



# Care Coordination Quickinar Series 7: Measuring Progress

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Health Services Advisory Group (HSAG)

April 19, 2022

# OBJECTIVES

A close-up photograph of a hand in a dark suit jacket and white shirt cuff, pointing towards the text. The hand is positioned on the right side of the slide, with the index finger pointing towards the word 'OBJECTIVES'.

- Discover how to access the performance dashboard in the HSAG Quality Improvement Innovation Portal (QIIP).
- Review the features and data available in the dashboard.
- Identify how to use the dashboard to guide and measure your readmissions progress.

# 2022 Care Coordination Journey

1. **Assessment:** Complete the care transition assessment and root cause analysis to identify your program's strengths and opportunities for improvement.
2. **Strategy Selection:** Evaluate findings, review resources, and select the most appropriate strategy to address your gap.
3. **Implementation:** Develop a strategy tree and implement tactics.
4. **Monitor Results:** This is how you can determine if the strategy is working and make adjustments to your intervention accordingly.
5. **Learn:** Attend HSAG Care Coordination quickinar sessions to learn from subject matter experts.





# Let's Do Data! But First...

# Do You Have Access to the QIIP?

<https://www.hsag.com/cc-quickinars>



Register for the entire “Quickinar” series today!  
[bit.ly/cc-quickinars](https://bit.ly/cc-quickinars)

1. Care Coordination During a Pandemic



2. Care Transitions Assessment Overview



3. Gap/Root Cause Analysis (RCA)



4. Strategy Tree Development and Implementation



5. Readmission Super Utilizers



6. Hot Spotting and Resources



7. Measuring Progress: QIIP Performance Dashboard



8. The Role of Health Equity in Care Coordination



9. The Impact of Health Literacy



10. Teach-Back: A Strategy to Impact Health Literacy



- Acute Care Transitions Assessment
- ED Care Transitions Assessment
- SNF Care Transitions Assessment



Care Coordination Resources



Secure Data Portal



QIIP Access Form



# Do You Have Access to the QIIP?

## Registration form instructions:

1. Download form.

2. Complete facility information. →

3. Include staff you wish to have access to the data portal. →

4. Email completed form to **QIIP@hsag.com**.

The screenshot shows the registration form for the HSAG QIIP. At the top, there are logos for Quality Improvement Organizations (QIO) and HSAG (Health Services Advisory Group). The title is "HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form". The text explains that the QIIP is a centralized place for information to support quality initiatives. It lists the goals of CMS: increasing quality scores, improving infection prevention, decreasing opioid misuse, preventing adverse drug events, improving quality of care transitions, preventing avoidable readmissions, and utilizing data reports to drive improvement. A red box highlights the instruction: "Return this completed form via email to [qiip@hsag.com](mailto:qiip@hsag.com)".

The QIIP Administrator(s) will have the following rights:

- Access to performance reports and dashboards.
- Add, edit, and remove users within the application.
- Complete assessment forms.
- Attest to the completion of activities.
- Upload/submit data.

**Facility Information**  
Please type your information below, including the facility CMS Certification Number (CCN). Add additional rows to the tables as needed if your organization has more than one facility.

Indicate Facility Type:  Nursing home  Hospital

CCN	Facility Name	City	State

**Administrator(s) Information**  
To designate your HSAG QIIP Administrator(s), please complete the table below. HSAG recommends having at least two staff members assigned to the Administrator role per facility so there is no lapse in Administrator coverage.

CCN(s)	First Name	Last Name	Title	Email Address	Phone Number

You can find additional, detailed QIIP instructions in the QIIP User Guide, available at: <https://www.hsag.com/globalassets/qiipusersguide.pdf>

# QIIP

Access the QIIP here: <https://qiip.hsag.com>



Assessments	Reports	Performance Dashboards	Interventions	Data Submission	Administration
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## Quality Improvement Innovation Portal

The HSAG Quality Improvement Innovation Portal (QIIP) is your centralized place to obtain and submit information in support of the quality initiatives on which you are working. The HSAG QIIP will allow you to complete assessments to enhance your quality improvement efforts, submit data, track interventions, view your performance dashboards, and access reports.

For questions, please contact [QIIPSupport@hsag.com](mailto:QIIPSupport@hsag.com).

Assessments

Reports

Performance Dashboards

Interventions

Data Submission

# Scenario Part I

Hospital A wanted to get started on a performance improvement project but was unsure where to start.



# Performance Dashboards



Assessments	Reports	Performance Dashboards	Interventions	Data Submission	Administration
-------------	---------	------------------------	---------------	-----------------	----------------



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Assessments

Reports

Performance Dashboards

Interventions

Data Submission

# Performance Dashboards



Assessments	Reports	Performance Dashboards	Interventions	Data Submission	Administration
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## Quality Improvement Innovation Portal

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Assessments

Reports

Performance Dashboards

Interventions

Data Submission

# Landing Page

## Performance Dashboards



### Landing Page

You are viewing the Landing page for the HSAG Performance Dashboard. The navigation menu icons on the left-hand side of the screen correspond to an individual dashboard page. Click any icon to navigate to that page.



### Summary

Designed to show at-a-glance performance information across a series of hospital metrics.



### Measures

Designed to show measure rate progress, trends, and number of events needed to avert to meet CMS' goals. If you have access to more than one hospital's data, this will show data for all hospitals in one table.



### Tabular Data

Designed to show measure-specific numerators, denominators, and rates by month or quarter in a downloadable table.



### Comparisons

Designed to rank your performance to other facilities.



### Comparisons Over Time

Designed to compare your performance over time against other facilities of similar characteristics.



### Discharge Distribution

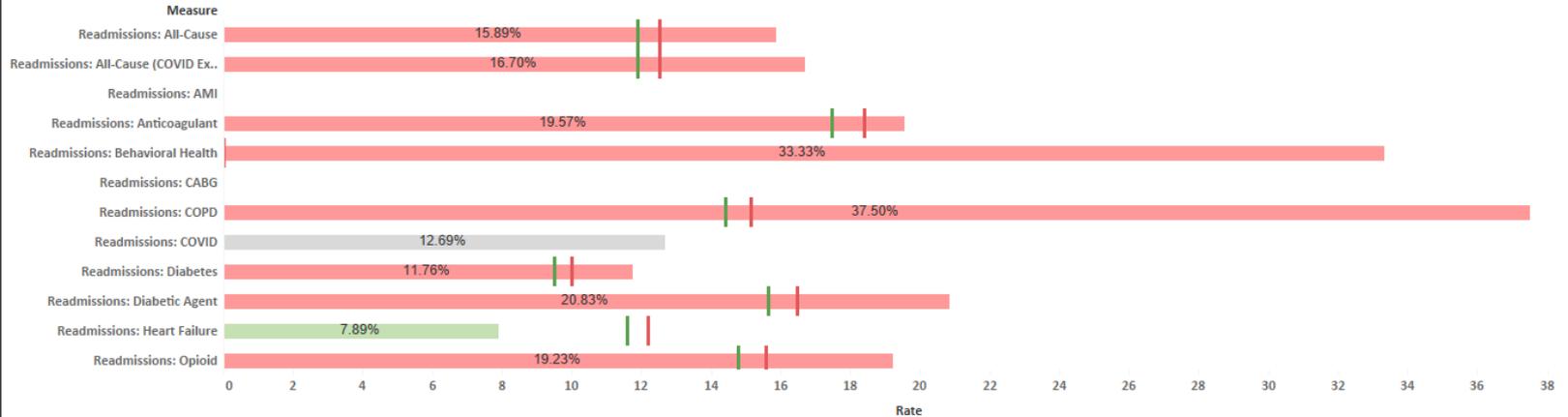
Designed to break out the discharge distribution information for the readmission measures.

# Summary View

## Summary

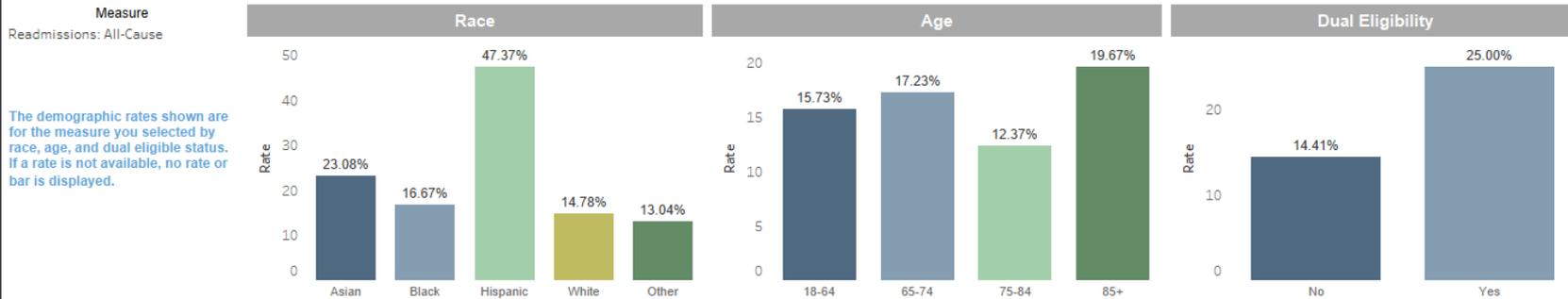
Affiliation: All      Hospital Name: 777777 - Demonstration Hospital      Measure Category: All

### Measure Progress



■ Met Improvement Target   
 ■ Improvement, But Have Not Met Improvement Target   
 ■ No Improvement From Baseline   
 ■ No Baseline Available

### Readmissions: All-Cause - Demographics



The demographic rates shown are for the measure you selected by race, age, and dual eligible status. If a rate is not available, no rate or bar is displayed.

Please note that these data points are rounded. SIR and SUR measures cannot be calculated if the unrounded denominator is less than 1.0.

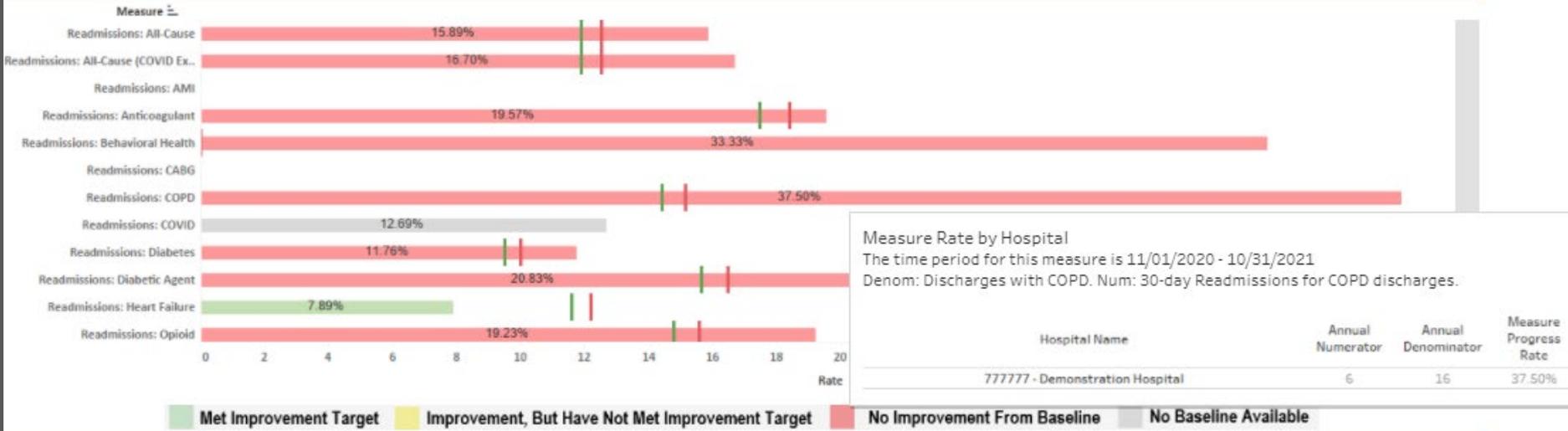


# Summary View (cont.)

## Summary

Affiliation: (All) | Hospital Name: 777777 - Demonstration Hospital | Measure Category: Readmit - Mortality

### Measure Progress



**Measure Rate by Hospital**  
 The time period for this measure is 11/01/2020 - 10/31/2021  
 Denom: Discharges with COPD. Num: 30-day Readmissions for COPD discharges.

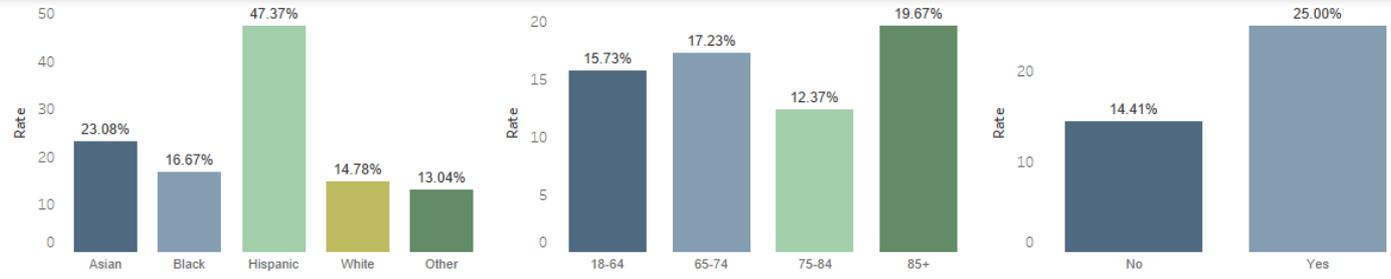
Hospital Name	Annual Numerator	Annual Denominator	Measure Progress Rate
777777 - Demonstration Hospital	6	16	37.50%

■ Met Improvement Target  
 ■ Improvement, But Have Not Met Improvement Target  
 ■ No Improvement From Baseline  
 ■ No Baseline Available

Readmissions: All-Cause



The demographic rates shown are for the measure you selected by race, age, and dual eligible status. If a rate is not available, no rate or bar is displayed.



Please note that these data points are rounded. SIR and SUR measures cannot be calculated if the unrounded denominator is less than 1.0.

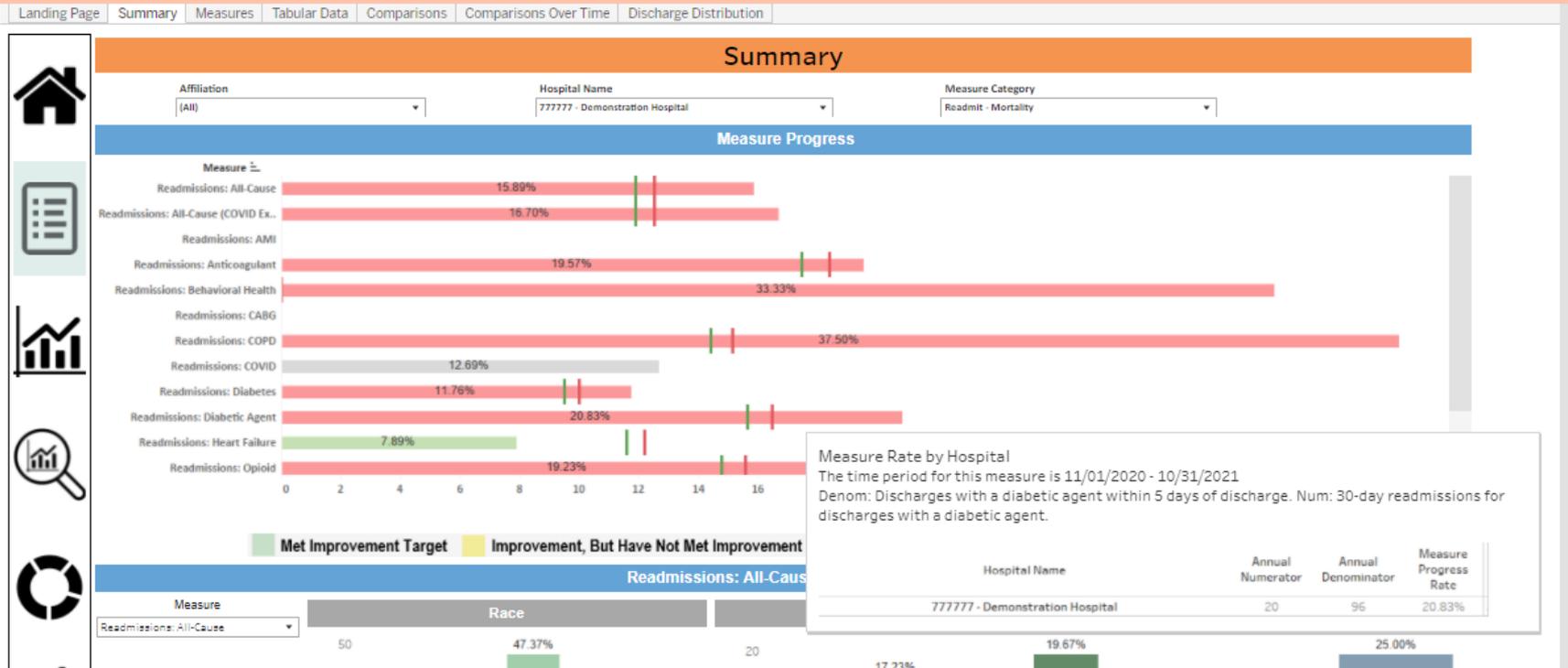
# Scenario Part II

- Readmissions have been increasing over the last year among patients who are prescribed diabetic agents.
- To start addressing the care needs of patients who are on diabetic agents, the hospital takes a deeper dive into their readmission data.



# Readmissions: Diabetic Agent

## Performance Dashboards



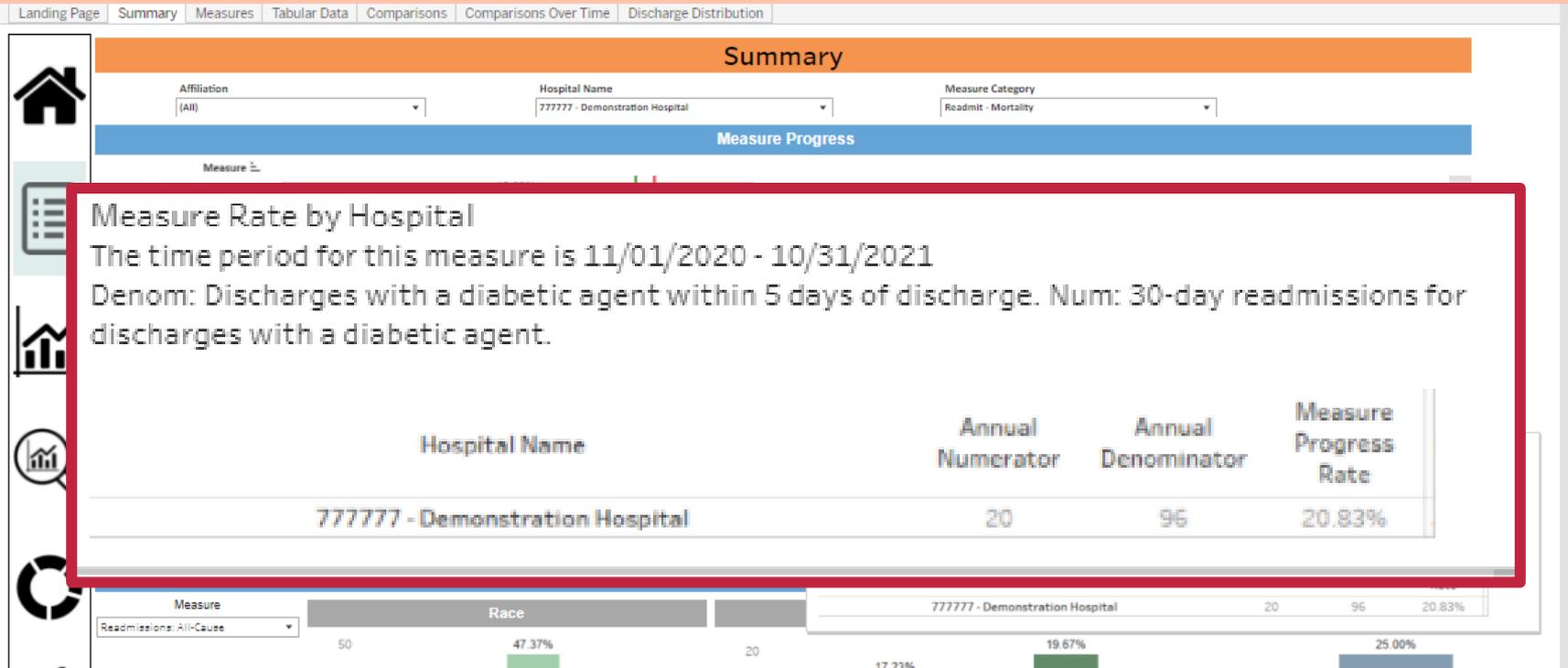
## Diabetic Agents

Baseline Rate (2019): 16.47%

Goal Rate: 15.65%

# Readmissions: Diabetic Agent (cont.)

## Performance Dashboards



## Diabetic Agents

Baseline Rate (2019): 16.47%

Goal Rate: 15.65%

# Comparisons Tab

## Comparisons

Affiliation  
All

Hospital Name  
777777 - Demonstration Hospital

Measure Category  
Readmit - Mortality

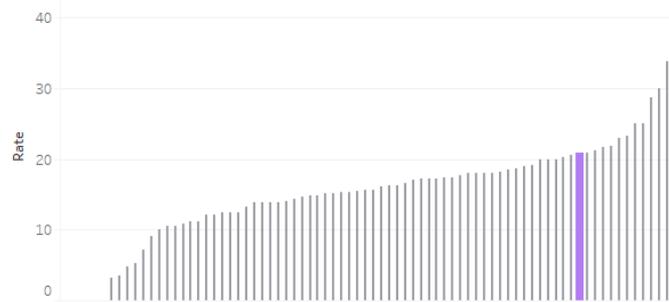
Measure  
Readmissions: Diabetic Agent

The time period for this dashboard is 11/01/2020 - 10/31/2021.  
*Note: If your hospital's rank is 1 with a current rate of 0, a bar will not be shown on the graph. Hospitals with null rates are not ranked. Lower Rank is Better.*

Comparison Graph Not Applicable To Your Facility

Rank Compared to Hospitals in XX

Your hospital's rank is 66 out of 79 ranked hospitals.



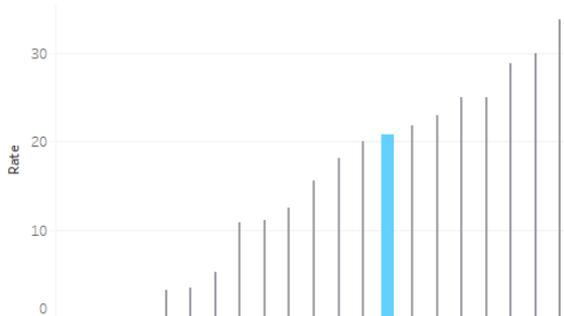
Rank Compared to Hospitals in HRRP 2

Your hospital's rank is 14 out of 14 ranked hospitals.



Rank Compared to Other Hospitals with 1-99 beds

Your hospital's rank is 14 out of 21 ranked hospitals.



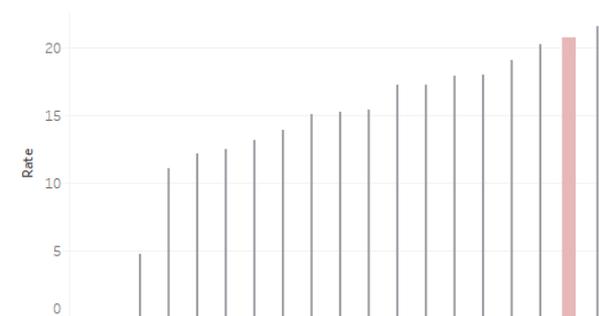
Rank Compared to Hospitals in Other Non-Teaching Hospitals

Your hospital's rank is 53 out of 62 ranked hospitals.



Rank Compared to Hospitals in East Phoenix Metropolitan

Your hospital's rank is 18 out of 19 ranked hospitals.



Please note that these data points are rounded. SIR and SUR measures cannot be calculated if the unrounded denominator is less than 1.0.

# Readmissions by Discharge Distribution

## Readmission Discharge Distribution

Affiliation  
All

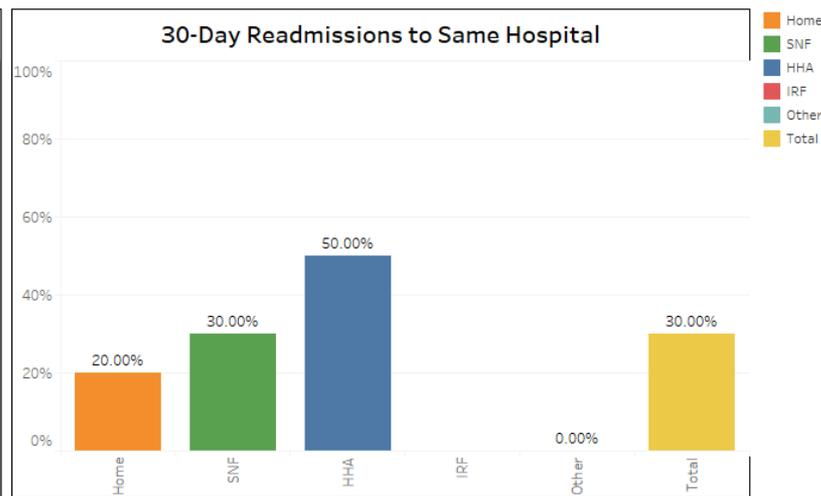
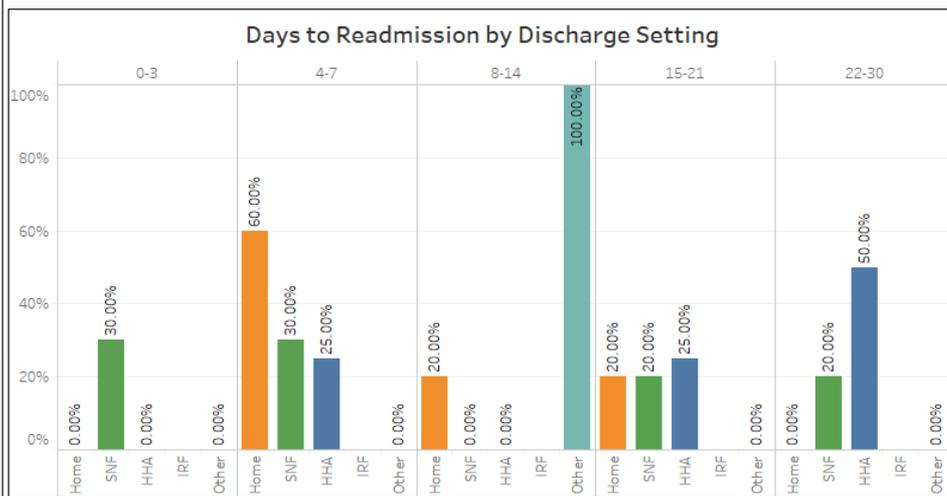
Hospital Name  
777777 - Demonstration Hospital

Measure  
Readmissions: Diabetic Agent

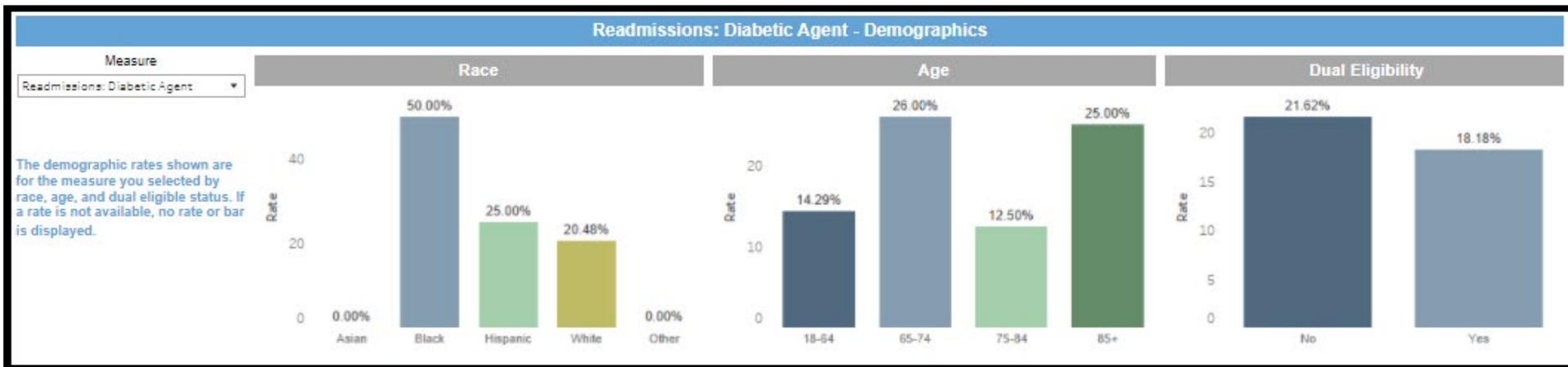
The time period for this dashboard is 11/01/2020 - 10/31/2021  
If a rate is not available, an N/R (no rate) is displayed.

Setting Discharged To *	30-Day Readmit Rate	Discharges	Readmits Within 30 Days	Days to Readmission																	
				30-Day Readmits to Same Hospital				30-Day Readmits to Different Hospital				0-3 Days		4-7 Days		8-14 Days		15-21 Days		22-30 Days	
				N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Home	11.90%	42	5	1	20.00%	4	80.00%	0	0.00%	3	60.00%	1	20.00%	1	20.00%	0	0.00%				
SNF	43.48%	23	10	3	30.00%	7	70.00%	3	30.00%	3	30.00%	0	0.00%	2	20.00%	2	20.00%				
HHA	16.00%	25	4	2	50.00%	2	50.00%	0	0.00%	1	25.00%	0	0.00%	1	25.00%	2	50.00%				
IRF	0.00%	1	0	0	N/R	0	N/R	0	N/R	0	N/R	0	N/R	0	N/R	0	N/R				
Other	20.00%	5	1	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%				
<b>Total</b>	<b>20.83%</b>	<b>96</b>	<b>20</b>	<b>6</b>	<b>30.00%</b>	<b>14</b>	<b>70.00%</b>	<b>3</b>	<b>15.00%</b>	<b>7</b>	<b>35.00%</b>	<b>2</b>	<b>10.00%</b>	<b>4</b>	<b>20.00%</b>	<b>4</b>	<b>20.00%</b>				

\*SNF=Skilled Nursing Facility, HHA=Home Health Agency, and IRF=Inpatient Rehabilitation Facility.



# Demographics on the Summary Tab



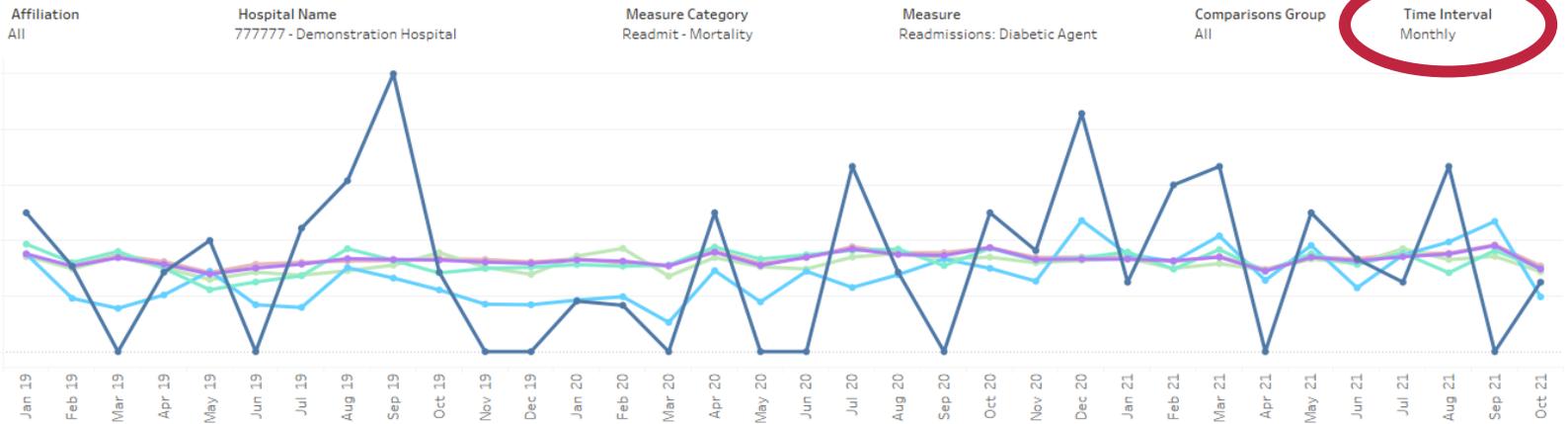
# Scenario Part III

- Targeting readmissions from the nursing home is a good place to start since 43.5% came back to the hospital within 30 days of discharge.
- Measure progress over time.
- Use the data to tell a story.



# Comparisons Over Time

## Comparisons Over Time



Facility      HQIC      State      Bed Size      HRRP      Teaching Status      Urbanicity

Comparisons Group	Comparisons	Baseline Rate (01/01/2019 - 12/31/2019)	Current Rate (11/01/2020 - 10/31/2021)	Goal Rate
Facility	777777 - Demonstration Hospital	16.47%	20.83%	15.65%
HQIC	N/A	N/A	N/A	N/A
State	AZ	16.02%	16.64%	15.22%
Bed Size	1-99 beds	11.05%	17.16%	10.50%
HRRP	HRRP 2	15.45%	16.46%	14.68%
Teaching Status	No	15.22%	16.15%	14.46%
Urbanicity	Urban Facilities	16.19%	16.91%	15.38%

Please note that these data points are rounded. SIR and SUR measures cannot be calculated if the unrounded denominator is less than 1.0.



# Measures Tab



## Measures Data by Hospital

### Readmissions: Diabetic Agent - Summary Table

Affiliation	Hospital Name	Measure Category	Measure					
All	Multiple values	Readmit - Mortality	Readmissions: Diabetic Agent					
	Hospital Name	Bed Size	CAH	HRRP* Peer Group	Baseline Rate Time Period: 01/01/2019 - 12/31/2019	Evaluation Rate Time Period: 11/01/2020 - 10/31/2021	Number Needed to Avert	Goal Rate
	777777 - Demonstration Hospital	1-99 beds	No	HRRP 2	16.47%	20.83%	5	15.65%

\*HRRP: Hospital Readmission Reduction Program

### Readmissions: Diabetic Agent - Rate Over Time



If data are not available for a given time period, there will be a break in the graph.  
Please note that these data points are rounded. SIR and SUR measures cannot be calculated if the unrounded denominator is less than 1.0

# Tabular Data—Quarterly and Monthly View

## Measure Tabular Data

Affiliation: (All) | 
 Hospital Name: 777777 - Demonstration Hospital | 
 Measure Category: Readmit - Mortality | 
 Measure: Readmissions: Diabetic A... | 
 Time Interval: Quarterly

### 777777 - Demonstration Hospital

Measure	Evaluation Period	Time Period Start	Time Period End	Numerator	Denominator	Rate
Readmissions: Diabetic Agent	Baseline	1/1/2019	12/31/2019	14	85	16.47%
	Evaluation	1/1/2020	3/31/2020	2	29	6.90%
		4/1/2020	6/30/2020	1	10	10.00%
		7/1/2020	9/30/2020	2	16	12.50%
		10/1/2020	12/31/2020	7	26	26.92%
		1/1/2021	3/31/2021	8	35	22.86%
		4/1/2021	6/30/2021	3	20	15.00%
		7/1/2021	9/30/2021	3	15	20.00%

# Tabular Data—Quarterly and Monthly View (cont.)

Measure Tabular Data						
Affiliation	Hospital Name	Measure Category	Measure	Time Interval		
(All)	777777 - Demonstration Hospital	Readmit - Mortality	Readmissions: Diabetic A...	Monthly		
777777 - Demonstration Hospital						
Measure	Evaluation Period	Time Period Start	Time Period End	Numerator	Denominator	Rate
Readmissions: Diabetic Agent	Baseline	1/1/2019	12/31/2019	14	85	16.47%
	Evaluation	1/1/2020	1/31/2020	1	11	9.09%
		2/1/2020	2/29/2020	1	12	8.33%
		3/1/2020	3/31/2020	0	6	0.00%
		4/1/2020	4/30/2020	1	4	25.00%
		5/1/2020	5/31/2020	0	2	0.00%
		6/1/2020	6/30/2020	0	4	0.00%
		7/1/2020	7/31/2020	1	3	33.33%
		8/1/2020	8/31/2020	1	7	14.29%
		9/1/2020	9/30/2020	0	6	0.00%
		10/1/2020	10/31/2020	2	8	25.00%
		11/1/2020	11/30/2020	2	11	18.18%
		12/1/2020	12/31/2020	3	7	42.86%
		1/1/2021	1/31/2021	2	16	12.50%
		2/1/2021	2/28/2021	3	10	30.00%
		3/1/2021	3/31/2021	3	9	33.33%
		4/1/2021	4/30/2021	0	6	0.00%
		5/1/2021	5/31/2021	2	8	25.00%
		6/1/2021	6/30/2021	1	6	16.67%
		7/1/2021	7/31/2021	1	8	12.50%
8/1/2021	8/31/2021	2	6	33.33%		
9/1/2021	9/30/2021	0	1	0.00%		
10/1/2021	10/31/2021	1	8	12.50%		

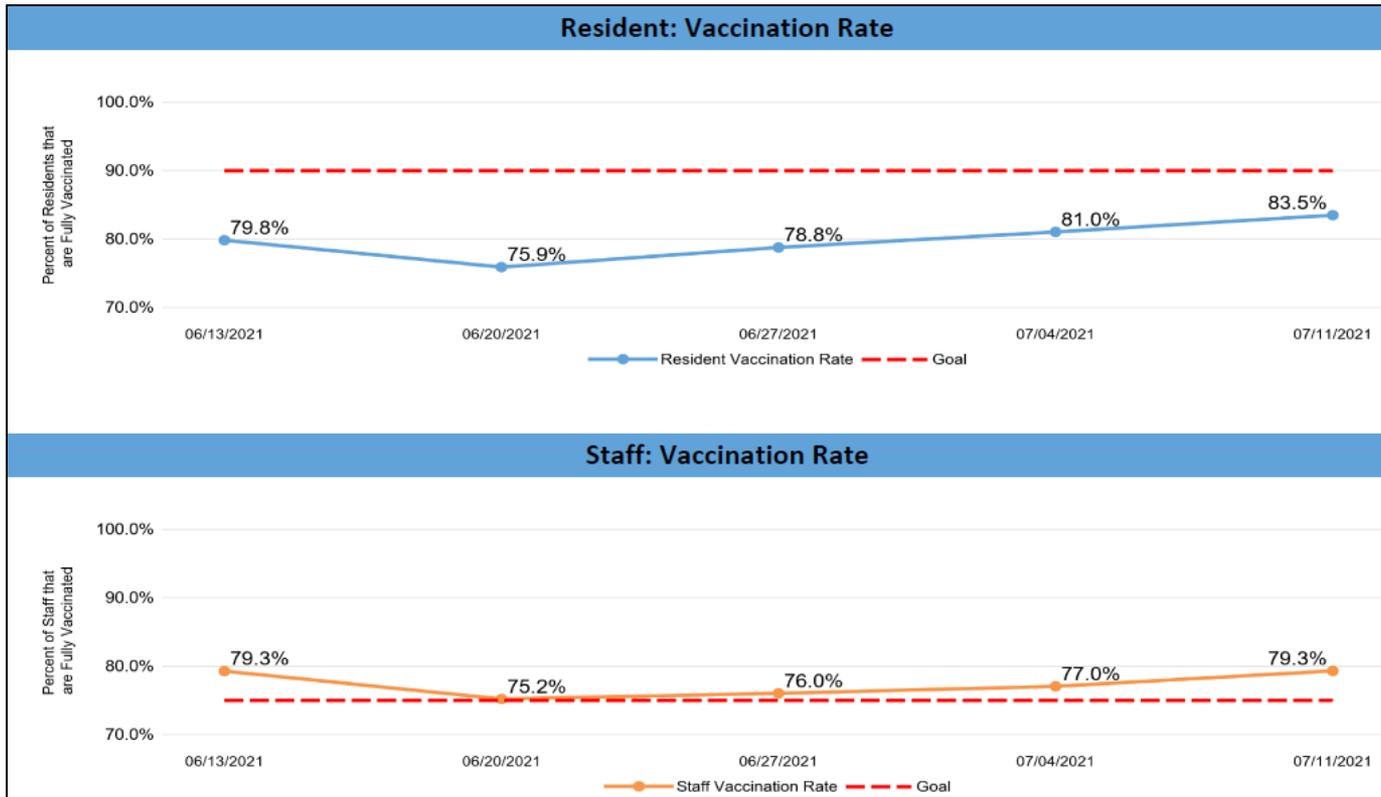
# Readmission Measures Include:

- All-Cause
- All-Cause Excluding COVID
- AMI
- Anticoagulant
- Behavioral Health
- CABG
- COPD
- COVID
- Diabetes
- Diabetic Agent
- Heart Failure
- Opioid
- Pneumonia
- Sepsis
- THA/TKA

# Skilled Nursing Facility Data

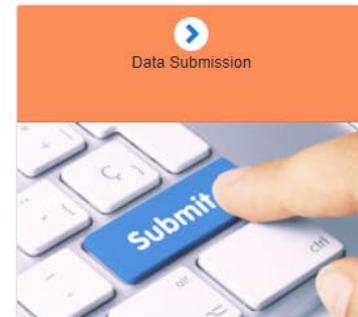
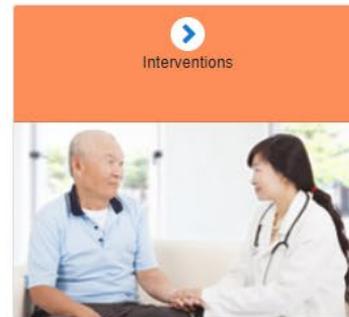
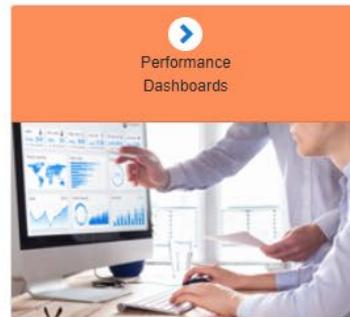
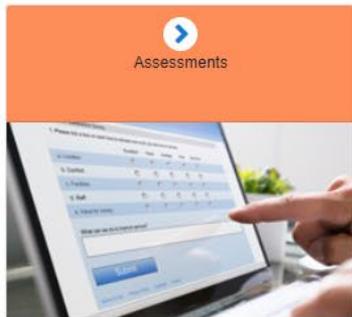
Nursing home data coming soon in early summer!

COVID run chart reports are available now.



# Additional Features

- You can download the data in an image, tableau, crosstab, PDF, or PowerPoint.
- You can submit your assessments and track progress over time.



# Continuing the Care Coordination Journey

**Next Steps ...**

**The Role of Health Equity  
in Care Coordination**

# Our Next Care Coordination Quickinar

**The Role of Health Equity in Care Coordination**  
Tuesday, May 3, 2022 | 11 a.m. PT

[bit.ly/cc-quickinars](https://bit.ly/cc-quickinars)



# Care Coordination Quickinar Series

## Care Coordination During a Pandemic

Tuesday, January 18, 2022 | 11:00–11:30 a.m. PT

## Care Transitions Assessment Overview

Tuesday, February 1, 2022 | 11:00–11:30 a.m. PT

## Gap Root-Cause Analysis (RCA)

Tuesday, February 15, 2022 | 11:00–11:30 a.m. PT

## Strategy Tree Development and Implementation

Tuesday, March 1, 2022 | 11:00–11:30 a.m. PT

## Readmission Super Utilizers

Tuesday, March 15, 2022 | 11:00–11:30 a.m. PT

## Hot Spotting and Resources

Tuesday, April 5, 2022 | 11:00–11:30 a.m. PT

## Measuring Progress | QIP Performance Dashboard

Tuesday, April 19, 2022 | 11:00–11:30 a.m. PT

## The Role of Health Equity in Care Coordination

Tuesday, May 3, 2022 | 11:00–11:30 a.m. PT

## The Impact of Health Literacy

Tuesday, June 7, 2022 | 11:00–11:30 a.m. PT

## Teach-Back: A Strategy to Impact Health Literacy

Tuesday, July 5, 2022 | 11:00–11:30 a.m. PT

## Community Collaboration Meetings

Tuesday, August 2, 2022 | 11:00–11:30 a.m. PT

REGISTER NOW! More info at: <https://www.hsag.com/cc-quickinars>

# Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing care coordination practices.



# Thank you!

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Jenna Curran

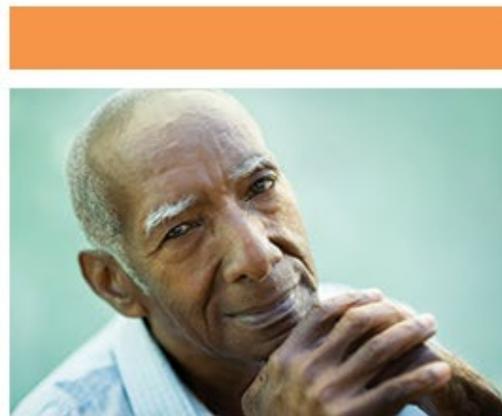
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