

HOSPITAL QIP QUARTERLY NEWSLETTER FALL 2024 – EDITION



2024 Hospital Quality Symposium Wrap-up

Our 2024 Hospital Quality Symposium was amazing and a huge success! Check out these pearls of wisdom or golden nuggets attendees took away from the event:

“Arianna Campbell framing SUD in the same terms as diabetes and HTN is something I will start doing.”

“I plan to stratify our clinical outcomes data by disability status (including SUD) to evaluate for disparity.”

“So many, one of them: social drivers of health, ‘addiction is not a moral failing, it is a chronic disease that requires medical treatment’”

“Treating substance use/ED the HQIP topic / all the valuable data.”

“Amazing ending of symposium ‘amazing speaker’”

“I loved the comment about how we need to make patients who want to leave AMA feel and know that they deserve our care.” “Rephrasing from AMA to Patient Directed Leave”

“Provide sepsis data to my hospitals’ sepsis committees.”

“I will provide our ED educator/manager with the buprenorphine data and bundle.”

If you couldn’t make the symposium, or you want review the slides from the sessions, visit the webinars and trainings page of our [HQIP website](#) to download your copies.

Measurement Set Specifications News

Where can I find information about the HQIP?

For all your HQIP needs, check out [Partnership’s Hospital QIP page](#). Here you will find links to our past and upcoming events & webinars and [measurement specifications documentation](#).

Specifications Updates

The 2024-25 HQIP Measurement Set was published to our website in July and has been recently revised. You can find the [revised set here](#). The updates included minor typographical fixes for the Works Cited page, corrections to point values for Cal Hospital Compare and the Hospital Quality Institute Participation measures, as well as clarification of what is needed for documentation of Palliative Care training.

We also published a [second document](#) that is a smaller condensed version of the full 2024-25 HQIP Measurement set containing **only** the measures that directly apply to Very Small sized hospitals with less than 25 LGA beds. It is our hope that this will make it easy for our Critical Access Hospitals to view what measures apply for them.



HOSPITAL QUALITY IMPROVEMENT PROGRAM DETAILED SPECIFICATIONS

Large Hospitals are ≥ 50 licensed, general acute (LGA) beds
Small Hospitals are < 50 licensed, general acute (LGA) beds
Very Small Hospitals are < 25 licensed, general acute (LGA) beds

2024-2025
MEASUREMENT YEAR

Published: July 2024



The Big Three

This year, three new measures were added in the 2024-25 Measurement Set. Read on to consider how your hospital can work on meeting each measure.

Measure 2: 7-day Follow-up Clinical Visits:

Goal: Ensure that a follow-up visit with the member's primary care provider, a hospital based provider, or a specialist provider occurs within one week after discharge from the hospital to help reduce readmissions to the hospital.

Targets:

Full Points: $\geq 35\%$ of members with a follow-up visit within 7 calendar days of hospital discharge.

Partial Points: 30 – 34.9% of patients with a follow-up visit within 7 calendar days of hospital discharge.

Please note that the targets for both Large and Small sized hospitals are the same, but the Full and Partial point values differ because Small sized hospitals will be focusing only on this follow-up measure and will not be scored on Measure 1: Risk Adjusted Readmissions, while Large sized hospitals have points assigned to both Measures 1 & 2.

Measure 8: Expanding Delivery Services

Goal: This measure is intended to increase the number of family physicians and midwives who are allowed to perform deliveries in the hospitals, which also respects the preferences of women in the community for midwifery care to be performed not just in the home.

Targets: Hospitals' medical staff bylaws will allow qualified family physicians and midwives to perform deliveries in the hospitals without requiring direct supervision by an obstetrician. In future years, we anticipate a second phase of this measure to include evidence that family physicians and midwives are granted privileges and evidence of clinical activity. Proof must be sent to hqip@partnershiphp.org by June 30, 2025.

Measure 9: Increasing Mammography Screening Capacity

Goal: To incentivize hospitals for increasing access/capacity to mammogram screening by increasing breast cancer screening access/capacity for Partnership members by at least 5 to 10%. Each hospital's baseline rate will be calculated from services provided during the previous measurement year in which the hospital participated in the HQIP, i.e. July 1, 2023-June 30, 2024 or January 1, 2024 – June 30, 2024 for those hospitals who joined the HQIP in January 2024. Future year baselines will be determined by the regular measurement year timeframe of July 1 through June 30th of each measurement year.

Targets: Large Hospitals and Small Hospitals with access to mammography:

Full Points = 10 Points: Increase access/capacity for breast cancer diagnostics and screening by 10% over previous year's baseline.

Partial Points = 5 Points: Increase access/capacity for breast cancer diagnostics and screening by 5-9.9% over previous year's baseline.

Very Small Hospitals without on-site access to mammography:

Full Points = 10 Points: Host at least 1 mobile mammography clinic during measurement year with at least 25 exams conducted with priority given to PHC members. Mammography may be hosted at

the hospital or another location such as a Primary Care Provider (PCP) site when collaborating a clinic with a PCP site.

Quick Reference for Updates

Table 2 summary table was revised to show Large & X-Large for the Readmission Rate (RAR) measure because small hospitals are not focusing on this during this year.

The Works Cited numbers throughout the document were adjusted to show the correct numbering. This was due to removing the CAIR measure and the addition of another measure, which also had a reference. The works cited page was also edited to remove extra citations and hyperlinks that no longer apply to the measurement set.

Specific Revisions

Pg. 9: Added a highlighted line in Table 2 to read: Measures 3-8 apply only to hospitals with maternity services.

Pg. 9-10: Fixed the Hospital Size column values to read Large and Small to line up with point values in the Max Points column.

Pg. 12 & 13: Corrected HQI Platform participation point values to the reduced values of 5 and 2.5. This section was moved to page 14 under Operations and Efficiency Domain.

Pg. 15: The following phrase was highlighted for emphasis: **This measure is required for Large & X-Large hospitals only.**

Pg. 20: Adjusted the Palliative Care section to include specific requirements for staff training

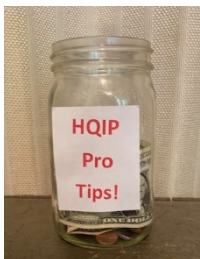
Pg. 36: Corrected Measure 13 full and partial point values to the correct values of 5 and 2.5

Pg. 37: Corrected Measure 14 full and partial point values to the correct values of 5 and 2.5

Pg. 42: Revised Palliative Care Attestation, added clarification on team member certifications

Pg. 45: Added Sample Health Equity Report that follows the numbered requirements in the specs.

Pro Tips for HQIP Success



Tip #1: Submit Data to the Hospital Quality Institute Platform

Be sure to submit your SIERRA data on-time to the Hospital Quality Institute Platform (HQIP) in accordance with their guidelines. While you are uploading data, check out your data on the platform to gain valuable insight into trends at your facility. HQI created a new Missed Sepsis Opportunities (MSOs) category that you can review to see where your hospital may have missed sepsis at an initial visit.



Tip #2: Keep Health Equity in View

Health equity permeates every department at your hospital and everyone is working to address it. This was evident by the Health Equity Reports submitted by hospitals this year. Let your plan be your guide as you finish out the calendar year. Gathering data and reviewing frequently will help you know if your plan needs to be adjusted and if it is being successful. Share your findings with your staff, so they can all know the part they play in addressing identified inequities and disparities.

PHC HOSPITAL QIP TEAM

Amy McCune, Manager of Quality Incentive Programs

Troy Foster, Program Manager II

Please email us at HQIP@Partnershiphp.org with questions or feedback regarding the Hospital QIP.