Back to Basics
February 8, 2017

Sharing best practices for exceptional patient care
Agenda

• QHi Review
• Measure Selection Updates
• Data Entry Updates
• Reporting Option Updates
• EDTC Measure Upload Process
• Q&A
What is QHi?

Entirely User Driven

every measure, definition, calculation, graph, display, and enhancement exists because of user desire and design

Voluntary

a tool to support initiatives relative to Clinical Quality and Financial Viability

this project is about improvement, NOT compliance
Collect, track, trend and benchmark monthly data in real time

Clinical Quality, Financial and Operational, Employee Contribution and Patient Satisfaction Measures

Dashboards, Trend Reports, Best Practice Reports

Monthly training sessions

Multi-state project

Hospitals and Clinics
### QHi Hospitals

<table>
<thead>
<tr>
<th>State</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
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<tr>
<td>California</td>
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<tr>
<td>Colorado</td>
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<td>Oregon</td>
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<td>Washington</td>
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<tr>
<td>Wyoming</td>
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</table>

**Total:** 308

### QHi Clinics

<table>
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<tr>
<th>State</th>
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<tbody>
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<td>Washington</td>
<td>12</td>
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<tr>
<td>Wyoming</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total:** 100

- 15 states
- 100 clinics
- 308 hospitals
- 1500+ users
150 Clinical Quality Measures
CMS
Emergency Department Transfer of Care
HIIN
User Defined

31 Patient Satisfaction
• All HCAHPS
• 4 HSI defined
• 2 QHi defined

76 Financial/Operational
• Most pulled from cost report
• Staffing/productivity for:
  • Operating Room
  • Radiology
  • Lab
  • Physical Therapy
  • Long Term Care and SNF

8 Employee Contribution
• Salary to Operating Expense
• Staff Turnover
All participating hospitals are asked to collect and report the 8 QHi Hospital Core Measures

**Clinical Quality**
- Healthcare Associated Infections per Patient Day
- Readmission within 30 days (All Cause)
- Percentage of Return ER Visits within 72 hours
- Unassisted Patient Falls

**Employee Contribution**
- Benefits as a % of Salary
- Staff Turnover

**Financial Operational**
- Gross Days in AR
- Days Cash on Hand
QHi Clinic Library of Indicators

37 Clinical Quality
- NQF Standardized Measures
- Diabetes
- Oral Care
- Ischemic Vascular Disease
- Immunizations

5 Employee Contribution
- Staff FTEs per FTE Provider
- Staff FTEs per Provider
- Staff Cost per FTE Physician
- RHC Encounters per FTE
- Staff Cost as a Percent of Total Medical Revenue

15 Financial/Operational
- Available to submit monthly & annually
- Most pulled from cost report
- Cost per visit
- No show rate
- Reimbursement by provider
- Productivity
All participating clinics are asked to collect and report the 6 QHi Clinic Core Measures.

Clinic Clinical Quality
- NQF #0018 - Controlling High Blood Pressure
- NQF #0028b - Tobacco Use Cessation Intervention
- NQF #0421 - BMI Screening and Follow-Up
- NQF #0038 - Childhood Immunization Status
- NQF #0059 - Diabetes: Hemoglobin A1c poor control
- NQF #0419 - Documentation of Current Medications in the Medical Record
How do clinics participate?

1. Contact Stuart Moore or Sally Othmer
2. Sign and return agreements with provider contact information
3. We (Stu) will set your clinic up in QHi and provide access to the appointed contact
4. Clinic fee is $210 annually
KHC HIIN Measure Set

- **Readmission** within 30 days (All Cause) - Kansas HEN 1.0(Outcome 2) & HEN 2.0 & KHC HIIN *Core Measure*
- Hospital-Wide All Cause Unplanned **Readmissions** - Medicare - KHC HIIN*
- All Documented Patient **Falls** with or without Injury - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- All Documented Patient **Falls** with an Injury Level of Minor or Greater – HEN 2.0 & KHC HIIN
- **Adverse Drug Events** due to Opioids - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- Excessive **Anticoagulation** with Warfarin - Inpatients - Kansas HEN 1.0(Outcome 2) & HEN 2.0 & KHC HIIN
- **Pressure Ulcer** Prevalence, Hospital-Acquired-Stage 2+ - Kansas HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- **Pressure Ulcer** Rate, Stages 3+ (AHRQ PSI Measure) - HEN 2.0 & KHC HIIN
- **Hypoglycemia** in Inpatients Receiving Insulin - Kansas HEN 1.0(Outcome 3) & HEN 2.0 & KHC HIIN
- **Central Line Insertion Bundle Adherence Rate** - ICUs + Other Inpatient Units (including NICUs) - Kansas HEN 1.0(Process 1) & HEN 2.0 & KHC HIIN
- Central Line-Associated Bloodstream Infection (**CLABSI**) Rates - ICUs + Other Inpatient Units (including NICUs) - HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
- **Central Line Utilization Ratio** - ICUs + Other Inpatient Units (including NICUs) – HEN 2.0 & KHC HIIN
- Catheter-Associated Urinary Tract Infection (**CAUTI**) Rates, reported separately for ICUs + Other Inpatient Units (excluding NICUs) - HEN 1.0(Outcome 1) & HEN 2.0 & KHC HIIN
KHC HIIN Measure Set

- Surgical Site Infection (SSI) Rate - All Surgeries - Kansas HEN 1.0(Outcome 3) (Option 2) & HEN 2.0 & KHC HIIN
- Surgical Site Infection (SSI) Rate (within 30 days after procedure) for Colon Surgery Procedures - Kansas HEN 1.0(Outcome 1) (Option 1) & HEN 2.0 & KHC HIIN
- Surgical Site Infection (SSI) Rate (within 30 days after procedure) for Abdominal Hysterectomy Procedures - Kansas HEN 1.0(Outcome 2) (Option 1) & HEN 2.0 & KHC HIIN
- Surgical Site Infection (SSI) Rate for Total Knee Replacements (KPRO) (Outcome 3) (Opt 1) - HEN 2.0 & KHC HIIN
- Surgical Site Infection (SSI) Rate for Total Hip Replacements (HPRO) (Outcome 4) (Opt 1) - HEN 2.0 & KHC HIIN
- Hospital-Onset MRSA Bacteremia Events - KHC HIIN*
- Facility-wide Inpatient C. Difficile Rate - HEN 2.0 & KHC HIIN
- Hospital-Onset Sepsis Mortality - KHC HIIN*
- Overall Sepsis Mortality Rate - KHC HIIN*
- Post-Operative Sepsis (AHRQ PSI Measure) – HEN 2.0 & KHC HIIN
- Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI Measure) – HEN 2.0 & KHC HIIN
- Hospital acquired potentially-preventable VTE - Kansas HEN 1.0(Outcome 1) (CMS VTE-6) & HEN 2.0 & KHC HIIN
- Worker Harm Events Related to Patient Handling - HEN 2.0 & KHC HIIN
- Harm Events Related to Workplace Violence - KHC HIIN*
Measure Selection Page Updates

Now filter by measure set to select individual measures
Measure Selection Page Updates

Selecting to filter by measure set:
• Displays measures contained in the set
• Allows users to pick and choose which measures from the set to collect.

Also on the Reports Selection page

- Readmission within 30 days (All Cause) - Kansas HEN 1.0 (Outcome 2) & HEN 2.0 & KHC HIIN *Core Measure*
- All Documented Patient Falls with or without Injury - Kansas HEN 1.0 (Outcome 1) & HEN 2.0 & KHC HIIN
- Adverse Drug Events due to Opioids - Kansas HEN 1.0 (Outcome 1) & HEN 2.0 & KHC HIIN
- Excessive Anticoagulation with Warfarin - Inpatients - Kansas HEN 1.0 (Outcome 2) & HEN 2.0 & KHC HIIN
- Pressure Ulcer Prevalence, Hospital-Acquired Stage 2+ - Kansas HEN 1.0 (Outcome 1) & HEN 2.0 & KHC HIIN
- Hypoglycemia in Inpatients Receiving Insulin - Kansas HEN 1.0 (Outcome 3) & HEN 2.0 & KHC HIIN
- Central Line Insertion Bundle Adherence Rate - ICUs + Other Inpatient Units (including NICUs) - Kansas HEN 1.0 (Process 1) & HEN 2.0 & KHC HIIN
- Surgical Site Infection (SSI) Rate - All Surgeries - Kansas HEN 1.0 (Outcome 3)(Option 2) & HEN 2.0 & KHC HIIN
- Central Line Utilization Ratio - ICUs + Other Inpatient Units (including NICUs) - HEN 2.0 & KHC HIIN
- All Documented Patient Falls with an Injury Level of Minor or Greater - HEN 2.0 & KHC HIIN
- Pressure Ulcer Rate, Stages 3+ (AHRO PSI Measure) - HEN 2.0 & KHC HIIN
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- Urinary Catheterization Utilization Ratio - ICUs + Other Inpatient Units (excluding NICUs) - HEN 1.0 (Process 1) & HEN 2.0 & KHC HIIN
- Facility-wide Inpatient C. difficile Rate - HEN 2.0 & KHC HIIN
- Worker Harm Events Related to Patient Handling - HEN 2.0 & KHC HIIN
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- Surgical Site Infection (SSI) Rate for Total Hip Replacements (HPRRO) (Outcome 4) (Option 1) - HEN 2.0 & KHC HIIN
- Hospital-Onset MRSA Bacteremia - KHC HIIN
- Hospital-Wide All Cause Unplanned Readmissions - Medicare - KHC HIIN
Selecting Multi-Month Entry allows users to enter data for 4 consecutive months for an individual measure.

*Currently available to all Kansas users. Please contact your state/network administrator about options in your state/network.
Data Submissions Page Updates

Principal Diagnosis Code Entry

Selecting Log Occurrences by Principal Diagnosis Code allows users to capture the primary diagnosis of readmitted patients.

*Currently available to all Colorado users. Please contact your state/network administrator about options in your state/network.*
Depending on access level, users can select by State, Network of Individual Hospital.
**Data Submissions Page Updates**

**Principal Diagnosis Code - Report**

Entries for each hospital with counts per month are displayed.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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</tbody>
</table>
No Occurrences for EDTC Measures

Users must manually check the no occurrences box but only for one measure. All denominators for EDTC measures are the same.
A note from Susan Runyan, Kansas SHIP Consultant:

- ...[Consider the Stratis tool you have been using as] designated for 2016 data when you entered 2016 in "Year of Data Collection" at the bottom of the set up page.

- When you are ready to start abstracting 2017 EDTC cases, you will need to download a new EDTC Collection Tool from QHi.

- Please create a 'save as' file name that would include 2017 so you are confident which tool to use for abstractions and don't inadvertently open the 2016 version in the future.
From Administrator level, each facility in the selected peer group is listed with individual data entries.
Check the Activate data for reporting box when ready to ‘submit’

Importing CART data or the EDTC data through the Stratis tool, upload directly to the submission page.
Import Stratis Data Link
Upload monthly EDTC report to QHi
- Download the Stratis EDTC Data Collection tool
- View instructions or video
Click to download the tool
Open the file

Enable Editing and Enable Content

EMERGENCY DEPARTMENT TRANSFER COMMUNICATION

Data Collection Tool

The tool has been designed to collect data on seven National Quality Forum (NQF) enhanced emergency department (ED) transfer communication measures. The goal is to create a uniform approach to quality measurement across all health care providers and improve health care quality.

ED Transfer Communication Quality Measures Set

<table>
<thead>
<tr>
<th>Measure ID#</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDTC-1</td>
<td>Administrative Communication</td>
</tr>
<tr>
<td>EDTC-2</td>
<td>Patient Information</td>
</tr>
<tr>
<td>EDTC-3</td>
<td>Vital Signs</td>
</tr>
<tr>
<td>EDTC-4</td>
<td>Medication Information</td>
</tr>
<tr>
<td>EDTC-5</td>
<td>Physician or practitioner generated information</td>
</tr>
<tr>
<td>EDTC-6</td>
<td>Nurse generated information</td>
</tr>
<tr>
<td>EDTC-7</td>
<td>Procedures and Tests</td>
</tr>
</tbody>
</table>

Enter CMS Certified Number (CCN) of your Critical Access Hospital

CLICK HERE TO START DATA COLLECTION
Quality Health Indicators

ED Transfer Communication Quality Measures Set

<table>
<thead>
<tr>
<th>Measure ID#</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDTC-1</td>
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<tr>
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<td>Medication Information</td>
</tr>
<tr>
<td>EDTC-5</td>
<td>Physician or practitioner generated information</td>
</tr>
<tr>
<td>EDTC-6</td>
<td>Nurse generated information</td>
</tr>
<tr>
<td>EDTC-7</td>
<td>Procedures and Tests</td>
</tr>
</tbody>
</table>

Enter CMS Certified Number (CCN) of your Critical Access Hospital:

Certified Number (CCN) of Critical Access Hospital:

Enter Patient Name:

Enter Patient Medical Record Number:

Select Patient Discharged Disposition:

Enter the Date of Patient Encounter:

Enter Name of the State:

Enter Date of Encounter:

Click Add New Record

Year of Data Collection for Running Reports:

Click Yes to confirm

Enter 6 digit Medicare number and click to begin data collection

Complete information
Quality Health Indicators

QHi Basics: EDTC Upload

Complete the Data Entry Form

Save Record (this may take a moment)

Click OK to confirm
**Quality Health Indicators**

### QHi Basics: EDTC Upload

Click to Add New Record and repeat process

Once all records for the month are entered. Click Reports

---

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Patient Medical Record Number</th>
<th>Discharged Disposition</th>
<th>Date of the encounter (MM/DD/YYYY)</th>
<th>Name of the person doing data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>654321</td>
<td>Acute Care Facility- General Inpatient Care</td>
<td>3/15/2015</td>
<td>Sally</td>
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<tr>
<td>2</td>
<td>545444</td>
<td>Acute Care Facility- Critical Access Hospital</td>
<td>3/16/2016</td>
<td>Sally</td>
</tr>
<tr>
<td>3</td>
<td>585658</td>
<td>Acute Care Facility- Cancer Hospital of Children’s Hospital</td>
<td>3/18/2016</td>
<td>Sally</td>
</tr>
<tr>
<td>4</td>
<td>799997</td>
<td>Acute Care Facility- General Inpatient Care</td>
<td>3/20/2016</td>
<td>Sally</td>
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<tr>
<td>5</td>
<td>858985</td>
<td>Acute Care Facility- General Inpatient Care</td>
<td>3/21/2016</td>
<td>Sally</td>
</tr>
</tbody>
</table>
A monthly report is generated

Save this report.

If the file is not saved at this point, your entered data will NOT BE IMPORTED TO QHi.

If the tool bar is hidden, press the Ctrl and S keys to save the file.
### Importing the EDTC data

**Hospital 2 (KS) (KS)**  
Submissions for March 2016

**Go to:** March

**Activate data for reporting:** Save All and Stay

<table>
<thead>
<tr>
<th>CLINICAL QUALITY: MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Associated Infections per 100 Inpatient Days</strong></td>
</tr>
<tr>
<td>March</td>
</tr>
<tr>
<td>February</td>
</tr>
<tr>
<td>January</td>
</tr>
<tr>
<td>December</td>
</tr>
</tbody>
</table>

| **Unassisted Patient Falls per 100 Inpatient Days** | **Core Measure** | [QHi Core Measure] |
| March | Acute Inpatient Days | Swing Bed Patient Days | Unassisted Patient Falls | Calculate Result With Current Values |
| February | Data needs to be activated. | | | |
| January | No data for January | | |
| December | No data for December | | |

| **Readmission within 30 days (All Cause) - Kansas HEN 1.0 (Outcome 2) & HEN 2.0** | **Core Measure** | [QHi Core Measure] |
| March | Total number of patients discharged alive-Denominator | Total number of inpatients readmitted for any reason within 30 days-Numerator | Calculate Result With Current Values |
| February | Data needs to be activated. | | |
| January | No data for January | | |
| December | No data for December | | |

**Percentage of Return ER Visits within 72 hours with same/similar diagnosis** | **Core Measure** | [QHi Core Measure] |

---

[Click to Import Stratis Data]

---

**QHi Basics: EDTC Upload**
Browse to locate the file

Import Stratis Data
File to Upload: Browse... No file selected. Import

Download the Stratis EDTC Data Collection Tool [xls]

Instructions for Importing Stratis data into QHi [pdf]

Video Tutorial
Stratis to QHi - importing EDTC measure data

Cheyenne County Hospital Submissions for December 2015

CLINICAL QUALITY: MONTHLY

Healthcare Associated Infections per 100 Inpatient Days Measure [QHi Core Measure]

<table>
<thead>
<tr>
<th>Month</th>
<th>Acute Inpatient Days</th>
<th>Swinging Bed Patient Days</th>
<th>Unassisted Patient Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>November</td>
<td>33</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>October</td>
<td>40</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>September</td>
<td>25</td>
<td>35</td>
<td>0</td>
</tr>
</tbody>
</table>

Calculate Result with Current Value
All elements must be submitted.

Unassisted Patient Falls per 100 Inpatient Days *Core Measure [QHi Core Measure]

<table>
<thead>
<tr>
<th>Month</th>
<th>Acute Inpatient Days</th>
<th>Swinging Bed Patient Days</th>
<th>Unassisted Patient Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>November</td>
<td>33</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>October</td>
<td>40</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>September</td>
<td>25</td>
<td>35</td>
<td>0</td>
</tr>
</tbody>
</table>
Select the saved file and click Open
Quality Health Indicators

QHi Basics: EDTC Upload

Import Data from Stratis Tool

Import Status: Approval
The submissions for the following dates will be updated if approved:

March 2016

<table>
<thead>
<tr>
<th>Element Name</th>
<th>Value from Import</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator for all EDTC Measures:</td>
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<tr>
<td>EDTC 1 - Administrative Communication (Numerator):</td>
<td>3</td>
</tr>
<tr>
<td>EDTC 2 - Patient Information (Numerator):</td>
<td>3</td>
</tr>
<tr>
<td>EDTC 3 - Vital Signs (Numerator):</td>
<td>3</td>
</tr>
<tr>
<td>EDTC 4 - Medication Information (Numerator):</td>
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</tr>
<tr>
<td>EDTC 5 - Physician or Practitioner Generated Information (Numerator):</td>
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<tr>
<td>EDTC 6 - Nurse Generated Information (Numerator):</td>
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</tr>
<tr>
<td>EDTC 7 - Procedures and Tests (Numerator):</td>
<td>4</td>
</tr>
<tr>
<td>All EDTC Measures (Numerator):</td>
<td>2</td>
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</table>

Approve Import  Reject Import

You have approved this import. The affected records will be updated.
EDTC data elements now appear on the associated data submission page.
The level of access is determined by the user type.

- **System Administrator** – maintains the site – KHA/KHERF
- **State Administrator** – provides support to Provider Contacts in their State
- **Network Administrator** – maintains Network profiles & provides support
- **Provider Contact** – maintains facility profile, adds users & enters data
- **Provider User** – enters data and runs reports
- **View Only** – views data and runs reports
- **Report Recipient** – no access to QHi, only receives reports
QHi Basics: Selecting Measures

1. Welcome Center
   - Latest Updates
   - Subscribe to QualityHealthIndicators Yahoo Group ListServ

2. Hospital List
   - Provider: Cheyenne County Clinic (KS)
     - State: KS
     - Active: yes
   - Cheyenne County Hospital (KS)
     - State: KS
     - Active: yes

3. Hospital Profile
   - Name: Cheyenne County Hospital (KS)
   - Medicare ID: 171310
   - Address: 210 W. First St
   - Provider Contacts: Shawn Blank, Darlene Rainbridge, Jane Doe
   - CEO/ED: Scott Jenkins, ADM

Provider Contacts can edit measure selections by clicking Administration.
Select facility from the list (if associated with more than one)
Click the edit button to access the Facility Profile.
From the Profile page, click Measure Selection.
**QHi Basics: Selecting Measures**

- **Select by Measure Set or Individual Measure**
- **Search for Measures by subject, type or category**

**Collected Measures**

<table>
<thead>
<tr>
<th>Measure Sets</th>
<th>Hospital Characteristics</th>
<th>Clinical Quality</th>
<th>Employees</th>
<th>Financial/Operational</th>
<th>Patient Satisfaction</th>
<th>Kansas Hen</th>
</tr>
</thead>
</table>

- **Employees**
  - Benefits as a Percentage of Salary *Core Measure*  
  - Staff Turnover *Core Measure*  
  - Non-Nursing Staff Turnover  
  - Average Time to Hire (All Staff)  
  - Nursing Staff Turnover (RN, LPN, CNA)  
  - Average Time to Hire (Nursing)  
  - Average Time to Hire (Non-Nursing)  
  - Salary to Operating Expenses Comparison

- **Check box and click Save to ADD measures**
- **Deselect box and click Save to REMOVE measures**
### Monthly Data Submission

#### Healthcare Associated Infections per 100 Inpatient Days

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<tr>
<th></th>
<th>Acute Inpatient Days</th>
<th>Skilled Swing Bed Days</th>
<th>HAIs</th>
<th>Calculate Result With Cur</th>
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#### Unassisted Patient Falls per 100 Inpatient Days

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</table>

### Pneumococcal Immunization (PPV23) - Age 65 and Older - CMS IMM-1b

If the answer is zero, enter a 0.
Customizable time frames and peer groups are options for all reported measures.
Welcome Center

Latest Updates

Subscribe to QualityHealthIndicators Yahoo Group Listserv

enter email address

Ask questions of peers and share best practices with our new Yahoo Group Listserv, QualityHealthIndicators. QHi. Enter your email address above to subscribe. If you do not have a yahoo account, simply click the link to join the group email only.

CART Import Instructions
For technical assistance with CART, please contact the QualityNet help desk at onetssupport@hcis.org or call 1-866-288-8912

QHi FAQs
Best Practice Story Form
CMS Paper Abstraction Tools
Need assistance? Contact Stu Moore, 785-276-3104 or email Stuart.More, QHi Coordinator

Core Measures Dashboard

View Options
Dashboard Options
Table view
Graph and table view
PDF File

Email PDF of Dashboard
To Myself
Choose Recipients
Create Schedule

Change month: August 2014

QHi Basics: Running Reports

Access Dashboards from the Welcome Page
Core Measures Dashboard

View My Dashboards | At A Glance Dashboard

HA Infections/100 Inpt Days
Date Range: 02/2015-04/2015
Lowest is Better

Unsatisfied PT Falls/100 Inpt Days
Date Range: 02/2015-04/2015
Lowest is Better

Readmission w/in 30 days
Date Range: 02/2015-04/2015
Lowest is Better

VTE Prophylaxis - CMS VTE-1
Date Range: 02/2015-04/2015
Highest is Better

Benefits as % of Salary
Date Range: 02/2015-04/2015
Lowest is Better

% Staff Turnover
Date Range: 02/2015-04/2015
Lowest is Better

Days Cash on Hand
Date Range: 02/2015-04/2015
Higher is Better

Gross Days in AR
Date Range: 02/2015-04/2015
Higher is Better

QHi Basics: Running Reports

Hospital Quarterly Reports
(3 month average)

Identifies Best Practice Performer

Arrows on Dashboard Report
*Identify whether a high or low score is desired*
Dashboard Financial reports automatically default to peer groups based on the level of reporting.

Unless customized peer groups are defined, other Reports include all reporting hospitals.
Quality Health Indicators

Clinic Dashboard

QHi Basics: Running Reports

Monthly Reports

Identifies Best Practice Performer

Core Measures Dashboard

View My Dashboard | At A Glance Dashboard

Controlling High Blood Pressure
Date Range: Aug 2014

Tobacco Use Cessation Intervention
Date Range: Aug 2014

Preventive Care and Screening: BMI
Date Range: Aug 2014

Childhood Immunization Status
Date Range: Aug 2014

Documentation-Current Meds in MR
Date Range: Aug 2014

Comp. Diabetes Care: HbA1c (>9.0%)
Date Range: Aug 2014

My Facility

My State

All of QHi

Note: Provider specific data will not display on quality measure graphs for providers with no occurrences during the reporting period.
At-A-Glance Dashboard

12 month trend report

Easy to identify outliers

Self-defined peer groups for meaningful comparison

QHi Basics: Running Reports
QHi Basics: Running Reports

Welcome Center
Latest Updates

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QHI FAQs
Best Practice Story Form
CMS Document and Form Tools
Need assistance? Contact Stu Moore, 785-276-3104 or email Stuart.Moore@QHI, QHI Coordinator

Kansas HEN Resources from the Kansas Healthcare Collaborative
Looking for education in the realms of CAUTI, CLABSI or reducing readmissions? Education on these topics can be found at the Kansas Hospital Engagement Network website.
Resources to help hospitals make health care safer and less costly by reducing health care-acquired conditions and preventable readmissions are available. QHI is the data collection and reporting tool for the Kansas HEN. For more information please visit the Kansas Healthcare Collaborative website at www.KHCline.org.

QHi Back to Basics Training Session, Thursday, October 30 2:00-3:00 Central Time

Please join us on Thursday, October 30 from 2:00 to 3:00 Central Time for our next QHi Back to Basics session. During this session, we will focus on new reporting features scheduled to “go live” on October 23rd. Please click here to register for the free webinar.
To view a recording of the August 28 QHi Back to Basics session, click here.

Dashboard Options
Change month: August 2014

View My Dashboard | At A Glance Dashboard

Click to view Reports
Blue Sub Menu contains:
- New Report
- Best Practice Report
- Data Activation Report
- Saved Reports
- Report Recipients
- System Reports
QHi Basics: Running Reports

Most reports are created here.
Quality Health Indicators

Benefits as % of Salary
January 2015 - January 2015

Peer group criteria displays

Average Line - Identifies average score for selected peers.
12-month trend report displays average of peers and facility performance.
Best Practice Report
Providers with a Top 5 score are Best Practice Performers.

Rank of Facility:
Direct connection to Best Performers.
Quality Health Indicators

QHi Basics: Running Reports

Data Activation Report

- Select Measure Set
- Save/Schedule

Data Activation by Provider

FILTERS

Measure Set: [ ]
Start Month: July 2014
End Month: September 2014

Apply Filters Save/Schedule

Date Range: 07/2014 to 09/2014

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<td>07</td>
<td>08</td>
<td>09</td>
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<td>Cheyenne County Hospital</td>
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<td>63%</td>
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<tr>
<td>Rural Health Clinic - Sally test</td>
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### QHi Basics: Running Reports

All Reports can be Exported to Excel

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<th>C</th>
<th>D</th>
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</tr>
</tbody>
</table>
Quality Health Indicators

QHi Basics: Running Reports

Saved Reports

Edit, preview and view saved/scheduled reports
Quality Health Indicators

QHi Basics: Running Reports

Report Recipients

View list of Report Recipients
Remove non “users”
Thank You

Sally Othmer, Sr. Director
785-276-3118
sothmer@kha-net.org

Stuart Moore, QHi Program Manager
785-276-3104
smoore@kha-net.org