

PARTNERS FOR PATIENTS PARTICIPATION LEVEL GUIDE

In efforts to standardize hospital engagement and performance levels across the Partners for Patients Hospital Improvement Innovation Network (HIIN) collaborative, specific guidelines have been created.

Levels:

- : Hospital had no cases that met the measure criteria during the applicable time period

Z: Does Not Provide Service

1: Insufficient Data - Hospital has not submitted data, has no baseline data, or has missing data for September 2017 in the measure

2: Submitting Data – Working Towards Improvement

Defined as < 20% improvement from baseline in the initiative measure. For readmissions, the percentage improvement is < 12% percent improvement from baseline. Percent improvement is calculated using the most current three months of data. If only two months of current data submitted, measure will default to level two.

3: Submitting and Improving

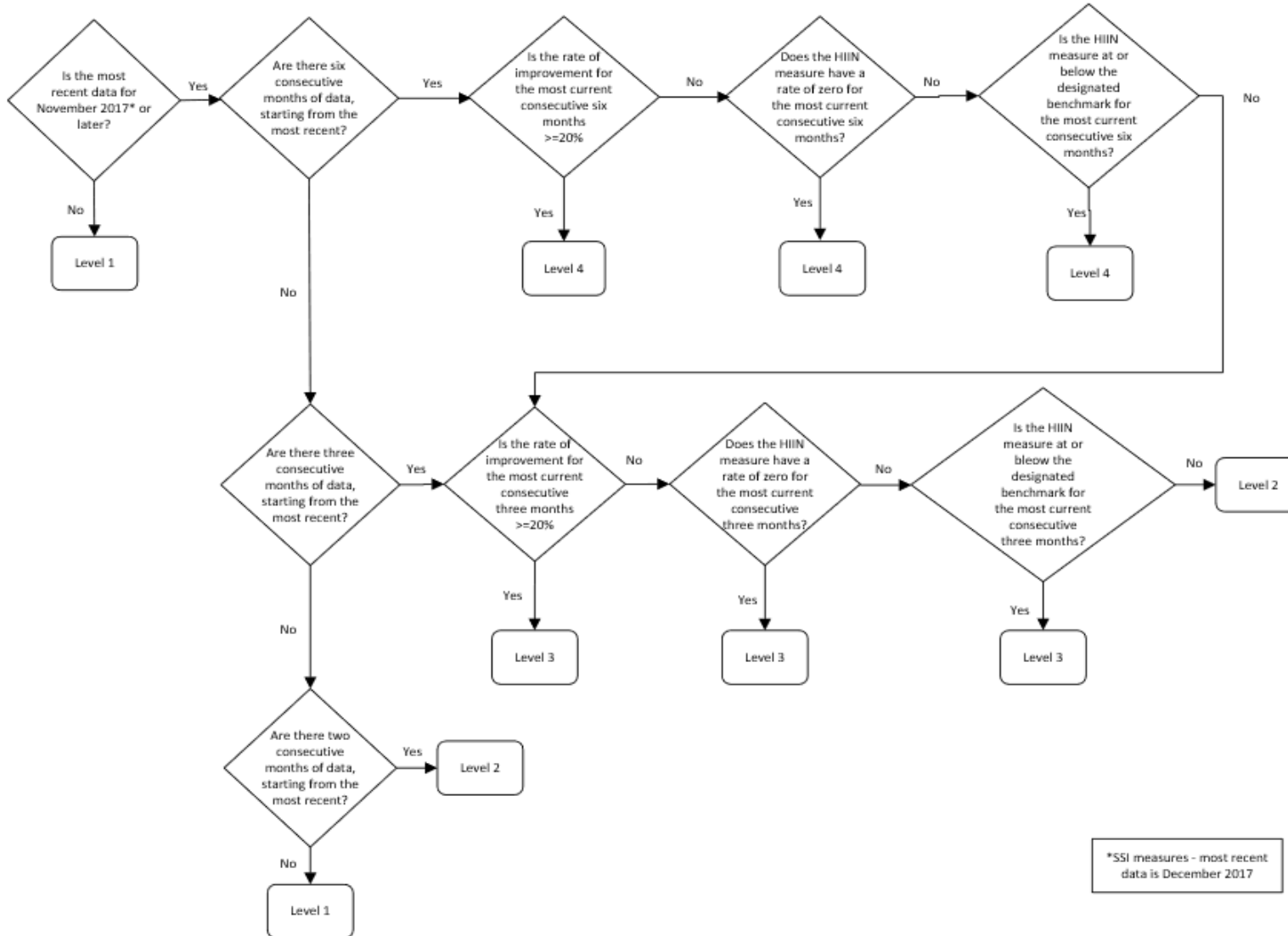
Defined as $\geq 20\%$ from baseline OR a rate of zero OR at or below designated benchmark for most current consecutive **three** months in the initiative measures. For readmissions, the percent improvement is $\geq 12\%$ from baseline.

4: Outstanding Improvement

Defined as $\geq 20\%$ from baseline OR a rate of zero OR at or below designated benchmark for the most current consecutive **six** months with one of the data points being on or after September 2017. For readmissions, the percent improvement is $\geq 12\%$ from baseline or at a rate of zero for the specified initiative measure.

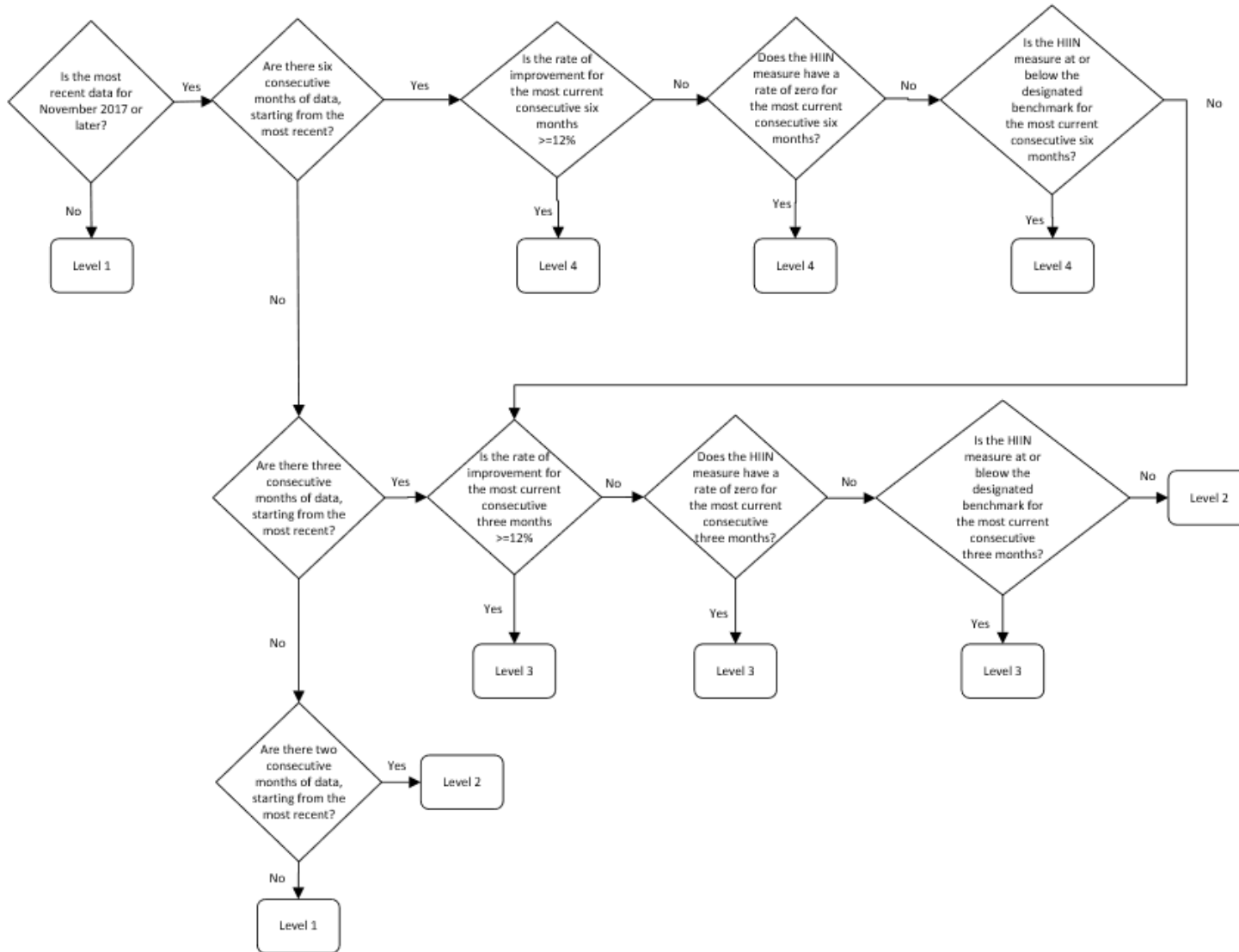
Rate of improvement calculation = (baseline – most current three months)/baseline. If there are only two months of current monthly data, scoring would default to level two

WHA Level of Participation Algorithm - All HIIN Measures, Excluding Readmissions



*SSI measures - most recent data is December 2017

WHA Level of Participation Algorithm – Readmissions Measures



Adverse Drug Event (ADE)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Excessive Anticoagulation with Warfarin (KDS-HIIN-ADE-2)	<=1.7152	GLPP 8/2017	2016 Q4 WI baseline
Level 4	Hypoglycemia in Inpatients Receiving Insulin (KDS-HIIN-ADE-3)	<=3.1696	GLPP 8/2017	2016 Q4 WI baseline
Level 4	ADE's due to Opioids (KDS-HIIN-ADE-4)	<=0.5248	GLPP 8/2017	2016 Q4 WI baseline
Clostridium difficile (CDI)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Clostridium difficile Hospital Onset Incidence Rate (KDS-HIIN-CDIFF-1)	<=5.9784	GLPP 8/2017	Calendar Year 2015
Catheter - Associated Urinary Tract Infection (CAUTI)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Catheter-Associated Urinary Tract Infection (CAUTI) Rate – All Units (KDS-HIIN-CAUTI-2a)	<=0.6472	GLPP 8/2017	Calendar Year 2015
Central Line - Associated Blood Stream Infection (CLABSI)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Central Line-Associated Blood Stream Infection (CLABSI) Rate – All Units (KDS-HIIN-CLABSI-2a)	<=0.5064	GLPP 8/2017	Calendar Year 2015

Falls				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Falls with Injury (NQF 0202) (KDS-HIIN-Falls-1)	<=0.518	RAISE Report 12/2017	2016 Q4
Multi-Drug Resistant Organisms (MDRO)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Hospital Onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Incidence Rate (KDS-HIIN-MRSA-1)	<= 0.0184	GLPP 8/2017	Calendar Year 2015
Pressure Ulcers				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Pressure Ulcer Rate, Stage 3+ (PSI-03) (KDS-HIIN-PrU-1)	<=.3672	GLPP 8/2017	Q4 2015 – Q3 2016
Readmissions				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Readmission within 30 Days (All Cause) – Readmission to any facility (KDS-HIIN-READ-2)	<=8.3318	GLPP 8/2017	Calendar Year 2014

Sepsis				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Sepsis Mortality Rate – ICD-10 (KDS-HIIN-SEP-2)	<=14.6776	GLPP 8/2017	Q4 2015 – Q3 2016
Surgical Site Infection (SSI)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Surgical Site Infection Rate – Colon surgeries (KDS-HIIN-SSI-2a)	<=3.2736	GLPP 8/2017	Calendar Year 2015
Level 4	Surgical Site Infection Rate – Abdominal hysterectomies (KDS-HIIN-SSI-2b)	<=1.5144	GLPP 8/2017	Calendar Year 2015
Level 4	Surgical Site Infection Rate – Total knee replacement (KDS-HIIN-SSI-2c)	<=0.5376	GLPP 8/2017	Calendar Year 2015
Level 4	Surgical Site Infection Rate – Total hip replacement (KDS-HIIN-SSI-2d)	<=0.8184	GLPP 8/2017	Calendar Year 2015
Ventilator - Associated Events (VAE)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Ventilator - Associated Condition (VAC) (KDS-HIIN-VAE-1)	<=3.118	RAISE Report 12/2017	Calendar Year 2015
Venous Thromboembolism Events (VTE)				
	Measure	HIIN Performance Benchmark	Data Source	Baseline Period
Level 4	Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) (KDS-HIIN-VTE-1)	<=2.9136	GLPP 8/2017	Q4 2015 – Q3 2016