



Hospital Quality Improvement Incentive

Operate the NM Medicaid program within budget constraints by controlling costs and focusing on quality over quantity in the Hospital Quality Improvement Incentive program (HQII) which has five Demonstration Years (DY).

The Hospital Quality Improvement Incentive (HQII) Program is available in to incentivize hospitals' efforts to ***meaningfully improve the health and quality of care of the individuals they serve who are on Medicaid or uninsured.***

Each hospital participating has submitted measures and been paid for DY 2 of the HQII program. The total amount incented to the participating hospitals to date is \$2,824,462. In DY 3 the estimated amount available is \$5,764,727.

Hospital	Met Participation Requirements
Alta Vista Regional Hospital	Yes
Artesia General Hospital	Yes
Carlsbad Medical Center	Yes
CHRISTUS St. Vincent Hospital	Yes
Cibola General Hospital	Yes
Dr. Dan C. Trigg Memorial Hospital	Yes
Eastern NM Medical Center	Yes
Espanola Hospital	Yes
Gerald Champion Regional Medical Center	Yes
Gila Regional Medical Center	Yes
Guadalupe County Hospital	Yes
Holy Cross Hospital	Yes
Lea Regional Hospital	Yes
Lincoln County Medical Center	Yes
Los Alamos Medical Center	Yes
Memorial Medical Center	Yes
Mimbres Memorial Hospital	Yes
Miners' Colfax Medical Center	Yes
Mountain View Regional Medical Center	Yes
Nor - Lea General Hospital	Yes
Plains Regional Medical Center	Yes
Rehoboth McKinley Hospital	Yes
Roosevelt General Hospital	Yes
Roswell Regional Hospital	Yes
San Juan Regional Medical Center	Yes
Sierra Vista Hospital	Yes
Socorro General Hospital	Yes
Union County General Hospital	Yes
UNM - University Hospital	Yes

Hospital Quality Improvement Incentive Measures

The HQII program is aligned with the Mission of the Human Services Department:

“To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.”

HQII is not intended to rate the performance of the hospital, nor used to compare against any other hospital. Measures requested of hospitals are specific to that hospital’s capabilities and quality improvement intent. The information contained in the HQII program is used for the purpose of the HQII program.

Outcome Domain 1: Urgent Improvements in Care

The following are measures of safer care that align with the CMS Partnership for Patients initiative.

Links to measures in Domain 1

- [1. Adverse Drug Events*](#)
- [2. Catheter-Associated Urinary Tract Infections \(CAUTI\)*](#)
- [3. Central Line Associated Blood Stream Infections \(CLABSI\)](#)
- [4. Injuries from Falls and Immobility*](#)
- [5. Obstetrical Adverse Events](#)
- [6. Pressure Ulcers*](#)
- [7. Surgical Site Infections \(SSIs\) \(NQF Measure 0753\)](#)
- [8. Venous Thromboembolism \(VTE\)*](#)
- [9. Ventilator-Associated Events](#)
- [10. All Cause \(Preventable\) Readmissions*](#)

*Required measures for hospitals with <100 beds

Outcome Domain 2: Population-Focused Improvements

1. Diabetes Short-Term Complications Admissions Rate (PQI 01)
2. Diabetes Long-Term Complications Admission Rate (PQI 03)
3. COPD or Asthma in Older Adults Admission Rate (PQI 05)
4. Heart Failure Admission Rate (PQI08)
5. Bacterial Pneumonia Admission Rate (PQI 11)
6. Angina without Procedure Admission Rate (PQI13)
7. Uncontrolled Diabetes Admission Rate (PQI14)
8. Asthma in Younger Adults Admission Rate (PQI 15)

Hospital Quality Improvement Incentive - Measures

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8. [Venous Thromboembolism \(VTE\)*](#)
9. [Ventilator-Associated Events](#)
10. [All Cause \(Preventable\) Readmissions*](#)

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Domain 1 Measures

Outcome Domain 1: Urgent Improvements in Care

1. Adverse Drug Events*
2. Catheter-Associated Urinary Tract Infections (CAUTI)*
3. Central Line Associated Blood Stream Infections (CLABSI)
4. Injuries from Falls and Immobility*
5. Obstetrical Adverse Events
6. Pressure Ulcers*
7. Surgical Site Infections (SSIs) (NQF Measure 0753)
8. Venous Thromboembolism (VTE)*
9. Ventilator-Associated Events
10. All Cause (Preventable) Readmissions*

**Required for all participating hospitals.*

All data is supported by Hospital Inpatient Discharge Data, self reported, and National Healthcare Safety Network for Domain 1.

1. Adverse Drug Events

DATA COLLECTION METHOD: Self-report: A, B or C

A. Hypoglycemia in Inpatients Receiving Insulin

Numerator – Hypoglycemia in inpatients receiving insulin or other hypoglycemic agents

Denominator - inpatients receiving insulin or other hypoglycemic agents

B. Adverse Drug Events due to Opioids

Numerator – number of inpatients treated with opioids who received naloxone

Denominator - number of inpatients who received an opioid agent

C. Excessive anticoagulation with Warfarin – Inpatients

Numerator – inpatients experiencing excessive anticoagulation with warfarin

Denominator - inpatients receiving warfarin anticoagulation therapy

$$\text{Rate} = \frac{\text{Numerator}}{\text{Denominator}} \times 100$$

Specifications available at

http://partnershipforpatients.cms.gov/p4p_resources/tspadversedrugevents/tooladversedrugeventsade.htm

Domain 1 Measures

2. Catheter-Associated Urinary Tract Infections (CAUTI)

Numerator – total number of observed healthcare associated CAUTI among patients in inpatient locations

Denominator - total number of indwelling urinary catheter days for each location under surveillance for CAUTI

$$\text{Rate} = \frac{\text{Numerator}}{\text{Denominator} \times 1,000}$$

Specifications available at

<http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>

Domain 1 Measures

3. Central Line Associated Blood Stream Infections (CLABSI)

Numerator – total number of observed healthcare associated CLABSI among patients in bedded inpatient locations

Denominator - total number of central line days for each location under surveillance for CLABSI

$$\text{Rate} = \frac{\text{Numerator}}{\text{Denominator}} \times 1,000$$

Specifications available at

http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf

4. Injuries from Falls and Immobility/Trauma HAC 05 CMS

Numerator – total number of hospital acquired occurrences of fracture, dislocation, intracranial injury, crushing injury, burn and other injury (codes within the CC/MCC list)

Denominator - inpatient discharges

$$\text{Rate} = \frac{\text{Numerator}}{\text{Denominator}} \times 1,000$$

Specifications available at

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/wPOAFactSheet.pdf>

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html

Domain 1 Measures

5. Obstetrical Adverse Events

OB Trauma – Vaginal Delivery without Instrumentation PSI 19

Numerator – discharges among cases meeting the inclusion and exclusion rules for the denominator with any listed diagnostic codes for third and fourth degree obstetric trauma

Denominator - vaginal deliveries identified by DRG or MS-DRG code

OB Trauma – Vaginal Delivery with Instrumentation PSI 18 *if service is provided

Numerator – discharges among cases meeting the inclusion and exclusion rules for the denominator with any listed diagnostic codes for third and fourth degree obstetric trauma

Denominator - all vaginal delivery discharges with any procedure code for instrument-assisted delivery

Rate = $\frac{\text{Numerator}}{\text{Denominator} \times 1,000}$

Specifications available at

<http://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V50-ICD10/TechSpecs/PSI%2018%20Obstetric%20Trauma%20Rate%20%E2%80%93%20Vaginal%20Delivery%20With%20Instrument.pdf>

Domain 1 Measures

6. Pressure Ulcers Stage III & IV Rate PSI 3

Numerator – discharges among cases meeting the inclusion and exclusion rules for the denominator with any secondary ICD-9-CM or ICD-10-CM diagnosis codes for pressure ulcer, and any secondary ICD-9-CM or ICD-10-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable).

Denominator – inpatient adult discharges

$$\text{Rate} = \frac{\text{Numerator}}{\text{Denominator}} \times 1,000$$

Specifications available at

<http://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V50-ICD10/TechSpecs/PSI%2003%20Pressure%20Ulcer%20Rate.pdf>

Note: update terminology, National Pressure Ulcer Advisory Panel has revised language to describe "pressure injury"

Domain 1 Measures

7. Surgical Site Infections

Colon, abdominal hysterectomy, total knee replacement, or total hip replacements

Numerator – total number surgical site infections based on Center for Disease Control's (CDC) NHSN definition

Denominator – all patients having any of the procedures included in the selected NHSN operative procedures category(s) as listed above

Rate = $\frac{\text{Numerator}}{\text{Denominator}} \times 100$

Specifications available at

<http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf>

Domain 1 Measures

8. Venous Thromboembolism (VTE) Post-operative PSI 12

Numerator – Discharges among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-9-CM diagnosis code for deep vein thrombosis or a secondary ICD-9-CM diagnosis code for pulmonary embolism.

Denominator – all patients having any of the procedures included in the selected NHSN operative procedures category(s) For example “All surgical discharges age 18 and older defined by specific DRG’s or Denominator MS-DRG’s and a procedure code for an operating room procedure”

Rate = $\frac{\text{Numerator}}{\text{Denominator} \times 1,000}$

Specifications available at

http://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V50/TechSpecs/PSI_12_Periooperative_Pulmonary_Embolism_or_Deep_Vein_Thrombosis_Rate.pdf

Domain 1 Measures

9. Ventilator Associated Events

Ventilator-Associated Condition (VAC) & Infection-Related Ventilator-Associated Complication (IVAC)

Ventilator-Associated Condition (VAC)

Numerator – number of events that meet the criteria of VAC; including those that meet the criteria for infection-related ventilator-associated complication (IVAC) and possible/probable ventilator-associated pneumonia (VAP)

Infection-Related Ventilator Associated Complication (IVAC)

Numerator – number of events that meet the criteria of infection-related ventilator-associated condition (IVAC); including those that meet the criteria for possible/probable ventilator-associated pneumonia (VAP)

Denominator – (ventilator and patient days) for patients \geq 18 years of age

$$\text{Rate} = \frac{\text{Numerator}}{\text{Denominator} \times 1,000}$$

NOTE: VAE is currently not included in CMS Hospital Inpatient Quality Reporting.

Current NHSN recommendations for “appropriate public reporting” include

- Overall VAE rate = rate of all events meeting at least the VAC definition
- “IVAC –plus” rate = rate of ALL events meeting at least the IVAC definition

Specifications available at

http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf

Domain 1 Measures

10. All Cause Preventable Readmissions (NQF 1789)

Numerator - inpatient admission to any acute care facility which occurs within 30 days of the discharge date of an eligible index admission. All readmissions are counted as outcomes except those that are considered planned.

Denominator – adult admissions to acute care facility (minus denominator exclusions)

Rate = $\frac{\text{Numerator}}{\text{Denominator}} \times 100$

Specifications available at

http://www.qualityforum.org/Projects/NQF_All-Cause_Readmissions_Project.aspx

Domain 1 Measures

Domain 2 Measures

Outcome Domain 2: Population-focused Improvements

Please click on each measure to go to the respective website for more information

1. [Diabetes Short-term Complications Admissions Rate \(PQI 01\)](#)
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All Domain 2 measures are supported by HIDD and can be found at:

http://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx

<http://nmhanet.org/quality.html>

Domain 1 Measure Specifications

- o <http://nmhanet.org/quality.html>

Domain 2 Measure Specifications

- o http://www.qualityindicators.ahrq.gov/Modules/PQI_TechSpec.aspx

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