

2018 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard

Measure	Weight	Measure Description	Points
1	5	Timeliness of HMS Data ¹	
		On time ≥ 95%	5
		On time < 95%	0
2	5	Completeness ¹ and Accuracy ² of HMS Data	
		≥ 95% of registry data complete & accurate AND semi-annual QI activity surveys completed	5
		< 95% of registry data complete & accurate OR semi-annual QI activity survey not completed	0
3	10	Consortium-wide Meeting Participation ³ – clinician lead or designee	
		3 meetings	10
		2 meetings	7
		1 meeting	5
4	10	Consortium-wide Meeting Participation ³ – data abstractor, QI staff, or other	
		3 meetings	10
		2 meetings	7
		1 meeting	5
5	5	Appropriate VTE (Venous Thromboembolism) Prophylaxis Given in Patients at High Risk of VTE (on admission) ^{4,5}	
		85-100% of patients at high risk for VTE receive appropriate prophylaxis	5
		75-84% of patients at high risk for VTE receive appropriate prophylaxis	3
6	10	PICCs (Peripherally-Inserted Central Catheters) in for ≤ 5 Days (excluding deaths) ⁵	
		≤ 10% of cases with PICC in for ≤ 5 Days	10
		11-15% of cases with PICC in for ≤ 5 Days	5
7	10	PICCs in Patients with eGFR (estimated glomerular filtration rate) < 45 (without Nephrology approval) ^{5,6}	
		≤ 15% of cases with PICC have eGFR < 45 without Nephrology approval	10
		16-20% of cases with PICC have eGFR < 45 without Nephrology approval	5
8	10	Use of Single Lumen PICCs in Non-ICU (Intensive Care Unit) Cases ⁵	
		≥ 75% of non-ICU cases with PICC have a single lumen	10
		50-74% of non-ICU cases with PICC have a single lumen	5
9	15	Uncomplicated CAP (Community-Acquired Pneumonia) Treated with 5 Days of Antibiotics ⁵	
		≥ 20% of cases with uncomplicated CAP receive 5 days (+/- 1 day) of antibiotics	15
		15-19% of cases with uncomplicated CAP receive 5 days (+/- 1 day) of antibiotics	10
10	15	Treatment ⁷ of & Testing ⁸ for ASB (Asymptomatic Bacteriuria) with Antibiotics ⁵	
		≤ 80% of ASB cases receive antibiotics AND ≤ 40% of all UTI cases are ASB cases	15
		≤ 80% of ASB cases receive antibiotics OR ≤ 40% of all UTI cases are ASB cases	10
11	5	VTE Pharmacologic Prophylaxis Given in Low Risk (on admission) ⁹	
		≤ 40% (Caprini 0-2) or ≤ 60% (Padua < 4) <u>collaborative-wide average</u> of patients at low risk	5
		> 40% (Caprini 0-2) and > 60% (Padua < 4) of patients at low risk for VTE	0
Total (Max points = 100)			

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¹ Registry data assessed at year end based on data submitted during calendar year 2018. All required cases must be completed by year end. Final due date will be announced by Coordinating Center. Both semi-annual QI activity surveys must be completed by due dates announced by Coordinating Center.

² Assessed based on scores received for site audits conducted during calendar year 2018. Scores are averaged if multiple audits take place during the year.

³ Based on all meetings scheduled during calendar year 2018. Clinician lead or designee must be a physician as outlined in Hospital Expectations.

⁴ This measure includes pharmacologic prophylaxis given on admission for high risk patients with no contraindications and mechanical prophylaxis ordered on admission for high risk patients with contraindications.

⁵ Assessed at year end based on final quarter of data entered (per the data collection calendar) in the data registry during the calendar year 2018. If the final quarter of data does not include at least 30 cases that can be reviewed for this measure (as the denominator), cases from prior quarters during calendar year 2018 will be used as well to have at least 30 total cases to review for this measure, but cases in the most recent quarter will be weighted given that these cases should most represent any improvements in performance. If a hospital does not have 30 cases that can be reviewed for this measure, the measure will not apply to the hospital given too low a volume of relevant cases.

⁶ Assessed based on all patients with eGFR available. If eGFR is not entered into the data registry, the Coordinating Center will calculate it if all elements necessary to do the calculation are available.

⁷ Assessed based on treatment on day 2 or later of the entire hospital encounter.

⁸ Assessed based on any day of the hospital encounter including day 1.

⁹ Assessed at year end based on the collaborative-wide average for the final quarter of data entered in the data registry during the calendar year 2018. This is different than the other performance measures in the index, which are applied to each individual hospital.