS	• Acute, Swing, Observation Patients • Obstetric • All Payers
EXCLUSIONS	• Present on admission • Outpatients, ED Patients • Admissions with diagnosis of diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar syndrome (HHS) • ED patient that presents with low BS • Patients <18 years
RATE CALCULATION	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$
SPECIFICATIONS/ DEFINITIONS	Source of blood sugar results may include blood glucose meter, e.g., AccuChek, continuous glucose monitor and/or lab blood glucose level
MONITORING PERIOD	Monthly, beginning January 2021
BASELINE PERIOD	Minimum of 3 months, furthest out from performance period

All Cause Readmission Rate (self-reported)

Inpatients Returning as an Acute Care Inpatient Within 30 Days of Date of An Inpatient Discharge

MEASURE TYPE	Outcome
NUMERATOR	Inpatients > 18 years old returning as an acute care inpatient within 30 days of date of an inpatient discharge to same facility
DENOMINATOR	All acute inpatients> 18 years old discharged from the hospital (excluding discharges due to death)
INCLUSIONS	• Acute • Obstetric • All Payers
EXCLUSIONS	• Outpatients • Planned readmission for scheduled procedure • Readmission on the same day for the same principal diagnosis • Index discharge was against medical advice • Readmission for palliative care or end-of-life care
RATE CALCULATION	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$
SPECIFICATIONS/ DEFINITIONS	Each index hospitalization can only have one readmission associated with it Each readmission is attributed to the month of the index discharge Follow the CMS definition of a readmission: CMS Readmission Measures Overview CMS Readmission Measures Methodology
MONITORING PERIOD	Monthly, beginning January 2021
BASELINE PERIOD	Minimum of 3 months, furthest out from performance period

Falls Rate (self-reported)

All Falls

MEASURE TYPE	Outcome
NUMERATOR	Total number of assisted and unassisted falls with or without injury, among bedded patients > 18 years old
DENOMINATOR	Number of patients days
INCLUSIONS	• Acute, Swing, Observation Patients • Obstetric • All Payers
EXCLUSIONS	• Behavioral Health Units • ED, Pediatric Patients
RATE CALCULATION	$\frac{\text{Numerator}}{\text{Denominator}}$ x 1000
SPECIFICATIONS/ DEFINITIONS	N/A
MONITORING PERIOD	Monthly, beginning January 2021
BASELINE PERIOD	Minimum of 3 months, furthest out from performance period

These data elements can be submitted by all hospitals. The total patient days can be collected from billing systems. The number of patient falls could be collected from electronic clinical data or medical records, fall surveillance systems, injury reports, event tracking systems or other similar sources.

CAPTURE Falls Website: CAPTURE Falls | Patient Safety | University of Nebraska Medical Center (unmc.edu)