

# 2015 Hospital Measures

**Vicki Tang Olson, RN, MS**

**Statewide Quality Reporting and  
Measurement System (SQRMS) Public Forum  
June 26, 2014**

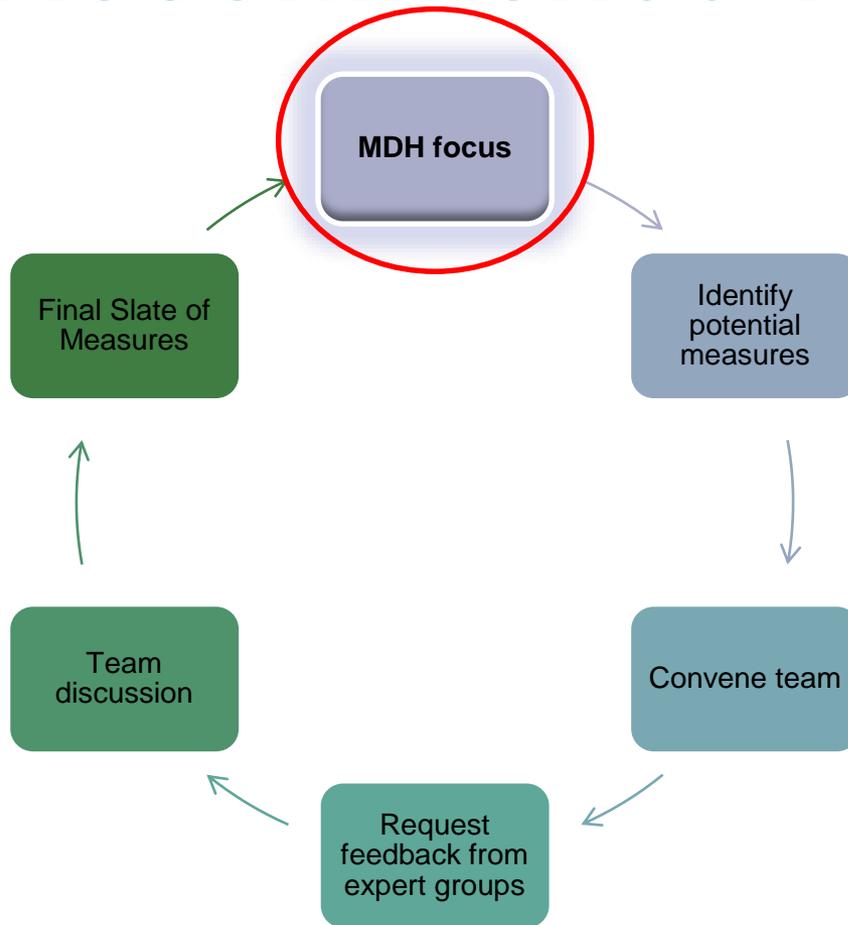


# Objectives

- Review the process used for 2015 hospital measures recommendations
- Share recommended changes to the 2015 hospital slate of measures
- Describe plan for 2016 hospital measures recommendation process

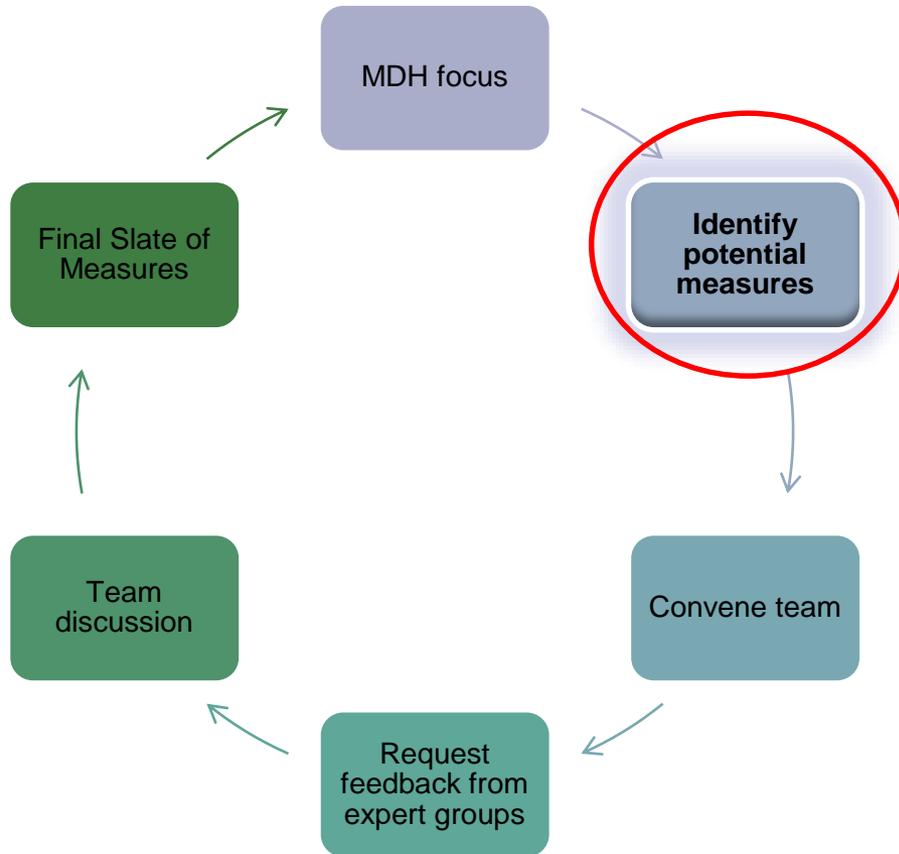
# 2015 Hospital Measures Recommendation Process

# Recommendations Process



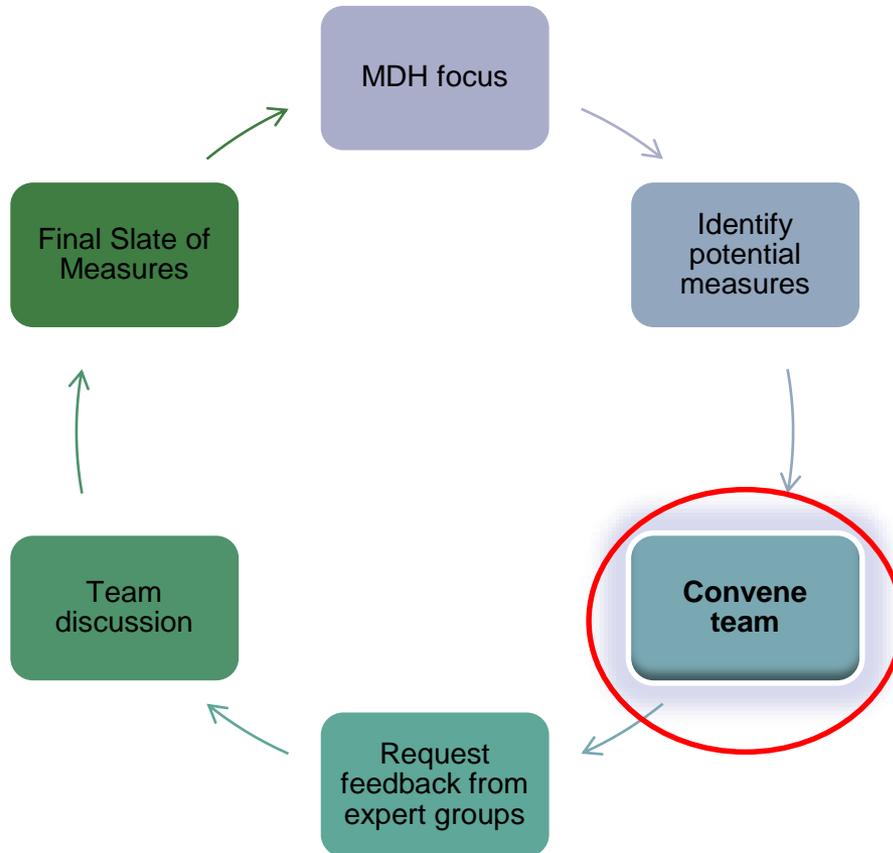
- Aid consumers, employers and other health care purchasers in decision-making
- Use measurement criteria to recommend measures for public reporting and improvement
- Preference for outcome, patient reported outcome or functional status, and electronic measures

# Recommendations Process



Compiled suggestions from previous discussions but did not consider for this year since there was not adequate time to prioritize and solicit feedback from expert groups

# Recommendations Process



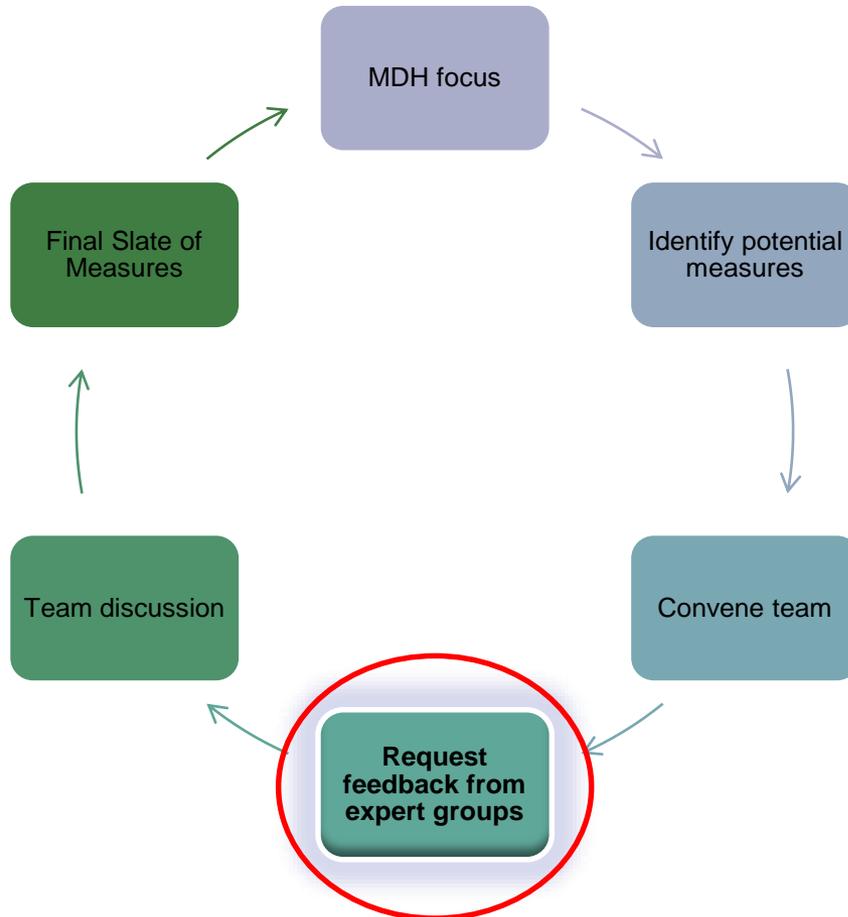
## Added roles:

- Hospitalist
- Minnesota Alliance for Patient Safety (MAPS) leadership

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



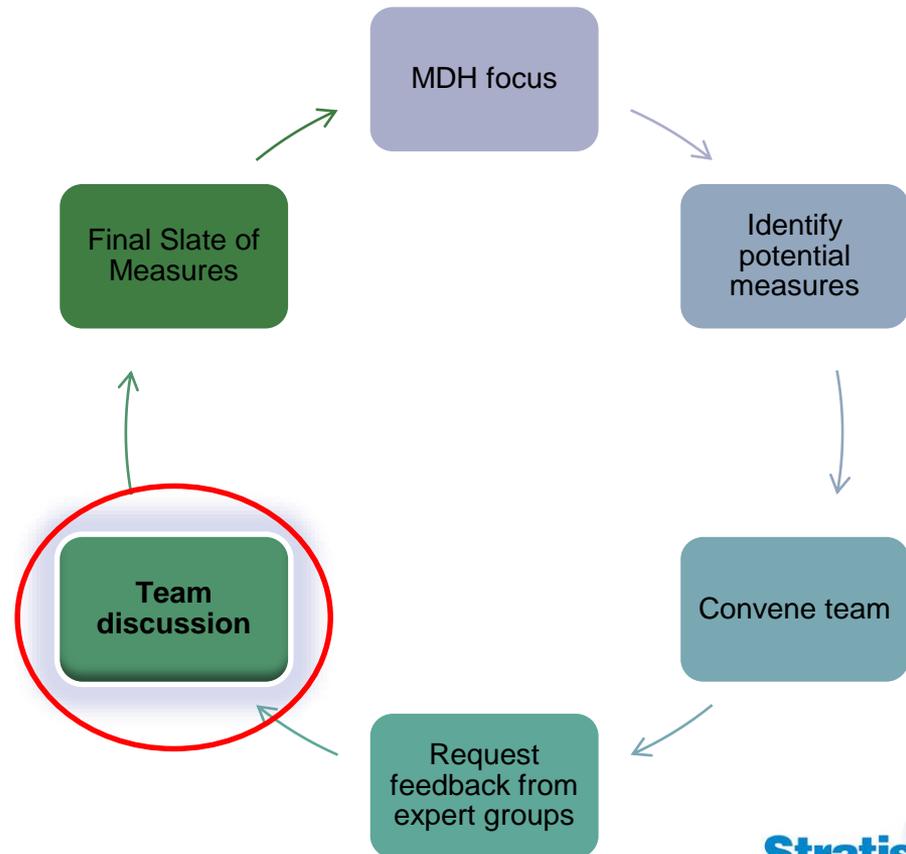
# Recommendations Process



Only feedback was questioning value of collecting low volume measures for critical access hospitals

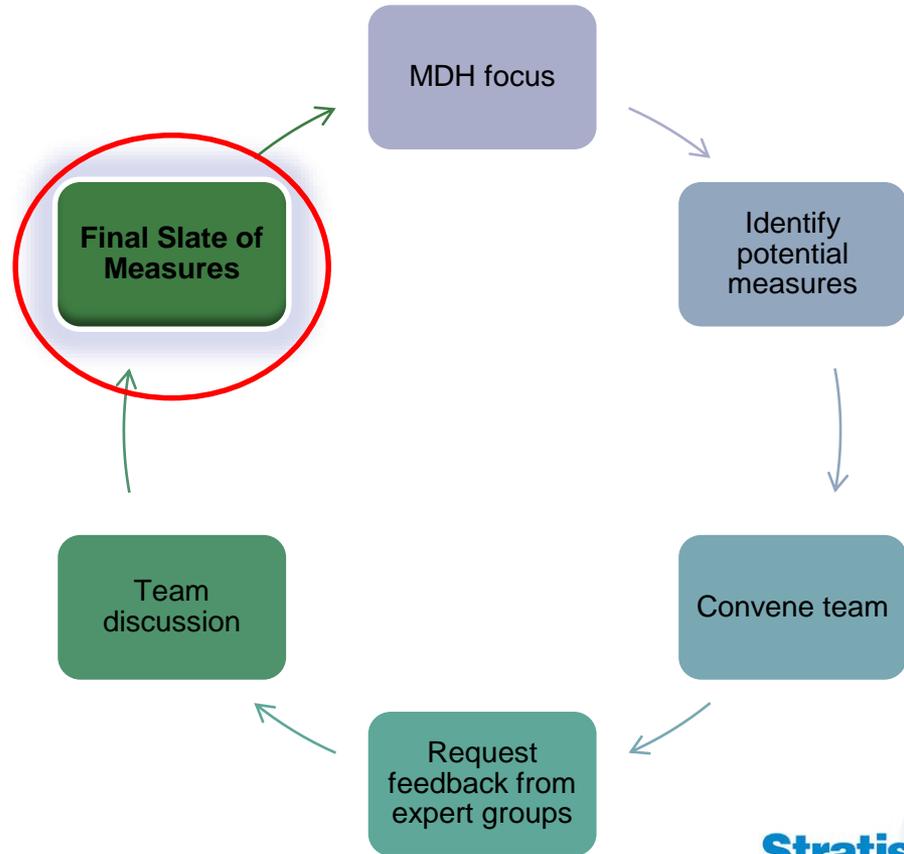
# Recommendations Process

1. Discussed feedback on measures with low volume.
2. Voted on proposal
3. Started discussion on priorities for stakeholder feedback



# Recommendations Process

Additions/Removals/Modifications



# 2015 Hospital Recommendations

# 2015 Recommendations

Measures to add:

- None

# 2015 Recommendations

Measures to remove for critical access hospitals (CAH):

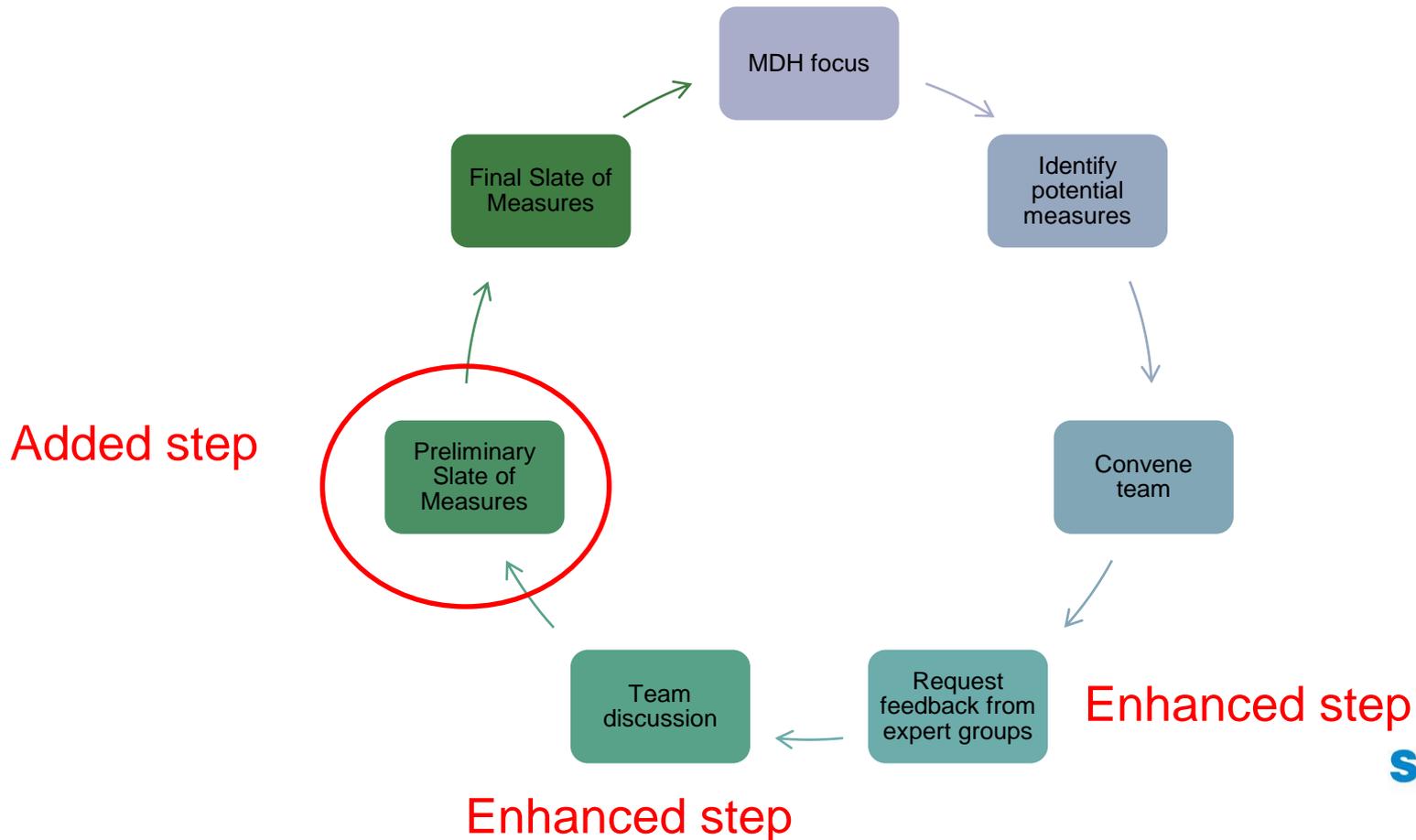
- AMI 7a Fibrinolytic therapy received within 30 minutes of hospital arrival
- AMI 8a Timing of receipt of primary Percutaneous Coronary Intervention (PCI)

# 2016 Hospital Measures Process

# Changes to Process

- Steering committee members have committed to participating through Dec 2015
- Steering committee will convene throughout the year and will consider feedback from expert groups
- Preliminary slate of measures will be developed by April 15 each year to match the clinic measures recommendation process

# Recommendations Process

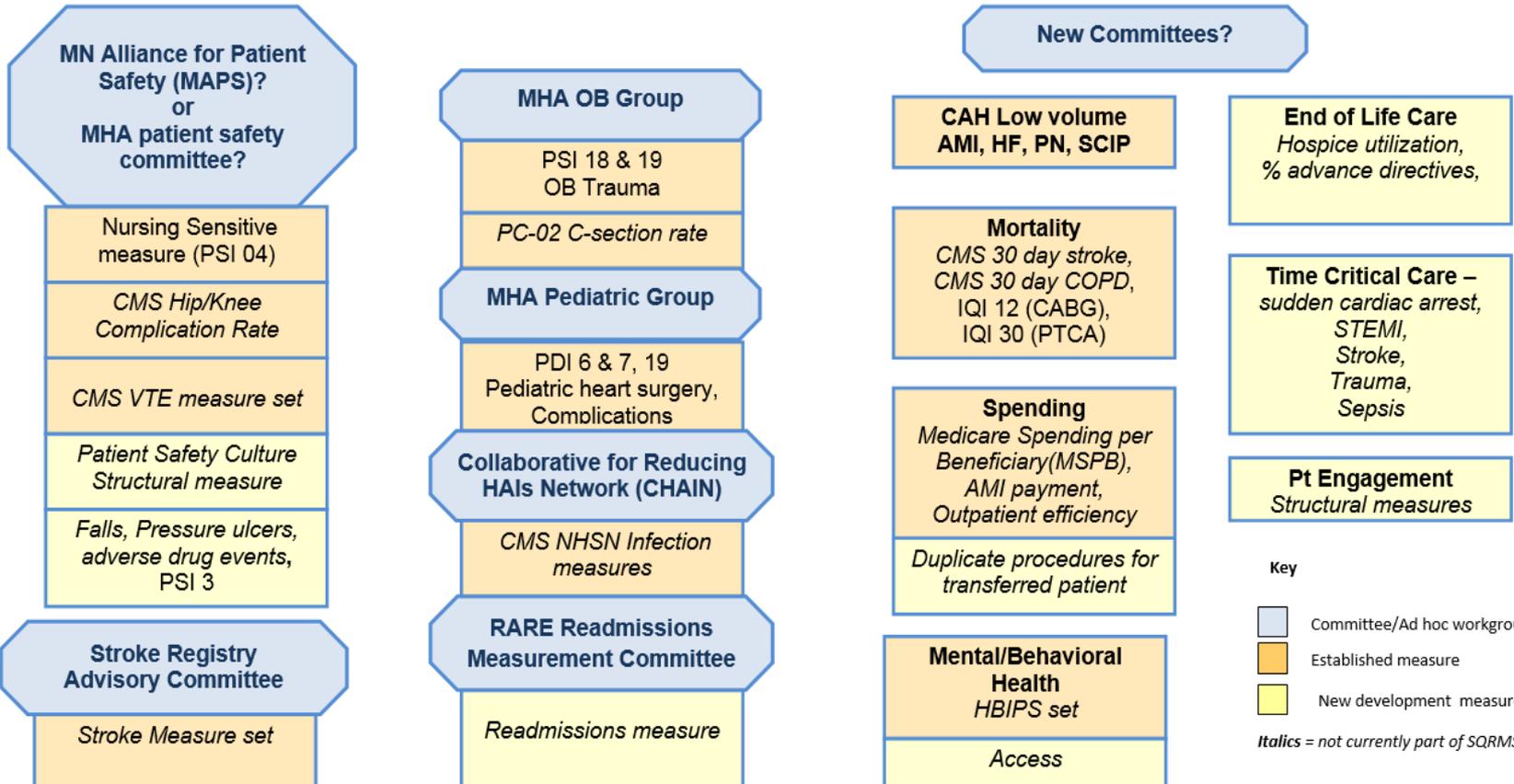
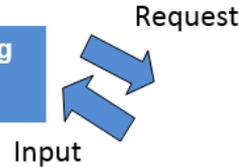


# Suggested topic areas for new measures

- Readmissions
- Mental/Behavioral Health
- Patient Safety
- CMS Measure alignment
- Medicare Beneficiary Quality Improvement Project (MBQIP) alignment

Hospital Quality Reporting Structure  
With clinical expert groups

Hospital Quality Reporting Steering Committee



# Timing of measure additions and removal

- Seemed to work to add measures with January 1 dates of service so that first data submission would be in August
- Removals timing needs more discussion – have done a mix of removing with July 1 discharges the year before or with January 1 discharges of the coming year.

# Other issues for discussion

- More in depth evaluation of measures – volume, data burden, variation
- CMS transition to eCQM (electronic clinical quality measures)
- Ways to get 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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