HANYS' REPORT ON REPORT CARDS

UNDERSTANDING PUBLICLY REPORTED HOSPITAL QUALITY MEASURES

Real Hospital Scores!
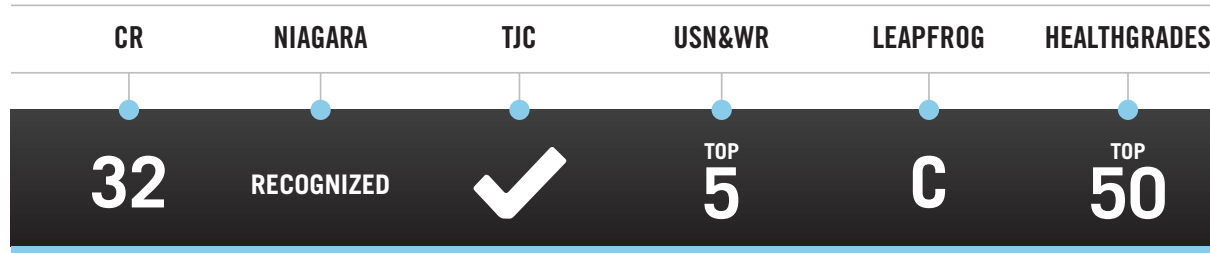
top 61 A not ranked C 41 B top 20 recognized 44 B not ranked D 5 check D 46 C top 42 35 F 49 A top 100 C check 49

HANYS Quality Institute

REPORT ON REPORT CARDS
ARE YOU CONFUSED YET?

Different hospital report cards use different scoring methodologies, with varied results...

HOSPITAL A SCORES *(actual scores)*   *Report Card Scores:*

CR	NIAGARA	TJC	USN&WR	LEAPFROG	HEALTHGRADES
32	RECOGNIZED	✔	TOP 5	C	TOP 50

...and these confusing results affect more than just one facility.

HOSPITAL B SCORES

49	NOT RECOGNIZED	✔	TOP 20	B	TOP 100

HOSPITAL C SCORES

61	NOT RECOGNIZED	✔	NOT RANKED	C	NOT RANKED

HOSPITAL D SCORES

44	NOT RECOGNIZED	✔	NOT RANKED	A	NOT RANKED

HOSPITAL E SCORES

46	NOT RECOGNIZED	✔	TOP 20	A	NOT RANKED

HOSPITAL F SCORES

49	RECOGNIZED	✔	NOT RANKED	D	NOT RANKED

HOSPITAL G SCORES

42	NOT RECOGNIZED	✔	TOP 40	B	NOT RANKED

HOSPITAL H SCORES

41	NOT RECOGNIZED	✔	TOP 35	C	NOT RANKED

Scores shown are actual ratings received by a sampling of New York State hospitals.

Report Card Sources Defined:

HANYS selected measures that represent an overall evaluation of hospital quality and/or performance. Details for each measure are provided below.

Consumer Reports Hospital Safety Ratings: The safety score combines several categories of hospital safety into a single score between 1 and 100.

Niagara Health Quality Coalition New York State Hospital Report Card: This report card develops an America's Safest Hospital list for New York State.

The Joint Commission Quality Check: A hospital earns a star if it achieves the best possible results on the National Safety Goals; a plus if its performance is above the target range/value; a check if its performance is similar to the target/range value; a minus if its performance is below the target range/value; or an "ND" if the hospital's rating is not displayed.

U.S. News and World Report Best Hospitals: Hospitals are ranked in 16 specialties according to survival, patient safety, reputation, and other care-related indicators. Hospitals are ranked by city, regionally, and nationally.

Leapfrog Group Hospital Safety Score: Hospitals are awarded a letter grade of A-F based on measures of process, structure, and outcome.

Healthgrades names an annual list of America's 50 Best Hospitals based on clinical outcomes across a broad spectrum of conditions and procedures. Approximately 1% of hospitals are given this distinction based on their performance over a period of at least seven consecutive years.

HANYS
Healthcare Association
of New York State

EXECUTIVE SUMMARY

Health care providers and patients face a proliferation of publicly available reports rating the quality of health care provided in hospitals.

Supporters of hospital "report cards" promote them as a means to improve the overall quality of care and help people make more informed health care choices. However, these goals are thwarted by multiple reports with conflicting information and dramatically different ratings. Despite the confusion that contradictory reports create, hospital report cards continue to garner attention from consumers and hospitals engaged in quality improvement efforts.

The Healthcare Association of New York State (HANYS) developed the *Report on Report Cards* as an educational resource for hospital leaders and their boards; it serves as a primer for evaluating and responding to publicly available consumer report cards.

Building on academic research and the recommendations of the National Priorities Partnership convened by the National Quality Forum (NQF), HANYS developed a set of guiding principles to which report cards should adhere. They include the use of:

- a transparent methodology;
- evidence-based measures;
- measure alignment;
- appropriate data source;
- most current data;
- risk-adjusted data;
- data quality;
- consistent data; and
- hospital preview.

KEY RECOMMENDATION

HANYS supports the availability of hospital quality and safety information to help patients make choices and assist providers in improving care. However, the information must be based on a standard set of measures that have been proven to be valid, reliable, and evidence-based.

INTRODUCTION

While hospital report cards are intended to improve care quality and help consumers make more informed health care choices, multiple reports yielding conflicting information and dramatically different results can confuse consumers and may inhibit, rather than enhance, consumer decision-making. In addition, hospitals are burdened with trying to assess each report's methodology to determine whether it has merit for internal quality improvement efforts.

In striving to provide a succinct summary of hospital performance, many report cards fail to recognize the complexity of hospital care. Acute care hospitals care for thousands of patients each year. During each visit, the typical patient is seen, evaluated, and cared for by a large team of clinicians, and often has multiple tests and procedures. Distilling this evaluation of comprehensive care down to a single score obscures the complex nature of our high-quality health care delivery system, leaving consumers with an incomplete picture of the quality of care delivered.

Understandably, the motivation behind issuing report cards may be called into question when the issuing entities profit from their reports. The Leapfrog Group requires hospitals to purchase licensing fees to advertise their scores. Other companies, such as Truven Health Analytics and CMP Healthgrades, sell business tools to hospitals that could improve their rankings on future reports. Similarly, *U.S. News and World Report* profits from subscriptions and advertising sales.

HANYS supports the availability of hospital quality and safety information to help patients make choices and assist providers in improving care. However, to provide the greatest value to the public and providers, the information included in public report cards should be based on a standard set of measures that have proven to be valid, reliable, and evidence-based. A standardized method of evaluating hospital quality becomes even more critical as publicly available reports garner renewed attention from patients and providers, as well as payers and purchasers of health care.

GUIDING PRINCIPLES
FOR EVALUATION

1. **TRANSPARENT METHODOLOGY**
The complete methodology is available, enabling hospitals to replicate the results and analyze the data. Report cards that are generated from proprietary blinded calculations, commonly known as "black box" methodologies, limit the degree to which hospitals or others can use the information or ensure that it is a fair representation of practices. The methodology should also clarify the circumstances under which hospitals are excluded from the report card.

2. **EVIDENCE-BASED MEASURES**
Report cards use a combination of structure, process, and outcome measures. The measures must be rooted in science and supported by peer-reviewed literature. Measures must be evidence-based and accurately reflect the quality of health care delivered.

3. **MEASURE ALIGNMENT**
The quality measures are endorsed by NQF and the Measure Application Partnership, and/or aligned with the Centers for Medicare and Medicaid Services (CMS) or other national government-based or accrediting organizations. Many report cards use measures that are not consistent or aligned with nationally-approved quality measures.

4. **APPROPRIATE DATA SOURCE**
Evidence-based clinical data obtained through medical chart abstraction or from a national quality performance registry are used, and it is not based on administrative data.

Administrative data are collected for billing purposes, rather than for the evaluation of performance, and have significant limitations. While administrative data are considered an inexpensive and easy-to-access alternative for certain outcome measures such as mortality, for which the coding patterns are relatively consistent across health care providers, other measures drawn from administrative data have significant limitations and are susceptible to variations in hospital or regional coding practices. HANYS has the strongest concerns about voluntarily reported survey data that have not undergone appropriate validity testing.

While most report cards use a combination of administrative and clinical data, HANYS urges the use of clinical data for all applicable measures. Clinical chart data are becoming more readily available through the use of electronic health records.

5. **MOST CURRENT DATA**
The data used to generate the report are no more than one year old from the release of the report publication. Unfortunately, the current state of the quality measurement infrastructure typically results in at least a one-year, and often a two-year lag, for the public release of data.

As hospitals are engaged in aggressive quality campaigns including programs such as the federal Partnership for Patients, their performance is continually improving. Report cards that use data that are more than one year old do not provide an up-to-date picture of the care delivered at a particular hospital. In the future, as electronic health records evolve and become more prevalent, HANYS anticipates that more current data will be available to meet this criterion.

6. **RISK-ADJUSTED DATA**
    A statistical model is applied to the data that adjusts for significant differences in patient illness severity, demographic factors, and other factors that impact patient outcomes. The risk adjustment must be transparent. While it is not a current widespread practice, HANYS urges report cards to incorporate an adjustment for socio-economic factors. Research has demonstrated that these factors impact outcomes. It is essential to make every attempt to account statistically for the wide variation among populations served by hospitals.

7. **DATA QUALITY**
    The data have undergone quality and integrity edits to correct for errors in the source file and eliminate outliers that can skew the data results. Hospitals with incomplete data should be eliminated from model building and reporting.

8. **CONSISTENT DATA**
    Comparative data points are gathered from the same sources and timeframes. Some report cards incorrectly compare data from sources with different populations and different reporting periods to generate a composite score or ranking.

9. **HOSPITAL PREVIEW**
    The report card organization allows hospitals to review the report prior to its release to correct potential errors.

REPORT CARD ON HOSPITAL REPORT CARDS
SCORING METHODOLOGY

HANYS created the ratings on page 7 of this report in consultation with leading experts in hospital quality and patient safety across New York State.

HANYS evaluated each report's methodology by applying the set of guiding principles outlined in this document.

Information about the methodologies were obtained from public Web sites and reflect the most current information available at the time of the analysis (July 2013).

It is important to note that while many of these report card organizations generate several different reports, HANYS only evaluated one report from each organization in this publication, which is delineated on the Report Card. A wide range of performance exists among report card organizations, even within the scoring criteria listed below. The criteria developed are broad and allows for flexibility in the application of the criteria to individual report cards. While a report card organization may receive full credit in a particular area, there still may be concerns in how it scores hospitals with varying characteristics in size and service, leading to inappropriate assessments of hospitals' quality of patient care. Further study and evaluation is needed to assess the application of the principles and criteria and how it impacts hospitals with varying characteristics and patient populations.

Experts evaluated measures and methodologies utilized in the individual report cards for each guiding principle.

★ ★ ★   If the report card fully met all, or nearly all, of the criteria, the report card was awarded three stars.

★ ★   If the report card fully met some of the criteria and partially met others, the report card was awarded two stars.

★   If the report card fully or partially met few or none of the criteria, the report card was awarded one star.

✩   If the report card fully met only one criteria, partially met few, or did not meet any of the criteria, the report card was awarded a half star.

KEY **FINDINGS**

HANYS' evaluation of ten popular hospital report cards, based on a defined set of guiding principles, revealed a wide variation in the methodologies and results.

In general, government and accrediting organizations are more successful than other report card organizations in meeting HANYS' criteria for evaluating hospital performance. Over the years, the CMS Hospital Compare Web site has made many improvements in its evaluation of hospitals by basing the metrics on current evidence-based clinical guidelines, improving risk adjustment, and achieving greater standardization. Likewise, the New York State Hospital-Acquired Infection (HAI) Report, which is based on clinically abstracted and validated data, is generally well regarded among hospital quality experts.

In general, the report cards receiving lower scores relied heavily on administrative claims data and/or unvalidated survey data; gathered comparative data points from different sources and time frames to generate a composite score or ranking; and/or did not use measures aligned with NQF, CMS, or national accrediting organizations.

HANYS hopes that as more clinical data are made available through electronic health records and other means, and as widely-used risk adjustment methodologies are further refined to include socioeconomic factors, the report card organizations will have better access to current and robust measures and will update their methodologies to generate a more accurate evaluation of hospital quality.

1. **TRANSPARENT METHODOLOGY**
   All report cards posted information regarding their methodologies on a public Web site; however, some report card authors provided more details regarding their methodology than others. CMS Hospital Compare, the New York State Department of Health (DOH) Hospital Profile Quality Section, Niagara Health Quality Coalition New York State Hospital Report Card, *Consumer Reports* Hospital Safety Ratings, Leapfrog Hospital Safety Score, and Truven Health Analytics 100 Top Hospitals satisfied this criterion by posting methodology reports to public Web sites, enabling hospitals to replicate the results. The Joint Commission Quality Check, DOH Hospital-Acquired Infection (HAI) Report, Healthgrades America's Best Hospitals Report, and *U.S. News and World Report* partially met this criterion because their documentation of the methodology does not allow a hospital to fully replicate its results.

2. **EVIDENCE-BASED MEASURES**
   Most report cards earned full credit for this criterion because the majority of the measures used are rooted in evidence-based science. Leapfrog received partial credit due to its use of its own survey, which has not been shown to be evidence-based. The Healthgrades America's Best Hospitals Report received partial credit because it fails to provide scientific evidence to demonstrate the association between all of its 28 complication and mortality measures and hospitals' performance on quality of care. *U.S. News and World Report* received partial credit because a subjective perception of hospital reputation is not a scientifically proven measure to evaluate hospitals' processes of care.

3. **MEASURE ALIGNMENT**
   The Joint Commission Quality Check, DOH HAI Report, and CMS Hospital Compare use measures as their primary source that are approved by NQF and the Measure Application Partnership and/or are aligned with CMS or other national,

government-based, or accrediting organizations, earning full credit. The DOH Hospital Profile Quality Section, Niagara Health Quality Coalition New York State Hospital Report Card, *Consumer Reports* Hospital Safety Rankings, Leapfrog Hospital Safety Score, and Truven Health Analytics 100 Top Hospitals use a combination of measures that are NQF-endorsed, along with measures that are not NQF-endorsed or aligned with CMS. As a result, they earn partial credit. Healthgrades and *U.S. News and World Report* earned no credit because the majority of its measures are not aligned with national measures. For example, *U.S. News and World Report* uses a physician reputation survey as part of its analysis.

4. **APPROPRIATE DATA SOURCE**
The Joint Commission Quality Check, DOH HAI Report, and DOH Hospital Profile Quality Section rely on clinical, chart-abstracted data and/or validated survey data for the majority of the measures in their reports, earning full credit. All other reports, with the exception of the Leapfrog Hospital Safety Score, use administrative data combined with either clinical or survey data, and earn partial credit. The Leapfrog Hospital Safety Score earns no credit because it relies heavily on unvalidated survey data.

5. **MOST CURRENT DATA**
The Joint Commission Quality Check and DOH HAI Report use data within one year of the reports' release, earning full credit. The remaining reports use data older than one year, with the majority of data between one and two years of the reports' release, earning partial credit.

6. **RISK-ADJUSTED DATA**
The majority of the report cards satisfied this criterion by using risk-adjusted data from CMS or the Agency for Healthcare Research and Quality (AHRQ), or by conducting their own risk adjust-ment. The Leapfrog Hospital Safety Score

and *U.S. News and World Report* earned partial credit because they combined risk-adjusted data with voluntarily reported survey data, which has not been adjusted for risk.

7. **DATA QUALITY**
All of the report cards use data that are edited before publication to correct for errors and remove outliers that may skew the data. These report cards also exclude hospitals that do not meet minimum thresholds for measures, earning full credit.

8. **CONSISTENT DATA**
The Joint Commission Quality Check, DOH HAI Report, CMS Hospital Compare, DOH Hospital Profile Quality Section, and Healthgrades America's Best Hospitals Report use data from the same sources and timeframes for the majority of the individual measure/measure group, earning full credit. The remaining report cards draw on these same data sources, but also include data from other sources and timeframes, particularly in their composite measures or ranking, earning no credit.

9. **HOSPITAL PREVIEW**
The Joint Commission Quality Check, DOH HAI Report, CMS Hospital Compare, DOH Hospital Profile Quality Section, Niagara Health Quality Coalition New York State Hospital Report Card, and Leapfrog Hospital Safety Score provide hospitals the opportunity to preview and correct their data before they are made public, earning full credit. Healthgrades America's Best Hospitals Report allows hospitals to preview their data, but does not allow opportunity for correction. As a result, it earns partial credit. The remaining report cards do not afford the opportunity for data preview and correction. As a result, they earn no credit.

HANYS' REPORT CARD ON HOSPITAL REPORT CARDS

HANYS' EVALUATION	REPORT CARD
★ ★ ★	**THE JOINT COMMISSION QUALITY CHECK** Latest report as of **April 2013 version, 2011 user guide**
★ ★ ★	**DOH HOSPITAL-ACQUIRED INFECTION REPORT** Latest report as of **September 2012**
★ ★ ★	**CMS HOSPITAL COMPARE** Latest report as of **April 2013**
★ ★ ★	**DOH HOSPITAL PROFILE QUALITY SECTION** Latest report as of **July 2013**
★ ★	**NIAGARA HEALTH QUALITY COALITION NEW YORK STATE HOSPITAL REPORT CARD** Latest report as of **2011**
★	**LEAPFROG HOSPITAL SAFETY SCORE** Latest report as of **October 2012**
★	**TRUVEN HEALTH ANALYTICS 100 TOP HOSPITALS** Latest report as of **February 2013**
★	**HEALTHGRADES AMERICA'S BEST HOSPITALS** Latest report as of **2013**
★	***CONSUMER REPORTS* HOSPITAL SAFETY RATINGS** Latest report as of **November 2012**
½★	***U.S. NEWS AND WORLD REPORT*** Latest report as of **July 2013**

★ ★ ★ If the report card fully met all, or nearly all, of the criteria, the report card was awarded three stars.

★ ★ If the report card fully met some of the criteria and partially met others, the report card was awarded two stars.

★ If the report card fully or partially met few or none of the criteria, the report card was awarded one star.

½★ If the report card fully met only one criteria, partially met few, or did not meet any of the criteria, the report card was awarded a half star.

HOSPITAL QUALITY REPORT CARDS
IN THIS REPORT

Hospitals are encouraged to review their organizations' scores on these quality report cards:

THE JOINT COMMISSION QUALITY CHECK
www.qualitycheck.org

The Joint Commission is a non-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States. Quality Check allows consumers to search for accredited and certified organizations and download free hospital performance measure results.

NEW YORK STATE DEPARTMENT OF HEALTH HOSPITAL-ACQUIRED INFECTIONS REPORT
www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections

New York State began annual reporting of hospital-acquired infection rates in 2007. Data for surgical site infections, central line-associated bloodstream infections, and *Clostridium difficile* are drawn from the U.S. Centers for Disease Control and Prevention's National Healthcare Safety Network.

CMS HOSPITAL COMPARE
www.hospitalcompare.hhs.gov

Hospital Compare is published by CMS and was created in collaboration with the Hospital Quality Alliance and representatives from consumer, hospital, physician, nurse, employer, and accrediting organizations.

NEW YORK STATE DEPARTMENT OF HEALTH HOSPITAL PROFILE QUALITY SECTION
www.hospitals.nyhealth.gov

The New York State Hospital Profile Quality Section is developed primarily with data from CMS Hospital Compare.

NIAGARA HEALTH QUALITY COALITION NEW YORK STATE HOSPITAL REPORT CARD
www.myhealthfinder.com

The Niagara Health Quality Coalition is a non-profit organization that publishes a number of reports related to hospital safety and quality. The New York State Hospital Report Card includes an "honor roll" of hospitals, as well as a number of reports that compare hospitals across specific conditions and procedures.

THE LEAPFROG HOSPITAL SAFETY SCORE
www.hospitalsafetyscore.org

The Leapfrog Group is a non-profit organization that represents employers and insurance purchasers. The Hospital Safety Score report is available free to the public, but hospitals must pay a licensing fee to use the Leapfrog logo in marketing materials.

TRUVEN HEALTH ANALYTICS 100 TOP HOSPITALS
www.100tophospitals.com

Truven Health Analytics is a for-profit company that offers a number of products to the health care field. Truven Health Analytics publishes a list of the 100 top hospitals annually. The list is based on clinical and business efficiency measures.

HEALTHGRADES AMERICA'S BEST HOSPITALS

www.healthgrades.com/quality/archived-reports

Healthgrades is a for-profit company that provides consumers with free access to report card data. CPM Healthgrades, a subsidiary, sells business and communication services to hospitals and physicians.

CONSUMER REPORTS HOSPITAL SAFETY RATINGS

www.consumerreports.org/health/doctors-hospitals/doctors-and-hospitals.htm

Consumer Reports is a non-profit organization that is supported by subscriptions to its Web site and magazine. Hospital ratings are only available to subscribers.

U.S. NEWS AND WORLD REPORT

http://health.usnews.com/best-hospitals/rankings

U.S. News and World Report is a for-profit company that publishes online magazines, Web sites, and annual print and book versions of its rankings of best hospitals.

HANYS QUALITY INSTITUTE

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DISCLAIMER

This document expresses HANYS' objective evaluation of various report cards. It neither endorses, nor should be taken to endorse, any particular report card. HANYS has no financial or other interest, other than providing informed educational material in the evaluations it conducts of any entity producing a report card. Each hospital is encouraged to make independent conclusions about the various report cards, including whether or not to use the report card information to drive quality improvement, and whether or not to respond to a report card organization's request for participation in its quality reporting initiative.