



# **Catholic Health**

## **Quality & Patient Safety Update**

**Medicine Business  
Conference  
June 20, 2017**

# 2017 Core Measure Results

MHB Core Measure Dashboard					
	Current Reporting period (Apr '17)	Current YTD	TARGET (Top 10%- Hospital Compare)	2016 Baseline	3Q15-2Q16 CMS National Comparative
<b>Core Immunization</b>					
Influenza Immunization	N/A	98.5%	100%	94.0%	94%
<b>VTE</b>					
Incidence of Potentially Preventable VTE ( <i>lower score better</i> )	0.0%	0.0%	0%	1.8%	2%
<b>HOP AMI/ CP</b>					
Median Time to Fibrinolysis	N/A	N/A	18 min	N/A	28 min
Fibrinolysis w/in 30 min	N/A	N/A	100%	N/A	59%
Median Time to Transfer	N/A	247 min	35 min	N/A	59 min
ASA @ Arrival	100.0%	100.0%	100%	94%	96%
Median Time to ECG	16.5 min	15 min	3 min	9 min	7 min
<b>OP Stroke</b>					
Head CT/MRI results for Stroke pts w/in 45 min of arrival	N/A	100.0%	100%	100%	70%
<b>OP Endoscopy</b>					
Endoscopy/Polyp Follow Up for Pts w/Normal Colonoscopy	66.7%	70.8%	100%	59.2%	80%
Endoscopy/Polyp Follow Up for Pts w/Adenomatous Polyps	66.7%	66.7%	100%	100%	87%

\*\* No Data Available

Updated: 6.7.17

- Target not met, performance worse / no change from Baseline
- Target not met, performance improved from Baseline
- Target met

KMH Core Measure Dashboard					
	Current Reporting period (Apr '17)	Current YTD	TARGET (Top 10%- Hospital Compare)	2016 Baseline	3Q15-2Q16 CMS National Comparative
<b>Core Immunization</b>					
Influenza Immunization	N/A	97.7%	100%	95.2%	94%
<b>VTE</b>					
Incidence of Potentially Preventable VTE ( <i>lower score better</i> )	N/A	0.0%	0%	0.0%	2%
<b>HOP AMI/ CP</b>					
Median Time to Fibrinolysis	N/A	62 min	18 min	85 min	28 min
Fibrinolysis w/in 30 min	N/A	0.0%	100%	0%	59%
Median Time to Transfer for Acute Coronary Intervention	73 min	100.5 min	35 min	96 min	59 min
ASA @ Arrival	100.0%	100.0%	100%	99%	96%
Median Time to ECG	15.5 min	17 min	3 min	18.5 min	7 min
<b>OP Stroke</b>					
Head CT/MRI results for Stroke pts w/in 45 min of arrival	N/A	100.0%	100%	100.0%	70%
<b>OP Endoscopy Perfect Care</b>					
Endoscopy/Polyp Follow Up for Pts w/Normal Colonoscopy	100.0%	83.3%	100%	97.2%	80%
Endoscopy/Polyp Follow Up for Pts w/Adenomatous Polyps	83.3%	91.7%	100%	96.5%	87%

\*\* No Data Available

Updated: 6.7.17

- Target not met, performance worse / no change from Baseline
- Target not met, performance improved from Baseline
- Target met

# 2017 Core Measure Results

MSMH Core Measure Dashboard					
	Current Reporting period (Apr '17)	Current YTD	TARGET (Top 10%- Hospital Compare)	2016 Baseline	3Q15-2Q16 CMS National Comparative
<b>Core Immunization</b>					
Influenza Immunization	N/A	94.3%	100%	96.3%	94%
<b>VTE</b>					
Incidence of Potentially Preventable VTE (lower score better)	N/A	0.0%	0%	0.0%	2%
<b>HOP AMI/ CP</b>					
Median Time to Fibrinolysis	N/A	27 min	18 min	32.5 min	28 min
Fibrinolysis w/in 30 min	N/A	100.0%	100%	50%	59%
Median Time to Transfer for Acute Coronary Intervention	53.5 min	53 min	35 min	66 min	59 min
ASA @ Arrival	100%	100.0%	100%	97%	96%
Median Time to ECG	10 min	9 min	3 min	8 min	7 min
<b>OP Stroke</b>					
Head CT/MRI results for Stroke pts w/in 45 min of arrival	N/A	100.0%	100%	77.8%	70%
<b>OP Endoscopy Perfect Care</b>					
Endoscopy/Polyp Follow Up for Pts w/Normal Colonoscopy	100%	95.8%	100%	98.6%	80%
Endoscopy/Polyp Follow Up for Pts w/Adenomatous Polyps	100%	100.0%	100%	97.0%	87%

\*\* No Data Available

Updated: 6.7.17

- Target not met, performance worse / no change from Baseline
- Target not met, performance improved from Baseline
- Target met

SOCH-MSC Core Measure Dashboard					
	Current Reporting period (Apr '17)	Current YTD	TARGET (Top 10%- Hospital Compare)	2016 Baseline	3Q15-2Q16 CMS National Comparative
<b>Core Immunization</b>					
Influenza Immunization	N/A	89.0%	100%	88.7%	94%
<b>VTE</b>					
Incidence of Potentially Preventable VTE (lower score better)	0.0%	0.0%	0%	0.0%	2%
<b>HOP AMI/ CP</b>					
Median Time to Fibrinolysis	N/A	N/A	18 min	53 min	28 min
Fibrinolysis w/in 30 min	N/A	N/A	100%	0%	59%
Median Time to Transfer for Acute Coronary Intervention	76 min	82.5 min	35 min	97 min	59 min
ASA @ Arrival	100.0%	92.3%	100%	94%	96%
Median Time to ECG	19 min	24 min	3 min	20 min	7 min
<b>OP Stroke</b>					
Head CT/MRI results for Stroke pts w/in 45 min of arrival	N/A	N/A	100%	0% (0 of 1)	70%
<b>OP Endoscopy Perfect Care</b>					
Endoscopy/Polyp Follow Up for Pts w/Normal Colonoscopy	100.0%	92.3%	100%	95.0%	80%
Endoscopy/Polyp Follow Up for Pts w/Adenomatous Polyps	0.0%	85.7%	100%	97.1%	87%

- No data for reporting period

\*\* No Data Available

Updated: 6.7.17

- Target not met, performance worse / no change from Baseline
- Target not met, performance improved from Baseline
- Target met

# 2017 Core Measure Results

SOCH-SJC Core Measure Dashboard					
	Current Reporting period (Apr '17)	Current YTD	TARGET (Top 10%- Hospital Compare)	2016 Baseline	3Q15-2Q16 CMS National Comparative
<b>Core Immunization</b>					
Infuenza Immunization	N/A	96.1%	100%	96.1%	94%
<b>VTE</b>					
Incidence of Potentially Preventable VTE (lower score better)	N/A	N/A	0%	0.0%	2%
<b>HOP AMI/ CP</b>					
Median Time to Fibrinolysis	N/A	N/A	18 min	-	28 min
Fibrinolysis w/in 30 min	N/A	N/A	100%	-	59%
Median Time to Transfer for Acute Coronary Intervention	N/A	55.5 min	35 min	61 min	59 min
ASA @ Arrival	100.0%	100.0%	100%	92%	96%
Median Time to ECG	14 min	14 min	3 min	13 min	7 min
<b>OP Stroke</b>					
Head CT/MRI results for Stroke pts w/in 45 min of arrival	N/A	N/A	100%	-	70%
<b>OP Endoscopy Perfect Care</b>					
Endoscopy/Polyp Follow Up for Pts w/Normal Colonoscopy	80.0%	84.6%	100%	78.6%	80%
Endoscopy/Polyp Follow Up for Pts w/Adenomatous Polyps	25.0%	54.5%	100%	90.9%	87%

- No data for reporting period

\*\* No Data Available

Updated: 6.7.17

■ Target not met, performance worse / no change from Baseline

■ Target not met, performance improved from Baseline

■ Target met

# Sepsis Dashboard

Buffalo Mercy Hospital	2016 Total	1Q 2017		Kenmore Mercy Hospital	2016 Total	1Q 2017	
		YTD Mar	2017 Total			YTD Mar	2017 Total
<b>Severe Sepsis/Septic Shock Mortality Rate</b>	31.8%	33.1%	33.1%	<b>Severe Sepsis/Septic Shock Mortality Rate</b>	20.8%	37.5%	37.5%
# Expired (num)	182	47	47	# Expired (num)	56	27	27
# Patients (den)	573	142	142	# Patients (den)	269	72	72
<b>% Early Management Bundle, Severe Sepsis/Septic Shock</b>	47.0%	44.0%	44.0%	<b>% Early Management Bundle, Severe Sepsis/Septic Shock</b>	44.2%	33.3%	33.3%
# Patients with completed Early Mangement Bundle	54	11	11	# Patients with completed Early Mangement Bundle	38	7	7
# Total patients selected for study	115	25	25	# Total patients selected for study	86	21	21
<b># Patients with OFI's</b>	61	14	14	<b># Patients with OFI's</b>	48	14	14
<b>Severe Sepsis OFI's:</b>				<b>Severe Sepsis OFI's:</b>			
Initial lactate management not in 3hr	11	3	3	Initial lactate management not in 3hr	15	1	1
Broad spectrum antibiotic not in 3hr	18	5	5	Broad spectrum antibiotic not in 3hr	12	7	7
Blood cultures not in 3hr	2	1	1	Blood cultures not in 3hr	6	2	2
Repeat lactate level measurement not in 6hr	22	2	2	Repeat lactate level measurement not in 6hr	15	2	2
<b>Septic Shock OFI's:</b>				<b>Septic Shock OFI's:</b>			
Resuscitation w/ crystalloid fluids not in 3hr	12	3	3	Resuscitation w/ crystalloid fluids not in 3hr	1	2	2
Vasopressors not in 6hr	1	0	0	Vasopressors not in 6hr	2	0	0
Focused exam &/or hemodynamic monitor not in 6hr	5	0	0	Focused exam &/or hemodynamic monitor not in 6hr	3	0	0
Vital signs review not in 6hr	0	0	0	Vital signs review not in 6hr	1	0	0
Cardiopulmonary evaluation not in 6hr	0	0	0	Cardiopulmonary evaluation not in 6hr	0	0	0
Capillary refill exam not in 6hr	6	1	1	Capillary refill exam not in 6hr	2	0	0
Peripheral pulse eval not in 6hr	0	0	0	Peripheral pulse eval not in 6hr	0	0	0
Skin exam not in 6hr	0	0	0	Skin exam not in 6hr	0	0	0
Central venous pressure measurement not in 6hr	5	0	0	Central venous pressure measurement not in 6hr	3	0	0
Central venous oxygen measurement not in 6hr	5	0	0	Central venous oxygen measurement not in 6hr	3	0	0
Bedside cardiovascular U/S not in 6hr	5	0	0	Bedside cardiovascular U/S not in 6hr	3	0	0
Leg raise/fluid challenge not in 6hr	4	0	0	Leg raise/fluid challenge not in 6hr	3	0	0

Updated: 6/2/2017

Updated: 5/15/2017

# Sepsis Dashboard

Mount Saint Mary's Hospital	2016 Total	1Q 2017		SOCH- Main Street Campus	2016 Total	1Q 2017	
		YTD Mar	2017 Total			YTD Mar	2017 Total
<b>Severe Sepsis/Septic Shock Mortality Rate</b>	17.9%	11.5%	11.5%	<b>Severe Sepsis/Septic Shock Mortality Rate</b>	30.9%	34.1%	34.1%
# Expired (num)	37	10	10	# Expired (num)	42	14	14
# Patients (den)	207	87	87	# Patients (den)	136	41	41
<b>% Early Management Bundle, Severe Sepsis/Septic Shock</b>	39.3%	54.5%	54.5%	<b>% Early Management Bundle, Severe Sepsis/Septic Shock</b>	50.9%	35.7%	35.7%
# Patients with completed Early Mangement Bundle	33	18	18	# Patients with completed Early Mangement Bundle	27	5	5
# Total patients selected for study	84	33	33	# Total patients selected for study	53	14	14
<b># Patients with OFI's</b>	51	15	15	<b># Patients with OFI's</b>	26	9	9
<b>Severe Sepsis OFI's:</b>				<b>Severe Sepsis OFI's:</b>			
Initial lactate management not in 3hr	17	3	3	Initial lactate management not in 3hr	3	1	1
Broad spectrum antibiotic not in 3hr	10	6	6	Broad spectrum antibiotic not in 3hr	5	1	1
Blood cultures not in 3hr	5	0	0	Blood cultures not in 3hr	7	1	1
Repeat lactate level measurement not in 6hr	22	3	3	Repeat lactate level measurement not in 6hr	9	0	0
<b>Septic Shock OFI's:</b>				<b>Septic Shock OFI's:</b>			
Resuscitation w/ crystalloid fluids not in 3hr	6	1	1	Resuscitation w/ crystalloid fluids not in 3hr	6	5	5
Vasopressors not in 6hr	1	1	1	Vasopressors not in 6hr	0	0	0
Focused exam &/or hemodynamic monitor not in 6hr	2	1	1	Focused exam &/or hemodynamic monitor not in 6hr	1	1	1
Vital signs review not in 6hr	0	0	0	Vital signs review not in 6hr	0	0	0
Cardiopulmonary evaluation not in 6hr	0	0	0	Cardiopulmonary evaluation not in 6hr	0	0	0
Capillary refill exam not in 6hr	2	1	1	Capillary refill exam not in 6hr	1	1	1
Peripheral pulse eval not in 6hr	0	0	0	Peripheral pulse eval not in 6hr	0	0	0
Skin exam not in 6hr	0	0	0	Skin exam not in 6hr	0	0	0
Central venous pressure measurement not in 6hr	2	1	1	Central venous pressure measurement not in 6hr	1	1	1
Central venous oxygen measurement not in 6hr	2	1	1	Central venous oxygen measurement not in 6hr	1	1	1
Bedside cardiovascular U/S not in 6hr	2	1	1	Bedside cardiovascular U/S not in 6hr	1	1	1
Leg raise/fluid challenge not in 6hr	2	1	1	Leg raise/fluid challenge not in 6hr	1	1	1

Updated: 5/15/2017

Updated: 5/15/2017

# Sepsis Dashboard

SOCH- St. Joseph Campus	1Q 2017		
	2016 Total	YTD Mar	2017 Total
<b>Severe Sepsis/Septic Shock Mortality Rate</b>	33.3%	50.0%	50.0%
# Expired (num)	23	5	5
# Patients (den)	69	10	10
<b>% Early Management Bundle, Severe Sepsis/Septic Shock</b>	38.2%	50.0%	50.0%
# Patients with completed Early Mangement Bundle	13	4	4
# Total patients selected for study	34	8	8
<b># Patients with OFI's</b>	21	4	4
<b>Severe Sepsis OFI's:</b>			
Initial lactate management not in 3hr	0	0	0
Broad spectrum antibiotic not in 3hr	4	1	1
Blood cultures not in 3hr	3	0	0
Repeat lactate level measurement not in 6hr	7	1	1
<b>Septic Shock OFI's:</b>			
Resuscitation w/ crystalloid fluids not in 3hr	7	2	2
Vasopressors not in 6hr	1	0	0
Focused exam &/or hemodynamic monitor not in 6hr	1	0	0
Vital signs review not in 6hr	0	0	0
Cardiopulmonary evaluation not in 6hr	1	0	0
Capillary refill exam not in 6hr	0	0	0
Peripheral pulse eval not in 6hr	0	0	0
Skin exam not in 6hr	0	0	0
Central venous pressure measurement not in 6hr	1	0	0
Central venous oxygen measurement not in 6hr	1	0	0
Bedside cardiovascular U/S not in 6hr	1	0	0
Leg raise/fluid challenge not in 6hr	1	0	0

# VBP - FY 2019 Domains and Weights (new)

## Domain Weights



An asterisk (\*) indicates a newly adopted measure for the Hospital VBP Program or that CMS has finalized a cohort expansion.

A double asterisk (\*\*) indicates that CMS intends to propose the removal of the measure in future rule making.

A triple asterisk (\*\*\*) indicates that CMS has proposed to remove the dimension in the CY 2017 OPSS Proposed Rule.

## CLINICAL CARE

- MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
- MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
- MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate
- THA/TKA:** Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate\*

## Person and Community Engagement

### Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management\*\*\*
- Communication about Medicines
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- 3-Item Care Transition
- Overall Rating of Hospital

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## SAFETY

- AHRQ PSI-90\*\*:** Complication/patient safety for selected indicators (composite)
- CDI:** Clostridium difficile Infection
- CAUTI\*:** Catheter-Associated Urinary Tract Infection
- CLABSI\*:** Central Line-Associated Blood Stream Infection
- MRSA:** Methicillin-Resistant Staphylococcus aureus Bacteremia
- SSI:** Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
- PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

## EFFICIENCY AND COST REDUCTION

- MSPB-1:** Medicare Spending per Beneficiary (MSPB)

8/29/2016

Domain	Baseline Period	Performance Period
<b>Clinical Care</b> <ul style="list-style-type: none"> <li>Mortality (MORT-30-AMI, MORT-30-HF, MORT-30-PN)</li> <li>THA/TKA</li> </ul>	July 1, 2009 – June 30, 2012 July 1, 2010 – June 30, 2013	July 1, 2014 – June 30, 2017 January 1, 2015 – June 30, 2017
<b>Person and Community Engagement</b>	January 1–December 31, 2015	January 1–December 31, 2017
<b>Safety</b> <ul style="list-style-type: none"> <li>AHRQ PSI-90 Composite</li> <li>PC-01</li> <li>HAI Measures</li> </ul>	July 1, 2011–June 30, 2013 January 1–December 31, 2015 January 1–December 31, 2015	July 1, 2015–June 30, 2017 January 1–December 31, 2017 January 1–December 31, 2017
<b>Efficiency and Cost Reduction</b>	January 1–December 31, 2015	January 1–December 31, 2017



# Value Based Purchasing- Patient Satisfaction



Worse than all benchmarks



Worse than CMS thresholds but better than baseline

Value-Based Purchasing Dashboard	 Mercy Hospital of Buffalo	FFY 2019 Program				FFY 2019 Program				
		Estimated Baseline (CMS Reported) Jan 1, 2015 to Dec 31, 2015		Performance Period Jan 1, 2017 to Dec 31, 2017		Rolling Period (12 Months) Apr 26, 2016 to Apr 25, 2017		CMS Reported Thresholds		
		Score	PR	Score	PR	Score	PR	Achievement	Benchmark	
June 14, 2017										
Communication with Nurses			74%	14	76.2%	25	72.2%	8	78.7%	87.0%
Communication with Doctors			73%	5	76.9%	20	73.6%	7	80.3%	88.6%
Responsiveness of Hospital Staff			55%	6	51.7%	2	50.9%	2	65.2%	80.2%
Pain Management			70%	48	68.0%	31	66.6%	23	-	-
Communication about Medicine			56%	8	54.2%	5	57.6%	14	63.3%	73.5%
Cleanliness / Quietness			48%	-	50.0%	0	48.9%	-	65.6%	79.1%
Discharge Information			87%	52	88.1%	65	88.0%	65	87.1%	91.9%
Hospital Rating			61%	11	63.3%	16	59.2%	8	70.9%	84.8%
Would Recommend			60%	13	64.3%	23	61.4%	15	-	-
Care Transitions			44%	11	45.8%	18	44.4%	11	51.4%	62.8%

Estimated Baseline Score  
 Performance Score  
 Rolling Score  
 Below Achievement Threshold  
 Within Achievement Range  
 Above Benchmark Threshold

\* No Public Data Available

PR = Percentile Rank



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Top Decile



Worse than all benchmarks



Worse than CMS thresholds but better than baseline

# Value Based Purchasing- Patient Satisfaction

Value-Based Purchasing Dashboard	Kenmore Mercy Hospital	Estimated Baseline (CMS Reported) Jan 1, 2015 to Dec 31, 2015		Performance Period Jan 1, 2017 to Dec 31, 2017		Rolling Period (12 Months) Apr 30, 2016 to Apr 29, 2017		CMS Reported Thresholds	
		Score	PR	Score	PR	Score	PR	Achievement	Benchmark
June 14, 2017									
Communication with Nurses		77%	32	85.7%	88	82.0%	72	78.7%	87.0%
Communication with Doctors		79%	35	85.2%	76	81.0%	51	80.3%	88.6%
Responsiveness of Hospital Staff		61%	24	68.0%	55	67.1%	51	65.2%	80.2%
Pain Management		70%	48	76.5%	87	76.0%	84	-	-
Communication about Medicine		59%	18	68.0%	75	64.2%	51	63.3%	73.5%
Cleanliness / Quietness		57%	8	66.9%	49	63.2%	28	65.6%	79.1%
Discharge Information		89%	75	92.2%	94	90.1%	83	87.1%	91.9%
Hospital Rating		71%	48	80.8%	87	78.1%	78	70.9%	84.8%
Would Recommend		74%	60	83.5%	91	79.6%	82	-	-
Care Transitions		49%	33	57.1%	80	55.4%	71	51.4%	62.8%



Estimated Baseline Score   
 Performance Score   
 Rolling Score   
 Below Achievement Threshold   
 Within Achievement Range   
 Above Benchmark Threshold

\* No Public Data Available

PR = Percentile Rank



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Top Decile



Worse than all benchmarks



Worse than CMS thresholds but better than baseline

# Value Based Purchasing- Patient Satisfaction

Value-Based Purchasing Dashboard	Mount St Marys Hospital And Health Center	FFY 2019 Program									
		Estimated Baseline (CMS Reported) Jan 1, 2015 to Dec 31, 2015		Performance Period Jan 1, 2017 to Dec 31, 2017		Rolling Period (12 Months) Apr 27, 2016 to Apr 26, 2017		FFY 2019 Program			
		Score	PR	Score	PR	Score	PR	Achievement	Benchmark		
June 14, 2017											
Communication with Nurses		78%	40	81.4%	66	79.1%	49	78.7%	87.0%		
Communication with Doctors		78%	27	79.6%	42	77.6%	27	80.3%	88.6%		
Responsiveness of Hospital Staff		57%	10	61.3%	24	59.4%	16	65.2%	80.2%		
Pain Management		68%	31	77.5%	89	76.0%	84	-	-		
Communication about Medicine		62%	37	63.9%	51	63.1%	44	63.3%	73.5%		
Cleanliness / Quietness		64%	33	66.5%	49	64.3%	33	65.6%	79.1%		
Discharge Information		88%	65	92.8%	96	91.1%	90	87.1%	91.9%		
Hospital Rating		68%	33	76.3%	71	70.8%	48	70.9%	84.8%		
Would Recommend		72%	52	71.6%	52	70.7%	48	-	-		
Care Transitions		51%	45	55.4%	71	54.0%	66	51.4%	62.8%		

Estimated Baseline Score
  Performance Score
  Rolling Score
  Below Achievement Threshold
  Within Achievement Range
  Above Benchmark Threshold

\* No Public Data Available

PR = Percentile Rank



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# Value Based Purchasing- Patient Satisfaction



Worse than all benchmarks



Worse than CMS thresholds but better than baseline

Value-Based Purchasing Dashboard June 14, 2017	Sisters of Charity Hospital	FFY 2019 Program		FFY 2019 Program		FFY 2019 Program		FFY 2019 Program	
		Estimated Baseline (CMS Reported) Jan 1, 2015 to Dec 31, 2015		Performance Period Jan 1, 2017 to Dec 31, 2017		Rolling Period (12 Months) Apr 29, 2016 to Apr 28, 2017		CMS Reported Thresholds	
		Score	PR	Score	PR	Score	PR	Achievement	Benchmark
Communication with Nurses		75%	19	80.1%	57	80.1%	57	78.7%	87.0%
Communication with Doctors		73%	5	80.1%	42	79.2%	35	80.3%	88.6%
Responsiveness of Hospital Staff		58%	12	66.6%	51	65.4%	40	65.2%	80.2%
Pain Management		68%	31	73.2%	72	70.7%	57	-	-
Communication about Medicine		57%	10	64.2%	51	60.8%	30	63.3%	73.5%
Cleanliness / Quietness		58%	10	56.4%	6	59.8%	16	65.6%	79.1%
Discharge Information		85%	31	88.4%	65	88.2%	65	87.1%	91.9%
Hospital Rating		65%	22	67.0%	29	68.6%	38	70.9%	84.8%
Would Recommend		69%	40	68.6%	40	71.9%	52	-	-
Care Transitions		45%	14	51.2%	45	52.3%	52	51.4%	62.8%

Estimated Baseline Score
  Performance Score
  Rolling Score
  Below Achievement Threshold
  Within Achievement Range
  Above Benchmark Threshold

\* No Public Data Available

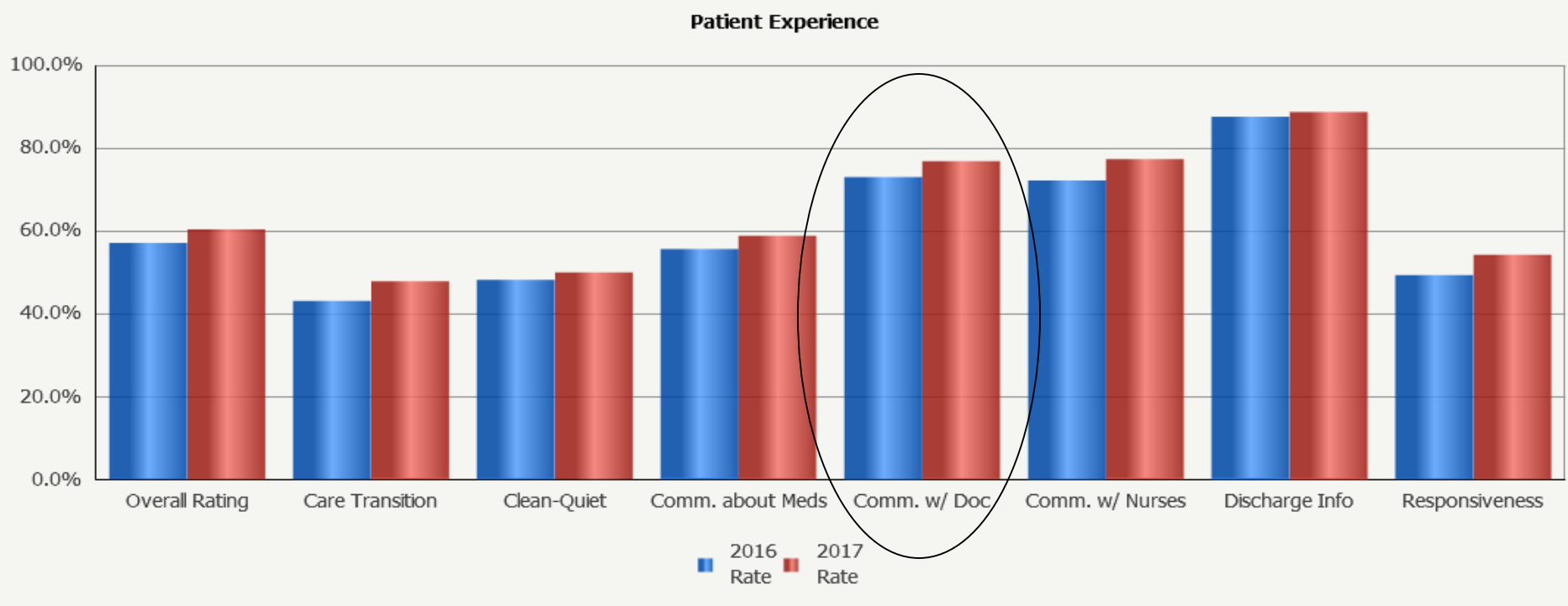
PR = Percentile Rank



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# BMH Whole System Measures

## Patient Experience

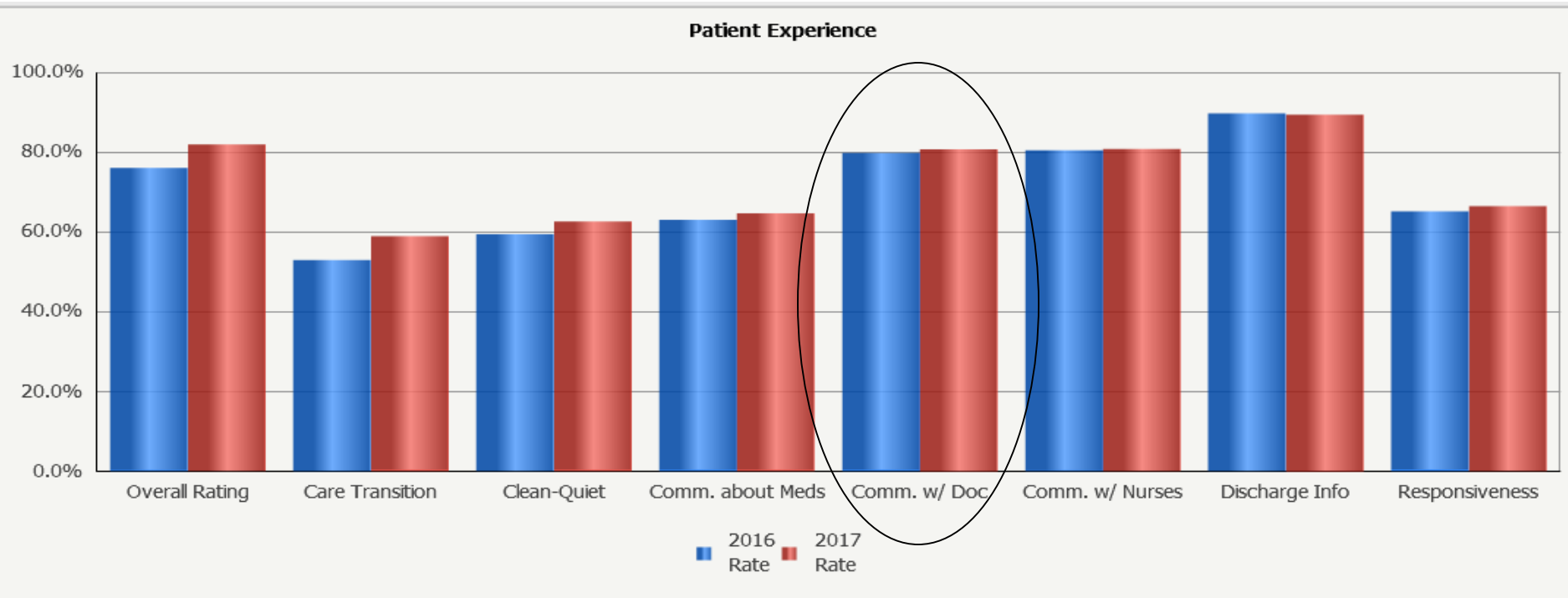


Dimension	Discharge Year Metrics	2016 Rate	2017 Rate
Overall Rating		57.1%	60.4%
Care Transition		43.1%	47.8%
Clean-Quiet		48.2%	50.0%
Comm. about Meds		55.6%	58.8%
Comm. w/ Doc		73.0%	76.8%
Comm. w/ Nurses		72.2%	77.3%
Discharge Info		87.6%	88.7%
Responsiveness		49.3%	54.2%

Now available in Microstrategy!!!

Targets Coming Soon

# KMH Whole System Measures Patient Experience



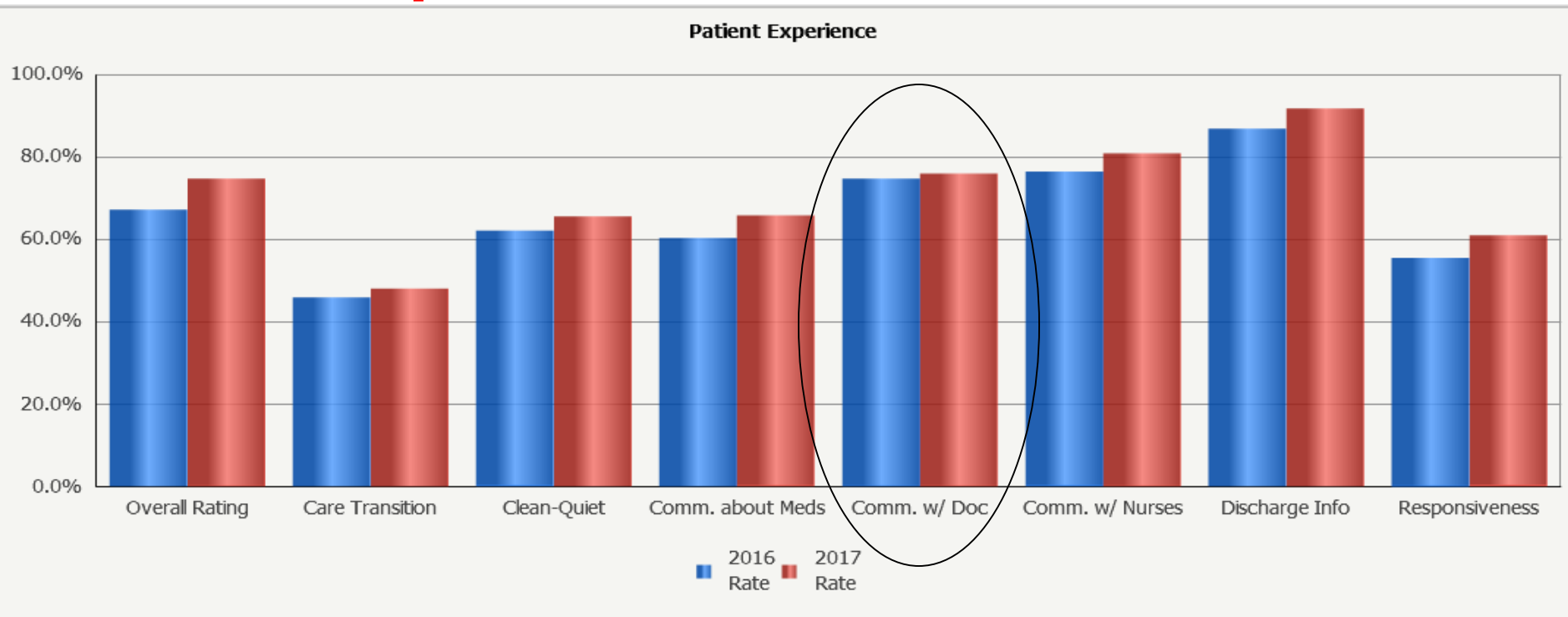
Dimension	Discharge Year Metrics	2016 Rate	2017 Rate
Overall Rating		76.0%	81.9%
Care Transition		52.9%	58.9%
Clean-Quiet		59.4%	62.5%
Comm. about Meds		63.0%	64.6%
<b>Comm. w/ Doc</b>		<b>79.7%</b>	<b>80.7%</b>
Comm. w/ Nurses		80.4%	80.7%
Discharge Info		89.7%	89.4%
Responsiveness		65.1%	66.4%

Now available in Microstrategy!!!

Targets Coming Soon

# MSMH Whole System Measures

## Patient Experience

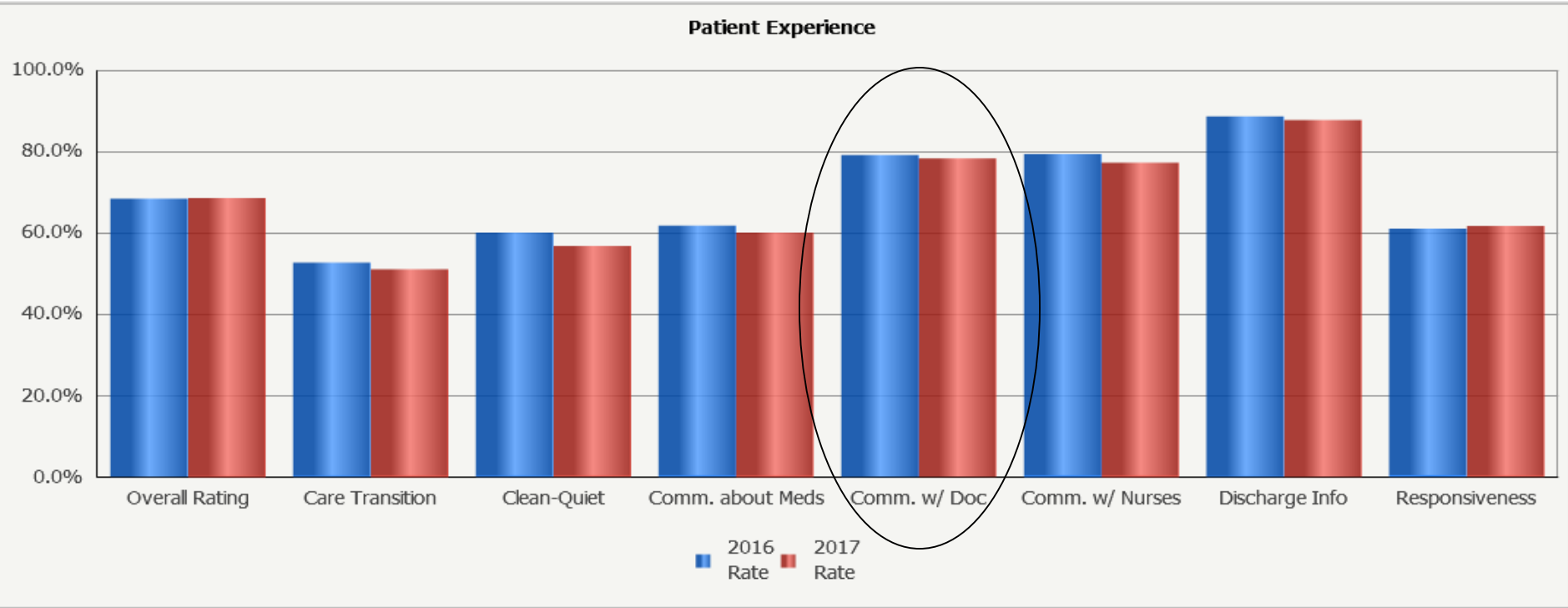


Dimension	Discharge Year Metrics	2016 Rate	2017 Rate
Overall Rating		67.2%	74.7%
Care Transition		45.9%	48.0%
Clean-Quiet		62.1%	65.5%
Comm. about Meds		60.3%	65.7%
Comm. w/ Doc		74.7%	75.9%
Comm. w/ Nurses		76.4%	80.8%
Discharge Info		86.8%	91.7%
Responsiveness		55.5%	60.9%

Now available in Microstrategy!!!

Targets Coming Soon

# SOCH-MSO Whole System Measures Patient Experience



Dimension	Discharge Year Metrics	2016 Rate	2017 Rate
Overall Rating		68.4%	68.6%
Care Transition		52.6%	51.1%
Clean-Quiet		60.0%	56.7%
Comm. about Meds		61.7%	60.1%
<b>Comm. w/ Doc</b>		<b>79.1%</b>	<b>78.3%</b>
Comm. w/ Nurses		79.4%	77.3%
Discharge Info		88.6%	87.7%
Responsiveness		61.0%	61.6%

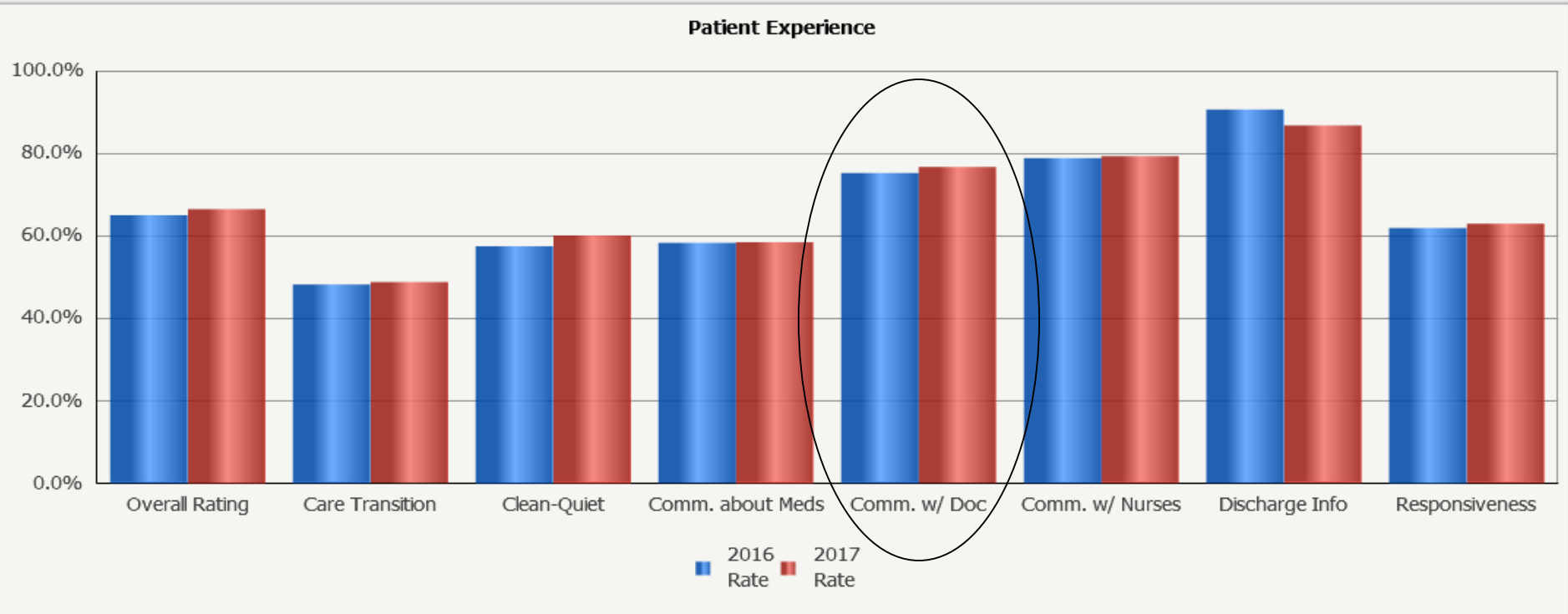
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Targets Coming Soon



# SOCH-SJC Whole System Measures

## Patient Experience



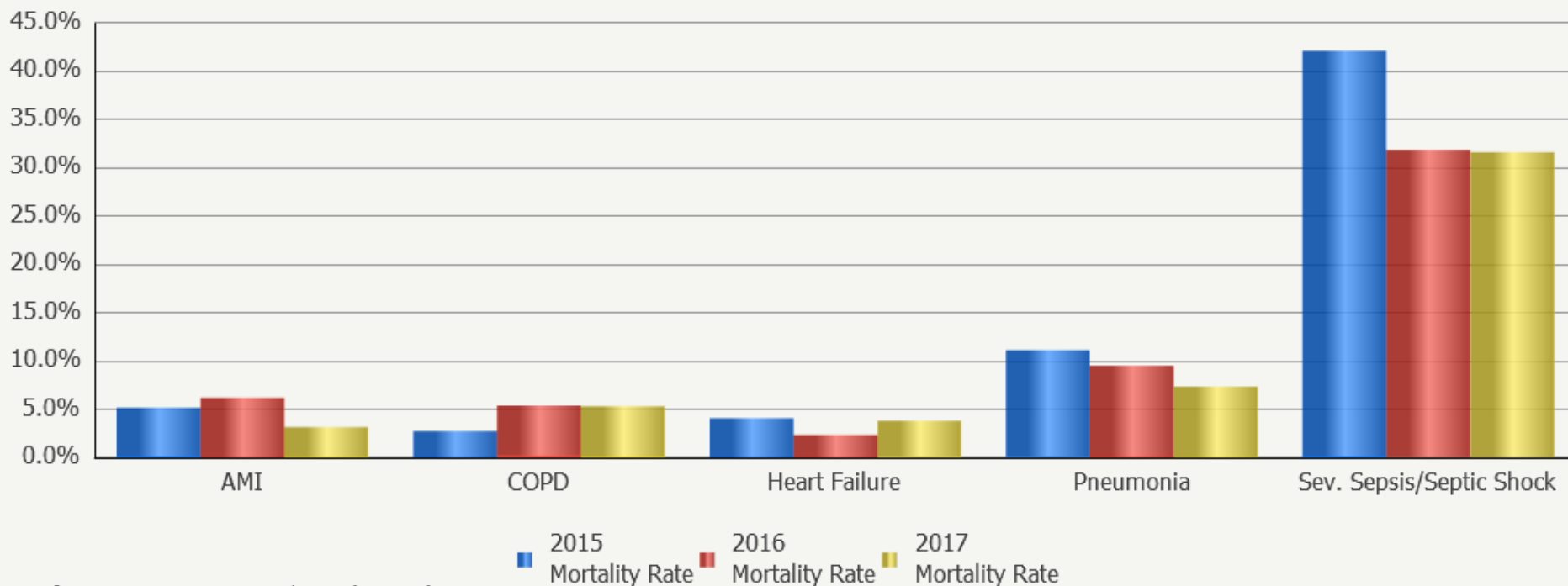
Dimension	Discharge Year Metrics	2016 Rate	2017 Rate
Overall Rating		64.9%	66.4%
Care Transition		48.2%	48.7%
Clean-Quiet		57.5%	60.1%
Comm. about Meds		58.2%	58.4%
Comm. w/ Doc		75.2%	76.6%
Comm. w/ Nurses		78.8%	79.3%
Discharge Info		90.6%	86.7%
Responsiveness		61.9%	62.9%

Now available in Microstrategy!!!

Targets Coming Soon

# BMH Whole System Measures Mortalities

Mortality Report



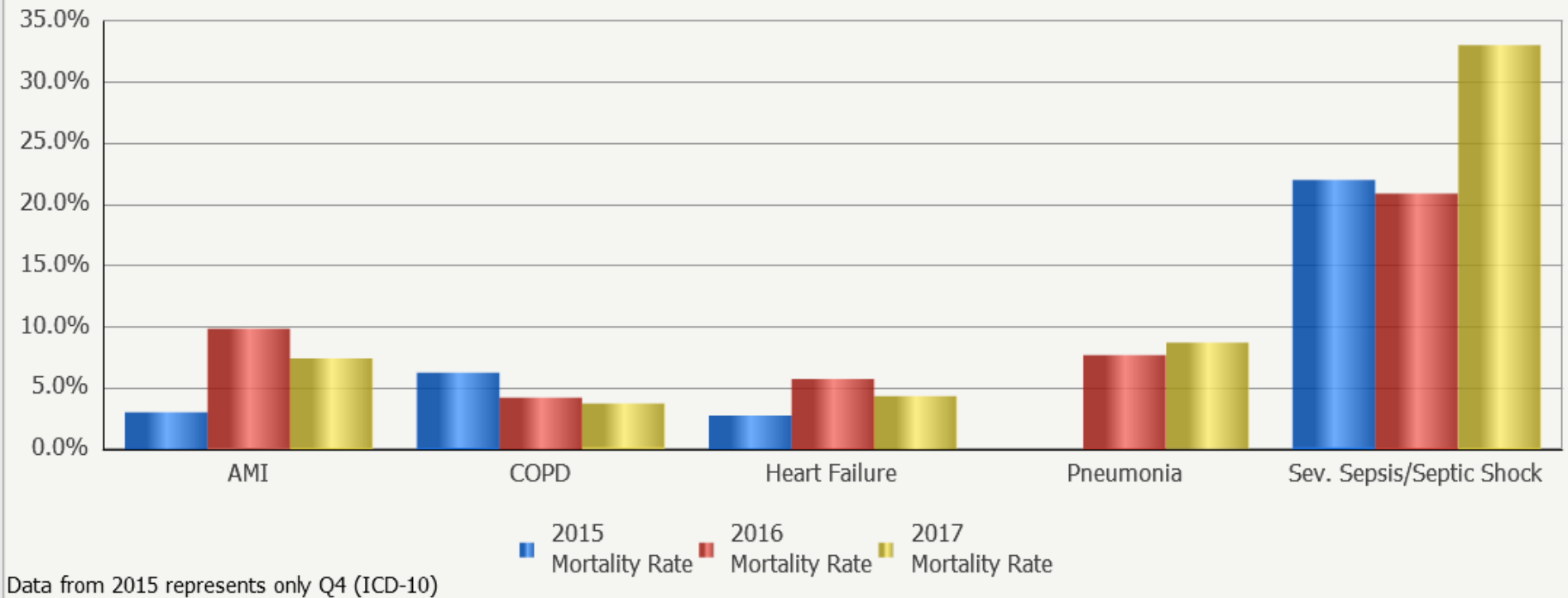
Cohort	Discharge Year Metrics	2015	2016	2017
		Mortality Rate	Mortality Rate	Mortality Rate
AMI		5.2%	6.2%	3.2%
COPD		2.7%	5.4%	5.3%
Heart Failure		4.1%	2.4%	3.8%
Pneumonia		11.1%	9.5%	7.4%
Sev. Sepsis/Septic Shock		42.1%	31.8%	31.6%

Now available in Microstrategy!!!

Targets Coming Soon

# KMH Whole System Measures Mortalities

Mortality Report



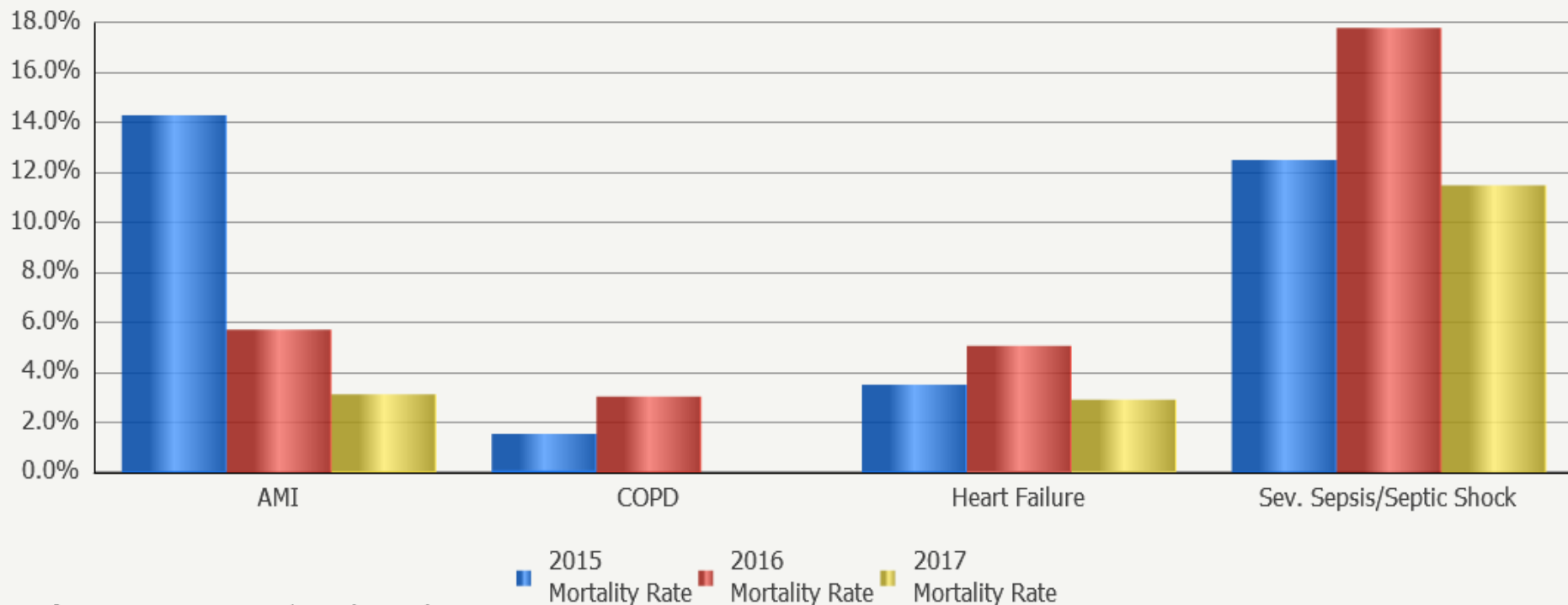
Cohort	Discharge Year	2015	2016	2017
	Metrics	Mortality Rate	Mortality Rate	Mortality Rate
AMI		3.0%	9.8%	7.4%
COPD		6.3%	4.2%	3.7%
Heart Failure		2.7%	5.7%	4.3%
Pneumonia		0.0%	7.7%	8.7%
Sev. Sepsis/Septic Shock		22.0%	20.9%	33.0%

Now available in Microstrategy!!!

Targets Coming Soon

# MSMH Whole System Measures Mortalities

Mortality Report



Data from 2015 represents only Q4 (ICD-10)

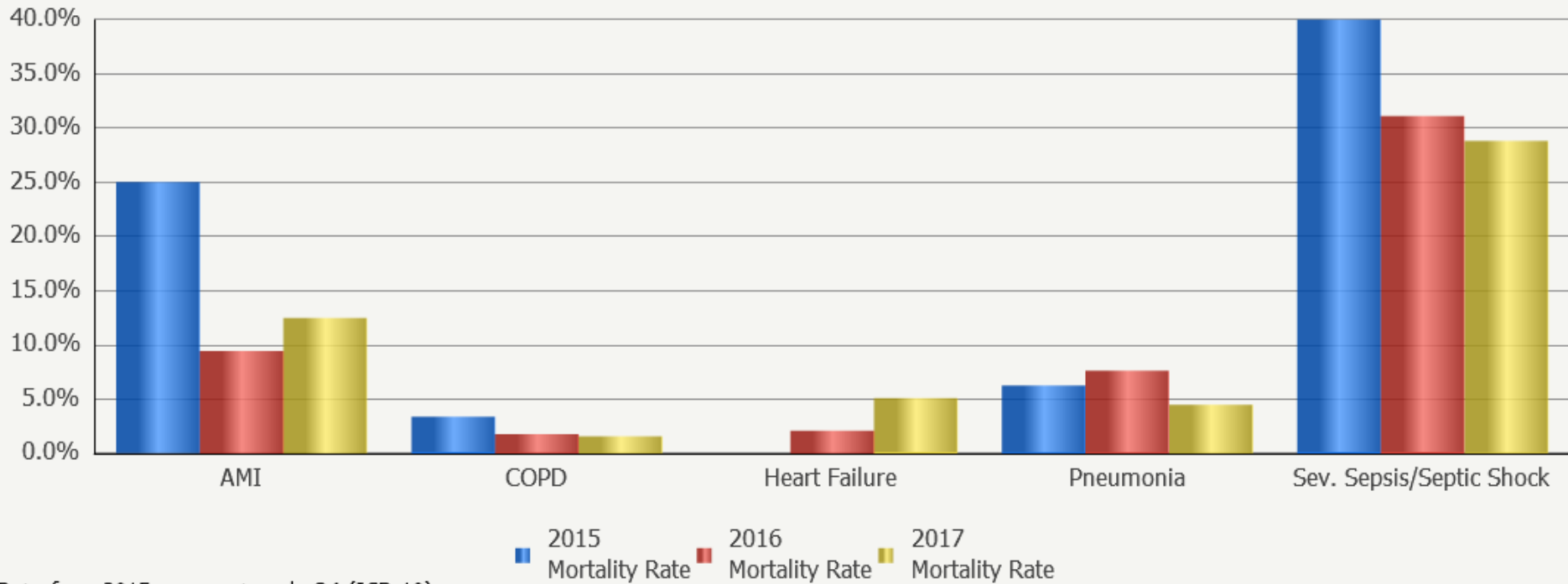
Cohort	Discharge Year	2015	2016	2017
	Metrics	Mortality Rate	Mortality Rate	Mortality Rate
AMI		14.3%	5.7%	3.1%
COPD		1.5%	3.0%	0.0%
Heart Failure		3.5%	5.1%	2.9%
Sev. Sepsis/Septic Shock		12.5%	17.8%	11.5%

Now available in Microstrategy!!!

Targets Coming Soon

# SOCH-MSC Whole System Measures Mortalities

Mortality Report



Data from 2015 represents only Q4 (ICD-10)

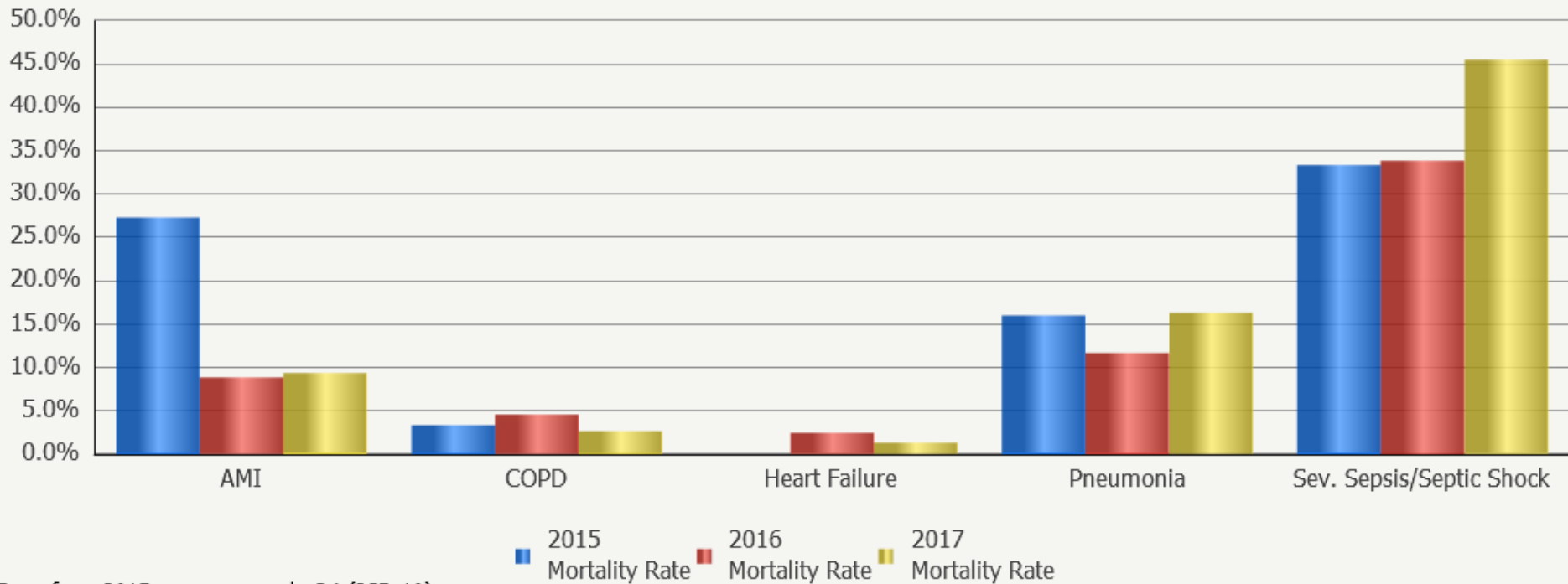
Cohort	Discharge Year Metrics	2015	2016	2017
		Mortality Rate	Mortality Rate	Mortality Rate
AMI		25.0%	9.4%	12.5%
COPD		3.4%	1.8%	1.6%
Heart Failure		0.0%	2.1%	5.1%
Pneumonia		6.3%	7.6%	4.5%
Sev. Sepsis/Septic Shock		40.0%	31.1%	28.8%

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Targets Coming Soon

# SOCH-SJC Whole System Measures Mortalities

Mortality Report



Data from 2015 represents only Q4 (ICD-10)

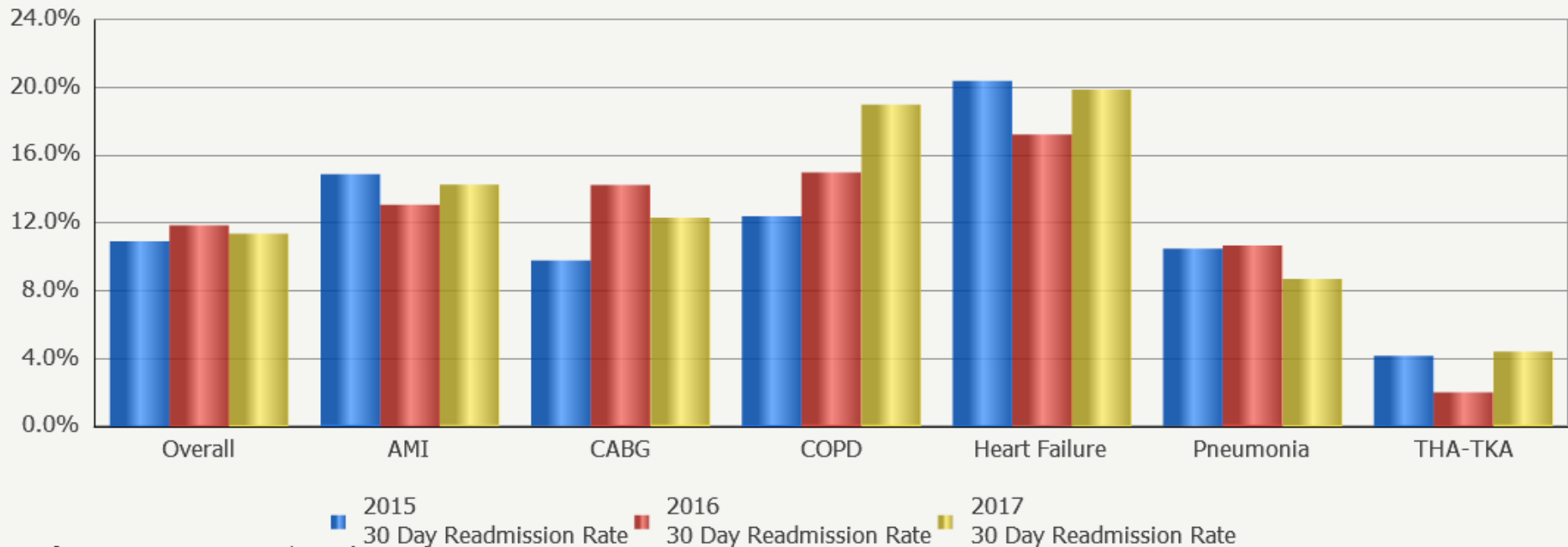
Cohort	Discharge Year Metrics	2015	2016	2017
		Mortality Rate	Mortality Rate	Mortality Rate
AMI		27.3%	8.8%	9.4%
COPD		3.3%	4.5%	2.6%
Heart Failure		0.0%	2.5%	1.3%
Pneumonia		16.0%	11.7%	16.3%
Sev. Sepsis/Septic Shock		33.3%	33.8%	45.5%

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Targets Coming Soon

# BMH Whole System Measures Readmissions

Readmission Report



Data from 2015 represents only Q4 (ICD-10)

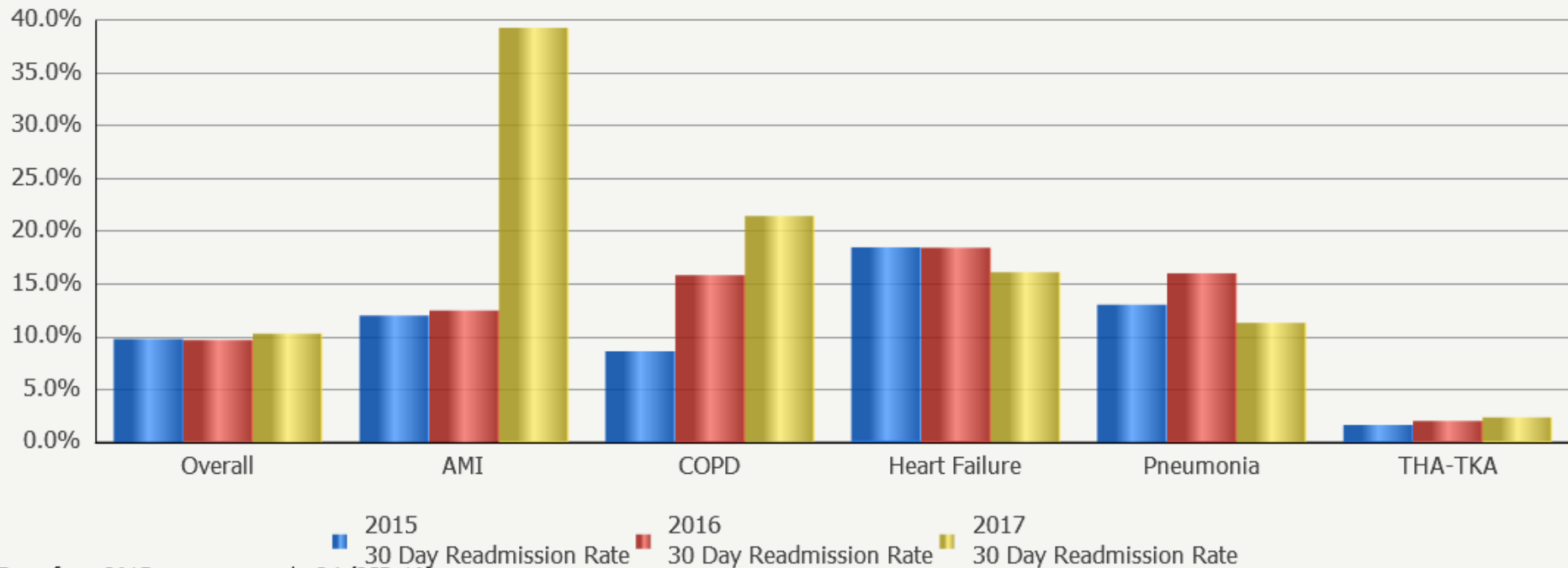
Readmission Cohort	Discharge Year Metrics	2015	2016	2017
		30 Day Readmission Rate	30 Day Readmission Rate	30 Day Readmission Rate
Overall		10.9%	11.9%	11.4%
AMI		14.9%	13.1%	14.3%
CABG		9.8%	14.2%	12.3%
COPD		12.4%	15.0%	19.0%
Heart Failure		20.4%	17.2%	19.9%
Pneumonia		10.5%	10.7%	8.7%
THA-TKA		4.2%	2.0%	4.4%

Now available in Microstrategy!!!

Targets Coming Soon

# KMH Whole System Measures Readmissions

Readmission Report



Data from 2015 represents only Q4 (ICD-10)

Readmission Cohort	Discharge Year Metrics	2015	2016	2017
		30 Day Readmission Rate	30 Day Readmission Rate	30 Day Readmission Rate
Overall		9.8%	9.7%	10.3%
AMI		12.0%	12.5%	39.3%
COPD		8.6%	15.8%	21.4%
Heart Failure		18.5%	18.4%	16.1%
Pneumonia		13.0%	16.0%	11.3%
THA-TKA		1.6%	2.0%	2.4%

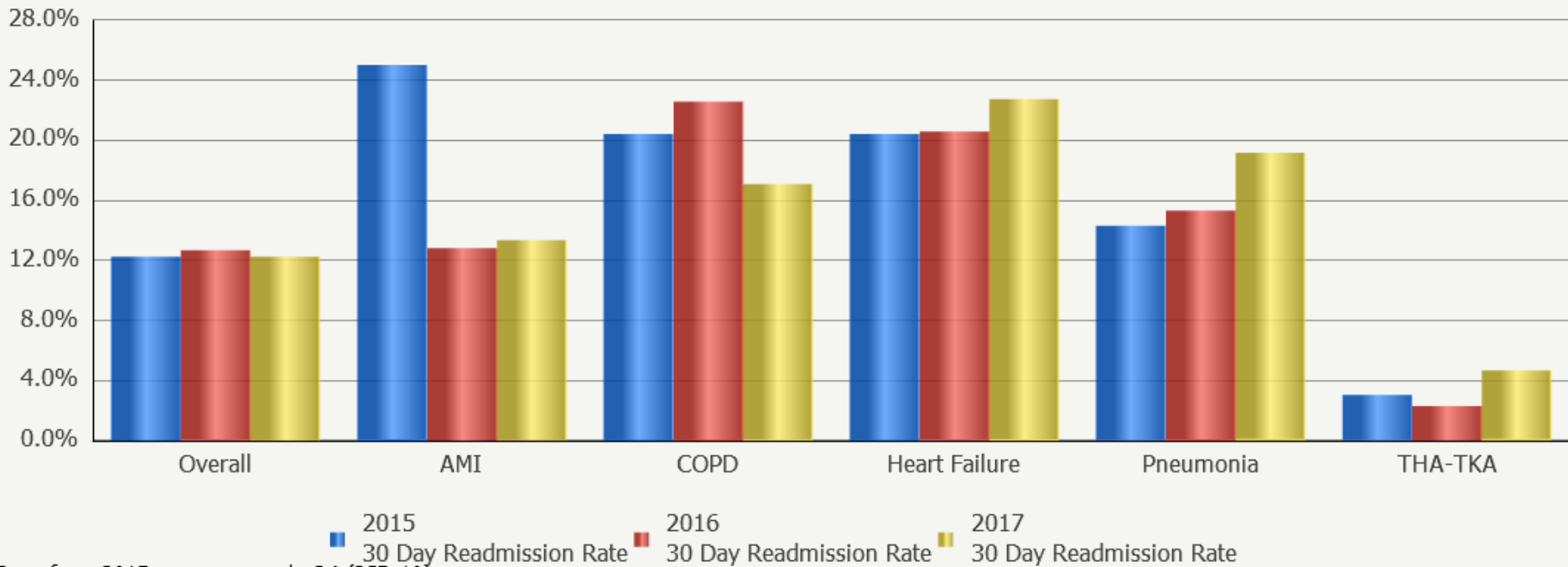
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Targets Coming Soon



# MSMH Whole System Measures Readmissions

Readmission Report



Data from 2015 represents only Q4 (ICD-10)

Readmission Cohort	Discharge Year Metrics	2015	2016	2017
		30 Day Readmission Rate	30 Day Readmission Rate	30 Day Readmission Rate
Overall		12.2%	12.7%	12.2%
AMI		25.0%	12.8%	13.3%
COPD		20.4%	22.6%	17.1%
Heart Failure		20.4%	20.6%	22.7%
Pneumonia		14.3%	15.3%	19.1%
THA-TKA		3.0%	2.3%	4.7%

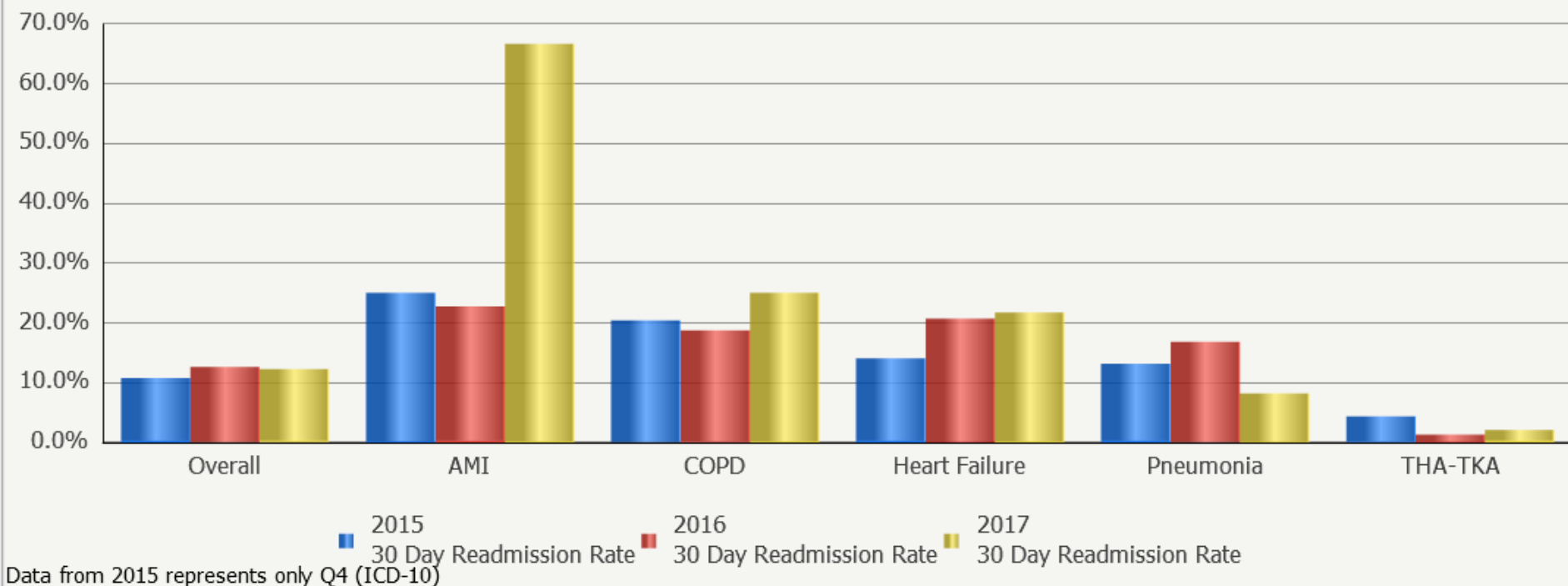
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Targets Coming Soon

# SOCH-MSC Whole System Measures

## Readmissions

Readmission Report



Readmission Cohort	Discharge Year Metrics	2015	2016	2017
		30 Day Readmission Rate	30 Day Readmission Rate	30 Day Readmission Rate
Overall		10.8%	12.6%	12.2%
AMI		25.0%	22.7%	66.7%
COPD		20.4%	18.7%	25.0%
Heart Failure		14.1%	20.7%	21.7%
Pneumonia		13.2%	16.8%	8.2%
THA-TKA		4.3%	1.3%	2.1%

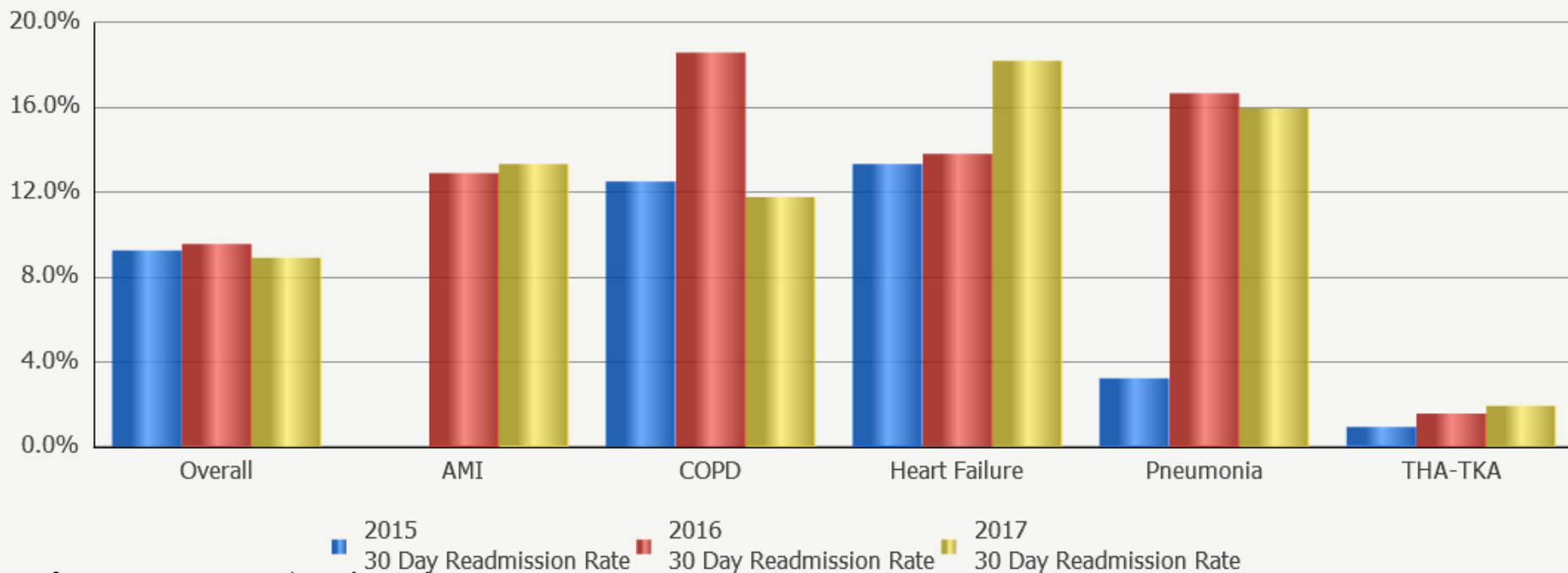
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Targets Coming Soon

# SOCH-SJC Whole System Measures

## Readmissions

Readmission Report



Data from 2015 represents only Q4 (ICD-10)

Readmission Cohort	Discharge Year Metrics	2015	2016	2017
		30 Day Readmission Rate	30 Day Readmission Rate	30 Day Readmission Rate
Overall		9.2%	9.6%	8.9%
AMI		0.0%	12.9%	13.3%
COPD		12.5%	18.6%	11.8%
Heart Failure		13.3%	13.8%	18.2%
Pneumonia		3.2%	16.7%	15.9%
THA-TKA		0.9%	1.6%	1.9%

Now available in Microstrategy!!!

Targets Coming Soon