

Welcome to the New England QIN-QIO Leveraging Data Reports Webinar

Thank you for joining. Our presentation will begin shortly.

If you haven't already, please dial in to the audio line:

888-895-6448 **Passcode: 519-6001**

Slides may be downloaded at: www.healthcarefornewengland.org/event/ne-qin-qio-medicare-fee-for-service-hospital-report/

Leveraging Data Reports to Drive Quality Improvement:

NE QIN-QIO's Medicare Fee-for-Service Hospital Report

Stephanie Baker, MHA

Rebekah Gardner, MD

Janet D. Liddell, RN, MSN/MBA

Blake Morphis

May 4, 2017

Chat in

Introduce yourself...

*please type in your name,
role, organization and
state....*



Today's Speakers



Rebekah Gardner, MD

*Senior Medical Scientist, New England QIN-QIO
Attending Physician, Rhode Island Hospital
Associate Professor of Medicine, Brown University*



Blake Morphis

*Manager of Analytic Services
New England QIN-QIO
Healthcentric Advisors*



Janet D. Liddell, RN, MSN/MBA

*Manager, Performance Improvement
Lowell General Hospital*

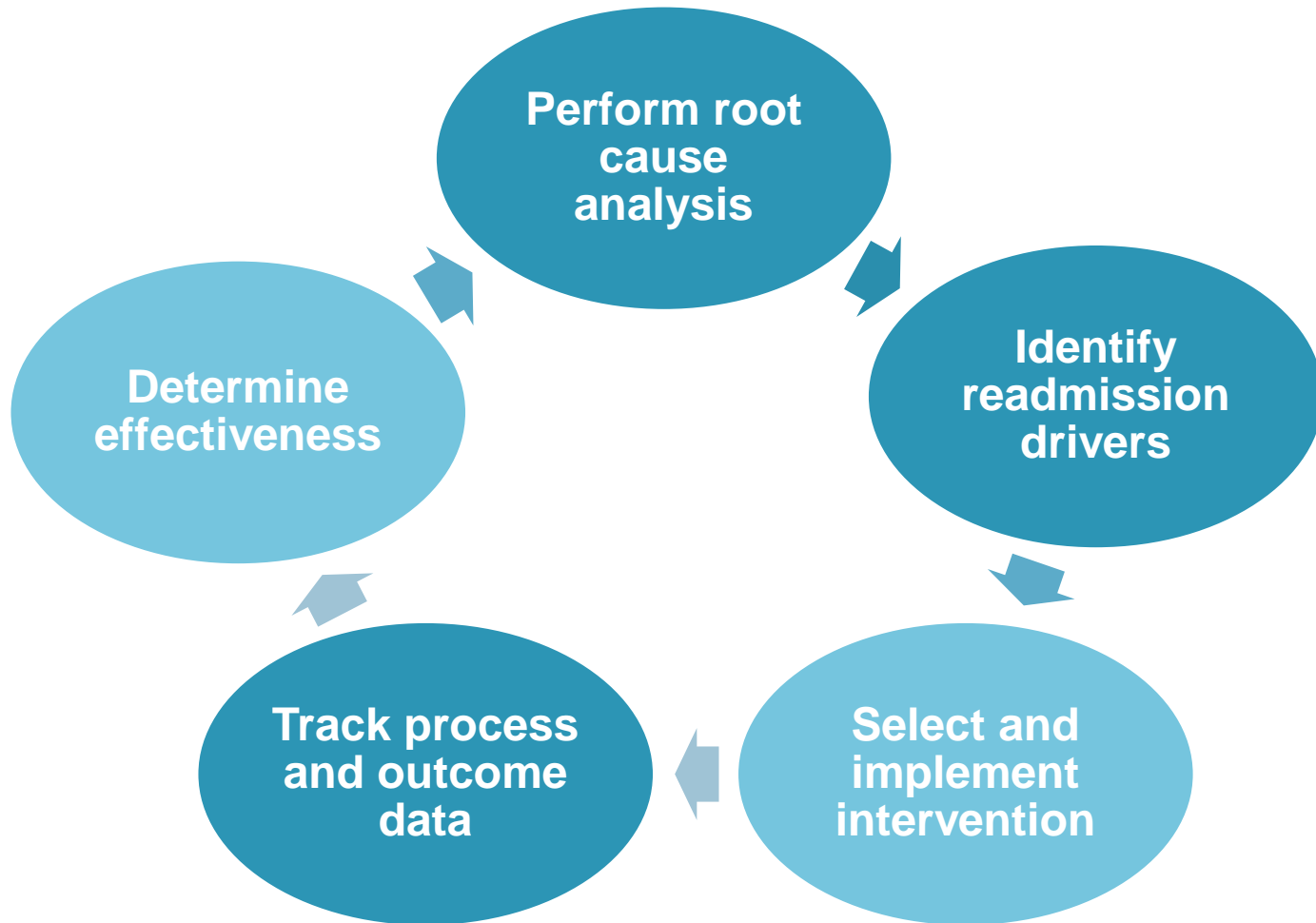


Stephanie Baker, MHA

*Program Coordinator
New England QIN-QIO
Healthcentric Advisors*



Inform Your Quality Improvement Efforts



The purpose of these reports



- Illuminate opportunities at your hospital
- Identify readmission patterns specific to your community
- Guide intervention selection and focus

Build the full picture

1. Analyze available data
2. Capture input from frontline staff, patients, caregivers,
3. Gather community information and input



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New England QIN-QIO Hospital Reports

Top 10 Index & Readmission Diagnosis Categories

The tables below provide the frequencies of the top ten diagnoses for Index Admissions (subsequent hospitalizations following index). These data are based on the principal diagnosis and are grouped according to the AHRQ Clinical Classifications Software.

Time Period: Q3-16

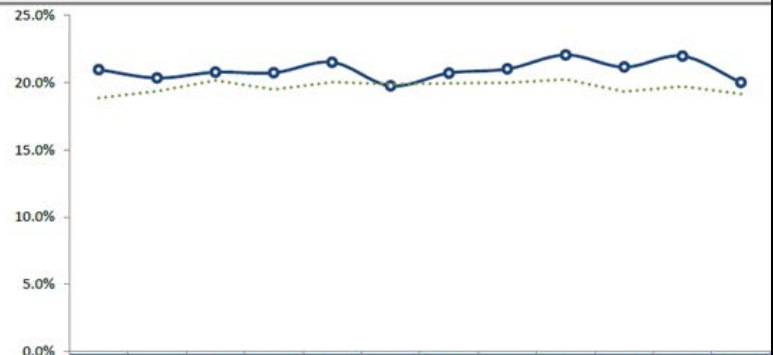
Index Admission Diagnosis Category

- Congestive heart failure; nonhypertensive
- Septicemia (except in labor)
- Schizophrenia and other psychotic disorders
- Chronic obstructive pulmonary disease and bronchiectasis
- Acute cerebrovascular disease
- Acute and unspecified renal failure
- Mood disorders
- Complication of device, implant or graft
- Acute myocardial infarction
- Diabetes mellitus with complications

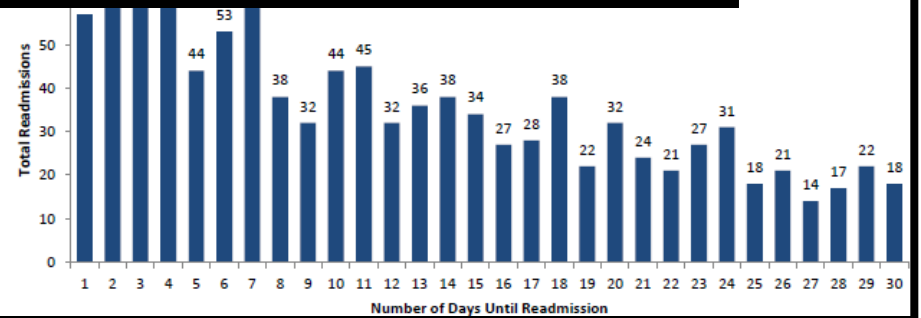
Readmission Diagnosis Category	Number of Readmissions for Diagnoses	Re
Septicemia (except in labor)	39	
Congestive heart failure; nonhypertensive	35	
Complications of surgical procedures or medical care	29	
Schizophrenia and other psychotic disorders	29	
Chronic obstructive pulmonary disease and bronchiectasis	23	
Complication of device, implant or graft	22	
Mood disorders	21	
Acute and unspecified renal failure	20	
Maintenance chemotherapy; radiotherapy	14	526 2.7%

All Cause 30 Day Hospital Readmissions

All Cause 30 Day Hospital Readmissions are defined as any readmission to any hospital for any reason within 30 days of a previous inpatient admission.

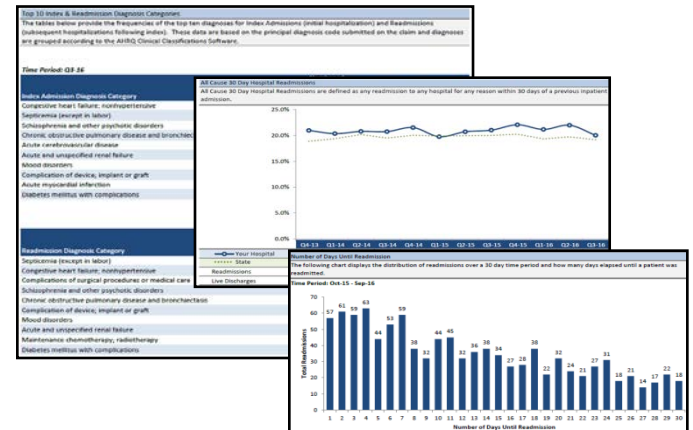


	Q4-13	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16
Your Hospital	21.0%	20.4%	20.8%	20.7%	21.5%	19.8%	20.7%	21.0%	22.1%	21.2%	22.0%	20.0%
State	18.9%	19.4%	20.2%	19.5%	20.0%	19.9%	20.0%	20.0%	20.3%	19.3%	19.7%	19.2%
Readmissions	476	444	497	517	553	493	529	544	600	564	595	526
Live Discharges	2269	2181	2391	2492	2569	2494	2553	2587	2719	2664	2707	2627



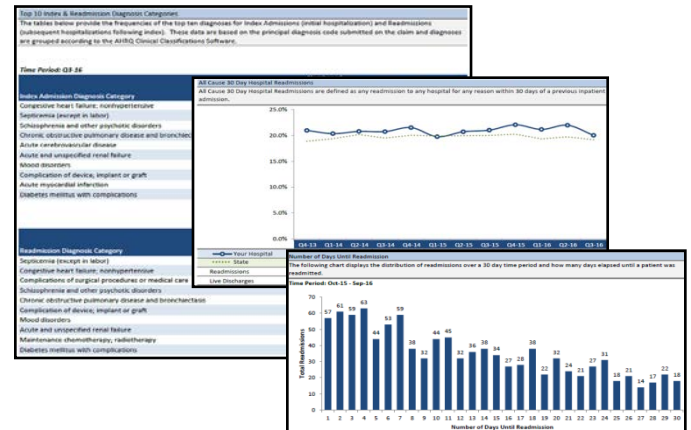
Hospital Report Overview

- Trends over time
- Readmissions, ED and obs
- Index and readmission diagnoses
- Days to readmission
- Demographics
- Disposition



Good to know

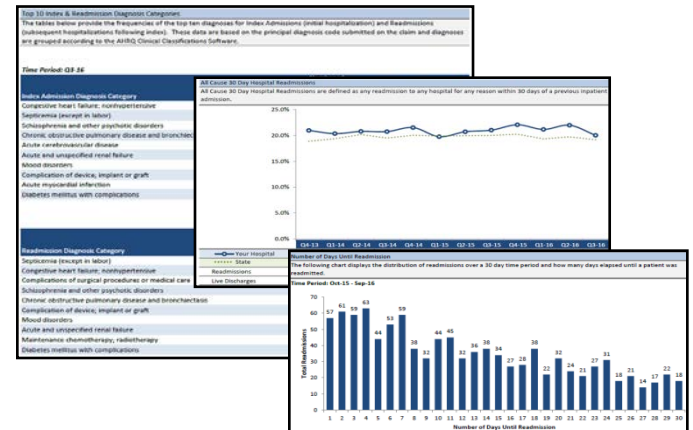
- Medicare fee-for-service population
- Readmissions anywhere
- Includes psych
- Not risk adjusted
- Data from claims
- Available quarterly



QIN-QIO Hospital Report

Section 1:

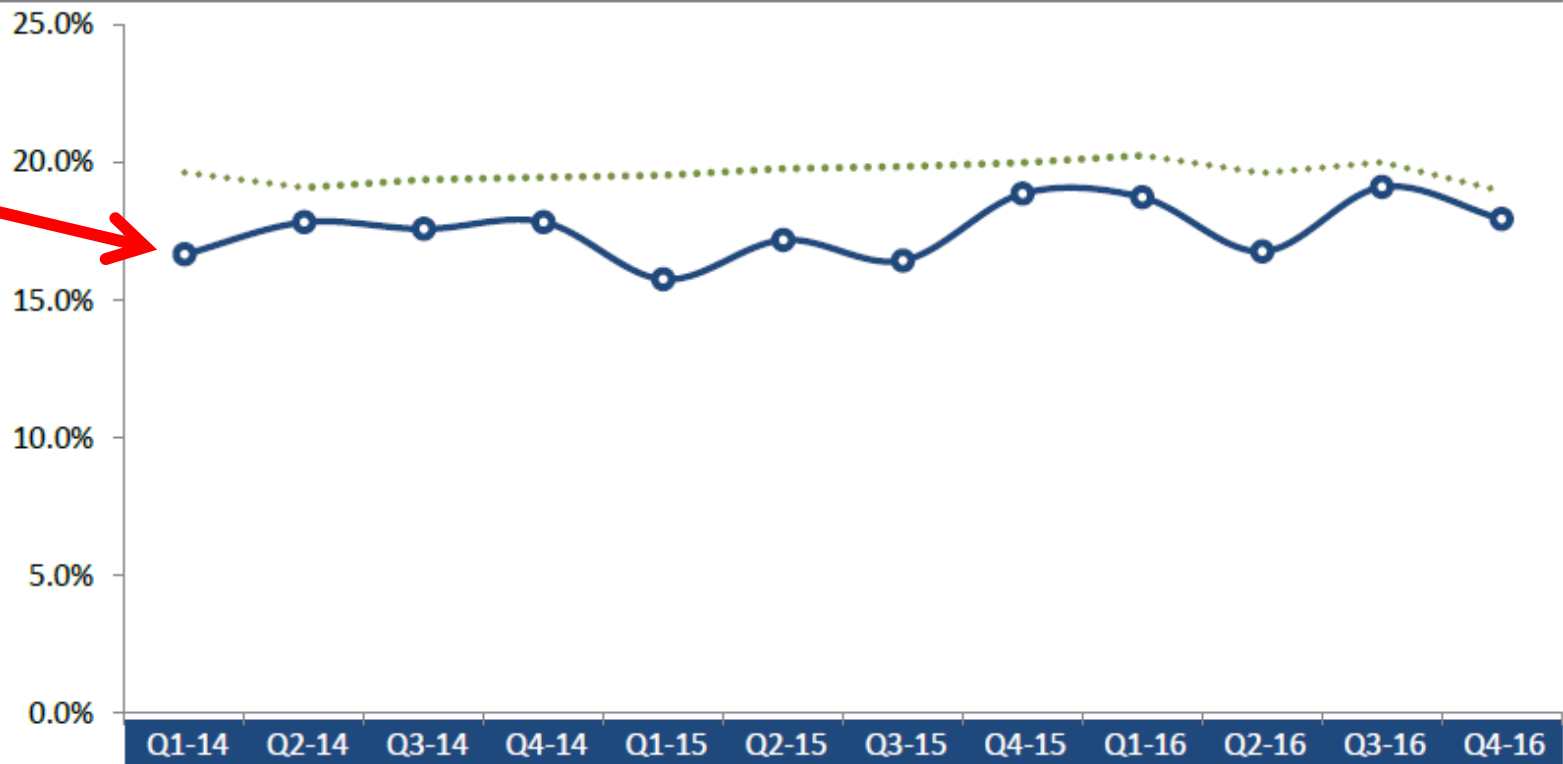
All Cause 30 Day Readmissions



EXAMPLE HOSPITAL

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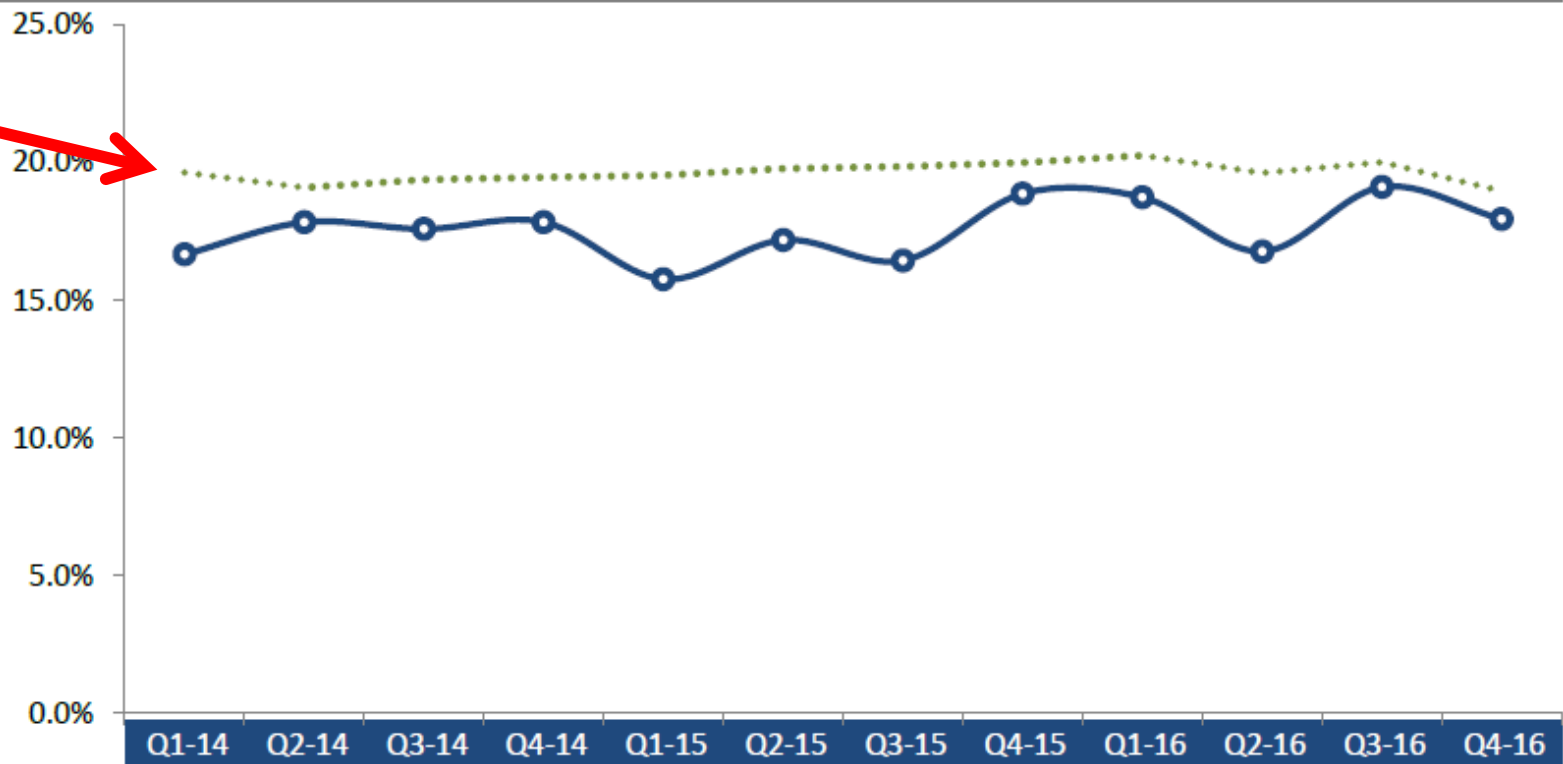


	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
Your Hospital	16.7%	17.8%	17.6%	17.8%	15.8%	17.2%	16.4%	18.9%	18.7%	16.8%	19.1%	17.9%
State	19.6%	19.1%	19.4%	19.5%	19.5%	19.8%	19.9%	20.0%	20.3%	19.6%	20.0%	19.0%
Readmissions	155	160	171	175	166	179	163	222	211	177	199	217
Live Discharges	930	897	972	981	1053	1041	991	1176	1126	1055	1041	1209

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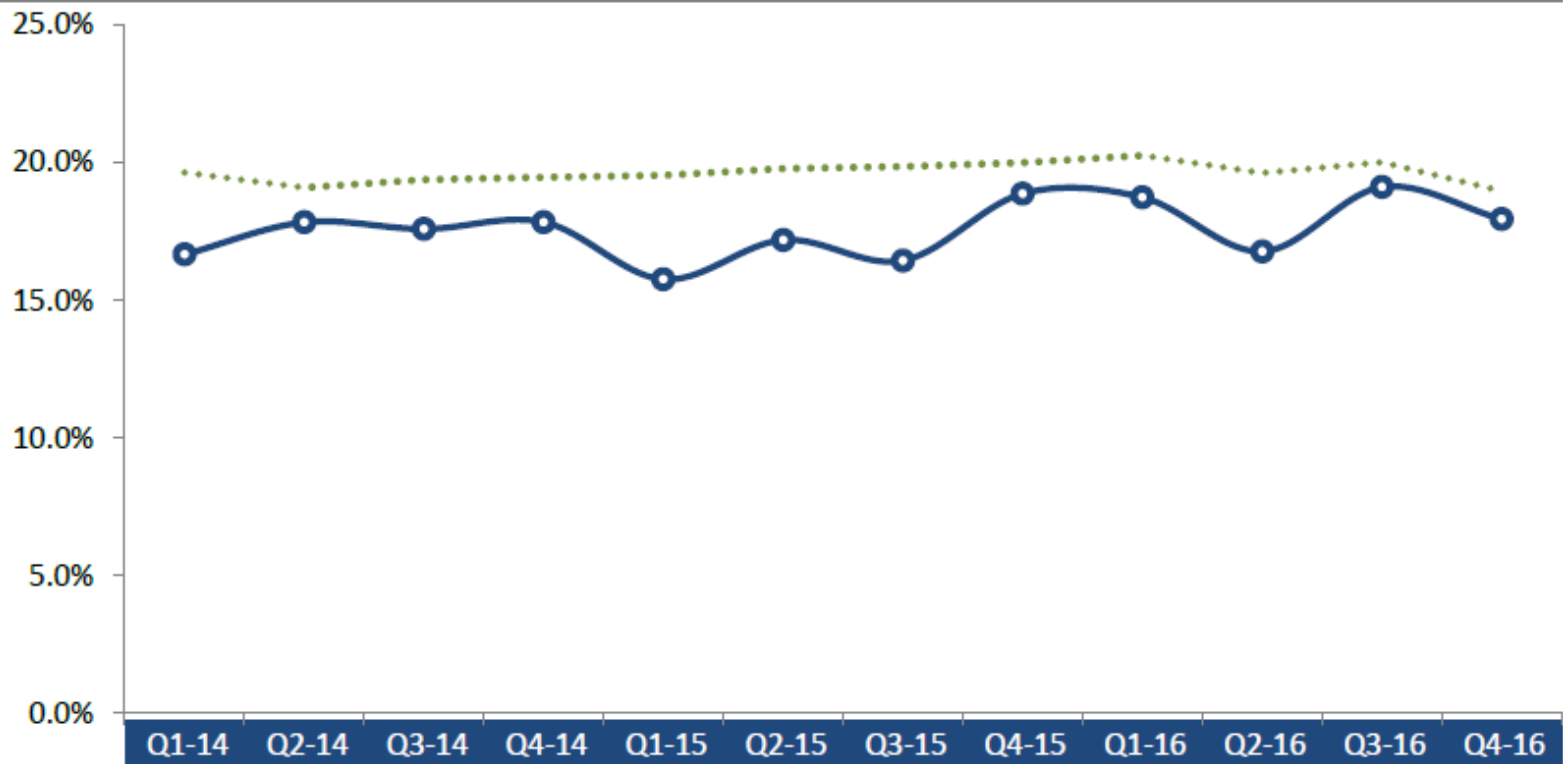


	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
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All Cause 30 Day Hospital Rea
admission.

25.0%
20.0%
15.0%
10.0%
5.0%
0.0%

How to use these data

- Understand big picture
- Compare to state data
- Trend over time
- Track overall progress and impact of interventions

—○— Your Hospital

..... State

Readmissions

Live Discharges

930	897	972	981	1053	1041	991	1176	1126	1055	1041	1209
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16

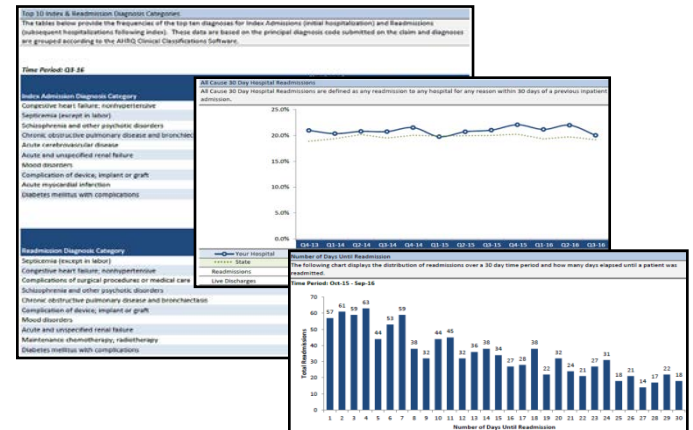
9%

0%

217

QIN-QIO Hospital Report

Section 1: Number of Days Until Readmission



Number of Days Until Readmission

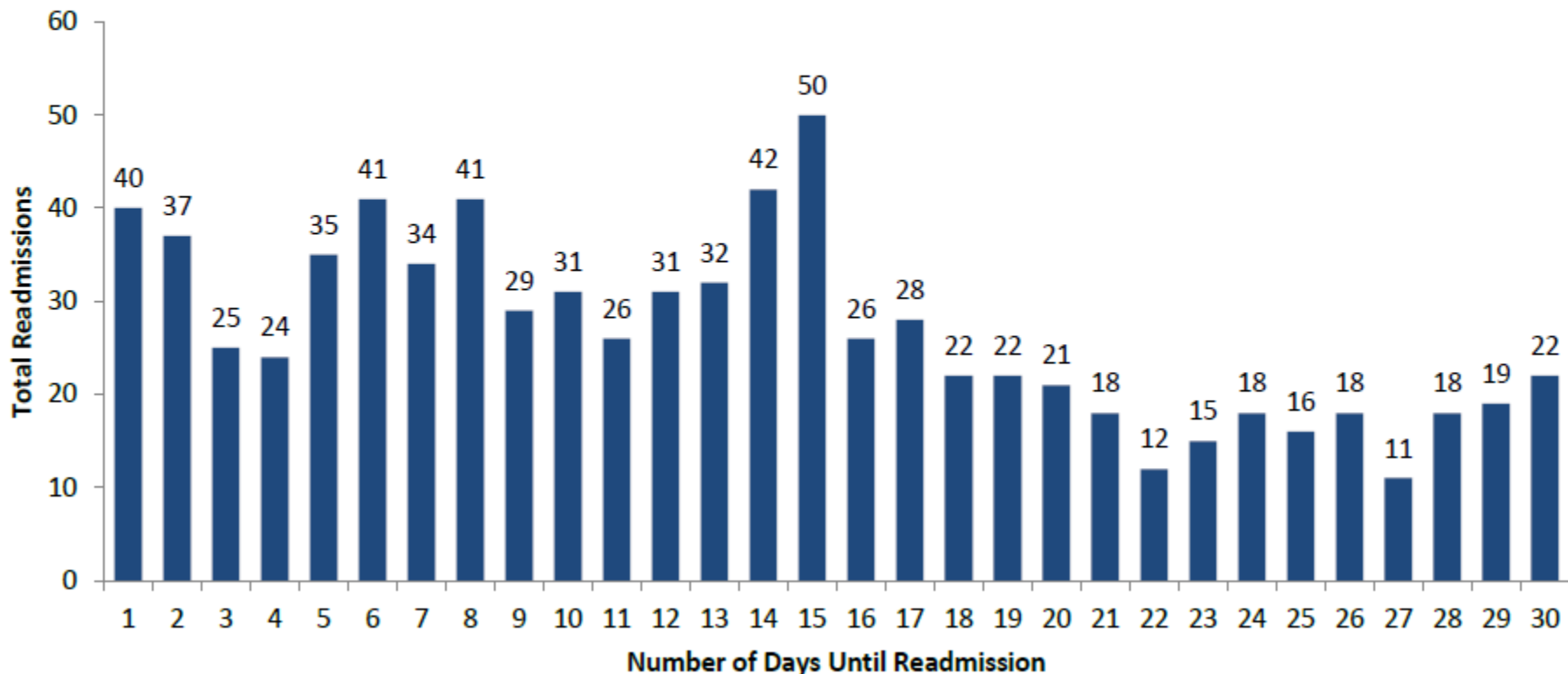
The following chart displays the distribution of readmissions over a 30 day time period and how many days elapsed until a patient was readmitted.

Time Period: Jan-16 - Dec-16

% Of Readmissions within 7 days: 29.4%

Total Readmissions: 804

% Of Readmissions within 14 days: 58.2%



Number of Days Until Readmission

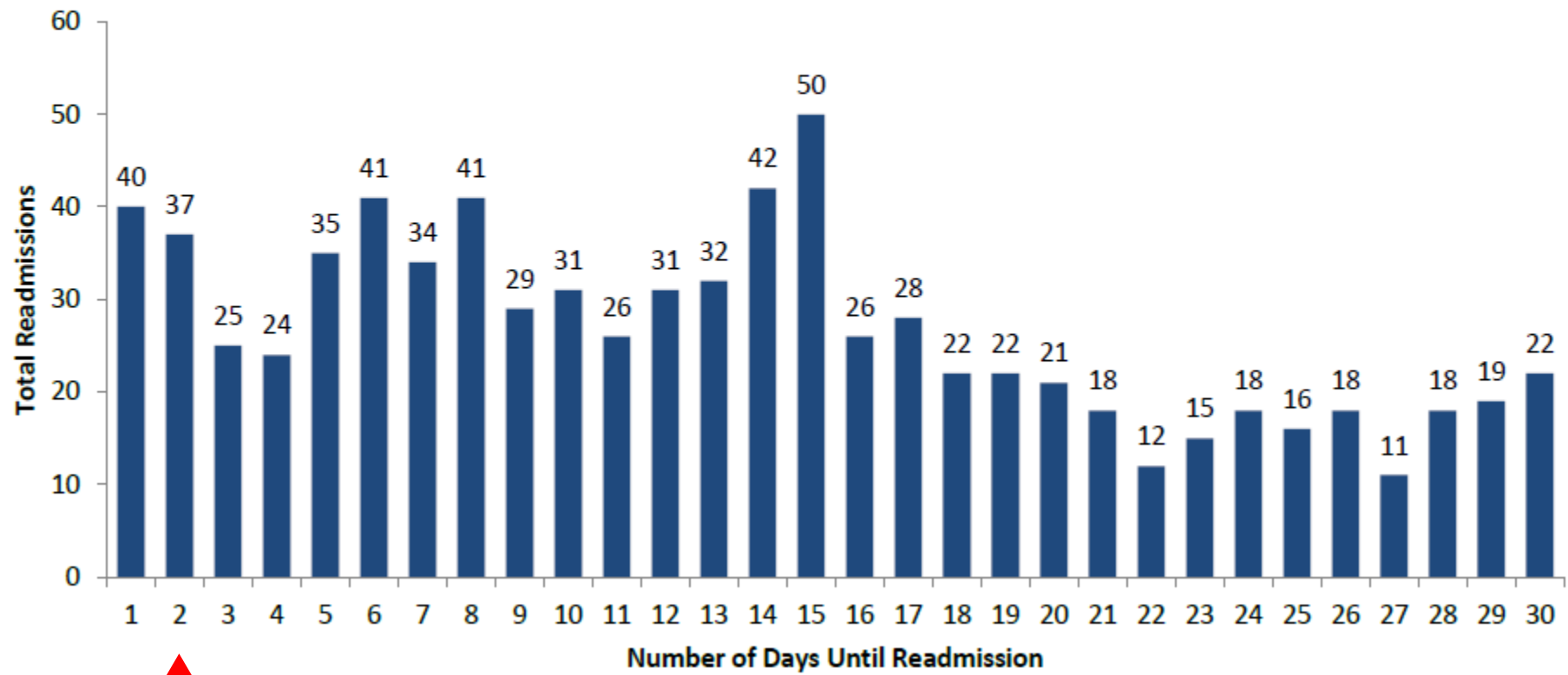
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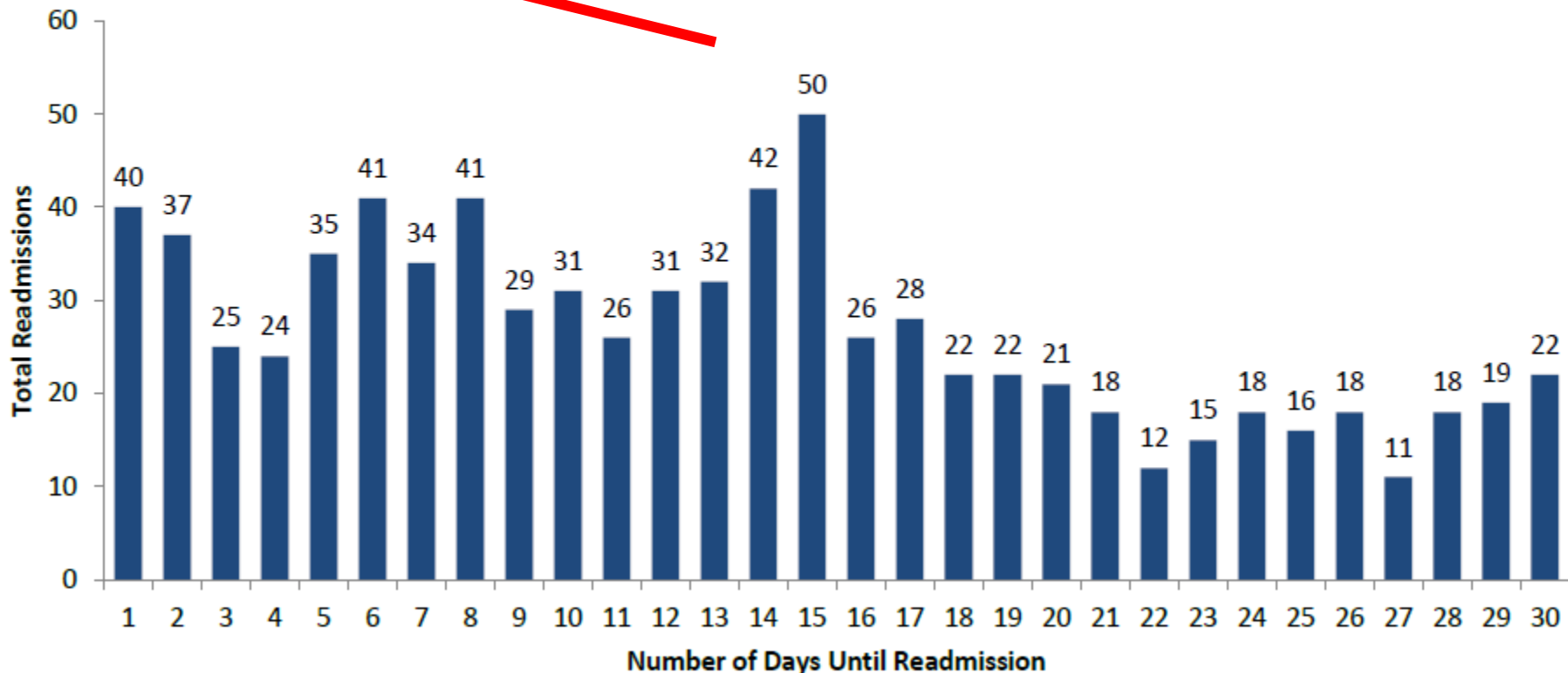
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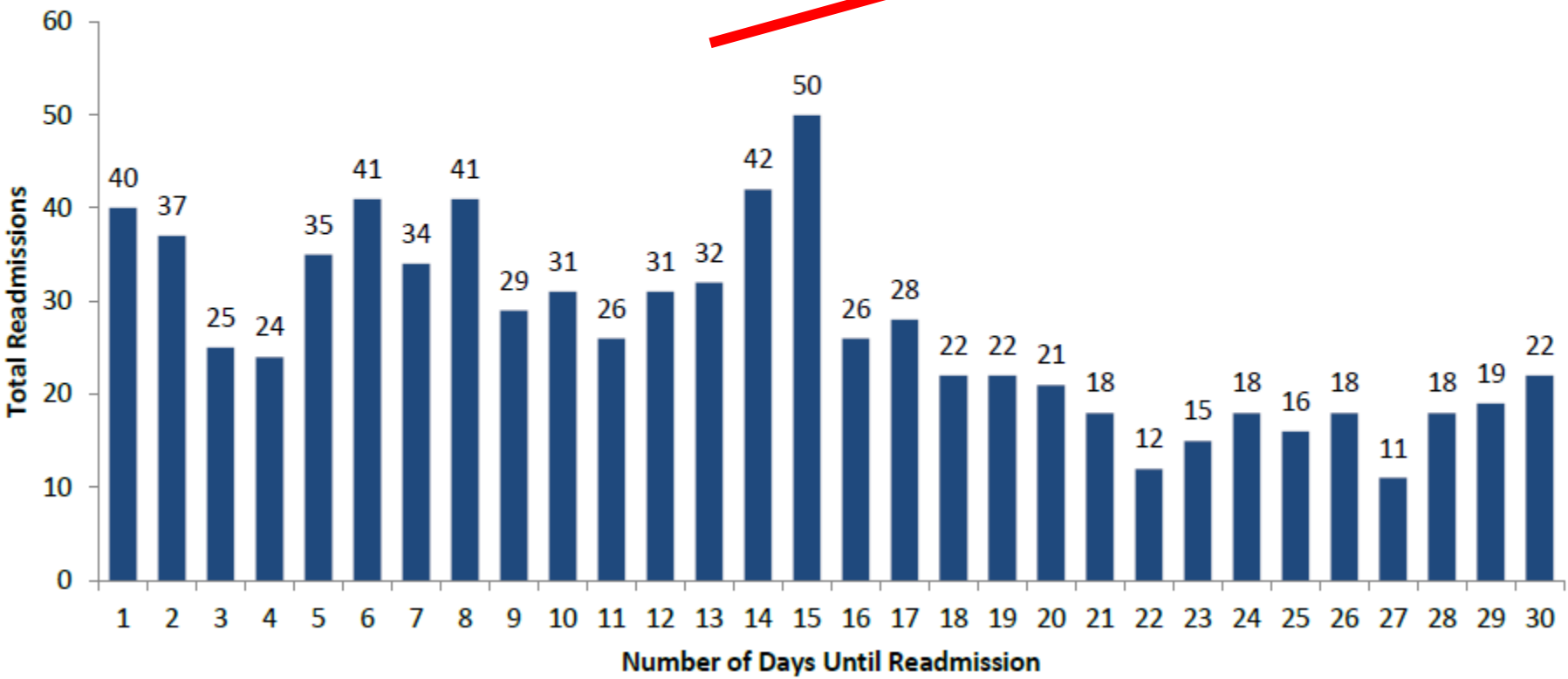
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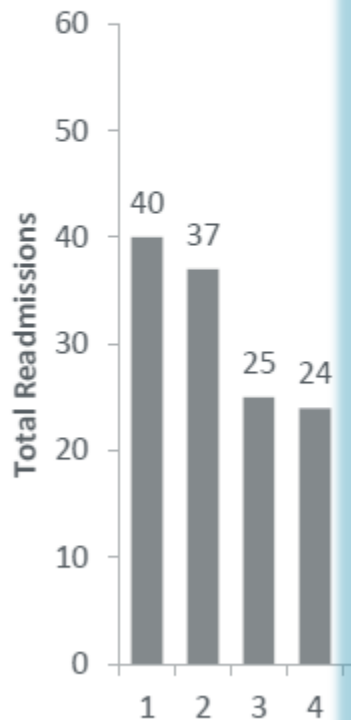


Number of Days Until Readmission

The following chart displays the number of days until readmission for those who were readmitted.

Time Period: Jan-16 - Dec-16

Total Readmissions: 804



How to use these data

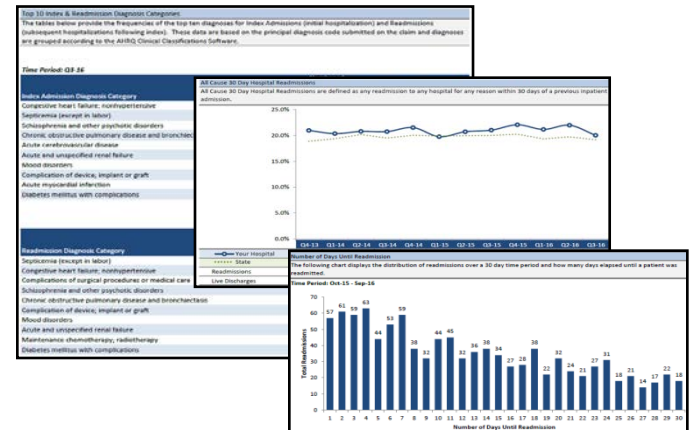
- Identify when most readmissions coming back in
- Consider potential drivers for findings
- Target interventions to most vulnerable time period

9.4%

3.2%

QIO-QIO Hospital Report

Section 2: Condition-Specific Readmissions



Readmission Rates for Specific Diagnosis Categories

Acute MI

Heart failure

COPD

Diabetes

Pneumonia

Sepsis

Based on AHRQ Clinical Classifications Software

30-Day Readmission Measure

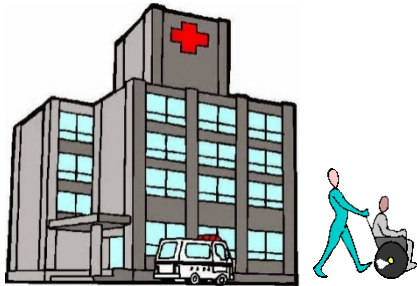
Index admission diagnosis

- Based on principal diagnosis at discharge
- Readmissions apply to index admission

30-Day Readmission Measure

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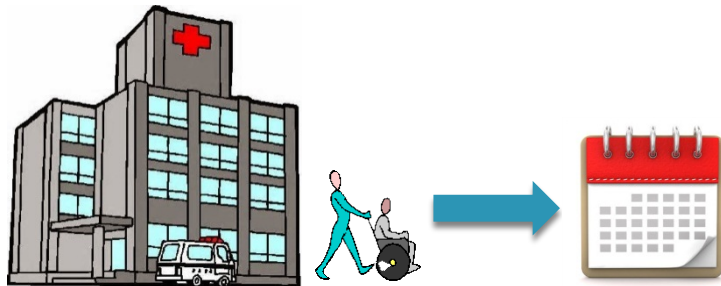


Diagnosis: Pneumonia

30-Day Readmission Measure

Index admission diagnosis

- Based on principal diagnosis at discharge
- Readmissions apply to index admission



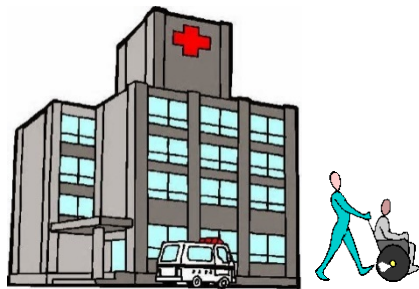
Diagnosis: Pneumonia

30 Days

30-Day Readmission Measure

Index admission diagnosis

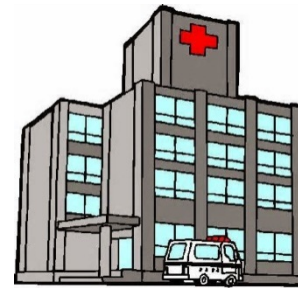
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Diagnosis: Pneumonia



30 Days



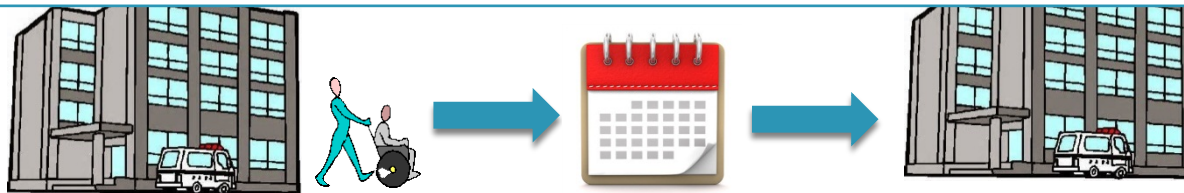
Diagnosis: AMI

30-Day Readmission Measure

Index admission diagnosis

- Based on principal diagnosis at discharge
- Readmissions apply to index admission

Readmission counts under Pneumonia



Diagnosis: Pneumonia

30 Days

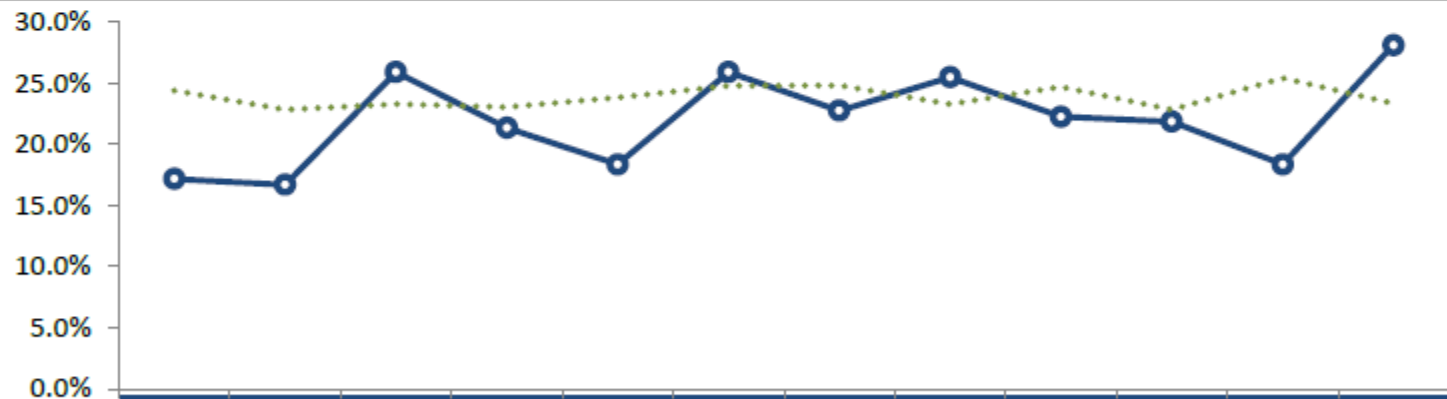
Diagnosis: AMI

AMI 30 Day All Cause Readmissions



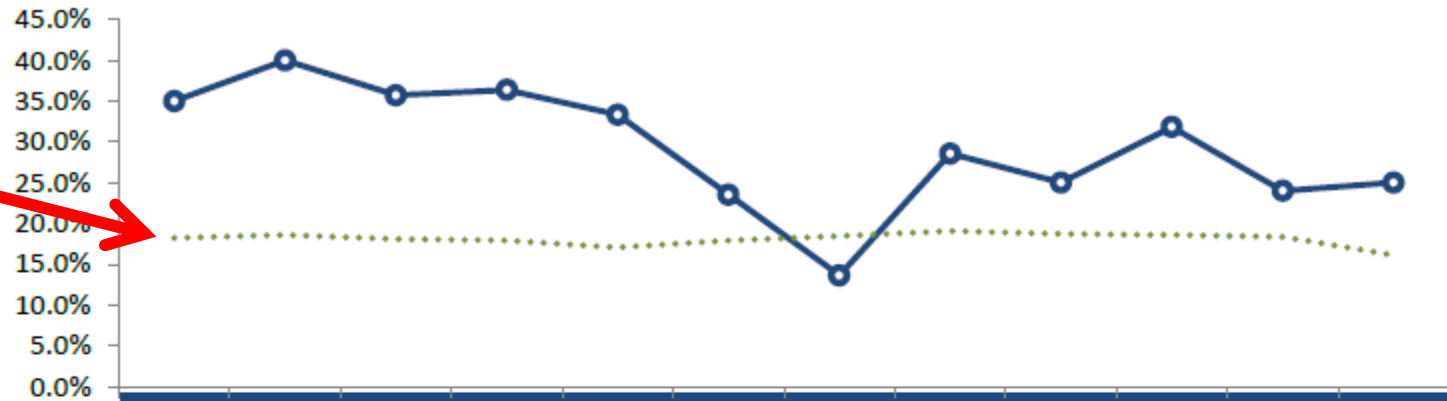
	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
—○— Your Hospital	35.0%	40.0%	35.7%	36.4%	33.3%	23.5%	13.6%	28.6%	25.0%	31.8%	24.0%	25.0%
..... State	18.2%	18.6%	18.1%	17.9%	17.1%	17.9%	18.4%	19.1%	18.7%	18.6%	18.4%	16.1%
Readmissions	7	4	5	4	5	4	3	6	4	7	6	4
Live Discharges	20	10	14	11	15	17	22	21	16	22	25	16

Congestive Heart Failure; Non-Hypertensive 30 Day All Cause Readmissions



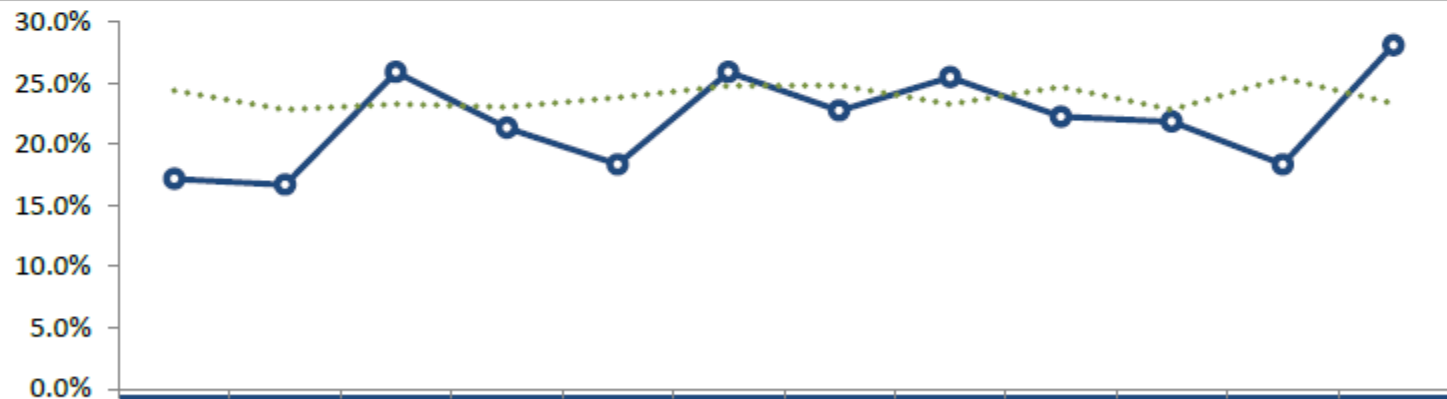
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—○— Your Hospital	17.1%	16.7%	25.9%	21.3%	18.3%	25.9%	22.7%	25.5%	22.2%	21.8%	18.3%	28.1%
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Readmissions	12	8	15	13	11	15	10	14	16	12	11	16
Live Discharges	70	48	58	61	60	58	44	55	72	55	60	57

AMI 30 Day All Cause Readmissions



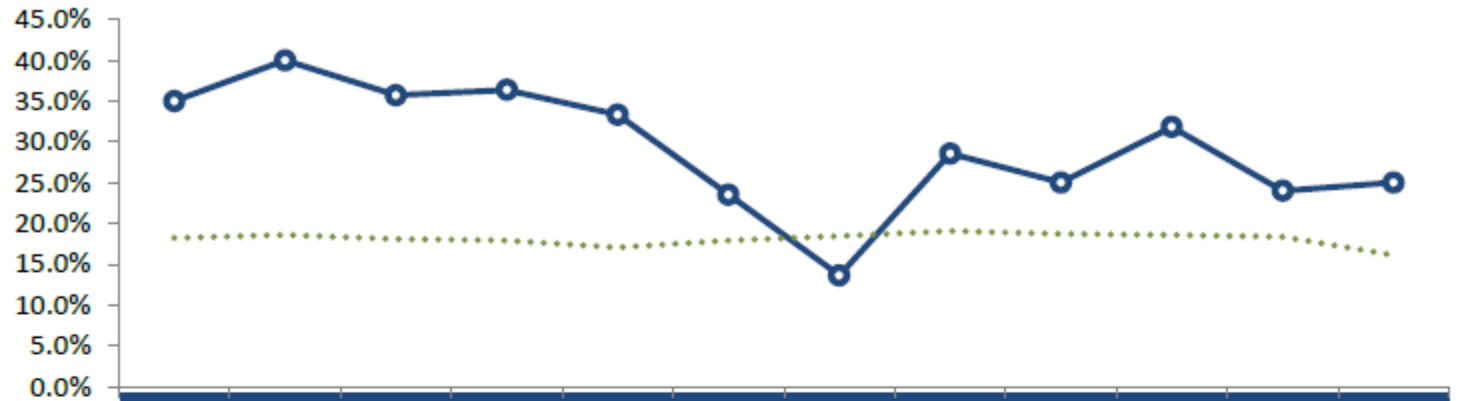
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Congestive Heart Failure; Non-Hypertensive 30 Day All Cause Readmissions



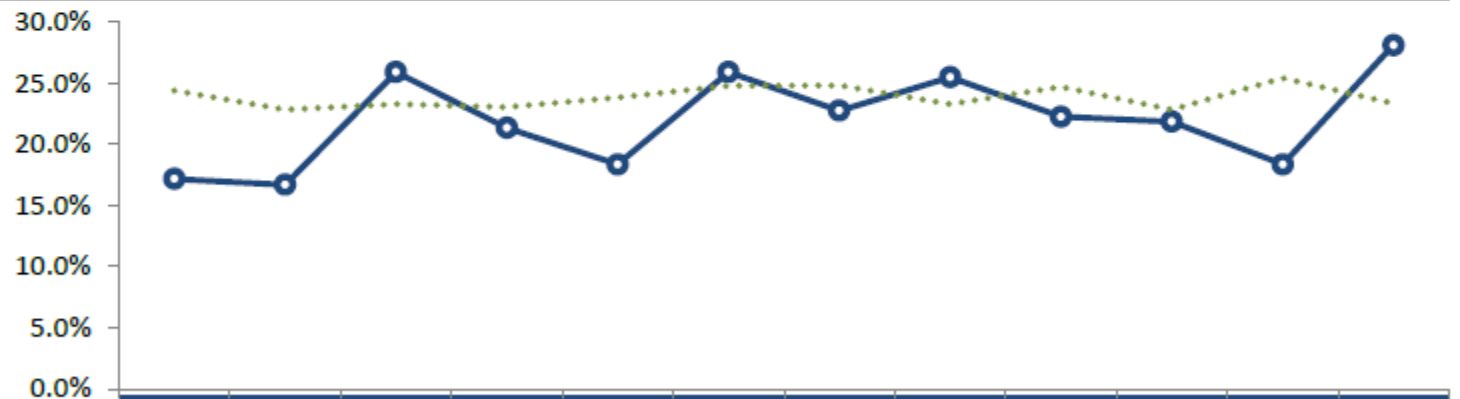
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AMI 30 Day All Cause Readmissions



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Congestive Heart Failure; Non-Hypertensive 30 Day All Cause Readmissions



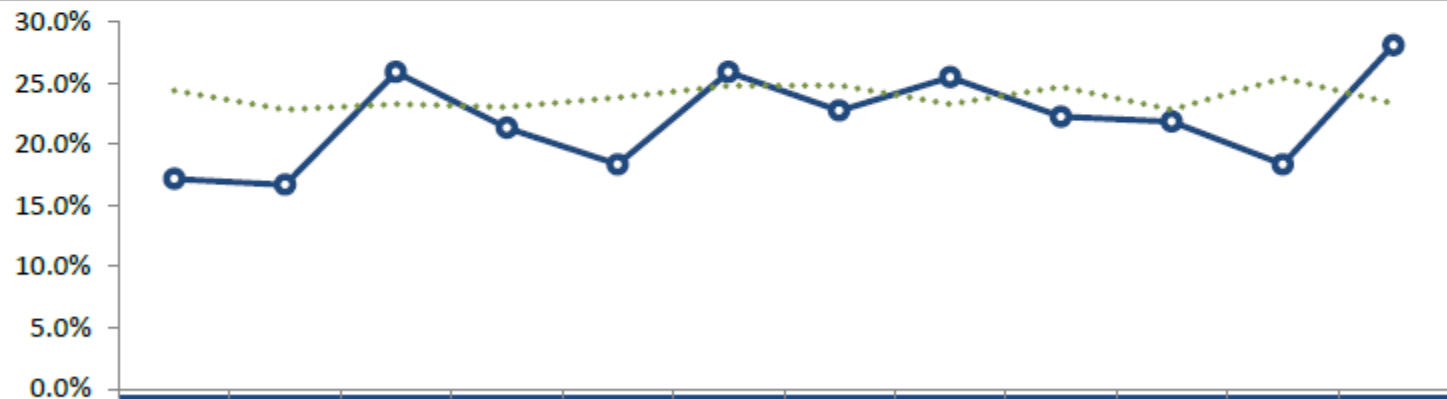
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AMI 30 Day All Cause Readmissions

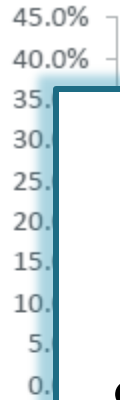


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—○— Your Hospital
..... State
Readmissions
Live Discharges
Congestive Heart Failure; N

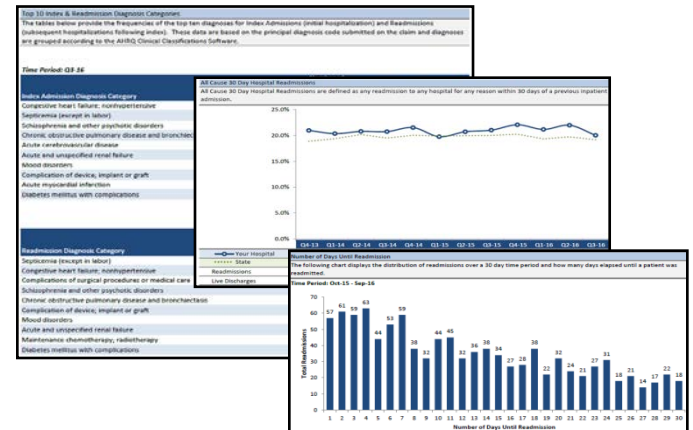
How to use these data

- Understand more traditional readmission drivers
- Predict HRRP penalties
- Evaluate effects of diagnosis-directed interventions
- Identify clear outlier diagnoses

—○— Your Hospital	17.1%	16.7%	25.9%	21.3%	18.3%	25.9%	22.7%	25.5%	22.2%	21.8%	18.3%	28.1%
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QIO-QIO Hospital Report

Section 3: Top 10 Index & Readmission Diagnosis Categories



Two Tables

- Top 10 Index Admit Diagnosis Categories
 - What diagnoses your patients left the hospital with on the initial admission
- Top 10 Readmission Diagnosis Categories
 - What diagnoses your patients came in with when readmitted

Index Diagnoses



Time Period: Q4-16

Index Admission Diagnosis Category	Number of Readmissions for Diagnoses	Total Readmissions	Percent of Total Readmissions
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	20	217	9.2%
Congestive heart failure; nonhypertensive	16	217	7.4%
Septicemia (except in labor)	15	217	6.9%
Urinary tract infections	14	217	6.5%
Complication of device; implant or graft	9	217	4.1%
Spondylosis; intervertebral disc disorders; other back problems	8	217	3.7%
Chronic obstructive pulmonary disease and bronchiectasis	8	217	3.7%
Fracture of neck of femur (hip)	7	217	3.2%
Diabetes mellitus with complications	6	217	2.8%
Delirium dementia and amnestic and other cognitive disorders	5	217	2.3%

Index Diagnoses



Time Period: Q4-16

Index Admission Diagnosis Category	Number of Readmissions for Diagnoses	Total Readmissions	Percent of Total Readmissions
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	20	217	9.2%
Congestive heart failure; nonhypertensive	16	217	7.4%
Septicemia (except in labor)	15	217	6.9%
Urinary tract infections	14	217	6.5%
Complication of device; implant or graft	9	217	4.1%
Spondylosis; intervertebral disc disorders; other back problems	8	217	3.7%
Chronic obstructive pulmonary disease and bronchiectasis	8	217	3.7%
Fracture of neck of femur (hip)	7	217	3.2%
Diabetes mellitus with complications	6	217	2.8%
Delirium dementia and amnestic and other cognitive disorders	5	217	2.3%

Index Diagnoses



Time Period: Q4-16

Index Admission Diagnosis Category	Number of Readmissions for Diagnoses	Total Readmissions	Percent of Total Readmissions
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Urinary tract infections	14	217	6.5%
Complication of device; implant or graft	9	217	4.1%
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Chronic obstructive pulmonary disease and bronchiectasis	8	217	3.7%
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Diabetes mellitus with complications	6	217	2.8%
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Index Diagnoses



Time Period: Q4-16

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Diabetes mellitus with complications	6	217	2.8%
Delirium dementia and amnestic and other cognitive disorders	5	217	2.3%

Readmission Diagnoses

Time Period: Q4-16

Readmission Diagnosis Category	Number of Readmissions for Diagnoses	Total Readmissions	Percent of Total Readmissions
Septicemia (except in labor)	17	217	7.8%
Respiratory failure; insufficiency; arrest (adult)	14	217	6.5%
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	12	217	5.5%
Complication of device; implant or graft	11	217	5.1%
Congestive heart failure; nonhypertensive	11	217	5.1%
Urinary tract infections	10	217	4.6%
Cardiac dysrhythmias	8	217	3.7%
Hypertension with complications and secondary hypertension	8	217	3.7%
Gastrointestinal hemorrhage	6	217	2.8%
Intestinal infection	6	217	2.8%

Re

How to use these data

- Look for drivers—may not be HRRP associated diagnoses
- Highlight mental health and substance use contribution
- Notice if top 10 not a significant proportion of all readmissions

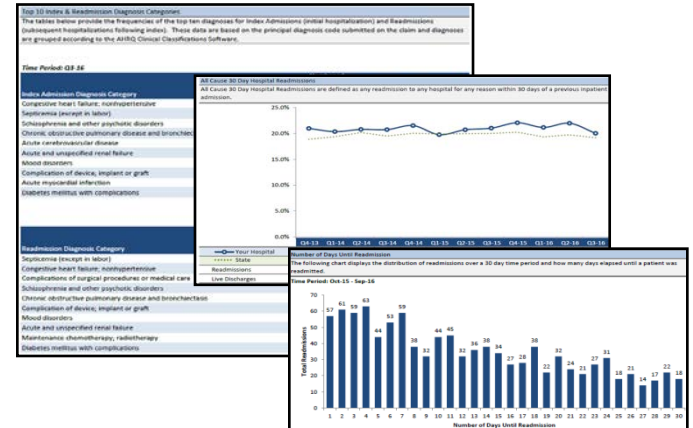
Total
7.8%
6.5%
5.5%
5.1%
5.1%
4.6%
3.7%
3.7%
2.8%
2.8%

Time Period: Q4-16

Readmission Diagnosis Category
Septicemia (except in labor)
Respiratory failure; insufficien
Pneumonia (except that cause
Complication of device; impla
Congestive heart failure; nonl
Urinary tract infections
Cardiac dysrhythmias
Hypertension with complicati
Gastrointestinal hemorrhage
Intestinal infection

QIO-QIO Hospital Report

Section 4: Top 10 Index Admission Categories with Associated Readmission Categories



Linking Index Diagnoses to Readmission Diagnoses

- Takes the top 10 index admission diagnosis categories
- Pairs them up with their associated readmission diagnosis categories
- All based on principal diagnosis

Index Linked with Readmission



Time Period: Q4-16

Index Admission Diagnosis Category	Readmission Diagnosis Category	Readmitted to		
		Your Facility	Other Facility In State	Other Facility Out of State
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	Pneumonia (except that caused by tuberculosis or se	5	1	0
	Respiratory failure; insufficiency; arrest (adult)	3	0	0
	Congestive heart failure; nonhypertensive	2	0	0
	Hypertension with complications and secondary hype	2	0	0
	Lung disease due to external agents	1	1	0
	Aspiration pneumonitis; food/vomitus	1	0	1
	Influenza	1	0	0
	Septicemia (except in labor)	1	0	0
	Acute cerebrovascular disease	1	0	0

Index Linked with Readmission



Time Period: Q4-16

Index Admission Diagnosis Category	Readmission Diagnosis Category	Readmitted to		
		Your Facility	Other Facility In State	Other Facility Out of State
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	Pneumonia (except that caused by tuberculosis or se	5	1	0
	Respiratory failure; insufficiency; arrest (adult)	3	0	0
	Congestive heart failure; nonhypertensive	2	0	0
	Hypertension with complications and secondary hype	2	0	0
	Lung disease due to external agents	1	1	0
	Aspiration pneumonitis; food/vomitus	1	0	1
	Influenza	1	0	0
	Septicemia (except in labor)	1	0	0
	Acute cerebrovascular disease	1	0	0

Index Linked with Readmission



Time Period: Q4-16

Index Admission Diagnosis Category	Readmission Diagnosis Category	Readmitted to		
		Your Facility	Other Facility In State	Other Facility Out of State
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	Respiratory failure; insufficiency; arrest (adult)	3	0	0
	Congestive heart failure; nonhypertensive	2	0	0
	Hypertension with complications and secondary hype	2	0	0
	Lung disease due to external agents	1	1	0
	Aspiration pneumonitis; food/vomitus	1	0	1
	Influenza	1	0	0
	Septicemia (except in labor)	1	0	0
	Acute cerebrovascular disease	1	0	0

Index

How to use these data

- Dive deeper into a diagnosis
- Recognize a pattern, pull charts, interview patients
- Get curious—lots of pneumonia coming back with UTIs? Check out catheter use

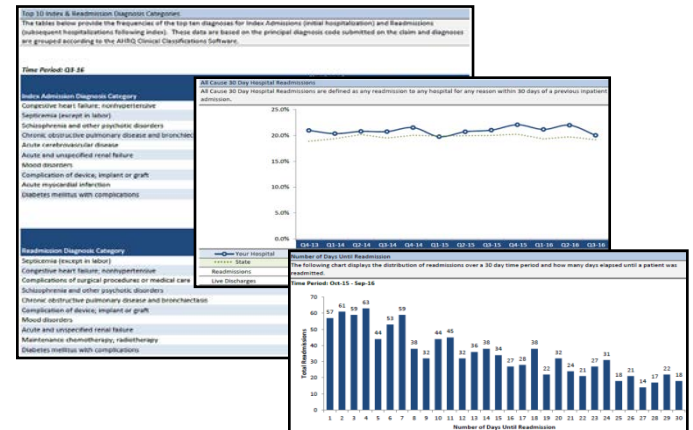
Time Period: Q4-16

Index Admission Diagnosis Category
Pneumonia (except that caused by
transmitted disease)


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QIO-QIO Hospital Report

Section 5: Demographics, Co-morbidities, Readmitted to




Demographics



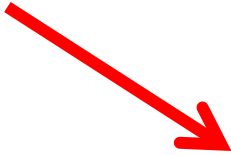
Time Period: Jan-16 - Dec-16 (Rolling 4 Quarters)					
Your Hospital					State
	Readmissions	Live Discharges	Readmission %	Readmission %	
All	804	4431	18.1%	19.7%	
Age					
Individuals Under 65	146	599	24.4%	24.9%	
Individuals 65 - 84	475	2954	16.1%	18.3%	
Individuals 85+	183	1099	16.7%	17.6%	
Race					
Asian	0	5	0.0%	18.9%	
Black	17	61	27.9%	23.6%	
Hispanic	1	10	10.0%	22.3%	
Native American	1	8	12.5%	25.6%	
White	770	4474	17.2%	19.5%	
Other or Unknown	15	88	17.0%	19.1%	

Demographics

	Time Period: Jan-16 - Dec-16 (Rolling 4 Quarters)			
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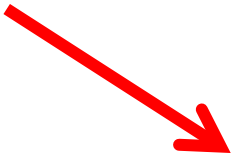
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White	770	4474	17.2%	19.5%
Other or Unknown	15	88	17.0%	19.1%



Co-Morbidities

	Time Period: Jan-16 - Dec-16 (Rolling 4 Quarters)			
	Your Hospital			State
	Readmissions	Live Discharges	Readmission %	Readmission %
All	804	4431	18.1%	19.7%
Chronic Conditions*				
Atrial Fibrillation	276	1303	21.2%	22.2%
COPD	285	1210	23.6%	23.7%
Chronic Kidney Disease	422	1836	23.0%	23.8%
Dementia	134	844	15.9%	18.4%
Diabetes	311	1338	23.2%	22.6%
Heart Failure	265	1079	24.6%	25.0%
Hypertension	596	3385	17.6%	19.7%
Mood Disorder	247	1153	21.4%	22.9%
Schizophrenia	4	35	11.4%	25.1%

*Chronic conditions include both primary and secondary diagnosis codes; a patient can have multiple chronic conditions.

Where Readmission Occurred



Time Period	Total Readmissions #	Readmitted To:					
		Your Facility		Other Facility In State		Other Facility Out of State	
		#	%	#	%	#	%
Q4-16: Oct-16 - Dec-16	217	165	76.0%	48	22.1%	2	0.9%
Past Year: Jan-16 - Dec-16	804	595	74.0%	199	24.8%	5	0.6%

Where Readmission Occurred



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Past Year: Jan-16 - Dec-16	804	595	74.0%	199	24.8%	5	0.6%



Wh

How to use these data

- Identify highest risk age groups
- Look for disparities among different populations—why?
- Notice co-morbidities associated with high readmission rates
- Pinpoint where patients readmitted—partnership needed?

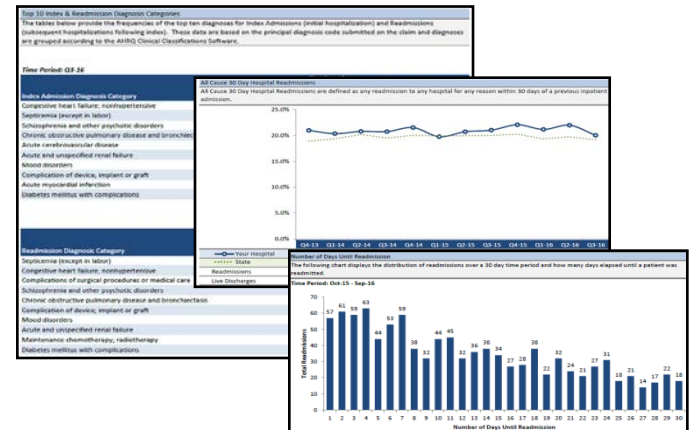
Time Period

Q4-16: Oct-16 - Dec-16

Past Year: Jan-16 - Dec-16

QIO-QIO Hospital Report

Section 6: Emergency Department Visits



Emergency Department Visits

- Total number of ED visits
- Percent of patients who visit the ED within 30 days of inpatient admission
- Top 10 diagnosis categories

Emergency Department Visits

- Total number of ED visits
- Percent of patients who visit ED within 30 days of inpatient admission
- Top 10 diagnosis categories

ED visits that result in admission or observation stay not included here

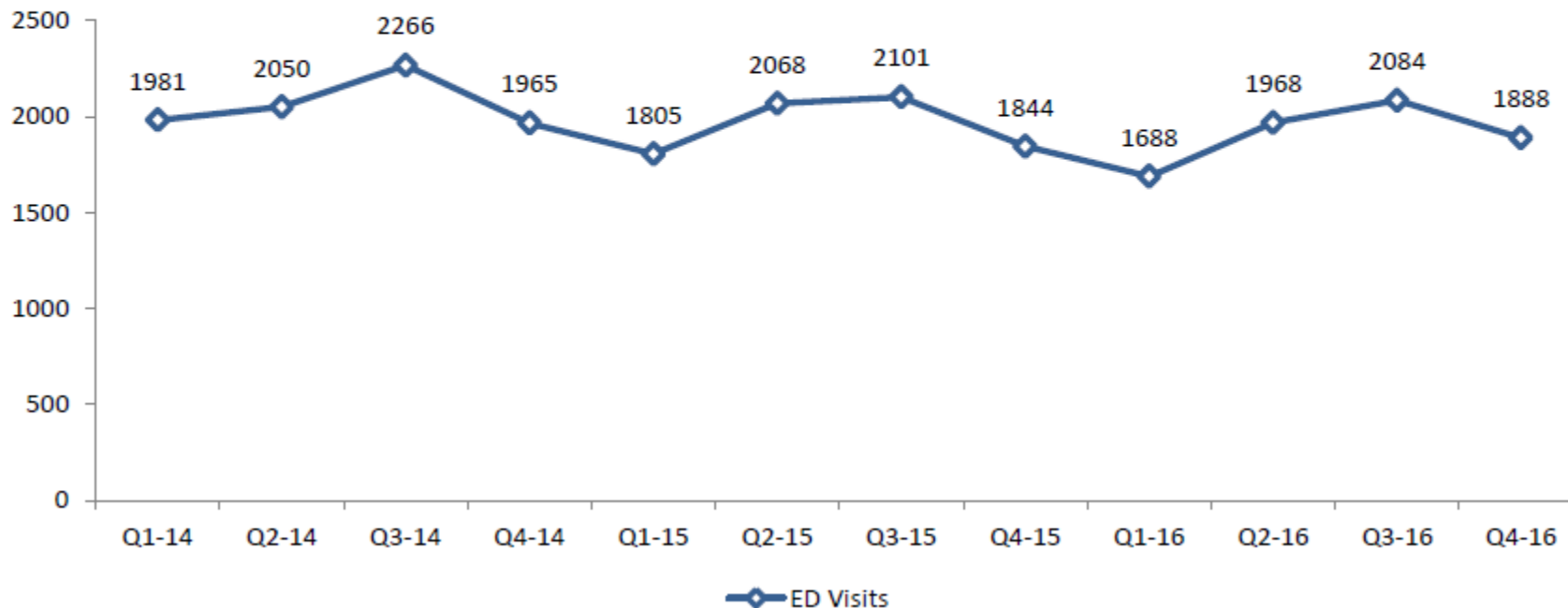
Total Number of ED Visits

EXAMPLE HOSPITAL

Total Emergency Department Volume and 30 Day Utilization of Emergency Department

Total Emergency Department Visits

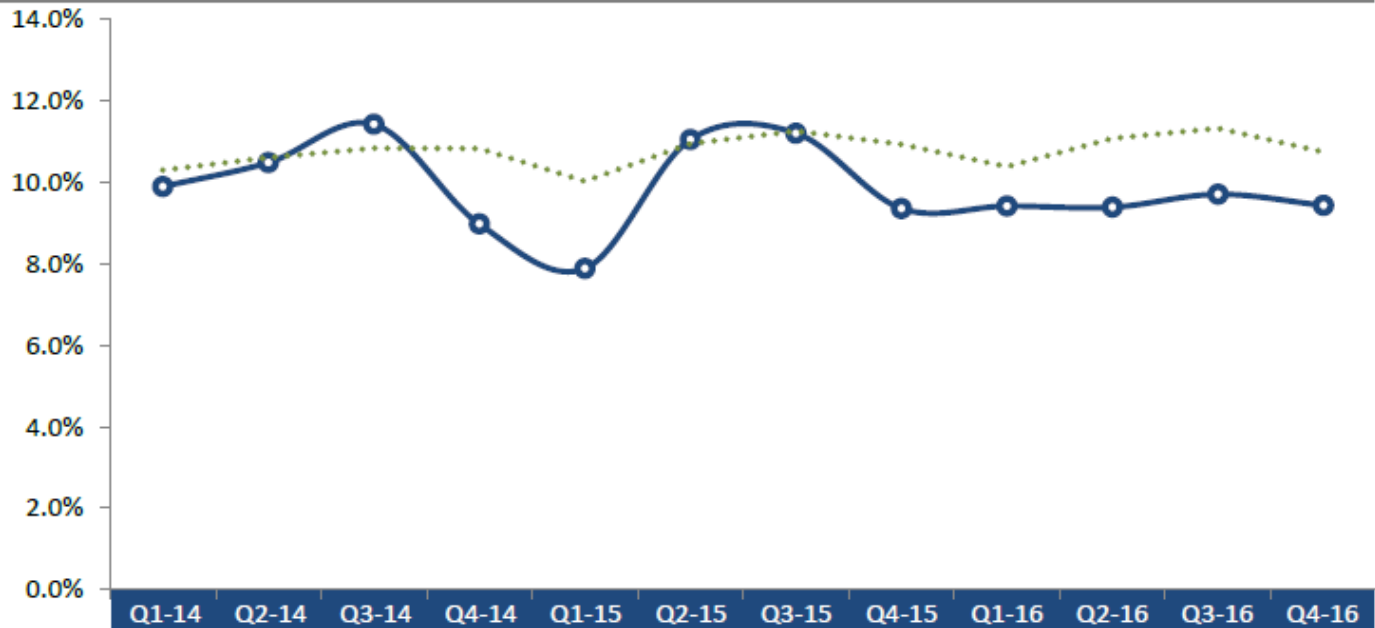
This chart displays the total number ED visits at your facility each quarter. (Medicare Fee-For-Service) Visits to the ED that result in admission or observation are not counted as ED visits.



ED Visits Within 30 Days of Inpatient Admission

Emergency Department Visits within 30 Days of a Prior Inpatient Admission

This chart displays 30 day utilization of the emergency department (ED) after an inpatient admission. Multiple ED visits are only counted once during the 30 day window or until the next inpatient admission (which opens a new 30 day window). Visits to the ED that result in admission or observation are not counted as ED visits. ED visits that occur outside of your facility are counted.



	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
—○— Your Hospital	9.9%	10.5%	11.4%	9.0%	7.9%	11.0%	11.2%	9.4%	9.4%	9.4%	9.7%	9.4%
◆◆◆◆◆ State	10.3%	10.6%	10.8%	10.8%	10.0%	10.9%	11.3%	10.9%	10.4%	11.1%	11.3%	10.7%
ED Visits w/in 30 Days	92	94	111	88	83	115	111	110	106	99	101	114
Live Discharges	930	897	972	981	1053	1041	991	1176	1126	1055	1041	1209

Top ED Visit Diagnoses

Top 10 ED Visit Diagnosis Categories

This table displays the top 10 diagnosis categories for ED visits at your facility over the past year. Visits to the ED that result in admission or observation are not counted as ED visits. These data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Software. (Medicare Fee-For-Service)

Time Period: Jan-16 - Dec-16

Diagnosis Category	Count
Superficial injury; contusion	388
Abdominal pain	349
Other injuries and conditions due to external causes	319
Spondylosis; intervertebral disc disorders; other back problems	299
Nonspecific chest pain	271
Other connective tissue disease	256
Open wounds of extremities	248
Other non-traumatic joint disorders	246
Mood disorders	222
Urinary tract infections	211

How to use these data

- Broaden framework of unplanned utilization
- Consider how the ED fits into your transitions program
- Identify common ED diagnoses and alignment with other efforts

Top 10 ED Visit Diagnosis

This table displays the top 10 ED visit diagnosis categories. Diagnoses that are not coded as a primary diagnosis or observation are not included. Diagnoses are grouped according to ICD-10-CM code.

Time Period: Jan-16 - Dec-16

Diagnosis Category

Superficial injury; contusion

Abdominal pain

Other injuries and conditions

Spondylosis; intervertebral disc

Nonspecific chest pain

Other connective tissue disease

Open wounds of extremities

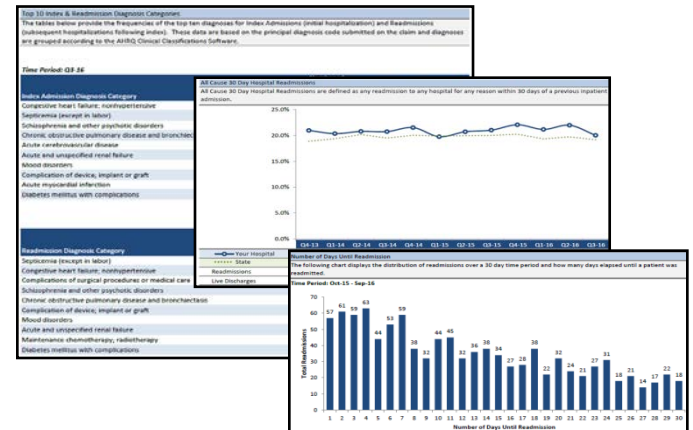
Other non-traumatic joint dislocation

Mood disorders

Urinary tract infections

QIO-QIO Hospital Report

Section 7: Observation Stays



Observation Stays

- Total number of observation stays
- Percent of patients with observation within 30 days of inpatient admission
- Top 10 diagnosis categories

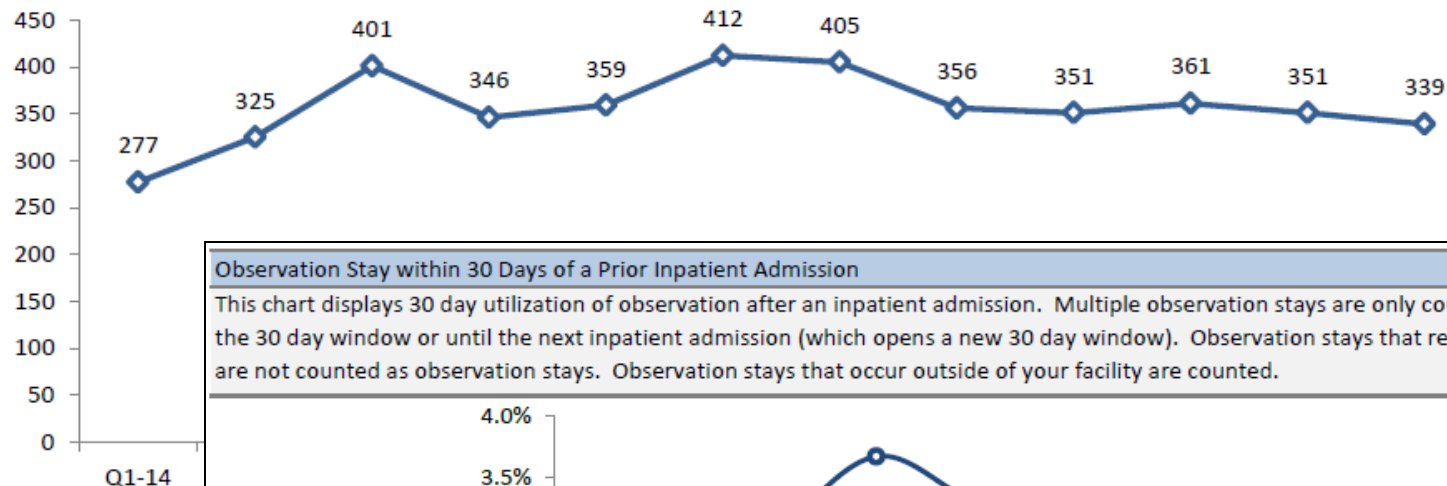
Observation Stays

- Total number of observation stays
- Percent of patients with observation within 30 days of inpatient admission
- Top 10 diagnosis categories

Observation stays that result in admission are not included here

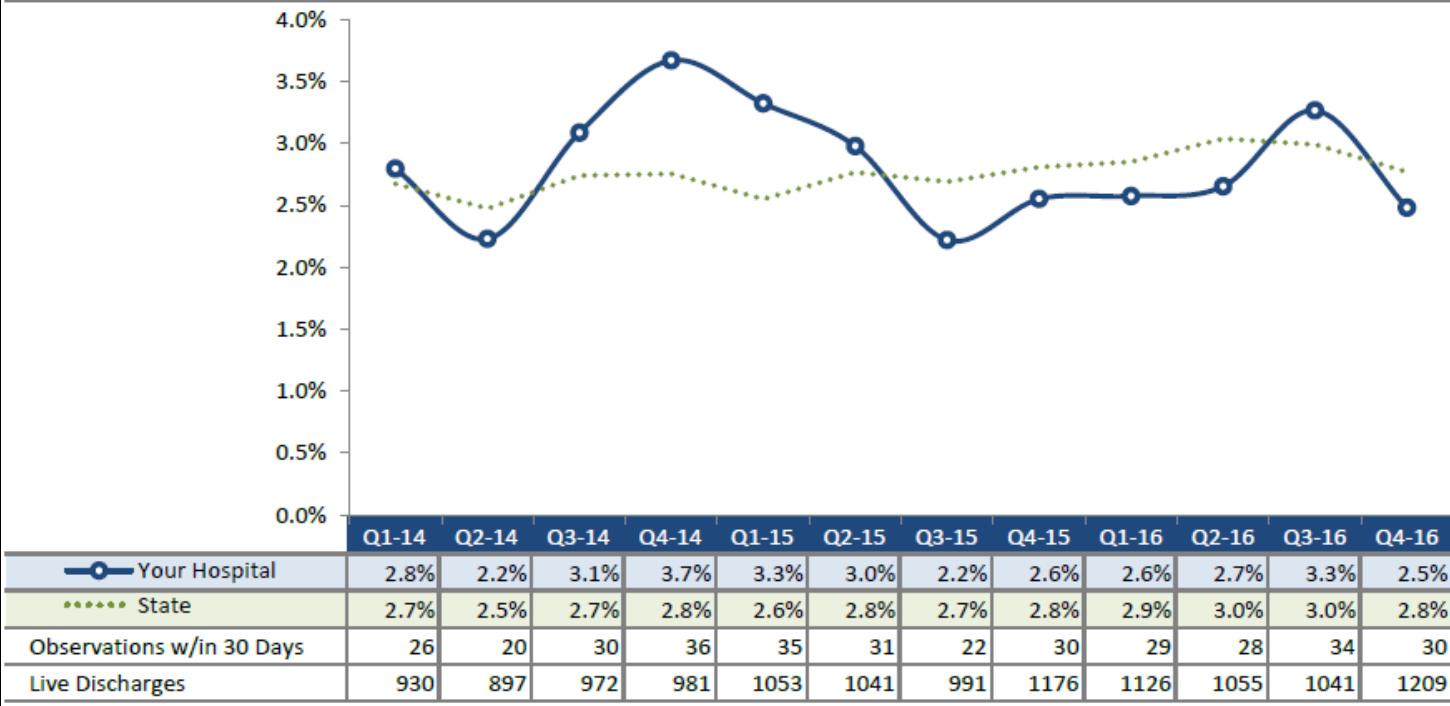
Total Observation Stays

This chart displays the total number observations at your facility each quarter. (Medicare Fee-For-Service)



Observation Stay within 30 Days of a Prior Inpatient Admission

This chart displays 30 day utilization of observation after an inpatient admission. Multiple observation stays are only counted once during the 30 day window or until the next inpatient admission (which opens a new 30 day window). Observation stays that result in admission are not counted as observation stays. Observation stays that occur outside of your facility are counted.



Top Observation Diagnoses

Top 10 Observation Stay Diagnosis Categories

This table displays the top 10 diagnosis categories for observation stays at your facility over the past year. Observation stays that result in admission are not counted as observation stays. These data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Software. (Medicare Fee-For-Service)

Time Period: Jan-16 - Dec-16

Diagnosis Category	Count
Nonspecific chest pain	255
Syncope	121
Cardiac dysrhythmias	89
Conditions associated with dizziness or vertigo	55
Fluid and electrolyte disorders	46
Other nervous system disorders	40
Urinary tract infections	33
Other fractures	31
Coronary atherosclerosis and other heart disease	30
Spondylosis; intervertebral disc disorders; other back problems	25

To

How to use these data

- Complete the utilization picture and account for trends more fully
- Analyze similarly to traditional readmissions
- Adjust approach for ED-based obs unit vs intermingled on floor

Top 10 Observation Stay

This table displays the top 10 diagnosis categories for observation stays. Diagnoses are not counted if they are not the primary diagnosis. Diagnoses are grouped as follows:

Time Period: Jan-16 - Dec-16

Diagnosis Category

Nonspecific chest pain

Syncope

Cardiac dysrhythmias

Conditions associated with

Fluid and electrolyte dis

Other nervous system d

Urinary tract infections

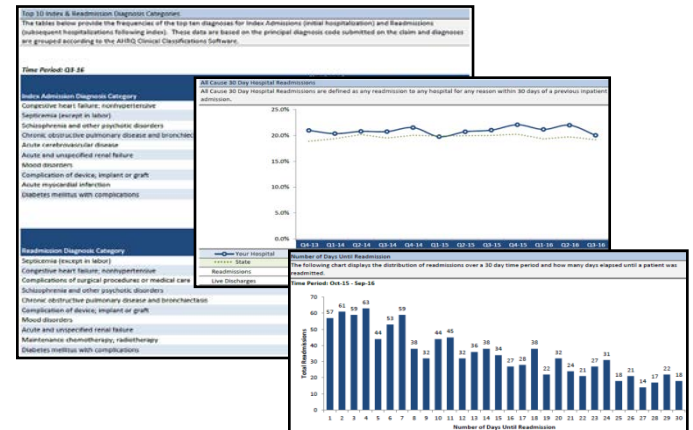
Other fractures

Coronary atherosclerosi

Spondylosis; interverteb

QIO-QIO Hospital Report

Section 8: Readmissions From Post- Acute Care

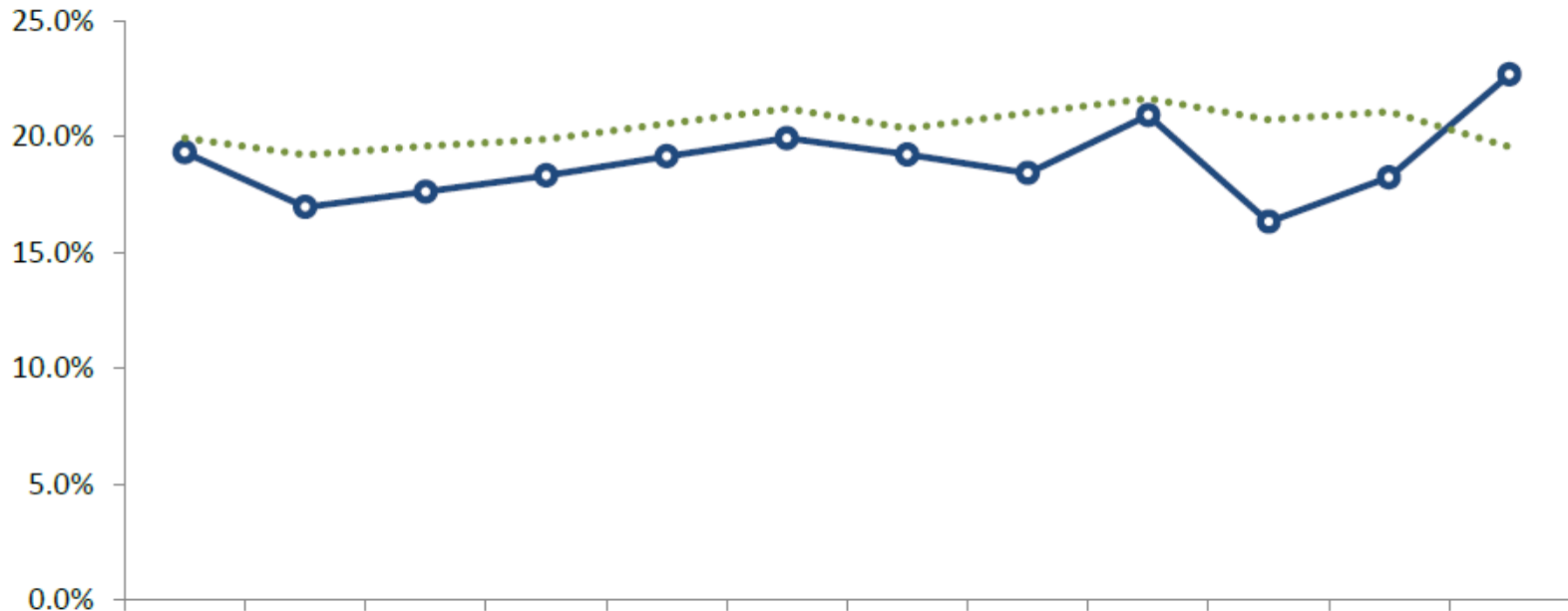


Post-acute Care Readmissions

- Readmissions stratified by status code/discharge disposition on claim
- Available settings
 - Home
 - Home health
 - Skilled nursing facility
 - Other

Readmissions from SNF

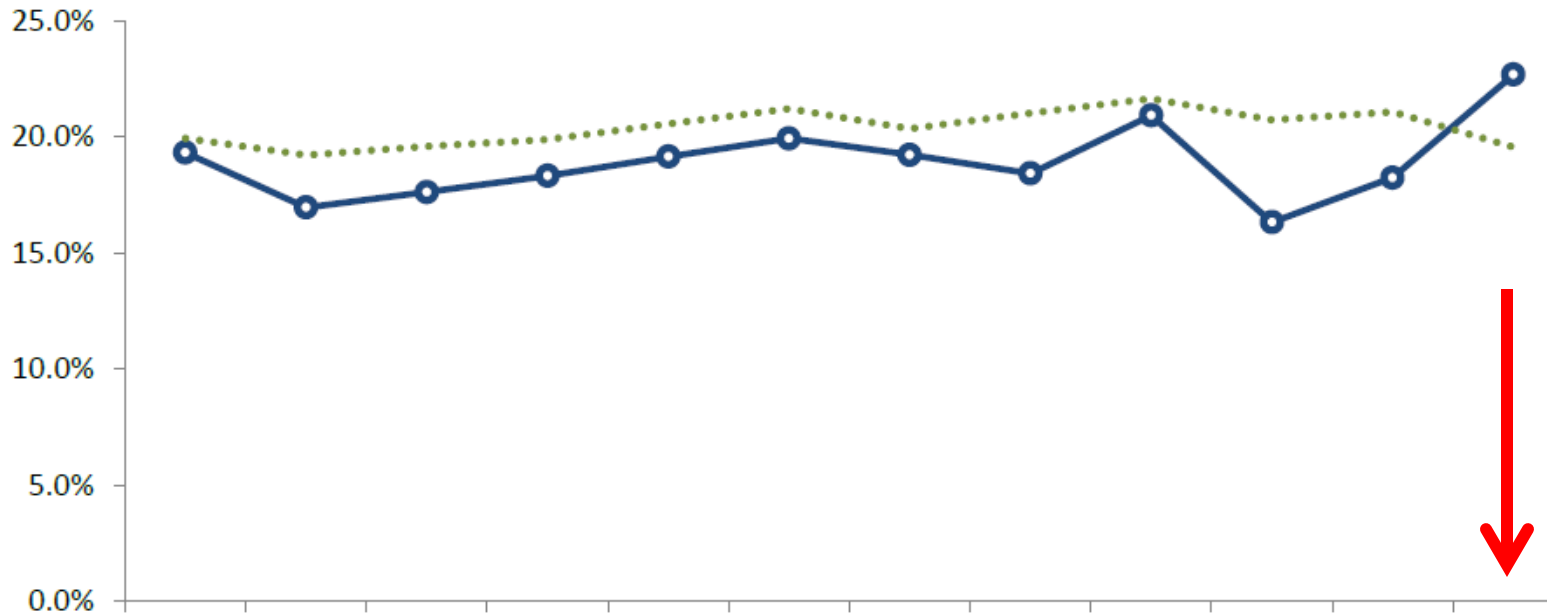
Discharged to Skilled Nursing Facility



	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
—●— Your Hospital	19.3%	17.0%	17.6%	18.3%	19.2%	19.9%	19.2%	18.4%	20.9%	16.3%	18.2%	22.7%
..... State	19.9%	19.2%	19.6%	19.9%	20.6%	21.2%	20.4%	21.0%	21.7%	20.7%	21.1%	19.6%
Readmissions	63	48	52	68	68	64	55	61	63	48	52	71
Live Discharges	326	283	295	371	355	321	286	331	301	294	285	313

Readmissions from SNF

Discharged to Skilled Nursing Facility

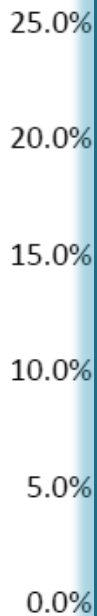


	Q1-14	Q2-14	Q3-14	Q4-14	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
Your Hospital	19.3%	17.0%	17.6%	18.3%	19.2%	19.9%	19.2%	18.4%	20.9%	16.3%	18.2%	22.7%
State	19.9%	19.2%	19.6%	19.9%	20.6%	21.2%	20.4%	21.0%	21.7%	20.7%	21.1%	19.6%
Readmissions	63	48	52	68	68	64	55	61	63	48	52	71
Live Discharges	326	283	295	371	355	321	286	331	301	294	285	313

How to use these data

- Compare rates among settings
- Explore high rates from a particular setting
- Engage community partners to improve discharge transitions

Discharged to Skilled Nursing F



—●— Your Hospital

..... State

	19.9%	19.2%	19.6%	19.9%	20.6%	21.2%	20.4%	21.0%	21.7%	20.7%	21.1%	19.6%
Readmissions	63	48	52	68	68	64	55	61	63	48	52	71
Live Discharges	326	283	295	371	355	321	286	331	301	294	285	313

16

7%

Example From the Field

How has Lowell General used the NE QIN-QIO Hospital Reports?



Janet D. Liddell, RN, MSN/MBA
Manager, Performance Improvement
Lowell General Hospital

QIN-QIO Safe Transitions Measures Report

Lowell General Hospital

- 434-bed Community Hospital with 2 Campuses
- West Merrimack-Middlesex region of MA, 30 miles NW of Boston



QIN-QIO Safe Transitions Measures Report

Constantly looking at our data to track, trend and compare our performance with a cohort of top performing hospitals

- How We Use this Report
 - Validate our internal analyses
 - Quick visualization of data from last 8 quarters
 - Provides more timely FFS data than Hospital Compare

Benefits of QIO Report

- Quick data visualization - top volume chronic diseases
- Provides comparative data with State and Region
- Provides top volume Index and Readmissions diagnoses
- Easy to spot trends
 - Identified outlier AMI readmission rate performance
 - Enabled more timely deeper dive – revealing an electronic workflow that included unintended encounters into this population.

Data Driven Quality Improvement

- QIO Report
 - Gives assurance that we're prioritizing opportunities effectively
 - Adds depth to internal analyses with benchmarking against peers in geographic region
 - Helps to understand our data in relation to our disproportionate share position within the region
 - Allows further insight into root causes for Readmissions for our high volume diagnoses.
 - Report illuminated Sepsis Readmissions
 - Further dive revealed high RA rates from PAC facilities
 - Held Train-the-Trainer Education Session with community partner Nurse Educators on Early Identification and Treatment of Sepsis

In Summary...

- Consider overall readmission goals

In Summary...

- Consider overall readmission goals
- Analyze available data

In Summary...

- Consider overall readmission goals
- Analyze available data
- **Provide leadership with full picture**

In Summary...

- Consider overall readmission goals
- Analyze available data
- Provide leadership with full picture
- **Identify focus areas from your data**

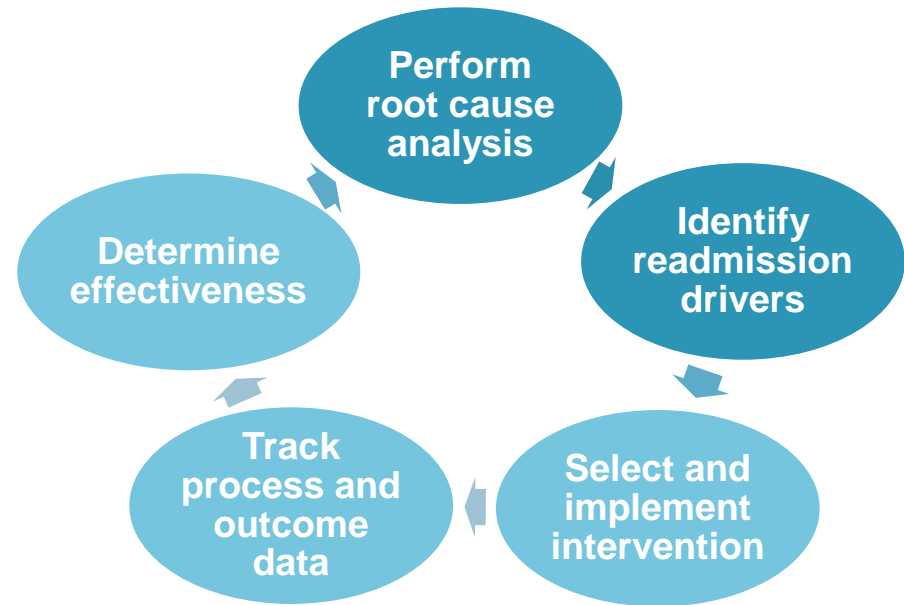
In Summary...

- Consider overall readmission goals
- Analyze available data
- Provide leadership with full picture
- Identify focus areas from your data
- Track, trend, revise, revisit

Next Steps

Once you know what to target . . .

. . . the QIN-QIO can help identify interventions and feasible measurement strategies



We Want to Hear from You



- We will open the phone lines so you can pose your questions and share own experiences
- Review questions, comments, observations from chat

Contact us...

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Connect with the New England QIN-QIO on Social Media!

