

Qualified Health Plan Certification Application
Section 19 - Quality Improvement Strategy
QHP Attachment M6 - QIS 6 Work Plan - Hospital Patient Safety

QIS Goal: Applicant will: 1) Adopt a hospital payment methodology that places at least 2% of payment to acute general hospitals either at risk or subject to a bonus payment for quality performance. 2) Promote hospital involvement in improvement programs so that all hospitals achieve infection rates (measured as a standardized infection ratio or SIR) of 1.0 or lower for the five Hospital Associated Infection (HAI) measures outlined in Attachment 7 or are working to improve. The five HAIs and Sepsis Management are:

- Catheter Associated Urinary Tract Infections (CAUTI)
- Central Line Associated Blood Stream Infections (CLABSI)
- Clostridioides Difficile Infection (CDI)
- Methicillin-resistant Staphylococcus Aureus (MRSA)
- Surgical Site Infection of the Colon (SSI Colon)
- Sepsis Management (SEP-1)

Complete the following table to describe updates on progress made since the previous QIS submission for each component of the QIS goals and planned activities. Address each of the following:

- How Applicant is engaging with its network hospitals to reduce the five specified HAIs and Sepsis Management measure
- How Applicant is leveraging the poor performing hospitals list provided by Cal Hospital Compare to collaborate with other QHP Issuers who contract with the same poor performing hospitals
- Progress in 2020 toward the end goal and any further implementation plans for 2021 with milestones and targets for 2021 and 2022 identified
- Updates to strategy for promoting HIIN participation among the non-participating network hospitals, especially those with a standardized infection ratio (SIR) above 1.0 for the five designated Hospital Acquired Infections (HAIs). Refer to Appendix S for HAI charts
- Applicant's progress in adopting a progressive payment strategy to tie at least 2% of network hospital payments to value by year end 2022
- Collaborations with other QHP Issuers on approaching hospitals to suggest improvement program involvement or alignment on a payment strategy to tie hospital payment to quality

Applicant may submit any supporting documentation as an additional attachment.

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	Response
2020 Aim Statement: <i>Describe what the Applicant is aiming to accomplish the QIS goals. Aim statements are time-specific and measurable.</i>	
2020 Plan and Strategy: <i>Describe what changes the Applicant implemented and the rationale for implementing this change.</i>	

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<p>Activities Conducted: <i>Describe the activities conducted and progress made in implementing the 2020 plan and strategy and achieving the identified aim.</i></p>	
<p>Measures: <i>Describe what measures the Applicant is using to determine if the change implemented results in an improvement. Measures can be qualitative and quantitative.</i></p>	

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Assessment of Results: *Describe the results of the change based on the measures including an assessment of the success of the 2020 strategy.*

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<p>2021 Strategy and Goals: <i>Describe what changes the Applicant plans to implement in 2021 based on the results in 2020 and what goals can be achieved in the coming year. Include any anticipated barriers and mitigation activities.</i></p>	
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Supplemental information: *Provide any supplemental information necessary to address all aspects of the QIS.*