

Appendix F: Hospital Transformation Performance Program (HTPP) Data

This report includes the final baseline data for the period covering October 2013 – September 2014, as well final Year 2 data for the period covering October 2014 – September 2015. Data reported here may differ from previous quarterly reports. Baseline and Year 2 reports are available online at <http://www.oregon.gov/oha/Metrics/Pages/Hospital-Reports.aspx>

Domain	Measures	Year 2 Targets (Oct. 2014 – Sep. 2015)		Baseline Performance (Oct. 2013 – Sept 2014)	Year 2 Performance (Oct 2014 – Sept 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 (57.0%) (b) Full Screen: Alignment with CCO full screen benchmark (12.0%)	(a) Brief Screen: State: 9.9% High hospital: 99.2% Low hospital: 0.0% (b) Full Screen: State: 37.6% High hospital: 59.8% Low hospital: 21.2%	(a) Brief Screen: State: 44.3% High hospital: 99.8% Low hospital: 0.0% (b) Full Screen: State: 42.7% High hospital: 71.5% Low hospital: 12.2%
	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 ¹ High hospital: 81.5% Low hospital: 62.7%	State: N/A ¹ High hospital: 95.8% 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 all hospitals (8.0%)	State: 10.9% (lower is better) High hospital: 17.5% Low hospital: 4.9%	State: 11.3% (lower is better) High hospital: 16.7% Low hospital: 4.7%
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: 3.8% (lower is better) High hospital: 8.2% 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: 4.3% Low hospital: 0.3%

¹ Due to performance attribution method used, a statewide rate is not available.

Domain	Measures	Year 2 Targets (Oct. 2014 – Sep. 2015)		Baseline Performance (Oct. 2013 – Sept 2014)	Year 2 Performance (Oct 2014 – Sept 2015)
		Improvement from Baseline Target	Year 2 Benchmark		
	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: 1.1% 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) ²	MN method with 2 percentage point floor	National 90 th percentile (72.0%, April 2014)	State: 63.8% High hospital: 72.8% Low hospital: 44.7%	State: 64.0% High hospital: 70.0% Low hospital: 51.3%
	HCAHPS, Staff gave patient discharge information (NQF 0166) ³	MN method with 2 percentage point floor	National 90 th percentile (90.0% in April 2014)	State: 88.9% High hospital: 93.2% Low hospital: 73.1%	State: 89.4% High hospital: 93.1% Low hospital: 82.2%
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 50th percentile (0.18 per 1000 device days)	State: 0.83 (lower is better) High hospital: 2.07 Low hospital: 0.00	State: 0.89 (lower is better) High hospital: 1.95 Low hospital: 0.00
	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 (1.02 per 1000 catheter days)	State: 0.83 (lower is better) High hospital: 3.79 Low hospital: 0.00	State: 0.99 (lower is better) High hospital: 2.03 Low hospital: 0.00
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 (77.4%)	State: 54.8% High hospital: 84.9% Low hospital: 0.0%	State: 63.3% High hospital: 94.9% Low hospital: 2.9%

2 Note that the Child HCAHPS survey is under development. Therefore, Shriners' Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriners' 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 Shriners' is not eligible for the HCAHPS staff explaining medication measure.

3 Shriners' Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriners' 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 all PG Database Peer Group, 2/1/2014 – 7/31/2014, which is 92.7%).