



MICAH QN MBQIP Data Report Out November 2024

HCAHPS CMS Download (used for Summary Star Rating)

HCAHPS Composite Review

IP Core/Antibiotic Stewardship

EDTC



MICAH QN Data Quality Reporting

- This presentation is meant to provide data in a meaningful way to the MICAH QN. The data measures and compares quality standards and identifies gaps as they relate to Medicare Beneficiary Quality Improvement Program and the Methodology used for the CMS 5 Star Rating.
 - CAH HCAHPS Quarterly Rolling Data,
 - Quality measures found with in the Timely and Effective Care Data
 - OP 18b, OP22, IMM3, Safe use of Opioids (MBQIP)
 - Additional Quality Data (CMS 5 Star)
 - EDTC
- The data provides information that demonstrates the high-quality services provided by Michigan's Critical Access Hospitals. It identifies opportunities for change that lead to continued improvement in the health status of the population we serve.



Future Quality Reporting (Required 2025) 12 Measures

MBQIP

Global Measures:

- CAH Quality Infrastructure Implementation Hospital
 - Commitment to Health Equity

Patient Safety

- Healthcare Personnel Influenza Immunization
 - Antibiotic Stewardship
 - Safe Use of Opioids (eCQM)

Patient Experience

- HCAHPS

Care Coordination

- Hybrid All Cause Readmissions
 - SDOH Screening
 - SDOH Screening Positive

Emergency Department

- Emergency Department Transfer Communication (EDTC)
 - OP-18 Time from Arrival to Departure
 - OP-22 Left without Being Seen



CMS Care Compare 5 Star Rating 2023



CMS Star Rating Methodology

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three measures in at least three groups, one of which must be from an outcome group (safety of care, mortality)

Score is calculated based on simple average of the measure score within each measure group.

Measure group weights are re-proportioned if no measure are available in a measure group (except Patient Experience).

The CMS 5-star rating provides a concise and easily understandable metric for evaluating the quality of healthcare facilities, aiding patients and stakeholders in making informed decisions.



Table 1. Overall Star Ratings Weighting by Group

Group	Star Ratings Weight (w_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

HCAHPS CMS Download 1/1/2023 -12/31/2023 Rolling Data



CAH HCAHPS Quarterly Rolling Data

The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:

- Communication with Doctors
- Responsiveness of Hospital Staff
- Discharge Information
- Quietness of the Hospital Environment
- Communication with Nurses
- Communication about Medicines
- Cleanliness of the Hospital Environment
- Transition of Care

MCRH is able to view these quarterly reports every January, April, July, and October from the CMS website. This data is used to compare current results to previous periods and track progress over time. We use the data to benchmark performance and gauge how each CAH is doing relative to their peers.

By continuously collecting and analyzing data, CAHs can make ongoing improvements to patient care processes and experiences.

Overall, rolling data allows hospitals to monitor patient satisfaction trends over time and make informed decisions to enhance the quality of care they provide.

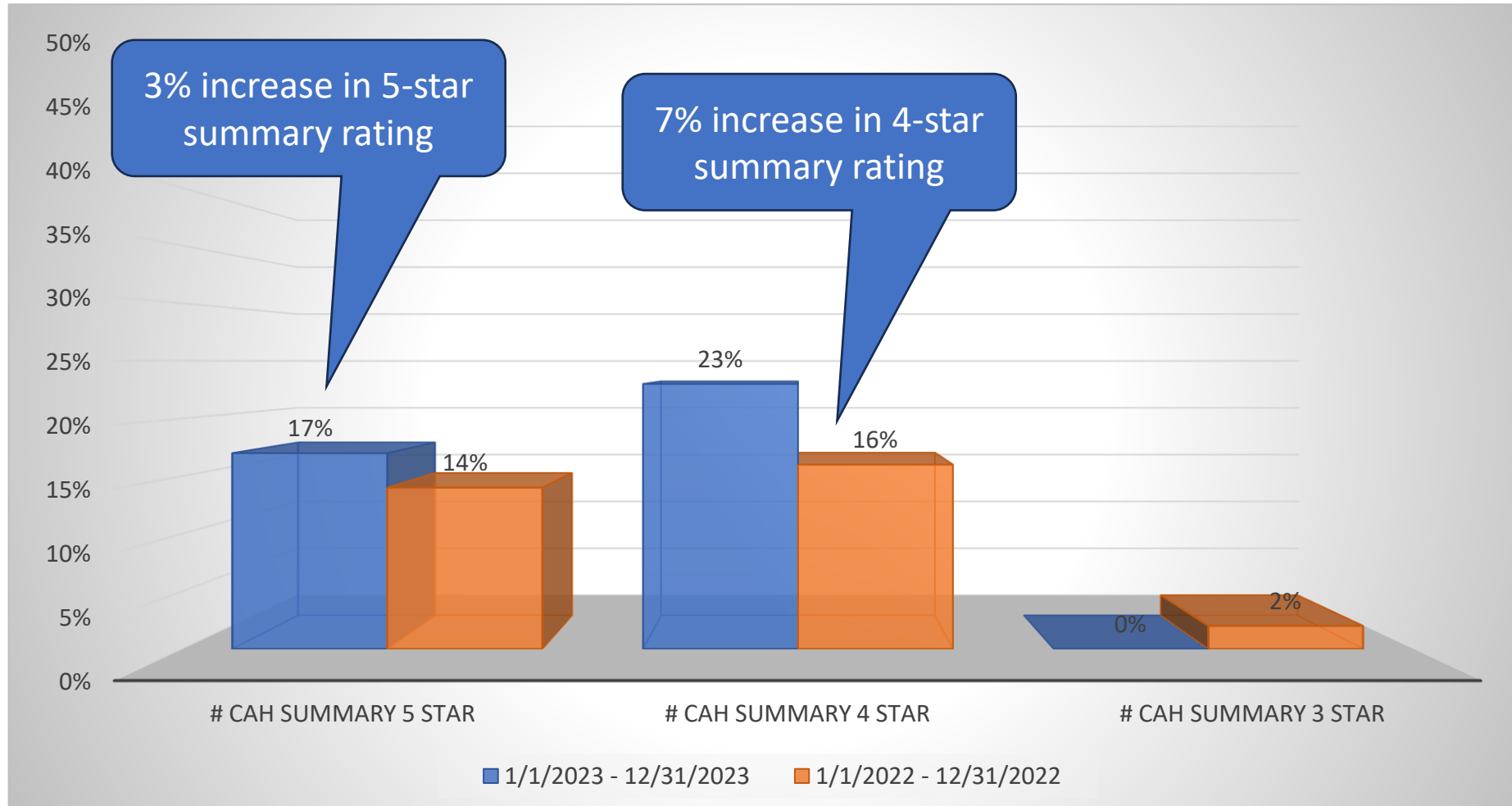
The data from these reports is used to calculate your future CMS Star Rating and your performance on MBQIP.



HCAHPS Rolling Data CMS Download
 1/1/2023 – 12/31/2023
 CAH with receiving Summary Star Rating (14 CAHs)

Critical Access Hospital	Summary Star Rating	# Surveys Completed	Response Rate Percentage
SAINT MARY'S STANDISH COMMUNITY HOSPITAL	5	154	36
HILLS & DALES GENERAL HOSPITAL	5	103	38
MERCY HEALTH LAKESHORE CAMPUS	5	108	30
CHARLEVOIX AREA HOSPITAL	5	341	33
MYMICHIGAN MEDICAL CENTER GLADWIN	5	100	44
BRONSON LAKEVIEW HOSPITAL	5	201	31
BELL HOSPITAL	4	175	27
SPARROW CLINTON HOSPITAL	4	245	44
SPARROW EATON HOSPITAL	4	293	42
SPARROW IONIA HOSPITAL	4	209	41
ASPIRUS IRONWOOD HOSPITAL	4	105	24
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	4	309	27
COREWELL HEALTH GERBER HOSPITAL	4	352	24
COREWELL HEALTH PENNOCK HOSPITAL	4	229	25

HCAHPS Rolling Data CMS Download Comparison CY 2023 v CY 2022



HCAHPS Rolling Data CMS Download
 1/1/2023 – 12/31/2023
 CAH with under 100 reported surveys (12 CAHs)

Critical Access Hospital	Summary Star Rating	# Surveys Completed	Response Rate Percentage
MARLETTE REGIONAL HOSPITAL		40	33
COREWELL HEALTH REED CITY HOSPITAL		43	30
ASCENSION BORGESS LEE HOSPITAL		58	27
BARAGA COUNTY MEMORIAL HOSPITAL		65	27
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC		65	31
SCHEURER HOSPITAL		67	55
EATON RAPIDS MEDICAL CENTER		68	30
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER		74	38
ASCENSION BORGESS ALLEGAN HOSPITAL		81	36
SCHOOLCRAFT MEMORIAL HOSPITAL		91	43
ASPIRUS KEWEENAW HOSPITAL AND CLINICS		93	20
HELEN NEWBERRY JOY HOSPITAL		97	38

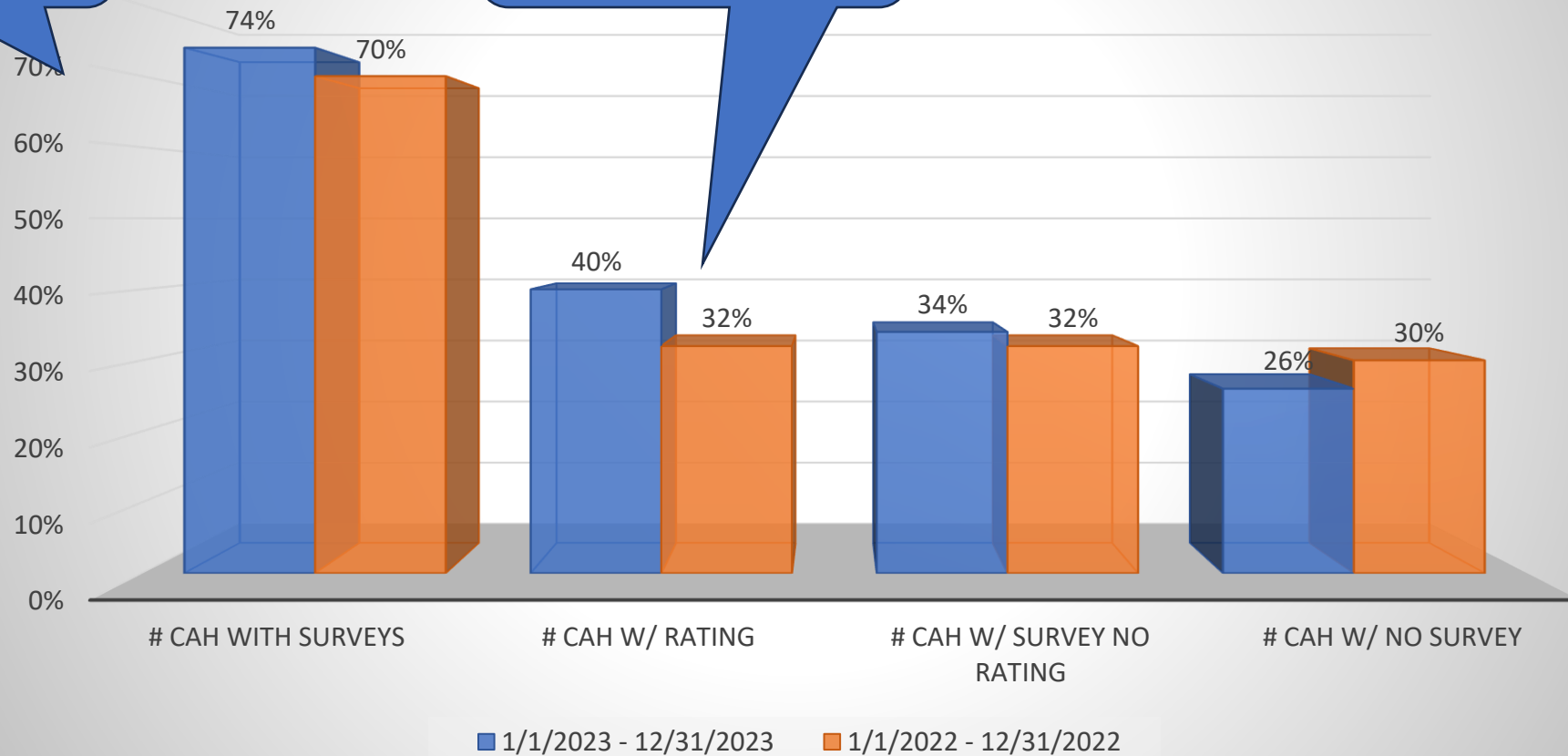
HCAHPS Rolling Data CMS Download
1/1/2023 – 12/31/2023
CAH with no reported surveys (9)

Critical Access Hospital	Summary Star Rating	# Surveys Completed	Response Rate Percentage
PAUL OLIVER MEMORIAL HOSPITAL			
KALKASKA MEMORIAL HEALTH CENTER			
MUNISING MEMORIAL HOSPITAL			
DECKERVILLE COMMUNITY HOSPITAL			
SHERIDAN COMMUNITY HOSPITAL			
HARBOR BEACH COMMUNITY HOSPITAL			
MCKENZIE HEALTH SYSTEM			
MCLAREN CARO REGION			
MCLAREN THUMB REGION			

HCAHPS Rolling Data CMS Download Comparison CY 2023 v CY 2022

74% of MI CAHs have reported HCAHPS surveys

8% increase is CAH with a summary star rating



HCAHPS 1/1/2023 – 12/31/2023

State Level HCAHPS Report Performance

HCAHPS Composite Questions

Composite Topics:

- Composite 1
 - Nurse Communication – Questions 1, 2,3
- Composite 2
 - Doctor Communication – Questions 5,6,7
- Composite 3
 - Responsiveness of hospital staff – Questions 4, 11
- Composite 5
 - Communication about medications – Questions 13,14
- Composite 6
 - Discharge Information – Questions 16, 17
- Composite 7
 - Care Transitions – Questions 20, 21, 22

Individual Topics:

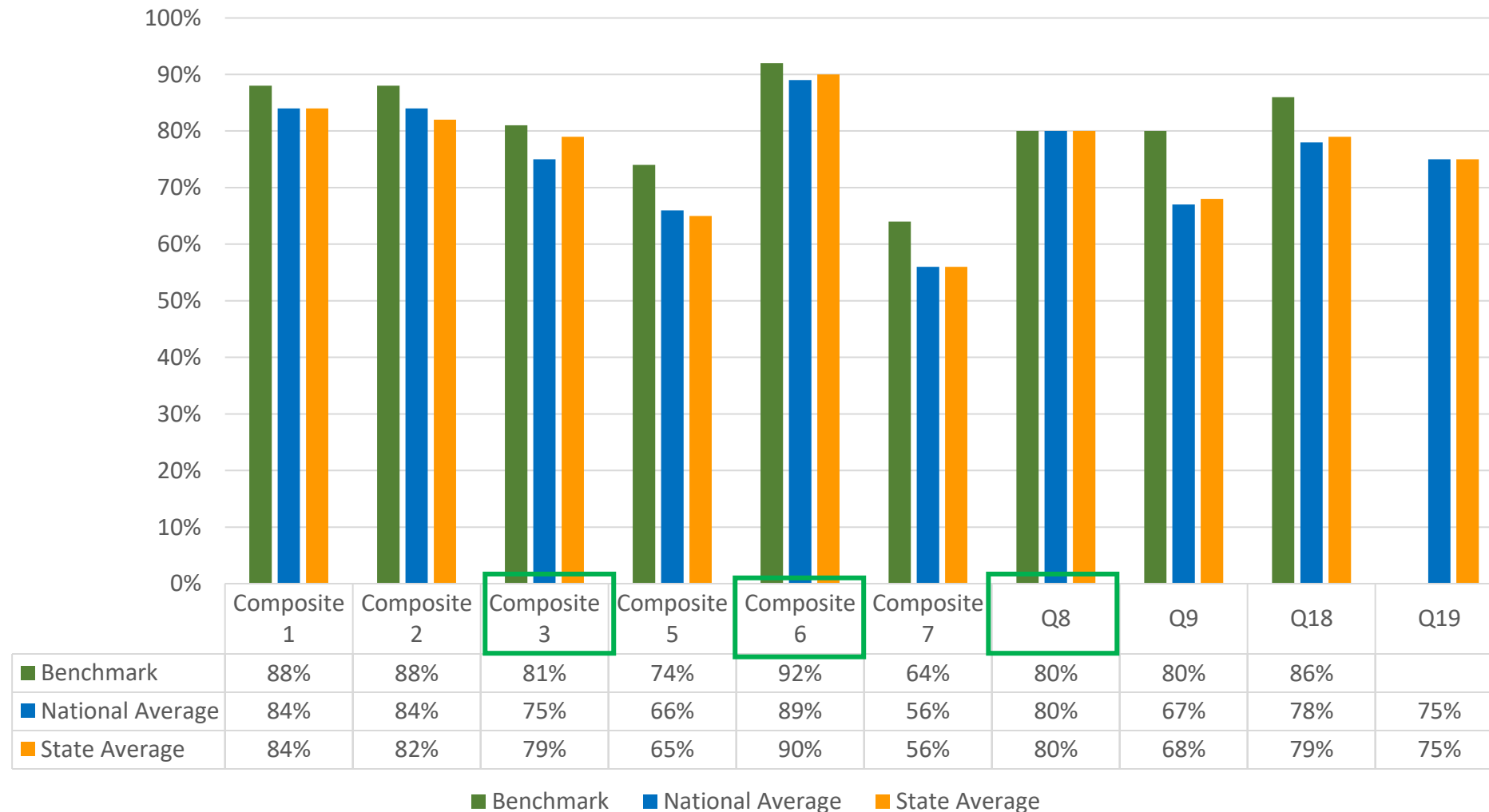
- Cleanliness of hospital environment – Question 8
- Quietness of hospital environment – Question 9

Global Topics:

- Hospital rating – Question 18
- Willingness to recommend hospital – Question 19

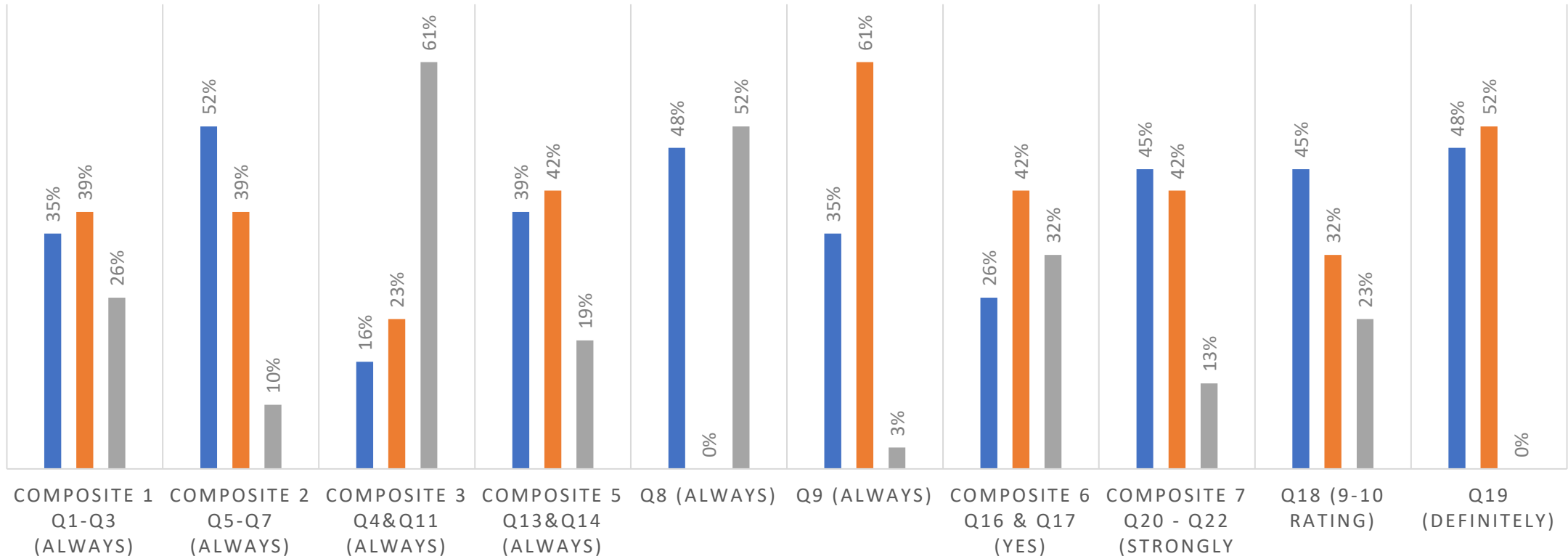
HCAHPS 1/1/2023 – 12/31/2023

National Average vs MI CAH State Data



HCAHPS 1/1/2023 – 12/31/2023 Composite Analysis

■ CAH Below National Average ■ CAH At or Above National Average ■ Benchmark



Benchmark	88%	88%	81%	74%	80%	80%	92%	64%	86%	NA
National Avg	84%	84%	75%	66%	80%	67%	89%	56%	78%	75%

Take Aways

July

Q4 2022 – Q3 2023

89% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 89%
 - 47% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 86%
 - 94% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 67%
 - 81% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 78%
 - 44% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 75%
 - 56% CAH Did not meet

Note Significant
Change in National
Average

Calendar Year

1/1/2023 – 12/31/2023

89% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 80%
 - 48% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 67%
 - 35% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 56%
 - 45% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 78%
 - 45% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 75%
 - 48% CAH Did not meet

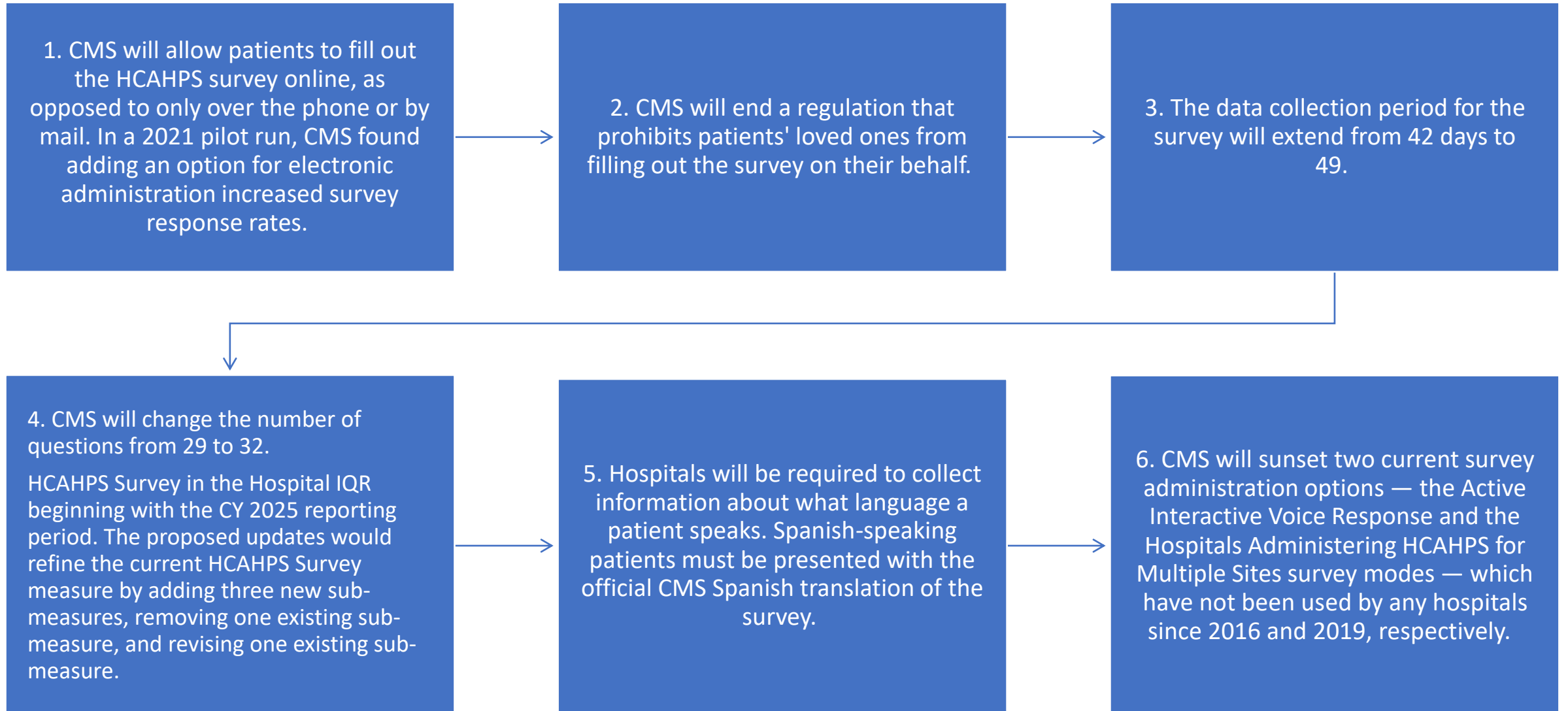
July – Dec 2023 Comparison

No Increase in Reporting

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
Positive Change up 1% pt
- Q9 – Quietness of Hospital
Positive Change up 59% pts
- Composite 7 – Care Transitions
Positive Change up 36% pts
- Question 18 – Overall Rating
Negative Change down 1% pt
- Question 19 – Willingness to Recommend
Positive Change up 8% pts

Upcoming Proposed Changes for 2025 reporting period





Timely and Effective Care

Calendar Year 2023



CAH Timely and Effective Care

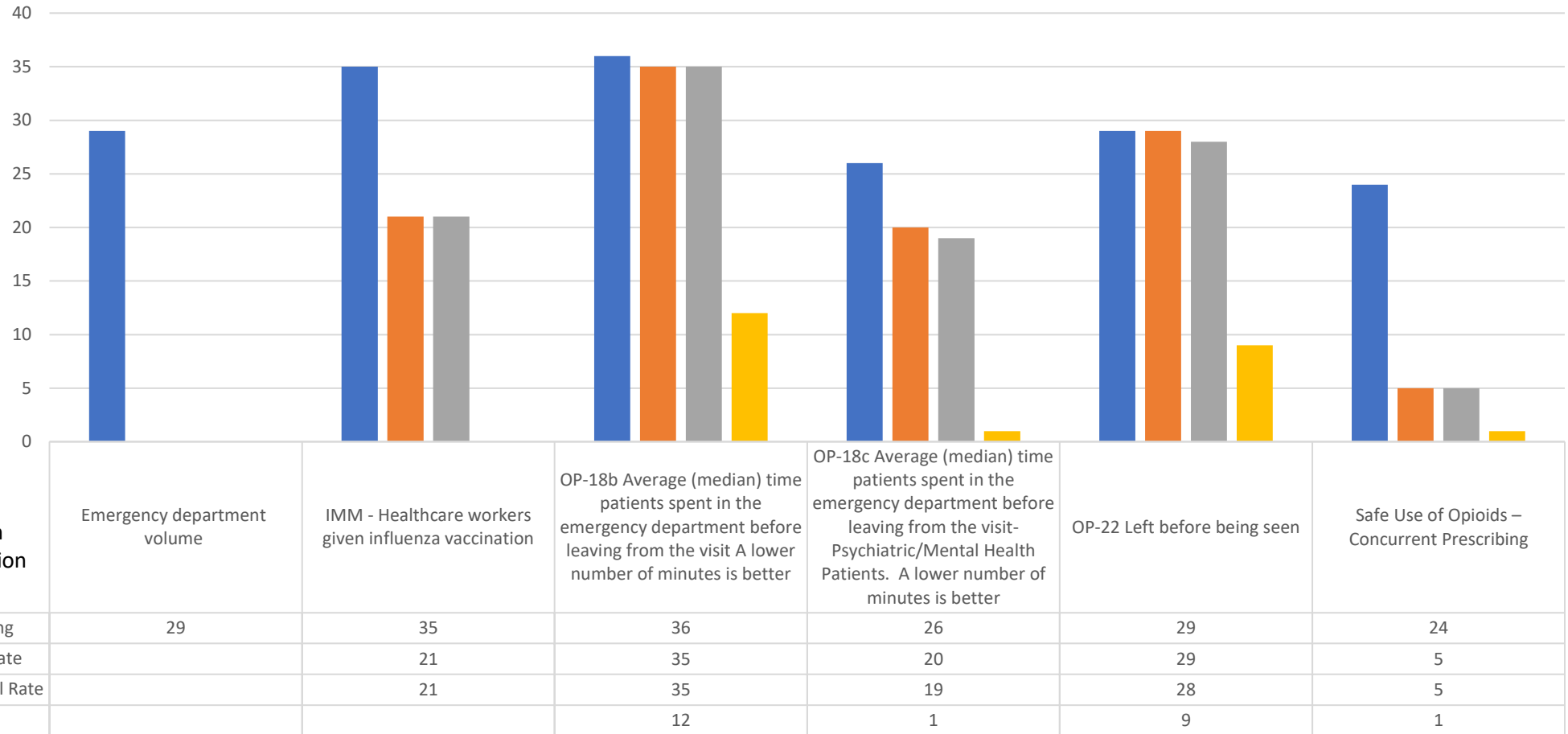
1/1/2023-12/31/2023

CMS Download

Measure ID	Measure Description	Start	End
OP_22	Left before being seen	1/1/2023	12/31/2023
SAFE_USE_OF_OPIOIDS	Safe Use of Opioids - Concurrent Prescribing	1/1/2023	12/31/2023
OP_18c (not MBQIP)	Average (median) time patients spent in the emergency department before leaving from the visit- Psychiatric/Mental Health Patients. A lower number of minutes is better	1/1/2023	12/31/2023
OP_18b	Average (median) time patients spent in the emergency department before leaving from the visit A lower number of minutes is better	1/1/2023	12/31/2023
IMM_3	Healthcare workers given influenza vaccination	10/1/2023	3/31/2024

CAH Timely and Effective Care Breakdown

1/1/2023 – 12/31/2023



MBQIP Measures

- IMM-3 – Qrtly Submission
- OP-18 – Qrtly Submission
- OP-22 – Annual Submission
- Safe Use – Annual Submission

	Emergency department volume	IMM - Healthcare workers given influenza vaccination	OP-18b Average (median) time patients spent in the emergency department before leaving from the visit A lower number of minutes is better	OP-18c Average (median) time patients spent in the emergency department before leaving from the visit-Psychiatric/Mental Health Patients. A lower number of minutes is better	OP-22 Left before being seen	Safe Use of Opioids - Concurrent Prescribing
■ Number reporting	29	35	36	26	29	24
■ Meeting State Rate		21	35	20	29	5
■ Meeting National Rate		21	35	19	28	5
■ Top 10 %			12	1	9	1

MI CAH Top 4 Reported Measures

(align with MBQIP Measures)

- Top 4 reported Measures
 - Healthcare workers given influenza Vaccination (IMM_3) [10/1/2023 – 3/31/2024](#)
 - 35 CAH (97%) reporting with 21 meeting the State Rate of 82% or better.
 - Average (median) time patients spent in the emergency department before leaving from the visit. (OP 18b) [1/1/2023 -12/31/2023](#)
 - 36 CAH (100%) reporting with 35 meeting the State Rate of 165 minutes or less.
 - Left before being seen (OP 22) [1/1/2023 – 12/31/2023](#)
 - 29 CAH (81%) reporting with 20 meeting the State Rate of 4% or less.
 - Average (median) time patients spent in the emergency department before leaving from the visit Psychiatric/Mental Health Patients. (OP 18c) [1/1/2023 – 12/31/2023](#)
 - 26 CAH (72%) reporting with 20 meeting the State Rate of 300 minutes or less.



IP Core

Q4 2023

Antibiotic Stewardship

Calendar Year 2023

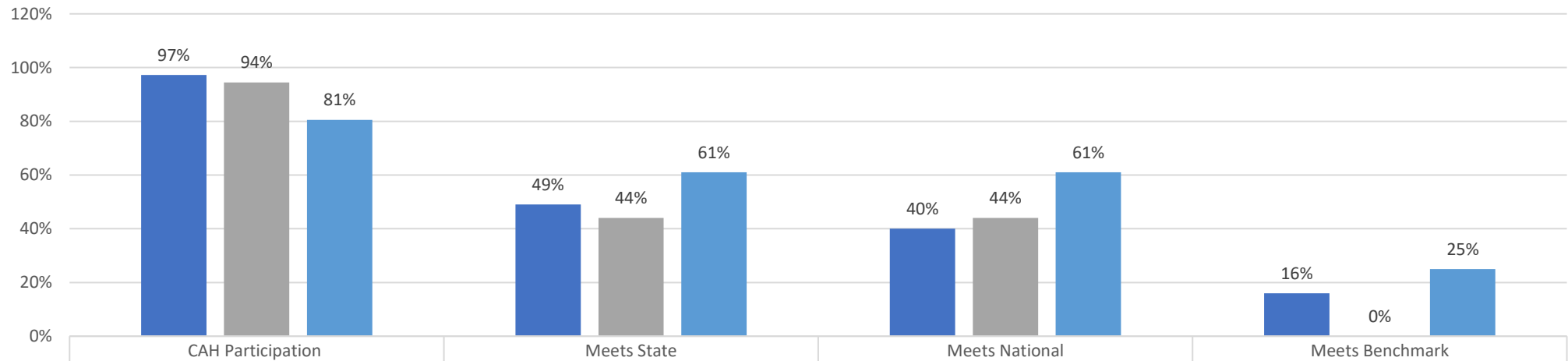
MICAH

Michigan Critical Access Hospital
Quality Network



IP Core State Level Data Q4 2023

IP Core



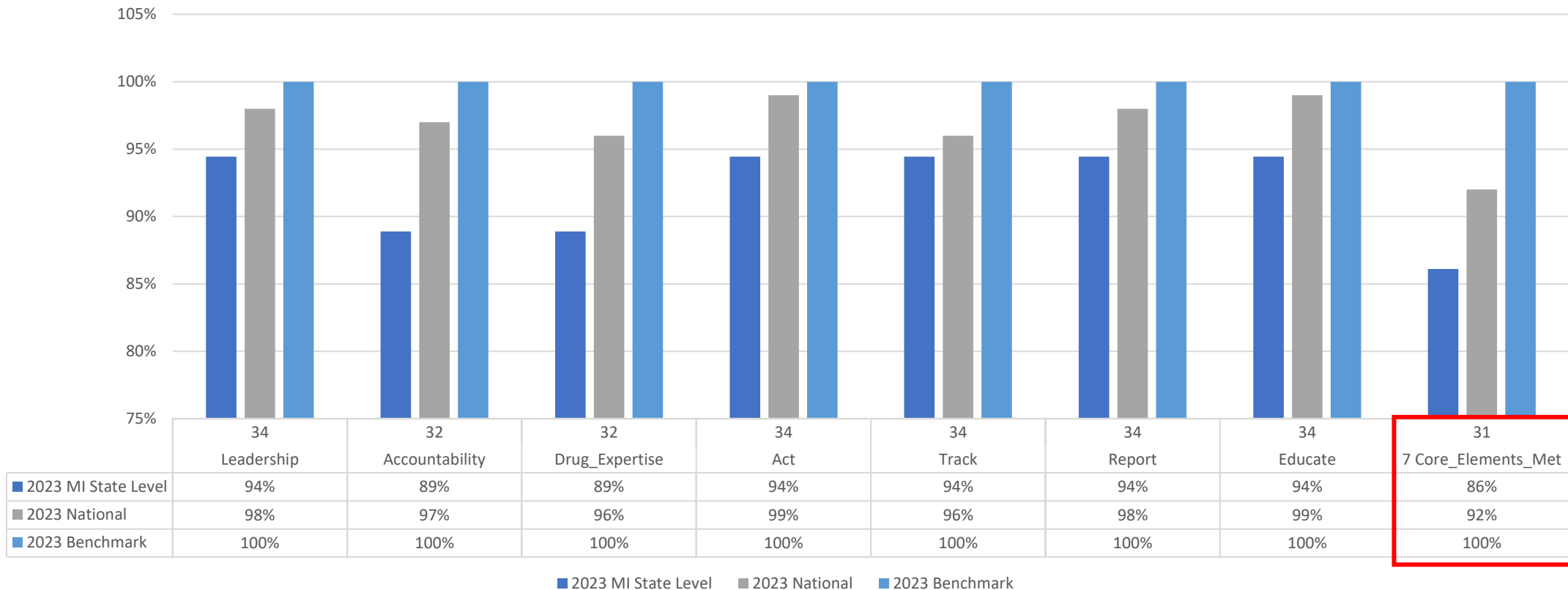
	OP-18b Q4 2023	HCP/IMM-3 Q4 2023- Q1 2024	OP-22 CY 2023
CAH Participation	97%	94%	81%
Meets State	49%	44%	61%
Meets National	40%	44%	61%
Meets Benchmark	16%	0%	25%

■ OP-18b Q4 2023...
 ■ HCP/IMM-3 Q4 2023- Q1 2024
 ■ OP-22 CY 2023

	OP-18b Q1 2024	HCP/IMM-3 Q4 2023- Q1 2024	OP-22 CY 2023
2023 MI State Level	122	74	1%
2023 National	116	79	1%
2023 Benchmark	85		0%

Antibiotic Stewardship State Level Data Calendar Year 2023

2023 Antibiotic Stewardship Measure



2023 Antibiotic Stewardship Measure VS 2022 Antibiotic Stewardship Measure Take Aways

2022

Greatest Area of Opportunity

- Reporting Data
 - 34/36 Participated
 - 94%
- 7 Core Elements
 - 94% of the 34 reporting CAH Met

2023

Greatest Area of Opportunity

- Reporting Data
 - 34/36 Participated
 - 94%
- 7 Core Elements
 - 86% of the reporting CAH Met

2022 v 2023

- Participation
 - No Change
- Greatest Area of Opportunity
 - Leadership
 - 3% Negative Change
 - Accountability
 - 8% Negative Change
 - Drug Expertise
 - 8% Negative Change
 - Act, Track and Educate
 - 6% Negative Change
 - All Elements Met
 - 8% Negative Change



Individual Michigan Hospital MBQIP Performance 1Q 2024

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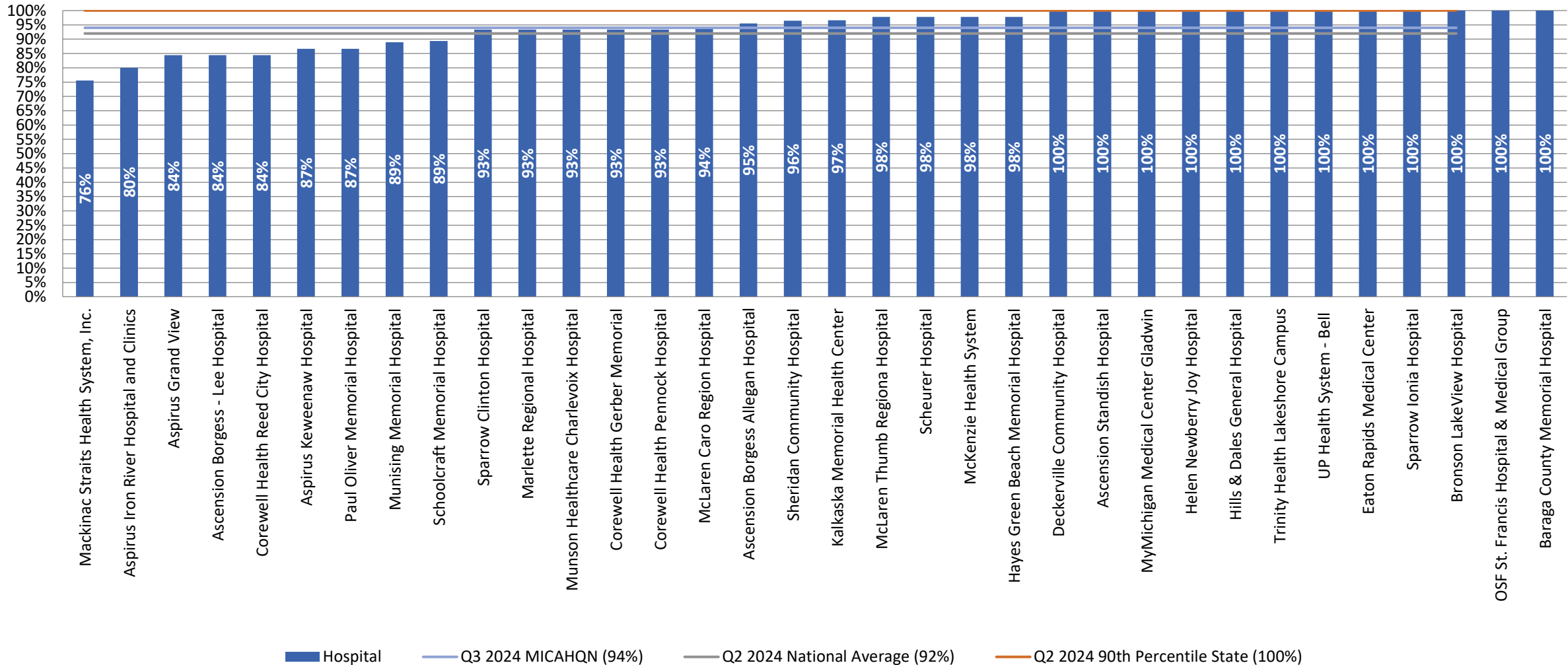
Emergency Department Transfer Communication Measures/EDTC 3Q 2024



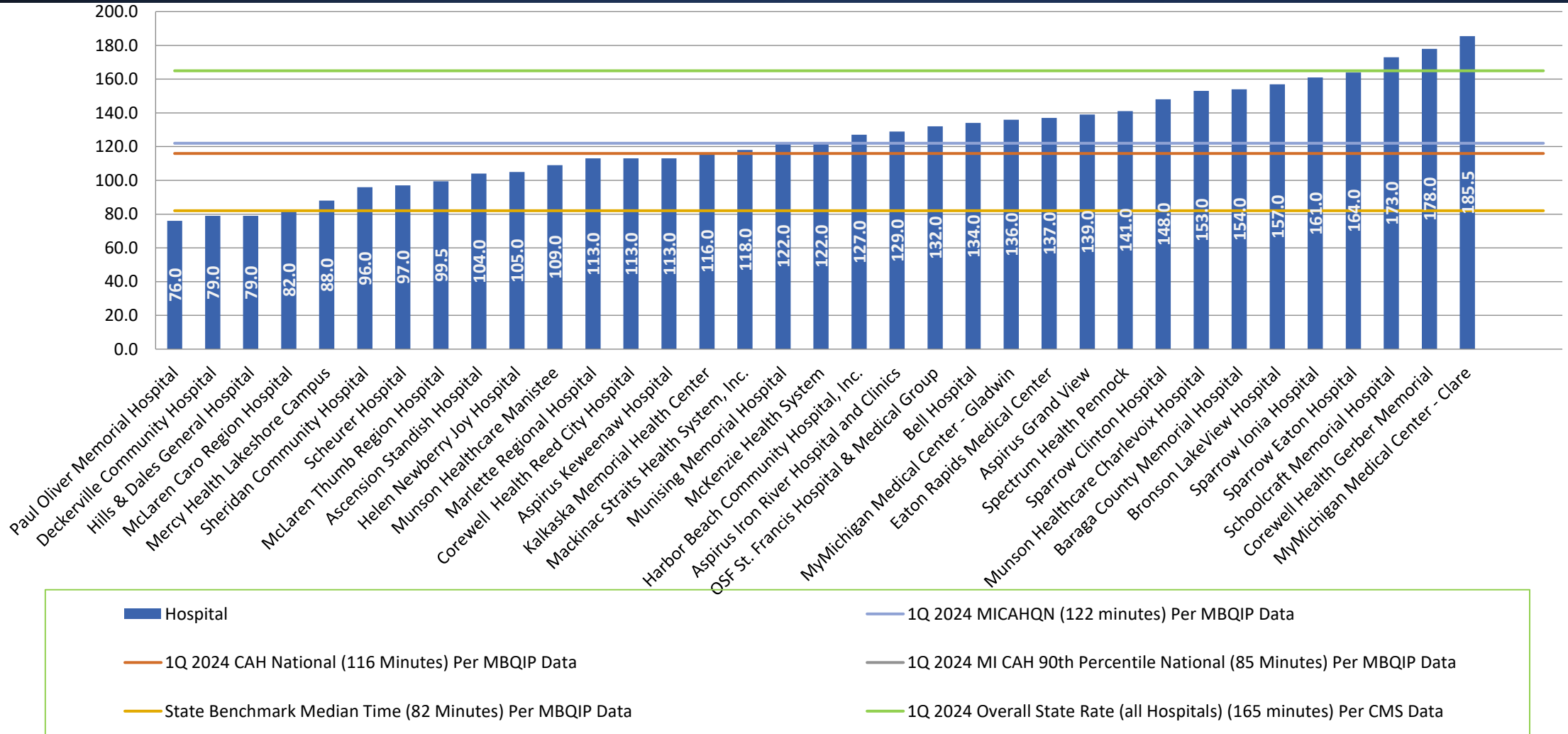
MBQIP Comparison Data

- This information is being reported to help facilities understand where they stand in comparison to their peers in the state, nationally and to benchmarks CMS has established.
- Any information included in the following reports is for quality improvement and benchmarking purposes only.
- The information in this report is based on data obtained from Quantros, MBQIP, or is hospital-reported.
- The reports incorporate Michigan Critical Access Hospital data along with data from two Rural PPS Hospitals.

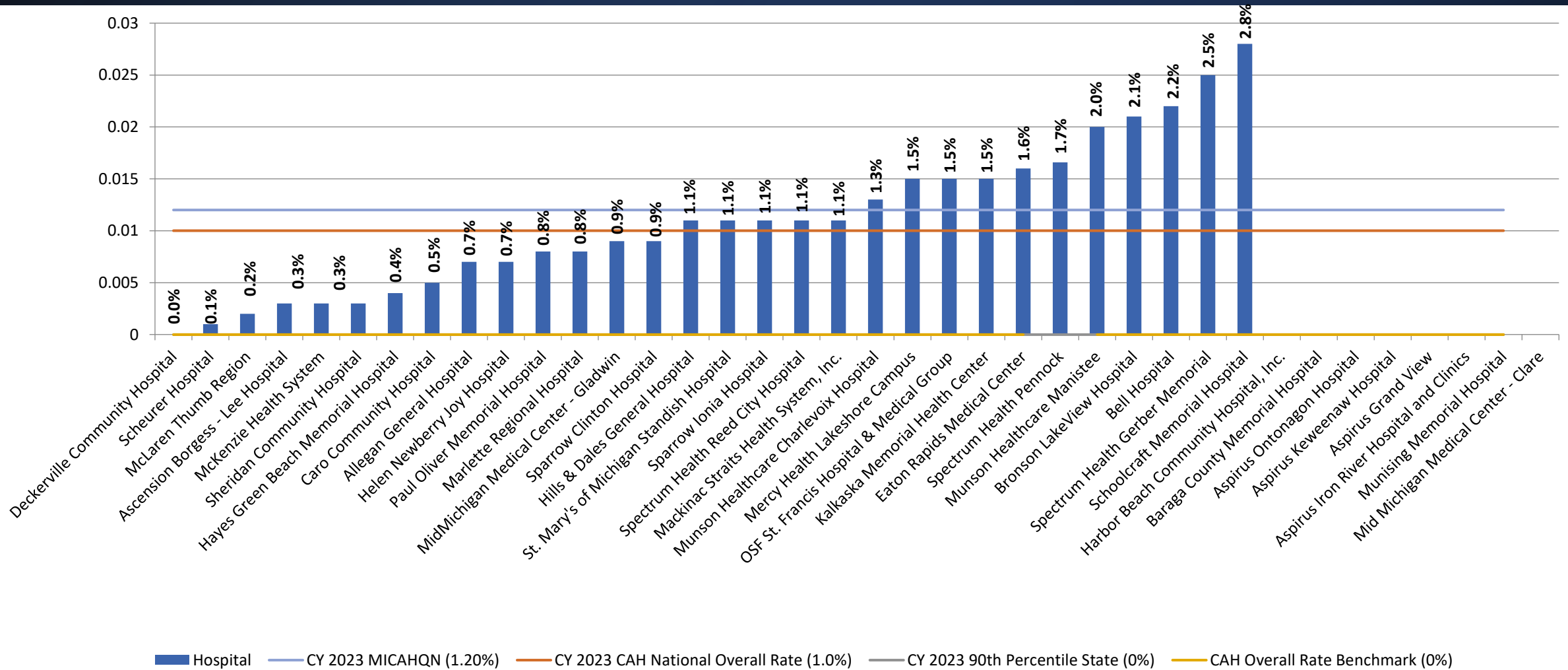
All EDTC Measures



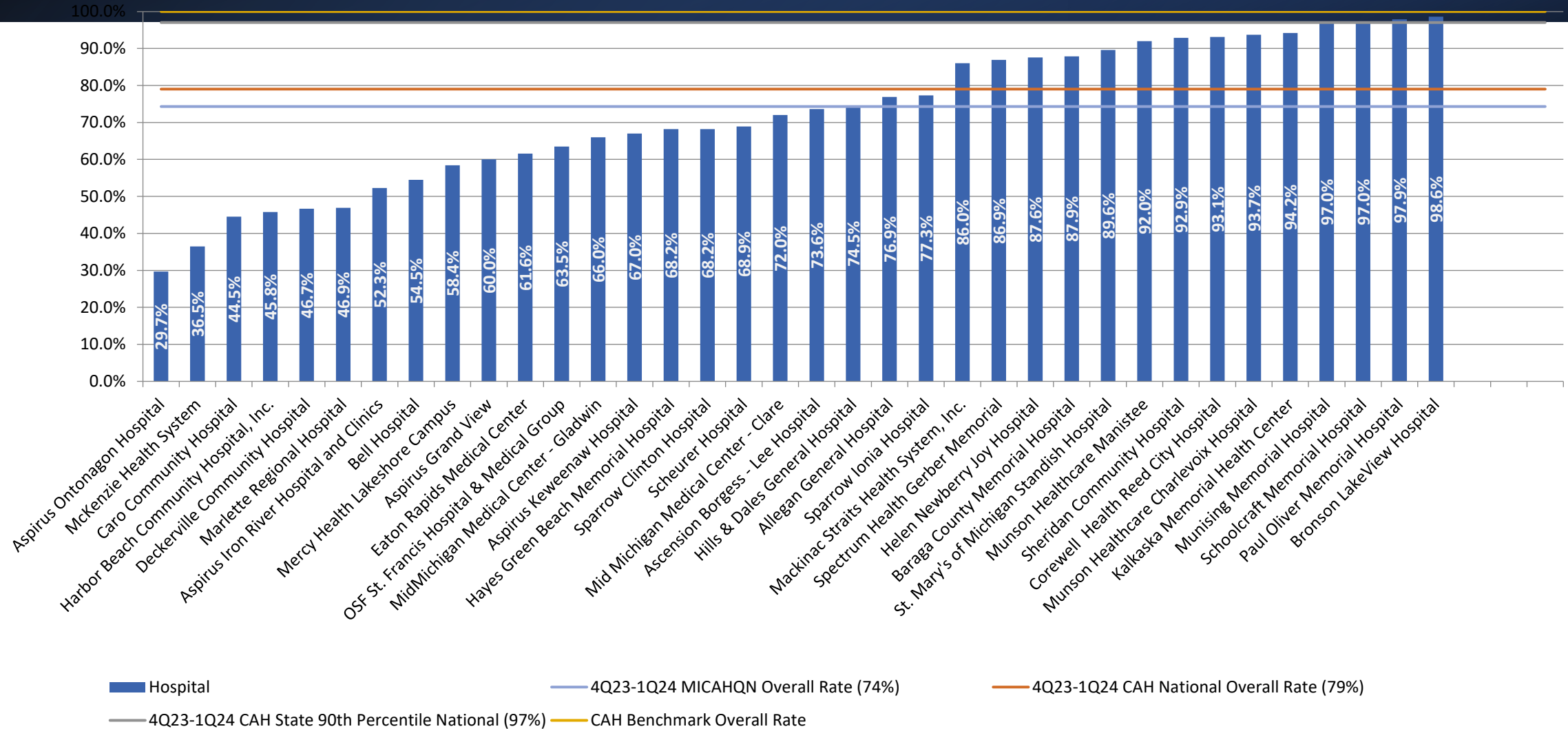
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure



OP 22 Patient Left Without Being Seen:

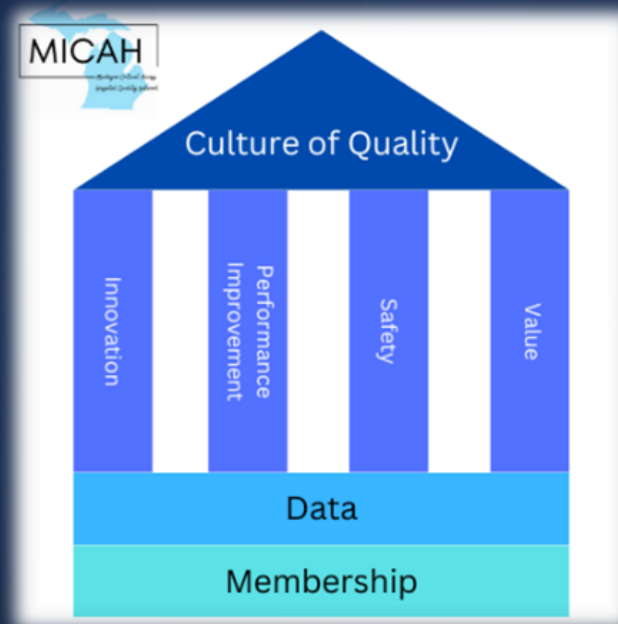


HCP/IMM-3: Healthcare Provider Influenza Vaccination





Supplemental Data



Past Quality Reporting 22 Measures

HF-1	Discharge Instructions	OP-3a	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Overall	OP-18a	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall
HF-2	Evaluation of LVS Function			OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure
HF-3	ACEI or ARB for LVSD	OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Reporting Measure	OP-18c	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Observation Patients
PN-3b	Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital			OP-18d	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients
PN-6	Initial Antibiotic Selection for PN in Immunocompetent Patient	OP-4a	Aspirin at Arrival - Overall Rate	OP-18e	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients
IMM-1a	Pneumococcal Immunization (PPV23) – Overall Rate			OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional
IMM-1b	Pneumococcal Immunization (PPV23) – Age 65 and older	OP-4b	Aspirin at Arrival - AMI	ED-1a	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate
		OP-4c	Aspirin at Arrival - Chest Pain	ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting Measure
IMM-1c	Pneumococcal Immunization (PPV23) – High Risk Populations (Age 6 through 64 years)	OP-5a	Median Time to ECG - Overall Rate	ED-1c	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients
		OP-5b	Median Time to ECG - AMI		
IMM-2	Influenza Immunization – Overall Rate	OP-5c	Median Time to ECG - Chest Pain	ED-2a	Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate
OP-1	Median Time to Fibrinolysis	OP-6	Antibiotic Timing	ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure
OP-2	Fibrinolytic Therapy Received Within 30 Minutes			OP-7	Antibiotic Selection

Present Quality Reporting (Recommended) 12 Measures

MBQIP

Global Measures:

- CAH Quality Infrastructure Implementation*+
- Hospital Commitment to Health Equity*+

Patient Safety

- Healthcare Personnel Influenza Immunization
 - Antibiotic Stewardship
 - Safe Use of Opioids (eCQM)*

Patient Experience

- HCAHPS

Care Coordination

- Hybrid All Cause Readmissions*+
 - SDOH Screening*+
 - SDOH Screening Positive*+

Emergency Department

- Emergency Department Transfer Communication (EDTC)
 - OP-18 Time from Arrival to Departure
 - OP-22 Left without Being Seen

*New Measure for MBQIP
+ Annual Submission for 2025

MICAH QN supports the submission of all MBQIP measures as we strive to remain in the 10 states recognized by HRSA for reporting.

MBQIP Resources

MBQIP Quality Measure Resources

- [MBQIP 2025 Information Guide](#)
- [MBQIP Quality Reporting Guide](#)
- [MBQIP Submission Deadlines](#)
- [MBQIP Measures](#) -
- This entire [webpage](#) is a good resource to review
- [Webpage](#) Data abstraction tools
- [How to upload a Population and Sampling File](#)
- [How to submit HCHE and SDOH data](#)
- [How to submit Hybrid Measures and View Outcomes](#)
- [CAH Quality Infrastructure](#)

MBQIP Educational Videos

October - The Changing Landscape of Quality Measurement and Reporting

- [The Changing Landscape of Quality Measurement and Reporting](#) - Presentation
 - [Video](#)

March - MBQIP Q&A

- [MBQIP Q&A](#) - Presentation
 - [Video](#)

January - The Future of MBQIP - Are You Ready?

- [The Future of MBQIP - Are You Ready?](#) - Presentation
 - [Video](#)

HCAHPS Crosswalk of current Survey Questions to Updated Survey Questions.

PROPOSED

Crosswalk of Current HCAHPS Survey questions (29) to Updated HCAHPS Survey questions (32)*

Current HCAHPS Survey Question	Updated HCAHPS Survey Question
1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u> ?	1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u> ?
2. During this hospital stay, how often did nurses <u>listen carefully to you</u> ?	2. During this hospital stay, how often did nurses <u>listen carefully to you</u> ?
3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?	3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	N/A (removed from Updated HCAHPS Survey)
5. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u> ?	4. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u> ?
6. During this hospital stay, how often did doctors <u>listen carefully to you</u> ?	5. During this hospital stay, how often did doctors <u>listen carefully to you</u> ?
7. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?	6. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?
8. During this hospital stay, how often were your room and bathroom kept clean?	7. During this hospital stay, how often were your room and bathroom kept clean?
9. During this hospital stay, how often was the area around your room quiet at night?	9. During this hospital stay, how often was the area around your room quiet at night?
N/A (not on current HCAHPS Survey)	8. During this hospital stay, how often were you able to get the rest you needed?
N/A (not on current HCAHPS Survey)	10. During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?
N/A (not on current HCAHPS Survey)	11. During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?
10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?	12. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

HCAHPS Crosswalk of current Survey Questions to Updated Survey Questions.

Current HCAHPS Survey Question	Updated HCAHPS Survey Question
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	13. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
<i>N/A (not on current HCAHPS Survey)</i>	14. During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?
12. During this hospital stay, were you given any medicine that you had not taken before?	15. During this hospital stay, were you given any medicine that you had not taken before?
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
<i>N/A (not on current HCAHPS Survey)</i>	18. During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?
<i>N/A (not on current HCAHPS Survey)</i>	19. Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?
<i>N/A (not on current HCAHPS Survey)</i>	20. Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?
15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?	21. When After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	22. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after when you left the hospital?
17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	23. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

HCAHPS Crosswalk of current Survey Questions to Updated Survey Questions.

Current HCAHPS Survey Question	Updated HCAHPS Survey Question
18. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	24. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
19. Would you recommend this hospital to your friends and family?	25. Would you recommend this hospital to your friends and family?
20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	<i>N/A (removed from Updated HCAHPS Survey)</i>
21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	<i>N/A (removed from Updated HCAHPS Survey)</i>
22. When I left the hospital, I clearly understood the purpose for taking each of my medications.	<i>N/A (removed from Updated HCAHPS Survey)</i>
23. During this hospital stay, were you admitted to this hospital through the Emergency Room?	<i>N/A (removed from Updated HCAHPS Survey)</i>
<i>N/A (not on current HCAHPS Survey)</i>	26. Was this hospital stay planned in advance?
24. In general, how would you rate your overall health?	27. In general, how would you rate your overall health?
25. In general, how would you rate your overall <u>mental or emotional health</u> ?	28. In general, how would you rate your overall <u>mental or emotional health</u> ?
26. What is the highest grade or level of school that you have completed?	30. What is the highest grade or level of school that you have <u>completed</u> ?
27. Are you of Spanish, Hispanic or Latino origin or descent?	31. Are you of Spanish, Hispanic or Latino origin or descent ?
28. What is your race? Please choose one or more.	32. What is your race? Please choose one or more.
29. What language do you <u>mainly</u> speak at home?	29. What language do you <u>mainly</u> speak at home?

**Pending final approval of the proposed HCAHPS Survey changes included in the FY 2025 proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals rule (CMS-1808-P).*

HCAHPS Response Rate by Survey Mode

(April 2023 Public Reporting: Patients Discharged from July 2021 to June 2022)

	Mail Only	Telephone Only	Mixed Mode
Average	21%	25%	33%
90 th percentile	31%	34%	40%
75 th percentile	25%	30%	38%
50 th percentile	20%	24%	31%
25 th percentile	16%	19%	29%

* Hospital Response Rate = Completed Surveys / Eligible Sampled Patients

NOTES

Response Rate by Survey Mode is based on hospitals with at least **50 sampled surveys** in each quarter and includes hospitals that employed the same mode across all four quarters.

HCAHPS Calendar 2023 Composite Data

CAH Individual Performance

HCAHPS CY 2023	Number of Completed Surveys	HCAHPS Star Rating	Composite 1 Q3 (Always)	Composite 2 Q7 (Always)	Composite 3 Q8 & Q11 (Always)	Composite 5 Q13 & Q14 (Always)	Q8 (Always)	Q9 (Always)	Composite 6 Q15 & Q17 (Yes)	Composite 7 Q18 (9-10 Rating)	Q19 (Defr)	
Benchmark		NA	88%	88%	81%	74%	80%	80%	92%	64%	86%	NA
National Average			84%	84%	75%	66%	80%	67%	89%	56%	78%	75%
State Average			84%	82%	79%	66%	80%	68%	90%	56%	79%	75%
ASCENSION BORGESS ALLEGAN HOSPITAL	NA		78%	79%	83%	62%	73%	77%	88%	55%	74%	64%
ASCENSION BORGESS LEE HOSPITAL	76		84%	87%	86%	64%	72%	77%	90%	54%	84%	80%
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	69	4	76%	82%	74%	47%	71%	51%	89%	52%	71%	65%
ASPIRUS IRONWOOD HOSPITAL	110	4	83%	85%	67%	66%	77%	66%	88%	53%	75%	70%
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	93		89%	86%	82%	66%	75%	65%	91%	60%	84%	79%
ASPIRUS ONTONAGON HOSPITAL INC	12		99%	95%	88%	83%	92%	74%	94%	69%	93%	81%
BARAGA COUNTY MEMORIAL HOSPITAL	67		80%	80%	80%	57%	83%	69%	82%	38%	69%	66%
BRONSON LAKEVIEW HOSPITAL	186	4	81%	78%	77%	58%	87%	59%	90%	57%	72%	69%
CHARLEVOIX AREA HOSPITAL	384		84%	82%	84%	74%	77%	85%	86%	62%	82%	76%
COREWELL HEALTH GERBER HOSPITAL	344	4	81%	81%	66%	58%	79%	56%	89%	48%	72%	68%
COREWELL HEALTH PENNOCK HOSPITAL (#)	229	4										
COREWELL HEALTH REED CITY HOSPITAL	36		84%	77%	87%	67%	79%	72%	94%	61%	88%	87%
DECKERVILLE COMMUNITY HOSPITAL	*											
EATON RAPIDS MEDICAL CENTER	80		87%	87%	88%	72%	78%	77%	96%	61%	89%	78%
HARBOR BEACH COMMUNITY HOSPITAL	18		94%	82%	92%	79%	95%	64%	92%	58%	90%	85%
HELEN NEWBERRY JOY HOSPITAL	92		87%	76%	82%	68%	84%	65%	79%	52%	67%	54%
HILLS & DALES GENERAL HOSPITAL	83		87%	89%	85%	68%	80%	74%	92%	62%	81%	73%
KALKASKA MEMORIAL HEALTH CENTER	NC											
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	80		94%	81%	93%	81%	93%	70%	89%	60%	90%	85%
MARLETTE REGIONAL HOSPITAL	30		84%	79%	81%	64%	76%	71%	90%	52%	80%	71%
MCKENZIE HEALTH SYSTEM	11		80%	75%	67%	58%	78%	70%	89%	50%	63%	51%
MCLAREN CARO REGION	5		88%	86%	79%	78%	80%	70%	94%	69%	77%	87%
MCLAREN THUMB	NA											
MERCY HEALTH LAKESHORE CAMPUS	106	4	82%	86%	75%	67%	82%	62%	91%	58%	73%	77%
MUNISING MEMORIAL HOSPITAL	23		96%	85%	79%	70%	79%	74%	82%	64%	65%	61%
MYMICHIGAN MEDICAL CENTER GLADWIN	86		85%	83%	83%	63%	76%	55%	90%	57%	84%	83%
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	330	4	83%	79%	73%	65%	81%	73%	91%	56%	75%	73%
PAUL OLIVER MEMORIAL HOSPITAL	NC											
SAINT MARY'S STANDISH COMMUNITY HOSPITAL	146	5	85%	86%	88%	67%	89%	76%	92%	60%	94%	75%
SCHEURER HOSPITAL	67		99%	95%	88%	83%	92%	74%	94%	69%	93%	91%
SCHOOLCRAFT MEMORIAL HOSPITAL	84		86%	87%	85%	70%	90%	68%	91%	53%	82%	90%
SHERIDAN COMMUNITY HOSPITAL	24		97%	85%	84%	66%	88%	58%	92%	34%	83%	52%
SPARROW CLINTON HOSPITAL	245	4	81%	71%	75%	52%	82%	66%	85%	53%	76%	74%
SPARROW EATON HOSPITAL	289	4	78%	79%	82%	62%	73%	77%	88%	55%	74%	64%
SPARROW IONIA HOSPITAL	203	5	84%	84%	78%	66%	79%	70%	92%	59%	81%	77%
UP BELL HOSPITAL	200	5	87%	85%	82%	70%	81%	68%	89%	53%	82%	83%

Red
Below national average

Green
At or Above National Average

Gold
Above Benchmark

State Level Comparisons

Michigan

State-Level Patient Experience Core Measures/HCAHPS Report

Current Reporting Period: Q1 2023 - Q4 2023

Generated on 08/05/24

HCAHPS Composites and Individual Items	Your State's CAH Data										National CAH Data			Benchmark		
	Q2 2022 - Q1 2023			Q3 2022 - Q2 2023			Q4 2022 - Q3 2023			Current Reporting Period Q1 2023 - Q4 2023						
	# Completed Surveys	Response Rate		# Completed Surveys	Response Rate		# Completed Surveys	Response Rate		# Completed Surveys	Response Rate					
	3,558	32%		3,618	32%		3,661	32%		3,615	32%		93,246	26%		
HCAHPS Composites	Sometimes to Never	Usually Always		Sometimes to Never	Usually Always		Sometimes to Never	Usually Always		Sometimes to Never	Usually Always		Sometimes to Never	Usually Always	Always	
Composite 1 (Q1 to Q3) Communication with Nurses	2%	13% 85%		2%	14% 84%		2%	13% 85%		2%	14% 84%		2%	14% 84%	88%	
Composite 2 (Q5 to Q7) Communication with Doctors	4%	14% 82%		4%	14% 82%		4%	14% 82%		4%	14% 82%		3%	13% 84%	88%	
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	4%	17% 78%		4%	18% 78%		4%	17% 79%		4%	17% 79%		5%	20% 75%	81%	
Composite 5 (Q13 & Q14) Communication about Medicines	15%	17% 68%		15%	18% 67%		15%	19% 66%		15%	20% 65%		15%	19% 66%	74%	
Hospital Environment Items	Sometimes to Never	Usually Always		Sometimes to Never	Usually Always		Sometimes to Never	Usually Always		Sometimes to Never	Usually Always		Sometimes to Never	Usually Always	Always	
Q8 Cleanliness of Hospital	7%	14% 79%		6%	14% 80%		6%	14% 80%		5%	14% 80%		6%	15% 80%	80%	
Q9 Quietness of Hospital	7%	27% 66%		7%	27% 67%		6%	26% 67%		6%	26% 68%		6%	27% 67%	80%	
Discharge Information Composite	No	Yes		No	Yes		No	Yes		No	Yes		No	Yes	Yes	
Composite 6 (Q16 & Q17) Discharge Information	10%	90%		10%	90%		10%	90%		10%	90%		11%	89%	92%	
Care Transition Composite	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Strongly Agree
Composite 7 (Q20 to Q22) Care Transition	4%	40% 56%		4%	41% 55%		4%	41% 56%		4%	41% 56%		4%	40% 56%	64%	

"N/A" indicates that no CAH in the state submitted data for this reporting period.

State Level Comparisons

Michigan

State-Level Patient Experience Core Measures/HCAHPS Report Current Reporting Period: Q1 2023 - Q4 2023

Generated on 08/05/24

HCAHPS Global Items	Your State's CAH Data												National CAH Data			Benchmark
	Q2 2022 - Q1 2023			Q3 2022 - Q2 2023			Q4 2022 - Q3 2023			Current Reporting Period Q1 2023 - Q4 2023			Current Reporting Period Q1 2023 - Q4 2023			9-10 rating
	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	
Q18 Overall Rating of Hospital (0 = worst hospital, 10 = best hospital)	4%	19%	77%	5%	19%	77%	4%	17%	78%	4%	17%	79%	5%	17%	78%	86%
	Definitely Not or Probably Not	Probably Definitely	Definitely	Probably Definitely	Definitely Not or Probably Not	Probably Definitely	Definitely Not or Probably Not	Probably Definitely	Definitely Not or Probably Not	Probably Definitely	Definitely Not or Probably Not	Probably Definitely	Definitely Not or Probably Not	Probably Definitely	No Benchmark	
Q19 Willingness to Recommend This Hospital	3%	22%	75%	3%	22%	74%	3%	22%	75%	4%	21%	75%	3%	22%	75%	

“N/A” indicates that no CAH in the state submitted data for this reporting period.

IP Core CAH Participation

Q4 2023

		Core MBQIP Measures		
		OP-18b Q1 2024	HCP/IMM- 3 Q4 2023- Q1 2024	OP-22 CY 2023
2023 MI State Level		122	75	1%
2023 National		116	79	1%
2023 Benchmark		85	100	0%
231300	PAUL OLIVER MEMORIAL HOSPITAL	76	98%	1%
231301	KALKASKA MEMORIAL HEALTH CENTER	116	94%	1%
231303	SCHOOLCRAFT MEMORIAL HOSPITAL	173	97%	3%
231304	HELEN NEWBERRY JOY HOSPITAL	105	88%	1%
231305	SAINT MARY'S STANDISH COMMUNITY HOSPITAL	104	90%	0%
231306	MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	118	86%	1%
231307	BARAGA COUNTY MEMORIAL HOSPITAL	154	88%	*
231308	MUNISING MEMORIAL HOSPITAL	122	97%	*
231309	ASPIRUS ONTONAGON HOSPITAL*	CLOSED	30%	*
231310	SCHEURER HOSPITAL	97	69%	0%
231311	DECKERVILLE COMMUNITY HOSPITAL	79	47%	0%
231312	SHERIDAN COMMUNITY HOSPITAL	96	93%	0%
231313	HARBOR BEACH COMMUNITY HOSPITAL	127	46%	0%
231314	MCKENZIE HEALTH SYSTEM	122	37%	0%
231315	ASCENSION BORGESS LEE HOSPITAL		74%	0%
231316	HILLS & DALES GENERAL HOSPITAL	79	74%	0%
231318	ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	129	52%	*
231319	ASPIRUS KEWEENAW HOSPITAL AND CLINICS	113	67%	*
231320	MERCY HEALTH LAKESHORE CAMPUS	88	58%	2%
231321	BELL HOSPITAL	134	54%	2%
231322	CHARLEVOIX AREA HOSPITAL	153	94%	1%
231323	COREWELL HEALTH REED CITY HOSPITAL	113	93%	1%
231324	EATON RAPIDS MEDICAL CENTER	137	62%	2%
231325	MYMICHIGAN MEDICAL CENTER GLADWIN	136	66%	1%
231326	U OF M SPARROW CLINTON HOSPITAL	148	68%	1%
231327	U OF M SPARROW EATON HOSPITAL	164	80%	0%
231328	ASCENSION BORGESS ALLEGAN HOSPITAL		77%	1%
231329	MCLAREN CARO REGION	82	45%	1%
231330	MARLETTE REGIONAL HOSPITAL	113	47%	1%
231331	U OF M SPARROW IONIA HOSPITAL	161	77%	1%
231332	BRONSON LAKEVIEW HOSPITAL	157	99%	2%
231333	ASPIRUS IRONWOOD HOSPITAL	139	60%	*
231337	OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	132	64%	2%
231338	COREWELL HEALTH GERBER MEMORIAL	178	87%	2%
231339	COREWELL HEALTH PENNOCK	141		*
231340	MCLAREN THUMB REGION	100		0%

State Level Comparisons

Michigan

State-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 4 - 2023

Generated on 06/14/24

		State Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
Emergency Department – Quarterly Measure		Q1 2023	Q2 2023	Q3 2023	Q4 2023	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	117 min N=3,110	104 min N=3,235	111 min N=3,219	110 min N=3,163	35	110 min	93 min	1,098	115 min	85 min

		State Performance by Calendar Year			State Current Year			National Current Year		Benchmark
Emergency Department – Annual Measure		CY 2021	CY 2022	CY 2023	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	Patient Left Without Being Seen Number of Patients (N)	2% N=224,535	2% N=253,113	1% N=294,436	29	1%	0%	1,033	1%	0%

		State Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Benchmark
NHSN Immunization Measure		4Q21 - 1Q22	4Q22 - 1Q23	4Q23 - 1Q24	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	Healthcare Provider Influenza Vaccination	81%	75%	74%	34	74%	97%	1,212	79%	100%

“N/A” indicates that either:

- No CAHs in the state submitted any measure data, or
- CAHs submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

Antibiotic Stewardship CAH Participation Calendar Year 2023

Antibiotic Stewardship Measure CY 2023	Leadership	Accountability	Drug_Expertise	Act	Track	Report	Educate	Core_Elements_Met
2023 MI State Level	94%	89%	89%	94%	98%	98%	98%	86%
2023 National	98%	97%	96%	99%	96%	98%	99%	92%
2023 Benchmark	100%	100%	100%	100%	100%	100%	100%	100%
Paul Oliver Memorial Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Kalkaska Memorial Health Center	100%	100%	100%	100%	100%	100%	100%	100%
Schoolcraft Memorial Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Helen Newberry Joy Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Ascension Standish Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Mackinac Straits Hospital	100%	100%	100%	100%	100%	100%	100%	86%
Aspirus Ontonagon Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Scheurer Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Deckerville Community Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Sheridan Community Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Harbor Beach Community Hospital Inc.	100%	100%	100%	100%	100%	100%	100%	100%
McKenzie Memorial Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Ascension Borgess-Lee Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Hills and Dales General Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Aspirus Iron River Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Aspirus Keweenaw Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Mercy Health Partners Lakeshore Campus	100%	100%	100%	100%	100%	100%	100%	100%
UP Health System - Bell	100%	100%	100%	100%	100%	100%	100%	100%
Munson Healthcare Charlevoix Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Spectrum Health Reed City Campus	100%	100%	100%	100%	100%	100%	100%	100%
Eaton Rapids Medical Center	100%	100%	100%	100%	100%	100%	100%	100%
MyMichigan Medical Center Gladwin	100%	100%	100%	100%	100%	100%	100%	100%
Sparrow Clinton Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Sparrow Eaton Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Ascension Borgess Allegan Hospital	100%	100%	100%	100%	100%	100%	100%	100%
McLaren Caro Regional Hospital	100%	*	*	100%	100%	100%	100%	71%
Marlette Regional Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Sparrow Ionia Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Lakeview Community Hospital (Bronson Lakeview)	100%	100%	100%	100%	100%	100%	100%	100%
Aspirus Ironwood Hospital	100%	100%	100%	100%	100%	100%	100%	100%
OSF St. Francis Hospital	100%	100%	100%	100%	100%	100%	100%	100%
Spectrum Health Gerber	100%	100%	100%	100%	100%	100%	100%	100%
Spectrum Health Pennock	100%	100%	100%	100%	100%	100%	100%	100%
McLaren Thumb Regional Hospital	100%	*	*	100%	100%	100%	100%	57%
Baraga	*	*	*	*	*	*	*	*
Munising	*	*	*	*	*	*	*	*

- Did not submit data

Michigan

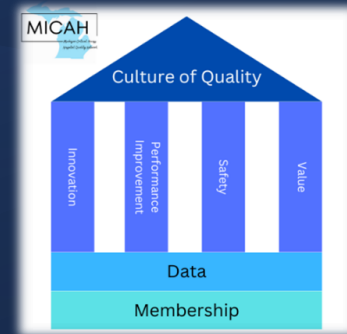
State-Level Care Transition Core Measures/EDTC Report Quarter 1 - 2024

Generated on 05/21/24

MBQIP Quality Measure		Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Benchmark
		Q2 2023	Q3 2023	Q4 2023	Q1 2024	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All	Composite	94%	94%	94%	94%	94%	33	94%	100%	1,220	92%	100%
	Home Medications	96%	97%	97%	96%	97%	33	96%	100%	1,220	96%	100%
	Allergies and/or Reactions	98%	98%	98%	96%	98%	33	96%	100%	1,220	97%	100%
	Medications Administered in ED	98%	98%	98%	97%	98%	33	97%	100%	1,220	97%	100%
	ED Provider Note	97%	96%	97%	96%	96%	33	96%	100%	1,220	96%	100%
	Mental Status/Orientation Assessment	98%	98%	97%	97%	97%	33	97%	100%	1,220	97%	100%
	Reason for Transfer and/or Plan of Care	99%	98%	99%	97%	98%	33	97%	100%	1,220	98%	100%
	Tests and/or Procedures Performed	98%	99%	98%	97%	98%	33	97%	100%	1,220	97%	100%
	Tests and/or Procedures Results	98%	98%	98%	97%	98%	33	97%	100%	1,220	97%	100%
	Total Medical Records Reviewed (N)	N=1,490	N=1,429	N=1,479	N=1,470	N=5,868	N=1,470			N=51,102		

“N/A” indicates that no CAH data were submitted for this state.

Thank you.



For Questions. Please reach out to:

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Or

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