

Appendix A: Hospital Transformation Performance Program (HTPP) Data

This report includes the final baseline data for the period covering October 2013 – September 2014¹, as well as preliminary progress report data from the first nine months of the performance year (October 2014 – June 2015).

Note that because of changes to the NHSN specifications, baseline data for the Central Line-Associated Urinary Tract Infections (CLABSI) measure will be revised and provided in the next quarterly report. In addition, the baseline and performance data for the EDIE measure will be revised due to a contractor error.

Domain	Measures	Year 2 Targets (Oct. 2014 – Sep. 2015)		Baseline Performance (Oct. 2013 – Sep. 2014)	Preliminary Progress Data, First 9 Months Performance (Oct 2014 – June 2015)
		Improvement from Baseline Target	Year 2 Benchmark		
Behavioral Health	Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT) in the ED	(a) Brief Screen: MN method with a 3 percentage point floor (b) Full Screen: MN method with a 3 percentage point floor	(a) Brief Screen: 75th percentile from HTPP baseline for brief screens (67.8%) (b) Full Screen: Alignment with CCO full screen benchmark (12.0%)	(a) Brief Screen: State: N/A ² High hospital: 95.3% Low hospital: 5.5% (b) Full Screen: State: N/A ² High hospital: 59.8% Low hospital: 0.3%	(a) Brief Screen: State: N/A ² High hospital: 90.0% Low hospital: 12.1% (b) Full Screen: State: N/A ² High hospital: 0.2% Low hospital: 67.5%
	Follow-up after hospitalization for mental illness (modified NQF 0576)	MN method with 3 percentage point floor	Alignment with CCO benchmark (National Medicaid 90 th percentile, 2014 70.0%)	State: N/A ³ High hospital: 81.5% Low hospital: 60.0%	State: N/A ³ High hospital: 87.0% Low hospital: 50.0%
Readmissions	Hospital-Wide All-Cause Readmissions <i>Lower score is better.</i>	MN method with a 3 percent floor	State 90 th percentile for DRG hospitals (8.0%, Oct. '13 – Sep. '14)	State: 10.9% (lower is better) High hospital: 17.5% Low hospital: 4.9%	State ⁴ : 11.2% (lower is better) High hospital: 16.2% Low hospital: 5.1%

¹ The baseline report, published in April 2015, is available here: <http://www.oregon.gov/oha/Metrics/Documents/HTPP%20Baseline%20Year%20Report%20-%20April%202015.pdf>. Note small changes were made to the data from the time the report was published in April to the time of the preparation of this report for CMS. The baseline data above reflect the final baseline rates as of August 2015 to be used in assessing hospital performance gains in future years. The table also reflects the final Year 2 benchmarks established by the Hospital Performance Metrics Advisory Committee.

² Due to differences in screening and data capture, a statewide baseline is not available.

³ Due to the performance attribution method used, a statewide baseline is not available.

⁴ Readmissions data lag an additional three months; preliminary data for performance period are for October 2014 – March 2015.

Domain	Measures	Year 2 Targets (Oct. 2014 – Sep. 2015)		Baseline Performance (Oct. 2013 – Sep. 2014)	Preliminary Progress Data, First 9 Months Performance (Oct 2014 – June 2015)
		Improvement from Baseline Target	Year 2 Benchmark		
Medication Safety	Hypoglycemia in inpatients receiving insulin (American Society of Health Systems Pharmacist Safe Use of Insulin measure) <i>Lower score is better.</i>	MN method with 1 percentage point floor	7.0% or below	State: 3.9% (lower is better) High hospital: 10.5% Low hospital: 0.4%	State: 3.7% (lower is better) High hospital: 8.5% Low hospital: 0.0%
	Excessive anticoagulation with Warfarin (Institute for Safe Medication Practices measure) <i>Lower score is better.</i>	MN method with 1 percentage point floor	5.0% or below	State: 1.5% (lower is better) High hospital: 5.9% Low hospital: 0.3%	State: 1.3% (lower is better) High hospital: 5.1% Low hospital: 0.0%
	Adverse Drug Events due to opioids (Institute for Safe Medication Practices measure) <i>Lower score is better.</i>	MN method with 1 percentage point floor	5.0% or below	State: 0.5% (lower is better) High hospital: 0.8% Low hospital: 0.1%	State: 0.5% (lower is better) High hospital: 1.2% Low hospital: 0.1%
Patient Experience	HCAHPS, Staff always explained medicines (NQF 0166) ⁵	MN method with 2 percentage point floor	National 90 th percentile (72.0%, April 2014)	State: 63.6% High hospital: 73.0% Low hospital: 44.8%	State: 63.5% High hospital: 69.4% Low hospital: 41.4%
Patient Experience	HCAHPS, Staff gave patient discharge information (NQF 0166) ⁶	MN method with 2 percentage point floor	National 90 th percentile (90.0% in April 2014)	State: 88.8% High hospital: 93.2% Low hospital: 73.2%	State: 89.0% High hospital: 93.7% Low hospital: 77.1%
Healthcare-Associated Infections	CLABSI in all tracked units (modified NQF 0139) <i>Lower score is better.</i>	MN method with 3 percent floor	2010 NHSN Data Summary Report 50 th percentile (0.18 per 1000 device days)	State: 0.81 (lower is better) High hospital: 2.07 Low hospital: 0.00	State: 0.76 (lower is better) High hospital: 1.51 Low hospital: 0.00

⁵ Note that the Child HCAHPS survey is under development. Therefore, Shriner's Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriner's performance on staff providing discharge information is therefore assessed against a similar question included in the Press Ganey Inpatient Pediatric Survey. The Press Ganey survey does not have a question about staff explaining medications, so Shriner's is not eligible for the HCAHPS staff explaining medication measure.

⁶ Shriner's Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriner's performance on staff providing discharge information is therefore assessed against a similar question included in the Press Ganey Inpatient Pediatric Survey, and a separate benchmark has therefore been established for Shriners (it is the 90th percentile from the al PG Database Peer Group, 2/1/2014 – 7/31/2014, which is 92.7%).

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		Improvement from Baseline Target	Year 2 Benchmark		
Healthcare-Associated Infections	CAUTI in all tracked units (modified NQF 0754) <i>Lower score is better.</i>	MN method with 3 percent floor	50th percentile from HTPP baseline (1.13 per 1000 catheter days)	State: TBD ⁷ High hospital: Low hospital:	State: High hospital: Low hospital:
Sharing ED visit information	Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits	1. MN method with 3 percentage point floor	75th percentile from HTPP baseline (78.6%)	State: N/A ⁸ High hospital: 91.7% Low hospital: 0.0%	State: N/A ⁸ High hospital: Low hospital:

⁷ CAUTI baseline and performance data to be revised based on new NHSN specifications.

⁸ The baseline and performance data for the Emergency Department Information Exchange (EDIE) measure are being revised due to contractor error. Corrected data will be provided in next quarter's report.