

TUTORIAL FOR HOSPITALS

Missouri Quality-Dashboard



OVERVIEW

The *Missouri Quality-Dashboard* report is a quarterly publication used to communicate the quality outcomes of both individual hospitals and Missouri as an aggregate. The goal of sharing this information is to decrease variation among hospitals and identify, with the purpose of sharing, local best practices. Ultimately, our aim is to provide safe, timely, effective, efficient, equitable and patient-centered care for the Missouri communities we serve.

Several measures were assessed for selection to the dashboard measure set, with a final measure list included at the end of this tutorial. The measures were selected based on a standardized review that assessed each measure for criteria, such as financial implications, regulatory effects and current performance. All measures follow the national definitions and conventional reporting rates, supported by data stewards such as the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services. The claims-based data outcomes represent processes and procedures throughout the continuum of care — community health, care coordination and clinical excellence.

The *Missouri Quality-Dashboard* is a measure-level report displayed over time. Hospital-specific dashboards are available to hospitals via HIDI Analytic Advantage. For relevant benchmarking on the *Dashboard*, the outcome data is categorized by hospital bed size in addition to reporting at the state level. Hospital bed size is taken from the most recent annual licensing survey, which is performed every July. Missouri acute care and critical access hospitals are included in this population.

The *Missouri Quality-Snapshot* provides a high-level summary of a few state-aggregate measures. In the *Snapshot*, the Missouri Hospital Association will highlight measures every quarter and identify successes. This publication will be available on www.mhanet.com.

State-aggregate measure rates for each measure are reported quarterly on MHA's website, Focus on Hospitals. This website is open to the public; no password is required. Hospitals have access to their individual hospital data via HIDI Analytic Advantage. Beginning in January 2016, hospitals can

voluntarily report their hospital-specific dashboards on Focus on Hospitals. If a hospital chooses to participate, MHA will upload the hospital-specific dashboard data quarterly when updating the state-aggregate data.

MHA will analyze the state-aggregate data to implement strategies for improvement. The hospital-level dashboards will be reviewed to outline priority areas for the organization, and to determine whether to share best practices with peers or work to increase performance.

HOW TO ACCESS REPORTS IN HIDI ANALYTIC ADVANTAGE®

Users can access HIDI Analytic Advantage reports on its website. HIDI Analytic Advantage is a restricted site, with required permission from the hospital CEO. Please contact Linda Bell at 573/893-3700, ext. 1362 or lbell@mhanet.com to request access.

Once logged in, the *Missouri Quality-Dashboard* report will be located under the "Advantage +" tab, in the "Strategic Quality Initiatives" folder.



To run the report, select the requested parameters and hit the finish button. Every report in HIDI Analytic Advantage® has the capacity to export to a PDF or Excel document. When the report is generated, select the page icon located on the top right hand corner of the report to pull down export options.

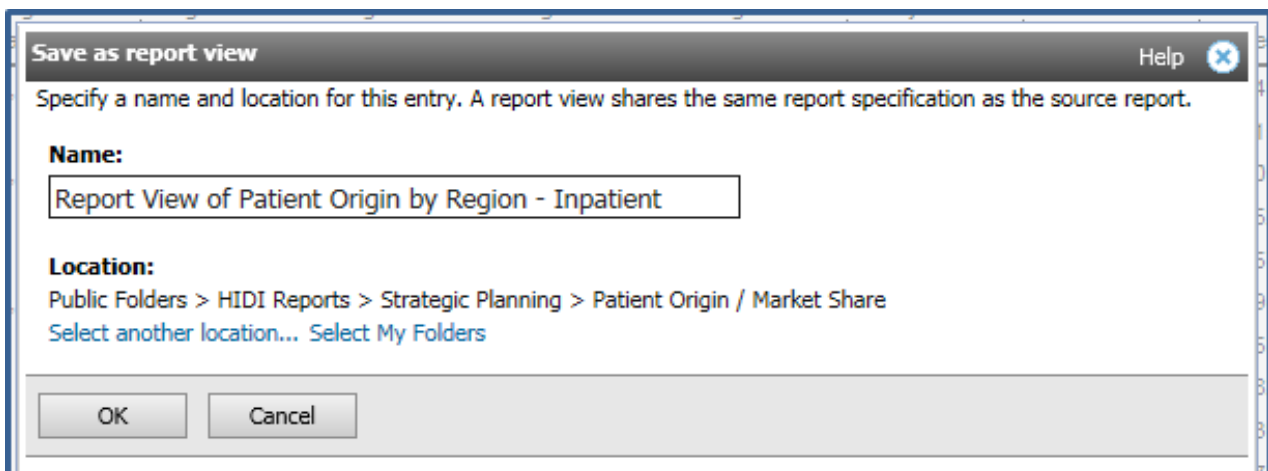
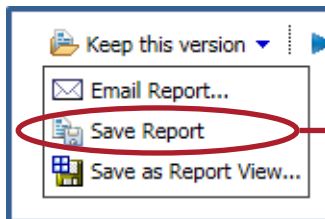
Select view in HTML format, PDF format, XML format or Excel options. When running chronic measures, we suggest running in HTML format so the report remains interactive.



To save the current view of the report, generate the report and once populated, select the “keep this version” option on the menu.



Once the drop menu appears, select the option “Save as Report View.”



Once selected, a dialog box will appear which will allow users to name and select a location to save the report. This will save the report to the user’s profile on HIDI Analytic Advantage®. The saved report can be found in the “My Folders” tab along the top of the main page.

USING THE DATA

The purpose of this outcome measure data is to develop internal strategies to increase the effectiveness and efficiency of processes related to a measure and at the same time being transparent with our communities. When sharing with your internal or external audiences, follow the tips below to ensure the message is valuable.

- This data is not valuable to your audience if there is no explanation about why it is important or relates to them. For employees, it might be breaking the measure down per unit or tracking the related processes on that unit.
- Explain where the data originates and what the outcomes mean.
- If the results are not ideal, highlight things you are doing to improve the processes surrounding the outcomes and use them as an opportunity for improvement.
- If you have patient or staff stories related to these topics, promote them to engage your stakeholders.
- Use this data as a source of benchmarking for your organization. This can be valuable when

looking to celebrate your success or applying for grants or awards.

- Analyze the trends of the hospital-specific data to aid in process improvement initiatives within the organization.
- Keep the data updated to provide the most current results.
- This data is not to be used in a competitive nature, as the CEOs have signed a non-marketing clause to prevent competition.
- If creating a summary of your organization's results for an external audience, remember to speak with numbers, keep it simple, avoid using too many graphs and consider the health literacy of your audience.

INTERNAL COMMUNICATION

Wide distribution of the *Missouri Quality-Dashboard* is the key to successful communication of outcomes to health care team members. Your team members will need to hear the message multiple times, in multiple formats to be fully engaged and understand what they are seeing. The following tips may be helpful to use when communicating to your internal audience.

- Share with hospital employees through in-person meetings. Depending on your audience, you can choose to share all measure outcomes or determine the group's priorities and share those dashboards only. Ideal methods for communication include the following.
 - staff, management, administration, service line, and physician meetings; shift huddles; process improvement teams, programs of excellence, advisory councils and trustee board meetings
 - hospital intranet
 - employee and physician newsletters
 - distribution of the printed dashboards within the department
 - results highlighted on hospital computer's desktop screen savers

MISSOURI QUALITY MEASURES

MEASURE TITLE	MEASURE IDENTIFIER	MEASURE DESCRIPTION
Managing Chronic Diseases		
Management of Diabetes – Short-term complications admission rate	PQI 01	Admissions for principal diagnosis with short-term complications per 100,000 population, ages 18 and older.
Management of Diabetes – Long-term complications admission rate	PQI 03	Admissions for principal diagnosis with long-term complications per 100,000 population, ages 18 and older.
Management of Diabetes – Uncontrolled diabetes admission rate	PQI 14	Admissions for principal diagnosis without mention of short-term or long-term complications per 100,000 population, ages 18 and older.
Management of COPD	PQI 05	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older.

MEASURE TITLE	MEASURE IDENTIFIER	MEASURE DESCRIPTION
Managing Chronic Diseases (continued)		
Management of Hypertension	PQI 07	Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older.
Management of CHF	PQI 08	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older.
Preventing Infections		
Catheter-Associated UTIs - hospital acquired	HAC 6, HC-06	Patients who have a hospital acquired CAUTI.
CLABSI	PSI 7	Central venous catheter-related bloodstream infections (secondary diagnosis) per 1,000 medical and surgical discharges for patients ages 18 years and older or obstetric cases.
SSI – Colon Surgery	N/A	Surgical site infections in patients who had colon surgery as primary or secondary procedure.
SSI – Abdominal Hysterectomy	N/A	Surgical site infections in patients who had abdominal hysterectomy as primary or secondary procedure.
Postoperative Sepsis Rate	PSI 13	Postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 years and older.
C Difficile	N/A	Rate of healthcare-associated CDI as the number of cases per 10,000 patient days.
MRSA	N/A	Rate of healthcare-associated MRSA as the number of cases per 1,000 patient days.
Preventing Harm		
Falls (injuries from falls and trauma)	HAC 5	Missouri falls – injuries from falls and trauma.
Venous Thromboembolism (Post op PE or DVT)	PSI 12	Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older.
Mortality – all conditions composite	PSI 2	In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) DRGs among patients ages 18 years and older or obstetric patients.
Pressure Ulcers	PSI 3	Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 years and older.
Managing Readmissions		
Readmissions – Hospital wide	EOM-READ-75	Adult inpatients who were readmitted to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor).
Readmissions – Congestive Heart Failure	EOM-READ-77	Adult inpatients who were readmitted following hospitalization for CHF to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor).
Readmissions – Acute Myocardial Infarction	EOM-READ-76	Adult inpatients who were readmitted following hospitalization for AMI to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor).
Readmissions – Pneumonia	EOM-READ-78	Adult inpatients who were readmitted following hospitalization for PN to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor).
Readmissions – Chronic Obstructive Pulmonary Disease	N/A	Adult inpatients who were readmitted following hospitalization for COPD to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, 18 and older, all payor).
Readmissions – Hip/Knee Replacement	N/A	Adult inpatients who were readmitted following hospitalization for hip/knee replacement to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all Cause, all diagnosis, 18 and older, all payor.)