CMS 5 Star-Engaging "Stars"

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Chief Quality Officer

March 2023

Objectives

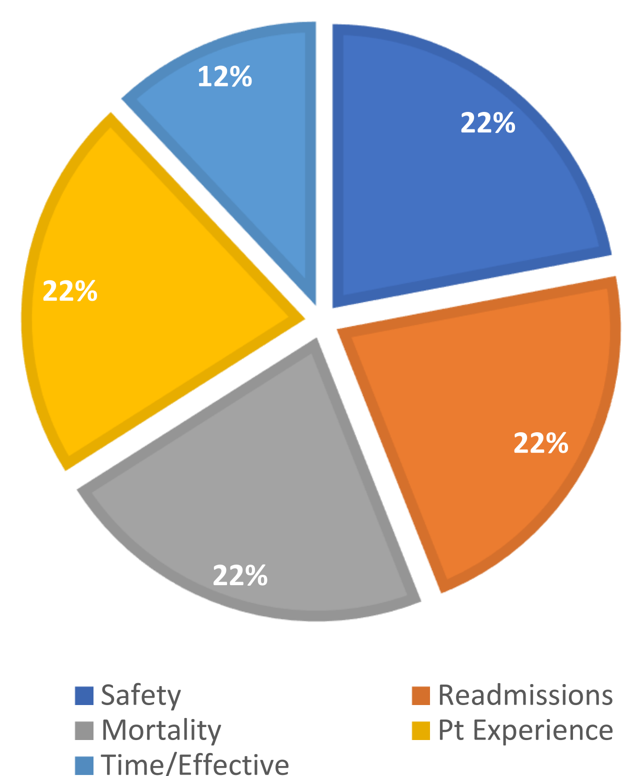
- Demystifying and understanding your CMS 5 Star reports
- Identifying opportunities for improvement within your organization
- Engaging your management team on quality initiatives surrounding the CMS star rating
- Team accountability approaches for improving metrics
- Create data tools to assist with quality improvement projects

National Distribution of Star Ratings

Overall rating	Number of hospitals (N=4,586, %)
1 star	198 (6.34%)
2 stars	702 (22.49%)
3 stars	895 (28.68%)
4 stars	895 (28.68%)
5 stars	431 (13.81%)
N/A	1,368 (30.47%)

5 Star Explained

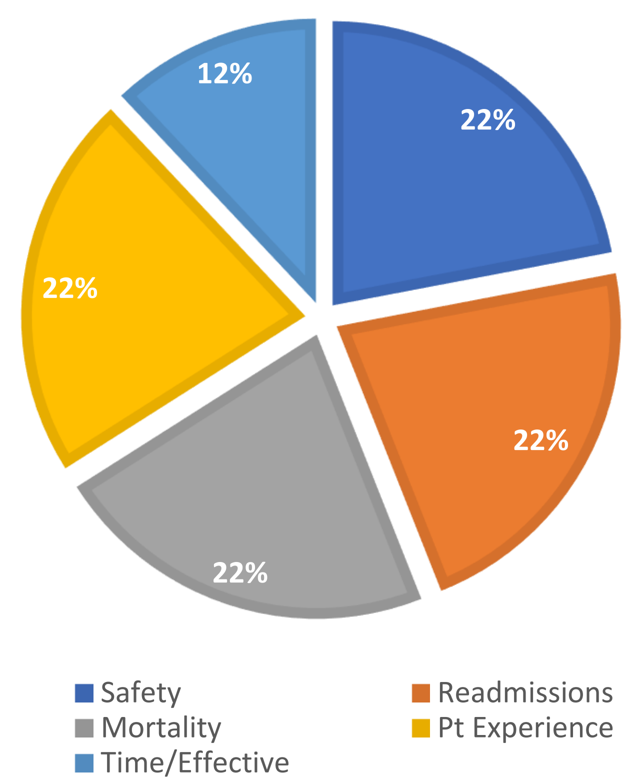
- 5 Aspects of Care
  - Safety of Care 22%
  - Readmissions 22%
  - Mortality 22%
  - Patient Experience 22%
  - Timeliness/Effective Care 12%



5 Star Explained

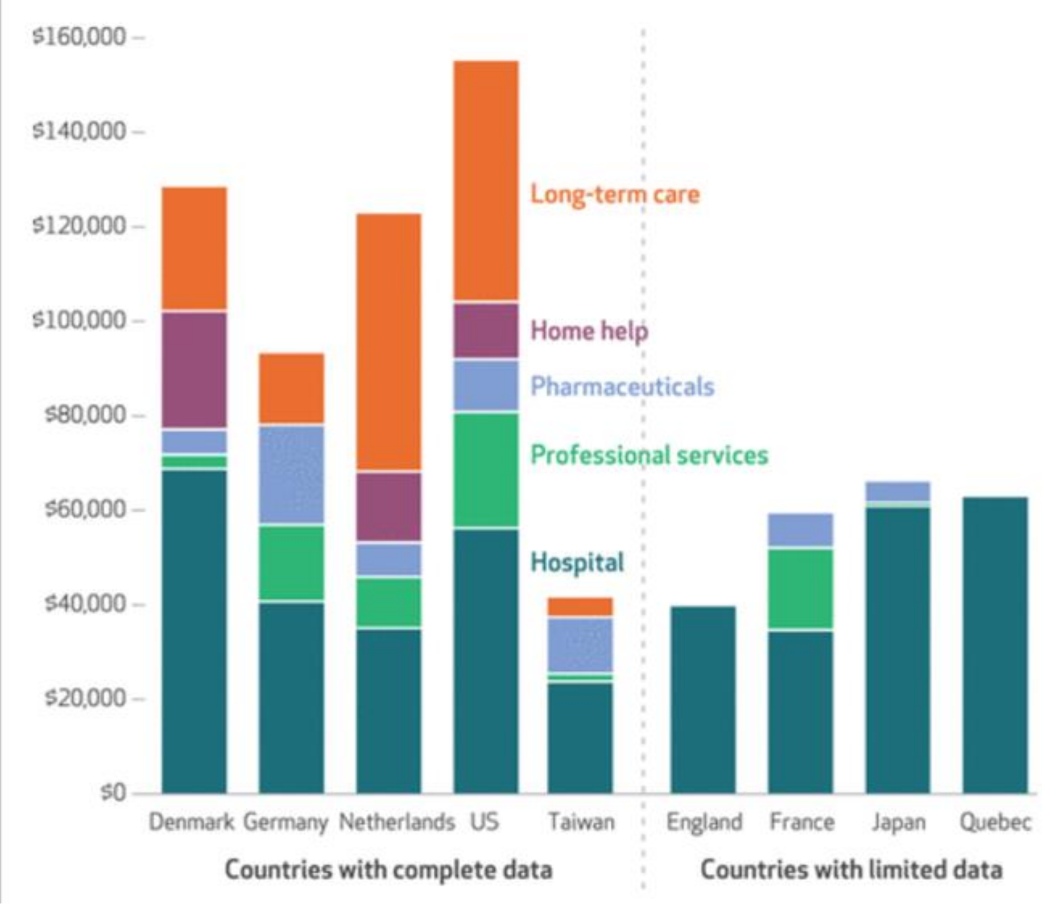
- 5 Aspects of Care
  - 8 Safety of Care
  - 11 Readmissions
  - 7 Mortality
  - 8 Patient Experience
  - 12 Timeliness/Effective Care

Total 46 Possible Measures



Why?

- The goal of the Star Rating is to improve the usability and interpretability of information posted on Care Compare
- Additionally, help with utilization and control spending in the Medicare program especially to beneficiaries at end of life



HEALTH AFFAIRSVOL. 36, NO. 7: ADVANCED ILLNESS & END-OF-LIFE CARE

Life Expectancy

84
83
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76
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73
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71
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Japan
Spain
Switzerland
Italy
France
South Korea
Australia
Luxembourg
Israel
Canada
Sweden
Norway
Chile
New Zealand
Greece
Austria
Netherlands
Finland
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Health Expenditure

(adjusted for inflation and PPP-adjusted for price differences between countries)

Source: Institute for New Economic Thinking, Mroser, 2016

Table 1: Overall Hospital Quality Star Rating Results for Your Hospital and the Nation
HOSPITAL NAME
Results corresponding with data publicly reported for July 2021, including corrected OP-10 measure data, on Care Compare on Medicare.gov.

Overall Star Rating Results	Your Hospital's Results	National Average
Overall Star Rating [a]	**** (4 out of 5 stars)	*** (3 out of 5 stars)
Hospital Summary Score [b]	0.17	-0.06
Peer Grouping [c]	5 Measure Groups	--

[a] An Overall Star Rating is categorized as one to five whole stars or "N/A". A greater number of stars indicates better performance. The National Average column shows the average Overall Star Rating across the nation.

[b] A summary score is used to determine the Overall Star Rating category and is calculated from each hospital's measure group scores shown in Table 2 Measure Group Scores. A higher summary score indicates better performance.

[c] The Overall Star Rating methodology peer groups hospitals based on the number of measure groups (3, 4, or 5 measure groups) for which they have at least three measures. Hospitals must meet the Overall Star Ratings reporting thresholds (three measure groups with three measures per group, one of which must specifically be Mortality or Safety of Care) to be assigned to a peer group. Hospitals who do not meet the reporting thresholds will show N/A. National Average is not available for Peer Grouping. See the July 2022 Quarterly Updates and Specification Report posted on QualityNet for the average distribution of Peer Grouping and further details.

Notes:

1. N/A = Not Available. A hospital had too few measure group scores to calculate an Overall Star Rating. Hospitals must report the minimum measures reporting threshold (three measure groups with three measures per group, one of which must specifically be Mortality or Safety of Care) to receive an Overall Star Rating.
2. See the July 2022 Quarterly Updates and Specifications Report posted on QualityNet for the range of hospital summary scores for each Overall Star Rating category and details on how your hospital's Overall Star Rating was determined from your hospital's summary score.

Table 2: Measure Group Score Results and Weights for the Overall Hospital Quality Star Rating
HOSPITAL NAME
Results corresponding with data publicly reported for July 2021, including corrected OP-10 measure data, on Care Compare on Medicare.gov.

Measure Group	Number of Potential Measures within Each Group [a]	Number of Measures for Your Hospital [b]	Your Hospital's Measure Group Weight [c]	Standard Measure Group Weight	Measure Group Score [d]	Measure Group National Mean of Scores [e]	Measure Group Standard Deviation Across Hospitals [f]	Your Hospital's Standardized Measure Group Score [g]	National Group Score [h]
Mortality	7	4	22.0%	22.0%	0.31	0.001	0.64	0.49	-0.02
Readmission	11	6	22.0%	22.0%	-0.02	0.03	0.53	-0.09	-0.02
Safety of Care	8	3	22.0%	22.0%	0.32	0.003	0.65	0.49	0.005
Patient Experience	8	8	22.0%	22.0%	-0.31	0.00	0.85	-0.37	0.00
Timely & Effective Care	12	7	12.0%	12.0%	0.40	0.04	0.82	0.44	-0.03

[a] The total number of measures in each group, regardless of whether results are available for your hospital. Measure names and Measure IDs for measures within each measure group can be found in Table 3 Measure Scores.

[b] The number of individual measures available for your hospital that were used to calculate your hospital's measure group score. Results for individual measures can be found in Table 3 Measure Scores.

[c] Your hospital's measure group weights reported as a percentage. Your measure groups' weights will be redistributed from the Standard Measure Group Weights if your hospital reported zero measures in any measure group. Weights may not add to 100% due to rounding. Missing measure groups are assigned no weight. Hospitals that report one or more measures for a group will have a measure group score and weight displayed for those groups; however, only hospitals which met the minimum reporting requirement (three measure groups with three measures per group, one of which must specifically be Mortality or Safety of Care) will receive the summary score and a Star Rating. If the minimum reporting requirement has not been fulfilled, your hospital will not receive a summary score or an Overall Star Rating and this information is displayed for information purposes only.

[d] Your hospital's measure group score is calculated from the individual measure scores shown in Table 3 Measure Scores and the individual measure weights for measures that are reported. Please see the July 2022 Quarterly Updates and Specification Report posted on QualityNet for more information on how the measure group score is calculated. Hospitals that do not meet the minimum measure reporting threshold (three measure groups with three measures per group, one of which must specifically be Mortality or Safety of Care) will not receive a summary score or Overall Star Rating. Group scores displayed in column F for hospitals that do not meet the minimum measure reporting threshold are included in their July 2021 Hospital Inpatient and/or Outpatient Quality Reporting Program preview report are for informational purposes only.

[e] Measure Group National Mean of Scores is the national mean score for each measure group based on the distribution of measure scores across all Overall Star Rating eligible hospitals.

[f] Measure Group Standard Deviation Across Hospitals is the standard deviation for each measure group is based on the distribution of hospital results. The standard deviation is the same for all hospitals across the nation in this release of the Overall Star Rating.

[g] Your Hospital's Standardized Measure Group Score. Your hospital's standardized measure group score is calculated using the following formula: (Column F [Your Hospital's Measure Group Result [d]] - Column G [Measure Group's National Mean of Scores [e]])/ Column H [Measure Group's Standard Deviation Across Hospitals [f]]. See the July 2022 Quarterly Updates and Specification Report posted on QualityNet for more information on how your hospital's standardized measure score is calculated.

[h] The national group score is the average of hospitals' standardized group scores across the nation.

Table 3: Individual Measure Score Results for the Overall Hospital Quality Star Rating
HOSPITAL NAME
Results corresponding with publicly reported data for July 2021, including corrected OP-10 measure data, on Care Compare on Medicare.gov.

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result [d]	Measure Performance Category [e]	Measure's National Mean of Scores [f]	Measure's Standard Deviation Across Hospitals [g]	Your Hospital's Standardized Measure Score [h]	Measure Weight [i]
Mortality	MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	11.6%	Same	12.3%	0.01	0.70	25.0%
Mortality	MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	N/A	N/A	3.0%	0.008	N/A	0.0%
Mortality	MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	8.2%	Same	8.2%	0.01	0.02	25.0%
Mortality	MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	11.1%	Same	11.3%	0.02	0.12	25.0%
Mortality	MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	14.7%	Same	15.5%	0.02	0.41	25.0%
Mortality	MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	N/A	Too Few	13.5%	0.02	N/A	0.0%
Mortality	PSI-4-SURG-COMP	Death Rate Among Surgical Inpatients with Serious Treatable Complications	N/A	Too Few	159.55	18.13	N/A	0.0%
Readmission	EDAC-30-AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	N/A	Too Few	6.8	23.45	N/A	0.0%
Readmission	READM-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate	N/A	N/A	12.6%	0.01	N/A	0.0%
Readmission	READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	21.3%	Same	19.7%	0.01	-1.57	16.7%
Readmission	EDAC-30-HF	Excess Days in Acute Care after Hospitalization for Heart Failure	-5.8	Same	4.7	24.85	0.42	16.7%
Readmission	READM-30-Hip-Knee	Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	3.8%	Same	4.0%	0.005	0.45	16.7%
Readmission	EDAC-30-PN	Excess Days in Acute Care after Hospitalization for Pneumonia (PN)	-15.7	Same	5.4	25.20	0.84	16.7%
Readmission	READM-30-HOSP-WIDE	HWR Hospital-Wide All-Cause Unplanned Readmission	15.4%	Same	15.5%	0.006	0.11	16.7%
Readmission	OP-32	Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	17.0	Same	16.5	1.42	-0.37	16.7%
Readmission	OP-35 ADM	Admissions for Patients Receiving Outpatient Chemotherapy	N/A	Too Few	12.1	1.33	N/A	0.0%
Readmission	OP-35 ED	Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	N/A	Too Few	6.0	0.97	N/A	0.0%

Overall Star Rating Workbook | Table 1 Star Rating Results | Table 2 Measure Group Scores | Table 3 Measure Scores

Data Collection Period

Mortality

Measure	Dates
MORT-30-AMI	July 1, 2017 – December 1, 2019*
MORT-30-CABG	July 1, 2017 – December 1, 2019*
MORT-30-COPD	July 1, 2017 – December 1, 2019*
MORT-30-HF	July 1, 2017 – December 1, 2019*
MORT-30-PN	July 1, 2017 – December 1, 2019*
MORT-30-STK	July 1, 2017 – December 1, 2019*
PSI-4-SURG-COMP	July 1, 2018 – December 31, 2019*

Assignment of Leaders

	GPH Current Overall Star Rating - 4 Star January Preview Report				
5 Star Aspect of Care	Safety of Care 22% (5/8 measures)	Readmission Group 22% (10/11 measures)	Mortality Group 22% (6/7 measures)	Timely and Effective Care Group 12% (12/14 measures)	Patient Experience Group 22% (8/8 measures)
Current Star Ranking	Above the National Average	Same as National Average	Same as National Average	Same as National Average	Below the National Average
	Central-Line Associated Bloodstream Infection (CLABSI) **NA GPH | 0.685 Ntl** [2019] *Jenny Lantis* ***0%***	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction **-7 GPH | 6.9 Ntl (same)** [Q3 '16-Q2 '19] *Tina Pate* ***-16.8***	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate **13% GPH | 12.7% Ntl** [Q3 '16-Q2 '19] *Barb Petersen* ***12.1%***	MRI Lumbar Spine for Low Back Pain **38.1% GPH | 39% Ntl** [Q3 '18-Q2 '19] *Jenni Peterson* ***43.8%***	Communication with nurses **77% GPH | 81% Ntl** [2019] *Tina Pate (3 stars)* ***73%***
	Catheter-Associated Urinary Tract Infection (CAUTI) **NA GPH | 0.718 Ntl** [2019] *Jenny Lantis* ***2Reported***	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate **18.5% GPH | 19.6% Ntl** [Q3 '16- Q2 '19] *Elisha Pueppka* ***20%***	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate **7.1% GPH | 8.4% Ntl** [Q3 '16-Q2 '19] *Elisha Pueppka* ***8.1%***	Median Time to Transfer to Another Facility for Acute Coronary Intervention **NA GPH | NA Ntl** [2019] Nick McKay	Responsiveness of Hospital Staff **68% GPH | 70% Ntl** [2019] *Tina Pate (3 stars)* ***57%***
	Surgical Site Infection from Colon Surgery (SSI-colon) **0.00 GPH | 0.867 Ntl** [2019] *Jenny Lantis* ***1.212***	Excess Days in Acute Care after Hospitalization for Heart Failure **7.8 GPH | 4.4 Ntl (same)** [Q3 '16-Q2 '19] *Tina Pate* ***18.1***	Heart Failure (HF) 30-Day Mortality Rate **10.5% GPH | 11.3% Ntl** [Q3-'16-Q2 '19] *Barb Petersen* ***12.1%***	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery **4.5% GPH | 4.2% Ntl** [Q3 '18- Q2 '19] Nick McKay ***4.6%***	Communication with Doctors **81% GPH | 82% Ntl** [2019] *Danni Franzen (3 stars)* ***75%***
	Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy) **NA GPH | 0.928 Ntl** [2019] *Jenny Lantis* ***0 reported***	Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) **4.5% GPH | 4% Ntl** [Q3 '16-Q2 '19] Jill Stevensen ***4.6%***	Pneumonia (PN) 30-Day Mortality Rate **15.9% GPH|15.4% Ntl** *[Q3 '16-Q2 '19]* *Barb Petersen* ***18.2%***	Healthcare Personnel Influenza Vaccination **99% GPH | 91% Ntl** [Q4 '19-Q1 '20] Megan H ***97%***	Care Transition **48% GPH | 54% Ntl** [2019] *Tina Pate (3 stars)* ***45%***
	MRSA Bacteremia **0.00 GPH | 0.821 Ntl** [2019] *Jenny Lantis* ***4 reported***	Excess Days in Acute Care after Hospitalization for Pneumonia (PN) **8.1 GPH | NA Ntl (same)** *Tina Pate* ***6.1***	Acute Ischemic Stroke (STK) 30-Day Mortality Rate **13.2% GPH | 13.6% Ntl** [Q3 '16-Q2 '19] *Chastity Orr* ***14.8%***	Abdomen CT Use of Contrast Material **6.2% GPH | 6.4% Ntl** [Q3 '18-Q2 '19] *Jenni Peterson* ***5.7%***	Communication About Medicines **60% GPH | 66% Ntl** [2019] *Jason North (3 stars)* ***54%***

Driving Accountability

- CEO/Administrative Support
- Every metric has an "owner"
- Report out Leadership Mtgs
- Safety Huddle daily visibility
- Drive concurrent review
  - Report writers
    - Create reports
  - Utilize EMR
  - Schedule reviews on calendar
- Quarterly drill down meeting

CEO/Admin Support

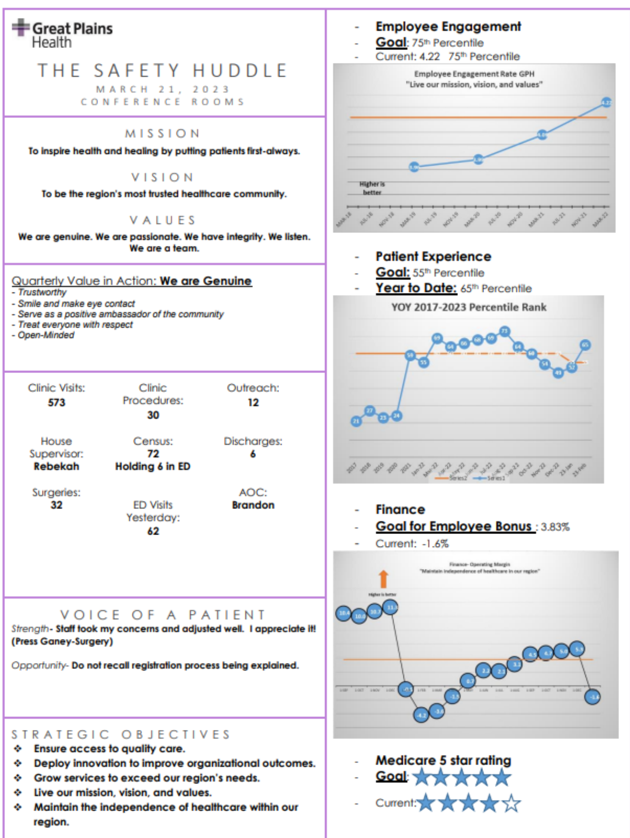
2023 Department Goals_CNO division locked - Saved

D10 | 10

Row	A	B	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
10	Goal/Metrics		5	10									
11	**Medicare 5-Star**												
12	Goal/Metrics	**Decrease the death rate among surgical inpatients with serious treatable complications to 164.15. (Use National Risk-Adjusted Rate from CMS Patient Safety Indicators.**											
13	Goal/Metrics	**Decrease the facility seven day risk standardized hospital visit rate after outpatient colonoscopy to 16.7 patients per 1000 eligible. (Use 7 day risk standardized hospital visit rate after outpatient colonoscopy report.)**											

Safety Huddle Visibility

- **Medicare 5 star rating**
- **Goal**: ★★★★★
- Current: ★★★★☆



Great Plains Health

THE SAFETY HUDDLE

MARCH 21, 2023

CONFERENCE ROOMS

MISSION

To inspire health and healing by putting patients first-always.

VISION

To be the region's most trusted healthcare community.

VALUES

We are genuine. We are passionate. We have integrity. We listen. We are a team.

Quarterly Value in Action: **We are Genuine**

- *Trustworthy*
- *Smile and make eye contact*
- *Serve as a positive ambassador of the community*
- *Treat everyone with respect*
- *Open-Minded*

Clinic Visits: **573**	Clinic Procedures: **30**	Outreach: **12**
House Supervisor: **Rebekah**	Census: **72** **Holding 6 in ED**	Discharges: **6**
Surgeries: **32**	ED Visits Yesterday: **62**	AOC: **Brandon**

VOICE OF A PATIENT

Strength- **Staff took my concerns and adjusted well. I appreciate it! (Press Ganey-Surgery)**

Opportunity- **Do not recall registration process being explained.**

STRATEGIC OBJECTIVES

- **Ensure access to quality care.**
- **Deploy innovation to improve organizational outcomes.**
- **Grow services to exceed our region's needs.**
- **Live our mission, vision, and values.**
- **Maintain the independence of healthcare within our region.**

- **Employee Engagement**
- **Goal**: 75th Percentile
- Current: 4.22 75th Percentile

- **Patient Experience**
- **Goal:** 55th Percentile
- **Year to Date:** 65th Percentile

- **Finance**
- **Goal for Employee Bonus** : 3.83%
- Current: -1.6%

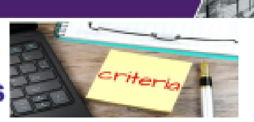
- **Medicare 5 star rating**
- **Goal**: ★★★★★
- Current: ★★★★☆

“Quality Tuesday’s”

Callahan Cancer Center

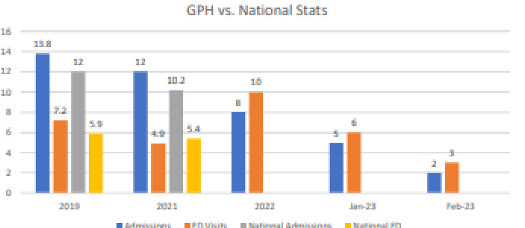
5 Star Metrics

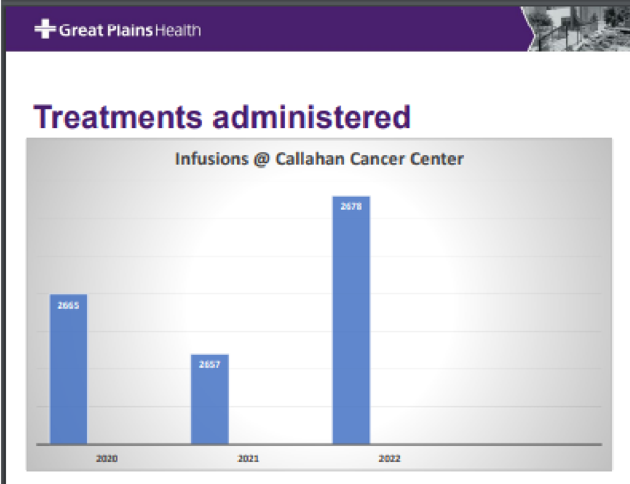
5 Star Metric Definitions



- The Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure provides facilities with information to improve the quality of care delivered for patients undergoing outpatient chemotherapy treatment. The measure calculates two mutually exclusive outcomes:
- 1. One or more inpatient admissions for anemia,dehydration,diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of chemotherapy treatment.

Current Metrics





Report Writers

HAC Reports 2023
- HAC 01-Foreign Object Retained After Surgery 2023
- HAC 02-Air Embolism 2023
- HAC 03-Blood Incompatability 2023
- HAC 04-Stage III and IV Pressure Ulcers 2023
- HAC 05-Falls and Trauma 2023
- HAC 06-Cathether Associated UTI 2023
- HAC 07-Vascular Catheter Associated Infection 2023
- HAC 08-SSI Mediastinitis After CAGB 2023
- HAC 09-Manifestations of Poor Glycemic Control 2023
- HAC 10 (Modified)-DVT or PE 2023 (Regardless of Procedure)
- HAC 10-DVT or PE with Total Knee or Hip Replacement 2023
- HAC 11-SSI Bariatric Surgery 2023
- HAC 12-SSI Certain Orthopedic Procedures 2023
- HAC 13-SSI Following CIED Procedures 2023
- ...enic Pneumothorax with Venous Catheterization 2023
- ...e All Payer YTD IP Readmissions
- ... Measure YTD All Payer IP 30-Day Readmission Rate

Epic | Home | In Basket | Patient Lists | Census Logs | Pt Station | My Reports | Encounter | Reporting Home

Reports

My Reports

Library

Weekly mortali...

Library

mortality | Search | Clear

ADT Discharges

Matching reports

Weekly mortality

This report shows patients that were discharged within the previous eight days with a deceased discharge disposition.

Additional Details

Tagged with: Census
Owned by: VANSKIVER, RHONDA
Last modified by: VANSKIVER, RHONDA on 3/8/2023 8:29 AM
Report ID: 2646293
Created using template: ADT Discharges [100720]
Report groups (template-level): ADT - User, Outpatient - Management, Outpatient - User, Inpatient - Nursing, OR - Management, (
Clinical
Report type: Census

Weekly mortality-CRO

This report shows patients that were discharged within the previous eight days with a deceased discharge disposition.

Additional reports

Dynamic Worksheet

Table 1 Star Rating Results

Overall Star Rating Results	**Your Hospital's Results**	**National Average**	***Dynamic -- Your Hospital's Results***
Overall Star Rating [a]	**** (4 out of 5 stars)	*** (3 out of 5 stars)	
Hospital Summary Score [b]	0.02	-0.06	**0.02**
Peer Grouping [c]	5 Measure Groups	--	

Table 2 Measure Group Scores

Measure Group	**Number of Potential Measures within Each Group [a]**	**Number of Measures for Your Hospital [b]**	**Your Hospital's Measure Group Weight [c]**	**Standard Measure Group Weight**	**Measure Group Score [d]**
Mortality	7	6	0.22	0.22	0.21
Readmission	11	10	0.22	0.22	-0.77
Safety of Care	8	4	0.22	0.22	0.75
Patient Experience	8	8	0.22	0.22	0.05
Timely & Effective Care	12	10	0.12	0.12	0.11

NOTES

Quarterly Meeting

- CEO present
- CQO leads
- Staff must present their data and concurrent methods
- Escalate to Chief fall outs, staff not present and prepared

MEETING MINUTES
Our vision is to become the region's most trusted healthcare community

GPHealth mission: To inspire health and healing by putting our patient's first – always.

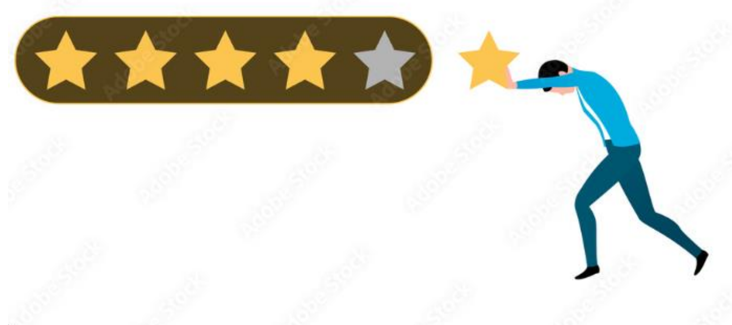
- □ Genuine — We are warm. We are friendly. We are interested in others. We care. We consistently deliver a positive patient experience.
- □ Passionate — We are passionate about delivering quality care to our patients and about building a stronger organization.
- □ Integrity — We are honest and ethical. We do what we say we are going to do. We do the right thing for our patients and each other.
- □ Listen — We listen for feedback, new information and ways to continually get better every day.
- □ Team — We utilize a team approach to improve patient care and our organization. We respect each other and our individual skills.

MEETING NAME:	5 Star Measures	**MEMBERS PRESENT:** Barb Petersen, Gabe Behling, Andres Huicochea, Billie Fear, Danni Franzen, Misti Hutchison, Lisa Kosmacek, Jenny Lantis, Nick McKay, Ivan Mitchell, Rayan Moore, Chastity Orr, Michelle Pagel, Tian Pate, Jill Stevenson, Leah Wescoat, Alex Wilkerson, Jason North, Elisha Pueppka-Widick
DATE:	December 12, 2022	
LOCATION:	Conference Room C	
PRESIDING / LEAD:	Barb Petersen	
MINUTES:	Melissa Veal	
START TIME:	3:00 PM	
ADJOURN TIME:	3:55 PM	
NEXT MEETING:	March 8, 2022	**MEMBERS ABSENT** Jenny Peterson, Evan Pufpaff

AGENDA ITEM (strategic listed first)	MINUTES

Action Steps

- Ensure adequate documentation
  - Patients comorbid conditions are documented well
  - Answer/acknowledge CDI staff queries
- “Comfort Care” or “Palliative Care”
  - Does not exclude from mortality measure or hospital acquired conditions
- Hospice consults earlier
- Education to providers



Questions?