

# 2014 Hospital Measures

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**Statewide Quality Reporting and  
Measurement System (SQRMS) Public  
Forum**

**June 26, 2013**



# Stratis Health

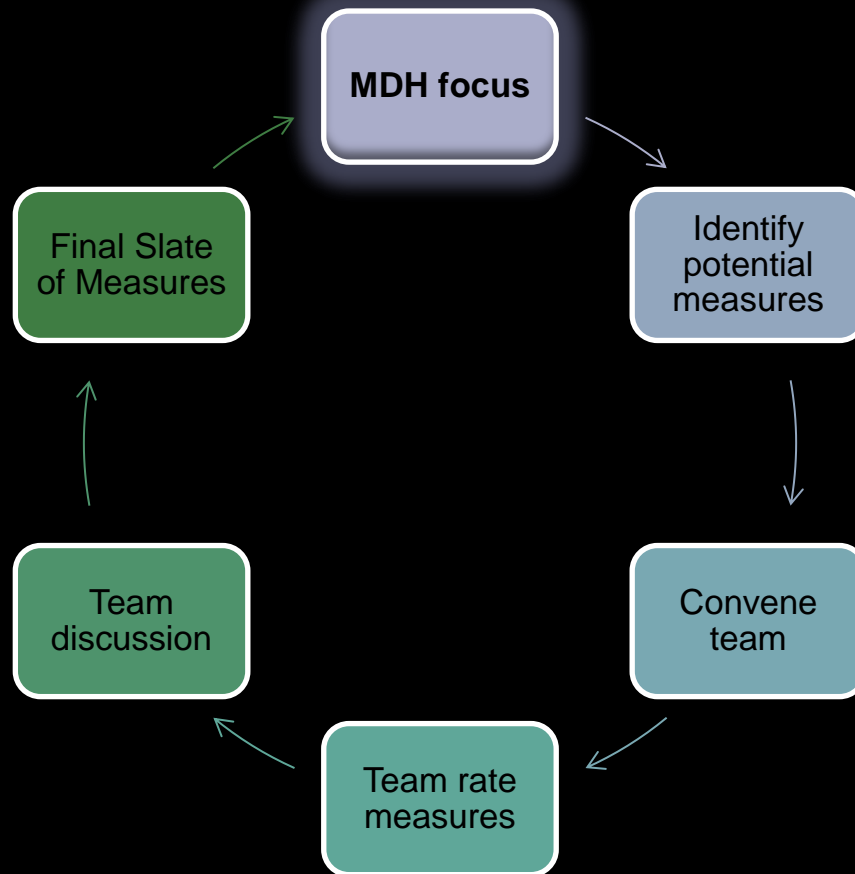
- Medicare Quality Improvement Organization for Minnesota
- Program areas
  - Health disparities
  - Health information technology
  - Rural health

# Objectives

- Review the process used for measurement recommendations
- Describe focus and recommendations for 2013 measures

# 2013 Hospital Measures Recommendation Process

# Recommendations Process



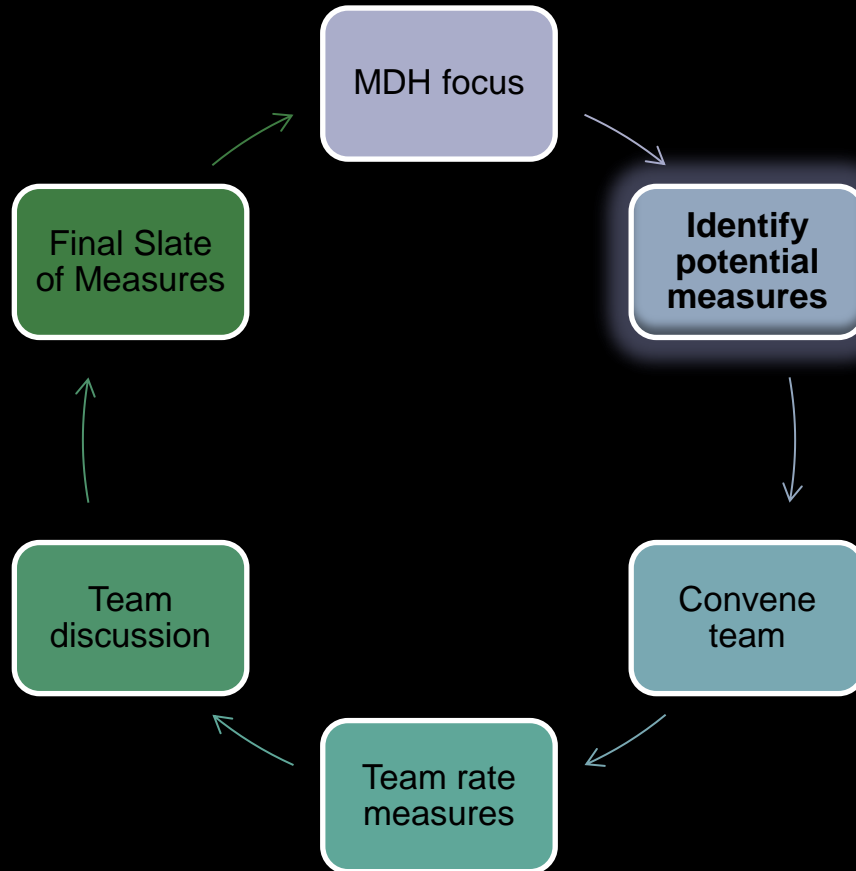
- Review existing measures for alignment

- Review existing measures for rural relevance

- Recommend slate of measures

- Recommend future measurement areas and long term strategies for hospital measurement

# Recommendations Process



Use measure criteria

# Measure-level criteria

- the magnitude of the individual and societal burden imposed by the clinical condition being measured by the quality measure, including disability, mortality and economic costs;

# Measure-level criteria

- the extent of the gap between current practices and evidence-based practices for the clinical condition being measured by the quality measure, and the likelihood that the gap can be closed and conditions improved through changes in clinical processes;



# Measure-level criteria

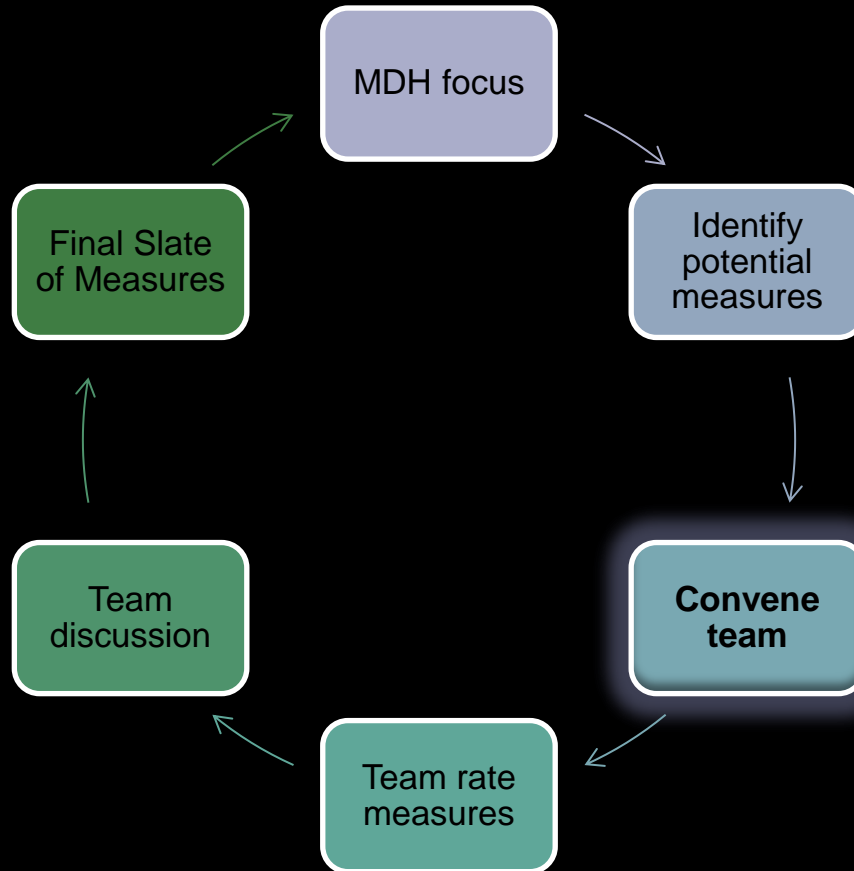
The relevance of the quality measure to a broad range of individuals with regard to

1. Age, gender, socioeconomic status, and race/ethnicity
2. The ability to generalize quality improvement strategies across the spectrum of health care conditions, and
3. The capacity for change across a range of health care settings and providers

# Measure-level criteria

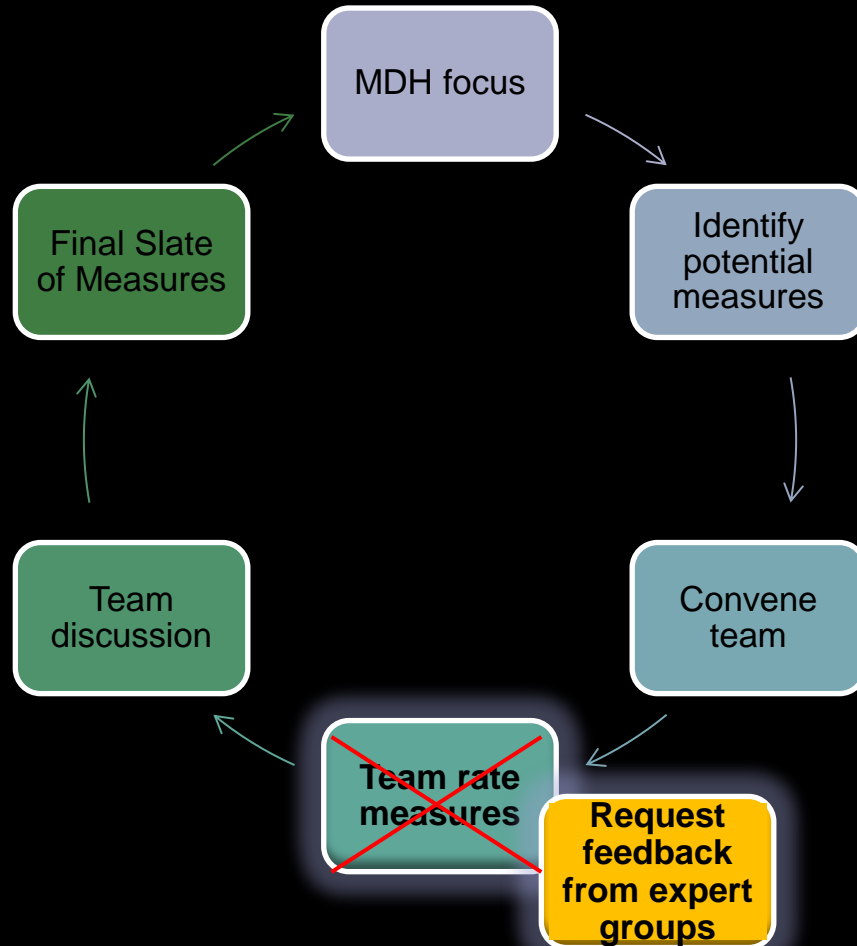
- the extent to which the quality measure has either been developed or accepted, or approved through a national consensus effort;
- the extent to which the results of the quality measure are likely to demonstrate a wide degree of variation across providers; and
- the extent to which the quality measure is valid and reliable.

# Recommendations Process



- Consumer
- Employer
- Health plan
- MD
- Nursing operations
- Rural
- Hospital Systems
- Pt Safety/Risk Management

# Recommendations Process



1. Future measures previously identified in past years were shared with steering committee
2. Steering committee brainstormed additional areas for feedback
3. Steering committee approved expert group input process

# Request Input

- Readmissions
- Mortality
- Venous thromboembolism
- Stroke
- CPOE review of all order by a pharmacist with 24 hours in CAH
- HAI - CAUTI – all hospital
- Pressure ulcers
- Falls
- Trauma
- Mental health
- AHRQ indicators

## Hospital Quality Reporting Steering Committee

## Hospital Quality Reporting Structure *With Clinical Expert Groups*

Input      Request



MDH Groups

MHA Groups

Stratis Health Groups

Stroke Registry  
Advisory Committee

Perinatal Advisory  
Committee

QuRI Steering  
Committee

Heart Disease and  
Stroke Prevention  
Committee

Neonatal Group

Core Measures Group

Adverse Events  
Committee

Pediatric Group

NHSN Users Group

MN Trauma  
Advisory Council

Falls Advisory

RARE Readmissions  
Committee

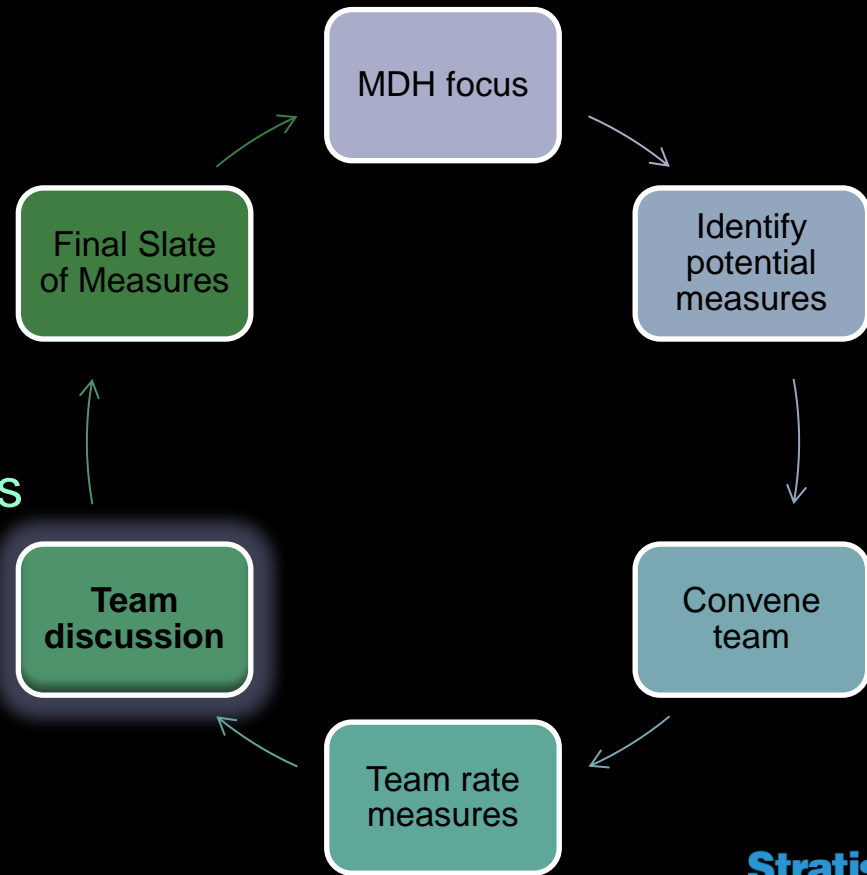
Pressure Ulcer  
Advisory

Infection Advisory

Small Rural  
Advisory

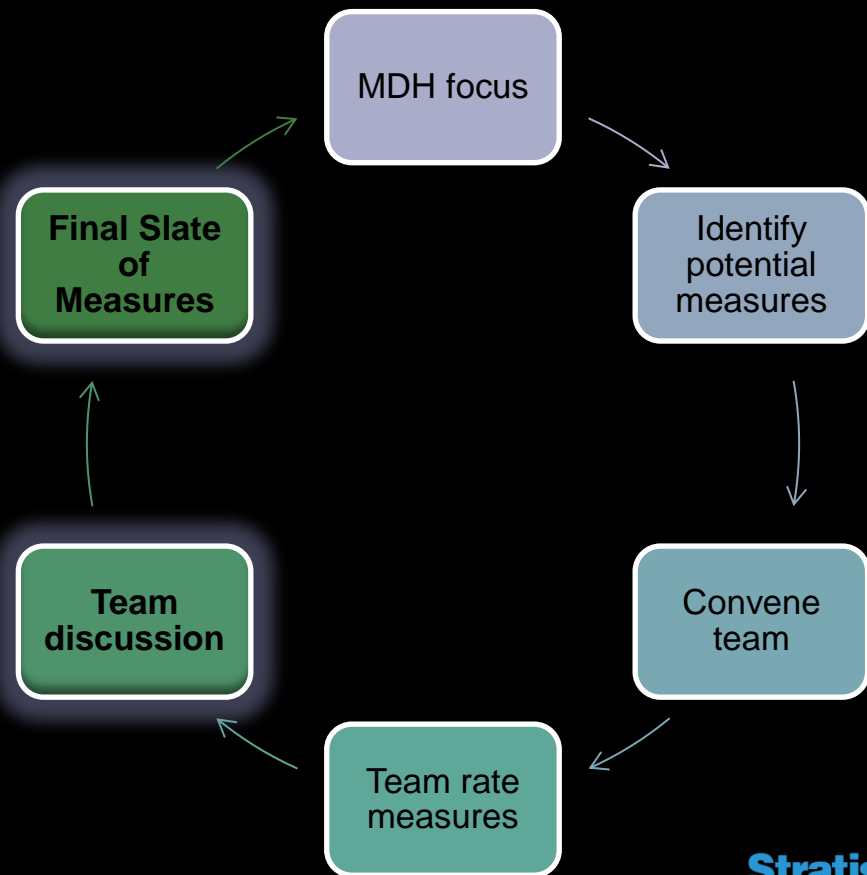
# Recommendations Process

1. Reviewed stakeholder feedback
2. Created priorities for discussion
3. Developed recommendations for each area



# Recommendations Process

1. Recommended measure additions
2. Recommended measures that should be removed
3. Recommended measures that should be modified





# 2013 Hospital Measures Recommendations

# 2014 Recommendations

Measures to add:

- PC-1 - Elective delivery prior to 39 completed weeks gestation

# 2014 Recommendations

Measures to remove:

- SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
- OP-16 Troponin Results for Emergency Department Acute Myocardial Infarction (AMI) Patients or Chest Pain Patients

# 2014 Recommendations

## Measures to remove:

- Inpatient Emergency Department Throughput (ED1a through 2c)
- Children's Asthma Care (CAC-3 Home Management Plan of Care document given to patient/caregiver)

# 2014 Recommendations

## Measures to modify:

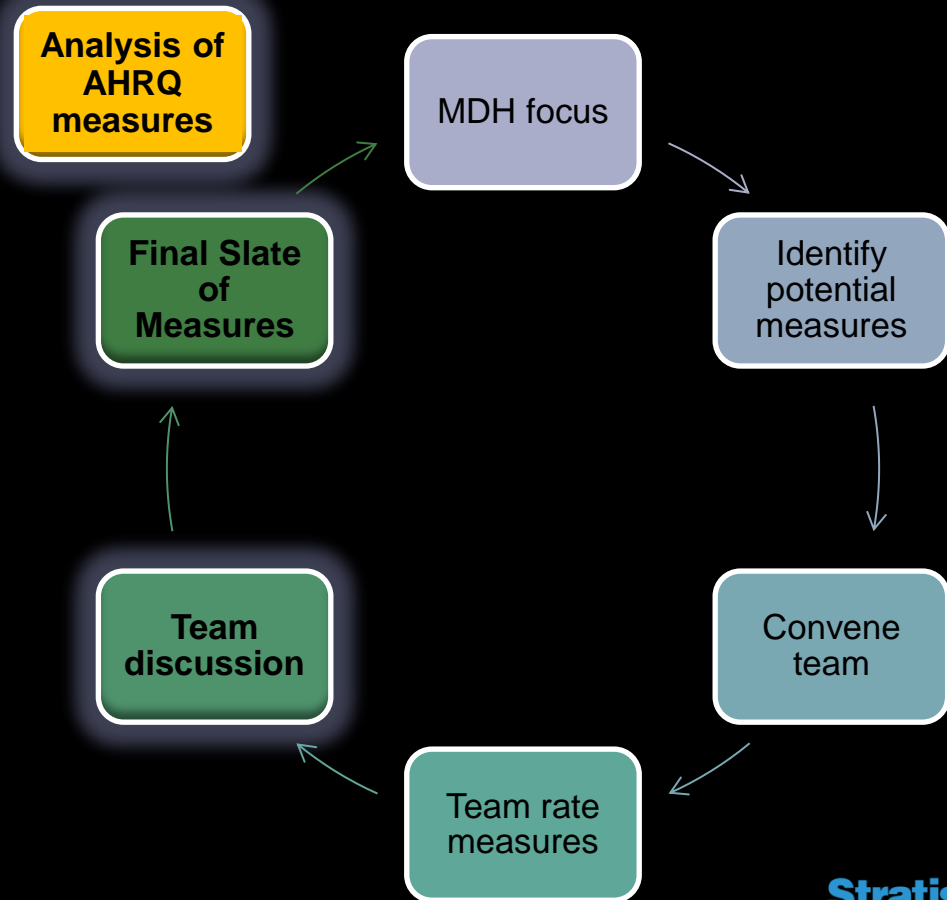
- Emergency Department Transfer Communication: a two-part simultaneous modification
  - Suspend public reporting of this measure for one year
  - Work with the University of Minnesota, the NQF measure owner, to revise the NQF definition and specifications of the measure based on Minnesota CAH experience

# AHRQ measures to remove

- CMS has eliminated many measures
- Simplify, reduce redundancy and have a focus areas for improvement
- Claims measures not as reliable
- Preference for composite measures
- Overall focus for outcome measures

# Recommendations Process

1. NQF endorsed
2. CMS required measure
3. AHRQ determination of suitability for comparison reporting
4. Number of hospitals impacted
5. Patient volume
6. Additional considerations



# AHRQ measures to remove

- PSI 3 Pressure ulcer
- PSI 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)
- IQI 4 Abdominal aortic aneurysm (AAA) repair volume
- IQI 5 Coronary artery bypass graft (CABG) volume
- IQI 6 Percutaneous transluminal coronary angioplasty (PTCA) volume
- IQI 11 Abdominal aortic aneurysm (AAA) mortality rate (with or without volume)
- IQI 12 Coronary artery bypass graft (CABG) mortality rate
- IQI 19 Hip fracture mortality rate
- IQI 30 Percutaneous transluminal coronary angioplasty (PTCA) mortality rate



# Other Considerations

# Timing of Dates of Service

- Change dates of service to calendar year
- This will support a pattern similar to CMS where measure additions and removal start with January 1 discharges
- Also aligns with the MN Rule finalized in November/December.

# Future discussion

- Stroke
- Readmissions
- Behavioral/mental health
- Nurse sensitive conditions
- Safety culture
- Infections

# Other issues for discussion

- Data burden
- How can we keep the focus on areas for improvement?
- Looking at key areas where there is variation
- CMS is looking at voluntary electronic submission of some measures for 2014
- Getting stakeholder input

# Additional Resources

- Specifications Manual for National Hospital Inpatient Quality Measures

[www.qualitynet.org](http://www.qualitynet.org)

- National Quality Forum

[www.qualityforum.org](http://www.qualityforum.org)

# Questions?

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