HRO Dashboard

New Dashboard for Quality and Patient Safety Committee

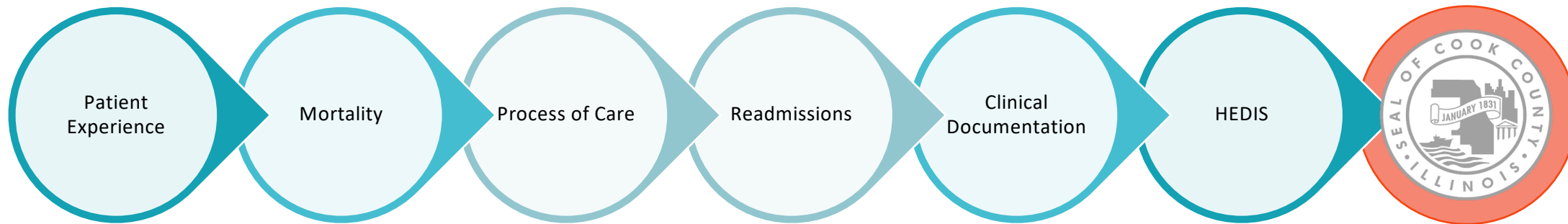Tara Ruhlen, MPH
Director, Planning and Analysis

CMS Star Rating

- CMS Star Rating was developed to help consumers make more informed decisions about health care by giving them a way to compare hospitals based on quality ratings
  - Cook County Health is dedicated to making improvements to the patients we serve and are on the journey of becoming a High Reliability Organization (HRO)
  - HRO Quality Workgroups have been developed (July 2019) that align with the CMS Star metrics and performance improvement processes have been developed

Development of the HRO Quality Domains at CCH

CMS Star Rating Domains

Survey of Patient Experience → Timely and Effective Care → Complications and Deaths → Unplanned Hospital Visits → Use of Medical Imaging → Payment and Value of Care

Cook County Health HRO Quality Domains

Patient Experience → Mortality → Process of Care → Readmissions → Clinical Documentation → HEDIS

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HRO Domain Metric Development

- Identified metrics for improvement in the CMS Star Rating reports
  - *What was driving the overall performance score in each CMS domain?*
  - Assigned the **main** **indicators** to the HRO Quality Domains
- Internal performance monitoring
  - Tracked monthly in "real-time" using Vizient Clinical Data Base, Press Ganey (patient experience), or Business Intelligence (HEDIS)
  - To help drive change, the monthly data is measured against internal goals and an external comparison benchmark
    - 2-year target and stretch goals were set using the SMART principles (specific, measureable, achievable, realistic, time based)
    - The external benchmarking helps to provide realistic targets, define areas of best practice, and identify areas of opportunity

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Reporting Period for CMS vs HRO Workgroups

July 2020 CMS Star Report

Metric Group	Timeframe	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Readmissions	July 1, 2016 – June 30, 2019														
Excess Days of Acute Care	July 1, 2016 – June 30, 2019														
Mortality	July 1, 2016 – June 30, 2019														
PSI-90	July 1, 2017 – June 30, 2019														
Patient Experience	October 1, 2018 – September 30, 2019														
Sepsis	October 1, 2018 – September 30, 2019														
ED Throughput	October 1, 2018 – September 30, 2019														
Hospital Acquired Infections	October 1, 2018 – September 30, 2019														

Formation of the HRO workgroups

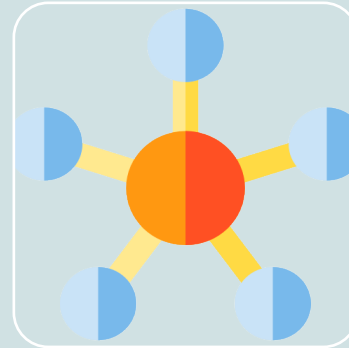COOK COUNTY HEALTH

HRO Quality Domain Metrics

Mortality
- Mortality Index

Readmissions
- 30-Day Unplanned Readmission Rate

Process of Care
- Rate of Excess Days in Acute Care
- Hospital Acquired Conditions Preventable Harm Index
- PSI-90
- ED Left without Being Seen

Patient Experience
- HCAHPS Willingness to Recommend
- HCAHPS Nurse Communication

Clinical Documentation
- Case Mix Index
- CC/MCC Capture Rate

HEDIS
- Diabetes Management (HgbA1c <8%)
- Childhood Immunization Status (Combo 3)

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identified drivers of, and the supporting metrics to, the CMS Star Rating for Stroger Hospital

Metric Crosswalk: QPS to HRO Dashboard

QPS Dashboard	HRO Dashboard
HEDIS HbA1c <8%	HEDIS HbA1c <8% (*HEDIS Domain*)
Core Measure - Venous Thromboembolism (VTE) Prevention	PSI-90 Composite Score (*Process of Care Domain, Closed*) • PSI-12: perioperative PE or DVT
30-Day Readmission Rate	30-Day Readmission Rate (*Readmission Domain*)
Hospital Acquired Pressure Injury	PSI-90 Composite Score (*Process of Care Domain, Closed*) • PSI-09: pressure ulcer
Falls with Injury	PSI-90 Composite Score (*Process of Care Domain, Closed*) • PSI-08: in-hospital fall with hip fracture
Hospital Acquired Infections	Hospital Acquired Infections (*Process of Care Domain, Closed*)
ACHN: Overall Clinic Assessment	ACHN Overall Clinic Assessment *(Patient Experience Domain, Closed)*
Provident: Recommend the Hospital	Provident Recommend the Hospital *(Patient Experience Domain, Closed)*
Stroger: Recommend the Hospital	Stroger Recommend the Hospital *(Patient Experience Domain)*
	Case Mix Index (*Clinical Documentation Domain*)

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Readmission Domain

Stroger 30-Day Readmission Rate

- Patient unplanned admission to *Stroger* within 30 days after being discharged from an earlier hospital stay at *Stroger*
  - All-cause, same-hospital readmissions
  - Excludes patients with *planned* readmissions; psychiatric patients, admitted for rehabilitation, medical treatment for cancer, dialysis, or delivery/birth
  - Data Source: Vizient Clinical Data Base

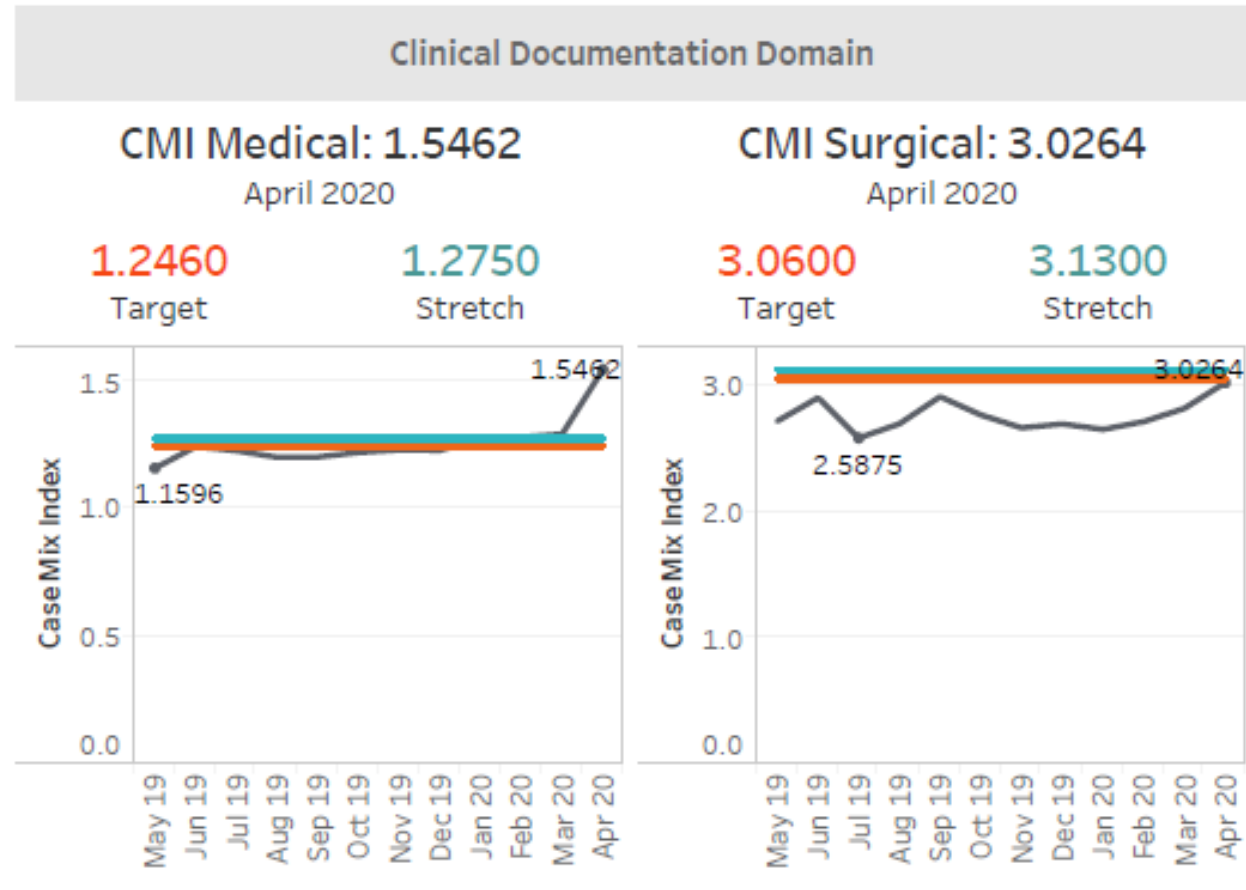| Baseline	Target	Stretch
9.73%	8.56% (-12%)	8.27% (-15%)
Baseline Period: July 2017 to June 2018		

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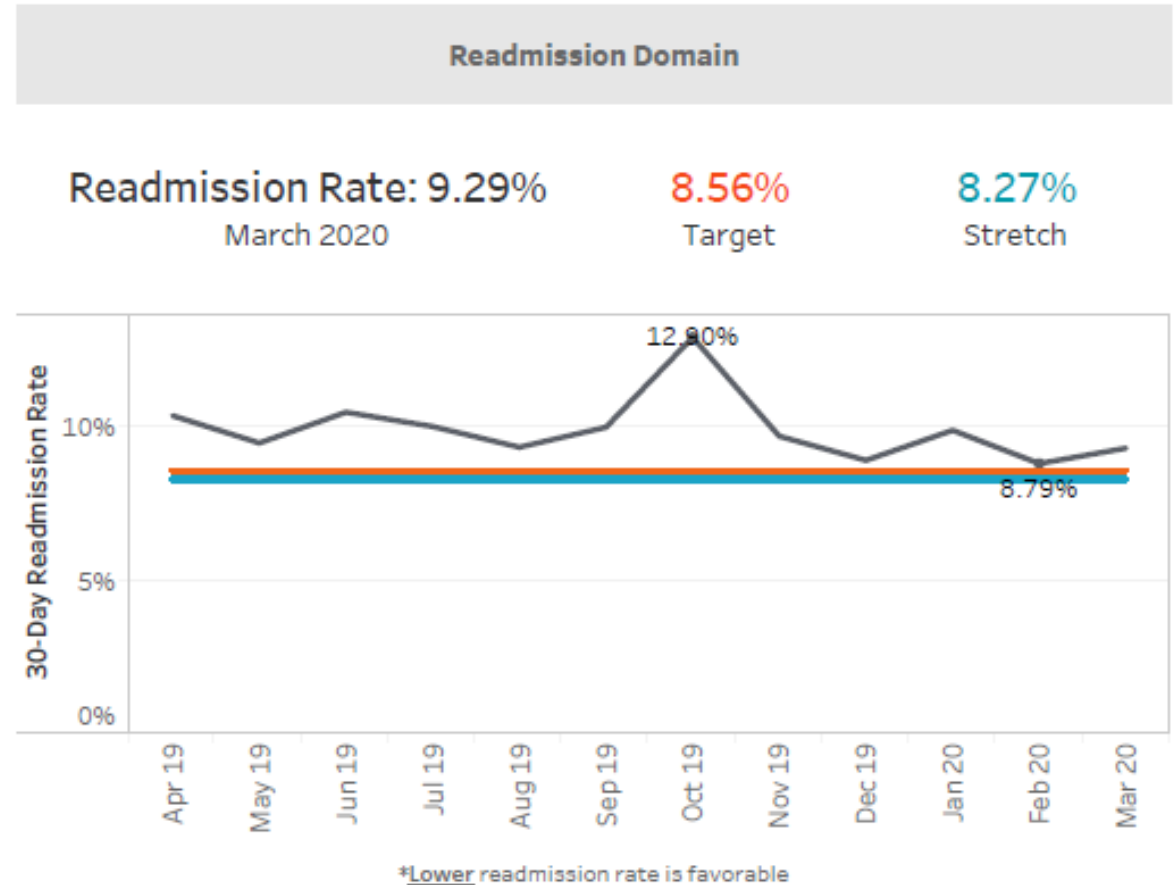
Clinical Documentation Domain

Stroger Case Mix Index (Medical MS-DRG, Surgical MS-DRG)

- Average relative DRG weight of a *Stroger's* inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges
  - All inpatient discharges from Stroger
  - Medical MS-DRG: no OR procedure is performed; Surgical MS-DRG: an OR procedure is performed
  - Data Source: Vizient Clinical Data Base

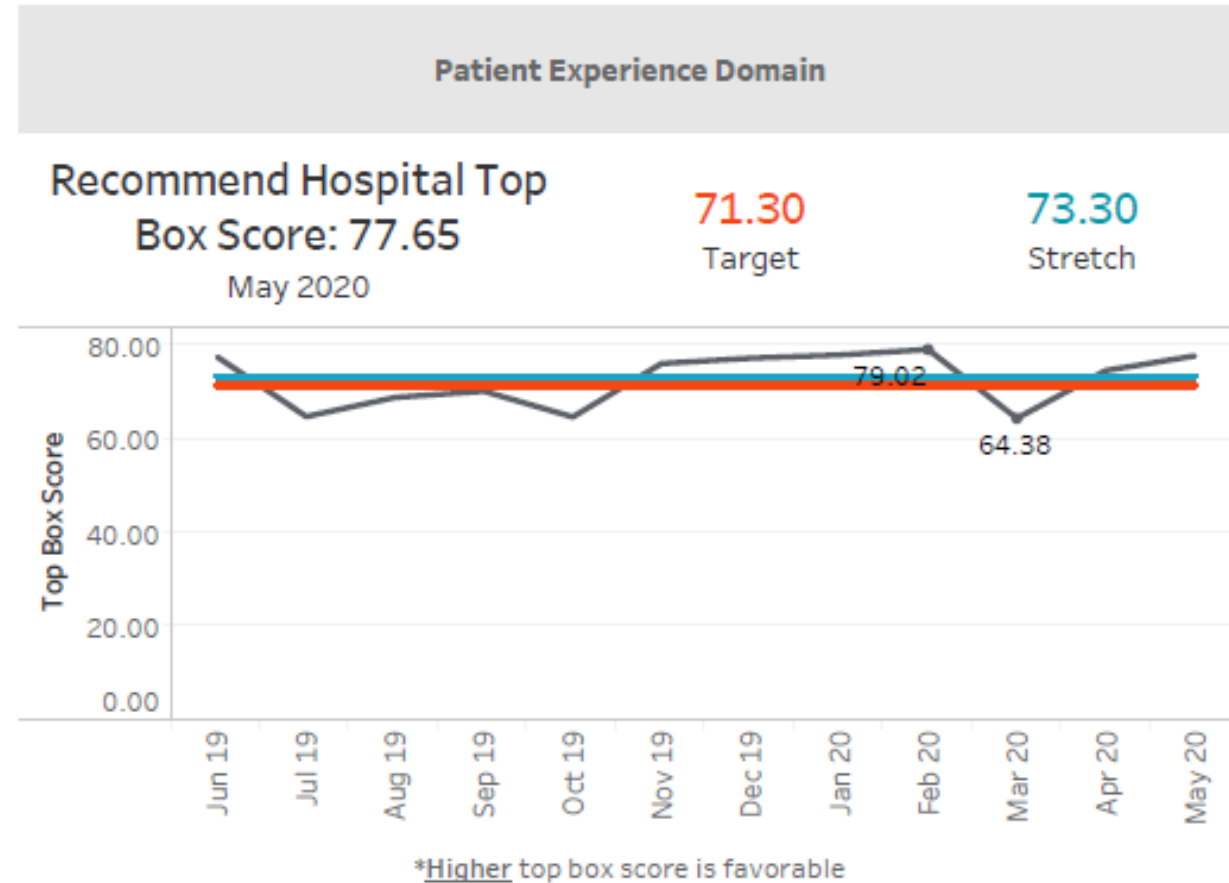|	Baseline	Target	Stretch
Medical MS-DRG	1.2147	1.2460 (2.6%)	1.2750 (5.0%)
Surgical MS-DRG	2.6949	3.0600 (13.5%)	3.1300 (16.1%)
Baseline Period: January 2019 to December 2019			

Clinical Documentation Domain

CMI Medical: 1.5462
April 2020

1.2460 Target   1.2750 Stretch

CMI Surgical: 3.0264
April 2020

3.0600 Target   3.1300 Stretch

*Higher case mix index values are favorable

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Patient Experience Domain

Stroger Recommend the Hospital (HCAHPS)

- Percent of patient responses with "Definitely Yes" (top box response) for "Recommend the Hospital" item in HCAHPS survey for Stroger
  - Utilizes CAHPS methodology for population inclusion
  - Data Source: Press Ganey

Baseline	Target	Stretch
69.90	71.30 (2%)	73.30 (5.4%)
Baseline Period: July 2017 to June 2018		

Patient Experience Domain

Recommend Hospital Top Box Score: 77.65

May 2020

71.30 Target

73.30 Stretch

79.02

64.38

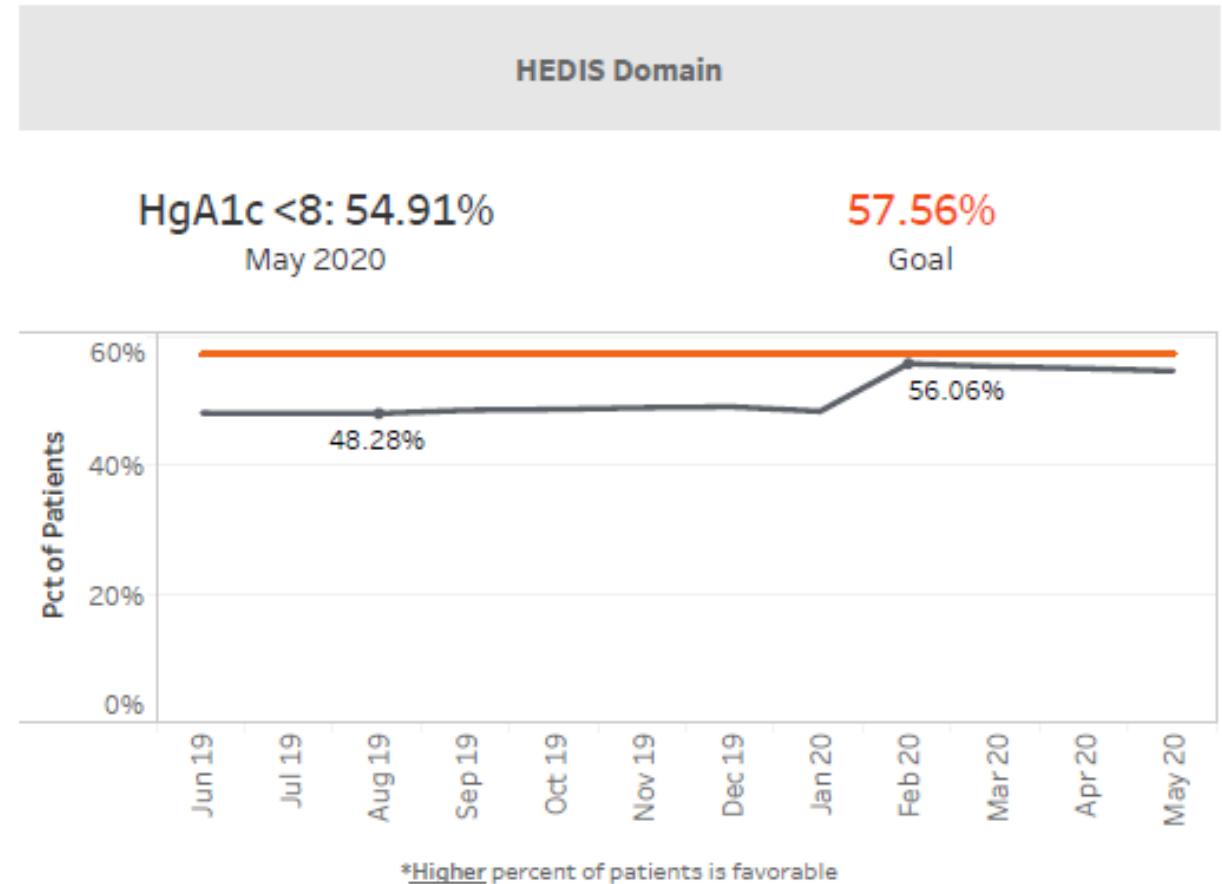*Higher top box score is favorable

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HEDIS Domain

HbA1c <8%

- Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)
  - Population included: (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) **OR** (One diabetic Inpatient visit in the current year or previous year) **OR** (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)
  - Data Source: NCQA, HEDIS, Business Intelligence

Baseline	Target
48.1%	57.6% (75th Percentile)
Baseline Period: January 2018 to December 2018	

HEDIS Domain

HgA1c <8: 54.91%
May 2020

57.56%
Goal

48.28%

56.06%

*Higher percent of patients is favorable

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HRO Domain Goals

Readmission Domain

Stroger Readmission Rate: 9.29%
March 2020

8.56% Target

8.27% Stretch

30-Day Readmission Rate — 12.90%, 8.79%
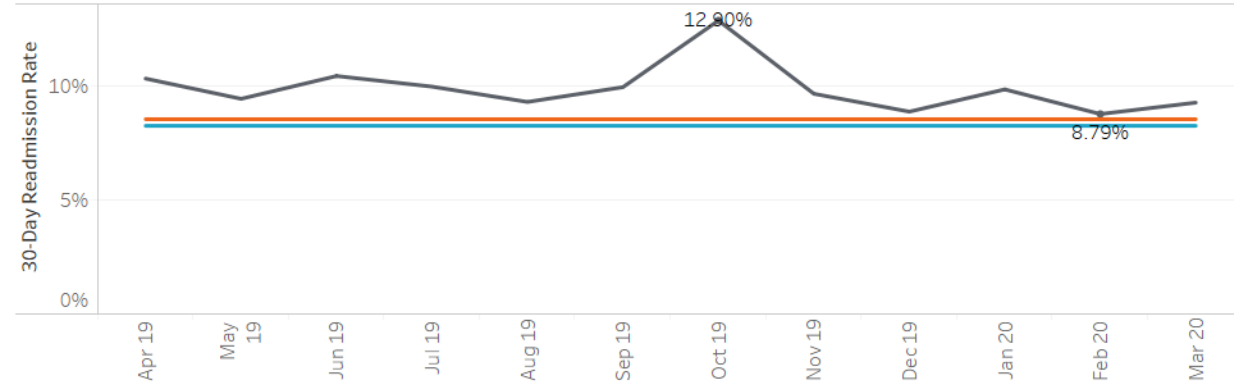
*Lower readmission rate is favorable

Clinical Documentation Domain

CMI Medical: 1.5462
April 2020

1.2460 Target   **1.2750** Stretch

Case Mix Index — 1.1596, 1.5462

CMI Surgical: 3.0264
April 2020

3.0600 Target   **3.1300** Stretch

Case Mix Index — 2.5875, 3.0264
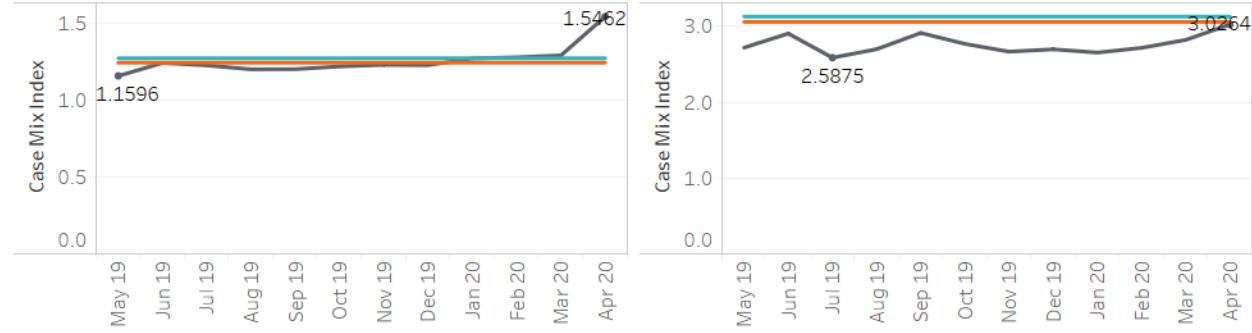
*Higher case mix index values are favorable

HEDIS Domain

HbA1c <8: 54.91%
May 2020

57.56% Goal
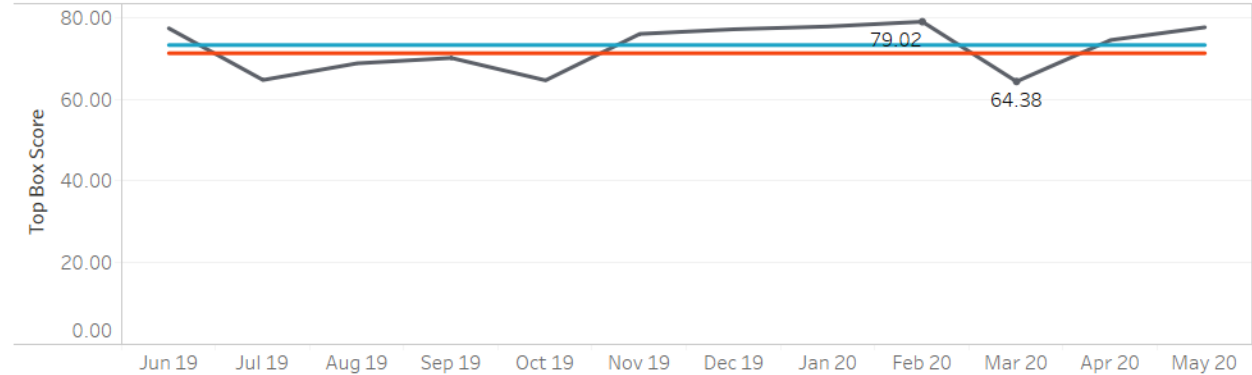

Pct of Patients — 48.28%, 56.06%

*Higher percent of patients is favorable

Patient Experience Domain (Stroger)

Recommend Hospital Top Box Score: 77.65
May 2020

71.30 Target   **73.30** Stretch

Top Box Score — 79.02, 64.38

*Higher top box score is favorable