

## Hospital Report Card Preview FAQ

October 16, 2009

***IDPH wishes to thank you for your extensive comments about the Hospital Report Card Preview web site, as well as Pat Merryweather from IHA for her excellent summary of issues. Here are brief responses to questions posed. We encourage you to keep submitting your comments and concerns as they arise during this period of time.***

1. *Will a description of the methodology or resources be provided to explain the calculations, especially when it pertains to AHRQ QI and Patient Safety measurements and volume measurements?*

We struggle to provide the right amount of information to the consumer, and we do not want to weigh the data down with complex statistical methodologies; however, we will link to the various technical specifications for each indicator wherever possible. Sometime next week we will be providing a link on the Preview site for a simple description of data sources and methodology for further clarification.

2. *What indicators are used for calculating beds? Are the beds staff or certified? If the beds are certified, what time period was used— prior to April or after April 2009?*

Data on the Preview site is primarily coming from the 2008 IDPH Profile. We will update changes to bed counts based on 4/22/09 IDPH update.

3. *Will descriptive services – like perinatal, trauma, pediatrics levels be reported? Is the source of Magnet hospitals most current? Will magnet status be reported?*

Perinatal and Trauma level designations are currently reported. Magnet status is easily verifiable which is why we chose to publish it. We are investigating whether to publish non-state attributes on a state document.

4. *Will the data on the heart attack, heart failure, pneumonia, and SCIP care be updated? Will footnote 80 appear for all hospitals?*

Data for last quarter 2008 CMS Hospital Compare became available at the end of September (our Preview site launched at the end of September), and it can take up to 14 days to publish data from CMS onto the Illinois site. We will be updating this CMS data onto the Illinois website.

Footnote 80 – We are suppressing the footnote for now as this applies to a large amount of hospitals. Although many hospitals carefully submit CMS data, data for some of the measures may be too small in numbers for inclusion or may be missing.

5. *Currently, only HCAHPS scores of 9 and 10 are displayed; will all value ranges be displayed for the HCAHPS data?*

We have elected to summarize the HCAHPS data by publishing only the positive survey answers from the range of three potential survey responses. Full data is available on Hospital Compare. Each indicator can be examined for a fuller description, the HCAHPS measures descriptions include the range of answers the measure is counting. We will be editing/simplifying the descriptive box shown next to these measures for enhanced clarity.

6. *How was the data grouping performed volumes and median lengths of stay and charges? Why are the measurements utilized more reflective of outpatient care than inpatient care?*

Grouping is by MS-DRG using 3M grouper software. We count lowest severity DRGs only. Only inpatient discharges are used.

7. *Will the infection information be clearly described? What is the basis of the data, time frame, and explanation of the information?*

Data on CLABSI infections comes from facilities with adult ICUs. These units report CLABSI using the NHSN surveillance system. Data reported is from 1/1/09-6/09 as indicated on the Preview site. Each reporting hospital will see a link on their data (on Safety page) that gives specifics on number of infections, central line days, hospital rate and NHSN rate, etc. Hospitals with fewer than 50 central line days during the reporting period have too little data to meaningfully report publicly. Hospitals without adult ICUs are not reporting CLABSI and will not show data.

8. *The nurse staffing info is not what is contained in the legislation?*

The data as provided proved to be difficult to publish on this first run, and IDPH will be working with the data providers to better collect more useable data for our next release. Some well respected quality researchers have indicated consumers don't readily understand nurse staffing information by direct hours and patient days, they also suggest nurse professional mix is more accessible. It is also in the legislation to report on these indicators.

9. *Will IDPH re-run the data using AHRQ version 4.0 without the statistical risk adjustments and use the observed rate which includes POA, inclusion and exclusion criteria, etc. but does not include the statistical risk adjustments which are problematic?*

IDPH has utilized AHRQ 4.0 software because it allows us to look at the full year 2008 data, which included expanded coding in the last quarter of 2008 which the earlier software versions cannot accommodate. We are in close conversation and discussion with AHRQ about the above problem in the 4.0 software and will update you as to the final outcome of those discussions.

10. *Will the notation "Available Services" be displayed on the staffing page?*

The notation on "Available Services" on the staffing page has been eliminated. It was confusing to many viewers. If IDPH is able to collect additional information on its' annual Hospital Profile in the future, we may include a more comprehensive listing of additional hospital services.