

2016 Hospital Measures

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Statewide Quality Reporting and
Measurement System (SQRMS) Annual
Forum

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Objectives

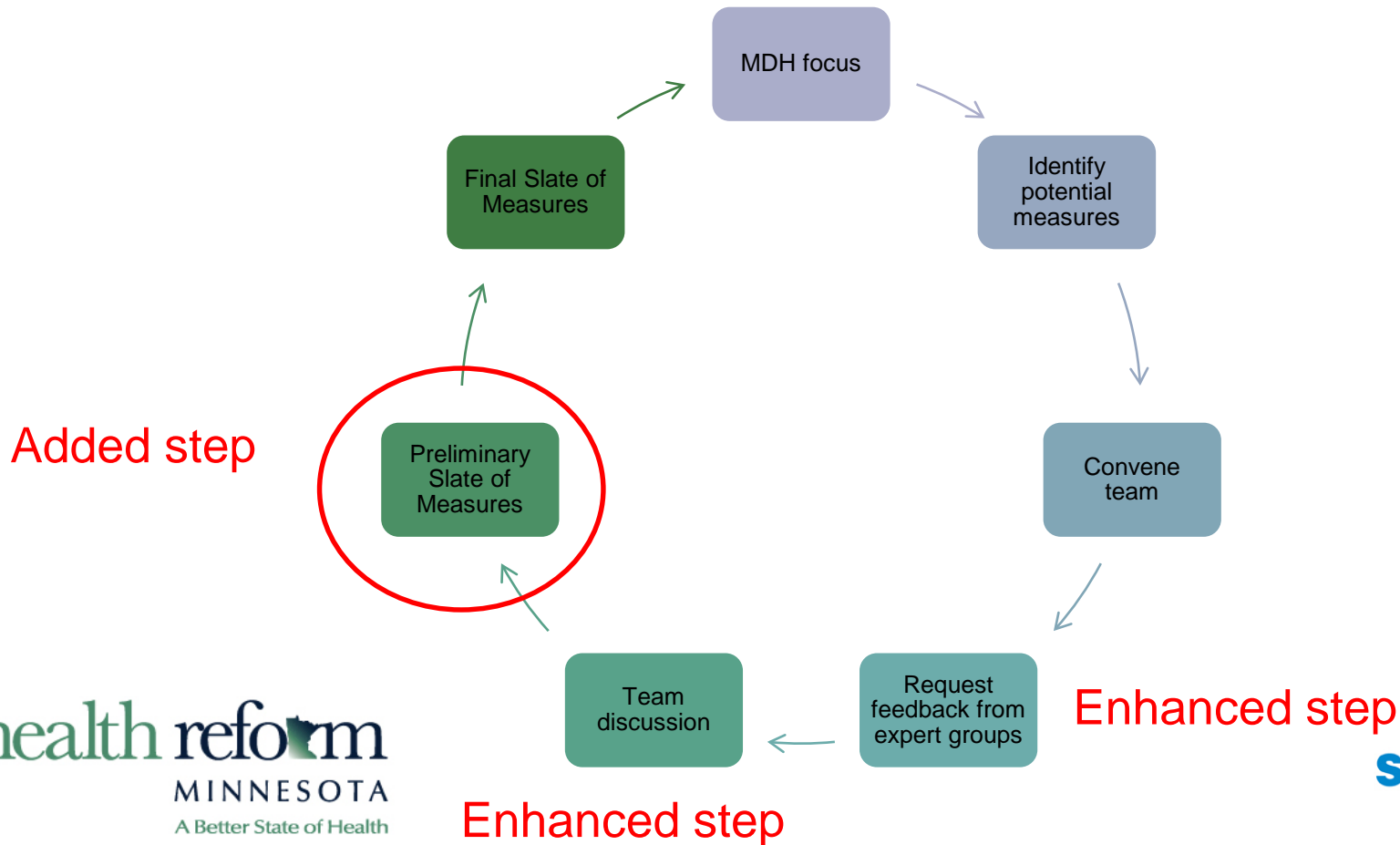
- Share the process used for 2016 hospital measures recommendations
- Review recommended changes to the 2016 hospital slate of measures

2016 Hospital Measures Recommendation Process

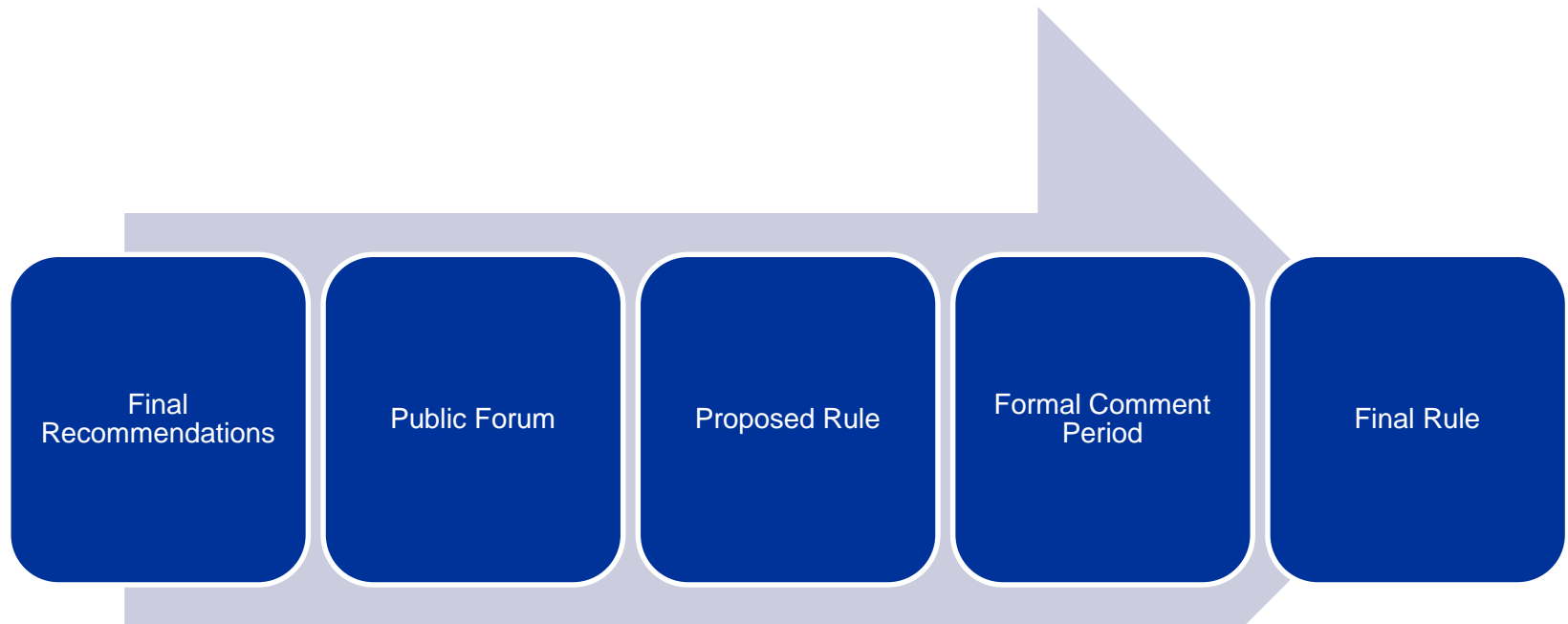
Changes to Process

- Steering committee will convene throughout the year and will consider feedback from expert groups
- Preliminary slate of measures will be developed by April 15 each year to match the clinic measures recommendation process

Recommendations Process



Process after Recommendations



2016 Hospital Slate of Measure Changes

Topic areas for potential new/added measures

- Federal alignment – CMS and HRSA
 - Cost/Spending
 - Readmissions
- End of Life
- Patient Safety
- Mental/Behavioral Health

Alignment

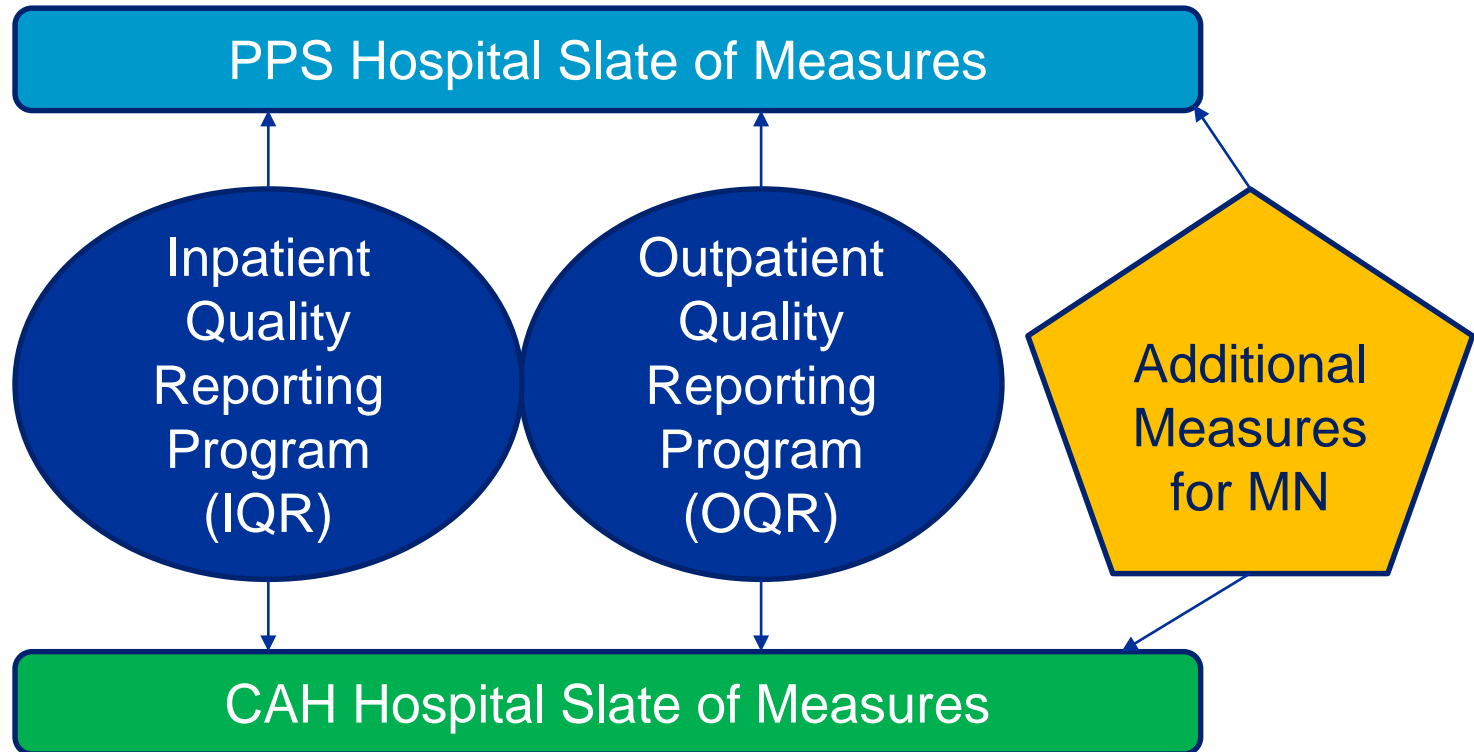
health reform
MINNESOTA
A Better State of Health



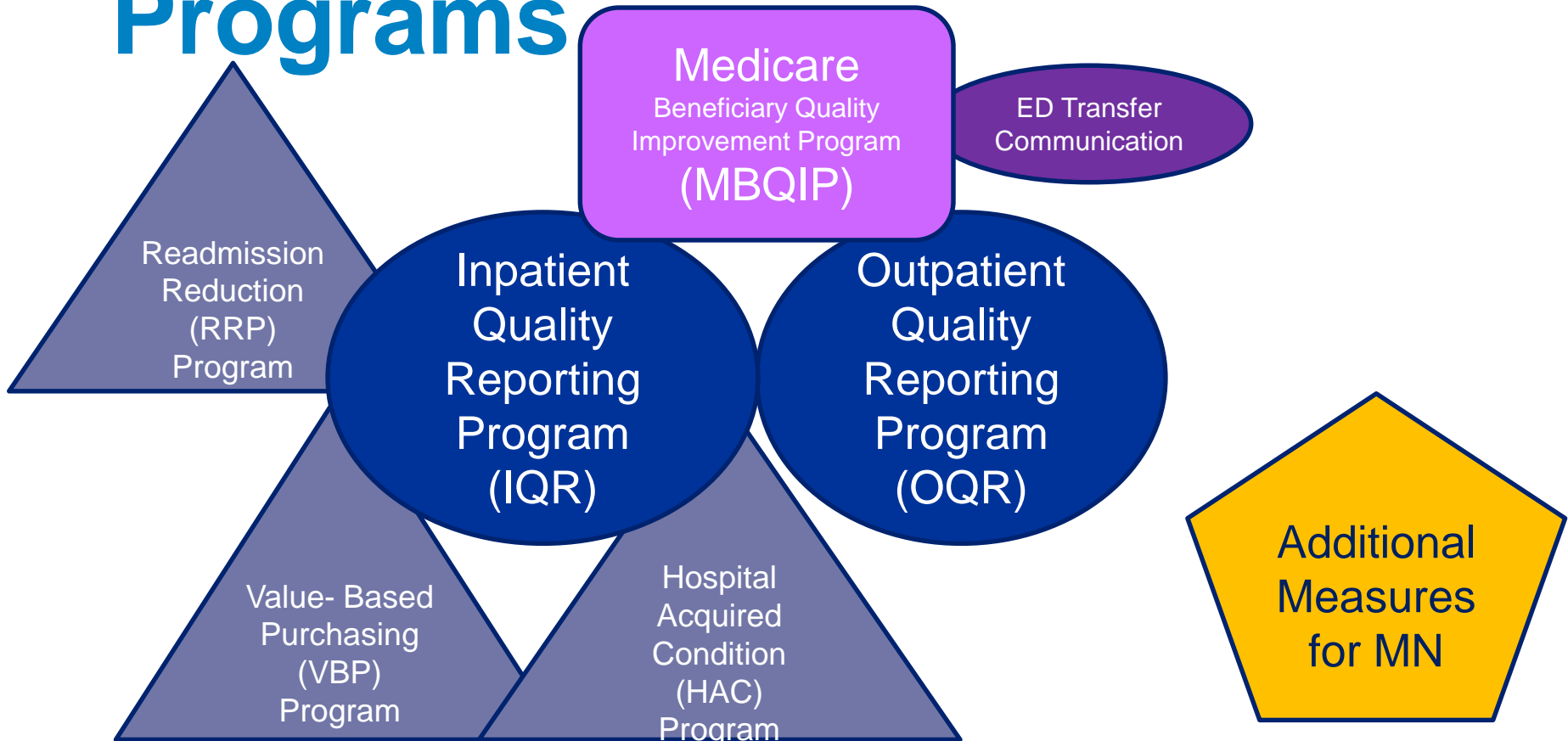
Alignment

- Historically looked at every measure that was part of the CMS inpatient and outpatient programs
- Over time there has been variation between the SQRMS slate of measures for PPS hospitals and Critical Access Hospital (CAH) measures

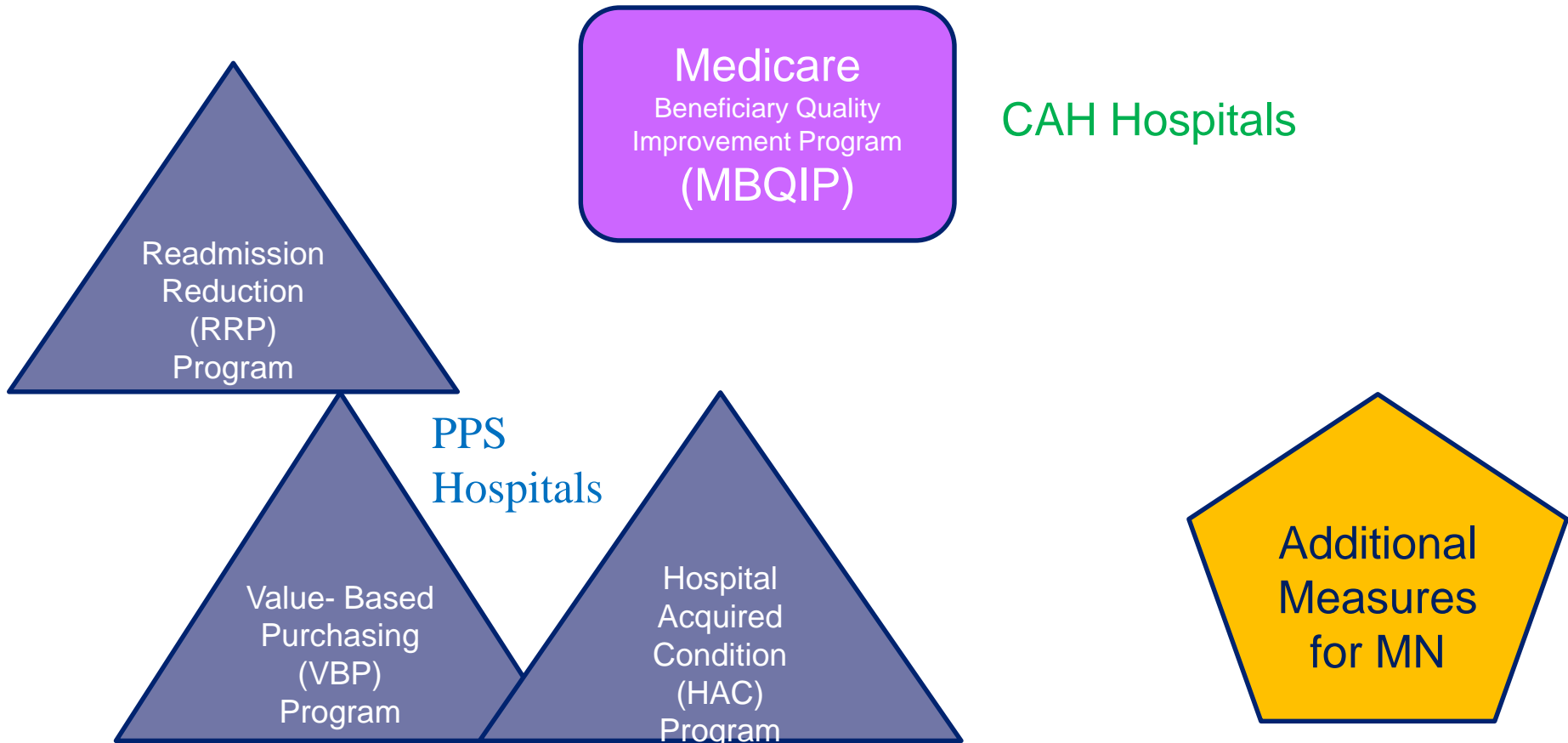
Current Slate of Measures



Relationship of National Programs



Future Slate of Measures



Value-based Purchasing

- FY2016
 - Total Performance Score
 - Unweighted and weighted domain score for clinical process of care, patient experience of care, outcome and efficiency
 - Measure scores

Hospital Acquired Conditions Program Score

- FY2016
 - Total HAC score
 - Domain 1 score
 - Domain 2 score
 - Measure scores

Readmissions Reduction Program Composite Score

- FY2016
 - Total Readmissions score (*Number of 30 day readmission measures with excess readmissions*)
 - Excess readmissions for AMI
 - Excess readmissions for Heart Failure
 - Excess readmissions for Pneumonia
 - Excess readmission for total knee/total hip arthroplasty
 - Excess readmission for Chronic Obstructive Pulmonary Disease

Composite MBQIP score

- Does not currently exist
- Recommendation that we develop a methodology to report one score for CAH

Alignment of Individual Measures

Measures Added - PPS

- **PN-6** Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients

Measures Added - PPS

- **SCIP-Inf-2a** Prophylactic antibiotic selection for surgical patients
- **SCIP-Inf-3a** Prophylactic antibiotics discontinued within 24 hours after surgery end time * (SCIP-Inf-3a)
- **SCIP-Inf-9** Urinary catheter removed on postoperative day 1 or postoperative day 2 with day surgery being day zero

Measures Added - PPS

- **SCIP- Card-2** Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period
- **SCIP-VTE-2** Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery

Measures Added - PPS

- Central line-associated bloodstream infection (CLABSI) event
- Catheter associated Urinary Tract Infection (CAUTI) event
- Surgical Site infections (SSI) event following colon surgery
- Surgical Site infections (SSI) event following abdominal hysterectomy surgery
- Medicare Spending per Beneficiary outcome measure for applicable hospital discharge dates

Measures Removed - PPS

- ED-1a Median time from ED arrival to ED departure for admitted ED patients
- ED-2a Median time from admit decision time to ED departure time for admitted patients
- PC-01 Early Elective Deliveries
- All outpatient measures

Measures Added - CAH

- VTE-1 Venous Thromboembolism prophylaxis
- ED-1a Median time from ED arrival to ED departure for admitted ED patients
- ED-2a Median time from admit decision time to ED departure time for admitted patients
- Catheter associated Urinary Tract Infection (CAUTI) event
- Healthcare personnel influenza immunization and OP-27 (inpatient and outpatient combined)

Measures Added - CAH

- OP-1 Median time to fibrinolysis
- OP-18 Median time from ED arrival to ED departure for discharged ED patients
- OP-20 Door to diagnostic evaluation by a qualified medical professional
- OP-21 ED-median time to pain management for long bone fracture

Measures Added - CAH

- OP-22 ED-patient left without being seen
- OP-23 ED-head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival.
- OP-25 Safe surgery checklist
- OP-27 Influenza Vaccination Coverage among Healthcare Personal (combined with HCP)

Measures Removed - CAH

- Mortality measures
 - Acute myocardial infarction
 - Heart failure
 - Pneumonia
- PSI-90

30 Day Readmissions

- Acute Myocardial Infarction *PPS*
- Heart Failure *PPS CAH*
- Pneumonia *PPS CAH*
- Total Hip /Total Knee Arthroplasty *PPS*
- Chronic Obstructive Pulmonary Disease
PPS CAH

Current readmissions workgroup

- Looking at what we can learn from All payor claims database
- Work continues

Measures Removed

All adult - PPS & CAH

- MN stroke registry measures
- AHRQ measures
- Children's measures

Measures Removed PPS/CAH MN Stroke Registry

- Door-to-imaging performed time
- Door-to-needle time to intravenous thrombolytic therapy

Measures Removed PPS/CAH AHRQ measures

- Mortality for selected conditions composite measure (IQI-91)
- Death among surgical inpatients with serious treatable complications (PSI 4)
- Obstetric trauma – vaginal delivery with instrument (PSI 18)
- Obstetric trauma – vaginal delivery without instrument (PSI 19)

Measures Removed PPS/CAH AHRQ measures

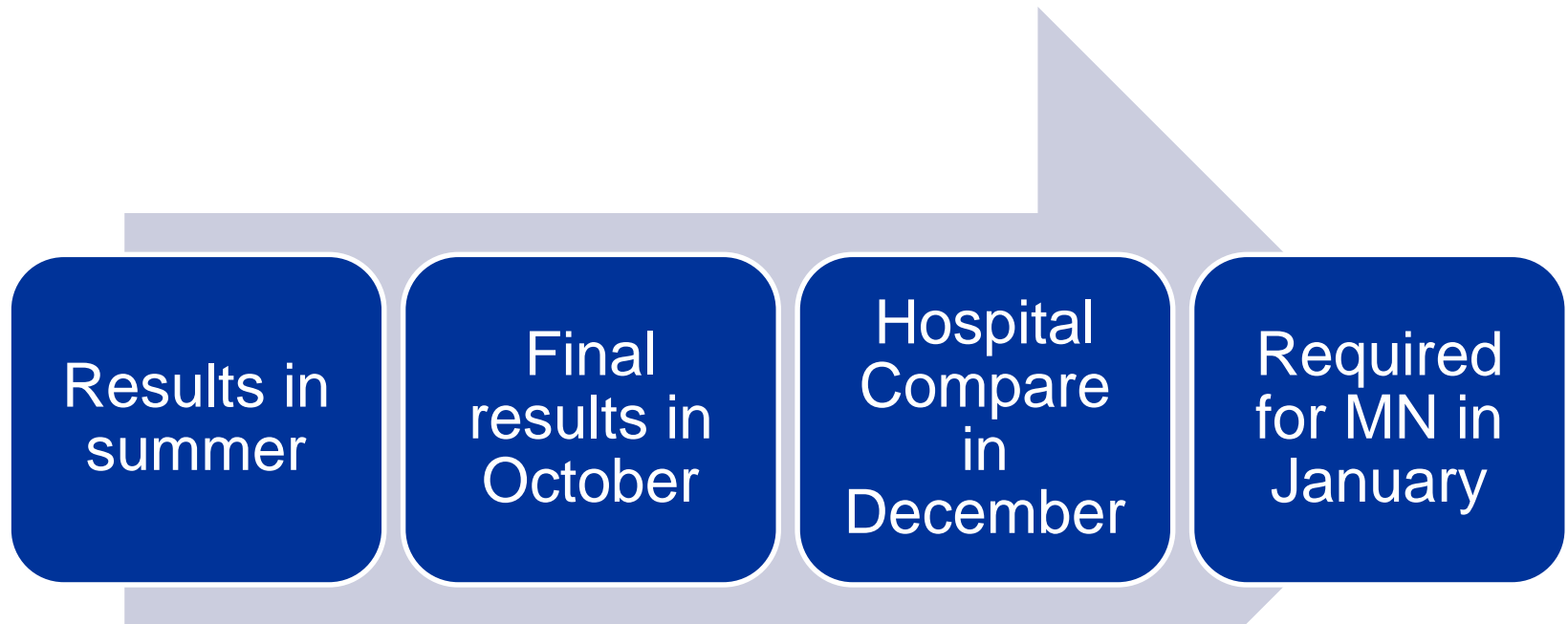
AHRQ measures

- Pediatric Heart Surgery Mortality Rate measure (PDI 6)
- Pediatric Heart Surgery Volume measure (PDI 7)
- Pediatric patient safety for selected indicators composite measure. (PDI-19)

Measures for Children's hospitals - removed

- Peds AHRQ measures
- Late Sepsis or Meningitis in Neonates (Vermont Oxford Network)
- Central line-associated bloodstream infection (CLABSI) event in NICU/PICU

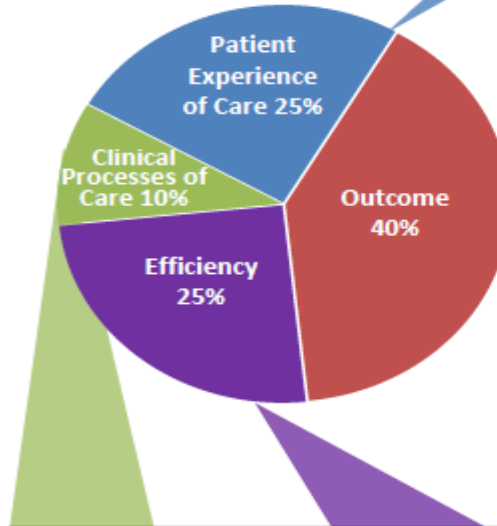
Data Submission of VBP, RRP and HAC results



FY2016 VBP Fact Sheet

FY 2016 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges
from October 1, 2015 to September 30, 2016)



CLINICAL PROCESS OF CARE		
Baseline Period	Performance Period	
January 1, 2012 – December 31, 2012	January 1, 2014 – December 31, 2014	
Measures	Threshold (%)	Benchmark (%)
AMI 7a Fibrinolytic agent received within 30' of hospital arrival	91.154	100
PN 6 Initial antibiotic selection for CAP immunocompetent pt	96.552	100
SCIP 2 Received prophylactic Abx consistent with recommendations	99.074	100
SCIP 3 Prophylactic Abx discontinued within 24 hrs of surgery end time or 48 hrs for cardiac surgery	98.086	100
SCIP 9 Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	97.059	100
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	97.727	100
SCIP VTE2 Received VTE prophylaxis within 24 hrs prior to or after surgery	98.225	100
New! IMM-2 Influenza Immunization	90.507	98.875
Removed! AMI 8a PCI received within 90' of hospital arrival	—	—
Removed! HF 1 Discharge instructions was removed from FY2016 measures	—	—
Removed! PN 3b Blood culture before 1 st antibiotic received in hospital	—	—
Removed! SCIP 1 Abx within 1 hr before incision or within 2 hrs if Vancomycin/Quinolone is used	—	—
Removed! SCIP 4 Controlled 5 AM postoperative serum glucose – cardiac surgery	—	—

PATIENT EXPERIENCE OF CARE			
Baseline Period		Performance Period	
January 1, 2012 – December 31, 2012		January 1, 2014 – December 31, 2014	
HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with nurses	53.99	77.57	85.07
Communication with doctors	57.01	80.40	88.56
Responsiveness of hospital staff	38.21	64.71	79.76
Pain management	48.96	70.18	78.16
Communication about medications	34.61	62.33	72.77
Cleanliness and quietness	43.08	64.95	79.10
Discharge information	61.36	84.70	90.39
Overall rating of hospital	34.95	68.32	83.97

OUTCOME		
Mortality		
Baseline Period	Performance Period	
October 1, 2010 – June 30, 2011	October 1, 2012 – June 30, 2014	
Measure (Displayed as survival rate)	Threshold (%)	Benchmark (%)
30-day mortality, AMI	84.7472	86.2371
30-day mortality, heart failure	88.1510	90.0315
30-day mortality, pneumonia	88.2651	90.4181

Complication/Patient Safety for Selected Indicators		
Baseline Period	Performance Period	
October 15, 2010 – June 30, 2011	October 15, 2012 – June 30, 2014	
Measure	Threshold (%)	Benchmark (%)
AHRQ PSI 90 composite	.616248	.449888

Healthcare-Associated Infections		
Baseline Period	Performance Period	
January 1, 2012 – December 31, 2012	February 1, 2014 – December 31, 2014	
Measure	Threshold (t)	Benchmark (t)
CLABSI	.455	0.000
New! CAUTI	.801	0.000
New! SSI Colon [‡]	.568	0.000
SSI Abdominal Hysterectomy [‡]	.752	0.000

[†]Standardized infection ratio.
[‡]There will be one SSI measure score that will be a weighted average based on predicted infections for both procedures.

EFFICIENCY		
Baseline Period	Performance Period	
January 1, 2012 – December 31, 2012	January 1, 2013 – December 31, 2014	
Measure	Threshold (%)	Benchmark (%)
MSPB-1 Medicare spending per beneficiary	Median Medicare spending per beneficiary ratio across all hospitals during performance period.	Mean of lowest decile of Medicare spending per beneficiary ratios across all hospitals during performance period.

FY2016 Readmissions

Readmissions Measures

FY2013 & FY2014 *(added algorithm to exclude planned admissions)*

- 30 day Readmissions Acute Myocardial Infarction (AMI),
- 30 day Readmissions Heart Failure (HF)
- 30 day Readmissions Pneumonia (PN);

FY 2015 Additions

- 30 day Readmissions chronic obstructive pulmonary disease (COPD)
- 30 day Readmissions elective total hip arthroplasty (THA) and total knee arthroplasty (TKA)

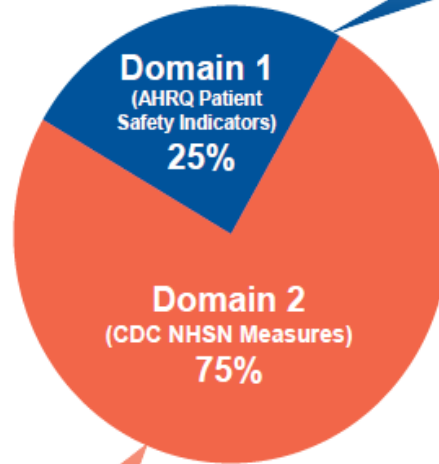
FY 2016 No Additions

FY 2017 Additions

- 30 day Readmissions coronary artery bypass graft (CABG) surgery

FY2016 HAC Fact Sheet

FY 2016 HAC Reduction Program Domain Weighting and Measures (Payment adjustment effective for discharges from October 1, 2015 – September 30, 2016)



DOMAIN 1	
	Performance Period
	July 1, 2012 – June 30, 2014
AHRQ* PSI 90 Measure	Score 1-10
PSI 3 Pressure ulcer rate	
PSI 6 Iatrogenic pneumothorax rate	
PSI 7 Central venous catheter-related blood stream infection rate	
PSI 8 Postoperative hip fracture rate	
PSI 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis rate (DVT)	
PSI 13 Postoperative sepsis rate	
PSI 14 Wound dehiscence rate	
PSI 15 Accidental puncture and laceration rate	

*The Agency for Healthcare Research and Quality

DOMAIN 2	
	Performance Period
	January 1, 2013 – December 31, 2014
CDC NHSN* Measures	Average Score 1-10
CLABSI SIR rate	1-10
CAUTI SIR rate	1-10
SSI Colon Abdominal Hysterectomy	1-10†

*Centers for Disease Control and Prevention National Healthcare Safety Network

†There will be one SSI measure score that will be a weighted average based on predicted infections for both procedures.

DOMAIN 2	
Future Measures for FY2017	
MRSA	
CDI	

CAH Inpatient (IQR) Data Submission

- Third Quarter, 2015: July 1 – September 30; February 15, 2016
- Fourth Quarter, 2015: October 1 – December 31; May 15, 2016
- First Quarter, 2016: January 1 – March 31; August 15, 2016
- Second Quarter, 2016: April 1 – June 30; November 15, 2016

CAH Outpatient (OQR) Data Submission

- Third Quarter, 2015: July 1 – September 30; February 1, 2016
- Fourth Quarter, 2015: October 1 – December 31; May 1, 2016
- First Quarter, 2016: January 1 – March 31; August 1, 2016
- Second Quarter, 2016: April 1 – June 30; November 1, 2016

CAH ED Transfer Communication Data Submission

- Fourth Quarter, 2015: January 31, 2016
- First Quarter, 2016: April 20, 2016
- Second Quarter, 2016: July 31, 2016
- Third Quarter, 2016: October 31, 2016

End of Life

End of Life Measure

- Stage 3 meaningful use Advance Directives measure

More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data

- Reported through question on Health Information Technology (HIT)

Future Measures

Topic areas for potential new/added measures

- Federal alignment – CMS and HRSA
 - Cost/Spending
 - Readmissions
- End of Life
- Patient Safety
- Mental/Behavioral Health

Patient Safety

- Recommended development of a composite measure for PPS and CAH hospitals
- Focus would be on cultural/structural areas as well as patient harm
- Next steps would be for MNCCM to convene a workgroup

Questions?

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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