

Instructions for Updating the Model Quality Dashboard Using the QTD Report in HQIP

There is no requirement or expectation for hospitals to use the Model Quality Dashboard. Although the measures on the Model Quality Dashboard are recommended for reporting by HQI, the goal of the QTD effort is to encourage hospitals to be more transparent with the public about their quality of care using whatever quality measures they choose to publicly report.

Nonetheless, for hospitals interested in updating the measures presented on the Model Quality Dashboard, the following steps are provided to help accomplish this task using the information presented in HQIP:

1. Download the [QTD Template](#) from the HQI website.

Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
[Hospital Name]										
California Level										
National Level										
Measure Period										

2. Fill-in the Hospital Name.

Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
ABC Hospital										
California Level										
National Level										
Measure Period										

3. **CLABSI:** In HQIP → Select *Report List* on the left pane → Select *Quality Transparency Dashboard* from the **All Reports** list → Under the **Measure Group** filter, select *Complications & Deaths – Infections* and click the *Apply Filter* button → Select the *Data Table* tab → Find the rows with **Measure Name** “HAI-1: CLABSI: Central Line-Associated Bloodstream Infections (ICUs and Select Wards)” → Find the *HAI-1* row with the latest *File Date* → Copy the *Measure Start & End Dates*, *Facility Score*, *California Score*, and *National Score* into the appropriate spaces on the **QTD Template**.

Measure Name	Measure Start Date	Measure End Date	Facility Score	California Score	National Score	Observed Cases	Predicted Cases	Denominator	Sample Size	Footnote	File Date
HAI-1: CLABSI: Central Line-Associated Bloodstream Infections (ICUs and Select Wards) (Quarterly, January, April, July, October)	07/2021	06/2022	0.00	0.89	0.96	0.00	1.05	1,450.00	0.00	N/A	20230401

Quality Transparency Dashboard Hospital Quality Institute										
Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
ABC Hospital	0.00									
California Level	0.89									
National Level	0.96									
Measure Period	07/2021-06/2022									

4. **Colon SSI:** In HQIP → Select *Report List* on the left pane → Select *Quality Transparency Dashboard* from the **All Reports** list → Under the **Measure Group** filter, select *Complications & Deaths – Infections* and click the *Apply Filter* button → Select the *Data Table* tab → Find the rows with **Measure Name** “*HAI-3: SSI COLO: Surgical Site Infections from Colon Surgeries*” → Find the *HAI-3* row with the latest *File Date* → Copy the *Measure Start & End Dates*, *Facility Score*, *California Score*, and *National Score* into the appropriate spaces on the **QTD Template**.

Measure Name	Measure Start Date	Measure End Date	Facility Score	California Score	National Score	Observed Cases	Predicted Cases	Denominator	Sample Size	Footnote	File Date
HAI-3: SSI COLO: Surgical Site Infections from Colon Surgeries (Quarterly, January, April, July, October)	07/2021	06/2022	0.00	0.92	0.86	0.00	1.17	41.00	0.00	N/A	20230401

Quality Transparency Dashboard Hospital Quality Institute										
Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
ABC Hospital	0.00		0.00							
California Level	0.89		0.92							
National Level	0.96		0.86							
Measure Period	07/2021-06/2022		07/2021-06/2022							

5. **NTSV:** In HQIP → Select *Report List* on the left pane → Select *CMQCC Maternal Quality Measure Rates, Trends, & Benchmarks* from the **All Reports** list → Select the *Data Table* tab → Find the rows with **Measure Name** “*NTSV: Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate (%)*” → Find the *NTSV* row with the latest *Measure Start Date* → Copy the *Measure Start & End Dates*, *Facility Score*, and *California Score* into the appropriate spaces on the **QTD Template**. The *National Level* is available from *Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics Rapid Release, Births: Provisional Data Year* report as the measure called “*low-risk cesarean delivery rate*” (e.g., [Births: Provisional Data for 2022](#) was 26.3%).

Measure Name	Measure Start Date	Measure End Date	Facility Score	California Score	Denominator	Footnote	File Date
NTSV: Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate (%) — (Biannual, Jan-Dec, July-June)	07/2021	06/2022	18.80	23.41	144.00	Source: California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center via Cal Hospital Compare	

Quality Transparency Dashboard Hospital Quality Institute										
Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
ABC Hospital	0.00		0.00		18.80					
California Level	0.89		0.92		23.41					
National Level	0.96		0.86		26.30					
Measure Period	07/2021-06/2022		07/2021-06/2022		07/2021-06/2022					

6. **Sepsis Mortality:** In HQIP → Select *Report List* on the left pane → Select *Sepsis Incidence, Case Mortality, Length of Stay (LOS), & Admit/Discharge Dispositions for Inpatient Encounters* from the **All Reports** list → Under **Filters**, change **Date Range (Monthly)** to reflect the latest 12-month period of inpatient discharges available for your hospitals (e.g., “Jan 2021 – Dec 2021” for CY2021) and click the *Apply Filter* button → Find the **Group** row called “All Sepsis (in-hospital mortality rate)” → Copy the *Date Range (Monthly)*, *Value*, and *Value (Comparison Group)* into the appropriate spaces on the **QTD Template**. *Note:* You can search for a national score (e.g., 15%) or type ‘N/A’ for *National Level*. Make sure to click *Reset To Default Filters* before moving to the next measure.

Date Range (Monthly)	Group	Numerator	Denominator	Value	Value (Comparison Group)	Number of Comparison Facilities
Jan 2021 – Dec 2021 X	All Sepsis (in-hospital mortality rate)	7	156	4.5%	19.0%	445

Quality Transparency Dashboard Hospital Quality Institute										
Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
ABC Hospital	0.00		0.00		18.80		4.50			
California Level	0.89		0.92		23.41		19.00			
National Level	0.96		0.86		26.30		N/A			
Measure Period	07/2021-06/2022		07/2021-06/2022		07/2021-06/2022		01/2021-12/2021			

7. **30-day Readmission:** In HQIP → Select *Report List* on the left pane → Select *Quality Transparency Dashboard* from the **All Reports** list → Under the **Measure Group** filter, select *Unplanned Hospital Visits* and click the *Apply Filter* button → Select the *Data Table* tab → Find the rows with **Measure Name** “*READM-30-HOSP-WIDE: 30-Day Hospital-Wide All-Cause Unplanned Readmission (HWR)*” → Find the *READM-30-HOSP-WIDE* row with the latest *File Date* → Copy the *Measure Start & End Dates*, *Facility Score*, *California Score*, and *National Score* into the appropriate spaces on the **QTD Template**.

Measure Name	Measure Start Date	Measure End Date	Facility Score	California Score	National Score	Observed Cases	Predicted Cases	Denominator	Sample Size	Footnote	File Date
READM-30-HOSP-WIDE: 30-Day Hospital-Wide All-Cause Unplanned Readmission (HWR) (Annually, July)	07/2020	06/2021	15.70	14.94	15.00	0.00	0.00	348.00	0.00	N/A	20230401

 Quality Transparency Dashboard <small>Hospital Quality Institute</small>										
Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
ABC Hospital	0.00		0.00		18.80		4.50		15.70	
<i>California Level</i>	0.89		0.92		23.41		19.00		14.94	
<i>National Level</i>	0.96		0.86		26.30		N/A		15.00	
Measure Period	07/2021-06/2022		07/2021-06/2022		07/2021-06/2022		01/2021-12/2021		07/2020-06/2021	

For more information about the Quality Transparency Dashboard initiative, visit the [HQI website](#) or email HQIAnalytics@HQInstitute.org.