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The first Hospital Transformation Performance Program report lays out how hospitals are doing on key quality health metrics. These metrics indicate how well hospitals are advancing health system transformation by improving quality of care, reducing costs, and improving patient safety.

Eleven outcome and quality measures covering six domains were developed through a transparent process by the Hospital Metrics Advisory Committee, Oregon Association for Hospitals and Healthcare Systems (OAHHS), and the Oregon Health Authority (OHA) in coordination with the Centers for Medicare and Medicaid Services. The first year of baseline data, included in this report, spans from October 2013 through September 2014.

For the first year, a total of $150 million in funds from a quality pool are being awarded based on baseline data submitted for the 11 measures. A two-phase distribution method determines amounts awarded. In the first phase, all participating hospitals are eligible for a $500,000 "floor" payment if they achieve at least 75 percent of the measures for which they are eligible. All hospitals achieved this, resulting in $14 million in payments to hospitals from phase one. In the second phase, the $136 million in remaining funds went to a pool that is distributed on a measure-by-measure basis. This initial report shows that overall, hospitals succeeded in reporting most or all of the data required for payment.

Overall, hospitals were successful in reporting the measures required for payment in the first year. All hospitals successfully submitted data for 8 of the 11 measures.

The baseline data shows progress toward achieving key metrics and will help further discussions about benchmarks. While the benchmark doesn’t apply toward payments until the second year, this report shows:

- Hospitals are doing well in the area of increased medication safety.
  - Adverse drug events due to opioids: all hospitals achieved the benchmark.
  - Excessive anticoagulation with Warfarin: 27 of the 28 hospitals achieved the benchmark.
  - Hypoglycemia in inpatients receiving insulin: 25 of the 28 hospitals achieved the benchmark.

- Follow-up after hospitalization for mental illness, a hospital / coordinated care organization (CCO) coordination-focused measure: 15 of the 28 hospitals achieved the benchmark.

This report tells us where Oregon’s hospitals are today on key measures and advances the vision of a healthy Oregon. This report adds increased transparency and accountability to the health care system as Oregon sees continued progress toward the triple aim of better health, better care and lower costs.
In 2013, Oregon's House Bill 2216 directed the Oregon Health Authority to establish an incentive metric program for diagnosis-related group (DRG) hospitals. These metrics show how well hospitals are advancing health system transformation, reducing costs, and improving patient safety. The program is called the Hospital Transformation Performance Program (HTPP). HTPP is approved through OHA’s 1115 Medicaid waiver agreement with the Centers for Medicare and Medicaid Services (CMS).

**Metrics**

Eleven outcome and quality measures covering six domains were developed by the Hospital Metrics Advisory Committee for October 2013 – September 2014 (baseline year) and October 2014–September 2015 (performance year). The six domains and 11 measures are captured in two overarching focus areas:

1) hospital-focused and 2) hospital / coordinated care organization (CCO) coordination-focused. The hospital-CCO coordination-focused domains support greater collaboration and alignment of the work that hospitals and CCOs are doing to further health system transformation.

**Incentive Payments**

In order to qualify for incentive payments in the first year of the program (baseline year), hospitals must submit data which adhere to the program measure specifications and data submission guidance from OHA (available at www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx). Hospitals must achieve benchmarks or improvement targets in order to qualify for payment in the second year of the program. This report includes the baseline performance for each of the 11 measures.

**Benchmarks**

Benchmarks for the second year of the program were established prior to the availability of baseline data for some measures. Benchmarks for all measures will be finalized in spring and summer 2015.

**Additional information** about the Hospital Metrics Advisory Committee is available online at: www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx.
# Measures and Domains

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Domains</th>
<th>Measures</th>
</tr>
</thead>
</table>
| Hospital focus | 1. Health care-associated infections | 1. Catheter-associated urinary tract infection (CAUTI) in all tracked units (adapted from NQF 0754)  
2. Central line-associated bloodstream infection (CLABSI) in all tracked units (adapted from NQF 0139) |
| | 2. Medication safety | 3. Adverse drug events due to opioids  
4. Excessive anticoagulation with Warfarin  
5. Hypoglycemia in inpatients receiving insulin |
7. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Staff gave patient discharge information (NQF 0166) |
| | 4. Readmissions | 8. Hospital-wide all-cause readmission |
| Hospital-CCO collaboration focus | 5. Behavioral health | 9. Follow-up after hospitalization for mental illness (adapted from NQF 0576)  
10. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the emergency department (two-part measure) |
<p>| | 6. Sharing ED visit information | 11. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits (two-part measure) |</p>
<table>
<thead>
<tr>
<th>Hospital name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asante Rogue Regional Medical Center</td>
<td>Medford</td>
</tr>
<tr>
<td>Asante Three Rivers Medical Center</td>
<td>Grants Pass</td>
</tr>
<tr>
<td>Bay Area Hospital</td>
<td>Coos Bay</td>
</tr>
<tr>
<td>Good Samaritan Regional Medical Center</td>
<td>Corvallis</td>
</tr>
<tr>
<td>Kaiser Sunnyside Medical Center</td>
<td>Portland</td>
</tr>
<tr>
<td>Kaiser Westside Medical Center</td>
<td>Hillsboro</td>
</tr>
<tr>
<td>Legacy Emanuel Medical Center</td>
<td>Portland</td>
</tr>
<tr>
<td>Legacy Good Samaritan Medical Center</td>
<td>Portland</td>
</tr>
<tr>
<td>Legacy Meridian Park Medical Center</td>
<td>Tualatin</td>
</tr>
<tr>
<td>Legacy Mount Hood Medical Center</td>
<td>Gresham</td>
</tr>
<tr>
<td>McKenzie-Willamette Medical Center</td>
<td>Springfield</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
<td>Roseburg</td>
</tr>
<tr>
<td>OHSU Hospital</td>
<td>Portland</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart Medical Center at RiverBend</td>
<td>Springfield</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart Medical Center University Distrc</td>
<td>Eugene</td>
</tr>
<tr>
<td>Providence Medford Medical Center</td>
<td>Medford</td>
</tr>
<tr>
<td>Providence Milwaukie Hospital</td>
<td>Milwaukie</td>
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<tr>
<td>Providence Portland Medical Center</td>
<td>Portland</td>
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<tr>
<td>Providence St. Vincent Medical Center</td>
<td>Portland</td>
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<tr>
<td>Providence Willamette Falls Medical Center</td>
<td>Oregon City</td>
</tr>
<tr>
<td>Salem Hospital</td>
<td>Salem</td>
</tr>
<tr>
<td>Samaritan Albany General Hospital</td>
<td>Albany</td>
</tr>
<tr>
<td>Shriners Hospital for Children</td>
<td>Portland</td>
</tr>
<tr>
<td>Sky Lakes Medical Center</td>
<td>Klamath Falls</td>
</tr>
<tr>
<td>St. Charles Bend Medical Center</td>
<td>Bend</td>
</tr>
<tr>
<td>Tuality Healthcare</td>
<td>Hillsboro</td>
</tr>
<tr>
<td>Willamette Valley Medical Center</td>
<td>McMinnville</td>
</tr>
</tbody>
</table>
Baseline Quality Pool

In this first year of the HTPP, Oregon’s DRG hospitals may qualify for a quality pool payment by submitting baseline data that follow the official HTPP measure specifications and data submission guidance published by OHA (available at www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx).

These data are for the period October 1, 2013 - September 30, 2014, and provide a baseline for future performance. In subsequent years, hospitals will have to achieve benchmarks or improvement targets to receive a quality pool payment.

The program is funded by the Hospital Provider Assessment Program, as authorized by the Oregon Legislature. The baseline year quality pool is $150 million; all funds are distributed in the baseline year. The amount of funds each hospital is eligible to receive is based on the number of measures submitted and hospital size. Hospital size is determined by the proportion of total Medicaid discharges and inpatient days (50 percent based on discharges and 50 percent based on inpatient days). The methodology for distribution occurs in two phases, described below.

Quality Pool: Phase One Distribution

All participating hospitals are eligible for a $500,000 floor payment by achieving at least 75 percent of the measures for which they are eligible. To achieve a measure in the baseline year a hospital must have submitted data in accordance with measure specifications.

**Step 1:** OHA determines the number of hospitals qualifying for the floor payment and multiplies that number by $500,000.

\[
\begin{align*}
\text{Number of hospitals earning floor payment} &= 28 \\
\text{Floor payment per hospital} &= \times 500,000 \\
\text{Total floor payment} &= 14,000,000
\end{align*}
\]

**Step 2:** The total floor payment is then subtracted from the quality pool, with the remainder to be allocated in Phase Two.

\[
\begin{align*}
\text{Total in quality pool} &= 150,000,000 \\
\text{Subtract total floor payment} &= -14,000,000 \\
\text{Amount remaining for payment on individual measures} &= 136,000,000
\end{align*}
\]
Quality Pool Distribution

Quality Pool: Phase Two Distribution

The remaining funds are allocated to hospitals based on their performance on the individual measures (in the baseline year, this means the successful submission of data).

**Step 1:** Determine the number of hospitals achieving each measure.

**Step 2:** Calculate total amount each measure is worth by multiplying each individual measure's weight by the amount remaining in the pool after Phase One. This is the "base amount."

**Step 3:** Allocate base amount to hospitals that have achieved the measure according to relative hospital size (50 percent Medicaid discharges and 50 percent Medicaid days).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure weight</th>
<th>Total amount available for measure</th>
<th>Number of hospitals qualifying for baseline payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI in all tracked units</td>
<td>9.38%</td>
<td>$12,750,000</td>
<td>28</td>
</tr>
<tr>
<td>CLABSI in all tracked units</td>
<td>9.38%</td>
<td>$12,750,000</td>
<td>28</td>
</tr>
<tr>
<td>Adverse drug events due to opioids</td>
<td>6.25%</td>
<td>$8,500,000</td>
<td>28</td>
</tr>
<tr>
<td>Excessive anticoagulation with Warfarin</td>
<td>6.25%</td>
<td>$8,500,000</td>
<td>28</td>
</tr>
<tr>
<td>Hypoglycemia in inpatients receiving insulin</td>
<td>6.25%</td>
<td>$8,500,000</td>
<td>28</td>
</tr>
<tr>
<td>HCAHPS: Staff always explained medicines</td>
<td>9.38%</td>
<td>$12,750,000</td>
<td>27</td>
</tr>
<tr>
<td>HCAHPS: Staff gave patient discharge information</td>
<td>9.38%</td>
<td>$12,750,000</td>
<td>28</td>
</tr>
<tr>
<td>Hospital-wide all-cause readmissions</td>
<td>18.75%</td>
<td>$25,500,000</td>
<td>28</td>
</tr>
<tr>
<td>Follow-up after hospitalization for mental illness</td>
<td>6.25%</td>
<td>$8,500,000</td>
<td>28</td>
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<tr>
<td>SBIRT: Screening for alcohol and other substance misuse in the ED</td>
<td>6.25%</td>
<td>$8,500,000</td>
<td>17</td>
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<tr>
<td>EDIE: Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits</td>
<td>12.50%</td>
<td>$17,000,000</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.00%</td>
<td>$136,000,000</td>
<td></td>
</tr>
</tbody>
</table>

# As a children's hospital, Shriners Hospital for Children fields the Press Ganey Inpatient Pediatric Survey, rather than HCAHPS. Shriners is still eligible for payment on the "HCAHPS: Staff gave patient discharge information" measures, but in the second year of the program Shriners' performance will be assessed using data from a similar question included in the Press Ganey Inpatient Pediatric Survey. The Press Ganey survey does not include a question analogous to the HCAHPS question on staff explaining new medications, so Shriners Hospital for Children is not eligible for payment on that measure.

* Shriners Hospital for Children does not have an emergency department (ED), so it cannot participate in the two ED-based measures (SBIRT and notification to primary care [EDIE]). Shriners is therefore ineligible for payment on these measures.
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total measures possible</th>
<th>Number of measures met</th>
<th>Phase One payment earned</th>
<th>Phase Two payment earned</th>
<th>Total dollar amount earned</th>
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<tbody>
<tr>
<td>Adventist Medical Center</td>
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<td>11</td>
<td>$500,000</td>
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<td>$7,334,107</td>
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<td>Asante Rogue Regional</td>
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<td>11</td>
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<td>$6,768,746</td>
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<td>Asante Three Rivers</td>
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<td>11</td>
<td>$500,000</td>
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<td>$3,816,085</td>
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<td>Bay Area Hospital</td>
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<td>10</td>
<td>$500,000</td>
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<td>$2,844,858</td>
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<tr>
<td>Good Samaritan Regional</td>
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<td>10</td>
<td>$500,000</td>
<td>$2,674,786</td>
<td>$3,174,786</td>
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<tr>
<td>Kaiser Sunnyside</td>
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<td>11</td>
<td>$500,000</td>
<td>$1,347,770</td>
<td>$1,847,770</td>
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<tr>
<td>Kaiser Westside</td>
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<td>11</td>
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<td>$63,280</td>
<td>$563,280</td>
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<tr>
<td>Legacy Emanuel</td>
<td>11</td>
<td>10</td>
<td>$500,000</td>
<td>$13,669,906</td>
<td>$14,169,906</td>
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<tr>
<td>Legacy Good Samaritan</td>
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<td>10</td>
<td>$500,000</td>
<td>$3,246,433</td>
<td>$3,746,433</td>
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<tr>
<td>Legacy Meridian Park</td>
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<td>10</td>
<td>$500,000</td>
<td>$1,121,733</td>
<td>$1,621,733</td>
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<tr>
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<td>10</td>
<td>$500,000</td>
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<td>$3,286,298</td>
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<tr>
<td>McKenzie-Willamette</td>
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<td>10</td>
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<td>$2,586,184</td>
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<tr>
<td>Mercy Medical Center</td>
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<td>11</td>
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<td>$3,890,811</td>
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<tr>
<td>OHSU Hospital</td>
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<td>$500,000</td>
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<td>$22,394,906</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart - RiverBend</td>
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<td>11</td>
<td>$500,000</td>
<td>$12,520,746</td>
<td>$13,020,746</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart - University</td>
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<td>$500,000</td>
<td>$1,926,574</td>
<td>$2,426,574</td>
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<td>Providence Medford</td>
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<td>11</td>
<td>$500,000</td>
<td>$2,566,728</td>
<td>$3,066,728</td>
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<td>Providence Milwaukie</td>
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<td>$500,000</td>
<td>$1,549,488</td>
<td>$2,049,488</td>
</tr>
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<td>Providence Portland</td>
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<td>11</td>
<td>$500,000</td>
<td>$12,108,786</td>
<td>$12,608,786</td>
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<tr>
<td>Providence St. Vincent</td>
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<td>$10,455,994</td>
<td>$10,955,994</td>
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<tr>
<td>Providence Willamette Falls</td>
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<td>11</td>
<td>$500,000</td>
<td>$2,002,868</td>
<td>$2,502,868</td>
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<td>Salem Hospital</td>
<td>11</td>
<td>10</td>
<td>$500,000</td>
<td>$7,508,444</td>
<td>$8,008,444</td>
</tr>
<tr>
<td>Samaritan Albany General Hospital</td>
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<td>10</td>
<td>$500,000</td>
<td>$1,770,612</td>
<td>$2,270,612</td>
</tr>
<tr>
<td>Shriners Hospital for Children</td>
<td>8</td>
<td>8</td>
<td>$500,000</td>
<td>$335,155</td>
<td>$835,155</td>
</tr>
<tr>
<td>Sky Lakes</td>
<td>11</td>
<td>10</td>
<td>$500,000</td>
<td>$2,466,838</td>
<td>$2,966,838</td>
</tr>
<tr>
<td>St. Charles Bend</td>
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<td>10</td>
<td>$500,000</td>
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<td>$6,086,898</td>
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<tr>
<td>Tuality Healthcare</td>
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<td>11</td>
<td>$500,000</td>
<td>$2,516,202</td>
<td>$3,016,202</td>
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<tr>
<td>Willamette Valley</td>
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<td>11</td>
<td>$500,000</td>
<td>$1,638,763</td>
<td>$2,138,763</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$14,000,000</strong></td>
<td><strong>$136,000,000</strong></td>
<td><strong>$150,000,000</strong></td>
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</tbody>
</table>
Catheter-associated urinary tract infections (CAUTI) in all tracked units

Domain: Health care-associated infections

Measure description: The measure is the rate of patients with catheter-associated urinary tract infections (CAUTI) per 1,000 urinary catheter days in all tracked units (all tracked units as defined or accepted by the National Health Safety Network). A lower score for this measure is better.

Purpose: This measure is part of the domain that addresses infections patients can get while receiving medical treatment in a health care facility. A catheter is a drainage tube inserted into a patient’s bladder through the urethra to collect urine. Germs can enter the body and cause serious infections in the urinary tract if the catheter is not inserted correctly, not kept clean, or left in place too long.

Note: The HTPP measure is an unadjusted CAUTI rate across all tracked units and is not limited to intensive care units. Some other reports, including the state’s Healthcare Acquired Infections report, include the Standardized Infection Ratio (SIR). The SIR is a risk-adjusted rate that calculates the ratio of observed to expected CAUTIs.

Baseline Year: October 2013 – September 2014 data

All hospitals successfully submitted baseline data for this measure.

Aggregated across all reporting hospitals, the baseline statewide DRG hospital CAUTI rate was 1.56 per 1,000 catheter days. Four hospitals (Bay Area, Providence Milwaukie, Shriners Hospital for Children, and Sky Lakes) did not have any CAUTIs during the baseline period. Among hospitals experiencing at least one CAUTI, the CAUTI rate per 1,000 catheter days ranged from 0.29 to 3.24. A benchmark for the second year of the program has not yet been established for this measure; a benchmark will be identified after a review of the baseline data.

Statewide rate: 1.56 per 1,000 catheter days

Data source: Self-reported by hospitals to Centers for Disease Control and Prevention/National Health Safety Network

Benchmark: TBD (lower is better)

Benchmark source: N/A
Catheter-associated urinary tract infections (CAUTI) in all tracked units

Rate of urinary tract infections for patients who had a catheter while in the hospital in the baseline year (Rates reported per 1,000 catheter days)

Bay Area Hospital: 0.00
Providence Milwaukie: 0.00
Shriners Hospital for Children: 0.00
Sky Lakes: 0.00
Tuality Healthcare: 0.29
Providence Medford: 0.36
Mercy Medical Center: 0.39
Kaiser Westside: 0.45
Asante Three Rivers: 0.59
Providence St. Vincent: 0.80
Adventist Medical Center: 0.85
McKenzie-Willamette: 0.91
Providence Portland: 0.95
Kaiser Sunnyside: 1.02
Samaritan Albany General Hospital: 1.24
Asante Rogue Regional: 1.24
Salem Hospital: 1.27
Legacy Meridian Park: 1.29
Willamette Valley: 1.40
St. Charles Bend: 1.43
Providence Willamette Falls: 1.65
Legacy Mount Hood: 1.68
Legacy Good Samaritan: 1.93
Good Samaritan Regional: 2.13
PeaceHealth Sacred Heart - RiverBend: 2.18
PeaceHealth Sacred Heart - University: 2.27
OHSU Hospital: 2.75
Legacy Emanuel: 3.24

Lower is better
(Year 2 benchmark TBD)
Central line-associated bloodstream infections (CLABSI) in all tracked units

Domain: Health care-associated infections

Central line-associated bloodstream infections (CLABSI) in all tracked units

Measure description: This measure is the central line-associated bloodstream infection (CLABSI) rate in patients who had a central line within the 48-hour period before the development of a bloodstream infection that is not related to an infection at another site. A lower score for this measure is better.

Purpose: This measure is part of the domain that addresses infections patients can get while receiving medical treatment in a health care facility. A central line is a tube inserted into a large vein of a patient’s neck or chest to provide medical treatment. If not inserted correctly or kept clean, germs can enter the body and cause serious infections in the blood (CLABSI).

Note: The HTPP measure is an unadjusted CLABSI rate across all tracked units in the hospital (all tracked units as defined or accepted by the National Health Safety Network; it is not limited to intensive care units). Some other reports, including the state's Healthcare Acquired Infections report, include the Standardized Infection Ratio (SIR). The SIR is a risk-adjusted rate that calculates the ratio of observed to expected CLABSIs.

Baseline Year: October 2013 – September 2014 data

All hospitals successfully submitted baseline data for this measure.

Aggregated across all reporting hospitals, the baseline statewide DRG hospital CLABSI rate was 0.80. Among individual hospitals experiencing at least one CLABSI, the rate per 1,000 central line days ranged from 0.30 to 2.07. Nine hospitals did not have any central line infections (CLABSIs) during the baseline period. A benchmark for the second year of the program has not yet been established for this measure; a benchmark will be identified after a review of the baseline data.

Statewide rate: **0.80** per 1,000 central line days

Data source: Self-reported by hospitals to Centers for Disease Control and Prevention/National Health Safety Network

Benchmark: **TBD** (lower is better)

Benchmark source: N/A
Central line-associated bloodstream infections (CLABSI) in all tracked units

Rate of bloodstream infections for patients who had a central line while in the hospital in the baseline year (Rates reported per 1,000 central line days)

Asante Three Rivers: 0.00
Bay Area Hospital: 0.00
Good Samaritan Hospital: 0.00
Kaiser Westside: 0.00
Legacy Good Samaritan: 0.00
Mercy Medical Center: 0.00
PeaceHealth Sacred Heart - University: 0.00
Providence Medford: 0.00
Providence Milwaukie: 0.00
Providence Willamette Falls: 0.00
Samaritan Albany General Hospital: 0.00
Shriners Hospital for Children: 0.00
Sky Lakes: 0.00
Tuality Healthcare: 0.00
Asante Rogue Regional: 0.30
Adventist Medical Center: 0.36
Kaiser Sunnyside: 0.42
PeaceHealth Sacred Heart - RiverBend: 0.42
Salem Hospital: 0.48
Providence Portland: 0.49
Providence St. Vincent: 0.65
St. Charles Bend: 0.67
Legacy Meridian Park: 0.74
Legacy Emanuel: 1.00
Legacy Mount Hood: 1.16
Willamette Valley: 1.39
OHSU Hospital: 1.50
McKenzie-Willamette: 2.07

Lower is better (Year 2 benchmark TBD)

HTPP Baseline Year Report
April 27, 2015
Adverse drug events due to opioids

Domain: Medication safety

Adverse drug events due to opioids

Measure description: Percentage of times a patient receiving an opioid agent also received Naloxone, an antidote for opiate overdose. *A lower score for this measure is better.*

Purpose: This measure is part of the medication safety domain, which aims to increase medication safety and avoid adverse drug events. Adverse drug events are injuries resulting from medication use, including physical or mental harm, and loss of function. Naloxone is an antidote for opiate overdose that reverses opioid intoxication. For this reason, this measure uses Naloxone administration to identify patients who may have experienced an adverse drug event due to an opioid.

Baseline Year: October 2013 — September 2014 data

All hospitals successfully submitted data for this measure.

The benchmark that must be achieved in the second year of the program is 5.0 percent or lower. All hospitals achieved this benchmark in the baseline year, with baseline year performance ranging from 0.1 percent to 0.8 percent. Aggregated across all reporting hospitals, the statewide DRG hospital baseline rate was 0.5 percent. Continued monitoring is important to ensure the rate remains low.

Statewide rate: 0.5%

Data source: Self-reported by hospitals (tracked internally through electronic health records, chart abstractions, or other manual process)

Benchmark: 5.0% (lower is better)

Benchmark source: Hospital Transformation Performance Program consensus
Adverse drug events due to opioids

Percentage of times in the baseline year when an opioid given to a patient in the hospital resulted in the need for Naloxone, an antidote for opioid overdose

Lower is better

Year 2 benchmark: 5.0%

- Adventist Medical Center: 0.1%
- Shriners Hospital for Children: 0.2%
- Kaiser Westside: 0.2%
- McKenzie-Willamette: 0.2%
- Legacy Meridian Park: 0.2%
- Sky Lakes: 0.3%
- Kaiser Sunnyside: 0.3%
- Providence Willamette Falls: 0.3%
- Bay Area Hospital: 0.3%
- Legacy Mount Hood: 0.3%
- Asante Three Rivers: 0.4%
- OHSU Hospital: 0.4%
- PeaceHealth Sacred Heart - University: 0.4%
- Asante Rogue Regional: 0.4%
- St. Charles Bend: 0.4%
- Legacy Good Samaritan: 0.4%
- Legacy Emanuel: 0.4%
- Good Samaritan Regional: 0.5%
- Providence Portland: 0.5%
- Providence Milwaukie: 0.5%
- Providence Medford: 0.6%
- Tuality Healthcare: 0.6%
- PeaceHealth Sacred Heart - RiverBend: 0.6%
- Providence St. Vincent: 0.7%
- Salem Hospital: 0.7%
- Samaritan Albany General Hospital: 0.7%
- Willamette Valley: 0.8%
- Mercy Medical Center: 0.8%
Excessive anticoagulation due to Warfarin

Domain: Medication safety

Excessive anticoagulation with Warfarin

**Measure description:** Percentage of times inpatients receiving Warfarin anticoagulation therapy experienced excessive anticoagulation. *A lower score for this measure is better.*

**Purpose:** This measure is part of the domain aiming to increase medication safety and avoid adverse drug events. Adverse drug events are defined as any injuries resulting from medication use, including physical or mental harm, and loss of function. Warfarin helps prevent clots from forming in the blood. If not carefully monitored, it can result in bleeding because the blood does not clot appropriately (excessive anticoagulation).

Baseline Year: October 2013 — September 2014 data

All hospitals successfully submitted baseline data for this measure.

Aggregated across all reporting hospitals, the statewide DRG hospital baseline for this measure was 1.5 percent. All but one hospital has already achieved the benchmark, with the percentage of patients receiving Warfarin anticoagulation therapy who experienced excessive anticoagulation during the baseline year ranging from 0.3 percent to 5.9 percent (lower scores are better). The benchmark for the second year of the program is 5.0 percent or lower.

**Statewide rate:** 1.5%

**Data source:** Self-reported by hospitals (tracked internally through electronic health records, chart abstractions, or other manual process)

**Benchmark:** 5.0% (lower is better)

**Benchmark source:** Hospital Transformation performance program consensus
Excessive anticoagulation due to Warfarin

Percentage of times in which Warfarin given to a patient during an admission in the baseline year resulted in excessive anticoagulation*

- St. Charles Bend: 0.3%
- PeaceHealth Sacred Heart - University: 0.3%
- Bay Area Hospital: 0.4%
- OHSU Hospital: 0.4%
- Kaiser Westside: 0.4%
- Providence Medford: 0.5%
- Asante Rogue Regional: 0.6%
- Good Samaritan Regional: 0.7%
- Kaiser Sunnyside: 0.7%
- Providence St. Vincent: 0.8%
- Providence Portland: 0.9%
- Asante Three Rivers: 0.9%
- Tuality Healthcare: 1.0%
- Legacy Emanuel: 1.0%
- Sky Lakes: 1.2%
- Providence Willamette Falls: 1.2%
- Adentist Medical Center: 1.3%
- PeaceHealth Sacred Heart - RiverBend: 1.3%
- Providence Milwaukie: 1.6%
- Legacy Good Samaritan: 1.9%
- Willamette Valley: 2.1%
- Legacy Meridian Park: 2.1%
- Samaritan Albany General Hospital: 2.2%
- Legacy Mount Hood: 3.1%
- Salem Hospital: 3.7%
- McKenzie-Willamette: 4.1%
- Mercy Medical Center: 5.9%

Year 2 benchmark: 5.0%
Lower is better

*Shriners Hospital for Children had no qualifying denominator events for this measure.
Hypoglycemia in inpatients receiving insulin

**Domain: Medication safety**

**Measure description:** Percentage of times an inpatient receiving insulin experienced hypoglycemia. *A lower score is better.*

**Purpose:** This measure is part of the domain aiming to increase medication safety and avoid adverse drug events. Adverse drug events are injuries resulting from medication use, including physical or mental harm, or loss of function. Insulin is an important component of diabetes care. If dosage is incorrect or the patient is not carefully monitored, hypoglycemia (low blood sugar) may occur.

**Baseline Year: October 2013 – September 2014 data**

All hospitals successfully submitted data for this measure.

Aggregated across all reporting hospitals, the baseline statewide DRG hospital rate is 3.9 percent. All but three hospitals are already meeting the benchmark.

Performance among the individual hospitals administering insulin ranged from 0.4 percent to 10.5 percent (lower is better). The benchmark for the second year of the program is 7.0 percent or below.

**Statewide rate: 3.9%**

**Data source:** Self-reported by hospitals (tracked internally through electronic health records, chart abstractions, or other manual process)

**Benchmark: 7.0% (lower is better)**

**Benchmark source:** Hospital Transformation Performance Program consensus
Hypoglycemia in inpatients receiving insulin

Percentage of times when insulin given to a patient during an admission in the baseline year resulted in hypoglycemia*

- Adventist Medical Center: 0.4%
- St. Charles Bend: 1.2%
- OHSU Hospital: 1.9%
- Mercy Medical Center: 2.1%
- Salem Hospital: 2.4%
- Sky Lakes: 2.6%
- Legacy Good Samaritan: 3.5%
- Samaritan Albany General Hospital: 3.7%
- Providence Willamette Falls: 4.2%
- Providence Milwaukie: 4.2%
- PeaceHealth Sacred Heart - RiverBend: 4.2%
- Providence St. Vincent: 4.2%
- Providence Portland: 4.5%
- Legacy Mount Hood: 4.7%
- Asante Rogue Regional: 4.7%
- Legacy Meridian Park: 4.8%
- Bay Area Hospital: 4.8%
- Providence Medford: 5.0%
- Tuality Healthcare: 5.0%
- Asante Three Rivers: 5.1%
- Kaiser Westside: 5.6%
- Legacy Emanuel: 6.1%
- Kaiser Sunnyside: 6.4%
- Willamette Valley: 7.0%
- Good Samaritan Regional: 7.1%
- McKenzie-Willamette: 7.5%
- PeaceHealth Sacred Heart - University: 10.5%

Benchmark 7.0%
Lower is better

*Shriners Hospital for Children had no qualifying denominator events for this measure.
HCAHPS: Staff always explained medicines

Domain: Patient experience

HCAHPS: Staff always explained medicines

Measure description: Percentage of patients who said hospital staff always told them (1) what their medication was for and (2) possible medication side effects, in a way the patient understood.

Purpose: To support improvements in internal customer service and quality-related activities, this measure uses survey data to measure patients' perspectives on their hospital care experiences. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey asks patients who were given a medicine that they had not taken before how often staff explained the medicine (on a scale of never, sometimes, usually, or always). "Explained" means that hospital staff told the patient what the medicine was for and what side effects it might have before they gave it to the patient.

Baseline Year: October 2013 – September 2014 data

All 27 hospitals eligible for this measure successfully submitted baseline data.

Shriners Hospital for Children is ineligible for this measure as it does not field the HCAHPS survey, and its patient satisfaction survey does not have a similar question about explaining medications.

The benchmark is the national 90th percentile, which is 72.0 percent. Aggregated across all reporting hospitals, the baseline statewide DRG hospital performance was 63.6 percent.

Among individual hospitals, baseline performance ranged from 44.8 percent to 73.0 percent, with Legacy Mount Hood Medical Center already achieving the benchmark set for the second year of the program.

Statewide rate: 63.6%
Data source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Benchmark: 72.0%
Benchmark source: National 90th percentile
Percentage of patients reporting that hospital staff always explained new medications before administering them in the baseline year*

- Legacy Mount Hood: 69.3%
- Legacy Meridian Park: 68.4%
- Willamette Valley: 66.2%
- Kaiser Westside: 65.9%
- Providence Willamette Falls: 67.4%
- McKenzie-Willamette: 65.4%
- Legacy Good Samaritan: 67.0%
- Providence Milwaukie: 65.4%
- Legacy Emanuel: 64.5%
- Samaritan Albany General Hospital: 66.2%
- Kaiser Sunnyside: 65.9%
- Mercy Medical Center: 66.2%
- OHSU Hospital: 66.2%
- Bay Area Hospital: 66.2%
- Providence Medford: 64.0%
- Salem Hospital: 66.2%
- Providence Portland: 66.2%
- Asante Rogue Regional: 66.2%
- Asante Three Rivers: 66.2%
- Providence St. Vincent: 66.2%
- St. Charles Bend: 66.2%
- Adventist Medical Center: 66.2%
- PeaceHealth Sacred Heart - RiverBend: 66.2%
- Tuality Healthcare: 66.2%
- PeaceHealth Sacred Heart - University: 66.2%
- Sky Lakes: 66.2%
- Good Samaritan Regional: 66.2%

Year 2 benchmark: 72.0%

*Shriners Hospital for Children uses the Press Ganey Inpatient Pediatric Survey rather than HCAHPS. Since there is not an analogous question on the Press Ganey survey, Shriners Hospital for Children cannot participate in this measure.
HCAHPS: Staff provided discharge information

Domain: Patient experience

HCAHPS: Staff gave patient discharge information

Measure description: Percentage of patients who said hospital staff (1) talked about whether the patient would have the help needed when they left the hospital and (2) provided information in writing about what symptoms or health problems to look out for after the patient left the hospital.

Purpose: To support improvements in internal customer service and quality-related activities, this measure uses survey data to measure patients' perspectives on their hospital care experiences. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey asks patients whether hospital staff discussed the help they would need at home, and whether they were given written information about symptoms or health problems to watch for during their recovery. Response options are "Yes" or "No."

Baseline Year: October 2013 – September 2014 data

All hospitals successfully submitted baseline data for this measure.

Aggregated across all reporting hospitals*, baseline statewide DRG hospital performance was 88.8 percent. Across all DRG hospitals, performance ranged from 73.2 percent to 93.2 percent. A total of nine hospitals have already achieved the benchmark set for the second year of the program (90.0 percent). The benchmark is the national 90th percentile.

Statewide rate: 88.8%

Data source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Benchmark: 90.0%

Benchmark source: National 90th percentile

* Note that the Child HCAHPS survey is under development. Shriners Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriners performance on this measure will therefore be assessed against a similar question included in the Press Ganey Inpatient Pediatric Survey. A benchmark for Shriners Hospital for Children is TBD.
Percentage of patients reporting that hospital staff provided discharge information in the baseline year*

- Kaiser Westside: 93.2%
- Legacy Good Samaritan: 92.1%
- McKenzie-Willamette: 92.0%
- Legacy Meridian Park: 91.7%
- Providence Willamette Falls: 90.7%
- PeaceHealth Sacred Heart - RiverBend: 90.4%
- Kaiser Sunnyside: 90.3%
- Willamette Valley: 90.3%
- Legacy Mount Hood: 90.2%
- OHSU Hospital: 89.8%
- Salem Hospital: 89.4%
- Legacy Emanuel: 89.3%
- Bay Area Hospital: 89.2%
- Providence Portland: 89.1%
- Providence Milwaukie: 89.1%
- Providence Medford: 88.4%
- Asante Three Rivers: 88.0%
- Providence St. Vincent: 87.9%
- Adventist Medical Center: 87.5%
- St. Charles Bend: 86.8%
- Tuality Healthcare: 86.7%
- Asante Rogue Regional: 85.5%
- Mercy Medical Center: 84.5%
- Samaritan Albany General Hospital: 82.8%
- Good Samaritan Regional: 80.6%
- Sky Lakes: 75.7%
- PeaceHealth Sacred Heart - University: 73.2%

*Shriners Hospital for Children’s baseline performance on the discharge instructions question on the Press Ganey Pediatric Inpatient Survey was 55.2%. Shriners’ benchmark TBD.
Hospital-wide all-cause readmissions

**Domain: Readmissions**

**Hospital-wide all-cause readmissions**

**Measure description:** Percentage of patients of all ages who had a hospital stay and were readmitted for any reason within 30 days of discharge. *A lower score for this measure is better.*

**Purpose:** Some patients who leave the hospital are admitted again shortly thereafter. These costly and burdensome "readmissions" are often avoidable. Reducing the preventable problems that send patients back to the hospital is the best way to keep patients at home and healthy. This metric therefore measures all inpatients (of all ages) who were readmitted within 30 days for any reason.

**Baseline Year: October 2013 – September 2014 data**

All 28 hospitals successfully submitted data for this measure.

Aggregated across all reporting hospitals, the statewide DRG hospital rate is 10.9 percent.

For individual hospitals, rates ranged from 4.9 percent to 17.5 percent (lower scores are better). One hospital (Shriners Hospital for Children) met the benchmark. The benchmark for this measure is the statewide 90th percentile across all hospital types, which is 6.1 percent.

**Statewide rate:** 10.9%

**Data source:** Oregon Association of Hospitals and Health Systems

**Benchmark:** 6.1% (lower is better)

**Benchmark source:** State 90th percentile for all hospital types (not limited to DRG hospitals)
Hospital-wide all-cause readmissions

Percentage of patients who had a hospital stay in the baseline year and were readmitted for any reason within 30 days of discharge

Benchmark 6.1%
Lower is better

- Shriners Hospital for Children: 4.9%
- Kaiser Westside: 6.2%
- Tuality Healthcare: 7.9%
- Providence Willamette Falls: 8.1%
- St. Charles Bend: 8.7%
- Samaritan Albany General Hospital: 8.7%
- Legacy Mount Hood: 8.7%
- Asante Three Rivers: 8.7%
- Legacy Meridian Park: 8.9%
- Sky Lakes: 9.2%
- Willamette Valley: 9.6%
- Good Samaritan Regional: 9.7%
- Providence St. Vincent: 10.0%
- PeaceHealth Sacred Heart - RiverBend: 10.1%
- McKenzie-Willamette: 10.2%
- Salem Hospital: 10.3%
- Mercy Medical Center: 10.4%
- Asante Rogue Regional: 10.5%
- Providence Portland: 10.9%
- Kaiser Sunnyside: 11.0%
- Legacy Emanuel: 11.0%
- Bay Area Hospital: 11.2%
- Providence Medford: 11.5%
- PeaceHealth Sacred Heart University: 11.6%
- Legacy Good Samaritan: 11.9%
- Adventist Medical Center: 11.9%
- Providence Milwaukie: 12.1%
- OHSU Hospital: 13.2%
- OHSU Hospital: 13.2%
- OHSU Hospital: 15.5%
- OHSU Hospital: 17.5%
Follow-up after hospitalization for mental illness

Domain: Behavioral health

Measure description: Percentage of Medicaid patients (ages 6 and older) who received a follow-up visit with a health care provider within seven days of being discharged from the hospital for mental illness.

Purpose: Research shows that follow-up care helps keep patients from returning to the hospital, providing an important opportunity to reduce health care costs and improve health. This measure supports coordination between hospitals and Oregon’s coordinated care organizations in facilitating appropriate follow-up care for Medicaid members hospitalized with mental illness. This measure aligns the work of hospitals and CCOs, as it is also a CCO incentive measure.

Baseline Year: October 2013 – September 2014 data

All 28 hospitals successfully submitted data for this measure.

Hospitals with fewer than 10 mental health discharges in the measurement period are allocated either their hospital system rate (for hospitals in systems with more than one DRG hospital) or the CCO statewide rate. This applied to 14 hospitals in the baseline year. This allows all hospitals to participate in the measure and facilitates further hospital-CCO coordination.

The benchmark for the performance year of the program (70.0 percent) is aligned with the analogous CCO incentive measure, which is based upon the 2013 national Medicaid 90th percentile. Fifteen hospitals are already performing better than the benchmark, with baseline performance ranging from 62.7 percent to 81.2 percent.

Due to the performance attribution method used, a statewide baseline is not available.
Follow-up after hospitalization for mental illness

Percentage of patients hospitalized for mental illness who received follow-up care within seven days of discharge in the **baseline year**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Charles Bend</td>
<td>73.4%</td>
</tr>
<tr>
<td>Legacy Emanuel</td>
<td>75.0%</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart - RiverBend</td>
<td>74.3%</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart - University</td>
<td>74.3%</td>
</tr>
<tr>
<td>Providence Portland</td>
<td>75.1%</td>
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<tr>
<td>Good Samaritan Regional</td>
<td>74.3%</td>
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<tr>
<td>Legacy Meridian Park</td>
<td>75.0%</td>
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<tr>
<td>Legacy Mount Hood</td>
<td>74.3%</td>
</tr>
<tr>
<td>Samaritan Albany General Hospital</td>
<td>73.7%</td>
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<tr>
<td>Providence Willamette Falls</td>
<td>73.6%</td>
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<tr>
<td>Providence Medford</td>
<td>73.6%</td>
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<tr>
<td>Providence Milwaukie</td>
<td>73.6%</td>
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<tr>
<td>Bay Area Hospital</td>
<td>74.3%</td>
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<tr>
<td>Providence St. Vincent</td>
<td>74.3%</td>
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<tr>
<td>Legacy Good Samaritan</td>
<td>73.6%</td>
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<tr>
<td>Adventist Medical Center</td>
<td>69.3%</td>
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<tr>
<td>Salem Hospital</td>
<td>69.3%</td>
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<tr>
<td>Asante Three Rivers</td>
<td>66.9%</td>
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<tr>
<td>Kaiser Sunnyside</td>
<td>66.9%</td>
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<tr>
<td>Kaiser Westside</td>
<td>66.9%</td>
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<tr>
<td>McKenzie-Willamette</td>
<td>66.9%</td>
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<tr>
<td>Mercy Medical Center</td>
<td>66.9%</td>
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<tr>
<td>Shriners Hospital for Children</td>
<td>66.9%</td>
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<tr>
<td>Sky Lakes</td>
<td>66.9%</td>
</tr>
<tr>
<td>Tuality Healthcare</td>
<td>66.9%</td>
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<tr>
<td>Willamette Valley</td>
<td>66.9%</td>
</tr>
<tr>
<td>Asante Rogue Regional</td>
<td>65.7%</td>
</tr>
<tr>
<td>OHSU Hospital</td>
<td>62.7%</td>
</tr>
</tbody>
</table>

**Year 2 benchmark:** 70.0%
SBIRT: Screening in the ED for alcohol and other substance misuse

Domain: behavioral health

SBIRT in the emergency department: Screening

Measure description: This measure tracks screening, brief intervention, and referral to treatment (SBIRT) in the emergency department (ED).

Purpose: Research shows that the ED can be an effective place to screen and refer patients for substance use services. This measure supports the statewide quality improvement focus area of integrating behavioral and physical health, and also aligns the work of hospitals and CCOs, which have an SBIRT incentive measure focused on the use of SBIRT in primary care settings.

Baseline Year: October 2013 – September 2014 data

Of the 27 eligible hospitals, 17 successfully submitted baseline data for this measure.

This is a new measurement effort for hospitals; therefore, the data are developmental. Because hospitals were in different phases of implementing and tracking the SBIRT process in their EDs, hospitals submitted data from varying timeframes and sampling methods.

Among the 17 hospitals reporting data, 13 achieved the benchmark, with baseline performance ranging from 0.3 percent to 95.3 percent. The benchmark for the second year of the program (12.0 percent) is aligned with the analogous 2015 CCO incentive measure.

Some hospitals chose to begin implementation of the SBIRT process by focusing on specific populations, while working to expand SBIRT over the second year of the program. Others focused less on specific populations, and more on getting the process into their electronic health records. Combined, these factors resulted in a wide range of performance.

The high rate of screening among some hospitals may be due to implementing brief screening among all patients.

Due to differences in screening and data capture, no statewide baseline is presented.

Note: The percent of patients who screen positive and receive a brief intervention is also being tracked. However, the brief intervention rate isn’t reported here as the data are developmental and this part of the measure isn’t tied to a benchmark in the second year of the program.
SBIRT: Screening for alcohol and other substance misuse in the ED

Percentage of patients screened for alcohol and drug misuse in the emergency department in the baseline year*

<table>
<thead>
<tr>
<th>Hospital/Medical Center</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Medical Center</td>
<td>12.0%</td>
</tr>
<tr>
<td>Tuality Healthcare</td>
<td>94.7%</td>
</tr>
<tr>
<td>OHSU Hospital</td>
<td>72.8%</td>
</tr>
<tr>
<td>Providence Medford</td>
<td>62.8%</td>
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<tr>
<td>Adventist Medical Center</td>
<td>59.8%</td>
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<tr>
<td>Providence Portland</td>
<td>51.1%</td>
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<tr>
<td>Asante Three Rivers</td>
<td>50.6%</td>
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<tr>
<td>Providence Willamette Falls</td>
<td>50.0%</td>
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<tr>
<td>Providence Milwaukie</td>
<td>40.4%</td>
</tr>
<tr>
<td>Asante Rogue Regional</td>
<td>27.0%</td>
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<tr>
<td>Willamette Valley</td>
<td>22.5%</td>
</tr>
<tr>
<td>Providence St. Vincent</td>
<td>21.3%</td>
</tr>
<tr>
<td>PeaceHealth Sacred Heart - University</td>
<td>20.5%</td>
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<tr>
<td>PeaceHealth Sacred Heart - RiverBend</td>
<td>8.2%</td>
</tr>
<tr>
<td>McKenzie-Willamette</td>
<td>5.5%</td>
</tr>
<tr>
<td>Kaiser Westside</td>
<td>0.7%</td>
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<tr>
<td>Kaiser Sunnyside</td>
<td>0.3%</td>
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<tr>
<td>Bay Area Hospital #</td>
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<tr>
<td>Good Samaritan Regional #</td>
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<td>Legacy Emanuel #</td>
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<td>Samaritan Albany General Hospital #</td>
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<td>Sky Lakes #</td>
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<tr>
<td>St. Charles Bend #</td>
<td></td>
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<tr>
<td>Shriners Hospital for Children</td>
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</tbody>
</table>

* Shriners Hospital for Children does not have an emergency department and cannot participate in this measure.
# Did not submit data.
EDIE: Outreach notification to primary care providers

Sharing emergency department visit information domain

**Outreach notifications to primary care providers**

**Measure description:** This measure is the percentage of times hospitals notified a patient's primary care provider when a frequent user of the emergency department (ED) was seen in the ED. A patient is considered a frequent ED user if they visit the ED five or more times in 12 months. It uses the Emergency Department Information Exchange (EDIE) system as a data source. EDIE allows EDs to identify in real time patients who visit the ED five or more times in a 12-month period so care can be better coordinated and patients can be directed to the right care setting.

**Purpose:** Patients may visit the ED for conditions that could be better treated in a more appropriate, less costly setting. This measure was created to support coordination between hospitals and Oregon's coordinated care organizations (CCOs) and promote care in the right setting. It encourages hospitals and primary care providers to make use of health information technology to reduce unnecessary ED visits among high utilizers.

**Baseline Year: October 2013 — September 2014 data**

All but one hospital successfully submitted baseline data for this measure.

This is a new measurement effort for hospitals; therefore, the data are developmental in nature. Because hospitals were in different phases of implementing the EDIE system, they submitted data from different timeframes. For these reasons, no statewide baseline is measured.

Performance among reporting hospitals ranged from 0.3 percent to 92.9 percent. This wide range in notification to primary care providers may be due to the large variation in the hospitals' stage of implementation of EDIE. A benchmark for the second year of the program has not yet been established for this measure; it will be identified after a review of the baseline data.

**Statewide rate:** N/A

**Data source:** Emergency Department Information Exchange.

**Benchmark:** N/A

**Benchmark source:** N/A

*Note: The number of care guidelines completed for frequent ED users is also being tracked as part of this measure. This rate isn’t reported here as the data are developmental and only the outreach notification rate will have a benchmark in the second year of the program.*
EDIE 1: Outreach notification to primary care providers

Percentage of times hospitals notified a patient's primary care provider when a frequent user of the emergency department was seen in the baseline year*

- Providence Milwaukie: 92.9%
- Providence Willamette Falls: 90.1%
- Providence Portland: 89.8%
- Providence St. Vincent: 89.1%
- Providence Medford: 88.3%
- Sky Lakes: 83.9%
- Kaiser Westside: 79.2%
- Kaiser Sunnyside: 77.3%
- Asante Rogue Regional: 72.1%
- OHSU Hospital: 71.3%
- Asante Three Rivers: 64.8%
- Legacy Meridian Park: 58.6%
- Mercy Medical Center: 55.6%
- Legacy Mount Hood: 55.3%
- Legacy Emanuel: 51.3%
- Samaritan Albany General Hospital: 49.9%
- Legacy Good Samaritan: 49.3%
- Salem Hospital: 35.2%
- Good Samaritan Regional: 27.9%
- Bay Area Hospital: 16.5%
- Adventist Medical Center: 15.9%
- Tuality Healthcare: 7.0%
- Willamette Valley: 4.3%
- PeaceHealth Sacred Heart - RiverBend: 1.1%
- St. Charles Bend: 1.0%
- PeaceHealth Sacred Heart - University: 0.3%
- McKenzie-Willamette #: 

*Shriners Hospital for Children does not have an emergency department and cannot participate in this measure.
# Did not submit data.
OHA contacts and online information

For questions about the Hospital Transformation Performance Program, contact:
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Email: lori.a.coyner@state.or.us

For more information about technical specifications for measures, visit:
www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx
This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Oregon Health Authority Director’s Office at 503-947-2340 or email at OHA.DirectorsOffice@state.or.us.