

2019 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard  
Measurement Period: 08/08/2019-11/13/2019 (PICC Insertions/Hospital Discharges)

Measure	Weight	Measure Description	Points
1	5	<b>Timeliness of HMS Data <sup>1</sup></b>	
		On time ≥ 95%	5
		On time < 95%	0
2	5	<b>Completeness <sup>1</sup> and Accuracy <sup>2,3</sup> of HMS Data</b>	
		≥ 95% of registry data complete & accurate, semi-annual QI activity surveys completed, AND audit case corrections completed by due date	5
		< 95% of registry data complete & accurate, semi-annual QI activity survey not completed OR audit case corrections not completed by due date	0
3	10	<b>Consortium-wide Meeting Participation <sup>4</sup> – clinician lead or designee</b>	
		3 meetings	10
		2 meetings	7
		1 meeting	5
		No meetings	0
4	10	<b>Consortium-wide Meeting Participation <sup>4</sup> – data abstractor, QI staff, or other</b>	
		3 meetings	10
		2 meetings	7
		1 meeting	5
		No meetings	0
5	5	<b>Appropriate VTE (Venous Thromboembolism) Prophylaxis Given in Patients at High Risk of VTE (on admission) <sup>5,6</sup></b>	
		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
		< 75% of patients at high risk for VTE receive appropriate prophylaxis	0
6	10	<b>PICCs (Peripherally-Inserted Central Catheters) in for ≤ 5 Days (excluding deaths) <sup>6</sup></b>	
		≤ 10% of cases with PICC in for ≤ 5 Days	10
		11-15% of cases with PICC in for ≤ 5 Days	5
		> 15% of cases with PICC in for ≤ 5 Days	0
7	10	<b>PICCs in Patients with eGFR (estimated glomerular filtration rate) &lt; 45 (without Nephrology approval) <sup>6,7</sup></b>	
		≤ 5% of cases with PICC have eGFR < 45 without Nephrology approval	10
		6-15% of cases with PICC have eGFR < 45 without Nephrology approval	5
		> 15% of cases with PICC have eGFR < 45 without Nephrology approval	0
8	10	<b>Use of Single Lumen PICCs in Non-ICU (Intensive Care Unit) Cases <sup>6</sup></b>	
		≥ 80% of non-ICU cases with PICC have a single lumen	10
		60-79% of non-ICU cases with PICC have a single lumen	5
		< 60% of non-ICU cases with PICC have a single lumen	0
9	15	<b>Uncomplicated CAP (Community-Acquired Pneumonia) Treated with 5 Days of Antibiotics <sup>6</sup></b>	
		≥ 45% of cases with uncomplicated CAP receive 5 days (+/- 1 day) of antibiotics	15
		35-44% of cases with uncomplicated CAP receive 5 days (+/- 1 day) of antibiotics	10
		< 35% of cases with uncomplicated CAP receive 5 days (+/- 1 day) of antibiotics	0
10	15	<b>Testing <sup>8</sup> for ASB (Asymptomatic Bacteriuria) &amp; Treatment <sup>9</sup> of ASB with Antibiotics <sup>6</sup></b>	
		≤ 35% of all UTI cases are ASB cases AND ≤ 70% of ASB cases receive antibiotics	15
		≤ 35% of all UTI cases are ASB cases OR ≤ 70% of ASB cases receive antibiotics	10
		> 35% of all UTI cases are ASB cases AND > 70% of ASB cases receive antibiotics	0
11	5	<b>VTE Pharmacologic Prophylaxis Given in Low Risk (on admission) <sup>10</sup></b>	
		≤ 40% (Caprini 0-2) or ≤ 60% (Padua < 4) <b>collaborative-wide average</b> of patients at low risk	5
		> 40% (Caprini 0-2) and > 60% (Padua < 4) of patients at low risk for VTE	0
<b>Total (Max points = 100)</b>			

# 2019 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index – Supporting Documentation

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<sup>1</sup> Registry data assessed at year end based on data submitted during calendar year 2019. 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.

<sup>2</sup> Assessed based on scores received for site audits conducted during calendar year 2019. Scores are averaged if multiple audits take place during the year.

<sup>3</sup> For audits conducted during the calendar year, audit case corrections must be completed or discrepancies addressed within 3 months of audit summary receipt (due date for case corrections provided in audit summary).

<sup>4</sup> Based on all meetings scheduled during calendar year 2019. Clinician lead or designee must be a physician as outlined in Hospital Expectations.

<sup>5</sup> 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.

<sup>6</sup> Assessed at year end based on final quarter of data entered (per the data collection calendar) in the data registry during the performance year 2019. To determine the final score, an adjusted statistical model will be utilized. The method for obtaining each hospital's adjusted performance measurement utilizes all available data from the most recent 4 quarters. The collaborative wide average and collaborative wide improvement rate, as well as the average rate and improvement rate of each individual hospital are incorporated into the final adjusted rate. Each hospital's adjusted rate reflects both change in performance over time and overall performance relative to the collaborative averages. The adjusted performance is a more stable and reliable estimate of each hospital's current performance, their performance relative to collaborative as a whole, and reflects the improvement work each hospital is doing over a given performance year.

<sup>7</sup> 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.

<sup>8</sup> Assessed based on any day of the hospital encounter including day 1.

<sup>9</sup> Assessed based on treatment on day 2 or later of the entire hospital encounter.

<sup>10</sup> Assessed at year end based on the collaborative-wide average for the final quarter of data entered (per the data collection calendar) in the data registry during the calendar year 2019. This is different than the other performance measures in the index, which are applied to each individual hospital.