Quality Team Introductions

Deb Campbell - Vice President, Quality and Health Professions

Dolores Hagan - Quality Data Analyst

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Objectives

- Provide an overview of the CMS Star Ratings
- Review the Kentucky Rising Stars Aim statement
- Describe the KHA/KHREF initiative for improving the CMS Star Rating in Kentucky
- Define the minimum requirements of participating in the Kentucky Rising Stars program
- Describe the benefits of participating in the Kentucky Rising Stars program

CMS Star Rating Overview

- CMS methodology
  - Complex six step process
  - Based on a subset of Hospital Compare measures
  - Measures are standardized and grouped
  - Use a statistical process to produce *weighted* group scores
  - Apply minimum thresholds for receiving a star rating
  - Apply algorithm to convert scores to star rating
  - Process is ever EVOLVING

Current Star Ratings

- Most recently published Jan 2020

- Utilizes December 2017 Hospital Compare Dataset

- Based on 57 of the 124 Hospital Compare measures

Current KY Status

- 91 Acute Care/Critical Access hospitals
  - 79 hospital included
  - 12 hospitals excluded due to lack of sufficient data

1-2 Stars	• 28% KY Hospitals • 20.5% National Average
3 Stars	• 37% KY Hospitals • 24.4 % National Average
4-5 Stars	• 35% KY Hospitals • 33.7% National Average

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Current KY Status

Number of Kentucky Acute Care/Critical Access Hospitals by CMS Star Rating

- 1: 8
- 2: 14
- 3: 29
- 4: 25
- 5: 3
- Not Available: 12

Current KY Status

CMS Hospital Overall Star Rating
Published January 2020

Star Rating (0 Represents "Not Available")

Kentucky Acute Care/Critical Access Hospitals
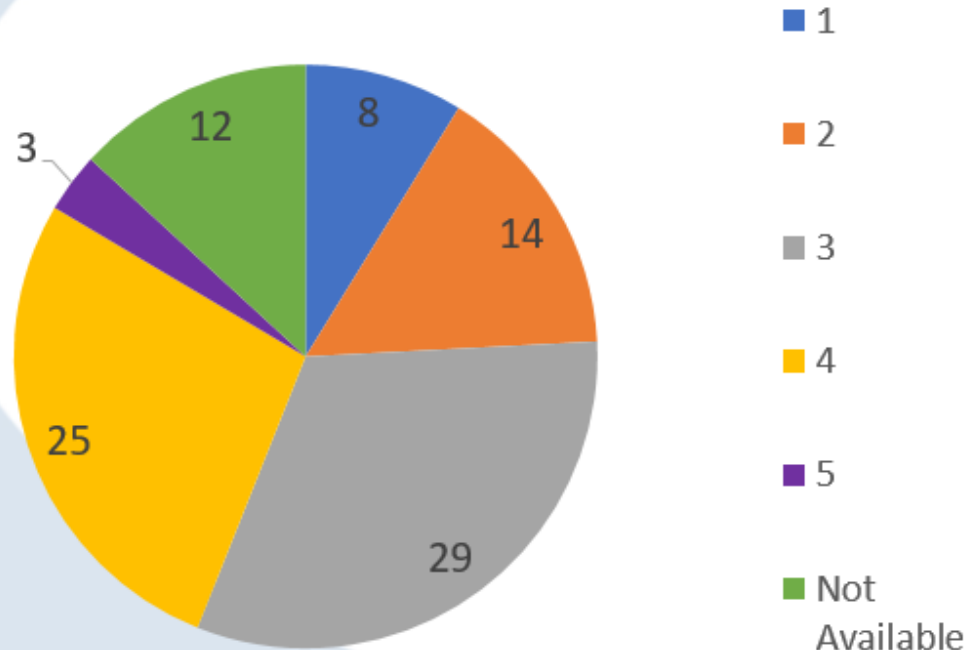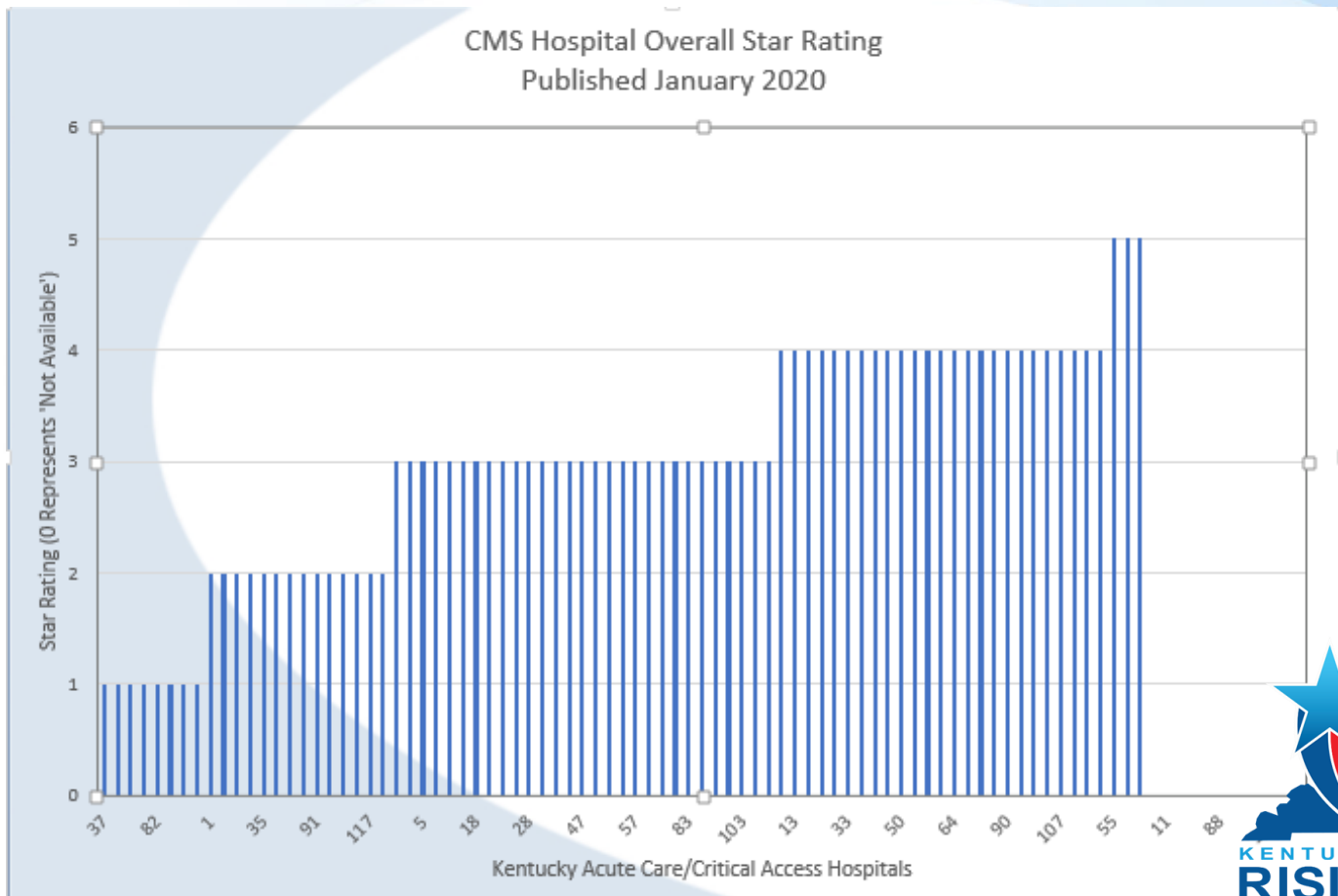
Kentucky Rising Stars

- Kentucky Rising Stars is a three year quality initiative designed to help Kentucky's acute care and critical access hospitals achieve a designation of exceptional quality with regard to the CMS Hospital Compare quality indicators and Overall CMS Star Rating.

  - AIM Statement: Kentucky will increase the number of hospitals with 4 – 5 stars in the CMS Star Ratings from 35% to 40% by January 2024

  - Stretch Goal—increase number of hospitals

    with 4 – 5 stars in the CMS Star Ratings

    from 35% to 50% by January 2024

How Will We Achieve

The only way to improve the Star Rating is to improve the underlying Measures

Seven Groups (# Measures)

- Mortality (7)
- Safety of Care (8)
- Readmissions (8)
- Patient Experience (10)
- Effectiveness of Care (10)
- Timeliness of Care (6)
- Efficient Use of Medical Imaging (4)

Measure Groups We Can Impact

Measure Groups Are Weighted	
Group	**Weight**
Mortality	**22%**
Safety of Care	**22%**
Readmission	**22%**
Patient Experience	*22%*
Effectiveness of Care	4%
Timeliness of Care	4%
Efficient Use of Medical Imaging	4%

Improvement Groups By Measure Groups

- Mortality and Readmissions Groups
  - Decrease rate by 5% over 3 years
- Safety of Care Group
  - Decrease rate by 20% over 3 years

- 5% and 20% will be set as the improvement goal on each individual measure within the groups

Data Sources

- AHRQ IQI and PSI measures
  - Collect numerator and denominator data *only* from claims data
  - Hospital signs a data sharing agreement
  - KHA uploads data into Kentucky Quality Counts (KQC) data system
- NHSN measures
  - Collect numerator and denominator data only from NHSN
  - Hospital joins KHA Quality Group in NHSN
  - KHA uploads data into KQC data system
- Facility
  - Hospital collects data and enters directly into the KQC data system

Mortality Measures

Measure	Source
Coronary Artery Bypass Graft (CABG) Mortality Rate	AHRQ (IQI 12)*
Acute Myocardial Infarction Mortality Rate	AHRQ (IQI 15)*
Heart Failure Mortality Rate	AHRQ (IQI 16)*
Acute Stroke Mortality Rate	AHRQ (IQI 17)*
Pneumonia Mortality Rate	AHRQ (IQI 20)*
Death among surgical inpatients with serious treatable complications Rate	AHRQ (PSI 4)

Readmissions Measures

Measure	Source
READ-1 Readmission within 30 days (All Cause)**	Facility
READ-2 Hospital-Wide All-Cause Unplanned Readmissions – Medicare**	Facility
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate*	Facility
Heart Failure 30-Day Readmission Rate*	Facility
Pneumonia Readmission 30-Day Readmission Rate*	Facility

**Required reporting

*Suggest hospital's report on one or more additional measures— Measures selected because greater number of hospitals less than national average

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Kentucky Readmissions Status

Readmission Measure Comparison
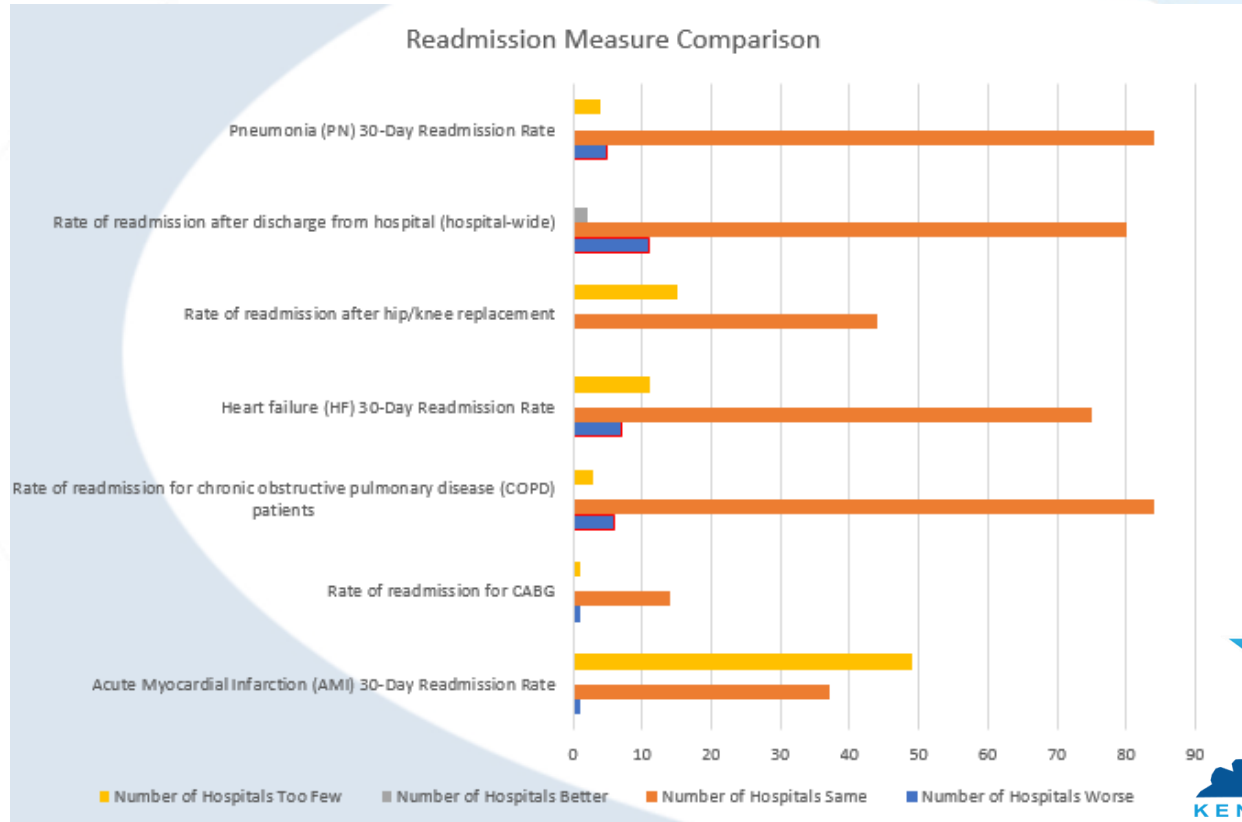
Safety of Care Measures

| Measure	Source
CAUTI-2a Catheter-Associated Urinary Tract Infections Rate - All Tracked Units	NHSN
CAUTI-2b Catheter-Associated Urinary Tract Infections Rate in ICU	NHSN
CAUTI-3a Urinary Catheter Utilization Ratio	NHSN
CAUTI-3b Urinary Catheter Utilization Ratio - ICU Only	NHSN
CDI-1b C. difficile Rate Facility Wide	NHSN
CLABSI-2a CLABSI Rate - All Units (by Device Days)	NHSN
CLABSI-2b CLABSI Rate - ICU (by Device Days)	NHSN
CLABSI-3a Central Line Utilization Ratio	NHSN
CLABSI-3b Central Line Utilization Ratio - ICU only	NHSN
MRSA-2 Hospital-onset MRSA bacteremia events	NHSN
SSI-2a Colon Surgery Surgical Site Infection Rate	NHSN
SSI-2b Abdominal Hysterectomy Surgical Site Infection Rate	NHSN

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Safety of Care Measures

AHRQ PSI 90 – Calculated Composite of 10 AHRQ PSI Measures

Measure	Source
Pressure Ulcer Rate**	AHRQ PSI 3
Postoperative Respiratory Failure Rate**	AHRQ PSI 11
Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate**	AHRQ PSI 12
Postoperative Sepsis Rate**	AHRQ PSI 13
Iatrogenic Pneumothorax Rate	AHRQ PSI 6
In Hospital Fall With Hip Fracture Rate	AHRQ PSI 8
Perioperative Hemorrhage or Hematoma Rate	AHRQ PSI 9
Postoperative Acute Kidney Injury Requiring Dialysis Rate	AHRQ PSI 10
Postoperative Wound Dehiscence Rate	AHRQ PSI 14
Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate	AHRQ PSI 15

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KY Rising Stars Timeline
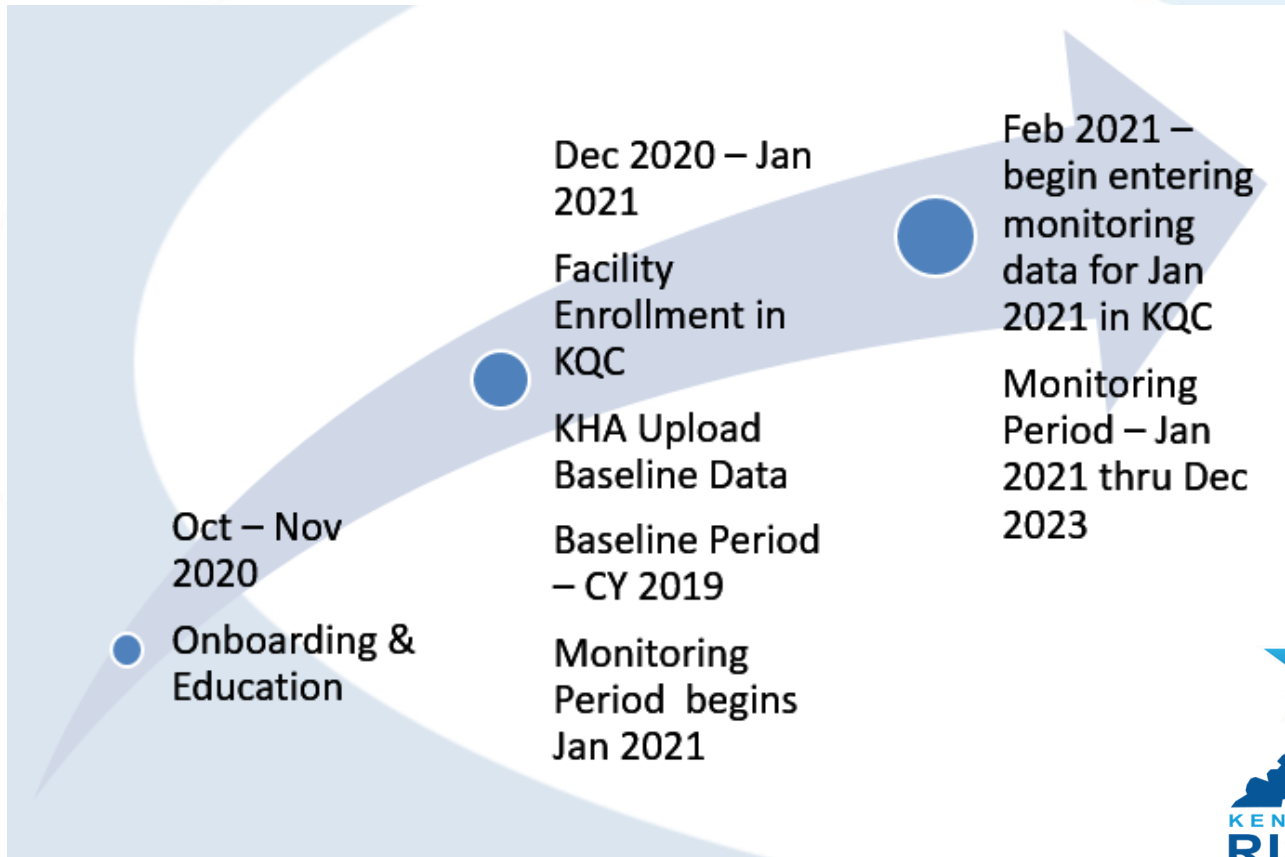
Baseline Data

- Calendar year 2019 will be compiled and uploaded to KQC by KHA where data is available

- Readmissions—if facility data is not readily available for CY 2019

  – Will use the first three months of monitoring data as baseline

  – KHA will use data from K-HIIN for baseline when available

Patient Experience Measures

- HCAHPS measures
- Not collecting data for these measures
- Will provide education and technical assistance to help improve scores
  - Sharing of approaches for recruiting patient family advisors
  - Assistance with formation of a PFAC
  - Coaching on optimizing current PFAC activity

Safety Culture

- HSOPS and MSOPs after action plans
  - Non-punitive response to error coaching
  - Just Culture education
  - Coaching psychological safety
  - Sustainability webinar
  - TeamSTEPPs courses

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Benefits of Participating

- Improve your facility's CMS Star Rating by improving the underlying quality measures

- Process Improvement resources
  - Data analysis
  - Topic specific and general process improvement education
  - Peer networking
  - Sharing best practices
  - Technical assistance
  - Coding accuracy

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Minimal Requirements to Participate

- **Minimal additional data entry**
  - All measures *except* Readmissions Group are uploaded into KQC by KHA with signed Data Sharing Agreement for Claims data and joining KHA Quality Group in NHSN

Next Steps

- We want to hear from you about your interest in participating!

- No formal commitment letter required

- Respond to the Survey link [Click Here](#)

- KHA Quality Staff will connect with interested facilities to obtain Data Sharing Agreements and assist with conferring NHSN Group rights

- Kick-off webinar planned for January 2021
  - Assessment of baseline and individual hospital focus areas

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Questions