

TUTORIAL FOR HOSPITALS

Missouri Price and Quality Transparency Initiative



OVERVIEW

The *Quality and Price Transparency Dashboard* and *Missouri Quality Snapshot* are quarterly publications used to communicate the quality outcomes of both individual hospitals and Missouri as an aggregate. The goal of sharing this information is to decrease variation among hospitals and identify, with the purpose of sharing, local best practices. Ultimately, our aim is to provide safe, timely, effective, efficient, equitable and patient-centered care for the Missouri communities we serve.

Several measures were assessed for selection to the dashboard measure set, with a final measure list at the end of this tutorial. The measures were selected based on a standardized review that assessed each measure for criteria, such as financial implications, regulatory effects and current performance. All measures follow the national definitions and conventional reporting rates, supported by data stewards such as the Agency for Healthcare Research and Quality, the National Healthcare Surveillance Network, and the Centers for Medicare & Medicaid Services. The claims-based data outcomes represent processes and procedures throughout the continuum of care — community health, care coordination and clinical excellence.

The *Quality and Price Transparency Dashboard* is a measure-level report displayed over time. There are both state-aggregate and hospital-specific dashboards available to hospitals via HIDI Analytic Advantage®. For relevant benchmarking on the dashboard, the outcome data is categorized by hospital bed size in addition to reporting at the state level. Hospital bed-size is taken from the most recent annual licensing survey, which is performed every July.

The *Missouri Quality Snapshot* provides a high-level summary of a few state-aggregate measures. In the snapshot, the Missouri Hospital Association will highlight measures every quarter and identify successes. The snapshot is uploaded quarterly on MHA's website, [Focus on Hospitals](#).

In addition to the snapshot, state-aggregate measure rates for each measure are reported on [Focus on Hospitals](#). This website is open to the public; no password is required. Hospitals have access to their individual hospital data via Analytic Advantage. As of February 2016, hospitals

voluntarily report their hospital-specific data on [Focus on Hospitals](#). If a hospital chooses to participate, MHA will upload the outcomes quarterly when updating the state-aggregate data.

The Missouri Hospital Association analyzes the state-aggregate data to implement strategies for improvement. The hospital-level data will be reviewed to determine priority areas for the organization, and determine whether to share best practices with peers or work to increase performance.

HOW TO ACCESS REPORTS IN HIDI ANALYTIC ADVANTAGE®

Users can access HIDI Analytic Advantage® reports on its [website](#). HIDI Analytic Advantage® is a restricted site, with required permission from the hospital CEO. Please contact HIDI at 573/893-3700, ext. 1362 or hidi@mhanet.com to request access or assistance in navigating the site.

Once logged in, *Hospital Quality Dashboard* will be located under the “Advantage +” tab, in the “Quality” folder under the subfolder “Strategic Quality Initiatives.”



USING THE DATA

The purpose of this outcome measure data is to develop internal strategies to increase the effectiveness and efficiency of processes related to a measure and at the same time being transparent with our communities. When sharing with your internal or external audiences, follow the tips below to ensure the message is valuable.

- This data is not valuable to your audience if there is no explanation about why it is important or relates to them. For employees, it might be breaking the measure down per unit or tracking the related processes on that unit.
- Explain where the data originates and what the outcomes mean.
- If the results are not ideal, highlight things you are doing to improve the processes surrounding the outcomes and use them as an opportunity for improvement.
- If you have patient or staff stories related to these topics, promote them to engage your stakeholders.
- Use this data as a source of benchmarking for your organization. This can be valuable when looking to celebrate your success or applying for grants or awards.
- Analyze the trends of the hospital-specific data to aid in process improvement initiatives within the organization.
- Keep the data updated to provide the most current results.
- This data is not to be used in a competitive nature, as the CEOs have signed a non-marketing clause to prevent competition.
- If creating a summary of your organization's results for an external audience, remember to speak with numbers, keep it simple, avoid using too many graphs and consider the health literacy of your audience.

INTERNAL COMMUNICATION

Wide distribution of the *Quality and Price Transparency Dashboard* is the key to successful communication of outcomes to health care team members. Your team members will need to hear the message multiple times, in multiple formats to be fully engaged and understand what they are seeing. The following tips may be helpful to use when communicating to your internal audience.

- Share with hospital employees through in-person meetings. Depending on your audience, you can choose to share all measure outcomes or determine the group's priorities and share those dashboards only. Ideal methods for communication include the following.
 - staff, management, administration, service line, and physician meetings; shift huddles; process improvement teams, programs of excellence, advisory councils and trustee board meeting
 - hospital intranet
 - employee and physician newsletters
 - distribution of the printed dashboards within the department
 - results highlighted on hospital computer's desktop screen savers

MISSOURI QUALITY MEASURES

| MEASURE TITLE | MEASURE IDENTIFIER | MEASURE DESCRIPTION |
|--|--------------------|---|
| Managing Chronic Diseases | | |
| Management of Diabetes – Short-term complications admission rate | PQI 01 | Admissions for principal diagnosis with short-term complications per 100,000 population, ages 18 and older. Risk-adjusted for age and sex. |
| Management of Diabetes – Long-term complications admission rate | PQI 03 | Admissions for principal diagnosis with long-term complications per 100,000 population, ages 18 and older. Risk-adjusted for age and sex. |
| Management of Diabetes – Uncontrolled diabetes admission rate | PQI 14 | Admissions for principal diagnosis without mention of short-term or long-term complications per 100,000 population, ages 18 and older. Risk-adjusted for age and sex. |
| Management of COPD | PQI 05 | Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Risk-adjusted for age and sex. |
| Management of Hypertension | PQI 07 | Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Risk-adjusted for age and sex. |
| Management of CHF | PQI 08 | Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Risk-adjusted for age and sex. |
| Preventing Infections | | |
| Catheter-Associated UTIs - hospital-acquired | NHSN | Catheter-associated urinary tract standardized infection ratio. ICUs and other inpatient units. |
| CLABSI | NHSN | Central line-associated bloodstream infection standardized infection ratio. ICUs and other inpatient units. |
| SSI – Colon Surgery | NHSN | Surgical site infection standardized infection ratio - colon surgeries. |
| SSI – Abdominal Hysterectomy | NHSN | Surgical site infection standardized infection ratio - abdominal hysterectomies. |
| Postoperative Sepsis Rate | PSI 13 | Postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 years and older. |
| C Difficile | NHSN | Facilitywide C Difficile rate. |
| MRSA | NHSN | Facilitywide Methicillin-resistant Staphylococcus aureus rate. |
| Preventing Harm | | |
| Falls (injuries from falls and trauma) | HAC 5 | Missouri falls – injuries from falls and trauma. |
| Venous Thromboembolism (Post op PE or DVT) | PSI 12 | Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older. |
| Mortality – all conditions composite | PSI 2 | In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) DRGs among patients ages 18 years and older or obstetric patients. |
| Pressure Ulcers | PSI 3 | Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 years and older. |
| Managing Readmissions | | |
| Readmissions – Hospital wide | EOM-READ-75 | Adult inpatients who were readmitted to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor). SDS risk-adjustment - age, medical condition, Medicaid eligibility and poverty. CMS/Yale risk-adjustment - age and medical condition. |
| Readmissions – Congestive Heart Failure | EOM-READ-77 | Adult inpatients who were readmitted following hospitalization for CHF to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor). SDS risk-adjustment - age, medical condition, Medicaid eligibility and poverty. CMS/Yale risk-adjustment - age and medical condition. |
| Readmissions – Acute Myocardial Infarction | EOM-READ-76 | Adult inpatients who were readmitted following hospitalization for AMI to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor). SDS risk-adjustment - age, medical condition, Medicaid eligibility and poverty. CMS/Yale risk-adjustment - age and medical condition. |

| MEASURE TITLE | MEASURE IDENTIFIER | MEASURE DESCRIPTION |
|--|--------------------|--|
| Readmissions – Pneumonia | EOM-READ-78 | Adult inpatients who were readmitted following hospitalization for PN to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor). SDS risk-adjustment - age, medical condition, Medicaid eligibility and poverty. CMS/Yale risk-adjustment - age and medical condition. |
| Readmissions – Chronic Obstructive Pulmonary Disease | N/A | Adult inpatients who were readmitted following hospitalization for COPD to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor). SDS risk-adjustment - age, medical condition, Medicaid eligibility and poverty. CMS/Yale risk-adjustment - age and medical condition. |
| Readmissions – Hip/Knee Replacement | N/A | Adult inpatients who were readmitted following hospitalization for hip/knee replacement to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all Cause, all diagnosis, 18 and older, all payor.) SDS risk-adjustment - age, medical condition, Medicaid eligibility and poverty. CMS/Yale risk-adjustment - age and medical condition. |

MISSOURI PRICE MEASURES

The 100 most prevalent statewide DRGs for FY2014 follow. DRGs will be grouped in the following categories:

- Nervous System
- Ear, Nose, Mouth and Throat
- Respiratory System
- Circulatory System
- Digestive System
- Hepatobiliary System/Pancreas
- Musculoskeletal/Connective Tissue
- Skin/Subcutaneous Tissue/Breast
- Endocrine/Nutritional/Metabolic
- Kidney/Urinary Tract
- Female Reproductive
- Pregnancy/Childbirth/Newborn and Other Neonates
- Blood/Related
- Neoplasms/Related
- Infection/Parasites
- Mental Disorders
- Substance Abuse
- Injury/Poisoning
- Other Factors

ED services will be grouped in the five facility levels.