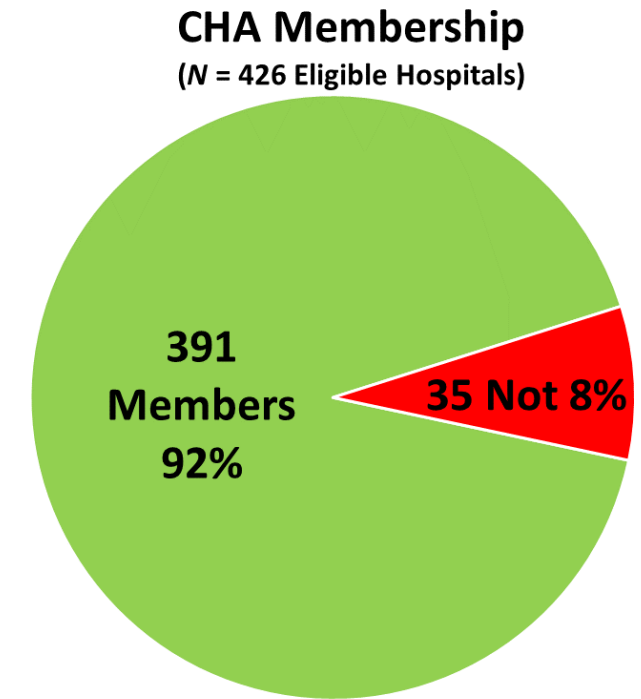


Item #8: Hospital Quality Institute (HQI) Presentation

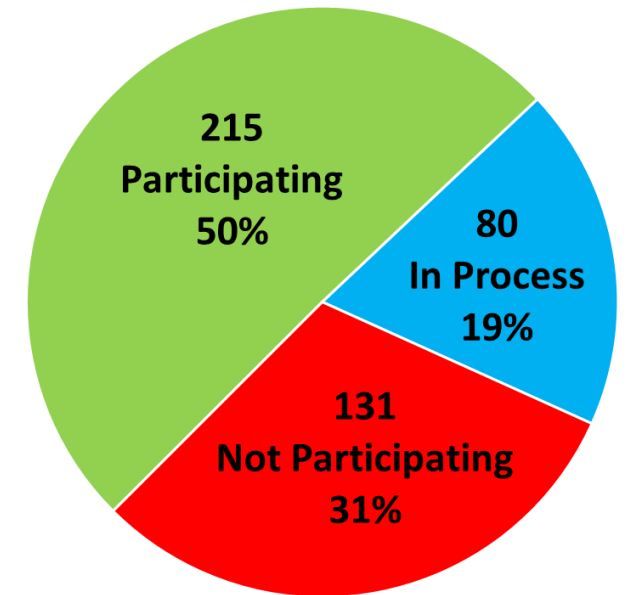
Scott V. Masten, PhD, Vice President, Measurement Science & Performance Analytics,
Hospital Quality Institute

- **Non-profit arm of the California Hospital Association (CHA)**
- **Focused 100% on improving hospital quality of care**
- **391 California member hospitals**
 - Adult Acute Hospitals
 - Children's Hospitals
 - Acute Psychiatric Hospitals
 - Long-Term Care Hospitals
 - Physical Rehabilitation Hospitals
- **Supported by hospital member dues**



- Hospital Quality Improvement Platform (HQIP)
- Free member online hospital comparative analytics platform
- Over 300 measures from various sources
 - HCAI Patient-Level Encounter Data
 - CMS Hospital Compare Quality Measures
 - CDC NHSN Healthcare Infections (unit level)
 - CMQCC Maternity Measures (hospital level)

HQIP Participation
(N = 426 Eligible Hospitals)



- HQIP will show stratified reports for calculated measures
- HQIP will generate pre-filled equity reports as Excel templates for hospitals to edit
 - Both Hospital and Hospital-System Reports will be available
 - General Acute, Children's, and Acute Psychiatric Hospital Reports will be available
- **Most (80%) structural and core measures are available in HQIP – 30 total measures**
 - Stratified estimates (counts, rates, rate ratios) for calculated measures – **19 measures***
 - Hospital-wide estimates for measures that are *only* available from CMS – **5 measures**
 - Hospitals may fill-in/supplement (Y/N or #'s) for measures not available from HQIP – **6 measures**
- **Hospitals will fill-in Health Equity Plan details into the pre-filled Excel templates**
- **Final edited csv equity reports will be uploaded by hospitals into the HCAI portal**

*Stratification not currently possible by Disability Status, Sexual Orientation, or Gender Identity.

Hospital Equity Report

Structural Measures (11)

1. Three (3) The Joint Commission Measures

- a. Designate an Individual to Lead Hospital Health Equity Activities (Fill-in Y/N)
- b. Provide Documentation of Policy Prohibiting Discrimination (Fill-in Y/N)
- c. Report Percentage of Patients by Preferred Language Spoken (Calculated)

2. Five (5) CMS Hospital Commitment to Health Equity (HCHE) Measures (0-5 from CMS)

- a. Five Domains: Strategic Planning, Data Collection, Data Analysis, Quality Improvement, & Leadership Engagement

3. Three (3) CMS Screening for Social Drivers of Health (SDOH) Measures

- a. SDOH-1: Screened for ALL 5 Health-Related Social Needs (HRSNs) (from CMS)
- b. SDOH-2: Screened and responded positive for EACH HRSN (from CMS)
- c. Screened, positive, AND received an intervention for EACH HRSN (Fill-in #s)

Calculable & Stratifiable

CMS Hospital-wide Only

Must be filled by Hospital

Hospital Equity Report

General Acute Core Measures (9)

1. HCAHPS Would Recommend Hospital ([H-RECMND-DY](#))
2. HCAHPS Received Information & Education ([H-COMP-6-Y-P](#))
3. Pneumonia Mortality Rate ([IQI 20](#))
4. Death after Serious Treatable Condition ([PSI 04](#))
5. CMQCC NTSV Cesarean Birth Rate ([PC-02](#) or [IQI 33](#))
6. CMQCC Vaginal Birth after Cesarean Delivery ([IQI 22](#))
7. CMQCC Breastfeeding ([PC-05: Exclusive Human Milk Feeding](#) or [PC-05](#) or [CDPH EIHR](#))
8. Hospital-Wide Readmission ([HCAI-SS-HWR](#) or [READM-30-HOSP-WIDE](#))
9. Hospital-Wide Readmission x [Behavioral Health Conditions](#) ([READM-30-HOSP-WIDE](#))

Calculable & Stratifiable

CMS Hospital-wide Only

Must be filled by Hospital

Hospital Equity Report

Children's (2) & Psych (8) Core Measures

Children's Hospitals (2)

1. Pediatric Experience Survey: Willingness to Recommend the Hospital (Fill-in #s)
2. Pediatric 30-Day All-Condition Readmission Measure (PACRM)

Acute Psychiatric Hospitals (8)

1. HCAHPS Would Recommend Hospital (H-RECMND-DY)
2. HCAHPS Received Information & Education (H-COMP-6-Y-P)
3. Pneumonia Mortality Rate (IQI 20)
4. Psychiatric 30-Day All-Cause Readmission Measure (READM-30-IPF)
5. Psychiatric Readmission x Behavioral Health Conditions (READM-30-IPF)
6. CMS IPFQR Program Screening for Metabolic Disorders (SMD)
7. Two (2) The Joint Commission Substance Use Measures (SUB):
 - a. Alcohol & Drug Use Disorder Treatment *Provided or Offered* at Discharge (SUB-3)
 - b. Alcohol & Drug Use Disorder Treatment *Provided* at Discharge (SUB-3a)

Calculable & Stratifiable

CMS Hospital-wide Only

Must be filled by Hospital

Hospital Equity Report Stratification Variables

1. Race/Ethnicity
2. Age (Standard vs. maternal vs. children's)
3. Sex
4. Expected Payor Type
5. Preferred Language
6. Behavioral Health Condition
7. Disability Status*
8. Sexual Orientation*
9. Gender Identity*

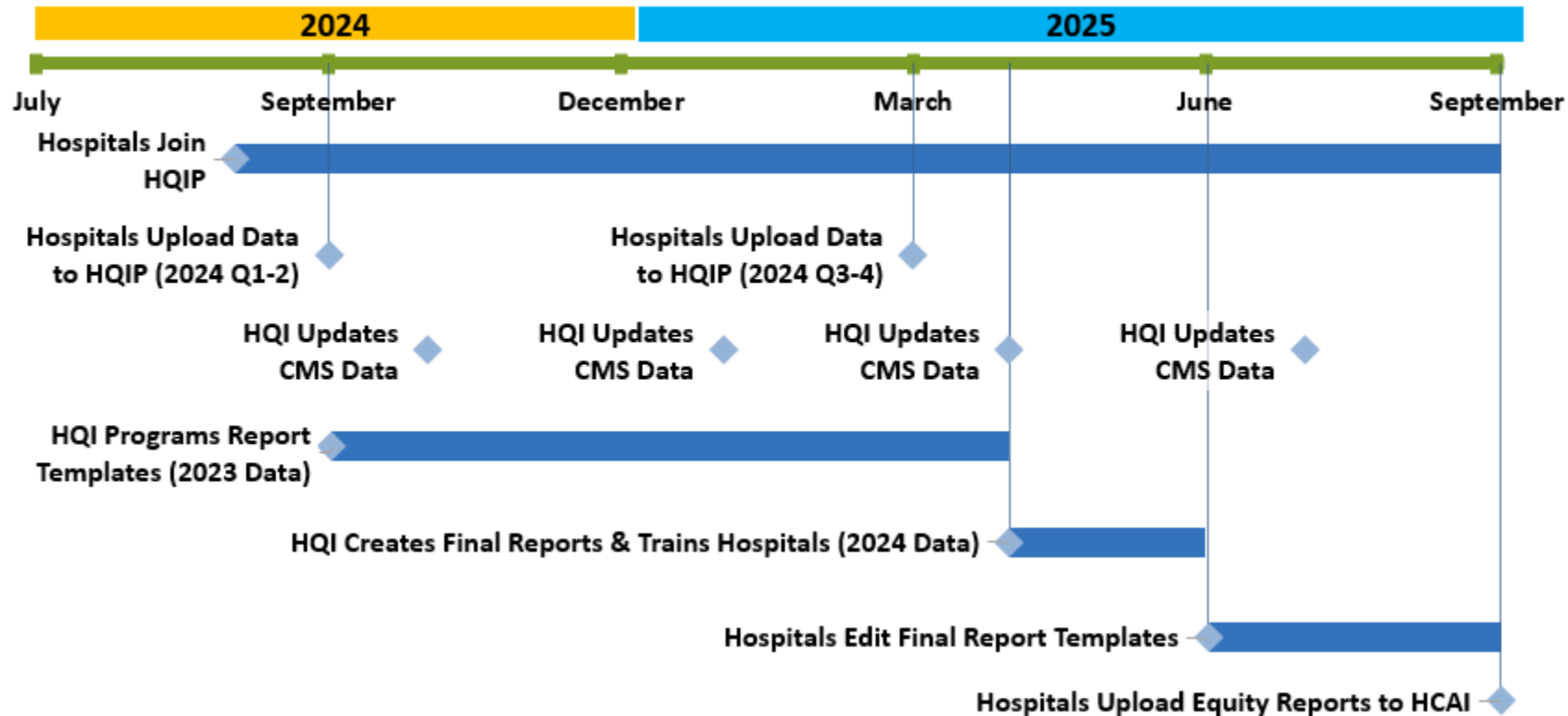
*Variables not available in HQIP data sources (e.g., SIERA Patient-Level Encounter Data).

Calculable & Stratifiable

CMS Hospital-wide Only

Must be filled by Hospital

Timeline for Equity Report Generation



Live Demo of HQIP Stratified Reports: <https://hqipanalytics.org>
HQIP Questions & More Information: HQIAnalytics@hqinstitute.org