

Appendix G Explanation/Clarification Summary

Summary of Changes for Recommendations

Alignment of measures with VBP by fiscal year

Measures and service dates were adjusted to be consistent with the FY2016 for VBP, RRP and HAC incentive programs. The annual process will start in July 2015 when preliminary results are released for review by hospitals, then finalized by CMS in October and released on Hospital Compare in December. Occasionally the Hospital Compare release is delayed until January so the deadline for submission was set for January 31, 2016.

Rationale for Measures added and removed from PPS hospital measure reporting

The decision to align the public reporting to the CMS incentive programs was a philosophical change from the previous alignment with the inpatient and outpatient quality reporting programs. Since the Statewide Quality Reporting and Measurement System was developed to support healthcare reform, it made sense to align our hospital measures with these national programs that are supporting the triple aim of better care, healthy people/communities, and affordable care. It also provides an opportunity to use a composite measure for public reporting that the consumer could use as an overall quality indicator. The measurement burden is minimized since the measure collection, submission and reporting is required by CMS

Added measures:

The major reason for these measures to be added is that they are included in FY2016 VBP. These measures were previously removed from SQRMS because they are topped out nationally. However, with our new focus on the VBP total performance score, it is a composite that reflects past performance and these past measure results are included.

PN-6 Initial antibiotic selection for CAP immunocompetent patient
SCIP-2 Received prophylactic antibiotic consistent with recommendations
SCIP-3 Prophylactic antibiotic discontinued within 24 hrs of surgery end time or 48 hrs for cardiac surgery
SCIP-9 Postoperative urinary catheter removal on post operative day 1 or 2
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker
SCIP VTE 2 Received VTE prophylaxis within 24 hrs prior to or after surgery

These measures are also being added to align with the FY2016 but they have not previously been part of SQRMS. Infections and cost measures were identified as major priorities of the Hospital Quality Reporting Steering Committee.

Central Line Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Surgical Site Infections (SSI) following colon surgery
Surgical Site Infections (SSI) following abdominal hysterectomy
Medicare Spending per Beneficiary

These measures are being added to align with the CMS readmission reduction program

READM-30-AMI Acute Myocardial Infarction (AMI) 30-Day Readmission Rate
READM-30-HF Heart Failure (HF) 30-Day Readmission Rate
READM-30-PN Pneumonia (PN) 30-Day Readmission Rate
READM-30-TH/TKA: 30 day all-cause risk-standardized readmission rate(RSRR) for elective primary Total Hip(THA) /Total Knee Arthroplasty(TKA)
READM-30-COPD Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission rate

These measures are also being added to align with the new strategy of looking at these CMS incentive programs and their measures as composite measures for PPS hospitals

Total Performance Score (TPS) with domain and measure scores
Readmission Reduction Program (number of measures w/excess readmissions) (RRP) Score with excess readmission scores*
Total Hospital Acquired Conditions (HAC) Score with domain and measure scores

*currently there is a total payment adjustment based on excess readmission but no readmissions score. The proposal is to count each readmission measure with excess readmissions as one.

This measure was added to drive the focus on improvement in end of life care. The committee identified end of life care as a major driver of many other quality topics: reducing readmissions and mortality, lowering cost and improving patient experience in PPS hospitals and CAH. Since the measure submission would be an attestation through the HIT survey and is an existing meaningful use measure, the measurement burden is small.

Stage 2 Meaningful Use Advance Directive Measure
--

These measures were added for CAH to align with MBQIP. These are measures that were previously required for CAH but were made voluntary.

ED-1 Median time from ED arrival to ED departure for ED admitted patients
ED-2 Median time from admit decision to departure for ED admitted patients

These are new measures for CAH that were added to align with MBQIP.

VTE-1 Venous thromboembolism prophylaxis
ED-1 Median time from ED arrival to ED departure for ED admitted patients
ED-2 Median time from admit decision to departure for ED admitted patients
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
OP-22 ED-patient left without being seen (numerator/denominator one time per year for the previous year)
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
Catheter-Associated Urinary Tract Infection (CAUTI) (hospital wide)
Healthcare Personnel Influenza Vaccination (combined with OP-27)
OP-27 Influenza Vaccination Coverage among Healthcare Personnel (combined with HCP)
Catheter-Associated Urinary Tract Infection (CAUTI) (hospital wide)
Healthcare Personnel Influenza Vaccination (combined with OP-27)
OP-27 Influenza Vaccination Coverage among Healthcare Personnel (combined with HCP)

Measures to be removed

These measures were removed because they were not included in the FY2016 VBP, RRP or HAC program for PPS hospitals or were not included in MBQIP for CAH.

Median time from ED arrival to ED departure for admitted ED patients (ED-1a) (NQF 0164)
Median time from admit decision time to ED departure time for admitted patients (ED-2a) (NQF 0497)
<i>Discontinue reporting for PPS Hospitals</i>

AHRQ measures

Mortality for selected conditions composite measure. (IQI-91) (NQF 0530)

This composite measure includes the Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQI) related to hospital inpatient mortality for specific conditions:

- Acute myocardial infarction (AMI) mortality rate (IQI 15)
- Congestive heart failure (CHF) mortality rate (IQI 16)
- Acute stroke mortality rate (IQI 17)
- GI Hemorrhage mortality rate (IQI 18)
- Hip fracture mortality rate (IQI 19)
- Pneumonia mortality rate (IQI 20)

Discontinue reporting for PPS hospitals and CAH

Death among surgical inpatients with serious treatable complications (PSI 4) (NQF 0351) – This measure is used to assess the number of deaths per 1,000 patients having developed specified complications of care during hospitalization

Discontinue reporting for PPS hospitals and CAH

AHRQ Measures

Obstetric trauma – vaginal delivery with instrument (PSI 18) – This measure is used to assess the number of cases of obstetric trauma (3rd or 4th degree lacerations) per 1,000 instrument-assisted vaginal deliveries.

Discontinue reporting for PPS hospitals and CAH

Obstetric trauma – vaginal delivery without instrument (PSI 19) – This measure is used to assess the number of cases of obstetric trauma (3rd or 4th degree lacerations) per 1,000 without instrument assistance.

Discontinue reporting for PPS hospitals and CAH

Patient safety for selected indicators composite measure. (PSI-90) (NQF 0531)

This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:

- Pressure ulcer (PSI 3)
- Iatrogenic pneumothorax (PSI 6)
- Selected infections due to medical care (PSI 7)
- Postoperative hip fracture (PSI 8)
- Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) (PSI 12)
- Postoperative sepsis (PSI 13)
- Postoperative wound dehiscence (PSI 14)
- Accidental puncture or laceration (PSI 15)

Discontinue reporting for CAH only

Pediatric Heart Surgery Mortality Rate measure (PDI 6)

This measures the number of in-hospital deaths in pediatric patients undergoing surgery for congenital heart disease

Discontinue reporting for Children's, PPS hospitals and CAH

Pediatric Heart Surgery Volume measure (PDI 7)

This measures the number of in-hospital congenital heart surgeries for pediatric patients.

Discontinue reporting for Children's, PPS hospitals and CAH

AHRQ Measures

Pediatric patient safety for selected indicators composite measure. (PDI-19)

This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:

- Accidental puncture or laceration (PDI 1)
- Pressure ulcer (PDI 2)
- Iatrogenic pneumothorax (PDI 5)
- Postoperative hemorrhage or hematoma (PDI 8)
- Postoperative respiratory failure (PDI 9)
- Postoperative sepsis (PDI 10)
- Postoperative wound dehiscence (PDI 11)
- Selected infections due to medical care (PDI 12)

Discontinue reporting for Children's, PPS hospitals and CAH

Other measures

Late Sepsis or Meningitis in Neonates (Vermont Oxford Network) Measures the infection rate for inborn and outborn infants meeting certain age and weight requirements.

Specification Information:

Late Sepsis or Meningitis in Very Low Birth Weight Neonates Specifications: Vermont Oxford Network.

Discontinue reporting for Children's, PPS hospitals

Central line-associated bloodstream infection (CLABSI) event

This measure is used to assess the infection rate of patients with a central line- associated bloodstream infection (CLABSI) event by NICU/PICU hospital unit.

Specification Information:

Central Line-Associated Bloodstream Infection (CLABSI) Event Specifications: Center for Disease Control and Prevention

Discontinued for Children's and PPS hospitals

All ED/ inpatient stroke registry process of care measures for applicable hospital discharge dates

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

Specification Information:

Emergency Department Stroke Registry Process of Care Indicator Specifications. Minnesota Stroke Registry.

Discontinue reporting for PPS hospitals and CAH

IPPS proposed rule

The rule will be finalized in August and any changes impacting these recommendations will be summarized as part of the formal comment period to avoid confusion. It would not likely impact any of the PPS measures since they are based on the FY2016 requirements but may impact CAH measures if a measure is retired. If a measure is retired, there is not a submission mechanism available to CAH.