2016 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard			
Measure	Weight	Measure Description	Points
1	10	**Timeliness of HMS Data** [1]	
		On time ≥ 95%	10
		On time 76% - 94%	7
		On time 50% - 75%	5
		On time < 50%	0
2	10	**Completeness** [1] **and Accuracy** [2] **of HMS Data**	
		≥ 95%	10
		76% - 94%	7
		50% - 75%	5
		< 50%	0
3	10	**Consortium-wide Meeting Participation** [3] **– clinician lead or designee**	
		All meetings	10
		More than ½	7
		More than 0	5
		No meetings	0
4	10	**Consortium-wide Meeting Participation** [3] **– data abstractor, QI staff, or other**	
		All meetings	10
		More than ½	7
		More than 0	5
		No meetings	0
5	10	**Hospital QI Activity** [4]	
		Responded to VTE data with changes in process or achieved HMS VTE Goals AND Developed plan for decreasing # of lumens and gauge size of PICCs used [5]	10
		VTE data AND PICC data has been shared internally [5]	7
		VTE Committee has been created & is actively meeting (quarterly or more frequently) [5]	5
		No Activity	0
6	10	**VTE Risk Assessment Completed (on admission)** [6]	
		90-100% of patients assessed for risk on admission	10
		< 90% of patients assessed for risk on admission	0
7	20	**Appropriate Prophylaxis Given (on admission)** [6, 7]	
		75-100% of patients at risk for VTE	20
		60-74% of patients at risk for VTE	15
		40-59% of patients at risk for VTE	10
		0-39% of patients at risk for VTE	0
8	10	**Reducing VTE Pharmacologic Prophylaxis in Low Risk** [4]	
		Demonstrate that EMR/order set/risk model identifies a low risk population AND recommends no prophylaxis for this group	10
		No demonstration of process in place for above	0
9	5	**Analysis of PICCs in for ≤ 5 Days** [8]	
		Complete additional data collection/analysis of PICCs in place for ≤ 5 Days	5
		No additional data collection/analysis completed	0
10	5	**Documented PICC Indications** [6, 9]	
		80% of PICC cases have a documented indication for the placement of the PICC	5
		0-79% of PICC cases have a documented indication for the placement of the PICC	0

2016 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Supporting Documentation

[1] Assessed at year end based on data submitted during calendar year 2016

[2] Assessed at site audits (average 1-2 per year)

[3] Based on all meetings scheduled during calendar year 2016

[4] Based on semi-annual survey responses. For measure 5, description of how data used and action plans will be submitted. For measure 8, documentation of how low risk population is being identified and the recommendation for no prophylaxis will be submitted. Documentation can be in the form of a screen shot of the EMR, copy of the order set, etc.

[5] Minutes from most recent VTE Committee meeting will need to be sent with the semi-annual survey and the VTE Committee is expected to regularly maintain minutes for all meetings, which will need to be provided upon request. For new sites that join HMS after September 2015, full credit (10 points) will be achieved by having a VTE Committee in place by April 2016 (with first meeting occurring by the end of April) and having shared VTE & PICC data internally as described in the Fall QI Activity survey.

[6] Assessed at year end based on final quarter of data submitted during calendar year 2016 (discharges from Q3 2015). Sites joining after September 2015 will get full credit for measure 6 by achieving 80%. For measure 7, new sites will get full credit for achieving at least 60% and ½ credit for 40-59%.

[7] This measure includes pharmacologic prophylaxis given on admission for at risk patients with no contraindications and mechanical prophylaxis ordered on admission for at risk patients with contraindications.

[8] Data abstractors will be asked to complete an extra form on a sample of these cases to help assess the reasons that these PICCs are remaining in for a short amount of time. Anticipated sample is up to 10 cases per quarter per hospital. A subset of hospitals will have less than 10 cases per quarter that remain in for ≤ 5 days. They will complete the form on every eligible case.

[9] A documented indication must be found in the PICC order, the interventional radiology note or vascular access note. “Venous access,” “physician request,” or “patient request” are not considered acceptable indications.