What is HQIC?

May 5, 2023

Dana Steiner, BSN, MBA, CPHQ

Objectives:

- HQIC Team / Partners
- HQIC Goals
- 18 and 30-Month Performance Review
- Nebraska Performance Scorecards
- Educational Opportunities

NHA Quality Team:

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- **Anne Skinner| Director of Health Data**
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- **HQIC Advisory Council**

Nebraska HQIC Strong:

- Annie Jeffrey Memorial County Health Center
- Antelope Memorial Hospital
- Avera Creighton Hospital
- Avera St. Anthony's Hospital
- Beatrice Community Hospital & Hlth Ctr
- Boone County Health Center
- Box Butte General Hospital
- Brodstone Memorial Hospital
- Brown County Hospital
- Butler County Health Care Center
- Callaway District Hospital
- Chadron Community Hospital
- Chase County Community Hospital
- Cherry County Hospital
- CHI Health Plainview
- CHI Health Schuyler
- CHI Health St Mary's
- Columbus Community Hospital
- Community Hospital
- Community Hospital Association-Fairfax
- Community Medical Center
- Cozad Community Health System
- Crete Area Medical Center
- Dundy County Hospital
- Faith Regional Health Services
- Fillmore County Hospital
- Franklin County Memorial Hospital
- Genoa Community Hospital

- Gordon Memorial Hospital District
- Gothenburg Health
- Grand Island Regional Medical Center
- Great Plains Health
- Harlan County Health System
- Henderson Health Care
- Howard County Medical Center
- Jefferson Community Health & Life
- Jennie Melham Memorial Medical Center
- Johnson County Hospital
- Kearney County Health Services
- Kearney Regional Medical Ctr
- Kimball Health Services
- Lexington Regional Health Center
- Mary Lanning Healthcare
- Memorial Community Hospital & Health System
- Memorial Health Care Systems
- Memorial Hospital
- Merrick Medical Center
- Methodist Fremont Health
- Morrill County Community Hospital
- Nebraska Spine Hospital
- Nemaha County Hospital
- Niobrara Valley Hospital
- Osmond General Hospital

- Pawnee County Memorial Hospital
- Pender Community Hospital
- Perkins County Health Services
- Phelps Memorial Health Center
- Providence Medical Center
- Regional West Garden County
- Rock County Hospital
- Saunders Medical Center
- Sidney Regional Medical Center
- St Francis Memorial Hosp (Franciscan Healthcare)
- Syracuse Area Health
- Thayer County Health Services
- Tri Valley Health System (Cambridge Memorial Hospital)
- Twelve Clans Unity Hospital
- Valley County Health System
- Warren Memorial Hospital (Friend Community Healthcare System)
- Webster County Community Hospital
- West Holt Memorial Hospital
- York General Hospital

72 STRONG

Telligen HQIC Team:

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Other Telligen Partners:

- ✓ Alaska State Hospital & Nursing Home Association
- ✓ Idaho Hospital Association
- ✓ Oklahoma Hospital Association
- ✓ Wyoming Hospital Association
- ✓ Mountain-Pacific Quality Health

HQIC Overview

Target Population for the HQIC Grant:

- Rural Hospitals
- Critical Access Hospitals
- Hospitals serving:
    - Populations with poor access to alternative hospital settings
    - Vulnerable populations: elderly, medically underserved, chronically ill, low-income and/or homeless

HQIC Increase Patient Safety– Decrease Patient Harm

- Opioid Stewardship
- Adverse Drug Events
- Central Line-associated Blood Stream Infections
- Catheter-associated Urinary Tract Infections
- C-diff, MRSA and Antibiotic Stewardship
- Sepsis and Septic Shock
- Pressure Ulcers
- Readmissions

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HQIC Goals:

3 Main Goals

1. Improve Behavioral Health Outcomes and Decrease Opioid Misuse

2. Increase Patient Safety

3. Improve Quality of Care Transitions

Supportive Goals

1. Support Hospitals in response to public health emergencies
2. Facilitate authentic person and family engagement
3. Address Disparities
4. Engage Hospital Leadership
5. Promote Antibiotic Stewardship

Facilitate authentic person and family engagement

1. Implementation of a planning checklist for patients known to have a planned admission
2. Implementation of a discharge planning checklist
3. Conducting shift change huddles and bedside reporting with patients and families
4. Designation of an accountable leader in the hospital who is responsible for person and family engagement
5. Hospitals to have an active Person & Family Engagement Committee where patients are represented and report to the Board

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Increase Patient Safety

Support Local Communities

Support Vulnerable Populations and Reduce Healthcare Disparities

Improve Behavioral Health Outcomes and Decrease Opioid Misuse

Increase Person and Family Engagement

Increase Quality of Care Transitions

3 Goals and 3 Cross-Cutting Focus Areas

HQIC Timeline

Nov. 2020
Office Hours for COVID-19 Support

Jan. 2021
HQIC Kickoff

Jan. 2021 - March 2021
Baseline Data Collection

2020 **2021** **2022** **2023** **2024**

Oct. 2020 - Dec. 2020
*Enrollment

Dec. 2020 - Jan. 2021
Hospital Assessments

Jan. 2021 - March 2021
Educational Focus Topics:
PDSA, NHSN, Financial Acumen

March 2021 - Sep. 2024
• Begin Rapid Cycle Action Periods on Selected Topics
• Ongoing Monthly Data Submission

*Additional enrollment through March 2021

HQIC Measures

Improve Behavioral Health Outcomes & Decrease Opioid Misuse

❖ Decrease opioid related adverse events, including deaths, by 7% with a focus on Medicare beneficiaries using opioids.

- o Decrease opioid related adverse events by 7%, including deaths with a focus on the Medicare population
- o Decrease opioid prescribing (for prescriptions ≥ 90 MME daily) across recruited, acute care hospitals by 12%.

Improve Quality Of Care Transitions

❖ Reduce hospital readmissions by 5% in recruited hospitals.

Improve Patient Safety

❖ Reduce all-cause harm in hospitals by 2024, including: reduce by 9% or more all-cause harm in recruited hospitals to include reducing Adverse Drug Events (ADEs). Under CMS Review Currently

Reduce all-cause harm in hospitals by 9% or more by 2024.

Reduce readmissions by 5% for the recruited population by 2024.

Reduce ADEs in hospitals by 13%.

Reduce Clostridioides difficile (C. difficile, formerly known as Clostridium difficile) in hospitals.

HQIC Data Collection Processes

- **<u>Hybrid Data Collection for HQIC:</u>**
  - Medicare Fee-for-Service Claims
  - Infection Prevention Measures:
    - NHSN
    - Self-reported
  - Self-Reported Nebraska Measures
- Use CDS Data Repository -- AHA Comprehensive Data System (ahacds.org)

Measure (click the i button for measure specifications)		Monitoring Period	Baseline Status	Monitoring Status	
Opioid Related ADEs (self-reported): Tell_SR_NEOP Outcome (Recommended)	i	1/1/2021 - 12/31/2024 (Monthly)	Most recent data: 10/01/2020	Most recent data: 12/01/2022	Enter Data
Glycemic Management ADEs (self-reported): Tell_SR_NEGL Outcome (Recommended)	i	1/1/2021 - 12/31/2024 (Monthly)	Most recent data: 10/01/2020	Most recent data: 12/01/2022	Enter Data
Catheter Utilization Ratio all units (Self Reported): Tell_SR_CAU3 Outcome (Recommended)	i	9/1/2020 - 9/30/2024 (Monthly)	Most recent data: 08/01/2020	No Data	Enter Data
CAUTI Rate all units (Self Reported): Tell_SR_CAU2 Outcome (Recommended)	i	9/1/2020 - 9/30/2024 (Monthly)	Most recent data: 08/01/2020	No Data	Enter Data
CDI Rate (Self Reported): Tell_SR_CDI2 Outcome (Recommended)	i	1/1/2021 - 9/30/2024 (Monthly)	Most recent data: 12/01/2020	No Data	Enter Data
MRSA Rate (Self Reported): Tell_SR_MRSA2 Outcome (Recommended)	i	9/1/2020 - 9/30/2024 (Monthly)	Most recent data: 08/01/2020	No Data	Enter Data
Falls Rate: Tell_SR_NEFALL Outcome (Recommended)	i	1/1/2021 - 12/31/2024 (Monthly)	Most recent data: 07/01/2020	Most recent data: 12/01/2022	Enter Data
Assisted Fall Rate: Tell_SR_NEAFR Outcome (Recommended)	i	1/1/2023 - 12/31/2024 (Monthly)	No Data	No Data	Enter Data
Unassisted Fall Rate: Tell_SR_NEUFR Outcome (Recommended)	i	1/1/2023 - 12/31/2024 (Monthly)	No Data	No Data	Enter Data
All Cause Readmission Rate : Tell_SR_NERead Outcome (Recommended)	i	1/1/2021 - 12/31/2024 (Monthly)	Most recent data: 10/01/2020	Most recent data: 01/01/2023	Enter Data

HQIC Measure List

Medicare FFS Claims	Infection Prevention	Self-Reported
Opioid Prescribing Practices (Claims): Tell_Core_OP1	Central Line Utilization Ratio - All Units (NHSN): Tell_Core_CLAB3 / / (Self Reported): Tell_SR_CLAB3	Opioid Related ADEs (self-reported): Tell_SR_NEOP
Opioid Related ADEs (Claims): Tell_Core_ADE1c	CLABSI Rate all units (NHSN): Tell_Core_CLAB2 / / (Self Reported): Tell_SR_CLAB2	Glycemic Management ADEs (self-reported): Tell_SR_NEGL
Glycemic Related ADEs (Claims): Tell_Core_ADE1b	Catheter Utilization Ratio all units (NHSN): Tell_Core_CAU3 / (Self Reported): Tell_SR_CAU3	All Cause Readmission Rate : Tell_SR_NERead
Anticoagulation Related ADEs (Claims): Tell_Core_ADE1a	CAUTI Rate all units (NHSN): Tell_Core_CAU2 / (Self Reported): Tell_SR_CAU2	Falls Rate: Tell_SR_NEFALL
ADE Rate (Claims): Tell_Core_ADE1	CDI Rate (NHSN): Tell_Core_CDI2 / (Self Reported): Tell_SR_CDI2	Assisted Fall Rate: Tell_SR_NEAFR
Postoperative Sepsis Rate (Claims): Tell_Core_Sep1	MRSA Rate (NHSN): Tell_Core_MRSA2 / (Self Reported): Tell_SR_MRSA2	Unassisted Fall Rate: Tell_SR_NEUFR
Sepsis Mortality Rate: Tell_Core_Sep2	SSI Rate Colon Surgeries (NHSN): Tell_Core_COLO2 / (Self Reported): Tell_SR_COLO2	
Pressure Ulcer Rate, Stage 3+ (Claims): Tell_Core_PRU1	SSI Rate Total Knee Replacements (NHSN): Tell_Core_HPRO2 / (Self Reported): Tell_SR_KPRO2	
Hospital-acquired Pressure Ulcer Prevalence, Stage 2+ (Claims): Tell_Core_PRU2	SSI Rate Total Hip Replacements (NHSN): Tell_Core_KPRO2(Self Reported): Tell_SR_HPRO2	
All Cause Readmission Rate (Claims): Tell_Core_Read1		
Unplanned All-Cause 30-Day Readmission Rate: Tell_Core_Read2		
Falls - CMS HAC (Claims): Tell_Core_Fall1		
PE/DVT Rate (Claims): Tell_Core_DVT1		

HQIC Measure List

- Telligen Portal: Communication and Information Hub
  - ✓ [QIN-QIO Portal (telligenqinqio.com)](telligenqinqio.com)
- Comprehensive Data System (CDS): Data Repository
  - ✓ [AHA Comprehensive Data System (ahacds.org)](ahacds.org)
- Nebraska Hospital Association Website:
  - ✓ [NHA Home page (nebraskahospitals.org)](nebraskahospitals.org)
  - ✓ Currently being updated
- CDC – NHSN
  - ✓ https://www.cdc.gov/nhsn/index.html
- Institute for Healthcare Improvement
  - ✓ http://www.ihi.org

HQIC Process Improvement

Key Elements:

- IHI Model for Improvement
- PDSA Cycles – Rapid Cycle Improvement
- Six Meetings for Success

HQIC Consult Visit:

- Project specific education / audits / infrastructure creation

Interim Quality Contracting

- Offer onsite quality subcontracting to address staffing shortages, vacation, medical leave, or project oversight

Nebraska Performance

State and National Updates:

New – Year 3 Baselines – CMS Reporting

2019	• Adverse drug events (ADE), including opioid safety, anticoagulation safety, and glycemic management; • CDI • Readmissions
September 1, 2020-August 31, 2021	• CAUTI • CLABSI • MRSA
COVID patients September 1, 2020-August 31, 2021	• Sepsis and Sepsis Shock • Pressure Ulcers
Non-COVID patients January 1, 209-December 31, 2019	• Sepsis and Sepsis Shock • Pressure Ulcers

Requirements: Hospitals must report at least 3 consecutive months of baseline data AND at least 3 total months of Performance data, to be included in **evaluation**. In addition, hospitals must have at least one month of data reported within the most recent 6 months to be included in **monthly deliverable for 75% reporting.**

Performance Time Period: 30-Month Evaluation: Oct2021 to current (submitted March 2023). 42-Month Evaluation: Oct2022 to current (submitted March 2024).

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State and National Updates:

- ## Data Completion:
  - ### HAI Measures:
    - Catheter Utilization, CAUTI
    - Central Line Utilization, CLABSI
    - MRSA
    - C.Diff

    68 of 72 = **_94.4%_** have complete data per CMS requirements (Goal 75%)

- ## Final Download:
  - Self-reported data from CDS and data reported into NHSN -- Wednesday, March 1, 2023.
  - Last download of data to be included in our 30-month evaluation.

30-Month Performance Evaluation: Nebraska

18-Month Results:

18 Month Results: FINAL

Opioid Stewardship Goal: **4%** Reduction	Opioid Adverse Drug Events Goal: **2.5%** Reduction	All-cause Harm Goal: **2%** Reduction	Adverse Drug Events Goal: **4%** Reduction	Readmissions Goal: **1%** Reduction
Current: **19.6%** Reduction	Current: **11.67%** Reduction	Current: **61.28%** Increase	Current: **14.7%** Increase	Current: **2.95%** Reduction

Harm_Area	Composite_Component	Hospitals_Reporting	Baseline_Numerator	Baseline_Denominator	Performance_Numerator	Performance_Denominator	Baseline_Rate	Performance_Rate	Measure_Level_RIR*	Harm Area RIR*
Goal 1 OPIOID STEWARDSHIP	OPIOID_STEWARDSHIP	69	83	73025	48	59482	0.114%	0.081%	29.002%	29.002%
Goal 1 OPIOID ADE	OPIOID_ADEs	69	47	19502	30	15528	0.241%	0.193%	19.835%	19.835%
Goal 2 - AllCauseHarm calculations are in progress, awaiting further clarification from CMS										
Goal 2 ADE	ANTICOAGULANT_ADE	69	8	19502	5	15528	0.041%	0.032%	21.505%	-2.044%
Goal 2 ADE	DIABETES_ADE	69	1	19502	1	15528	0.005%	0.006%	-25.592%	
Goal 4 READMISSIONS	READMISSIONS	69	1732	14400	1151	10011	12.028%	11.497%	4.410%	4.410%

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Harm_Area	Composite_Component	Hospitals_Reporting	Baseline_Numerator	Baseline_Denominator	Performance_Numerator	Performance_Denominator	Baseline_Rate	Performance_Rate	Measure_Level_RIR*	Harm Area RIR*
Goal 1 OPIOID STEWARDSHIP	OPIOID_STEWARDSHIP	192	265	310477	144	235714	0.085%	0.061%	28.425%	28.425%
Goal 1 OPIOID ADE	OPIOID_ADEs	192	180	74002	143	57677	0.243%	0.248%	-1.931%	-1.931%
Goal 2 - AllCauseHarm calculations are in progress, awaiting further clarification from CMS										
Goal 2 ADE	ANTICOAGULANT_ADE	192	40	74002	35	57677	0.054%	0.061%	-12.266%	-6.029%
Goal 2 ADE	DIABETES_ADE	192	9	74002	7	57677	0.012%	0.012%	0.208%	
Goal 4 READMISSIONS	READMISSIONS	192	6478	50436	4411	36106	12.844%	12.217%	4.883%	4.883%

All Telligen Performance:

Telligen HQIC met the 75% CMS reporting requirement for January and February

Measure ID	Measure Name	# of hospitals reporting baseline and performance	# of hospitals for which measure applies	% Reporting
Tell_Core_ADE2a	Anticoagulation Related ADEs	192	192	100.0%
Tell_Core_ADE2b	Glycemic Management ADEs	192	192	100.0%
Tell_Core_ADE2c	Opioid Related ADEs	192	192	100.0%
Tell_Core_OP1_90MME	Opioid Prescribing >90 MME	192	192	100.0%
Tell_Core_CAU2	CAUTI Rate	162	192	84.4%
Tell_Core_CAU2a	CAUTI Rate ICU Only, excluding NICUs	35	46	76.1%
Tell_Core_CAU3	Catheter Utilization Ratio	160	192	83.3%
Tell_Core_CLAB2	CLABSI Rate	176	192	91.7%
Tell_Core_CLAB2a	CLABSI Rate ICU Only	36	46	78.3%
Tell_Core_CLAB3	Central Line Utilization Ratio	175	192	91.1%
Tell_Core_CDI2	C. difficile Rate	166	192	86.5%
Tell_Core_MRSA2	MRSA Rate	158	192	82.3%
SEPSIS_MORT_2	30-day Sepsis Mortality rate	192	192	100.0%
Tell_Core_PRU1	Pressure Ulcer Rate, Stage 3+	192	192	100.0%
Tell_Core_Read2	All Cause Unplanned Readmission Rate	192	192	100.0%

Nebraska Data Trends:
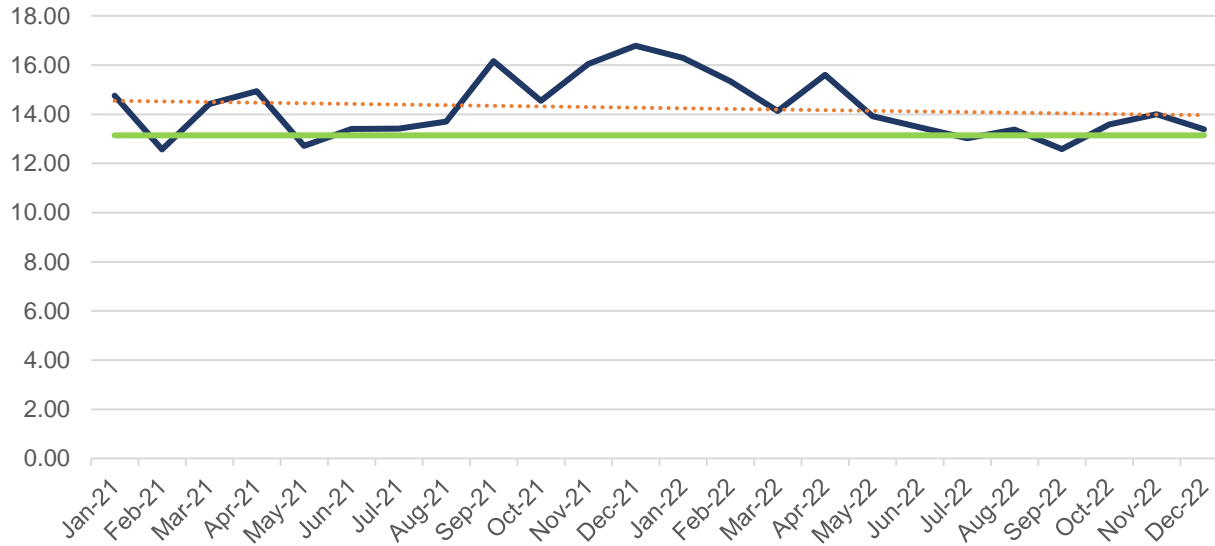
Nebraska Data Trends:

Nebraska Data Trends:

Sepsis Mortality Rate

Rate — Goal — Trend
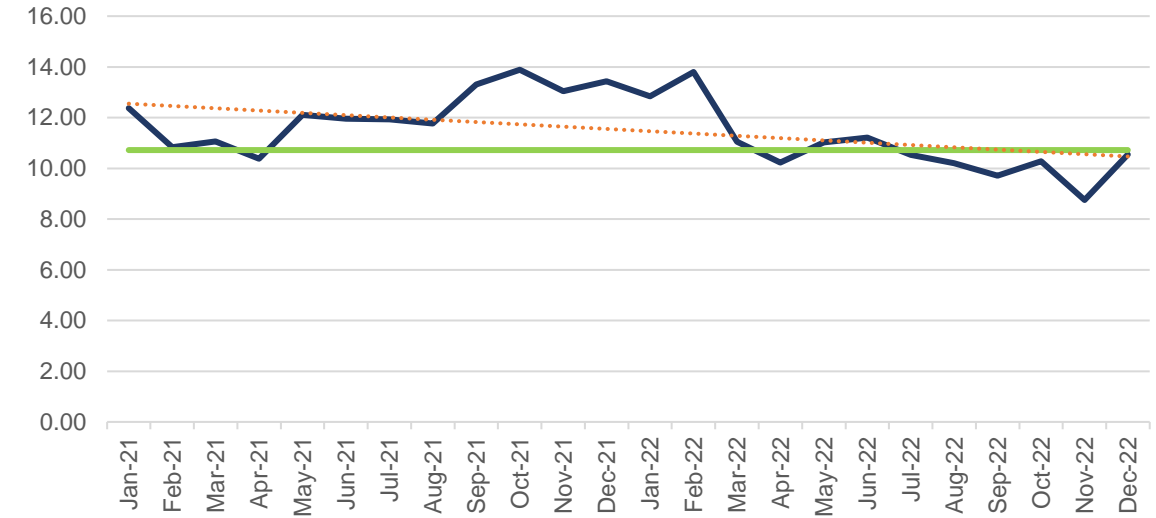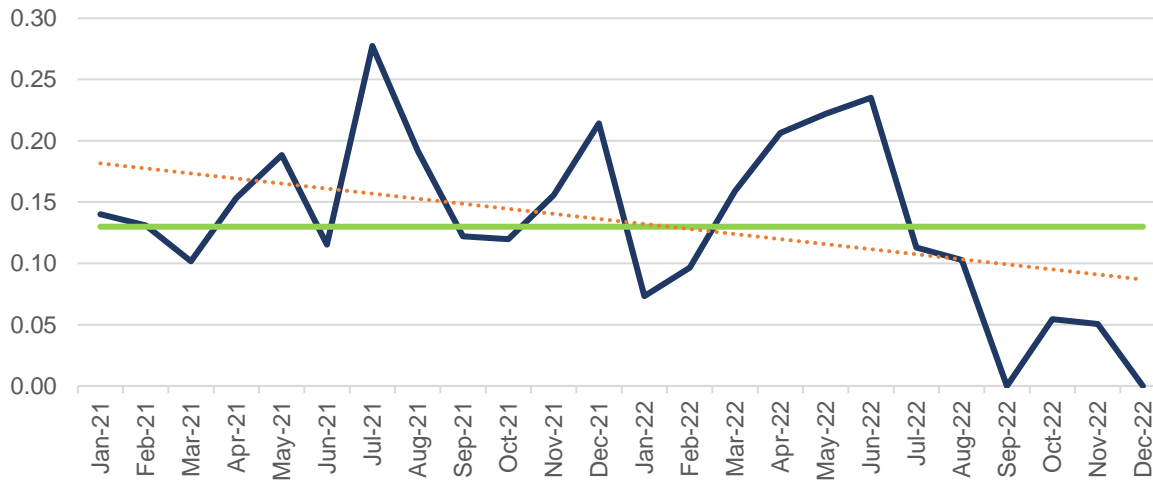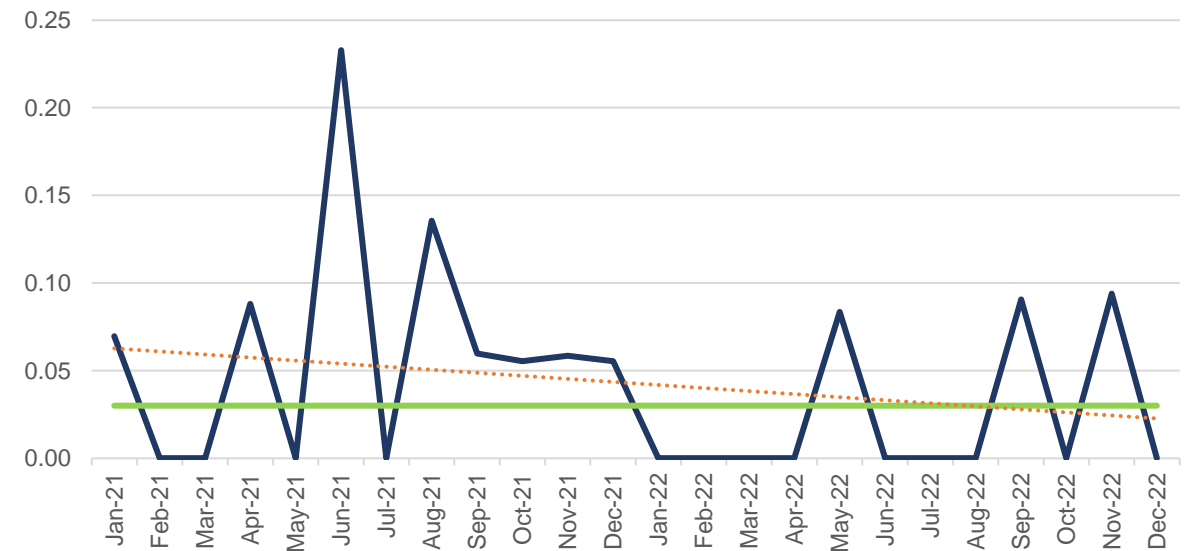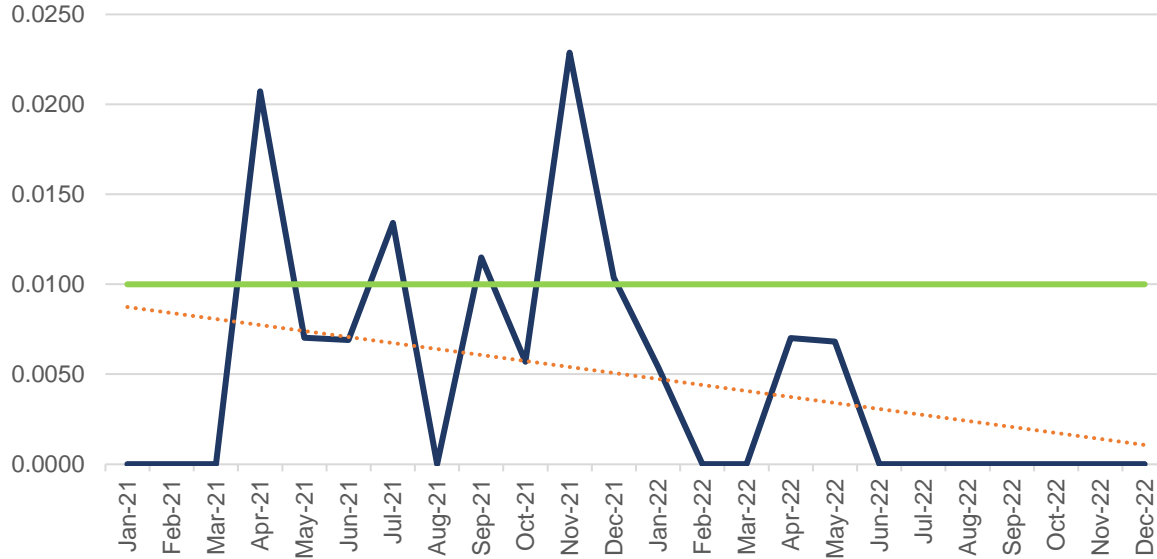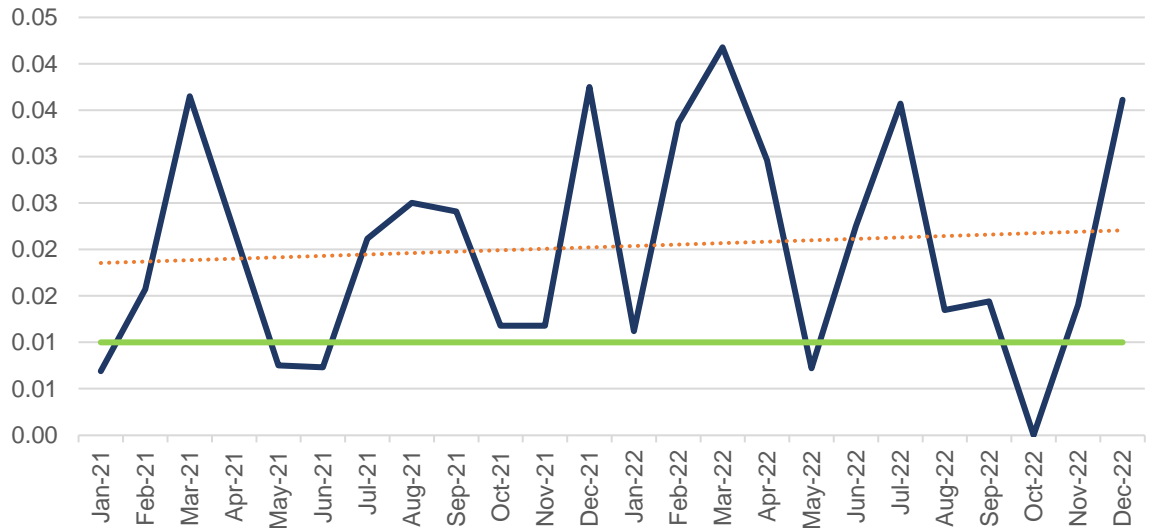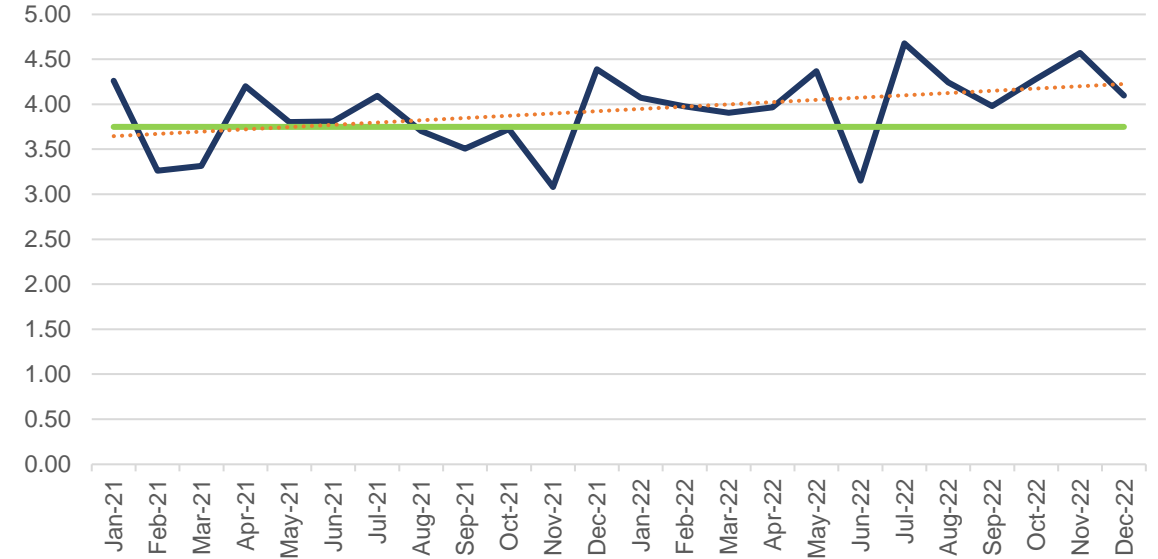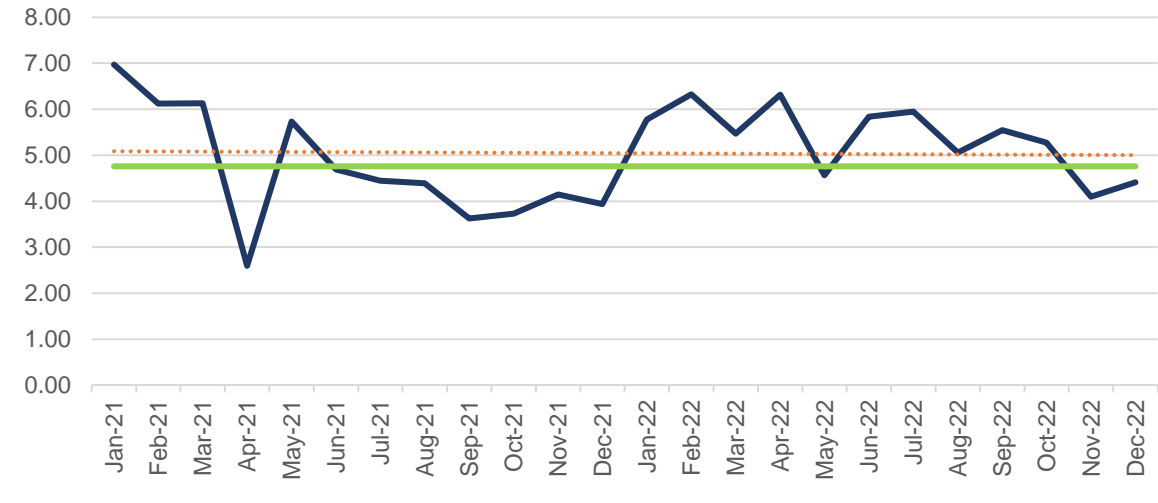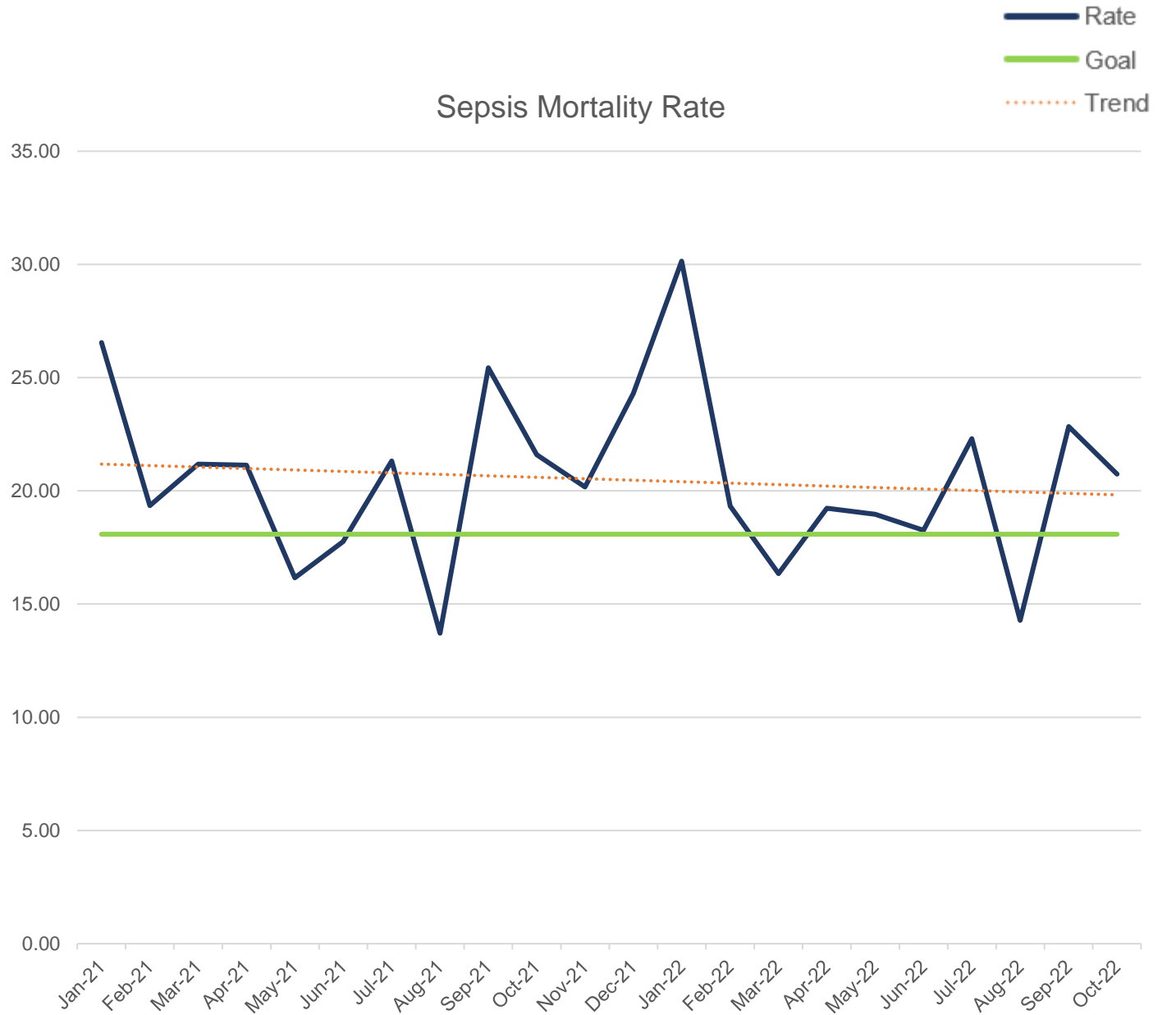
Learning Opportunities/Events:

- Cohorts in Progress:
  - ✓ Star-Ratings
  - ✓ Safe Care Transitions

- Potential Upcoming Cohort:
  - ✓ Best Practice in Anticoagulation
  - ✓ Leap Frog

- Events:
  - ✓ NHA Spring Forum and Rural Health Clinic Conference: May 23-25 – Kearney, NE

- Tools:
  - ✓ Updated Sepsis Toolkit – complete by May 1
  - ✓ Equity Toolkit – complete by August 1
  - ✓ Rural Roadmap: https://www.nebraskahospitals.org/advocacy/be_an_advocate.html

Transitions of Care Update:

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- **Transitions of Care Council**
  - Continues to meet on a monthly basis
  - Added post-acute setting key stakeholders: Nebraska Leading Age and Nebraska Healthcare Association
  - Monthly throughput survey continues
 - TRIMRS Healthcare Coalition piloting regional case management calls

- **Legislative Session**
  - LB227 (NHA Priority)- Provide duties for DHHS relating to reimbursing certain hospitals for nursing facility services under the Medical Assistance Act
  - LB434 (NHA Priority)- Require DHHS to enroll LTACHs as providers under the Medical Assistance Program and submission of a state plan amendment or waiver
  - LB517- Require DHHS to pay discharge incentives to post-acute placement facilities
  - LB761 (NHA Priority)- Appropriate funds to the Supreme Court for the Office of Public Guardian
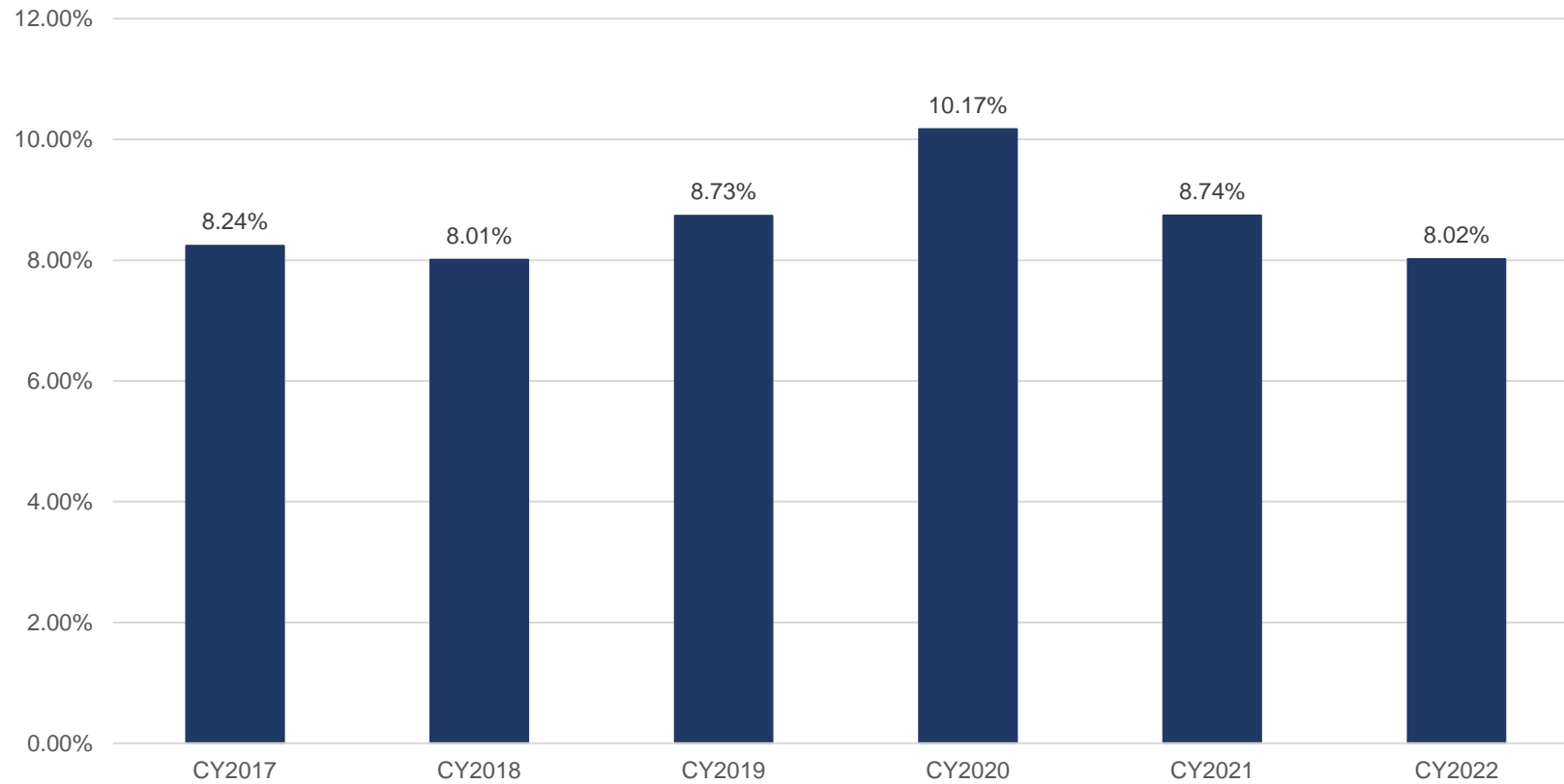
- **2023 Goals**
  - Improve Medicaid Application and Approval Process
  - Reduce ED transfers from a CAH to a tertiary setting
  - Increase CAH Swingbed admissions
  - Partner with TRIMRS Healthcare Coalition on regional case management calls – spread to additional regions
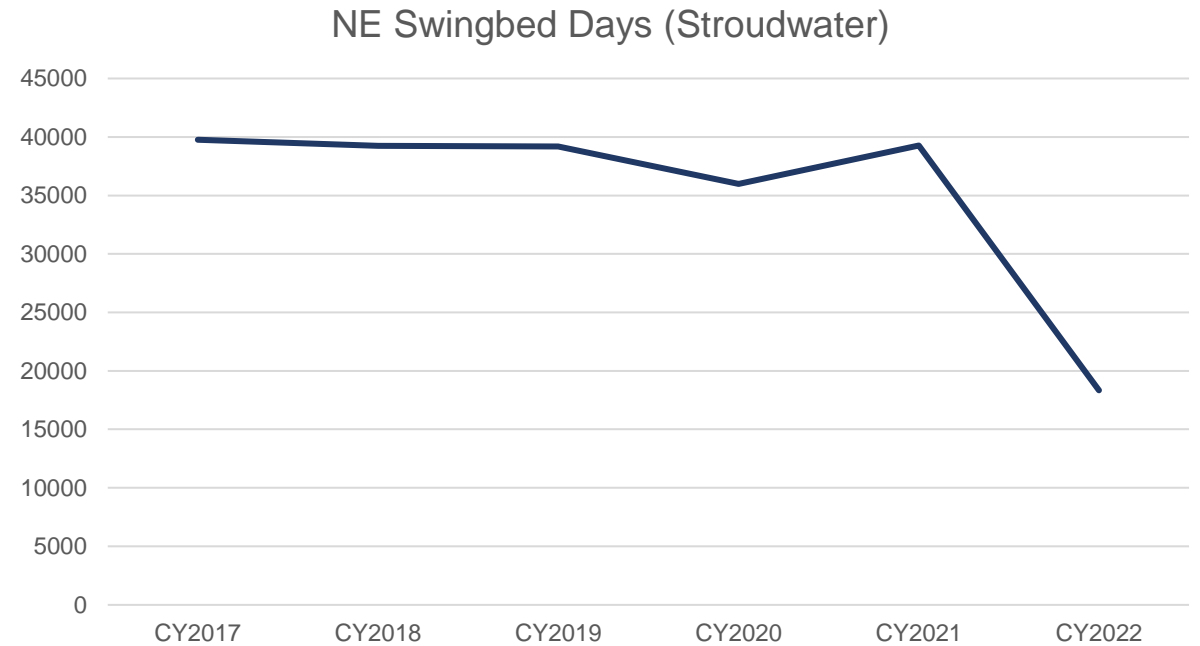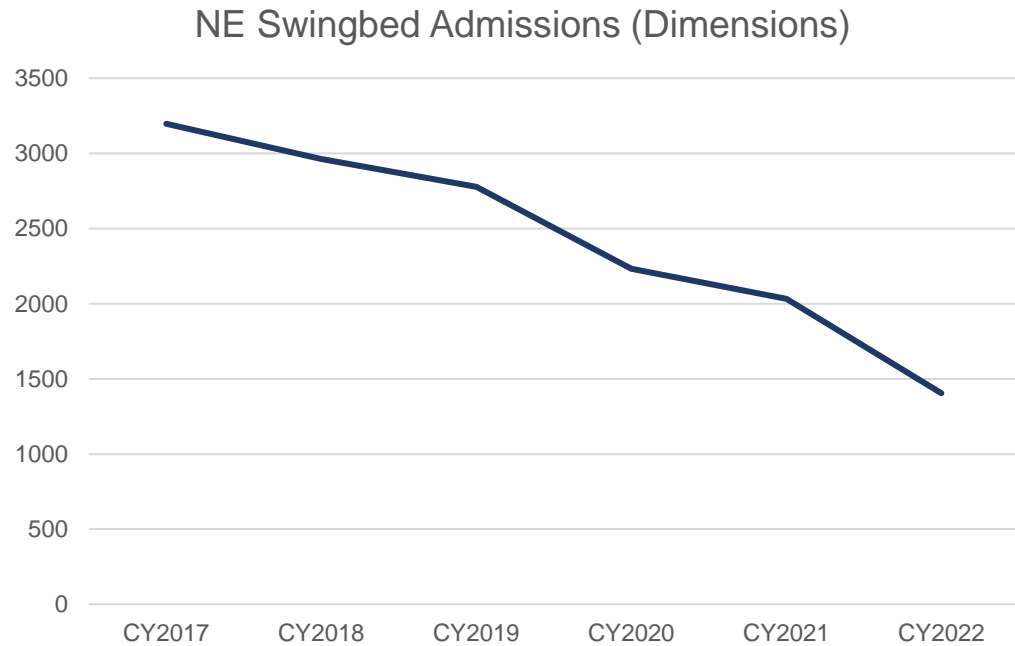
Equity Requirements and Z-Codes
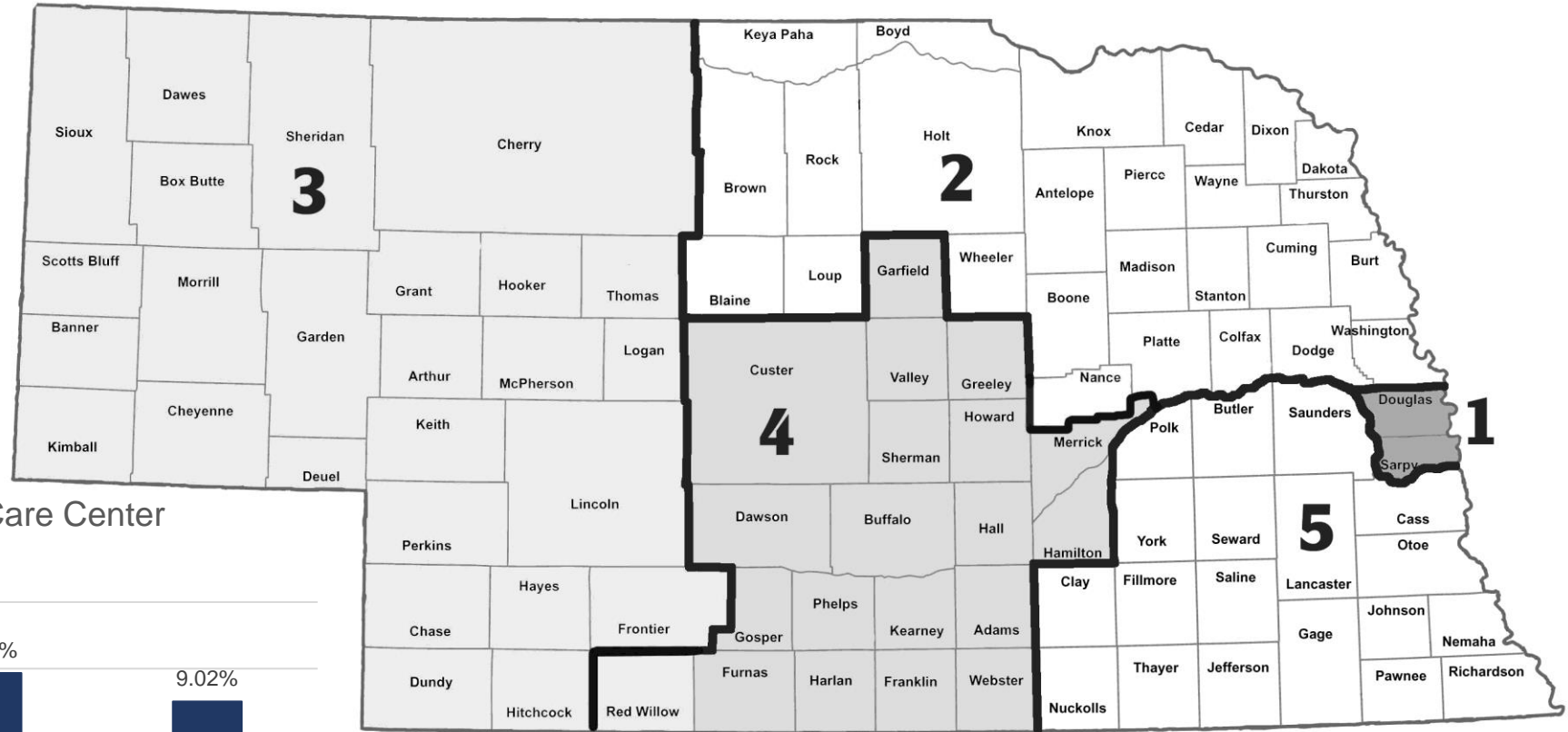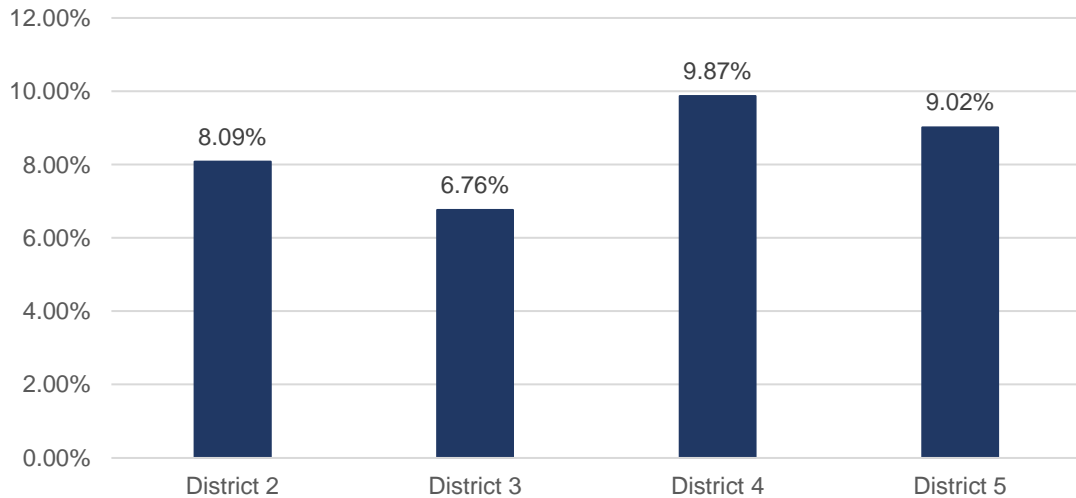
Housing

- Z 59.0 Homelessness:
  - Sheltered: Z59.01, unsheltered: Z59.02
  - Z59.1 Inadequate housing, worried about losing home
- Z59 Problems related to housing and economic circumstances
- Z59.12 Inadequate housing utilities (ex. Lack of water services)
- Z59.2 Discord with neighbors, lodgers and landlord
- Z60.2 Problems related to living alone
- Z59.9 Problem related to housing and economic circumstances
  - Z59.8 Other problems related to housing and economic circumstances
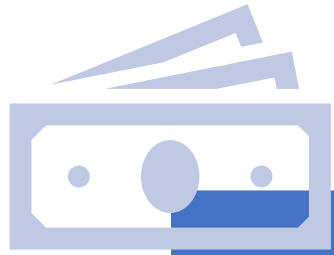
Food Insecurity

- Z59.4 Lack of adequate food and safe drinking water
- Z59.41 Food Insecurity

Transportation

- Z59.64 Unable to pay for transportation for medical appointments or prescriptions
- Z 59.82 Transportation Insecurity

Equity Requirements and Z-Codes

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Utility Needs

- Z59.61 Unable to pay for prescriptions
- Z59.63 Unable to pay for medical care
- Z59.62 Unable to pay for utilities
- Z59.7 Insufficient social insurance and welfare support
- Z 57.4 Occupational exposure to toxic agents in agriculture
- Z 57.5 Occupational exposure to toxic agents in other industries
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z59.7 Insufficient social insurance and welfare support
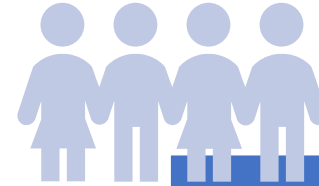
Interpersonal Safety

- Z63.0 Problems in relationship with spouse or partner
- Z60.4 Social exclusion and rejection
- Z60.9 Problem related to social environment, unspecified
- Z63.72 Alcoholism and drug addiction in family
- Z65.1 Imprisonment and other incarceration
- Z56.0 Unemployment, unspecified
- Z59.67 Unable to find or pay for childcare
- Z 56.82 Military Deployment
- Z 55.8 Problem with Academics
- Z 60.3 Problem with Acculturation
- Z 56.1 Problem adjusting to job change
- Z 62.810 History of physical abuse
- Z 62.811 History of psychologic abuse
- Z 55.5 Less then High School Diploma – no GED
- Z 55.6 Problems related to health literacy
- Z 63.4 Disappearance and Death of Family member
- Z 63.5 Family disruption by separation or divorce
- Z 63.6 Dependent Relative needing care at home

Nebraska Z-Code Project

Housing	**Food**	**Transportation**	**Utilities**	**Interpersonal Security**
Z59.0 Homelessness	Z59.4 and Z59.41 – Food Insecurity	Z59.64 unable to pay for transportation	Z59.61 unable to pay for prescriptions	Z91.14 Med non-compliance
Z60.2 Living Alone		Z59.82 Transportation insecurity	Z59.63 unable to pay for medical care	Z63.4 Death of a family member
Z63.6 dependent relative needing care at home			Z59.6 low income	Z63.72 alcohol and drug addiction / and family
			Z59.5 extreme poverty	
			Z55.6 health literacy	

Z-Codes Tip Sheet

In the past month, did <u>**Poor Physical or Mental Health**</u> keep you from doing your usual activities, like work, school or a hobby?			
Code	**Description**	**Code**	**Description**
Z78.9	Poor physical health	Z63.0	Problems in relationship with spouse or partner
Z71.1	Mental health related complaint	Z63.4	Disappearance and death of a family member
Z60	Problems related to social environment	Z63.5	Disruption of family by separation and divorce
Z60.0	Problems of adjusting to life-cycle transitions	Z63.6	Dependent relative needing care at home
Z60.2	Problems related to living alone	Z63.7	Other stressful life events affecting family and household
Z60.4	Social exclusion and rejection	Z63.32	Other absence of family member
Z60.5	Target of (perceived) adverse discrimination and persecution	Z63.72	Alcoholism and drug addiction in family
Z62	Problems related to upbringing	Z63.8	Other specified problems related to primary support group
Z62.0	Inadequate parental supervision and control	Z65	Problems related to other psychosocial circumstance
Z62.82	Parent-child conflict	Z65.3	Problems related to other legal circumstances

Z-Codes Tip Sheet

In the past year, was there a time when you needed to see a doctor but could not because it <u>Cost</u> too much?			
Code	**Description**	**Code**	**Description**
Z59.7	Insufficient social insurance and welfare support	Z59.6	Low income

Do you ever eat less than you feel you should because there is not enough <u>Food</u>?			
Code	**Description**	**Code**	**Description**
Z59.4	Lack of adequate food and safe drinking water	Z59.6	Low income

Do you need a job or other <u>Steady Source of Income</u>?			
Code	**Description**	**Code**	**Description**
Z56	Problems related to employment and unemployment	Z56.8	Other problems related to employment
Z56.1	Change of job	Z56.82	Military deployment status
Z56.2	Threat of job loss		

Do you think completing more <u>Education or Training</u>, like earning a high school diploma, going to college, or learning a trade, would be helpful for you?			
Code	**Description**	**Code**	**Description**
Z59.5	Extreme Poverty	Z55.0	Illiteracy and low-level literacy
Z55	Problems related to education or literacy	Z55.1	Schooling unavailable and unattainable

Z-Codes Tip Sheet

Are you worried that in the next few months, you may not have reliable Housing that you own, rent or share?			
Code	**Description**	**Code**	**Description**
Z59	Problems related to housing and economic circumstances	Z59.2	Discord with neighbors, lodgers and landlord
Z59.0	Homelessness	Z59.3	Problems related to living in residential institution
Z59.1	Inadequate housing		

In the past year, have you had a hard time paying your utility company Bills?	
Code	**Description**
Z59.6	Low income

Do you need help Finding or Paying for Care for Loved Ones? For example, childcare or day care for an older adult.			
Code	**Description**	**Code**	**Description**
Z74.9	Cares for a relative	Z59.6	Low income
Z74.2	No able caregiver in household		

Does getting Child Care or Care for Loved Ones make it hard for you to work, go to school or study?			
Code	**Description**	**Code**	**Description**
Z63.6	Dependent relative needing care at home	Z59.6	Low income
Z74.2	No able caregiver in household		

Z-Codes Tip Sheet

Do you need a dependable <u>Way to Get to Work or School</u> and your appointments?	
Code	**Description**
Z91.89	Lack of access to transportation

Do you need <u>Household Supplies</u>? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo.	
Code	**Description**
Z59.8	Income insufficient to buy necessities/to meet needs

If you take <u>Medication</u>, are you not taking it because it is too expensive?			
Code	**Description**	**Code**	**Description**
Z91.14	Patient's other noncompliance with medication regimen	Z59.6	Low income

Do you ever <u>Feel Unsafe</u> in your home or neighborhood?			
Code	**Description**	**Code**	**Description**
Z60.8	Other problems related to social environment	Z62.82	Parent-child conflict
Z63.0	Problems in relationship with spouse or partner	Z59.2	Discord with neighbors, lodgers and landlord
Z60.5	Target of (perceived) adverse discrimination and persecution		

Equity Requirements

Hospital IQR Program

Screening for Social Drivers of Health Measure and the Screen Positive to Social Drivers of Health Measure

Screening for Social Drivers of Health

Numerator: Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety during their hospital inpatient stay

Denominator: Number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission

Exclusions: (1) Patients who opt-out of screening; and (2) patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay

Screen Positive Rate for Social Drivers of Health

Numerator: Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and were screened for all five HSRN, and who screen positive for having a need in one or more of the following five HRSNs Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

Denominator: Number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission and are screened for all of the five HRSNs.

Exclusions: (1) Patients who opt-out of screening; and (2) patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay

Thank you – Questions?

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