OUTCOME MEASURES (page 2)

Acute Care Units

Acute care unit is an area of the hospital where a patient is admitted for treatment of a medical or surgical condition for a short period of time.

30-Day Rolling 12-Month Standardized Mortality Ratio (SMR)

An estimate that allows comparison of mortality between hospitals.

30-Day SMR 95% Confidence Interval

A confidence interval shows the range of uncertainty associated with the estimated value. We are 95% confident that the true SMR number (rather than the estimate) will fall in between the 2 numbers shown.

Weighted Case Severity Index

Case severity compares how sick patients are at a single hospital compared to the national population adjusted for the proportion of patients that have surgical or medical problems.

Intensive Care Unit (ICU)

An intensive care unit is an area of the hospital where a patient is monitored closely for a critical medical or surgical condition

Hospital Rolling 12-Month Standardized Mortality Ratio (SMR)

The Hospital Rolling 12-month SMR is an estimate that allows comparison between intensive care units of outcome at discharge from the hospital

Hospital SMR 95% Confidence Interval

A confidence interval shows the range of uncertainty associated with the estimated value. We are 95% confident that the true SMR number (rather than the estimate) will fall in between the 2 numbers shown.

30-Day Rolling 12-Month Standardized Mortality Ratio (SMR)

An estimate that allows comparison of outcome between intensive care units at 30 days from admission to the hospital.

30-Day SMR 95% Confidence Interval

A confidence interval shows the range of uncertainty associated with the estimated value. We are 95% confident that the true SMR number (rather than the estimate) will fall in between the 2 numbers shown.

Weighted Case Severity Index

Case severity compares how sick patients are at a single hospital compared to the national population adjusted for the proportion of patients that have surgical or medical problems.

Surgical OE Ratio

This ratio adjusts for the severity of the patient's condition and required surgery and allows comparison of outcomes in surgeries across the nation. The analysis combines cases from 8 major surgical subspecialties in VHA: General, Vascular, Neurologic, Orthopedic, ENT, Plastic, Thoracic and Urologic surgeries.

ACUTE CARE PROCESS MEASURES (Page 3)

% of Patients Readmitted (All Causes)

"Readmission" is when patients who have had a recent stay in the hospital go back into a hospital again. This measure shows how often patients are readmitted within 30 days of discharge from a previous VA hospital stay Patients may have been readmitted back to the same VA hospital or to a different VA hospital. They may have been readmitted for the same condition as their recent hospital stay, or for a different reason.

DVT Prophylaxis (High Risk Non-Operative)

Deep Vein Thrombosis (DVT) is a problem where a clot forms in a vein, usually in a leg, causing pain and swelling. If the clot moves, it can go to the lungs (pulmonary embolism) making patients very sick. These clots or DVT can sometimes be prevented by injecting the patient with a low dose of a blood thinner. This is called" prophylaxis" or prevention.

Non - operative (Non Op)

Some patients are more likely to get a DVT such as patients admitted with CHF, Respiratory Failure, Pneumonia, Sepsis, Renal Failure, and Hip Fracture. This measure includes only those high risk patients admitted to the intensive care unit. The measure is calculated by dividing those patients who have a doctor's order within 24 hours of admission for the blood thinner by the total number of patients admitted with one of the diagnoses above.

OMELOS (Observed minus expected length of stay

A measure that allows comparison of length of stay between hospitals.

LOS

Length of Stay (LOS) is the average number of days a patient spends in the hospital.

CAP Composite

Community Acquired Pneumonia (CAP) Composite is a measure that consists of several process of care measures that assess the care of Veterans who have been in the hospital for the treatment of community acquired pneumonia. The individual measures include the percent of pneumonia patients: (1) assessed and given pneumococcal vaccination to prevent pneumonia in the future; (2) who received a blood culture test before given an antibiotic; (3) given smoking cessation advice/counseling; (4) given the most appropriate initial antibiotic; and (5) assessed and given influenza vaccination.

SCIP (Surgical Care Improvement Project) Composite

SCIP (Surgical Care Improvement Project) Composite measure consists of several process of care measures that assess the care of Veterans who have had surgery. The individual measures include the percent of surgery patients: (1)

who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery; (2) whose doctors ordered treatments to prevent blood clots after certain types of surgeries; (3) who were given the right kind of antibiotic to help prevent infection; (4) whose preventive antibiotics were stopped at the right time (within 24 hours after surgery); (5) heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery; (6) who had hair removed (if necessary) using a safer method (electric clippers or hair removal cream – not a razor); (7) who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection; and (8) who were taking heart drugs called beta blockers (medications commonly used following a heart attack) before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery.

Heart Failure Composite

This measure consists of several process of care measures that assess the care of Veterans who have been in the hospital for treatment of heart failure. The individual measures include the percent of heart failure patients: (1) given discharge instructions about heart failure; (2) had a test to examine left ventricular systolic (LVS) function (heart) (Example: Cardiac Catheterization); (3) given medications that are either angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) for decreased left ventricular systolic function (drug used to treat heart failure); and (4) given smoking cessation advice/counseling.

% Mental Health Patients Readmitted for all causes (Calendar Years)

"Readmission" is when patients go back into the hospital again after a recent hospital stay. This measure shows how often patients are readmitted within 30 days of discharge from a previous VA hospital stay for mental illness Patients may have been readmitted back to the same VA hospital or to a different VA hospital. They may have been readmitted for the same condition as their recent hospital stay, or for a different reason.

Congestive Heart Failure (CHF)

Congestive heart failure is when the heart has problems pumping the blood.

Ambulatory Care Sensitive Hospitalizations OE (Rolling 12 months)

The ambulatory care sensitive hospitalization rate for CHF is used to compare how well primary doctors and teams prevent admission to the hospital for patients with congestive heart failure. This measure uses diagnoses assigned to the patients with CHF from the prior year, to determine the likelihood that that patient will require hospitalization in the next year.

% CHF Patients Readmitted for all causes

The percent of congestive heart failure (CHF) patients who were readmitted for any cause to the acute care wards of the hospital within 30 days following discharge from the hospital.

Pneumonia

Ambulatory Care Sensitive Hospitalizations OE (Rolling 12 months)

The ambulatory care sensitive hospitalization rate for pneumonia is used to compare how well primary doctors and teams prevent admission to the hospital for patients with pneumonia. This measure uses diagnoses assigned to the patients with pneumonia from the prior year, to determine the likelihood that that patient will require hospitalization in the next year.

ICU Process Measures (Page 4)

Hypoglycemia (low blood sugar) rate in Patients Getting Insulin

Low blood sugar or hypoglycemia can happen when a patient gets too much insulin or not enough food. The measure only includes patients who are being treated for high blood sugar. The measure is calculated by dividing the number of days that those patients in the unit have a glucose <60 mg/dl by the total number of days in the unit in patients treated for high blood sugar. We exclude patients who only stayed in the ICU for a short time (less than 24 hours) or who have liver failure which alone can cause low blood sugar.

Hyperglycemia (or high blood sugar) Rate

Hyperglycemia or high blood sugar can increase infections and slow healing. This shows the rate of high blood sugars in the ICU (excluding those admitted for diabetes). The measure is calculated first by creating a mean glucose for each patient (sum of glucose measures divided by the number of measures). Then the number of patients whose average glucose is > 180 mg/dl is divided by the total number of patients.

Deep venous thrombosis (DVT) Prophylaxis

Deep Vein Thrombosis (DVT) is a problem where a clot forms in a vein, usually in a leg, causing pain and swelling. If the clot moves, it can go to the lungs (pulmonary embolism) making patients very sick. These clots or DVT can sometimes be prevented by injecting the patient with a low dose of a blood thinner. This is called" prophylaxis" or prevention.

Mechanically Ventilated (*Mech Vent)*

The measure includes only patients admitted to the intensive care unit who are connected to a breathing machine. DVT is common in these patients. The measure is calculated by dividing those patients who have a doctors order within 24 hours of admission for the blood thinner by the total number of patients connected to a breathing machine.

Non-operative (Non Op)

Some patients are more likely to get a DVT such as patients admitted with CHF, Respiratory Failure, Pneumonia, Malignancy, Sepsis, Renal Failure, and Hip Fracture. This measure includes those high risk patients admitted to the intensive care unit. The measure is calculated by dividing those patients who have a doctors order within 24 hours of admission for the blood thinner by the total number of patients admitted with one of the diagnoses above.

Operative (Op or surgical)

Deep Vein Thrombosis prophylaxis in patient measure is the proportion of patients undergoing surgery who are placed on a blood thinner within 24 hours after the surgery.

Throughput – Optimizing length of stay

Observed Minus Expected Length of Stay (OMELOS)

Allows comparison of length of stay between hospitals.

LOS

The Length of Stay (LOS) is the average number of days that a patient stays in the intensive care unit

AMI Composite

This measure consists of several process of care measures that assess the care of Veterans with a heart attack. The individual measures include the percent of heart attack patients: (1)given aspirin on arrival to the hospital; (2) given aspirin at discharge from the hospital; (3) given angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) for decreased left ventricular systolic function; (4) given smoking cessation advice/counseling; (5) given a beta blocker at discharge; (6) given Fibrinolytic medication within 30 minutes of arrival to open blocked vessels; and (7) given percutaneous coronary interventions (PCI) within 90 minutes of arrival to open blocked vessels.

Outpatient Process Measures (Page 5)

Ambulatory Care Sensitive Condition Hospitalizations OE (Rolling Year)

The ambulatory care sensitive hospitalization rate is used to compare how well primary doctors and teams prevent admission to the hospital for patients with 14 different chronic diseases (for example heart failure, pneumonia and diabetes). The measure uses diagnoses assigned to the patients with the chronic disease from the prior year, to determine the likelihood that that patient will require hospitalization in the next year.

Diabetes Composite

The diabetes composite measure assesses the quality of outpatient care for Veterans age 18-75 with diabetes. The measures in the composite address: keeping blood sugar low and measuring control of blood sugar at regular intervals (HbA1 (glycosolated hemoglobin) greater than 9 need units or not done); keeping blood cholesterol low and measuring it at regular intervals (LDL-C

< 100); keeping blood pressure low (BP less than or equal to 140/90); examining for diabetes-related eye damage; and examining for diabetes-related kidney damage.

Ischemic Heart (reduced blood supply to heart muscle) Composite

The ischemic heart composite measure consists of three process measures: (1) percentage of Veterans with a diagnosis of vascular disease, such as stroke, peripheral artery disease, or renal artery disease who have had a cholesterol test (LDL-C) with a result of less than 100 performed during the measurement year; (2) percentage of Veterans with a diagnosis of vascular disease, such as stroke, peripheral artery disease, or renal artery disease who have had a cholesterol test (LDL-C) with a result of less than 100 performed during the measurement year; and (3) percentage of Veterans age 18-85 with high blood pressure (HTN) whose most recent blood pressure recording is less than 140/90.

Prevention Composite

The prevention composite measure consists of several individual measures that assess whether applicable Veterans have received prevention services: (1) percent of Veterans age 50 – 75 who received appropriate colorectal cancer screening; (2) percent of women Veterans age 21 – 64 who were screened for cervical cancer in the past three years; (3) percent of women Veterans age 50-69 who were screened for breast cancer; (4) percent of Veterans 65 and older who have ever received a pneumococcal immunization; (5) percent of Veterans 50 – 64 and 65 and older who received an influenza vaccination; and (6) percent of Veterans age 18 – 60 who were screened for obesity and if positive offered weight management.

Behavioral Health Screening Composite

The behavioral health screening composite measure assesses whether Veterans are appropriately screened for alcohol misuse, depression, and post traumatic stress disorder (PTSD) and if positive receive appropriate follow-up evaluations.

Tobacco Composite

This measure consists of three measures that assess whether Veterans who smoke are offered assistance to help quit. It includes the percentage of Veterans who smoke that have been offered medication to help them quit, have been referred to a specialty smoking cessation program, or have been provided with brief counseling in the past year.

Safety Measures (Page 6)

Infection Rates

Acute Care + ICU

Methicillin-resistant Staphylococcus Aureus (MRSA) Infection Rate (per 1000 bed days)

MRSA Infection Rate is the number of Methicillin-resistant Staphylococcus Aureus (MRSA) infections per 1,000 bed days of care.

MRSA Composite Screening Rate (%)

MRSA Composite Screening Rate is the actual number of patients screened for MRSA divided by the number who should have been screened.

Acute Care (Excluding ICUs)

Central Line Associated bloodstream (CLAB) Rate (per 1000 line days)

CLAB rate is the number of central line associated bloodstream (CLAB) infections per 1000 central line days.

MRSA Infection Rate (per 1000 bed days)

MRSA Infection Rate is the number of Methicillin-resistant Staphylococcus Aureus (MRSA) infections per 1,000 bed days of care.

ICU

Central Line Associated bloodstream (CLAB) Rate (per 1000 line days)

CLAB rate is the number of central line associated bloodstream (CLAB) infections per 1000 central line days.

Ventilator- associated pneumonia (VAP) Rate (per 100 vent days)

VAP rate is the number of ventilator-associated pneumonias (VAP) per 1,000 ventilator days

MRSA Infection Rate (per 1000 bed days)

MRSA Infection Rate is the number of Methicillin-resistant Staphylococcus Aureus (MRSA) infections per 1,000 bed days of care.

MRSA Composite Screening Rate (%)

MRSA Composite Screening Rate is the number of patients screened for MRSA divided by the number indicated for MRSA screening.

RCA (Root Cause Analysis) Timeliness (Rolling 12 month)

A root cause analysis is done at a hospital to sort out how to prevent medical mistakes. During the Root Cause Analysis (RCA) process, hospitals document actions they plan to take to address identified root causes / contributing factors, along with a measurement date for when they will evaluate the effectiveness of those actions. The main focus for this measure is whether facilities have performed this follow-up and reported their effectiveness when they said they were going to.

N is the total number of RCAs

% <= 45 days - % of RCAs completed within 45 days

% 46-90 days - % of RCAs completed between 46-90 days

% > 90 days - % of RCAs completed after 90 days

Outcomes Measures Due

Outcome measures are the end goal as identified by the Root Cause analysis

Total (number) N - Total number of measurement dates as determined by each facility

% Not Reported is the measurement date has passed and no evaluation of effectiveness has been reported.

Annual Measures (Page 7)

Risk Adjusted Standardized Mortality Ratio (RSMR)

AMI (Acute Myocardial Infarction) (Heart Attack)

The AMI RSMR estimates hospital-specific, risk-standardized, all-cause 30-day mortality rates for patients hospitalized with a principal diagnosis of heart attack. It is used to compare VA results with that in the Medicare population and so includes only patients over the age of 65. All-cause mortality is defined as death from any cause within 30 days after hospital admission - regardless of whether the patient dies while still in the hospital or after discharge. The risk-standardized ("adjusted" or "risk-adjusted") hospital mortality rate can be used to compare performance across hospitals

Hospital Referral Region

A hospital referral region is defined as where patients go for complex healthcare like brain or heart surgery. There are 306 hospital referral regions. These numbers refer to the AMI RSMR for the hospital referral region where each VA hospital is physically located, allowing comparison to the private sector in Medicare patients.

CHF (Congestive Heart Failure)

The CHF RSMR (Risk Adjusted Standardized Mortality Ratio) estimates hospital-specific, risk-standardized, all-cause 30-day mortality rates for patients hospitalized with a principal diagnosis of congestive heart Failure. It is used to compare VA results with that in the Medicare population and so includes only patients over the age of 65. All-cause mortality is defined as death from any cause within 30 days after hospital admission - regardless of whether the patient dies while still in the hospital or after discharge. The risk-standardized ("adjusted" or "risk-adjusted") hospital mortality rate can be used to compare performance across hospitals. The mortality measure has been endorsed by the National Quality Forum (NQF), the non-profit public-private partnership organization that endorses national healthcare performance measures.

Hospital Referral Region

A hospital referral region is defined as where patients go for complex healthcare like brain or heart surgery. There are 306 hospital referral regions. These numbers refer to the CHF RSMR for the hospital referral region where each VA hospital is physically located, allowing comparison to the private sector in Medicare patients.

Pneumonia

The Pneumonia RSMR (Risk Adjusted Standardized Mortality Ratio) estimates hospital-specific, risk-standardized, all-cause 30-day mortality rates for patients hospitalized with a principal diagnosis of pneumonia. It is used to compare VA results with that in the Medicare population and so includes only patients over the age of 65. All-cause mortality is defined as death from any cause within 30 days after hospital admission - regardless of whether the patient dies while still in the hospital or after discharge. The risk-standardized ("adjusted" or "risk-adjusted") hospital mortality rate can be used to compare performance across hospitals. The mortality measure has been endorsed by the National Quality Forum (NQF), the non-profit public-private partnership organization that endorses national healthcare performance measures.

Risk Adjusted Readmission Rate (RSRR)

AMI (Acute Myocardial Infarction)

The AMI RSRR estimates hospital-specific, risk-standardized, all-cause 30-day readmission rates for patients hospitalized with a principal diagnosis of heart attack. It is used to compare VA results with that in the Medicare population and so includes only patients over the age of 65. "Readmission" is when patients who have had a recent stay in the hospital go back into a hospital again. This measure shows how often patients are readmitted within 30 days of discharge from a previous hospital stay for heart attack. Patients may have been readmitted back to the same VA hospital or to a different VA hospital. They may have been readmitted for the same condition as their recent hospital stay, or for a different reason. The risk-standardized ("adjusted" or "risk-adjusted")

hospital readmission rate can be used to compare performance across hospitals.

Hospital Referral Region

A hospital referral region is defined as where patients go for complex healthcare like brain or heart surgery. There are 306 hospital referral regions. These numbers refer to the AMI RSRR for the hospital referral region where each VA hospital is physically located, allowing comparison to the private sector in Medicare patients.

CHF (Congestive Heart Failure)

The CHF RSRR estimates hospital-specific, risk-standardized, all-cause 30-day readmission rates for patients hospitalized with a principal diagnosis of heart failure. It is used to compare VA results with that in the Medicare population and so includes only patients over the age of 65. "Readmission" is when patients who have had a recent stay in the hospital go back into a hospital again. This measure shows how often patients are readmitted within 30 days of discharge from a previous hospital stay for heart failure. Patients may have been readmitted back to the same VA hospital or to a different VA hospital. They may have been readmitted for the same condition as their recent hospital stay, or for a different reason. The risk-standardized ("adjusted" or "risk-adjusted") hospital readmission rate can be used to compare performance across hospitals.

Hospital Referral Region

A hospital referral region is defined as where patients go for complex healthcare like brain or heart surgery. There are 306 hospital referral regions. These numbers refer to the CFH RSRR for the hospital referral region where each VA hospital is physically located, allowing comparison to the private sector in Medicare patients.

Pneumonia

The Pneumonia RSRR estimates hospital-specific, risk-standardized, all-cause 30-day readmission rates for patients hospitalized with a principal diagnosis of pneumonia. It is used to compare VA results with that in the

Medicare population and so includes only patients over the age of 65. "Readmission" is when patients who have had a recent stay in the hospital go back into a hospital again. This measure shows how often patients are readmitted within 30 days of discharge from a previous hospital stay for pneumonia. Patients may have been readmitted back to the same VA hospital or to a different VA hospital. They may have been readmitted for the same condition as their recent hospital stay, or for a different reason. The risk-standardized ("adjusted" or "risk-adjusted") hospital readmission rate can be used to compare performance across hospitals.

Employee Satisfaction Survey

Annually employees at VA hospitals complete a survey that measures their satisfaction at work. This survey can be used to help leaders improve the work environment. The numbers report the average response of the VA worker for several important factors determined from multiple questions *Leadership* - those aspects of the work environment that are created and controlled by workgroup managers/supervisors, and the extent to which those aspects support employees in successfully achieving their work-related goals.

Safety - those aspects of the work environment that ensure protection of employees' physical health and well-being.

Customer Focus - those aspects of the work environment that reflect attention to the needs of the customers who benefit from the services of this particular workgroup.

Civility - those aspects of the work environment that reflect an interpersonally respectful atmosphere, that is such aspects as mutual support, collaboration, and valuing of differences between individuals.

Demands - the challenges of the work, specifically a requirement to work very fast

Overall satisfaction - extent to which individual employees are satisfied with their jobs, considering all of the job aspects together.