Scorecards

Alex Callaway

MHC Community Hospitals Quality Dept.

Measure Selection

- Prior MHC "True North" metrics/performance/relevance evaluation
- Opportunities for P4P, CMS programs (e.g. sepsis, falls for PSI measures)
- Regulatory requirements (e.g. restraint and management of suicidal patient audits)
- Some process measures
- Any significant trends from our event reporting system
- Employee safety
- Financial metrics

Potential Metrics/Benchmarks

- CMS reports
- HQIC data
- Professional organizations
- Michigan Value Collaborative push reports
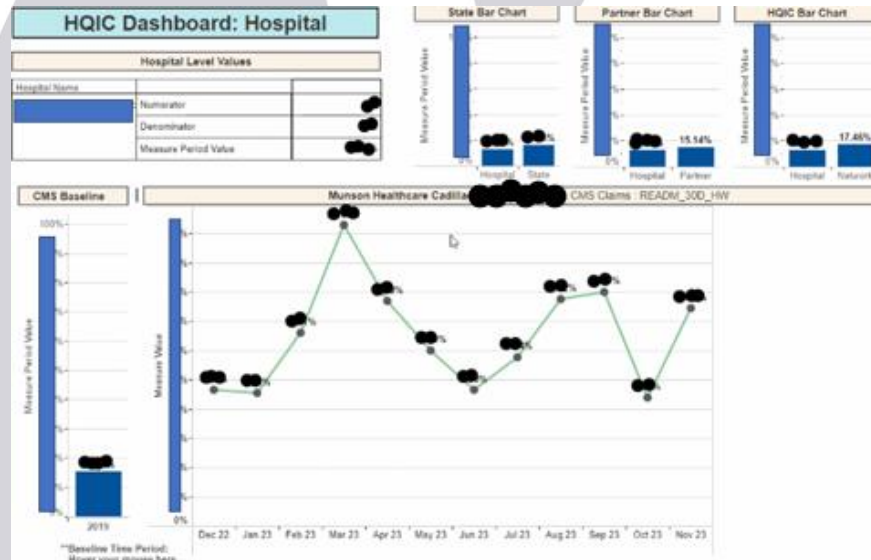- BCBS CQI's (PG1-4)
- Hospital group benchmarks (e.g. MICAH, MHG)

Table 3: Individual Measure Score Results for the Overall Hospital Quality Star Rating
MUNSON HEALTHCARE GRAYLING HOSPITAL
Results corresponding with publicly reported data for January 2023, including rereleased OP-13 measure data publicly reported in April 2023, on Care Compare on Medicare.gov

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result [d]	Measure Performance Category [e]	Measure's National Mean of Scores [f]	Measure's Standard Deviation Across Hospitals [g]
Care		for Discharged ED Patients		--	159	50.44
Timely & Effective Care	OP-2	Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival		--	TFH	TFH
Timely & Effective Care	OP-22 **	ED-Patient Left Without Being Seen		--	2%	0.03
Timely & Effective Care	OP-23 **	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival		--	71%	0.20
Timely & Effective Care	OP-29 **	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients		--	91%	0.15
Timely & Effective Care	OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention		--	68	44.56
Timely & Effective Care	OP-8	MRI Lumbar Spine for Low Back Pain		--	45.9%	0.07
Timely & Effective Care	PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation		--	2%	0.04
Timely & Effective Care	SEP-1 **	Severe Sepsis and Septic Shock		--	57%	0.17

HQIC Dashboard: Hospital

State Bar Chart   Partner Bar Chart   HQIC Bar Chart

Hospital Level Values

MUNSON
COMMITTED TO YOU

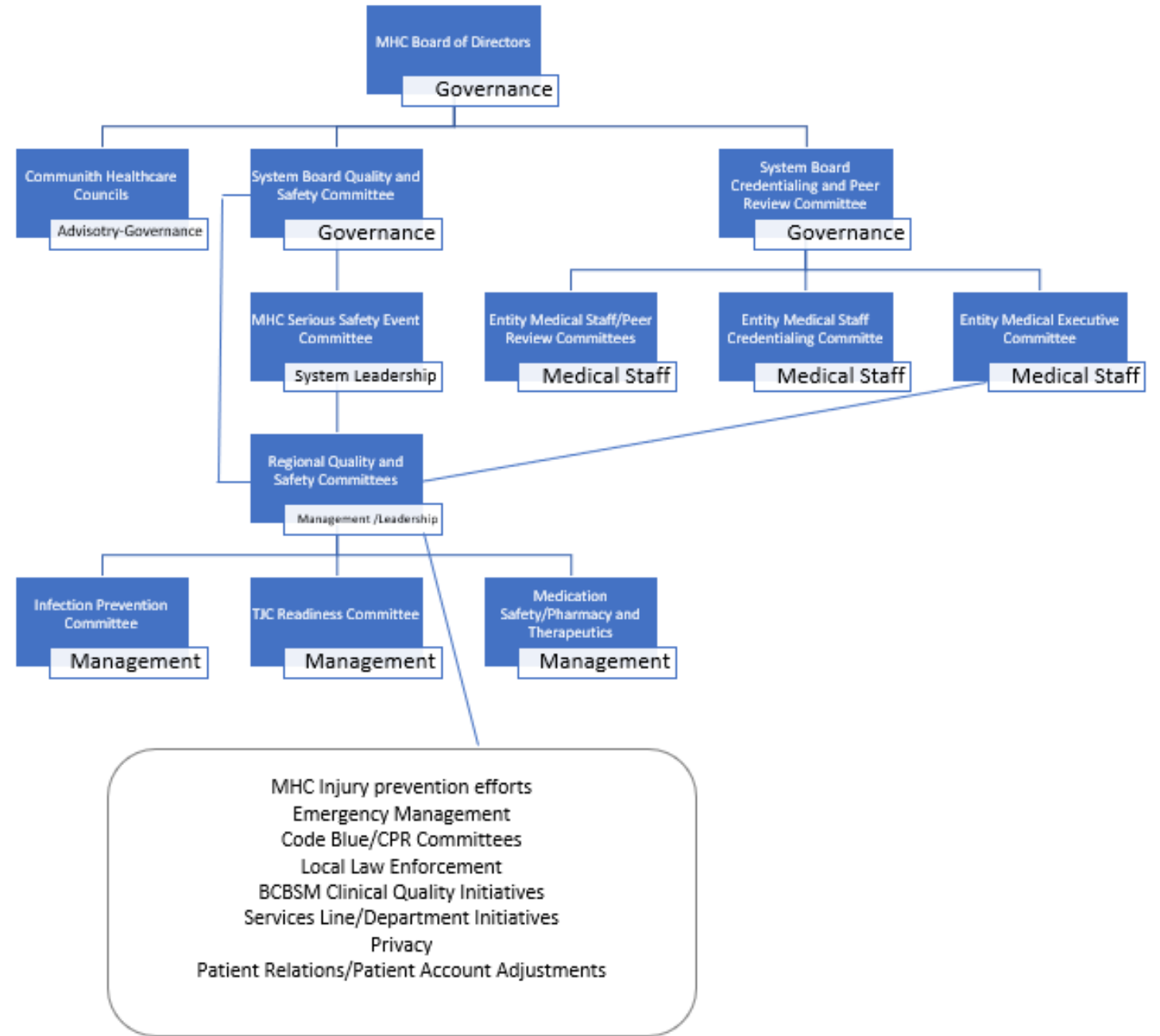# Potential Metrics/Benchmarks

MHC System Scorecard

- Ambulatory scorecard
- Home Health scorecard
- Hospital scorecards (regional)

- Service Line Scorecards
- Medication Safety Scorecard

- Misc. Department Dashboards
- Examples: TJC P.I. chapter data; Trauma program scorecard, Environment of Care scorecard

MUNSON
COMMITTED TO YOU

Governance and Reporting Structures

System Scorecard

Ambulatory Scorecard

Legend for Organizational Goals

At or Better than Target
Worse than Target

True North Scorecard FY2024: MHC Physician Network (Amb Practices)

Category	Measure Name	Measure Definition	3 mo flag	Baseline	Month Actual	Month Target	FYTD Actual	FYTD Target	FYE Target	Notes
Talent	Reduce Turnover of Full Time and Part Time Employees that are benefitted >= 0.5 FTEs -Physician Network	Turnover from MHC of Employees with Emp Status = A1 = Active FT and PT benefitted 0.5 FTE and above / Avg Total Active FT or PT Employees with the Physician Network flag = Y								Month Actual column = Rolling 12 Month, FYTD Actual column = Projected FYE. Three (3) month flag pertains to FYE Projection.
Quality & Safety	Improve Breast Cancer Screening	PHOCHIN report: Breast Cancer screening								Breast Cancer Screenig is Calendar Rolling 12.
Quality & Safety	Improve Diabetes Control	PHOCIN report: Improve Diabetes Control (<=9%)								Improve Diabetes Control is Calendar Rolling 12.
Quality & Safety	Reduce ED Utilization	PHOCIN report: ED Visits per 1000								ED Utilization is Calendar Rolling 12, one month lag.
Quality & Safety	Reduce Avoidable ED Visits	PHOCIN Report: Avoidable Percent Norm								Reduce Avoidable ED Visits is Calendar Rolling 12, one month lag
Quality & Safety	VOICE Event Reporting Rate - Phys Network / VOICE Events in Phys Network Locations	VOICE Events in Phys Network locations / Total Office Visits / Phys Network Dept ID entered into VOICE Report								Rate is per 10,000 office visits, charge posting date
Patient-Centric Care	Patient Experience Percentile Rank / Patient Experience	Ambulatory uses CGCAHPS "Access"								
Growth	% Providers with Tenure >= 1 year Who are Above Mean Productivity	MGMA Median Productivity. Numerator = Phys with Tenure >= 1 year excl PRN, Flex and Urgent Care. Denominator = All Practicing Phys								
Transform Operations	HCC Persistence	Hierarchical Condition Category (HCC) recoding to avoid lost revenue due to insufficient/improper coding. PHOCIN report: HCC Recode Rate								HCC Persistence is Calendar Rolling 12, one month lag.

Hospital Scorecards

Legend for Organizational Goals

| At or Better than Target |
| Worse than Target |

True North Scorecard FY2024: **MHC South Region**

Category	Measure Name	Measure Definition	Entity	Baseline	Month Actual	Month Target	FYTD Actual	FYTD Target	FYE Target	Notes
Talent	Reduce Turnover of FT and PT Employees that are benefitted >= 0.5 FTE	Departures of Emp with Emp Status = A1 = Active FT and PT benefitted 0.5 FTE and above / Avg Total Active FT or PT Emp	CAD, MAN, POMH, South							Month Actual column = Rolling 12 Month, FYTD Actual column = Projected FYE. Three (3) month flag pertains to FYE Projection
Quality & Safety	Serious Employee Injury RIR	# OSHA Recordable Emp Injuries/Emp Prod Hours per 100 FTEs	CAD							Event Type "COVID-19 Positive" events are excluded from True North reporting
	Serious Emp Injuries	# OSHA Recordable Emp Injuries by Fiscal Month NAICS 623000, Nurse/Res 50-249	MAN, POMH							
	Top Quartile	2021 Top Quartile	South							
	Serious Safety Events	# of Serious Safety Events	CAD, MAN, POMH, South							MHC Total = 7 Hospital Entities
	Sepsis and Septic Shock Appropriate Care Rate	# Pts who received SEP-1 Bundles/# of SEP-1 Pts who met CMS inclusion specification	CAD, MAN, POMH							One month lag; March reported
	# Patients who received the SEP-1 Bundle	Numerator of CMS SEP-1 Appropriate Care Rate	South							Baseline/Actual FY data is May through April
	Patient Falls with Injury - True North locations	("TruNo Falls Loc Ind" flagged falls/Total Avg Daily Census) = 1000	CAD, MAN, POMH, South							Targets based on Baseline period 5/1/2022 - 4/30/2023 as of 5/31/2023
Patient-Centric Care	Patient Experience Percentile Rank % Top Score Responses Survey question: "Staff worked together care for you"	CAD surveys Inpatients	CAD							
		MAN surveys Inpatients	MAN							
		POMH surveys Outpatients	POMH							
		South Region Total for Inpt & Outpt Surveys	South							
Growth	Transfers In to MMC	All transfers into MMC from MHC or ext hospitals/care centers	MHC_Total							
Transform Operations	Operating Margin %	Excl Special Items	South							
	Operating Margin $	Excl Special Items	South							

Medication Safety Scorecard

MUNSON HEALTHCARE

MEDICATION SAFETY SCORECARD
Paul Oliver Memorial Hospital

True North Category: Safety

Medication Safety

Measure / Metric Name	Desired Direction of Metric	Current Target	Baseline	Jul FY24	Aug FY24	Sep FY24	Oct FY24	Nov FY24	Dec FY24	Jan FY24	Feb FY24	Mar FY24	Apr FY24	May FY24	Jun FY24	Fiscal Year to Date
Barcode Scanning*	↑															
Controlled Substance Discrepancy Rate Unresolved within 24 Hours	↓															
Profile Overrides**	↓															
Med Events Near Miss Ratio	↑															
Near Misses																
Total Medication/ Fluid Events																
Serious Safety Events - Medication Event	↓															
Surface Sampling Rate																
Negative Surface Samples																
Surface Cultures Submitted																

* Areas that scan and comprise the composite score for POMH: ED, Acute Care
** Overnight pharmacy coverage provided by remote pharmacists

Opioid Stewardship

Measure / Metric Name	Desired Direction of Metric	Current Target	Baseline	Jul FY24	Aug FY24	Sep FY24	Oct FY24
Naloxone Rate							
Naloxone Numerator							
Naloxone Denominator							
ER Opioid Discharge Rx Rate* = ER Opioid Discharge Prescriptions/ ER Discharges	↓						
Narcan Nasal Spray Dispensed**	↑						

Environment of Care Scorecard

Trauma Scorecard

POMH Trauma Score Card FY 2024											
	Measure Name	Target	Baseline FY23	JUL FY 24	AUG FY 24	SEP FY 24	OCT FY 24	NOV FY 24	DEC FY 24	JAN FY 24	FEB FY 24	MAR FY 24
QUALITY	Level 1 Activations	✕										
	Level 2 Activations	✕										
	Missed Activations	<10%										
	Delayed Activations	<10%										
	CT times ≤45 min	80%										
	Chest X Ray Times ≤30 min	90%										
	Level 1 Transfer Times ≤ 90 mins	80%										
	Level 2 Transfer Times ≤ 180 mins	80%										
	Trauma Transfers	✕										
	Trauma Admits	✕										
	Trauma Average Length of Stay (TNF)	-										
	Code Coagulation Time to CT ≤20 mins	80%										
	VTE Prophylaxis	50%										

CAD Isolated Hip Fractures Score Card FY 2024													
	Measure Name	Target	Baseline FY 23	JUN FY 24	JUL FY 24	AUG FY 24	SEP FY 24	OCT FY 24	NOV FY 24	DEC FY 24	JAN FY 24	FEB FY 24	MAR FY 24
Hip Fractures	Hip Fx Admits	╱											
	Hip Fx Transfers Out	╱											
	Arrival to Operative Repair ≤42 hours	80%											
	VTE Prophylaxis within 48 hours of admission	50%											

Emergency Department

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric
Healthcare Team	Turnover		manager based on	↓
	Monthly Education Compliance		Miranda / Sam	↑
	Monthly Chart Audit Compliance		Miranda / Sam	↑
Quality & Safety	Hand Hygiene compliance	% Compliant	Jeanette	↑
	Serious Safety Events	# of Serious Safety Events	Jeanette	↓
	Barcode Scanning		Miranda	↑
	Restraints	Overall compliance	Jeanette	↑
	Moderate & Deep Sedation	Overall compliance	Jeanette	↑
	Blood Utilization Documentation	Transfusion document complete with VS/Reaction Signatures, consent	Jeanette	↑
	Sepsis Compliance - Site Overall	Compliance with Sepsis bundle/TN target	Jeanette	↑

Patient Care	Patient Satisfaction	PG - Nurses took time to listen	Jeff	↑
	Patient Satisfaction	PG Top Box - Doctors listen carefully to you.	Jeff	↑
	Patient Satisfaction	PG Top Box - Staff Work Together to Care for You	Jeff	↑
Transform Operations	Average Admit Order to Depart	Average length of time between Admit Order entry and patient departure (minutes)	Jeanette	↓
	LWBS %	% of ED patients that left without being seen by a provider	Jeanette	↓
	Average ED Visit per Day	Average ED census/day	Jeff	↑
	Total ED Visits	Overall monthly ED census	Jeff	↑

Inpatient

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric
Quality & Safety	Hand Hygiene Compliance	% compliant (30 observations/month)	Infection Prevention/2N & CCU	↑
	Serious Safety Events	# of Serious Safety Events	Quality / Risk	↓
	Restraints	Initial restraint order matches type of restraint applied as documented by nurse	Quality / Risk	↑
	Hospital Acquired Condition- MRSA Bacteremia	Hospital Acquired Condition- MRSA Bacteremia per 1,000 patient days	Infection Prevention	↓
	Hospital Acquired Condition- C. difficile	Hospital Acquired Condition- C. difficile per 1,000 patient days	Infection Prevention	↓
	Ventilator Associated Pneumonia (VAP)	Ventilator Associated Pneumonia (VAP) per 1,000 ventilator days	Infection Prevention	↓
	Central Line Associated Bloodstream Infection (CLABSI)	Central Line Associated Bloodstream Infection (CLABSI) per 1,000 central line days	Infection Prevention	↓
	Catheter Associated Urinary Tract Infections (CAUTI)	Catheter Associated Urinary Tract Infections (CAUTI) per 100 urinary catheter days	Infection Prevention	↓
	Hospital Acquired Pressure Injuries (HAPI)	Hospital Acquired Pressure Injuries (HAPI)	Infection Prevention	↓
	Falls	Falls with Injury	VOICE	↓
	Sepsis Compliance	Compliance with Sepsis bundle/TN target	Quality / Risk	↑

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric
	Critical Value Reporting	Lab critical values reported to provider within 1 hr. (ED only)	Quality / Risk	↑
	Blood Utilization Documentation	Consent signed (Inpatient only)	Quality / Risk	↑
	Blood Utilization Documentation	Transfusion document complete with VS/ Reaction/ Signatures (Inpatient Only)	Quality / Risk	↑
Patient Care	Patient Experience	PG - Overall Rating of Care (Top Box - Rolling 3 Months)	Press Ganey	↑
	Patient Experience	CAHPS - Communication w/ Nurses Domain Performance (Top Box) - Rolling 3 Months	Quality / Risk	↑
	Patient Experience	CAHPS - Communication w/ Doctors Domain Performance (Top Box) - Rolling 3 months	Quality / Risk	↑
	Patient Experience	PG - Staff Worked Together to Care for You (Top Box) - Rolling 3 months	Quality / Risk	↑
Transform Operations	Median T2 time (minutes)- Internal metric	Decision to Admit to Hospitalist Evaluation. For Hospitalist managed patients only.	Cerner	↓
	Median T3 time (minutes) Internal Metric	Hospitalist Evaluation to Bed in Bed (Inpatient Unit) For Hospitalist managed patients only	Cerner	↓

MUNSON
COMMITTED TO YOU

OB Unit

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric
Talent	Staff Injuries	# of reported staff injuries	Quality / Risk	↓
Quality and Safety	Hand Hygiene Compliance	% compliant Employee Events with EcoLab Hand Hygiene Program	Quality / Risk	↑
	Serious Safety Events	# of Serious Safety Events	Quality / Risk	↓
	Medication Scanning	% medications scanned prior to administration	Quality / Risk	↑
	Patient Scanning	% Patients armbands scanned prior to medication administration	Quality / Risk	↑
	MI-AIM: Prepartum Hemorrhage Risk Assessment	% of patient charts with OB MIAIM Hemorrhage Risk Assessment Documented	Quality / Risk (SB)	↑
	MI-AIM: Postpartum Hemorrhage Screening	% PHS documentation completed	Quality / Risk (SB)	↑
	MI-AIM: Hypertension Bundle Documentation	% bundles fully documented and scored	Quality / Risk (SB)	↑
	Severe Maternal Morbidity and Mortality	Deliveries that require >4 units transfused, transfer to higher level of care	Quality / Risk	↓
	PC-06: Unexpected Complications in Term Newborns	Overall rate of unexpected complications	Quality / Risk (SB)	↓
	Critical Value Reporting	% audited Lab Critical Values with complete documentation in Cerner Interactive View	Quality / Risk	↑

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric
	Blood Utilization Documentation	% benchmarks documented as met for audited blood units	Accreditation	↑
	Maternal Readmissions	Maternal readmissions within 30 days -HWR 30D Redmits (MA-Meaure Def)	Quality / Risk	↓
	Newborn Readmissions	Newborn readmissions within 28 days	Quality / Risk	↓
	MI-AIM: Quantitative Blood Loss Documentation D	% of patient charts with QBL documented	Quality / Risk (SB)	↑
	PC-01: Elective Delivery <39 weeks	% Patients with elective vaginal or C/S deliveries at ≥37 and <39 weeks of gestation	Quality / Risk (SB)	↓
	Overall NTSV C-section rate	Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth	Quality / Risk (SB)	↓
	PC-05: Exclusive Breastfeeding	% Exclusive breast milk feeding during the newborn's entire hospitalization.	Quality / Risk (SB)	↑
Patient-Centric Care	Patient Satisfaction	PG - Rate Hospital 0-10 (Rolling 3 months)	Quality / Risk	↑
	Patient Satisfaction	PG - Staff Worked Together to Care for You (Rolling 3 months)	Quality / Risk	↑

Surgery

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric	Ultimate Goal	Current Target	Baseline
Patient-Centric Care	Patient Satisfaction	CAHPS - Rate Facility 0-10 (Top Box -Rolling 3 Months)	Quality / Risk	↑	≥90	90.0%	90.0%
	Patient Satisfaction	CAHPS - Discharge Domain Performance (Top Box - Rolling 3 Months)	Quality / Risk	↑	≥90	90.0%	---
	Patient Satisfaction	PG - Staff Worked Together to Care for You (Top Box - Rolling 3 Months)	Quality / Risk	↑	≥90%	90.0%	99.0%

Other ideas: Appropriate preoperative testing, on time starts, EVS ATP surface testing results, BCBS CQI targets

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric
Quality and Safety	Hand Hygiene Compliance	% compliant Employee Events with EcoLab Hand Hygiene Program	Quality / Risk	↑
	Serious Safety Events	# of serious safety events	Quality / Risk	↓
	Pre-Op Blood Glucose Screening	% patients with pre-op glucose screening	OR	↑
	Colon Surgical Site Infections	Surgical site infection rate for colon procedures - Rate/1000 procedures	Infection Prevention	↓
	Abdominal Hysterectomy Surgical Site Infections	Surgical site infection rate for abd. Hyster. procedures - Rate/1000 procedures	Infection Prevention	↓
	Knee Surgical Site Infections	Surgical site infection rate for TKA procedures - Rate/1000 procedures	Infection Prevention	↓
	Hip Surgical Site Infections	Surgical site infection rate for THA procedures - Rate/1000 procedures	Infection Prevention	↓
	Medication Scanning	% medications scanned prior to administration	Quality / Risk	↑
	30 Day Surgical Readmissions	% patient return to ED due to complication within 30 days of procedure	Quality / Risk	↓
	Blood Utilization Documentation	% benchmarks documented as met for audited blood units	Accreditation	↑
	IUSS **D**	IUSS trays / Total OR Case Volume	SPD	↓
	Pre- & Post-Operative Diagnosis discrepancy	Clinically relevant discrepancy in audited pre & post operational diagnoses	OR	↓
	Follow-up interval for normal colonoscopy **D**	Overall Rate: OP-29	Quality / Risk	↑

Data/Committee Reporting Driving Change

Committee	Responsibilities	Composition	Care Impacts
Safety/ Environment of Care	Establish and monitor safety, security, emergency management, hazardous materials/waste management, medical equipment, utilities, and life safety efforts	Safety leadership, local management teams	WPV event tracking led to de-escalation strategy and frontline staff training to address disorderly patients and visitors
Employee Safety Committee	Review all employee work injuries and accidents, ensure appropriate follow-up and harm prevention.	Injury prevention team, key safety leaders	-Safety campaigns -Revised work injury process with on-call system support for all staff
Serious Safety Event Committee	Review serious safety and sentinel events, recommend appropriate analysis, ensure action plans are completed	Leaders from medical staff, nursing, quality, applicable operational leaders, and members of the senior leadership team	-System DKA protocol implementation -Enhanced sepsis screening EHR functionality (Meditech)
Quality & Safety (combined)	Organizational quality and BCBS CQI performance, departmental quality/safety initiatives, Voice, True North, serious safety events and action plans	Hospital operational management, senior leadership (CNO, CMO, CEO),	-Restraint audit data prompted real time rounding, chart review, and education -CQI's: Multidisciplinary team develops tools and strategies implemented by frontline teams; performance shared with all
TJC Readiness/Accreditation	Review rounding/tracer data, standards changes, action plans	Hospital management teams, leaders	Established system patient suicide risk screening and management policy
Medical Staff Peer Review	Review and make recommendations based on provider clinical performance opportunities to improve care	Multidisciplinary providers, CMO, Quality	-System Peer Review policy including operational process review identification and escalation -Ability to review cases for other hospitals as needed

MUNSON
COMMITTED TO YOU

"Audit Workbook" created by T. Hall and J. Dickerson of MHC

Blood Audit

Review 5 blood audit charts for each dept

Policy: https://munsonhealthcare-cadillac.policystat.com/policy/6512650/latest/

Last Name	First Name	Acct #	Unit	Date	Time	Unit ID	Nurse	Consent Signed	IV site	Two Licensed Caregiver Verifying	Two Patient Verifiers	Transfusion Started W/I 30 minutes of Receipt	Vital signs	Transfusion Completed W/I 4 hours	Comments (Alt+Enter to create a new line within a cell)	Notes

Criteria Met	0	0	0	0	0	0	0	0
Criteria Not Met	0	0	0	0	0	0	0	0
% of Goal Met								0

FY23 Goal:	100%
Ave Goal Met	#DIV/0!

Data resource info | Blood Utilization | **Blood Audit** | Critical Lab Values | Mortality | Pain | Pre-Postop Dx | Readmissions within 30 days ··· +

Will need to revise to fit your organizational policies

MUNSON
COMMITTED TO YOU

Questions?