That's Not an Accurate Reflection

Managing Public Perceptions About Your Quality Performance

Medisolv, Inc.

Company Overview

Medisolv is the partner for people and organizations who are passionate about healthcare quality improvement. We provide solutions that make everyday improvements achievable for America's healthcare providers and the patients they serve.

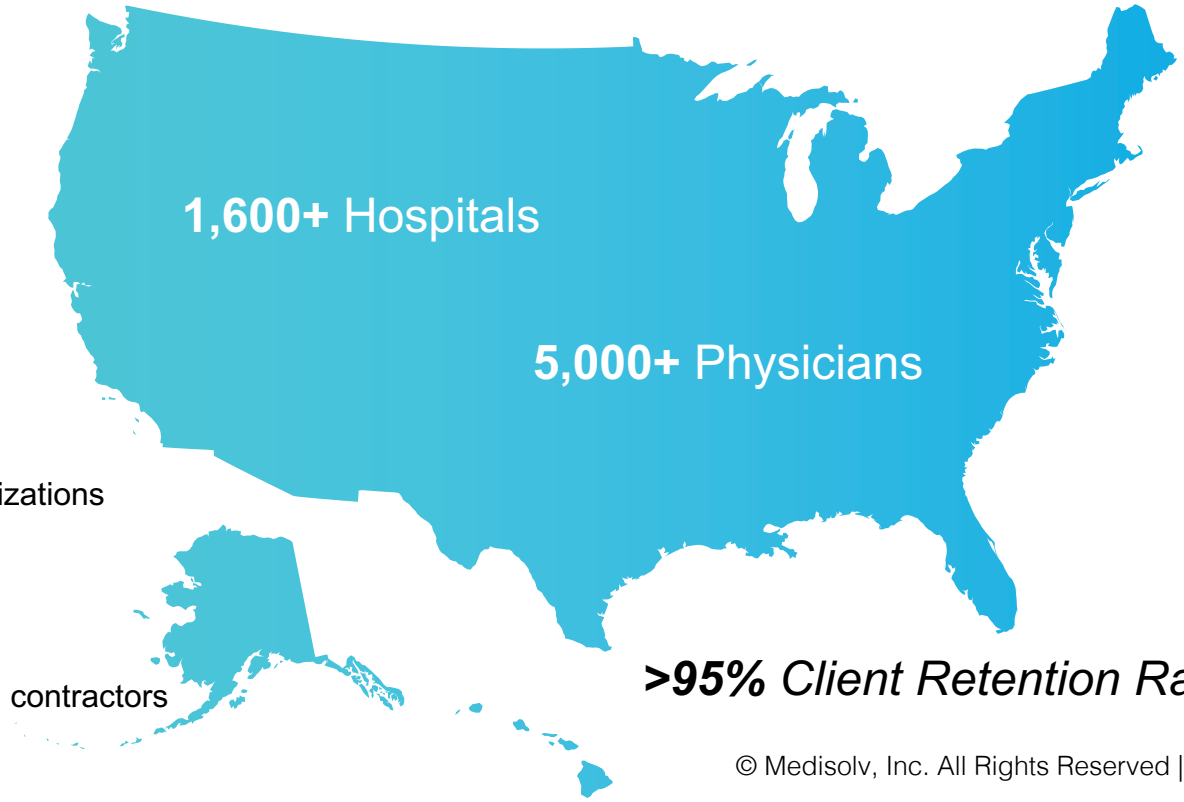
Founded:
1999

Headquarters:
Columbia, MD (Suburban DC)

Ownership:
Private C-Corporation

Market Served:
Hospitals/Health Systems
Providers/Clinicians/Provider Organizations
Federal & State Government
Quality Reporting Organizations

Employees:
120 employees | 20 additional indpt. contractors



***>95%** Client Retention Rate*

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6. 2.7 mi

Medstar Union Memorial Hospital

ACUTE CARE HOSPITALS

201 East University Parkway
Baltimore, MD 21218
(410) 554-2227

Overall star rating

Patient survey rating

Compare

This Hospital's Grade

B

FALL 2021

MedStar Union Memorial Hos

201 E. University Parkway
Baltimore, MD 21218-2895

View the full Score

7. 2.7 mi

Medstar Harbor Hospital

ACUTE CARE HOSPITALS

3001 South Hanover Street
Baltimore, MD 21225
(410) 350-3201

Overall star rating

Patient survey rating

Compare

This Hospital's Grade

B

FALL 2021

MedStar Harbor Hospital

3001 S. Hanover Street
Baltimore, MD 21225-1290

View the full Score

8. 3.5 mi

Saint Agnes Hospital

ACUTE CARE HOSPITALS

900 Caton Avenue
Baltimore, MD 21229
(410) 368-2101

Overall star rating

Patient survey rating

Compare

This Hospital's Grade

C

FALL 2021

Ascension Saint Agnes Hosp

900 Caton Avenue
Baltimore, MD 21229-5299

View the full Score

9. 3.5 mi

Johns Hopkins Bayview Medical Center

ACUTE CARE HOSPITALS

4940 Eastern Avenue
Baltimore, MD 21224
(410) 550-0123

Overall star rating

Patient survey rating

Compare

This Hospital's Grade

A

FALL 2021

Johns Hopkins Bayview Medi

4940 Eastern Avenue
Baltimore, MD 21224-2780

View the full Score

Your Public Reputation

- Care Compare (Star Ratings)
- LeapFrog
- Value-Based Programs
- The Joint Commission Quality Check

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The Major Hospital Reporting Programs

- Inpatient Quality Reporting (IQR) Program
- Outpatient Quality Reporting (OQR) Program
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Readmission Reduction Program (HRRP)
- Hospital-Acquired Condition (HAC) Reduction Program
- Hospital Value-Based Purchasing (HVBP) Program

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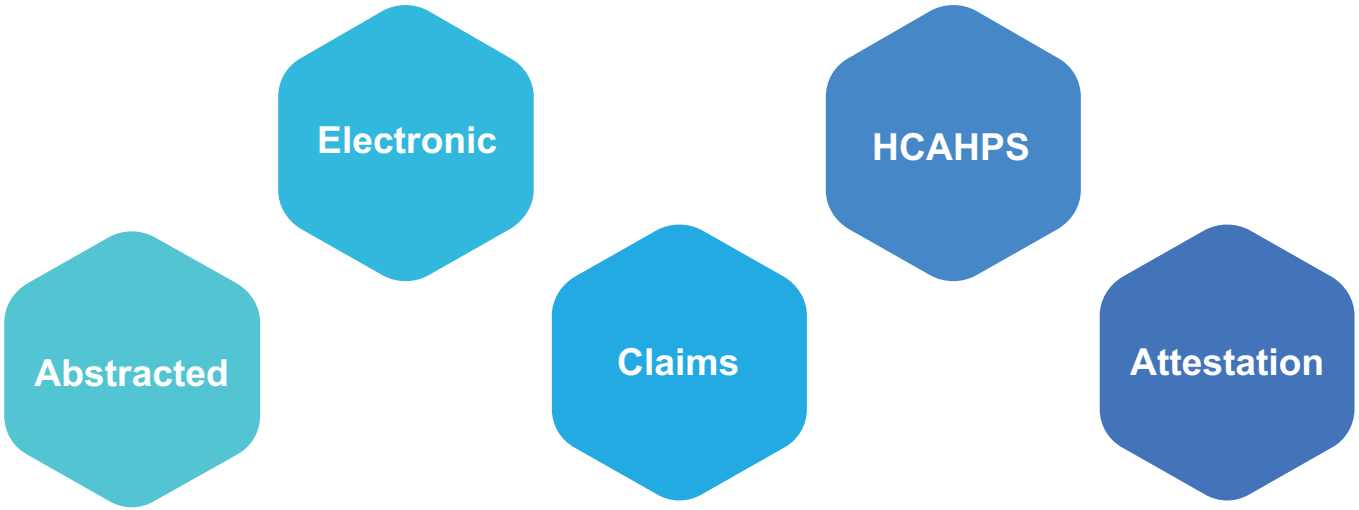
The Major Hospital Reporting Programs

Regulatory Reporting Programs (Compliance)

- Inpatient Quality Reporting (IQR) Program
- Outpatient Quality Reporting (OQR) Program
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program



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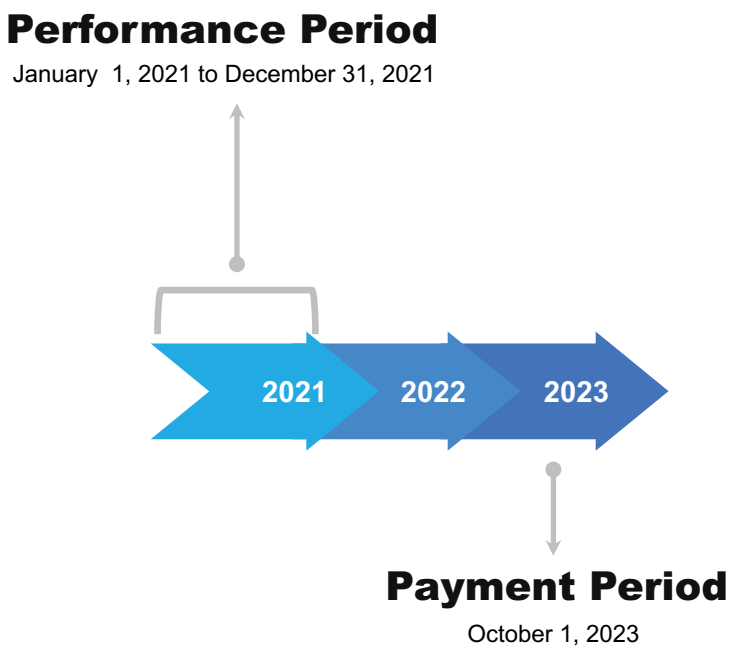
Performance vs Payment

IQR, OQR, IPFQR



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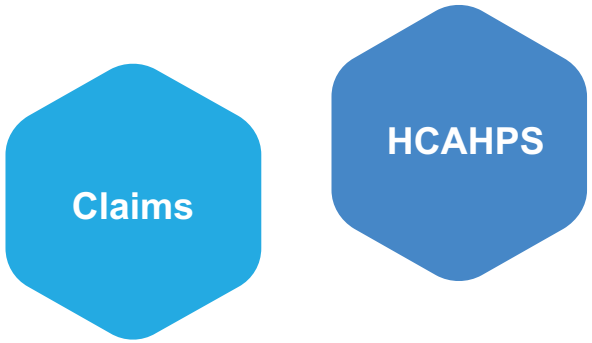
The Major Hospital Reporting Programs

Value-Based Care Programs (Penalty/Incentive)

- Hospital Readmission Reduction Program (HRRP)
- Hospital-Acquired Condition (HAC) Reduction Program
- Hospital Value-Based Purchasing (HVBP) Program



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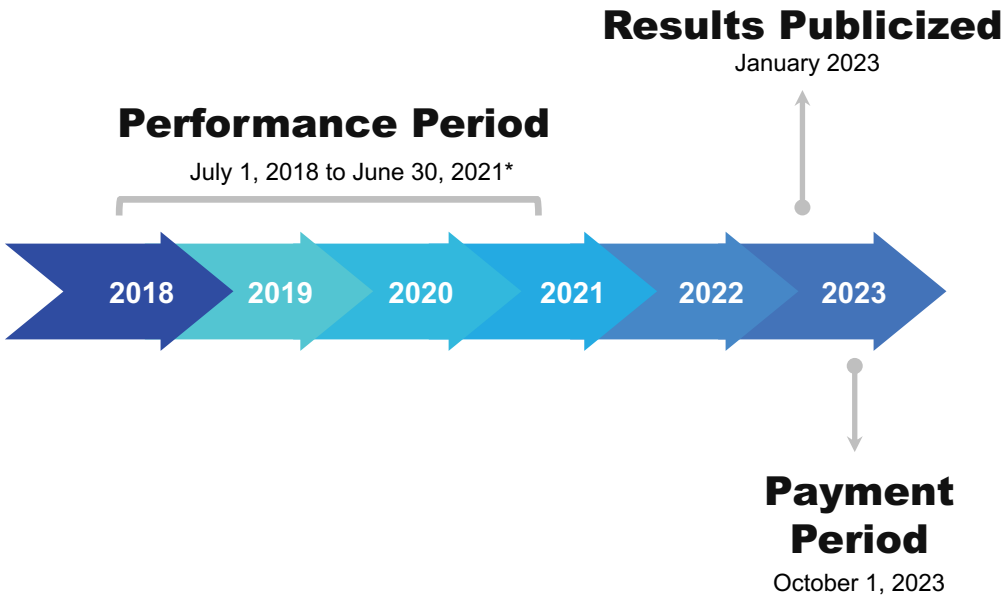
Performance vs Payment

Hospital Readmission Reduction Program HRRP



*Excludes data from Q1 & Q2 2020

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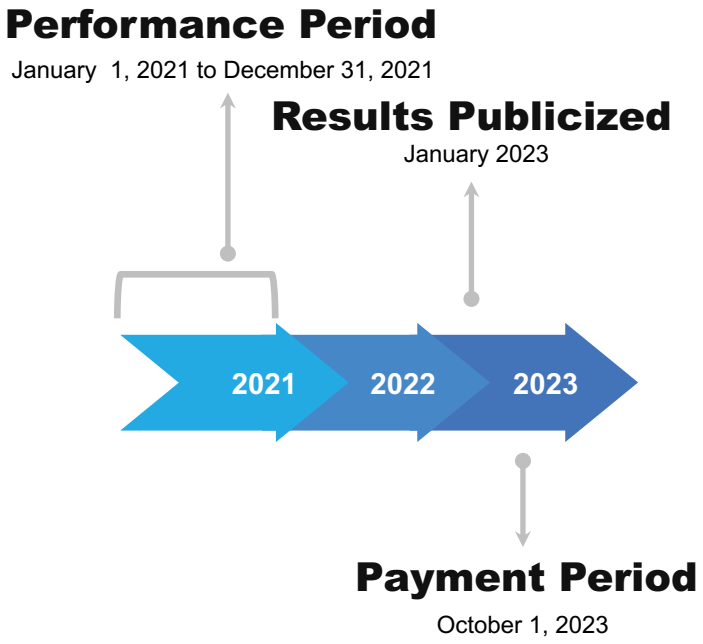
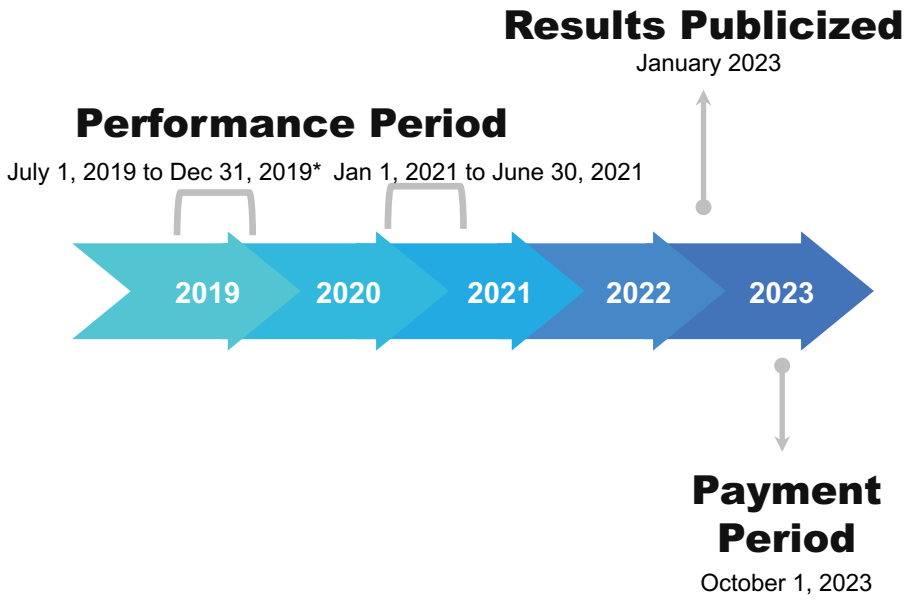
Performance vs Payment

Hospital-Acquired Condition (HAC) Reduction Program



HAI Measures



PSI 90 Measure

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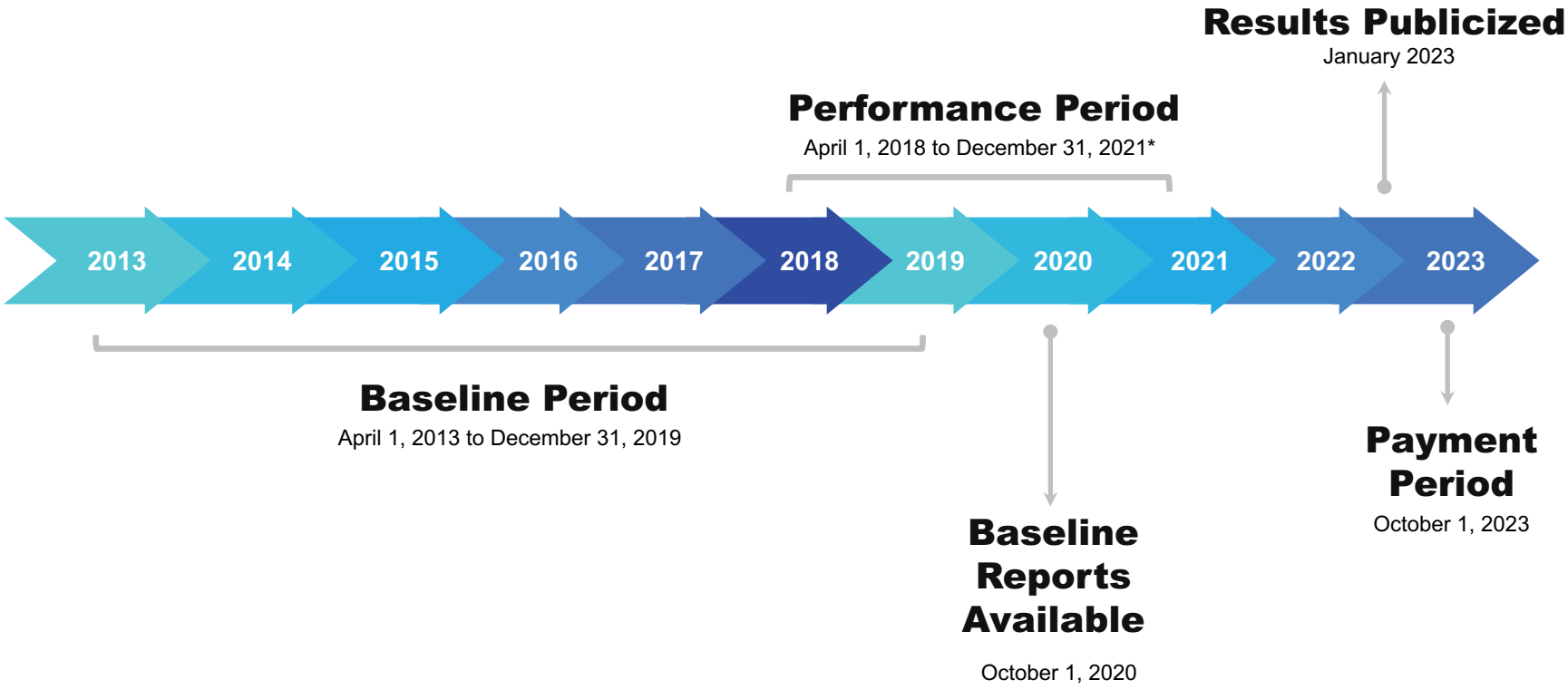
Performance vs Payment

Hospital Value-Based Purchasing Program (HVBP)



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CMS distributes measures performance which is used to feed public reputation websites.

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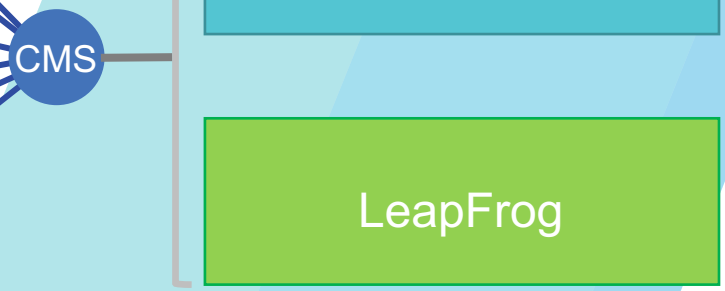

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Overall star rating

Patient survey rating

Compare

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Hospital

[redacted]

LOCATION

[redacted]

PHONE NUMBER

[redacted]

Add to Favorites

Overall rating:

Patient survey rating:

Ratings Quality Details Location

RATINGS

Overall rating

The overall rating is based on how well a hospital performs across different areas of quality, like treating heart attacks and pneumonia, readmission rates, and safety of care.

Learn how Medicare calculates this rating

View Rating Details

Patient survey rating

The patient survey rating measures patients' experiences of their hospital care. Recently discharged patients were asked about important topics like how well nurses and doctors communicated, how responsive hospital staff were to their needs, and the cleanliness and quietness of the hospital environment.

Learn how the patient survey rating is measured

View Survey Details

QUALITY

Choose a category to see how this hospital scores on quality topics:

- Timely & effective care
- Complications & deaths
- Unplanned hospital visits
- Psychiatric unit services
- Payment & value of care

Complications & deaths

Print

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

Find out why these measures are important

Get more information about the data

Get current data collection period

Complications

This section shows serious complications that patients experienced during a hospital stay or after having certain inpatient surgical procedures. These complications can often be prevented if hospitals follow procedures based on bes…
Read more

Rate of complications for hip/knee replacement patients	**2.2%** No different than the national rate National result: 2.4% Number of included patients: 471
Serious complications	**1.23** No different than the national value National result: 1.00
Deaths among patients with serious treatable complications after surgery	**158.92** No different than the national rate National result: 159.03

Patient survey rating

10 measures used

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QUALITY

Choose a category to see how this hospital scores on quality topics:

Timely & effective care	14 measures used
Complications & deaths	15 measures used
Unplanned hospital visits	14 measures used
Psychiatric unit services	19 measures used
Payment & value of care	9 measures used

Care Compare Measure List

Category: Complications & Deaths

Complications & Deaths			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
COMP_HIP_KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Rate of complications for hip/knee replacement patients	HVBP
PSI_90	Patient Safety and Adverse Events Composite	Serious complications	HVBP, HACRP
PSI_4	Death among surgical inpatients with serious treatable complications Rate	Deaths among patients with serious treatable complications after surgery	IQR
HAI_1	CLABSI Central Line Associated Bloodstream Infection (ICU + select Wards)	Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	HVBP, HACRP
HAI_2	CAUTI Catheter Associated Urinary Tract Infections (ICU + select Wards)	Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	HVBP, HACRP
HAI_3	SSI - Colon Surgery	Surgical site infections (SSI) from colon surgery	HVBP, HACRP
HAI_4	SSI - Abdominal Hysterectomy	Surgical site infections (SSI) from abdominal hysterectomy	HVBP, HACRP
HAI_5	MRSA Bacteremia	Methicillin-resistant Staphylococcus Aureus (MRSA) blood infections	HVBP, HACRP
HAI_6	Clostridium Difficile (C.Diff)	Clostridium difficile (C.diff.) intestinal infections	HVBP, HACRP
MORT_30_COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	Death rate for COPD patients	HVBP
MORT_30_AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Death rate for heart attack patients	HVBP
MORT_30_HF	Heart Failure (HF) 30-Day Mortality Rate	Death rate for heart failure patients	HVBP
MORT_30_PN	Pneumonia 30-Day Mortality Rate	Death rate for pneumonia patients	HVBP
MORT_30_STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	Death rate for stroke patients	IQR
MORT_30_CABG	30-Day All-Cause Mortality Following Coronary Artery Bypass Graft (CABG) Surgery	Death rate for CABG surgery patients	HVBP

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Complications & deaths

Print

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HAI_6	Clostridium Difficile (C.Diff)	Clostridium difficile (C.diff.) intestinal infections	HVBP, HACRP
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MORT_30_CABG	30-Day All-Cause Mortality Following Coronary Artery Bypass Graft (CABG) Surgery	Death rate for CABG surgery patients	HVBP

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Care Compare Reporting Timelines

Data On Care Compare

Measure ID: PSI_4

Measure Name: Death among surgical inpatients with serious treatable complications Rate

Public Sees: Deaths among patients with serious treatable complications after surgery

Data from 07/01/2018 – 12/31/2019

https://data.cms.gov/provider-data/dataset/4j6d-yzce

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Infections | **Problems with Surgery** | Safety Problems | Practices to Prevent Errors | Doctors, Nurses & Hospital Staff

Dangerous object left in patient's body

Surgical wound splits open

Death from serious treatable complications

Blood leakage

Kidney injury after surgery

Serious breathing problem

Accidental cuts and tears

Hospital Performs Below Average — Above Average

This Hospital's Score:
158.92

Best Hospital's Score:
95.65

Average Hospital's Score:
159.67

Worst Hospital's Score:
206.08

Death from treatable serious complications

Sometimes after surgery, patients can develop serious complications while they are in the hospital. They might catch pneumonia, have a heart attack, or lose function in their kidneys or liver. These problems are serious but can be treated by a good hospital team. If the hospital doesn't manage the patient's complications correctly, the patient could die.

This number represents the number of surgical patients that died for every 1,000 people who had a serious treatable complication after surgery. *For details on sources, click here.*

What safer hospitals do:

The staff communicates well to quickly identify if there is a serious complication after surgery. They are ready to take action with an aggressive plan using patient safety guidelines.

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LeapFrog Safety Grade Reporting Timelines

Data On LeapFrog

Measure ID: PSI_4

Measure Name: Death among surgical inpatients with serious treatable complications Rate

Public Sees: Death from serious treatable complications

Data from 07/01/2018 – 12/31/2019

https://www.hospitalsafetygrade.org/table-details/ascension-saint-agnes-hospital?findBy=city&city=Baltimore&state_prov=MD&rPos=1599&rSort=distance

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Hospital

[redacted]

LOCATION

[redacted]

PHONE NUMBER

[redacted]

Add to Favorites

Overall rating:

Patient survey rating:

Ratings Quality Details Location

RATINGS

Overall rating

The overall rating is based on how well a hospital performs across different areas of quality, like treating heart attacks and pneumonia, readmission rates, and safety of care.

Learn how Medicare calculates this rating

View Rating Details

Number of Measures Used to Calculate Star Rating

(48)

- Mortality (7)
- Readmission (11)
- Safety of Care (8)
- Patient Experience (8)
- Timely & Effective Care (14)

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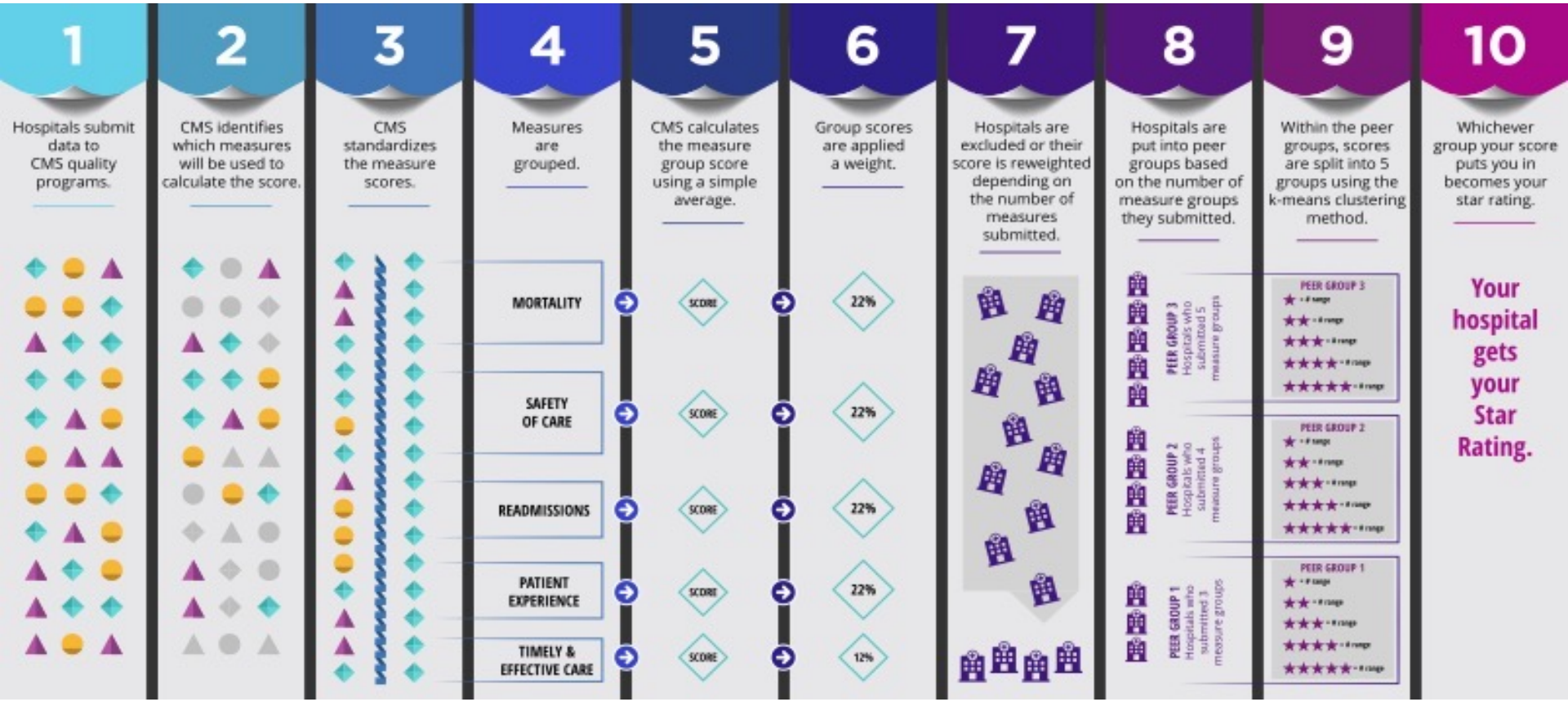
How Your Star Rating is Calculated

Updated in 2021



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Star Ratings Measure List

Category: Mortality

Mortality		
Measure ID	**Measure name**	**Measure pulled from which program(s)**
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	HVBP
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	HVBP
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	HVBP
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	HVBP
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	HVBP
MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	IQR
PSI-4-SURG-COMP	Death Rate Among Surgical Inpatients with Serious Treatable Complications	IQR

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Star Ratings Reporting Timelines

Data Used for Star Rating

Measure ID: PSI_4

Measure Name: Death among surgical inpatients with serious treatable complications Rate

Public Sees: Death from serious treatable complications

Data from 07/01/2017 – June 30, 2019

https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/reports

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Don’t give up hope

When's It Public Calendar

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

March

S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

May

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22	23	24	25	26	27	28
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June

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July

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August

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September

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October

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November

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December

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What Comes Out When

January

- Care Compare
- Star Ratings??
- Hospital Readmission Program Results (HRRP)
- HAC Reduction Program Results (HACRP)
- Hospital Value-Based Payment Program Results (HVBP)

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Care Compare Measure List

January Release Care Compare Measure List

IQR

- PC-01
- Sepsis
- HCP Immunization

HVBP, HACRP

- CLABSI
- CAUTI
- Colon & Abdominal Hysterectomy SSI
- MRSA Bacteremia
- CDI

HVBP

- MSPB

IQR & HVBP

- HCAHPS

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When's It Public Calendar

January

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
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February

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March

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April

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May

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June

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July

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August

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September

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October

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November

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December

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What Comes Out When

April

- Care Compare
- Star Ratings??
- LeapFrog Grade Results (May 10)

*** Please note: CMS postponed refreshing Hospital Public Reporting and Hospital Overall Star Ratings until July 2022, with the exception of Hospital Value Based Purchasing Program (HVBP) Data that will be updated on the Provider Data Catalog in April 2022. No other measures were updated, except for HVBP data in the April 2022 release.

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Care Compare Measure List

April Release Care Compare Measure List

IQR

- PC-01
- Sepsis
- HCP Immunization

HVBP, HACRP

- CLABSI
- CAUTI
- Colon & Abdominal Hysterectomy SSI
- MRSA Bacteremia
- CDI

IQR & HVBP

- HCAHPS

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When's It Public Calendar

January

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February

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March

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April

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May

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June

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July ★

Star Update

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August

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September

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October

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November

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December

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15	16	17	18	19	20	21
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29	30	31				

What Comes Out When

July

- Care Compare
- Star Ratings

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Care Compare Measure List

July Release Care Compare Measure List

IQR

- PC-01
- Sepsis
- CMS PSI 04
- MORT-30-STK
- READM-30-HWR
- AMI Excess Days
- HF Excess Days
- PN Excess Days
- AMI Payment
- HF Payment
- PN Payment
- THA/TKA Payment

HVBP

- COMP-HIP-KNEE
- MORT-30-AMI
- MORT-30-HF
- MORT-30-PN
- MORT-30-COPD
- MORT-30-CABG

HRRP

- READM-30-AMI
- READM-30-PN
- READM-30-THA/TKA
- READM-30-COPD
- READM-30-CABG
- READM-30-HF

HVBP, HACRP

- CLABSI
- CAUTI
- Colon & Abdominal Hysterectomy SSI
- MRSA Bacteremia
- CDI
- CMS PSI 90

IQR & HVBP

- HCAHPS

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What Comes Out When

October

- Care Compare
- Star Ratings??

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Care Compare Measure List

October Release Care Compare Measure List

IQR

- *PC-01*
  (Not officially communicated by CMS but expected to be released.)
- *Sepsis*
  (Not officially communicated by CMS but expected to be released.)
- eCQMs
  (*Your hospital submitted four of these eCQMs. Opioid eCQM Required in 2023.)
  - ED-2*
  - PC-05*
  - STK-02*
  - STK-03*
  - STK-05*
  - STK-06*
  - VTE-1*
  - VTE-2*
  - Safe Use of Opioids*
- HCP COVID-19 Vaccination
- Maternal Morbidity

HVBP, HACRP

- CLABSI
- CAUTI
- Colon & Abdominal Hysterectomy SSI
- MRSA Bacteremia
- CDI

IQR & HVBP

- HCAHPS

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Reactive
vs
Pro-Reactive
vs
Proactive

Reactive

Handle it when it comes out

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Pro-Reactive

Know the public reporting releases

Know the preview periods

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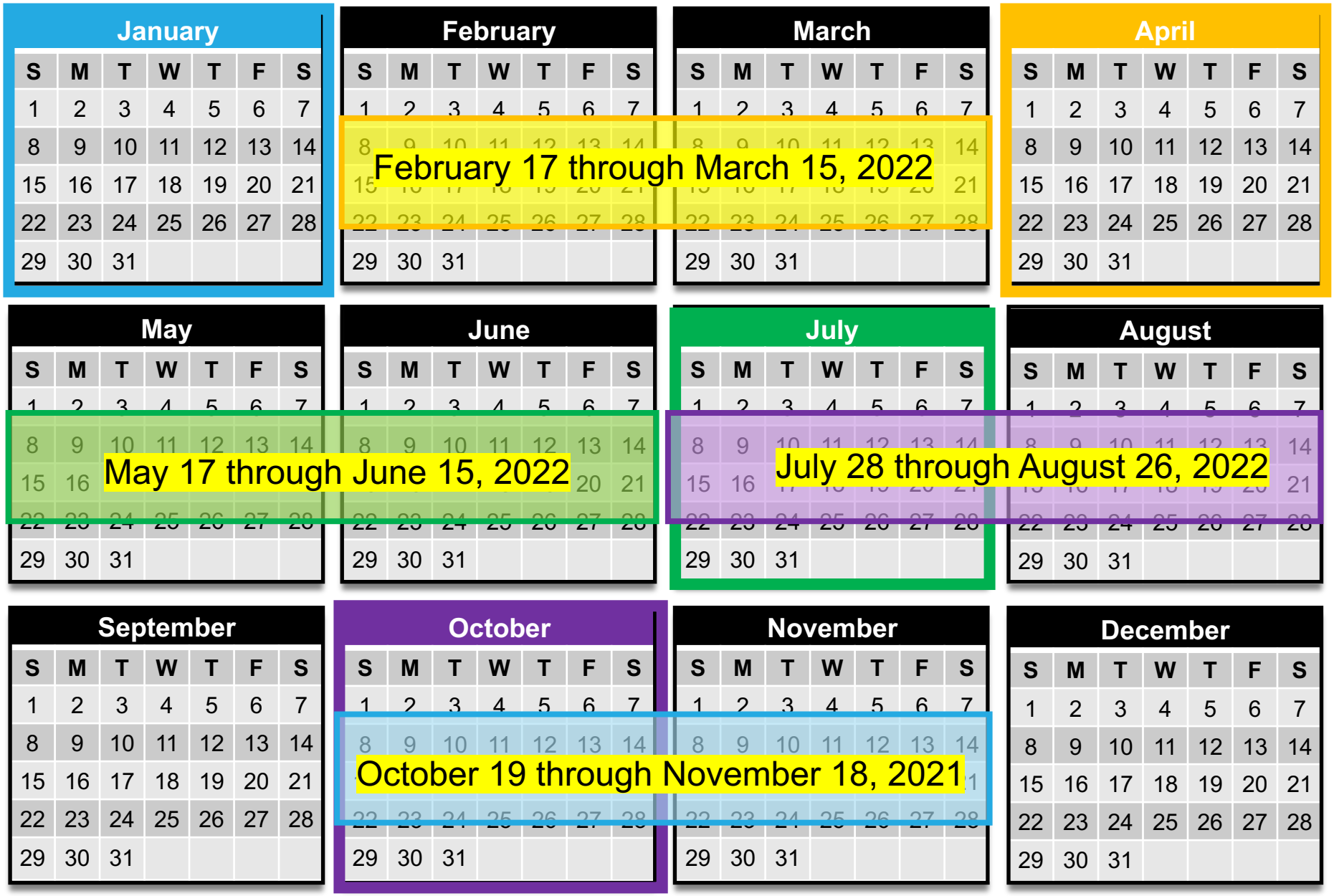
When's It Public Calendar

Preview Periods Care Compare



When's It Public Calendar

Preview Periods LeapFrog

January

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February

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29	30	31				

March

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February 28 – March 20

April

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May

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June

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July

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August

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September

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29	30	31				

October

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September through October 2022

November

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29	30	31				

December

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29	30	31				

https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information

Pro-Reactive

Know the public reporting releases

Know the preview periods

- Care Compare Preview Period Download:
  - https://qualitynet.cms.gov/inpatient/public-reporting/public-reporting/hospital-compare-preview
- Star Rating Preview Download:
  - https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/reports
- HRRP Reports:
  - https://qualitynet.cms.gov/inpatient/hrrp/reports
- HACRP Reports:
  - https://qualitynet.cms.gov/inpatient/hac/reports
- HVBP Reports:
  - https://qualitynet.cms.gov/inpatient/hvbp/reports

Understand the time periods of the data being released

- Care Compare:
  - https://data.cms.gov/provider-data/dataset/4j6d-yzce
- Star Ratings (Download the HUG):
  - https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/reports
- LeapFrog (look up on specific hospital page):
  - https://www.hospitalsafetygrade.org/

Get out ahead of your message

- Make sure everyone knows the talking points

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Proactive

Work closely with your quality department

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Proactive

- **Ask for quarterly performance summaries**
- **Prepare for the future**
- **Get out ahead of your message**

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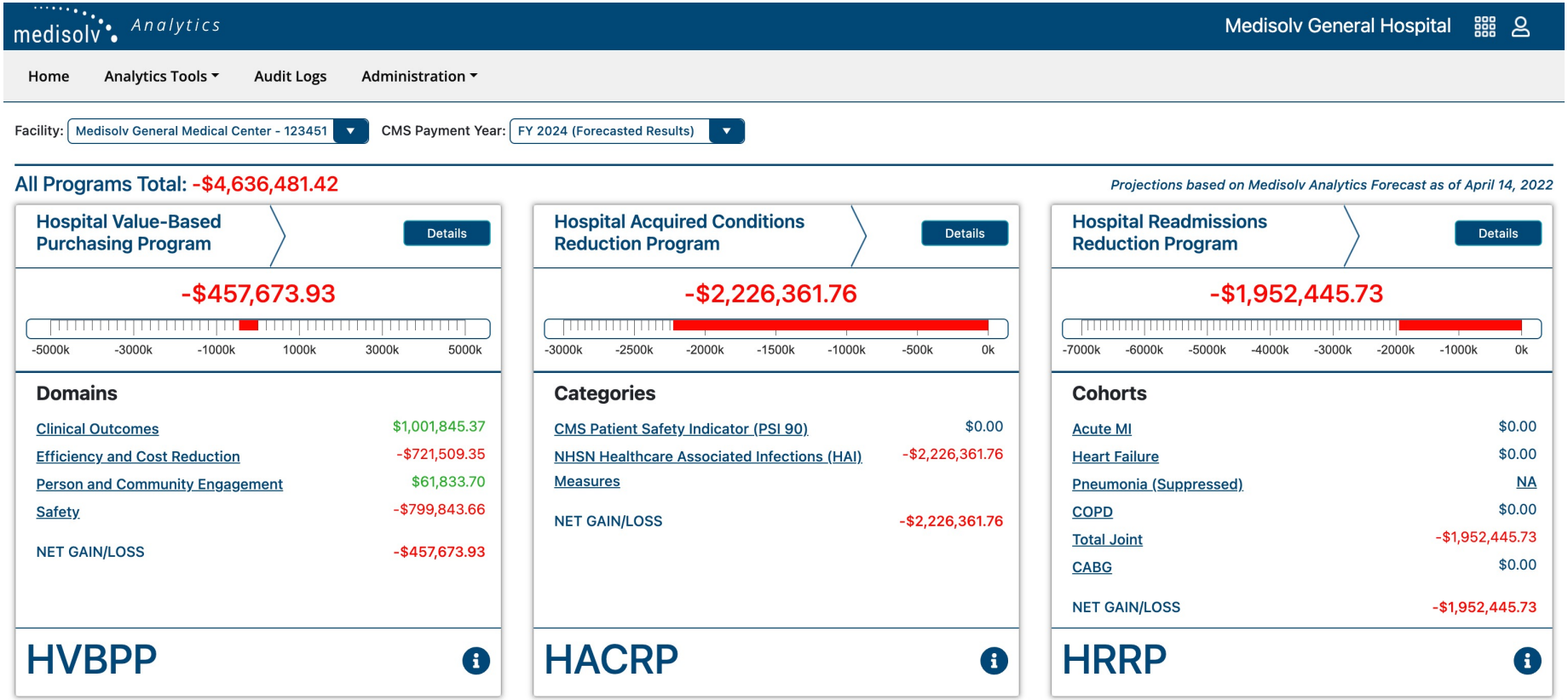
Predicting Your Performance



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Key Takeaways

1. Your public reputation is consumed by demographically disparate groups of people. Your results are updated constantly with or without your knowledge.

2. Your public reputation depends largely upon your performance in several key federal reporting programs.

3. Reporting programs feed into the public reputation websites but each website has data from different timeframes.

4. The data your patients see may not be an accurate reflection of your hospital's performance.

5. Working with your quality team to proactively monitor and improve your performance is the only way to improve your online publicly reported reputation.

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Care Compare Measure List

Category: Patient Survey Rating

Patient Survey Rating			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
HCAHPS Composite 1	Communication with Nurses	Patients who reported that their nurses "Always" communicated well.	IQR, HVBP
HCAHPS Composite 2	Communication with Doctors	Patients who reported that their doctors "Always" communicated well.	IQR, HVBP
HCAHPS Composite 3	Responsiveness of Hospital Staff	Patients who reported that they "Always" received help as soon as they wanted.	IQR, HVBP
HCAHPS Composite 5	Communication about Medicines	Patients who reported that the staff "Always" explained about medicines before giving it to them.	IQR, HVBP
Q8	Cleanliness of Hospital Environment	Patients who reported that their room and bathroom were "Always" clean.	IQR, HVBP
Q9	Quietness of Hospital Environment	Patients who reported that the area around their room was "Always" quiet at night.	IQR, HVBP
HCAHPS Composite 6	Discharge Information	Patients who reported that YES, they were given information about what to do during their recovery at home.	IQR, HVBP
HCAHPS Composite 7	Care Transition	Patients who "Strongly Agree" they understood their care when they left the hospital.	IQR, HVBP
Q18	Overall Rating of Hospital	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	IQR, HVBP
Q19	Willingness to Recommend this Hospital	Patients who reported YES, they would definitely recommend the hospital.	IQR, HVBP

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Care Compare Measure List

Category: Timely & Effective Care

Timely & Effective Care			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
SEP_1	Severe Sepsis and Septic Shock	Percentage of patients who received appropriate care for severe sepsis and septic shock	IQR, HVBP
OP_31	Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery	OQR
OP_29	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	OQR
OP_3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention- Reporting Rate	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	OQR
OP_2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	OQR
OP_22	Left without being seen	Percentage of patients who left the emergency department before being seen	OQR
OP_23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or M	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	OQR
EDV	Emergency Department Volume	Emergency department volume	OQR
OP_18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Average (median) time patients spent in the emergency department before leaving from the visit	OQR
IMM_3	Healthcare Personnel Influenza Vaccination	Percentage of healthcare workers given influenza vaccination	IQR
PC_01	Elective Delivery	Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary	IQR
OP_8	MRI Lumbar Spine for Low Back Pain	Percentage of outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first	OQR
OP_10	Abdomen CT - Use of Contrast Material	Percentage of outpatient CT scans of the abdomen that were “combination” (double) scans	OQR
OP_13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	OQR

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Care Compare Measure List

Category: Complications & Deaths

Complications & Deaths			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
COMP_HIP_KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Rate of complications for hip/knee replacement patients	HVBP
PSI_90	Patient Safety and Adverse Events Composite	Serious complications	HVBP, HACRP
PSI_4	Death among surgical inpatients with serious treatable complications Rate	Deaths among patients with serious treatable complications after surgery	IQR
HAI_1	CLABSI Central Line Associated Bloodstream Infection (ICU + select Wards)	Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	HVBP, HACRP
HAI_2	CAUTI Catheter Associated Urinary Tract Infections (ICU + select Wards)	Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	HVBP, HACRP
HAI_3	SSI - Colon Surgery	Surgical site infections (SSI) from colon surgery	HVBP, HACRP
HAI_4	SSI - Abdominal Hysterectomy	Surgical site infections (SSI) from abdominal hysterectomy	HVBP, HACRP
HAI_5	MRSA Bacteremia	Methicillin-resistant Staphylococcus Aureus (MRSA) blood infections	HVBP, HACRP
HAI_6	Clostridium Difficile (C.Diff)	Clostridium difficile (C.diff.) intestinal infections	HVBP, HACRP
MORT_30_COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	Death rate for COPD patients	HVBP
MORT_30_AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Death rate for heart attack patients	HVBP
MORT_30_HF	Heart Failure (HF) 30-Day Mortality Rate	Death rate for heart failure patients	HVBP
MORT_30_PN	Pneumonia 30-Day Mortality Rate	Death rate for pneumonia patients	HVBP
MORT_30_STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	Death rate for stroke patients	IQR
MORT_30_CABG	30-Day All-Cause Mortality Following Coronary Artery Bypass Graft (CABG) Surgery	Death rate for CABG surgery patients	HVBP

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Care Compare Measure List

Category: Unplanned Hospital Visits

Unplanned Hospital Visits			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
READM_30_HOSP_WIDE	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	Rate of readmission after discharge from hospital (hospital-wide)	IQR
READM_30_COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	HRRP
READM_30_AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	Rate of readmission for heart attack patients	HRRP
EDAC_30_AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Hospital return days for heart attack patients	IQR
READM_30_HF	Heart Failure (HF) 30-Day Readmission Rate	Rate of readmission for heart failure patients	HRRP
EDAC_30_HF	Excess Days in Acute Care after Hospitalization for Heart Failure	Hospital return days for heart failure patients	IQR
READM_30_PN	Pneumonia 30-Day Readmission Rate	Rate of readmission for pneumonia patients	HRRP
EDAC_30_PN	Excess Days in Acute Care after Hospitalization for Pneumonia	Hospital return days for pneumonia patients	IQR
READM_30_CABG	30-Day All-Cause Unplanned Readmission Following Coronary Artery Bypass Graft Surgery (CABG)	Rate of readmission for coronary artery bypass graft (CABG) surgery patients	HRRP
READM_30_HIP_KNEE	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty	Rate of readmission after hip/knee replacement	HRRP
OP_32	Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy	Rate of unplanned hospital visits after an outpatient colonoscopy	OQR
OP_35_ADM	Admissions for patients receiving outpatient chemotherapy	Rate of inpatient admissions for patients receiving outpatient chemotherapy (per 100 chemotherapy patients)	OQR
OP_35_ED	Emergency department (ED) visits for patients receiving outpatient chemotherapy	Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy (per 100 chemotherapy patients)	OQR
OP_36	Hospital visits after hospital outpatient surgery	Ratio of unplanned hospital visits after hospital outpatient surgery	OQR

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Care Compare Measure List

Category: Psychiatric Unit Services

Psychiatric Unit Services			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
SMD	Screening for Metabolic Disorders	Patients discharged on antipsychotic medications who had body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year	IPFQR
IPFQR_IMM_2	Influenza Immunization	Patients assessed and given influenza vaccination	IPFQR
SUB_2	Alcohol Use Brief Intervention Provided or Offered	Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay	IPFQR
SUB_2a	Alcohol Use Brief Intervention	Patients with alcohol abuse who received a brief intervention during their inpatient stay	IPFQR
SUB_3	Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge	Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription for medications to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment	IPFQR
SUB_3a	Alcohol and other Drug Use Disorder Treatment Provided at Discharge	Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received a prescription for medications to treat their alcohol or drug use disorder OR (2) received a referral for addiction treatment	IPFQR
TOB_2	Tobacco Use Treatment Provided or Offered	Patients who use tobacco and who received or refused counseling to quit AND received or refused medications to help them quit tobacco or had a reason for not receiving medication during their hospital stay	IPFQR
TOB_2a	Tobacco Use Treatment (during the hospital stay)	Patients who use tobacco and who received counseling to quit AND received medications to help them quit tobacco or had a reason for not receiving medication during their hospital stay	IPFQR
TOB_3	Tobacco Use Treatment Provided or Offered at Discharge	Patients who use tobacco and at discharge (1) received or refused a referral for outpatient counseling AND (2) received or refused a prescription for medications to help them quit or had a reason for not receiving medication	IPFQR
TOB_3a	Tobacco Use Treatment at Discharge	Patients who use tobacco and at discharge (1) received a referral for outpatient counseling AND (2) received a prescription for medications to help them quit or had a reason for not receiving medication	IPFQR

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Care Compare Measure List

Category: Psychiatric Unit Services

Psychiatric Unit Services			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
HBIPS_2	Hours of physical-restraint use	Hours that patients spent in physical restraints for every 1,000 hours of patient care	IPFQR
HBIPS_3	Hours of seclusion	Hours that patients spent in seclusion for every 1,000 hours of patient care	IPFQR
TR1	Transition Record with Specified Elements	Patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up	IPFQR
TR2	Timely Transmission of Transition Record	Patients whose follow-up care provider received a complete record of their inpatient psychiatric care and plans for follow-up within 24 hours of discharge	IPFQR
HBIPS_5	Patients discharged on multiple antipsychotic medications with appropriate justification	Patients discharged from an inpatient psychiatric facility on two or more antipsychotic medications (medications to prevent individuals from experiencing hallucinations, delusions, extreme mood swings, or other issues), and whose multiple prescriptions were clinically appropriate	IPFQR
FUH_30	Follow-up after Hospitalization for Mental Illness 30-Days	Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 30 days of discharge	IPFQR
FUH_7	Follow-up after Hospitalization for Mental Illness 7-Days	Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge	IPFQR
MedCont	Medication Continuation Following Inpatient Psychiatric Discharge	Patients admitted to an inpatient psychiatric facility for major depressive disorder (MDD), schizophrenia, or bipolar disorder who filled at least one prescription between the 2 days before they were discharged and 30 days after they were discharged from the facility	IPFQR
READM_30_IPF	Rate of readmission after discharge from hospital	Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility	IPFQR

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Care Compare Measure List

Category: Payment & Value of Care

Payment & Value of Care			
Measure ID	**Measure name**	**What the public sees on Care Compare**	**Measure pulled from which program(s)**
MSPB_1	Spending per Hospital Patient with Medicare (Medicare Spending per Beneficiary)	Medicare spending per beneficiary	HVBP
MORT_30_AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Death rate for heart attack patients	Repeat >> HVBP
PAYM_30_AMI	Risk-Standardized Payment Associated with a 30-Day AMI Episode-of-Care for Acute Myocardial Infarction	Payment for heart attack patients	IQR
MORT_30_HF	Heart Failure (HF) 30-Day Mortality Rate	Death rate for heart failure patients	Repeat >> HVBP
PAYM_30_HF	Risk-Standardized Payment Associated with a 30-Day Episode of Care for Heart Failure	Payment for heart failure patients	IQR
COMP_HIP_KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Rate of complications for hip/knee replacement patients	Repeat >> HVBP
PAYM_90_HIP_KNEE	Risk-Standardized Payment Associated with a 90-Day Episode of Care for THA/TKA	Payment for hip/knee replacement patients	IQR
MORT_30_PN	Pneumonia 30-Day Mortality Rate	Death rate for pneumonia patients	Repeat >> HVBP
PAYM_30_PN	Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia	Payment for pneumonia patients	IQR

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Star Ratings Measure List

Category: Mortality

Mortality		
Measure ID	**Measure name**	**Measure pulled from which program(s)**
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	HVBP
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	HVBP
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	HVBP
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	HVBP
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	HVBP
MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	IQR
PSI-4-SURG-COMP	Death Rate Among Surgical Inpatients with Serious Treatable Complications	IQR

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Star Ratings Measure List

Category: Readmission

Readmission		
Measure ID	**Measure name**	**Measure pulled from which program(s)**
EDAC-30-AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	IQR
READM-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate	HRRP
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	HRRP
EDAC-30-HF	Excess Days in Acute Care after Hospitalization for Heart Failure	IQR
READM-30-Hip-Knee	Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	HRRP
EDAC-30-PN	Excess Days in Acute Care after Hospitalization for Pneumonia (PN)	IQR
READM-30-HOSP-WIDE	HWR Hospital-Wide All-Cause Unplanned Readmission	IQR
OP-32	Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	OQR
OP-35 ADM	Admissions for Patients Receiving Outpatient Chemotherapy	OQR
OP-35 ED	Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	OQR
OP-36	Hospital Visits after Hospital Outpatient Surgery	OQR

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Star Ratings Measure List

Category: Safety of Care

Safety of Care		
Measure ID	**Measure name**	**Measure pulled from which program(s)**
HAI-1	Central-Line Associated Bloodstream Infection (CLABSI)	HVBP, HACRP
HAI-2	Catheter-Associated Urinary Tract Infection (CAUTI)	HVBP, HACRP
HAI-3	Surgical Site Infection from Colon Surgery (SSI-colon)	HVBP, HACRP
HAI-4	Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy)	HVBP, HACRP
HAI-5	MRSA Bacteremia	HVBP, HACRP
HAI-6	Clostridium Difficile (C.difficile)	HVBP, HACRP
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)	HVBP
PSI-90-Safety	Patient Safety and Adverse Events Composite	HVBP, HACRP

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Star Ratings Measure List

Category: Patient Experience

Patient Experience		
Measure ID	**Measure name**	**Measure pulled from which program(s)**
H-COMP-1	Communication with Nurses	IQR, HVBP
H-COMP-2	Communication with Doctors	IQR, HVBP
H-COMP-3	Responsiveness of Hospital Staff	IQR, HVBP
H-COMP-5	Communication About Medicines	IQR, HVBP
H-COMP-6	Discharge Information	IQR, HVBP
H-COMP-7	Care Transition	IQR, HVBP
H-CLEAN-HSP / H-QUIET-HSP	Cleanliness and Quietness of Hospital Environment	IQR, HVBP
H-HSP-RATING / H-RECMND	Overall Rating of Hospital	IQR, HVBP

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Star Ratings Measure List

Category: Timely & Effective Care

Timely & Effective Care		
Measure ID	**Measure name**	**Measure pulled from which program(s)**
OP-8	MRI Lumbar Spine for Low Back Pain	OQR
OP-10	Abdomen CT Use of Contrast Material	OQR
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	OQR
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival	OQR
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	OQR
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	OQR
IMM-3	Healthcare Personnel Influenza Vaccination	IQR
OP-22	ED-Patient Left Without Being Seen	OQR
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	OQR
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	OQR
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	OQR
OP-33	External Beam Radiotherapy for Bone Metastases	OQR
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	IQR
SEP-1	Severe Sepsis and Septic Shock	IQR, HVBP

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