

**Qualified Health Plan Certification Application**  
**Quality Improvement Strategy**  
**Attachment K5 – QHP QIS 4 Work Plan - Hospital Patient Safety**

Applicant will: 1) Adopt a hospital payment methodology that places all 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 1 or are working to improve. 3) Promote hospital involvement in improvement programs so that all hospitals comply with Sepsis Management according to CMS guidelines.

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 2021 toward the end goal and any further implementation plans for 2022 with milestones and targets for 2022 and 2023 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 M 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 2023
- Collaborations with other QHP Issuers on approaching hospitals to suggest improvement program involvement or alignment on a payment strategy to tie hospitalpayment to quality

Applicant may submit any supporting documentation as an additional attachment.

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	Response
<p>2021 Aim Statement: <i>Describe what the Applicant is aiming to accomplish to meet the QIS goals. Aim statements are time-specific and measurable.</i></p>	
<p>2021 Plan and Strategy: <i>Describe what changes the Applicant implemented and the rationale for implementing this change.</i></p>	

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<p>Activities Conducted: <i>Describe the activities conducted and progress made in implementing the 2021 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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<p>Assessment of Results: <i>Describe the results of the change based on the measures including an assessment of the success of the 2021 strategy.</i></p>	
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2022 Strategy and Goals: *Describe what changes the Applicant plans to implement in 2022 based on the results in 2021 and what goals can be achieved in the coming year. Include any anticipated barriers and mitigation activities.*

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Supplemental information: *Provide any supplemental information necessary to address all aspects of the QIS.*