

Overview

Quality reporting on certain measures, established by state and federal guidelines, allows health care providers to provide the public with information on hospital safety, cost and quality. Besides required federal and state reporting, hospitals can voluntarily submit data to other national agencies. Hospitals report both process and outcome measures. Process measures evaluate how often a hospital gives recommended treatments for certain conditions or procedures. Outcome measures evaluate the results of care or treatment for those conditions or procedures.

Mandatory National Quality Reporting

Centers for Medicare & Medicaid Services (CMS)

CMS requires health care providers to report on 30 quality measures in these categories:

1. four core process measures
 - heart failure
 - heart attack (acute myocardial infarction or AMI)
 - surgical procedures
 - pneumonia
2. three outcome measures
 - pneumonia mortality rates
 - heart attack (AMI) mortality rates
 - heart failure mortality rates.
3. HCAHPS patient experience measures

Hospitals are also required to submit data for heart attack and chest pain patients transferred to another hospital and outpatient surgeries.

All general acute care hospitals are required to report CMS' quality measures to Hospital Compare to receive a Medicare inflationary update. Critical access, psychiatric and rehabilitation hospitals are not required to participate to receive the update. Data is reported quarterly.

Joint Commission

The Joint Commission, a national organization that accredits hospitals, requires health care providers to report on any four of the following eight measures: heart failure, surgical procedures, pneumonia, heart attack (AMI), pregnancy, psychiatry, childhood asthma and outpatient surgery.

Other National Quality Reporting

Other quality measures are publicly available, such as:

- HealthGrades (www.HealthGrades.com)
- The Leapfrog Group (www.leapfroggroup.org)
- Thomson Healthcare (www.thomsonreuters.com)
- U.S. News & World Report (www.usnews.com)

*Except U.S. News, each requires a fee for its service.

Hospital Pricing

Each year, Ohio's hospitals must submit to the **Ohio Department of Health (ODH)** their charges for the most common 60 inpatient procedures (called diagnosis related groups or DRGs) and the 60 most common outpatient procedures. These reports must contain the number of discharges, average charge and length of stay. Hospitals are also required to provide price disclosure lists on their Web sites for public viewing. Find hospital pricing information at www.ohiohealthcareguide.org/

Important Terms

Consumer's Guide to Health Care in Ohio is a Web site that provides a wide range of information on the cost and quality of health care in Ohio. (www.ohiohealthcareguide.org)

HCAHPS (Hospital Consumer Assessment of Health Care Providers and Systems) was the first national, standardized, publicly reported survey of patients' perspectives of hospital care. Data is available on Hospital Compare.

Hospital Compare is a public Web site that provides hospital quality data, submitted to CMS, to consumers. Data is updated quarterly. (www.hospitalcompare.hhs.gov)

Transparency is a movement that provides more information to the public on hospital operations, costs and quality.

Voluntary Infection Reporting

Hospitals may also submit data on infection control measures to the **National Healthcare Safety Network (NHSN)**, which estimates the magnitude of adverse events among patients and health care personnel, as well as whether hospitals adhere to proven safety processes to prevent health care-associated infections. Hospitals are not currently required to submit infection data on a state level, but are expected to in the future.

Mandatory State Quality Reporting

House Bill 197, legislation enacted in 2006, requires hospitals to report on the following eight measures to the **Ohio Department of Health** twice a year (April 1 and Oct. 1):

- 2 measures of heart failure
- 2 measures of pneumonia
- 2 measures of heart attack (AMI)
- 2 measures of patient safety/quality indicators

The measures were selected from the Joint Commission, National Quality Forum, CMS and the Agency for Health Care Research and Quality, respectively. Find state and quality information at www.ohiohealthcareguide.org/geographic.htm.

On the Horizon

Ohio's **Hospital Measures Advisory Group**, formed out of House Bill 197, has introduced additional quality measures for hospitals to report in the future, potentially bringing the total to 80 measures. Sixty-five of these measures have already been approved. The new reporting requirements would not go into effect until 2010 at the earliest.