

# *CMS Star Rating*

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The overall star rating for hospitals summarizes quality information on important topics, like readmissions and deaths after heart attacks or pneumonia. The overall rating, between 1 and 5 stars, summarizes a variety of measures across 5 areas of quality into a single star rating for each hospital. The 5 measure groups include:

- Mortality
- Safety of care
- Readmission
- Patient experience
- Timely and effective care



## *How hospitals performed in 2022*

- Of the **3,094** hospitals included in the rankings:
  - 429 received a **five-star rating**, compared to 455 last year
  - 890 received a **four-star rating**, compared to 988 last year
  - 890 received a **three-star rating**, compared to 1,018 last year
  - 693 received a **two-star rating**, compared to 690 last year
  - 192 hospitals received a **one-star rating**, compared to 204 last year



# How to Access your Reports

The screenshot shows the CMS.gov QualityNet homepage. At the top, there is a navigation bar with the CMS.gov logo, a search bar for QualityNet, and links for Quality Programs, Help, and Register. The main content area features a large blue banner with the text "Welcome to QualityNet! Your one-stop shop for CMS Quality Programs." Below this banner are two buttons: "Subscribe to Email Updates" and "Get Started with QualityNet", which is circled in red. To the right of the banner is a "Recent News" section with two news items: "QualityNet Scheduled Maintenance" dated March 17, 2023, and "QualityNet Workspace Maintenance Postponed" dated March 14, 2023. Below the banner is a section titled "I am looking for quality information associated with..." with six category buttons: "Hospitals - Inpatient", "Hospitals - Outpatient", "Hospitals - Rural Emergency", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", and "ESRD Facilities".



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# Getting Started with QualityNet

Getting Started

Training & Guides

Known Issues & Maintenance

QualityNet Support

## Registration

I am an HQR user

I am an EQRS User

Can't find what you're looking for? Visit the Question & Answer Tools.

## Registering for HARP

QualityNet Secure Portal (QSP) has officially been retired and replaced with **hqr.cms.gov** and **eqrs.cms.gov** for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a HCQIS Access Roles and Profile (HARP) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for HARP, please view the following resources:

### Resource Name

HARP User Guide	View
HARP Frequently Asked Questions (FAQ)	View
HARP Registration Training Video	View
HARP Manual Proofing Training Video	View

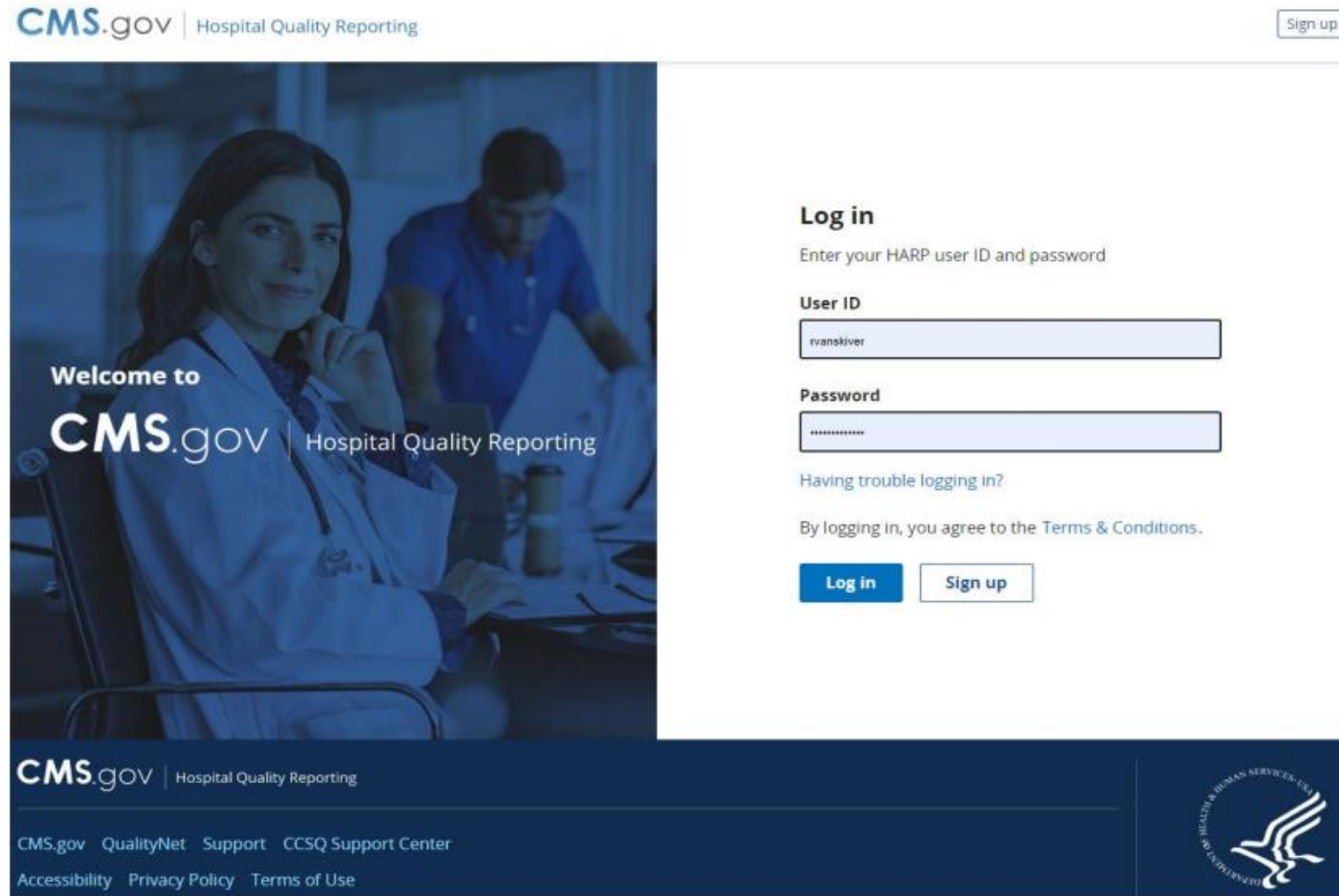


Join the ListServe to receive email notifications about QualityNet programs

Join Now



# How to check your preview report



CMS.gov | Hospital Quality Reporting Sign up

Welcome to  
**CMS.gov** | Hospital Quality Reporting

**Log in**  
Enter your HARP user ID and password

User ID


Password

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

CMS.gov | Hospital Quality Reporting

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# How to check your preview report

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

Unlock Menu

**i** Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

## The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease



## Here are some of the key features of the new Hospital Quality Reporting

### Intuitive Interfaces

Intuitive interfaces means you always know where you are within the system.

### Simple Submissions

We've taken the guess work out of submitting data, via a file or a form. All from one central location.

### Advanced Security

Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.

### Reliable Calculations


Accurate data, with real-time validation. No second guessing. No more waiting.


# How to check your preview report

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
  - Claims-based measu
  - Reporting Requirem
  - Performance Report
  - Program Credit
- Public Reporting
- Validation
- Administration

Measure Data      Star Rating

## Measure Data

Explore your measure data benchmarks for the current or previous any value with the info icon (  ) or an asterisk (\*).

 **COVID-19 Quarter Suppression**  
For the calculation of some measures, data from Q1 2020

Export Data

Search Release

April 20:

+ Survey of Patients' Experience

+ Timely and Effective Care





# Dynamic Workbook

Intended to help understand which measures should be evaluated for potential process change to achieve a 5-Star

## Rating

July 2022 Overall Hospital Quality Star Rating Hospital-Specific Report (HSR) -- Dynamic, Star Rating spreadsheet

### Purpose:

This is a dynamic spreadsheet and intended to help understand which measures should be evaluated for potential process change to achieve a 5-Star Rating.

### Instructions/Notes regarding each table:

>> 'Table 3 -Your Hospital's Measure Result [d]' values (light green highlighted cells) are the only values that should be changed as the entire spreadsheet will update accordingly.

>> 'Table 2 - 'Measure Group Score [d]' (blue highlighted cells) is calculated as an weighted average from 'Table 3 - Your Hospital's Standardized Measure Score [h] and Measure Weight [i]'

>> 'Table 2 - Your Hospital's Standardized Measure Group Scores [g] (yellow highlighted cells) are calculated by this formula = 'Table 2 - Measure Group Score [d] - Measure Group National Mean of Score [e] / Measure Group Standard Deviation Across Hospitals [f]

>> 'Table 1 - Dynamic -- Your Hospital's Results' (green highlighted cell) is a new column to show the potential Star Rating when Measure Results are changed. It is an average of 'Table 2 - Your Hospital's Standardized Measure Group Scores [g].

Table 1 Star Rating Results

Overall Star Rating Results	Your Hospital's Results	National Average	Dynamic -- Your Hospital's Results
Overall Star Rating [a]	**** (4 out of 5 stars)	*** (3 out of 5 stars)	
Hospital Summary Score [b]	0.02	-0.06	0.04
Peer Grouping [c]	5 Measure Groups	--	

Table 2 Measure Group Scores

Measure Group	Number of Potential Measures within Each Group [a]	Number of Measures for Your Hospital [b]	Your Hospital's Measure Group Weight [c]	Standard Measure Group Weight	Measure Group Score [d]	Measure Group National Mean of Scores [e]	Measure Group Standard Deviation Across Hospitals [f]	Your Hospital's Standardized Measure Group Score [g]	National Group Score [h]
Mortality	7	6	0.22	0.22	0.21	0.001	0.64	0.33	-0.02
Readmission	11	10	0.22	0.22	-0.77	0.03	0.53	-1.50	-0.02
Safety of Care	8	4	0.22	0.22	0.75	0.00	0.65	1.16	0.005
Patient Experience	8	8	0.22	0.22	0.05	0.00	0.85	0.06	0.00
Timely & Effective Care	12	10	0.12	0.12	0.11	0.04	0.82	0.08	-0.03

### NOTES

Measure Group Score [d]' is dynamic and being calculated as an weighted average from 'Table 3 - Your Hospital's Standardized Measure Score [h] and Measure Weight [i]'

# July 2023 Release Preview

## Star Rating Preview

★★★★★ 4 Stars

Summary Score: 0.13

	Standardized Group Score	Weight	Scored Measures	# Measures Better	# Measures Same	# Measures Worse
Safety of Care	-0.08	22%	6	1	4	1
Mortality	0.56	22%	7	0	7	0
Readmission	-1.1	22%	9	0	9	0
Patient Experience	1.07	22%	8	N/A	N/A	N/A
Timely and Effective Care	0.3	12%	10	N/A	N/A	N/A



# Summary of CMS Measure Groups- 2023 Release

Measure Group	Number of Potential Measures within Each Group	Number of Measures for Your Hospital	Your Hospital's Measure Group Weight	Standard Measure Group Weight	Measure Group Score	Measure Group National Mean of Scores	Measure Group Standard Deviation Across Hospitals	Your Hospital's Standardized Measure Group Score	National Group Score
Mortality	7	7	0.22	0.22	0.50	0.001	0.64	0.78	-0.02
Readmission	11	9	0.22	0.22	-0.14	0.03	0.53	-0.32	-0.02
Safety of Care	8	5	0.22	0.22	-0.80	0.00	0.65	-1.24	0.005
Patient Experience	8	8	0.22	0.22	0.25	0.00	0.85	0.29	0.00
Timely & Effective Care	12	7	0.12	0.12	0.19	0.04	0.82	0.18	-0.03

# Mortality-

## Q3 (2019) - Q2 (2022)

Measure Name	Your Hospital's Measure Result	Measure Performance Category	Measure's National Mean of Scores	Measure's Standard Deviation Across Hospitals	Your Hospital's Standardized Measure Score	Measure Weight
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	0.114	Same	0.123	0.010	0.91	14.30%
Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	0.024	Same	0.030	0.008	0.78	14.30%
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.074	Same	0.082	0.010	0.79	14.30%
Heart Failure (HF) 30-Day Mortality Rate	0.114	Same	0.113	0.018	-0.05	14.30%
Pneumonia (PN) 30-Day Mortality Rate	0.145	Same	0.155	0.020	0.51	14.30%
Acute Ischemic Stroke (STK) 30-Day Mortality Rate	0.131	Same	0.135	0.016	0.24	14.30%
Death Rate Among Surgical Inpatients with Serious Treatable Complications	153.49	Same	159.546	18.133	0.33	14.30%

Please note that each measure has a different timeframe of reporting

# *Mortality - tips for your team*

Have all mortalities are reviewed by a Mortality Committee- typically a Medical Executive committee

- Action Items:
  - Focused cross-functional project to reduce unexpected deaths and improve documentation of the patient's clinical risk profile upon admission.
    - This initiative produced significant improvement in 2022, with notable enhancement in end of life care (ie early discussions about quality of life)



# Risk Adjustment-Core Conditions and beyond

Diagnosis	Risk Score 2023	Proposed Score 2024
Diabetes with Chronic Complications	0.302	0.166
Morbid Obesity	0.25	0.186
Breast, Prostate and other cancers	0.15	0.186
Congestive heart failure	0.331	0.360
Cancer metastatic to other organs	2.659	4.209
Cancer metastatic to bone	2.659	2.341

There are some positive and negative impacts that will be coming for 2024. The CMS-HCC model is predicting a **3.32%** increase in payments to Medicare Advantage plans over three years. As a result, creating a strong risk adjustment program is more important than ever to ensure financial and quality sustainability

# Readmission (Unplanned Hospital Visit) Q3 (2019) - Q2 (2022)

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]	Your Hospital's Standardized Measure Score [h]	Measure Weight [i]
Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	-10.7	Same	6.783	23.453	0.75	11.10%
Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate	0.122	Same	0.126	0.014	0.31	11.10%
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	0.201	Same	0.197	0.010	-0.36	11.10%
Excess Days in Acute Care after Hospitalization for Heart Failure	13.8	Same	4.740	24.850	-0.36	11.10%
Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	0.45	Same	0.040	0.005	-0.91	11.10%
Excess Days in Acute Care after Hospitalization for Pneumonia (PN)	29	Worse	5.440	25.199	-0.93	11.10%
HWR Hospital-Wide All-Cause Unplanned Readmission	0.157	Same	0.155	0.006	-0.37	11.10%
Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	16.5	Same	16.468	1.423	-0.02	11.10%
Admissions for Patients Receiving Outpatient Chemotherapy	N/A	Too few	12.103	1.334	N/A	0.00%
Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	N/A	Too few	6.017	0.971	N/A	0.00%
Hospital Visits after Hospital Outpatient Surgery	0.9	Same	1.011	0.178	0.62	11.10%

# *Readmission Reduction Strategy*

- Heavy Focus on Post Acute Care Follow-up
  - Social Worker
  - Discharge Follow-up Advocate
    - Medications, Resources, Appointment Scheduling
      - Reduction in ER Visits, Obs stays, and readmissions
  - Palliative, HH, Hospice
    - Proper Discharge disposition will limit Excess Utilization





# Safety of Care

Measure Name	Your Hospital's Measure Result	Measure Performance Category	Measure's National Mean of Scores	Measure's Standard Deviation Across Hospitals	Your Hospital's Standardized Measure Score	Measure Weight
Central-Line Associated Bloodstream Infection (CLABSI)	N/A	N/A	0.814	0.736	N/A	0.00%
Catheter-Associated Urinary Tract Infection (CAUTI)	1.988	Same	0.740	0.593	-2.10	20.00%
Surgical Site Infection from Colon Surgery (SSI-colon)	0.933	Same	0.808	0.676	-0.19	20.00%
Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy)	N/A	N/A	0.950	0.909	N/A	0.00%
MRSA Bacteremia	N/A	N/A	0.840	0.704	N/A	0.00%
Clostridium Difficile (C.difficile)	1.264	Same	0.559	0.465	-1.52	20.00%
Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)	0.03	Same	0.024	0.005	-1.29	20.00%
Patient Safety and Adverse Events Composite	0.8	Same	0.994	0.177	1.10	20.00%

# *Strategies to enhance Safety of Care*

- Sepsis Bundle
  - Continuous monitoring
- Line Utilization
  - Central Line & Foley use Reduction
    - Grand Rounds, Staff Meetings, External Cath's
- Surgical Site Infections/HAI
  - Tracking All SSI's
    - Give yourself credit for the good work you are doing



# Timely and Effective Care

Measure Name	Your Hospital's Measure Result	Measure's National Mean of Scores	Measure's Standard Deviation Across Hospitals	Your Hospital's Standardized Measure Score	Measure Weight
MRI Lumbar Spine for Low Back Pain	N/A	0.398	0.068	N/A	0.00%
Abdomen CT Use of Contrast Material	0.096	0.061	0.056	-0.63	14.30%
Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	0.04	0.038	0.019	-0.09	14.30%
Median Time from ED Arrival to ED Departure for Discharged ED Patients	107	143.078	44.040	0.82	14.30%
Healthcare Personnel Influenza Vaccination	N/A	0.896	0.116	N/A	0.00%
ED-Patient Left Without Being Seen	0	0.014	0.019	0.74	14.30%
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	N/A	0.759	0.186	N/A	0.00%
Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	0.91	0.898	0.165	0.07	14.30%
External Beam Radiotherapy for Bone Metastases	N/A	0.903	0.141	N/A	0.00%
Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	0	0.020	0.045	0.44	14.30%
Severe Sepsis and Septic Shock	0.59	0.595	0.170	-0.03	14.30%

# *Strategies to enhance Timely and Effective Care*

- Colonoscopy follow-ups.....follow-up
- Abdomen CT Use of Contrast Material- Coding after procedure, changing of Prior Auth codes after procedure
- Emergency Department Care
  - Quality Report to ED Medical Director Weekly
- Sepsis
  - Bundle compliance



# *Patient Experience*

The patient survey rating measures patients' experiences of their hospital care. Recently discharged patients were asked about important topics like how well nurses and doctors communicated, how responsive hospital staff were to their needs, and the cleanliness and quietness of the hospital environment.

# The Leapfrog Group

- *The Leapfrog Hospital Survey uses national performance measures to evaluate individual hospitals on safety, quality, and efficiency. Data and findings from the Survey provides consumers with potentially live-saving information on hospital quality.*



# *Patient Centered Care*

- Billing Ethics
- Informed Consent



# *Preventing and Responding to Patient Harm*

- Effective Leadership
- Staff work together to prevent error's
- Nursing workforce
- Handwashing
- Responding to never events





# *Medication Safety*

- Safe Medication Ordering
- Medication Reconciliation
- Safe Medication Administration
- Outpatient Surgery Patients- Medication



# *Healthcare-Associated Infections*

- Infection in the blood
- UTI
- C. Difficile
- MRSA
- SSI after Colon Surgery

# *Maternity Care*

- C-Sections
- EED's
- Episiotomies
- Jaundice Screening
- Blood Clots in C-Sections
- High-Risk Deliveries

# *Critical Care*

**Intensive care units (ICUs) where doctors who are specially trained in critical care medicine (known as intensivists) manage or co-manage all patients have experienced a 30% reduction in hospital mortality and a 40% reduction in ICU mortality.**



# Complex Adult and Pediatric Surgery

Bariatric surgery for weight loss
Esophageal resection for cancer
Lung resection for cancer
Pancreatic resection for cancer
Rectal cancer surgery
Carotid endarterectomy
Open aortic procedure
Mitral valve repair and replacement
Total knee replacement surgery
Total hip replacement surgery
Congenital heart surgery for infants (Norwood procedure)



# *Total Joint Replacement*

- Hips volumes- greater than 50
- Knees- greater than 50

# *Care for Elective Outpatient Surgery Patients*

Hospital outpatient departments (HOPDs) can deliver safer care by ensuring properly trained and certified staff are onsite and using tools like the Safe Surgery Checklist to minimize errors, and by regularly surveying patients who've had a same-day procedure on experience in the facility.

## *Helpful links*

<https://data.cms.gov/provider-data/dataset/4j6d-yzce>

<https://ratings.leapfroggroup.org/scoring>

