



### HMS CQI Performance Index & Scoring - 2015

	Measure	Max Points	Score
1	Timeliness of HMS Data	10	
2	Completeness & Accuracy of HMS Data	15	
3	Meeting Participation – clinician lead	10	
4	Meeting Participation – data abstractor or QI	10	
5	Hospital QI Activity	10	
6	VTE (Venous Thromboembolism) Risk Assessment	10	
7	Pharmacologic VTE Prophylaxis	15	
8	Mechanical VTE Prophylaxis	15	
9	Reducing VTE Pharmacologic Prophylaxis in Low Risk	5	
	<b>TOTAL</b>	<b>100</b>	

	Measure	Points Earned
1	<i>Timeliness of HMS Data</i> <sup>1</sup>	
	On time ≥ 95%	10
	On time 76% - 94%	7
	On time 50% - 75%	5
	On time < 50%	0
2	<i>Completeness<sup>1</sup> and Accuracy<sup>2</sup> of HMS Data</i>	
	≥ 95%	15
	76% - 94%	10
	50% - 75%	5
	< 50%	0
3	<i>Consortium-wide Meeting Participation<sup>3</sup> – clinician lead or designee</i>	
	All meetings	10
	More than ½	7
	More than 0	5
	No meetings	0
4	<i>Consortium-wide Meeting Participation<sup>3</sup> – data abstractor or QI</i>	
	All meetings	10
	More than ½	7
	More than 0	5
	No meetings	0
5	<i>Hospital QI Activity<sup>4</sup></i>	
	Responded to VTE data with changes in process or achieved HMS VTE Goals AND Developed plan for internal use of PICC data <sup>5</sup>	10
	VTE data has been shared with VTE Committee	7
	VTE Committee has been created & is actively meeting (quarterly or more frequently) <sup>5</sup>	5
	No Activity	0
6	<i>VTE Risk Assessment Completed (on admission)<sup>6</sup></i>	
	90-100% of patients assessed for risk on admission	10
	80-89% of patients assessed for risk on admission	7
	70-79% of patients assessed for risk on admission	5
	< 70% of patients assessed for risk on admission	0
7	<i>Appropriate Pharmacologic Prophylaxis Given (on admission)<sup>6,7</sup></i>	
	75-100% of patients at risk for VTE not at risk for bleeding	15
	60-74% of patients at risk for VTE not at risk for bleeding	10
	40-59% of patients at risk for VTE not at risk for bleeding	5
	0-39% of patients at risk for VTE not at risk for bleeding	0
8	<i>Mechanical Prophylaxis Ordered (on admission)<sup>6,7</sup></i>	
	75-100% of patients at risk for VTE also at risk for bleeding	15
	60-74% of patients at risk for VTE also at risk for bleeding	10
	40-59% of patients at risk for VTE also at risk for bleeding	5
	0-39% of patients at risk for VTE also at risk for bleeding	0
9	<i>Reducing VTE Pharmacologic Prophylaxis in Low Risk<sup>4</sup></i>	
	Developed an internal hospital specific plan for reduction of prophylaxis in low risk patients	5
	No plan submitted for addressing the reduction of prophylaxis in low risk patients	0



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### NOTES

<sup>1</sup> Assessed at year end based on data submitted during calendar year 2015

<sup>2</sup> Assessed at site audits (average 1-2 per year)

<sup>3</sup> Based on all meetings scheduled during calendar year 2015

<sup>4</sup> Based on semi-annual survey responses; description of how data used and action plans will be submitted.

<sup>5</sup> 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 2014, full credit (10 points) will be achieved by having a VTE Committee in place by April 2015 (with first meeting occurring by the end of April) and developing a plan for how PICC data will be used by the hospital.

<sup>6</sup> Assessed at year end based on final quarter of data submitted during calendar year 2015 (discharges from Q3 2015). Sites joining after September 2014 will get full credit for measure 6 by achieving 80%. For measures 7 & 8, these sites will get full credit for achieving at least 60% and ½ credit for 40-59%.

<sup>7</sup> To address small denominators, the measures related to prophylaxis will be combined into one composite measure accounting for a total of 30 points (15 points for measure 7 and 15 points for measure 8).