

CENTER FOR HEALTH INFORMATION AND ANALYSIS

**PERFORMANCE OF THE
MASSACHUSETTS
HEALTH CARE SYSTEM**

QUALITY

TECHNICAL APPENDIX 2017



Quality

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Metrics: The Leapfrog Group

Measure Steward: The Joint Commission

CHIA Data Source: The Leapfrog Group Hospital Survey

Population: All Payers, All Ages

MEASURE NAME	DESCRIPTION	PRIMARY DATA SOURCE
NTSV Cesarean Section	Percent of cesarean sections for first-time pregnancy (nulliparous) that has reached 37th week or later (term) and consists of one fetus (singleton) in the head-down position (vertex).	Hospital Survey derived from health records
Elective Delivery Prior to 39 Completed Weeks Gestation	Elective Delivery Prior to 39 Completed Weeks Gestation	Hospital Survey derived from health records
Rate of Episiotomy	Deliveries with an episiotomy	Hospital Survey derived from health records

Definition:

These measure scores were received from The Leapfrog Group as pre-calculated percentages. Participation in the Leapfrog Hospital survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the data for that entity is also not included in the report.

Metric: Prevention Quality Indicators (PQI)

Steward: Agency for Health Research and Quality (AHRQ)

CHIA Data Source: CHIA Hospital Discharge Database

Population: All Payers, Ages 18+

MEASURE NAME	DESCRIPTION	PRIMARY DATA SOURCE
Asthma in younger adults admission rate (PQI 15)	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years.	Administrative data
Chronic obstructive pulmonary disease (PQI 8)	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older.	Administrative data
Congestive Heart Failure Admission Rate (PQI 8)	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older.	Administrative data

MEASURE NAME	DESCRIPTION	PRIMARY DATA SOURCE
Diabetes Short-Term Complications Admission Rate (PQI 1)	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older.	Administrative data

Definition:

The Prevention Quality Indicators were calculated according to the measure specifications from the Agency for Healthcare Research and Quality (AHRQ), using data from CHIA's Hospital Discharge Database (HDD) for three FY2016) and AHRQ software version 6.0.2 ICD-10.

Theses PQI rates are observed rates and not risk-adjusted.

Metrics: Hospital-wide Adult All-Payer Readmissions

Steward: Centers for Medicare & Medicaid Services

CHIA Data Source: CHIA Hospital Discharge Database

Population: All Payers, Ages 18+

MEASURE NAME	DESCRIPTION	PRIMARY DATA SOURCE
Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) (All-Payer Measure)	This measure estimates the hospital-wide, all-cause, unplanned 30-day readmission rate for all-payer patients aged 18 and older.	Administrative data derived from health records

Calculation/Definition:

The all-payer risk standardized readmission rates for patients 18+ years of age were calculated according to the measure specifications adopted from CMS, as submitted by the Center for Outcomes Research and Evaluation, Yale New Haven Health Services Corporation. CHIA's Hospital Discharge Database (HDD) was used for this analysis. The measure reports a single summary risk-standardized readmission rate (RSRR), derived from the volume-weighted results of five clinically defined cohorts: surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology. The risk standardization procedure controls for patient case mix and hospital service mix.

For more details, please see:

- Hospital-Wide Adult All-Payer Readmissions in Massachusetts: SFY2011-2015, December 2016: <http://www.chiamass.gov/hospital-wide-adult-all-payer-readmissions-in-massachusetts-sfy-2011-2015/>
- Hospital Readmissions Profile Series, April 2017. <http://www.chiamass.gov/hospital-specific-readmissions-profiles/>
- Behavioral Health & Readmissions in Massachusetts Acute Care Hospitals, Technical Appendix, August 2016: <http://www.chiamass.gov/assets/docs/r/pubs/16/Behavioral-Health-Readmissions-2016-Technical-Appendix.pdf>

Metrics: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Steward: Agency for Healthcare Research and Quality

CHIA Data Source: CMS Hospital Compare

Population: All Payers, Ages 18+

MEASURE NAME AND ID	DESCRIPTION	PRIMARY DATA SOURCE
Cleanliness of Hospital Environment	Patient response to the individual HCAHPS survey question about the cleanliness of their hospital room during their stay.	Patient Reported Data/Survey
Communication about Medicines	A composite of responses to HCAHPS survey questions about how providers communicated about medications during the hospital stay.	Patient Reported Data/Survey
Communication with Doctors	A composite of responses to HCAHPS survey questions about how doctors communicated during the hospital stay.	Patient Reported Data/Survey
Communication with Nurses	A composite of responses to HCAHPS survey questions about how nurses communicated during the hospital stay.	Patient Reported Data/Survey
Discharge Information	A composite of responses to HCAHPS survey questions about the care instructions given to them by a provider at discharge.	Patient Reported Data/Survey
Overall Hospital Rating	Overall patient rating of the hospital, based on the recent admission, on a scale from 0 (lowest) to 10 (highest).	Patient Reported Data/Survey
Recommend the Hospital	Would the patient recommend the hospital, based on the recent admission.	Patient Reported Data/Survey
Pain Management	A composite of responses to HCAHPS survey questions about how their pain was controlled during their stay.	Patient Reported Data/Survey
Quietness of Hospital Environment	Patient response to the individual HCAHPS survey question about the quietness of their hospital room at night.	Patient Reported Data/Survey
Responsiveness of Hospital Staff	A composite of responses to HCAHPS survey questions about if help was provided when it was needed during the hospital stay.	Patient Reported Data/Survey
Care Transition	A composite of responses to HCAHPS survey questions about how patients understood the care instructions they received at discharge.	Patient Reported Data/Survey

Definition:

All HCAHPS scores were retrieved from CMS Hospital Compare as pre-calculated percentages. Where a hospital's performance is not included on Hospital Compare because of small numbers, missing data, or because the measure does not apply, the measure is also not included in the report. For more information on CMS's methods, see:

<http://www.hcahponline.org/starratings.aspx#starratings>.



For more information, please contact:

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