

Partnership for Patients



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION



Washington State
Hospital Association

Partnership for Patients Measure Definition Guide

Washington State Hospital Association
and
Alaska State Hospital & Nursing Home Association

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Catheter-Associated Urinary Tract Infection (CAUTI) Rates

CAUTI: Partnership for Patients Measure	
<p><i>Catheter-Associated Urinary Tract Infection (CAUTI) rates per 1000 catheter days, reported separately for:</i></p> <ul style="list-style-type: none"> • ICUs (excluding NICUs) • ICUs + Other Inpatient Units 	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as NHSN and is part of CMS Value-Based Purchasing.
Numerator	Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations. (Excluding patients in Level II or III NICUs). ICU Units, excluding NICUs. ICU plus other inpatient units including swing and rehabilitation beds. NICU is excluded.
Denominator	Total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the data period. (Excluding patients in Level II or III NICUs). ICU Units, excluding NICUs. ICU plus other inpatient units including swing and rehabilitation beds. NICU is excluded.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right) \times 1,000$
Definition source	CDC - NHSN NQF0138
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

The following are not considered indwelling catheters by NHSN definitions:

- Suprapubic Catheters.
- Condom Catheters.
- “In and Out” Catheterizations.
- Nephrostomy tubes.

[WSHA CAUTI Safety Action Bundle](#)

The Partnership for Patients has many resources for [CAUTI prevention and measurement](#).

Urinary Catheter Utilization Ratio

CAUTI: Partnership for Patients Measure	
<p><i>Urinary Catheter Utilization Ratio, per 10,000 days</i></p> <ul style="list-style-type: none"> • ICUs excluding NICUs • ICUs (excluding NICUs) + Other Inpatient Units 	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as NHSN , used as part of CMS Value-Based Purchasing.
Numerator	Total number of indwelling urinary catheter days for bedded inpatient care locations under surveillance (excluding patients in level II or III NICUs).
Denominator	Total number of patient days for bedded inpatient care locations under surveillance (excluding patients in level II or III NICUs). Including swing and rehabilitation bed (excluding NICUs).
Rate calculation	$(\frac{Numerator}{Denominator}) \times 10,000$
Definition source	CDC - NHSN NQF0138
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Monitoring period	Monthly.

Exclusions

The following are not considered indwelling catheters by NHSN definitions:

- Suprapubic Catheters.
- Condom Catheters.
- “In and Out” Catheterizations.
- Nephrostomy tubes.

The CDC has developed numerous resources for [CAUTI surveillance, definitions, data collection, and reporting](#).

The Partnership for Patients has also gathered many resources for [CAUTI prevention and measurement](#).

Central Line-Associated Blood Stream Infection (CLABSI) Rates

CLABSI: Partnership for Patients Measure	
<p><i>Central Line-Associated Bloodstream Infection (CLABSI) Rates, per 1,000 central line days</i></p> <ul style="list-style-type: none"> All ICUs, including NICUs All Inpatient Units 	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as NHSN , used as part of CMS Value-Based Purchasing.
Numerator	Total number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations.
Denominator	Total number of central line days for each location under surveillance for CLABSI during the data period. <ul style="list-style-type: none"> ICU Units including NICUs ICU plus other units. (Excluded are Observation and ER).
Rate calculation	$(\frac{\text{Numerator}}{\text{Denominator}}) \times 1,000$
Definition source	CDC - NHSN NQF0139
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

- Pacemaker wires and other non-lumened devices inserted into central blood vessels or the heart.
- Extracorporeal membrane oxygenation lines, femoral arterial catheters balloon pump devices, and hemodialysis reliable outflow catheters (HeRO).
- Peripheral intravenous lines.

[WSHA CLABSI Safety Action Bundle](#)

The Partnership for Patients has also gathered many resources for [CLABSI prevention and measurement](#).

Central Line Utilization Ratio for CLABSI

CLABSI- UTIL: Partnership for Patients Measure	
<p><i>Central Line Utilization Ratio, per 10,000 days</i></p> <ul style="list-style-type: none"> • <i>All ICUs</i> • <i>All Inpatient Units</i> 	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as, NHSN , used as part of CMS Value-Based Purchasing.
Numerator	Total number of central line days for bedded inpatient care locations under surveillance.
Denominator	Total number of patient days for bedded inpatient care locations under surveillance.
Rate calculation	$(\frac{\text{Numerator}}{\text{Denominator}}) \times 10,000$
Definition source	CDC - NHSN NQF0139
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

- Pacemaker wires and other non-lumened devices inserted into central blood vessels or the heart.
- Extracorporeal membrane oxygenation lines, femoral arterial catheters balloon pump devices, and hemodialysis reliable outflow catheters (HeRO).
- Peripheral intravenous lines.

The Partnership for Patients has also gathered many resources for [CLABSI prevention and measurement](#).

Falls with Injury Rate

Falls: Partnership for Patients Measure	
<i>All Documented Patient Falls with an Injury Level of Minor or Greater, per 1,000 patient</i>	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as NQF0202 , used as part of CMS Value-Based Purchasing.
Numerator	Total number of patient falls of injury level of minor or greater (whether or not assisted by a staff member), by eligible hospital unit, except for pediatric, psychiatric and obstetrical. All Acute Care Units including adult critical care, step-down, medical, surgical, medical-surgical combined, critical access and adult rehabilitation inpatient units. Exclude other unit types (e.g. pediatric, psychiatric, obstetrical etc.
Denominator	Total number of patient days, except for pediatric, psychiatric and obstetrical.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right) \times 1,000$
Definition source	NQF0202
Data source(s)	CalNoc or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Numerator Notes:

Included Populations:

- Falls with Fall Injury Level of "minor" or greater, including assisted and repeat falls with an injury level of minor or greater
- Patient injury falls occurring while on an eligible reporting unit

Target population is adult acute care inpatient and adult rehabilitation patients. Eligible unit types include adult critical care, step-down, medical, surgical, medical-surgical combined, critical access, adult rehabilitation in- patient.

NDNQI definition for repeat fall; more than one fall in a given month by the same patient after admission to this unit, may be classified as a repeat fall.

NDNQI definitions for injury:

- **None:** patient had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan or other post fall evaluation results in a finding of no injury

Falls with Injury Rate Continued

- **Minor:** resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion
- **Moderate:** resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain
- **Major:** resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall
- **Death:** the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)."

Denominator Notes:

Included populations:

- Inpatients, short stay patients, observation patients, and same day surgery patients who receive care on eligible inpatient units for all or part of a day on the following unit types: adult critical care, step-down, medical, surgical, medical-surgical combined, critical access and adult rehabilitation inpatient units.
- Patients of any age on an eligible reporting unit are included in the patient day count.

Excluded Populations:

- Other unit types (e.g., pediatric, psychiatric, obstetrical, etc.)

Improvement materials are available at [WSHA Falls Safety Action Bundle](#)

The Agency for Healthcare Research & Quality (AHRQ) has developed a [comprehensive resource](#) for measuring fall rates and fall prevention practices.

The Partnership for Patients has also gathered many resources for [injuries from falls and immobility](#).

Hospital Acquired Pressure Injury Rate

Pressure Ulcer: Partnership for Patients Measure	
<i>Pressure Injury Rate, Stages III or IV, (or unstageable) per 1,000 discharges.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as ARHQ PSI 03 , used as part of CMS Value- Based Purchasing.
Numerator	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for pressure ulcer and any secondary ICD-10-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable) (DECUBVD *)
Denominator	Surgical or medical discharges, for patients ages 18 years and older.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right) \times 1,000$
Definition source	AHRQ PSI 03
Data source(s)	CHARS and QBS 2.0; AHRQ QI ICD-10-CM/PCS Software
Baseline period	Q4 2015 – Q3 2016
Submission period	Monthly.

Exclusions

- Patients less than 18 years of age.
- With length of stay of less than 3 days.
- With a principal ICD-10-CM diagnosis code for pressure ulcer stage III or IV (or unstageable)
- Among patients otherwise qualifying for numerator and any secondary ICD-10-CM diagnosis codes
- for pressure ulcer stage III or IV (or unstageable) present on admission. If more than one pressure ulcer is reported, all pressure ulcers must be present on admission for the record to be excluded.
- With any ICD-10-CM diagnosis code for severe burns (≥20% body surface area)
- With any ICD-10-CM diagnosis code for exfoliative disorders of the skin (≥20% body surface area)
- MDC 14 (pregnancy, childbirth, and puerperium)
- With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Venous Thromboembolism Peri-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)

VTE: Partnership for Patients Measure	
<i>Peri-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate, per 1000 surgical discharges</i>	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as ARHQ PSI 12 used as part of CMS Value-Based Purchasing.
Numerator	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-10-CM diagnosis code for proximal deep vein thrombosis (DEEPVIB *) or a secondary ICD-10-CM diagnosis code for pulmonary embolism (PULMOID *).
Denominator	Surgical discharges, for patients ages 18 years and older, with any-listed ICD-10-PCS procedure codes for an operating room procedure.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 1,000$
Definition source	ARHQ PSI 12
Data source(s)	CHARS and QBS 2.0.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

- Patients less than 18 years of age.
- With a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for proximal deep vein thrombosis, among patients otherwise qualifying for the numerator
- With a principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for pulmonary embolism, among patients otherwise qualifying for the numerator
- Where a procedure for interruption of vena cava occurs before or on the same day as the first operating room procedure
- Where the only operating room procedure was for interruption of vena cava
- With any-listed ICD-10-CM diagnosis code present on admission for acute brain or spinal injury
- With any-listed ICD-10-PCS procedure code for extracorporeal membrane oxygenation (ECMO)
- Where a procedure for pulmonary arterial thrombectomy occurs before or on the same day as the first operating room procedure
- Where the only operating room procedure was for pulmonary arterial thrombectomy
- MDC 14 (pregnancy, childbirth, and puerperium)
- With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Surgical Site Infection (SSI) Rate

SSI: Partnership for Patients Measure

Surgical Site Infection rate, separately for:

- *Colon Surgeries – include 30-day post - operative*
- *Abdominal Hysterectomies – include 30-day post - operative*
- *Total Hip Replacements – include 90-day post - operative*
- *Total Knee Replacements – include 90-day post - operative*
- *Cardiac Surgeries – include 90-day post - operative*

Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as NHSN , used as part of CMS Value- Based Purchasing. <ul style="list-style-type: none"> • Abdominal Hysterectomies • Total Hip Replacements • Total Knee Replacements • Colon Surgeries.
Numerator	Number of deep incisional primary (DIP) and organ/space SSIs during the postoperative period among patients 18 years and older, who undergo inpatient Colon, Abdominal Hysterectomies, Total Hip, Total Knee surgeries or Cardiac.
Denominator	Total number of surgical procedures (Colon, Abdominal Hysterectomy Total Hip, Total Knee, and Cardiac are reported separately).
Rate calculation	$(\frac{Numerator}{Denominator}) \times 100$
Definition source	CDC - NHSN NQF0753
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

**Included Populations for Numerator:*

- SSI will be identified before discharge from hospital, upon readmission to the same hospital.
- During outpatient care or admission to another hospital.

Exclusions

- Persons under the age of 18.
- Procedure performed on an outpatient basis.
- Persons with ASA Class VI (6).
- Patients without primary closure of the surgical incision.

Surgical Site Infection (SSI) Rate Continued

[WSHA SSI Safety Action Bundle/Toolkit](#)

CDC has developed numerous resources for [SSI surveillance, definitions, data collection and reporting](#).

NHSN SSI Procedure Definitions

See ICD9 and ICD10 procedure mappings under ["Supporting Documents"](#).

Ventilator-Associated Condition (VAC) Rate

VAE: Partnership for Patients Measure	
<i>Ventilator- Associated Condition (VAC).</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of ventilator- associated conditions (VAC) events meeting NHSN criteria.
Denominator	Total number of ventilator days.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 1,000$
Definition source	CDC - NHSN
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

VACs after discharge if a patient is transferred to another facility while still on mechanical ventilation.

[WSHA VAE Safety Action Bundle/](#)

The CDC has developed numerous resources for [ventilator-associated event \(VAE\) surveillance, definitions, data collection, and reporting.](#)

The Partnership for Patients has also gathered many resources for [VAE prevention and measurement.](#)

Ventilator-Associated Complication (IVAC) Rate

VAE- UTIL: Partnership for Patients Measure	
<i>Infection-Related Ventilator-Associated Complication (IVAC).</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of confirmed infection-related ventilator-associated (IVAC) complications, meeting NHSN criteria.
Denominator	Number of ventilator days.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 1,000$
Definition source	CDC - NHSN Additional CDC-NHSN
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

IVACs after discharge if a patient is transferred to another facility while still on mechanical ventilation.

[WSHA VAE Action Bundle](#)

The CDC has developed numerous resources for [ventilator-associated event \(VAE\) surveillance, definitions, data collection, and reporting](#).

The Partnership for Patients has also gathered many resources for [VAE prevention and measurement](#).

Ventilator Utilization Ratio

VAE- UTIL: Partnership for Patients Measure	
<i>Ventilator days per 10,000 days.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Total number of ventilator days.
Denominator	Total number of patient days.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 10,000$
Definition source	CDC - NHSN Additional CDC- NHSN
Data source(s)	NSHN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

[WSHA VAE Action Bundle](#)

The CDC has developed numerous resources for [ventilator-associated event \(VAE\) surveillance, definitions, data collection, and reporting](#).

The Partnership for Patients has also gathered many resources for [VAE prevention and measurement](#).

Adverse Drug Events – Anticoagulation Safety – Option #1

ADE: Partnership for Patients Measure	
<i>Excessive Anticoagulation with Warfarin - Inpatients</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of patient events with an INR > 5 after any warfarin administration for patients cared for in an inpatient area. A patient that has multiple elevated INRs will be counted as one event until it drops below 3.5 and rises above 5 again.
Denominator	Number of patients cared for in an inpatient area on warfarin.
Rate calculation	$(\frac{Numerator}{Denominator})$
Definition source	See references below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Inclusions

Patients who are admitted to hospital bed, regardless of status (e.g. include observation, rehab and swing bed patients).

Exclusions

- Emergency Department readings.
- All patients with liver failure diagnosis. This exclusion can be optional for facilities that have a limited population of these patients.
- Patients given argatroban.

[WSHA ADE Anticoagulation Safety Action Bundle](#)

[WSHA ADE Report Writing Specifications](#)

[WSHA ADE Warfarin Measure Definition Sheet Option #1](#)

Adverse Drug Events – Anticoagulation Safety – Option #2

ADE: Partnership for Patients Measure	
<i>Percent of total International Normalized Ratio (INR) > 5.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Total number of INR > 5 readings, within a calendar month.
Denominator	Total number of INR readings, within a calendar month.
Rate calculation	$(\frac{ Numerator }{ Denominator })$
Definition source	See references below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Inclusions

Patients who are admitted to hospital bed, regardless of status (e.g. include observation, rehab and swing bed patients).

Exclusions

- Emergency Department readings.
- All patients with liver failure diagnosis. This exclusion is optional for facilities that have a limited population of these patients.
- Patients given argatroban.

[WSHA ADE Anticoagulant Safety Action Bundle](#)
[WSHA ADE Report Writing Specifications](#)
[WSHA ADE INR Option #2](#)

Adverse Drug Events – Glycemic Safety – Option #1

ADE: Partnership for Patients Measure	
<i>Percent of inpatients receiving a glycemic agent with blood glucose (BG)<50.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of patient BG levels < 50 mg/dl after any hypoglycemic agent administration (for patients cared for in an inpatient area).
Denominator	Total number of patients (cared for in an inpatient area) receiving hypoglycemic agents (oral & insulin). Blood glucose (BG) is Point of Care (POC) and/or serum test results.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right)$
Definition source	See references below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Inclusions

- Patients who are admitted to hospital bed, regardless of status (e.g. include observation, rehab and swing bed patients).
- Include any post-intervention blood glucose < 50 mg/dl events, even if the result is multiple events being recorded for a single patient.

Exclusions

- Emergency Department readings.
- For denominator, any **additional pre-intervention lab results of BG <50mg/dl within 30 minutes** of the last BC<50 mg/dl result.
- Any pre-intervention results if a second BG is drawn **within 5 minutes** of the first BG drawn and the second one is **>/=70 mg/dl**. The purpose of this exclusion is to provide parameters to exclude erroneous readings that are verified after double checking an initial BG level appearing potentially erroneous based on patient signs and symptoms (or lack there-of).

[WSHA ADE Hypoglycemic Safety Action Bundle](#)

[WSHA ADE Report Writing Specifications](#)

[WSHA ADE Hypoglycemic Option #1](#)

Adverse Drug Events – Glycemic Safety – Option #2

ADE: Partnership for Patients Measure	
<i>Percent of inpatients receiving a glycemic agent with blood glucose (BG)<50.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Total number of patient blood glucose (BG) levels of < 50 mg/dl (for patients cared for in an inpatient area).
Denominator	Total patient days (excluding healthy newborns), within a calendar month.
Rate calculation	$(\frac{ \text{Numerator} }{ \text{Denominator} })$
Definition Source	See reference below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar Year 2014.
Submission period	Monthly.

Inclusions

- Patients who are admitted to hospital bed, regardless of status (e.g. include observation, rehab and swing bed patients).
- Include any post-intervention BG < 50 mg/dl events, even if the result is multiple events being recorded for a single patient.

Exclusions

- Emergency Department readings.
- For denominator, any **additional pre-intervention lab results of BG <50mg/dl within 30 minutes** of the last BC<50 mg/dl result.
- Any pre-intervention results if a second BG is drawn **within 5 minutes** of the first BG drawn and the second one is **>/=70 mg/dl**. The purpose of this exclusion is to provide parameters to exclude erroneous readings that are verified after double checking an initial BG level appearing potentially erroneous based on patient signs and symptoms (or lack there-of).

[WSHA ADE Safety Action Bundle](#)

[WSHA ADE Report Writing Specifications](#)

[WSHA ADE BG Hypoglycemic Option #2](#)

Adverse Drug Events – Opioid Safety – Option #1

ADE: Partnership for Patients Measure	
<i>Percent of inpatients receiving Naloxone after Opioid Administration.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of patients (cared for in an inpatient area) who received naloxone < 24 hours after any opioid administration related to over sedation.
Denominator	Total number of patients (cared for in an inpatient area) receiving opioids.
Rate calculation	$(\frac{Numerator}{Denominator})$
Definition Source	See reference below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Inclusions

Patients who are admitted to hospital bed, regardless of status (e.g. include observation, rehab and swing bed patients).

Exclusions

- Naloxone given in post-anesthesia care unit (PACU) and procedural areas (e.g. endoscopy, radiology and catheter lab).
- Naloxone given via IV infusion.
- All naloxone doses given in ED.
- Naloxone doses given within 24 hours of admission for a diagnosis of suicide attempt, opiate abuse, dependence, poisoning, or overdose.

[WSHA ADE Opioid Safety Action Bundle](#)

[WSHA ADE Report Writing Specifications Measures](#)

[WSHA ADE Opioid Option# 1](#)

Adverse Drug Events – Opioid Safety – Option #2

ADE: Partnership for Patients Measure

Percentage of inpatients receiving Naloxone after PCA Administration.

Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of patients (cared for in an inpatient area) receiving naloxone after PCA administration.
Denominator	Total number of patients (cared for in an inpatient area) receiving PCA.
Rate calculation	$(\frac{ Numerator }{ Denominator })$
Definition Source	See reference below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar Year 2014.
Submission period	Monthly.

Inclusions

Patients who are admitted to hospital bed, regardless of status (e.g. include observation, rehab and swing bed patients).

Exclusions

- Naloxone given via IV infusion.

[WSHA ADE Opioid Safety Action Bundle](#)
[WSHA ADE Report Writing Specifications](#)
[WSHA ADE PCA Opioids Option# 2](#)

Readmissions Rate

Readmission: Partnership for Patients Measure	
<i>Hospital-Wide All Cause Readmissions, per 1,000 Medicare beneficiaries. Inpatient units.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	An inpatient admission for any cause (with the exception of certain planned readmissions), within 30 days from the date of discharge. <i>Included populations for Numerator:</i> <ul style="list-style-type: none"> • Enrolled in Medicare fee-for-service (FFS). • Discharged alive from a non-federal acute care hospital. • Not transferred to another acute care facility (except acute patients discharged to swing beds) • Enrolled in Part A Medicare for during and after the admission.
Numerator definition	An inpatient admission for any cause (with the exception of certain planned readmissions), within 30 days from the date of discharge.
Denominator	Total number of Medicare enrollees.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 1,000$
Definition source	Qualis Health- WA-QIO HealthInsights- OR QIO Mountain Pacific- AK QIO
Data source(s)	QIN-QIO.
Baseline period	Calendar year 2014.
Submission period	Quarterly.

Readmission: Partnership for Patients Measure	
<i>Hospital-Wide All Cause Readmissions, per 100 inpatient discharges.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	An inpatient admission for any cause (with the exception of certain planned readmissions), within 30 days from the date of discharge. <i>Included populations for Numerator:</i> <ul style="list-style-type: none"> • Enrolled in Medicare fee-for-service (FFS). • Discharged alive from a non-federal acute care hospital.

	<ul style="list-style-type: none"> • Not transferred to another acute care facility. (except acute patients discharged to swing beds) • Enrolled in Part A Medicare for during and after the admission.
Numerator definition	An inpatient admission for any cause (with the exception of certain planned readmissions), within 30 days from the date of discharge.
Denominator	Total number of inpatient discharges.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 100$
Definition source	Qualis Health- WA-QIO HealthInsights- OR QIO Mountain Pacific- AK QIO
Data source(s)	QIN-QIO.
Baseline period	Calendar year 2014.
Submission period	Quarterly.

[WSHA Readmissions Toolkit and Resources](#)

Exclusions

- Admitted to Prospective Payment System (PPS)-exempt cancer hospitals.
- Without at least 30 days post-discharge enrollment in FFS Medicare.
- Admitted for rehabilitation.
- Records are removed for:
 - Non-short-term acute care facilities.
 - Rehabilitation facilities.
 - Long-term care hospitals.
 - Claims with stays longer than one year.
 - Claims with overlapping dates.
 - Providers with invalid provider IDs.

The Partnership for Patients has gathered many resources for [readmissions prevention and measurement](#).

Sepsis and Septic Shock Rate

Sepsis: Partnership for Patients Measure	
<i>Mortality rate among patients with sepsis and septic shock.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Sepsis Mortality. Definition is based upon WSHA Sepsis .
Numerator	

	Number of inpatient hospital deaths, among cases meeting the inclusion and exclusion rules for the denominator
Denominator	Number of inpatients, with one of the Sepsis Diagnosis ICD-10 Codes and one of the Sepsis Severity ICD-10 Codes R6520, R6521, or T8112XA. (all ages)
Rate calculation	$(\frac{Numerator}{Denominator})$
Definition source	WSHA Sepsis
Data source(s)	CHARS and QBS 2.0.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Sepsis Diagnosis Inclusion Codes:

ICD-10 Inclusion Codes (one of):

A021, A227, A267, A327, A400, A401, A403, A408, A409, A4101, A4102, A411, A412, A413, A414, A4150, A4151, A4152, A4153, A4159, A4181, A4189, A419, A427, A5486, B377

And (one of):

R6520 Severe Sepsis without Septic Shock
R6521 Severe Sepsis with Septic Shock
T8112XA Postprocedural Septic Shock

Denominator Exclusions:

Excludes patients in psychiatric, rehab and swing beds.

ICD-10 Exclusion codes:

- Z51.5 Comfort care

[WSHA Sepsis Safety Action Bundle](#)

Clostridium Difficile (CDI) Rate

Clostridium Difficile: Partnership for Patients Measure	
<i>The number of hospital-onset Clostridium Difficile Infections laboratory- identified events per 10,000 patient days.</i>	
Measure Descriptors Topics	Measure Descriptors Results

Definition/Payment Linkage	Definition same as NHSN , used as part of CMS Value-Based Purchasing.
Numerator	Total number of observed hospital-onset <i>C. difficile</i> lab identified events among all in patients in the facility, excluding well-baby nurseries and NICUs.
Denominator	Total number of patient days (facility wide). Includes all in patient locations, emergency department and observation. Does not include patient rehabilitation, psychiatric, well-baby nurseries and NICUs.
Rate calculation	$(\frac{Numerator}{Denominator}) \times 10,000$
Definition source	CDC - NHSN
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

- Well-baby nurseries
- Neonatal intensive care units (NICUs)

[WSHA CDI Safety Action Bundle/Toolkit](#)

The Centers for Disease Control and Prevention (CDC) provides extensive *C. difficile* resources for patients, clinicians, facilities and settings. These resources are available online at the following links:

- [Clostridium Resource- Facilities and Settings](#)
- [Surveillance for C. difficile, MRSA, and other Drug-resistant Infections](#)

Antimicrobial Stewardship Management (AMS) Rate

AMS: Partnership for Patients Measure	
<i>Antimicrobial Management Stewardship- Antimicrobial Utilization.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Total days of therapy (DOT) of selected antibiotics (see below). A Day of Therapy (DOT) will be defined as a at least one does of a selected antibiotic given on a calendar day to a patient in an inpatient unit (Med/Surg, ICU/Tele, PICU, NICU, OB). A patient on multiple antibiotics on the selected list would be counted for each separate antibiotic given each calendar day. For medications with 48- hour dosing intervals, the DOT will be documented only on a calendar day in which the antibiotic was administered (e.g. LEVOfloxacin).
Denominator	Total number of patient days (total acute inpatient, observation and rehab days).
Rate calculation	$(\frac{Numerator}{Denominator}) \times 1,000$
Definition source	See reference below for guidance.
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Suggested Antibiotic Focuses:

1. Fluoroquinolones.
2. Clindamycin.
3. Penicillins (broad spectrum).
4. Cephalosporins (3rd and 4th generation, broad spectrum).
5. Carbapenems

Inclusions

- Patients of all ages, who are admitted to hospital bed regardless of status (e.g. include observation, rehab and swing bed patients).
- All routes (oral, IV, IM).

Exclusions

- Well newborns not admitted to a pediatric unit of NICU.
- Doses given to patients in the Emergency Department or Ambulatory Surgery.

[WSHA AMS Safety Action Bundle](#)

[WSHA AMS Report Writing Specifications](#)

Undue Exposure to Radiation (Pediatric) Rate

Undue Exposure to Radiation (Pediatric): Partnership for Patients Measure
<i>Average dose length product (DLP) per pediatric head CT.</i>

Measure Descriptors Topics	Measure Descriptors Results
Numerator	Total DLP for all pediatric head CTs performed.
Denominator	Total number of pediatric head CTs with recorded DLP performed.
Rate calculation	$(\frac{Numerator}{Denominator})$
Definition source	WSHA Radiation
Data source(s)	QBS 2.0.
Baseline period	Calendar year 2016.
Submission period	Monthly.

Inclusions

Pediatric inpatients and outpatients, 0 to 17 years of age.

Exclusions

Patients 18 years and older.

[WSHA 2017 Radiation Safety Toolkit](#)

Hospital Culture of Safety with Worker Safety

Culture of Safety/Worker Safety: Partnership for Patients Measure	
<i>Number of workers' compensation claims per 100 full-time workers (OSHA). Per the Washington Department of Labor and Industries and the Alaska Department of Labor and Workforce.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of approved workers' compensation claims.
Denominator	Total number of hours worked by all employees.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right) \times \text{Unit}$ <p>(Per Unit: 200,000 is a constant value representing the hours worked of 100 full-time workers)</p>
Definition source	OSHA USA Dept. of Labor
Data source(s)	Workers' Compensation Claims.
Baseline period	Calendar year 2014.
Submission period	Quarterly.

Data Categories

The rate is calculated for all approved workers' compensation claims to provide an overall incident rate. To focus on primary causes of injury, rates are also calculated for three specific types of workers' compensation claims which include:

- Patient Handling: Claims that occur in the course of moving or assisting a patient with moving or ambulating in any capacity
- Aggressive Behavior: Claims that occur as a result of aggressive or assaultive behavior from a patient, visitor or co-worker
- Slips and Falls: Claims that occur due to a slip, trip or fall in the workplace

[WSHA Worker Safety Action Bundle](#)

Behavioral/Mental Health Readmission Rate

Behavioral Health Readmission Rate: Partnership for Patients Measure	
<i>The 30-day readmission rate, all cause, of patients with a primary diagnosis of psychiatric or substance use disorder.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of patients admitted to a hospital and discharged with a primary diagnosis of a psychiatric or substance user disorder, who are readmitted to a hospital within 30 calendar days following the index discharge, during a calendar month.
Denominator	Total number of patients admitted to a hospital and discharged with primary diagnosis of psychiatric or substance use disorder, during a calendar month.
Rate calculation	$(\frac{\text{Numerator}}{\text{Denominator}}) \times 1,000$
Definition source	CMS
Data source(s)	QIN-QIO.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Exclusions

Exclude patients discharged against medical advice, unreliable vital status data, transfers to acute setting, the intervening admission could influence readmission and interrupted stays (readmitted to the same Inpatient Psychiatric Facility within 3 days of discharge).

Immunization-Healthcare Personnel (HCP) Rate

Immunization- Healthcare Personnel: Partnership for Patients Measure	
<i>Percentage of healthcare personnel (HCP) who receive the influenza vaccination.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Definition/Payment Linkage	Definition same as NHSN , used as part of CMS Value-Based Purchasing.
Numerator	HCP in the denominator population who received vaccinations during the time from October 1 (or when the vaccine became available), through March 31 of the following year* See below.
Denominator	Number of HCP who are working in the healthcare facility for at least one working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact ** See below.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right)$
Definition source	CDC - NHSN NQF0431
Data source(s)	NHSN or Excel Data Collection Tool.
Baseline period	Calendar year 2014.

**Included Populations for Numerator:*

- Received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination; or
- Declined influenza vaccination; or
- Persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.

***Included Populations for Denominator:*

Denominators are to be calculated separately for:

- Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
- Adult students/trainees and volunteers: include all adult students/trainees and volunteers who do not receive a direct paycheck from the reporting facility.

Diabetes Care (Critical Access Hospital) Rate

Diabetes Care: Partnership for Patients Measure	
<i>The percentage of primary care clinic patients ages 18-75 with diabetes (Type 1 and Type 2) whose most recent HbA1c level was greater than 9.0% (poor control) during the last twelve months.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	The total number of primary care clinic patients ages 18-75 years with an office visit (face-to-face interaction) during the calendar month whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the last twelve months.
Denominator	The total number primary care clinic patients ages 18-75 with an office visit (face-to-face interaction) during the calendar month who had a diagnosis of diabetes (Type 1 or Type 2) during the last twelve months.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right)$
Definition source	NQF0059
Data source(s)	Excel Data Collection Tool.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Inclusions

- Critical Access Hospitals.
- Patients 18-75 years of age.
- Primary care clinic settings.
- Clinics staffed with general providers.

Exclusions

- Non-critical access hospitals.
- Patients less than 18 years of age.
- Specialists such as orthopedics, general surgery, etc.
- Patients who did not have a diagnosis of diabetes, in any setting, during the last twelve months AND
- Patients who meet either of the following criteria:
 - A diagnosis of polycystic ovaries, in any setting, any time in the patient's history.
 - A diagnosis of gestational or steroid-induced diabetes, in any setting, during the last twelve months or the year prior.

[WSHA Worker Safety Action Bundle](#)

Opioid Medication Management Rate

Opioid Medication Management: Partnership for Patients Measure	
<i>Measure opioid pain management related to misuse.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of Emergency Department (ED) visits with ICD code indicative of opioid adverse drug event, in a month.
Denominator	Total number of Emergency Department visits in a month.
Rate calculation	$\left(\frac{\text{Numerator}}{\text{Denominator}} \right)$
Definition source	WSHA Opioid
Data source(s)	Excel Data Collection Source.
Baseline period	Calendar year 2014.
Submission period	Monthly.

Inclusions

- Patients 18 years or older.

ICD-10 Codes

Poisoning and adverse events

- **T40.0x] (1A, 1D):** Unintentional Poisoning by Opium; initial encounter, subsequent encounter
 - **[T40.0x] (2A, 2D):** Self-Harm Poisoning by Opium; initial encounter, subsequent encounter
 - **[T40.0x] (3A, 3D):** Assault Poisoning by Opium; initial encounter, subsequent encounter
 - **[T40.0x] (4A, 4D):** Undetermined Poisoning by Opium; initial encounter, subsequent encounter
 - **[T40.2x] (1A, 1D):** Unintentional Poisoning by Other Opioids; initial encounter, subsequent encounter
 - **[T40.2x] (2A, 2D):** Self-Harm Poisoning by Other Opioids; initial encounter, subsequent encounter
 - **[T40.2x] (3A, 3D):** Assault Poisoning by Other Opioids; initial encounter, subsequent encounter
 - **[T40.2x] (4A, 4D):** Undetermined Poisoning by Other Opioids; initial encounter, subsequent encounter
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- **[T40.3x] (1A, 1D):** Unintentional Poisoning by Methadone; initial encounter, subsequent encounter
 - **[T40.3x] (2A, 2D):** Self-Harm Poisoning by Methadone; initial encounter, subsequent encounter
 - **[T40.3x] (3A, 3D):** Assault Poisoning by Methadone; initial encounter, subsequent encounter

Opioid Medication Management Rate Continued

- **[T40.3x] (4A, 4D):** Undetermined Poisoning by Methadone; initial encounter, subsequent encounter

- **[T40.4x] (1A, 1D):** Unintentional Poisoning by Synthetic Narcotics; initial encounter, subsequent encounter
- **[T40.4x] (2A, 2D):** Self-Harm Poisoning by Synthetic Narcotics; initial encounter, subsequent encounter
- **[T40.4x] (3A, 3D):** Assault Poisoning by Synthetic Narcotics; initial encounter, subsequent encounter
- **[T40.4x] (4A, 4D):** Undetermined Poisoning by Synthetic Narcotics; initial encounter, subsequent encounter
- **[T40.1x] (1A, 1D):** Unintentional Poisoning by Heroin; initial encounter, subsequent encounter
- **[T40.1x] (2A, 2D):** Self-Harm Poisoning by Heroin; initial encounter, subsequent encounter
- **[T40.1x] (3A, 3D):** Assault Poisoning by Heroin; initial encounter, subsequent encounter
- **[T40.1x] (4A, 4D):** Undetermined Poisoning by Heroin; initial encounter, subsequent encounter

- **[T40.60] (1A, 1D):** Unintentional Poisoning by Unspecified Narcotics; initial encounter, subsequent encounter
- **[T40.60] (2A, 2D):** Self-Harm Poisoning by Unspecified Narcotics; initial encounter, subsequent encounter
- **[T40.60] (3A, 3D):** Assault Poisoning by Unspecified Narcotics; initial encounter, subsequent encounter
- **[T40.60] (4A, 4D):** Undetermined Poisoning by Unspecified Narcotics; initial encounter, subsequent encounter

- **[T40.69] (1A, 1D):** Unintentional Poisoning by Other Narcotics; initial encounter, subsequent encounter
- **[T40.69] (2A, 2D):** Self-Harm Poisoning by Other Narcotics; initial encounter, subsequent encounter
- **[T40.69] (3A, 3D):** Assault Poisoning by Other Narcotics; initial encounter, subsequent encounter
- **[T40.69] (4A, 4D):** Undetermined Poisoning by Other Narcotics; initial encounter, subsequent encounter

Rapid Response Team Rate

Rapid Response Teams: Partnership for Patients Measure	
<i>Implementation of Rapid Response Teams.</i>	
Measure Descriptors Topics	Measure Descriptors Results
Numerator	Number of hospitals who have fully implemented patient and family member-initiated rapid response processes.
Denominator	Total number of HIIN hospitals.
Rate calculation	$(\frac{Numerator}{Denominator})$
Definition source	WSHA RRT
Data source(s)	Quarterly survey.
Baseline period	Second Quarter 2017.
Submission period	Quarterly.

Exclusions

None.

[IHI on Rapid Response Teams](#)

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