



Healthcare Quality Reporting Program

**HOSPITAL SUBCOMMITTEE**

3-4:30pm, 11/18/13  
Room 401, HEALTH

**Goals/Objectives**

- To advise the Department on hospital reporting and implement agreed-upon policies

**Attendees**

- |                     |                    |                      |
|---------------------|--------------------|----------------------|
| ✓ Charles Alexander | ✓ Michele Danish   | ✓ Samara Viner-Brown |
| ✓ Rosa Baier        | ✓ Maureen Marsella | ✓ Diana Wantoch      |
| ✓ Emily Cooper      | ✓ Ann Messier      |                      |
| ✓ Jo-Ann Cote       | ✓ Lauren Pond      |                      |

**Time Topic/Notes**

3:00pm **Welcome & Administrative Updates**  
*Samara Viner-Brown, MS, Chair*

- Sam welcomed participants and asked everyone to take a moment to introduce herself. She then outlined today's meeting objective, which is to discuss the draft templates for two new consumer-friendly 'summary' reports for hospitals and nursing homes.

3:10pm **Summary Report for Hospitals and Nursing Homes**  
*Rosa Baier, MPH*  
*Emily Cooper, MPH*

- Rosa described the rationale for creating the summary reports:
  - The program currently publishes multiple reports, each reflecting a different clinical topic. The summary reports will pull together multiple measures in a single report that can both provide consumers with a snapshot of overall performance (a subset of available measures) and direct them to other reports and information.
  - Additionally, the hospital report addresses a need to increase hospital-acquired infection (HAI) reporting (at the CDC's request) without adding an additional data collection burden for hospitals.
  - In a separate project, Emily and Rosa learned that hospital case managers would like information to inform patient choice discussions. Having a handout that lists up-to-date information may therefore be useful.
- Draft hospital report  
First, the group discussed the draft hospital report (see handout), focusing on the

comments embedded in the document and the questions sent with today's agenda:

- Which hospital quality measures should be included?
- Is there anything else we should add or remove?
- Is the language clear?

Suggestions included:

- Diana questioned the intent of surgical complications – is this information obtained from Hospital Compare? The information should be easy to interpret and make sense to consumers.
- Michele said that the rate of readmission after discharge is too broad to be helpful to consumers. Maureen said that this information would be clarified in the Methods report.
- Michele questioned the level of response regarding the hand hygiene report. Rosa said there is a 100% response. The group questioned the importance of noting that there is a hand hygiene education program, since there is no way to measure if that improves compliance. **The group decided to remove the hand hygiene education measure.**
- There was a brief discussion regarding measures reported in the acute care hospitals versus the behavioral health hospitals, or those acute care hospitals with behavioral health units. It was agreed that the case mix would be important to note in the Methods report. **The group decided to add Butler Hospital, Bradley Hospital and Eleanor Slater Hospital to the report.**
- The group agreed that there is no need to provide phone numbers for the hospitals and that the name and hyperlink were sufficient. **The phone numbers will be removed from the report.**
- Anything missing – Maureen noted that outpatient measures are important. The group noted the following: arrival/departure time from the ED; how long consumers are in the ED before they see a provider (MD, PA, NP); the time to make a decision to admit a patient to the hospital, send the patient home, or admit the patient to observation. **The group decided to add two emergency department measures to the report.**

– Draft nursing home report

Second, the group discussed the draft nursing home report (see handout), focusing on the comments embedded in the document.

Suggestions included:

- The group discussed what additional logistical information would be important for case managers and discharge planners, including mix of short term and long term beds and presence of a locked/unlocked dementia unit. **The group decided to include whether or not a facility has a locked/not locked dementia unit and the bed mix, broken down by short term beds/long term beds.**
- Insurance accepted – The group discussed which insurance information should be included in the report. Because there are many types of Medicare Advantage plans, and determining coverage for these patients often require additional information, the group decided that this was not a useful plan to include. The group decided that there are too many private insurance plans to be able to include them all. **The**

Time	Topic/Notes
	<p><b>group decided to only note whether the facility takes Medicare or Medicaid.</b></p> <ul style="list-style-type: none"> <li>• There was a brief discussion related to 5 star ratings versus 3 diamond ratings, and how changing the method of satisfaction reporting may be confusing to consumers. Lauren said that interpretation of statistical differences among nursing homes often causes delays in discharge. Consumers look at the reports and assume that the facilities with 1 star are very poor, and that the only one they want for their family members are the facilities with 5 stars. These discussions cause delays in discharge as consumers prefer to wait for availability in the “best” facilities. The group further discussed changing the ratings to reflect satisfaction with words – below average/average/above average, etc.</li> </ul>
4:15pm	<p><b>Open Forum &amp; Next Steps</b>  <i>Samara Viner-Brown, MS, Chair</i></p> <ul style="list-style-type: none"> <li>– <b>Action items:</b> <ul style="list-style-type: none"> <li>• Incorporate the committee’s suggested edits to the Summary Reports (Emily/Rosa)</li> <li>• Share updated reports with the Steering Committee (Emily/Rosa)</li> <li>• Determine which type(s) of rating system will be used (Emily/Rosa)</li> </ul> </li> </ul>



## Healthcare Quality Reporting Program Nursing Home Summary Report

The Rhode Island Department of Health publishes information about nursing homes. If you know that you or a family member will need nursing home care, this information can help you compare nursing homes and choose among them. You may also want to visit nursing homes and to ask friends and family members for their thoughts and experiences.

This report summarizes information from the Department of Health ([www.health.ri.gov/nursinghomes/about/quality](http://www.health.ri.gov/nursinghomes/about/quality)) and Medicare ([www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare)). Reports with more information are available at those websites.

This report is updated every time there is new information for one of the columns below. You can learn more about what is in this report, including definitions and time periods for each column of information, by reading the Methods Report. Please contact nursing homes directly with questions, [to inquire about private insurance](#), to check on bed availability or to schedule a tour.

Contact Information:							Insurance Accepted:		Quality And Satisfaction:					
Facility, Alphabetical By County	City	Phone	Fax	Number of Beds	Number of Skilled Beds	Number of Unskilled Beds	Dementia Unit	Locked Dementia Unit	Medicare	Medicaid	Quality Of Care	Resident Satisfaction	Family Satisfaction	Employee-Healthcare Workers Who Received Influenza Vaccination
<b>Bristol County</b>														
Crestwood Nursing Home	Warren			76										
Grace Barker Nursing Home	Warren			86										
Saint Elizabeth Manor, East Bay	Bristol			133										
Silver Creek Manor	Bristol			128										
Warren Skilled Nursing & Rehabilitation	Warren			63										

**Comment [RB1]:** This language is adapted from the language on the public reporting website and included in previous reports or white papers.

**Comment [RB2]:** Because these reports may be printed in hard copy, spelling out links may be preferable to hyperlinks.

**Comment [RB5]:** Is this helpful to inform patient choice?

**Comment [RB3]:** Is this helpful for patients and case managers?

**Comment [EC4]:** The group requested that we remove the column for Medicare Advantage

**Comment [EC7]:** The group requested that we include the presence of locked and unlocked dementia units

**Comment [EC6]:** The group requested that we include the breakdown of skilled and unskilled beds

**Comment [RB8]:** This is from the five-star rating on Nursing Home Compare.

**Comment [RB9]:** These are from the nursing homes' annual survey with the vendor MyInnerview, which is required by HEALTH.

**Comment [RB10]:** Nursing homes are required to submit these data annually to the Immunizations Program at HEALTH, the same as hospitals.

Reports with more information about quality and satisfaction are available at [www.health.ri.gov/nursinghomes/about/quality](http://www.health.ri.gov/nursinghomes/about/quality).



## Healthcare Quality Reporting Program

### Hospital Summary Report

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This report summarizes information from the Department of Health ([www.health.ri.gov/hospitals/about/quality](http://www.health.ri.gov/hospitals/about/quality)) and Medicare ([www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare)). Reports with more information are available at those websites.

This report is updated every time there is new information for one of the columns below. Some of the information is for all patients in the hospital and some is for patients receiving intensive care. You can learn more about what is in this report, including the patients included, definitions and time periods for each column of information, by reading the Methods Report. Please contact hospitals directly with questions.

Contact Information:	Quality:	Emergency Department:	Infections:	Satisfaction:
<b>Facility, Alphabetical</b> <a href="#">Bradley Hospital</a> <a href="#">Butler Hospital</a> <a href="#">Eleanor Slater Hospital</a> <a href="#">Kent Hospital</a> <a href="#">Landmark Medical Center</a> <a href="#">Memorial Hospital</a>	Falls and Injuries Severe Pressure Sores (Bed Sores) Rate of Readmission after Discharge Serious Surgical Complications	Average time spent in the emergency department before being seen by a healthcare professional Average time spent in emergency department, after the doctor decided to admit them before being taken to their inpatient room	Catheter-Associated Urinary Tract Infections Central Line-Associated Bloodstream Infections C. Difficile Infections Hand Hygiene is Measured <del>Employees</del> Healthcare Workers Who Received Flu Vaccination MRSA Bloodstream Infections	Patients who Reported The Hospital Was Clean Patients who Gave Their Hospital a 9 or 10 Patients who Would Recommend the Hospital

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**Comment [EC7]:** The group requested that we remove the hand hygiene education measure

**Comment [RB4]:** These measures are selected from among those on Hospital Compare. Are there others we should include instead or in addition to these?

**Comment [RB3]:** These measures are selected from among those on Hospital Compare. Are there others we should include instead or in addition to these?

**Comment [EC5]:** The group requested that we include emergency department measures

**Comment [RB8]:** These are the two overall satisfaction measures from Hospital Compare.

**Comment [RB10]:** Included because of the Hospital Subcommittee's work on this clinical topic.

**Comment [RB11]:** Dr. Fine and the Steering Committee have asked us to report readmissions. This is one of several readmissions measures available from Hospital Compare; is it the right one to include for consumers?

**Comment [RB9]:** These are the acute-care hospitals. We do not have data for all measures for other hospitals.

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 Reports with more information are available at [www.health.ri.gov/hospitals/about/quality](http://www.health.ri.gov/hospitals/about/quality).

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<p><b>Facility, Alphabetical</b></p> <p><a href="#">Newport Hospital</a></p> <p><a href="#">Our Lady of Fatima Hospital</a></p> <p><a href="#">Rhode Island Hospital</a></p> <p><a href="#">Roger Williams Medical Center</a></p> <p><a href="#">South County Hospital</a></p> <p><a href="#">The Miriam Hospital</a></p> <p><a href="#">The Westerly Hospital</a></p> <p><a href="#">Women &amp; Infants' Hospital</a></p>	<p>Falls and Injuries</p> <p>Severe Pressure Sores (Bed Sores)</p> <p>Rate of Readmission after Discharge</p> <p>Serious Surgical Complications</p>	<p>Average time spent in the emergency department before being seen by a healthcare professional</p> <p>Average time spent in emergency department, after the doctor decided to admit them before being taken to their inpatient room</p>	<p>Catheter-Associated Urinary Tract Infections</p> <p>Central Line-Associated Bloodstream Infections</p> <p>C. Difficile Infections</p> <p>Hand Hygiene is Measured</p> <p>Employees-Healthcare Workers Who Received Flu Vaccination</p> <p>MRSA Bloodstream Infections</p>	<p>Patients who Reported The Hospital Was Clean</p> <p>Patients who Gave Their Hospital a 9 or 10</p> <p>Patients who Would Recommend the Hospital</p>

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