



Care Coordination Quickinar Series

Readmission Data to Drive Change

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Health Services Advisory Group (HSAG)

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OBJECTIVES



- Discover how to access your Medicare fee-for-service (FFS) readmission data in the Quality Improvement Innovation Portal (QIIP).
- Discuss how HSAG, the Quality Improvement Organization (QIO), can support you in your readmission efforts.
- Review the tools available on the HSAG Care Coordination website.
- Examine how to use the dashboard to guide and measure your readmissions progress.

Do You Have Access to the QIIP?

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



Register for Phase 2: Continuation of the Care Coordination Series
September 2022–July 2023 (Sessions 12–20).
bit.ly/cc-quickinars2

12. Readmission Data to Drive Change



13. Super Utilizers, Part 2



14. Care Transitions Assessment and Toolkit



15. Strategies to Prevent UTI and Pneumonia-Related Readmissions



16. Deeper Dive Into Readmission Data



17. Health Equity/Disparities - Health Area Deprivation Index



18. Health Literacy, Part Two



19. Engaging Patients in Care Coordination Efforts



20. Care Coordination and Telehealth



- 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, such as increasing quality scores and reducing opioid misuse. A red box highlights the instruction: "Return this completed form via email to qiip@hsag.com". Below this, it lists the rights of the QIIP Administrator(s): access to performance reports, adding/removing users, completing assessment forms, and attesting to the completion of activities. The form is divided into two main sections: "Facility Information" and "Administrator(s) Information". The "Facility Information" section includes a table for facility details and radio buttons for "Nursing home" and "Hospital". The "Administrator(s) Information" section includes a table for listing staff members. At the bottom, there is a link to the QIIP User Guide.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form

The Health Services Advisory Group (HSAG) QIIP is your centralized place for information in support of the quality initiatives and activities which you are working on with HSAG to achieve the Centers for Medicare & Medicaid Services (CMS) national goals. CMS' goals include 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.

To get access to the QIIP, fill out the short form below to designate your QIIP Administrator(s). **Return this completed form via email to 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.

Assessments

Reports

Performance Dashboards

Interventions

Data Submission

Tracking Readmission Data in the QIIP

- Assists in identifying where readmissions are occurring and where to focus efforts.
- Measures progress over time.
- Uses the data to tell a story.



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

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

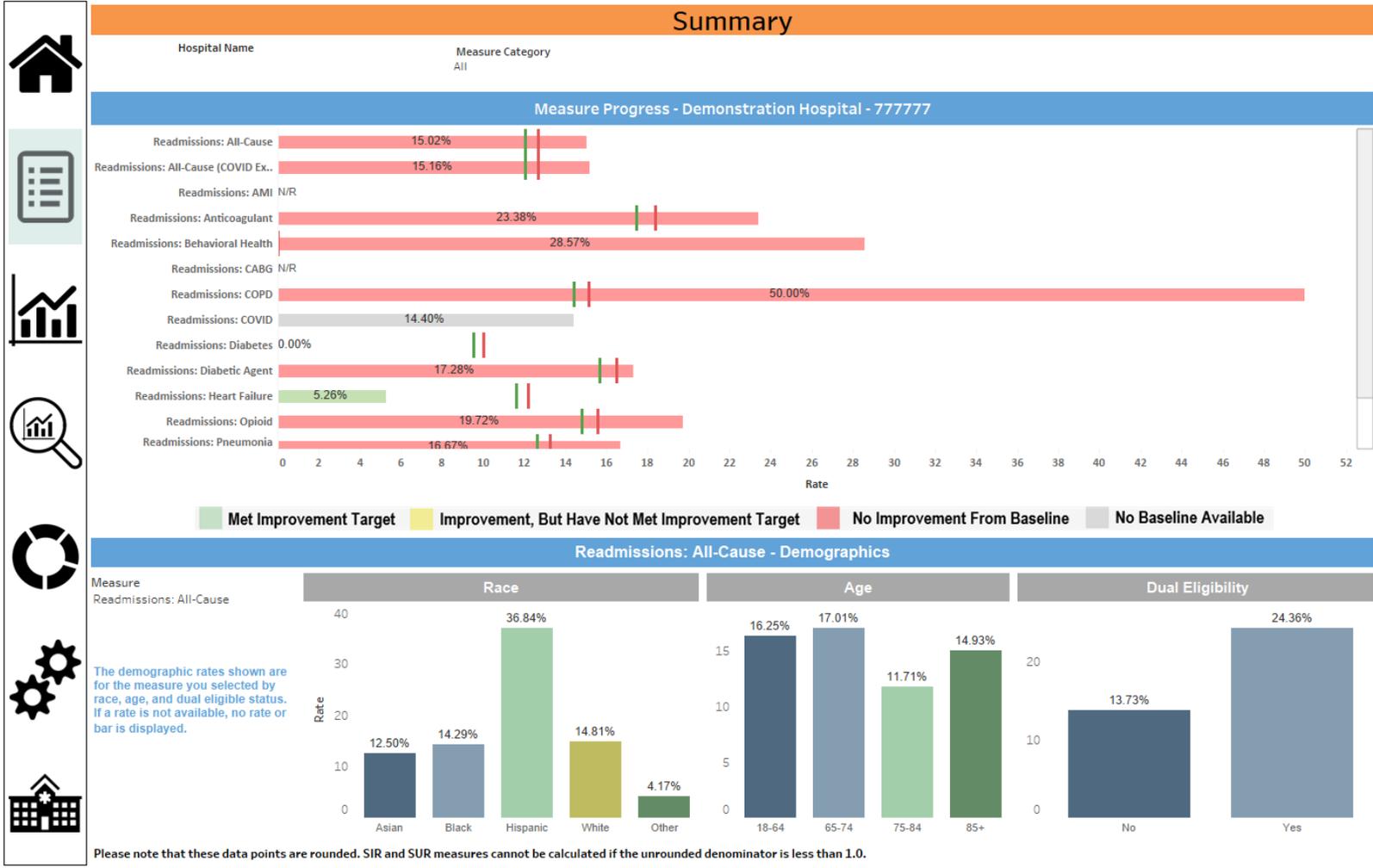
Designed to compare your performance over time against other facilities of similar characteristics.



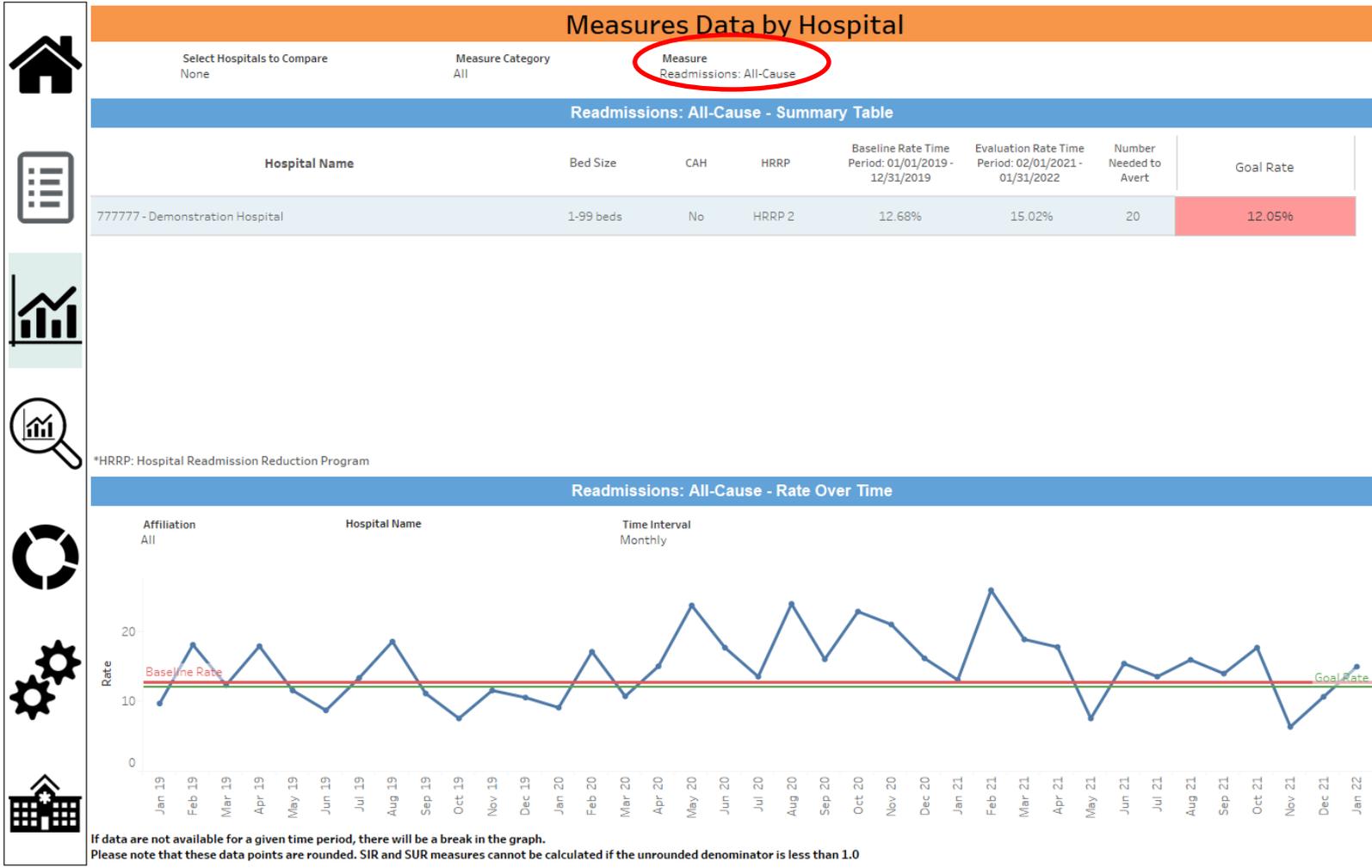
Discharge Distribution

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

Tabular Data—Summary View



Tabular Data—Measures Tab



Tabular Data—Quarterly and Monthly View



Measure Tabular Data

Hospital Name	Measure Category	Measure	Time Interval			
All						
All						
Monthly						
Demonstration Hospital - 77777						
Measure	Evaluation Period	Time Period Start	Time Period End	Numerator	Denominator	Rate
Readmissions: All-Cause	Baseline	1/1/2019	12/31/2019	86	678	12.68%
	Evaluation	1/1/2020	1/31/2020	6	66	9.09%
		2/1/2020	2/29/2020	14	82	17.07%
		3/1/2020	3/31/2020	6	56	10.71%
		4/1/2020	4/30/2020	6	40	15.00%
		5/1/2020	5/31/2020	9	38	23.68%
		6/1/2020	6/30/2020	6	34	17.65%
		7/1/2020	7/31/2020	5	37	13.51%
		8/1/2020	8/31/2020	11	46	23.91%
		9/1/2020	9/30/2020	8	50	16.00%
		10/1/2020	10/31/2020	13	57	22.81%
		11/1/2020	11/30/2020	13	62	20.97%
		12/1/2020	12/31/2020	10	62	16.13%
		1/1/2021	1/31/2021	9	69	13.04%
		2/1/2021	2/28/2021	15	58	25.86%
		3/1/2021	3/31/2021	13	69	18.84%
		4/1/2021	4/30/2021	11	62	17.74%
		5/1/2021	5/31/2021	4	53	7.55%
		6/1/2021	6/30/2021	8	52	15.38%
		7/1/2021	7/31/2021	5	37	13.51%
8/1/2021	8/31/2021	7	44	15.91%		
9/1/2021	9/30/2021	6	43	13.95%		
10/1/2021	10/31/2021	9	51	17.65%		
11/1/2021	11/30/2021	4	63	6.35%		
12/1/2021	12/31/2021	5	47	10.64%		
1/1/2022	1/31/2022	10	67	14.93%		
Readmissions: All-Cause (COVID Excluded)	Baseline	1/1/2019	12/31/2019	86	678	12.68%
	Evaluation	1/1/2020	1/31/2020	6	66	9.09%
		2/1/2020	2/29/2020	14	82	17.07%
		3/1/2020	3/31/2020	6	56	10.71%
		4/1/2020	4/30/2020	6	39	15.38%
		5/1/2020	5/31/2020	9	38	23.68%
		6/1/2020	6/30/2020	6	34	17.65%
		7/1/2020	7/31/2020	4	31	12.90%
		8/1/2020	8/31/2020	11	44	25.00%

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

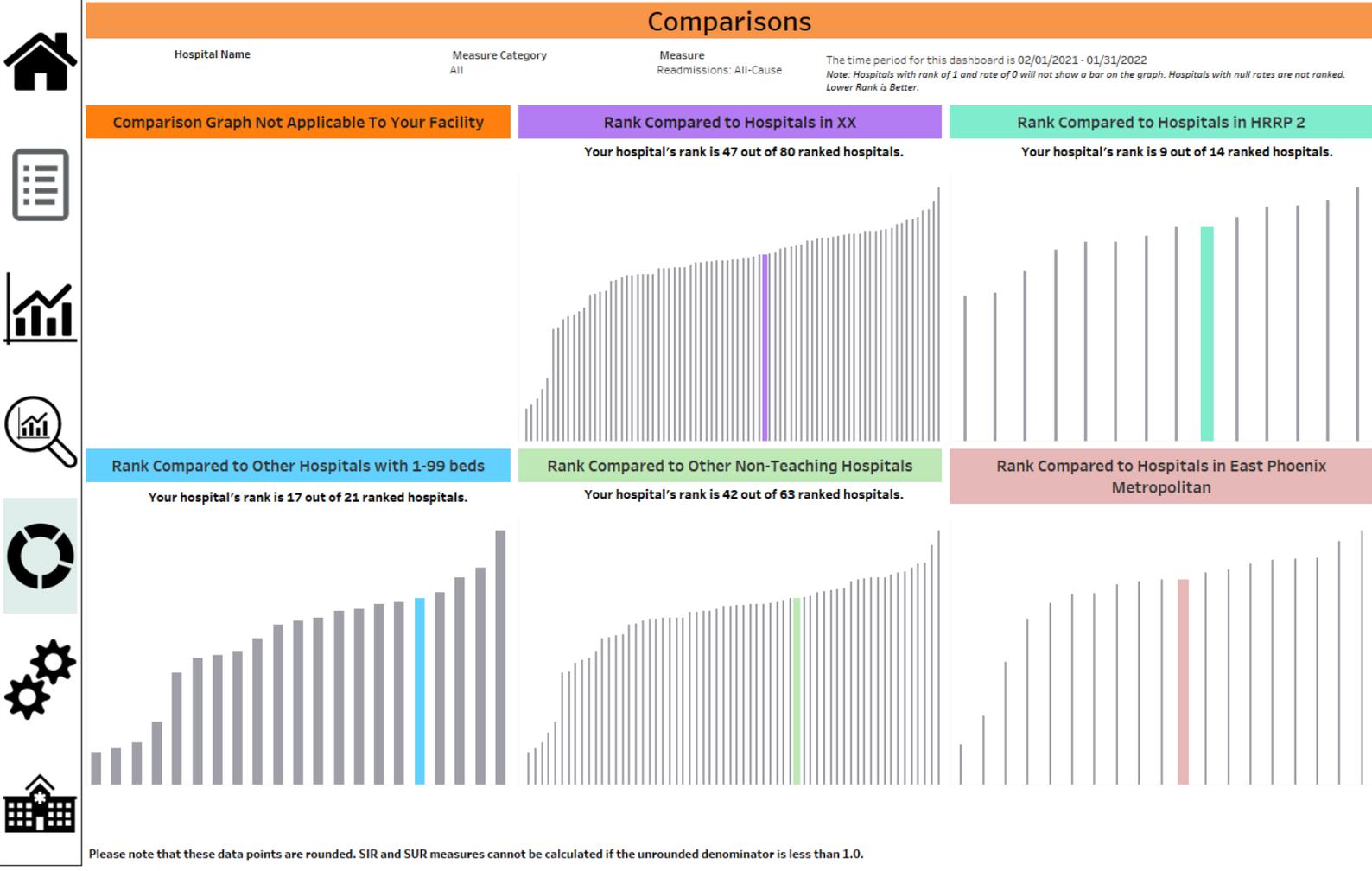
Tabular Data—Quarterly and Monthly View (cont.)



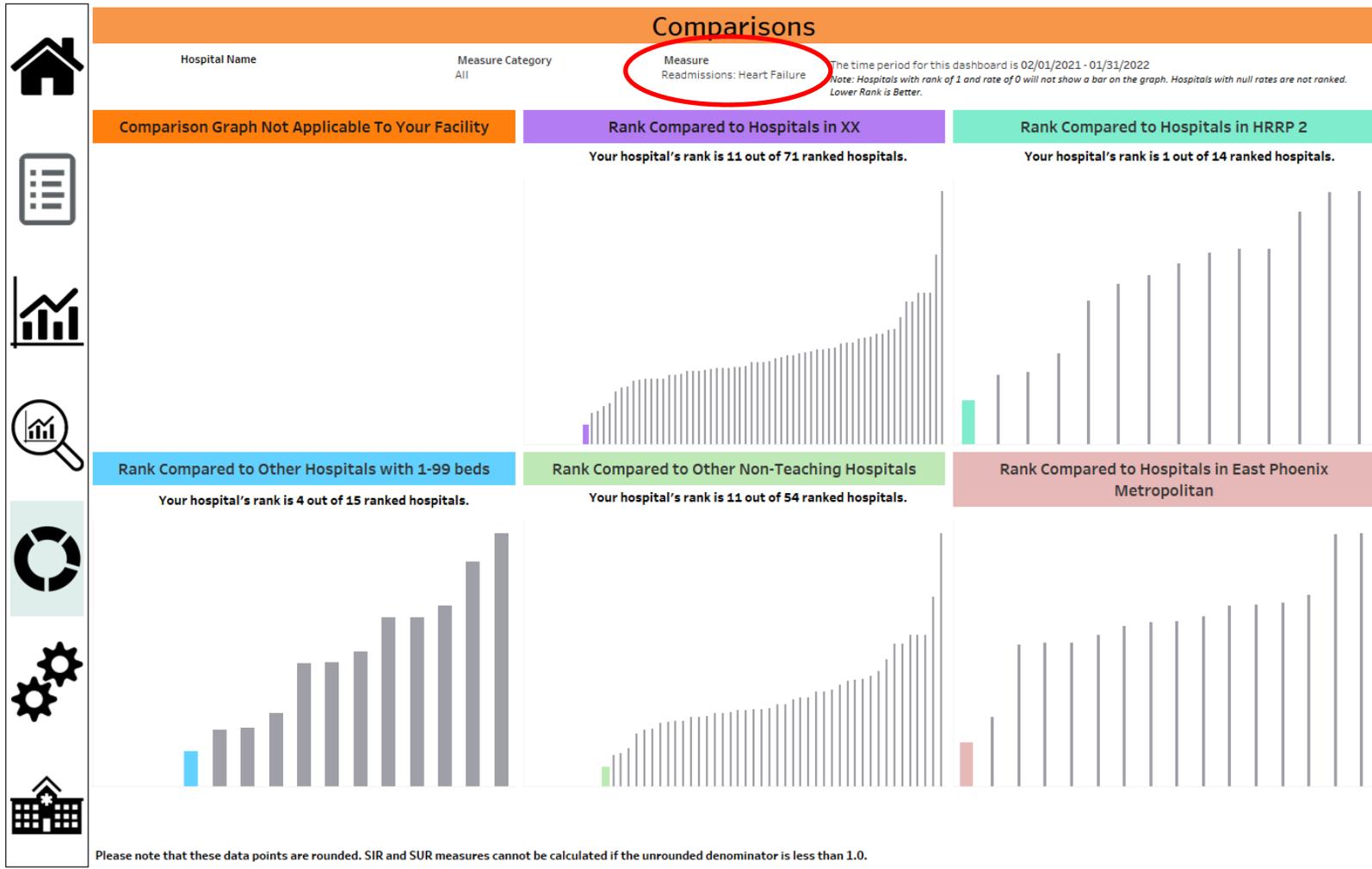
Measure Tabular Data						
Hospital Name	Measure Category	Measure	Time Interval			
	All	All	Quarterly			
Demonstration Hospital - 77777						
Measure	Evaluation Period	Time Period Start	Time Period End	Numerator	Denominator	Rate
Readmissions: All-Cause	Baseline	1/1/2019	12/31/2019	86	678	12.68%
	Evaluation	1/1/2020	3/31/2020	26	204	12.75%
		4/1/2020	6/30/2020	21	112	18.75%
		7/1/2020	9/30/2020	24	133	18.05%
		10/1/2020	12/31/2020	36	181	19.89%
		1/1/2021	3/31/2021	37	196	18.88%
		4/1/2021	6/30/2021	23	167	13.77%
		7/1/2021	9/30/2021	18	124	14.52%
		10/1/2021	12/31/2021	18	161	11.18%
		Readmissions: All-Cause (COVID Excluded)	Baseline	1/1/2019	12/31/2019	86
Evaluation	1/1/2020		3/31/2020	26	204	12.75%
	4/1/2020		6/30/2020	21	111	18.92%
	7/1/2020		9/30/2020	23	125	18.40%
	10/1/2020		12/31/2020	31	146	21.23%
	1/1/2021		3/31/2021	28	141	19.86%
	4/1/2021		6/30/2021	22	157	14.01%
	7/1/2021		9/30/2021	16	91	17.58%
	10/1/2021		12/31/2021	15	124	12.10%
	Readmissions: AMI		Baseline	1/1/2019	12/31/2019	N/A
Evaluation		1/1/2020	3/31/2020	N/A	N/A	N/A
		4/1/2020	6/30/2020	N/A	N/A	N/A
		7/1/2020	9/30/2020	N/A	N/A	N/A
		10/1/2020	12/31/2020	N/A	N/A	N/A
		1/1/2021	3/31/2021	N/A	N/A	N/A
		4/1/2021	6/30/2021	N/A	N/A	N/A
		7/1/2021	9/30/2021	N/A	N/A	N/A
		10/1/2021	12/31/2021	N/A	N/A	N/A
		Readmissions: Anticoagulant	Baseline	1/1/2019	12/31/2019	16
Evaluation	1/1/2020		3/31/2020	5	28	17.86%
	4/1/2020		6/30/2020	3	16	18.75%
	7/1/2020		9/30/2020	2	14	14.29%
	10/1/2020		12/31/2020	9	31	29.03%
	1/1/2021		3/31/2021	3	31	9.68%
	4/1/2021		6/30/2021	4	21	19.05%
	7/1/2021		9/30/2021	4	10	40.00%

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—Comparisons



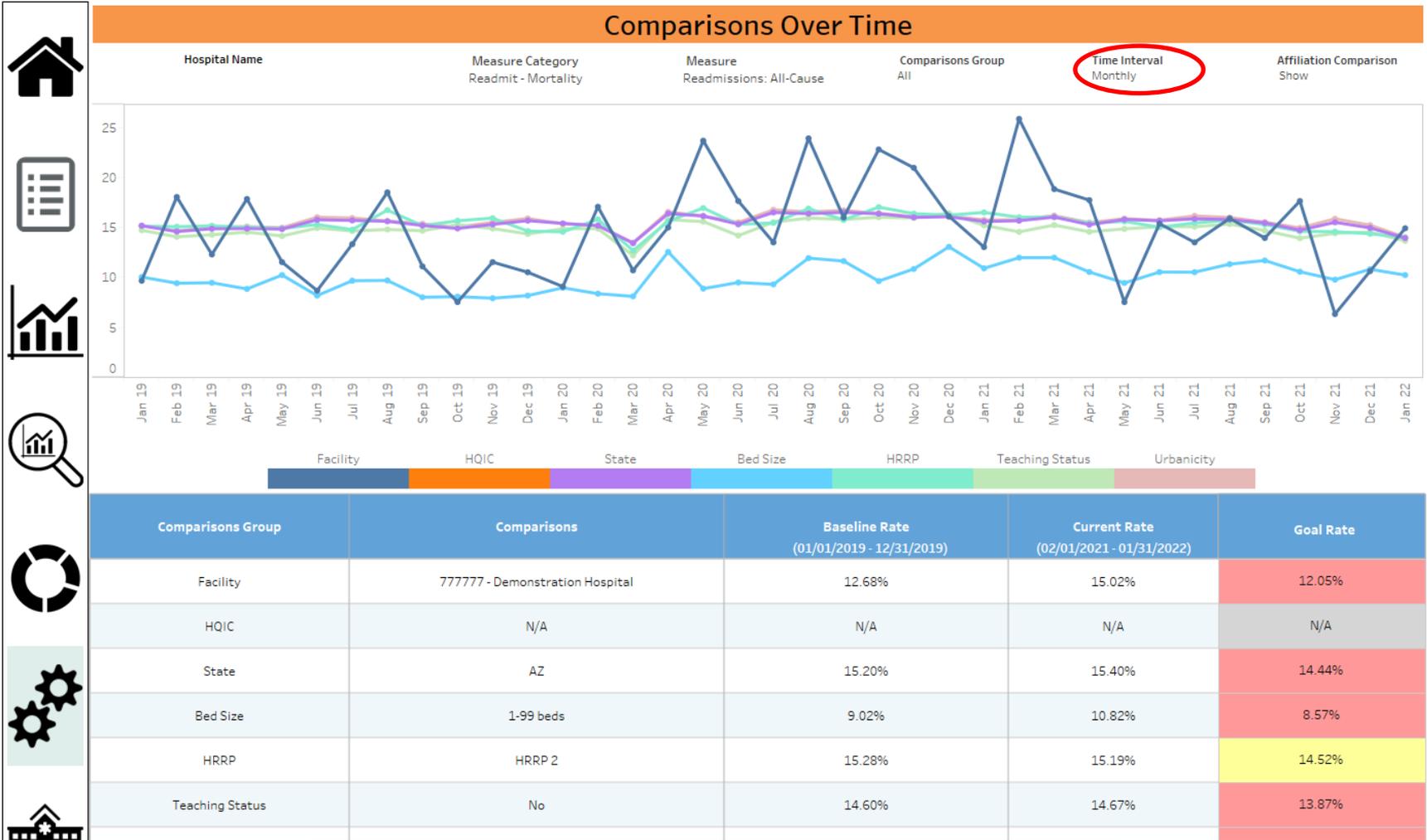
Tabular Data—Comparisons, Heart Failure



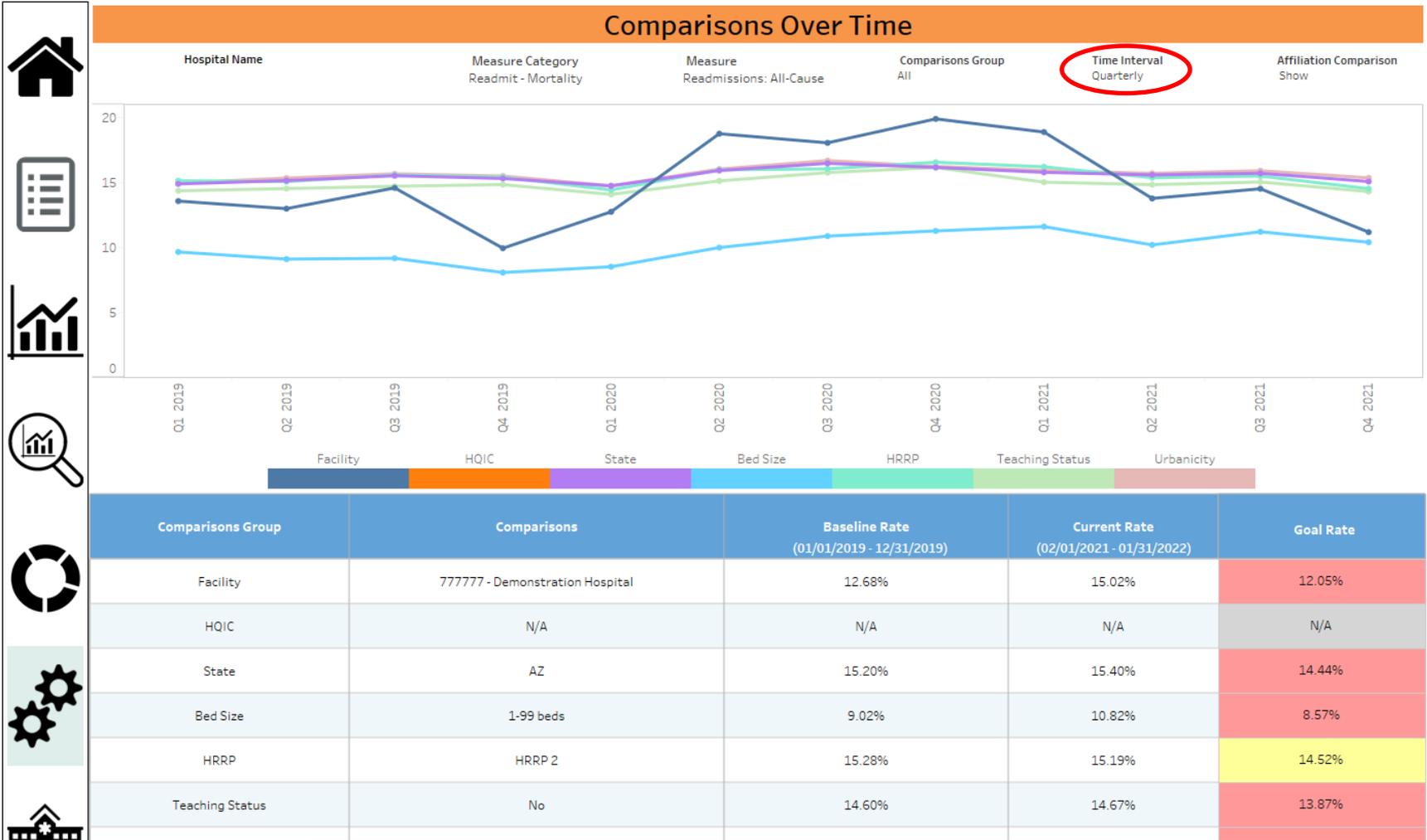
Tabular Data—Comparisons, Pneumonia



Tabular Data—Comparisons Over Time, Monthly



Tabular Data—Comparisons Over Time, Quarterly



Tabular Data—Discharge Distribution



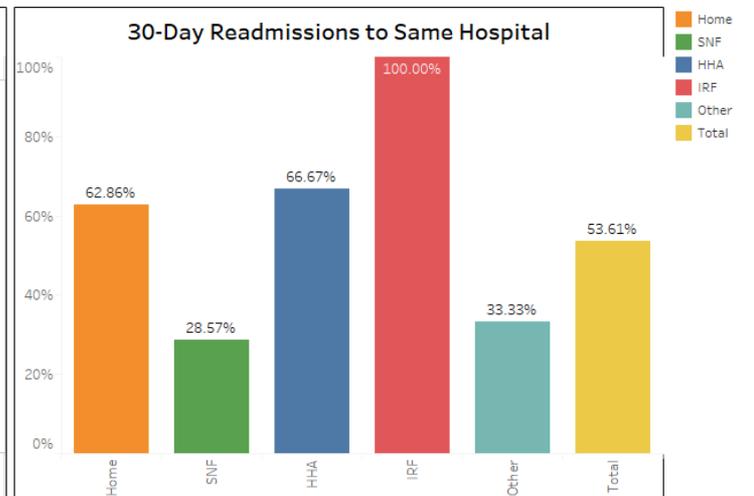
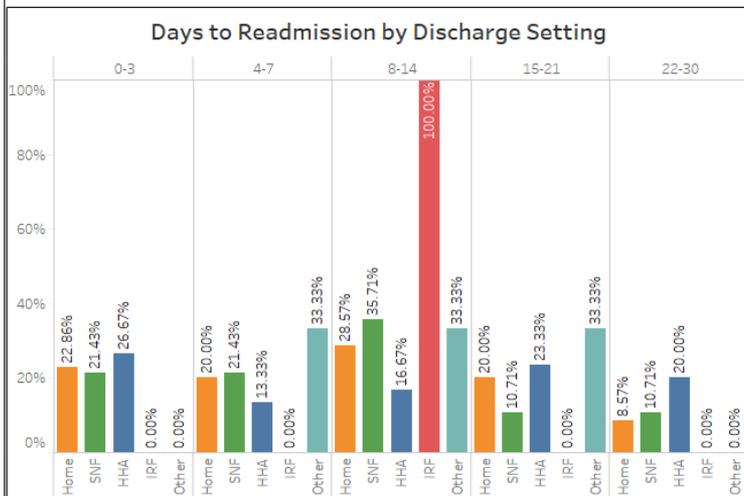
Readmission Discharge Distribution

Hospital Name: Measure
 Readmissions: All-Cause

The time period for this dashboard is 02/01/2021 - 01/31/2022
 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	30-Day Readmits to Same Hospital		30-Day Readmits to Different Hospital		Days to Readmission									
				0-3 Days		4-7 Days		8-14 Days		15-21 Days		22-30 Days					
				N	%	N	%	N	%	N	%	N	%	N	%		
Home	10.03%	349	35	22	62.86%	13	37.14%	8	22.86%	7	20.00%	10	28.57%	7	20.00%	3	8.57%
SNF	24.35%	115	28	8	28.57%	20	71.43%	6	21.43%	6	21.43%	10	35.71%	3	10.71%	3	10.71%
HHA	24.00%	125	30	20	66.67%	10	33.33%	8	26.67%	4	13.33%	5	16.67%	7	23.33%	6	20.00%
IRF	9.09%	11	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%
Other	6.52%	46	3	1	33.33%	2	66.67%	0	0.00%	1	33.33%	1	33.33%	1	33.33%	0	0.00%
Total	15.02%	646	97	52	53.61%	45	46.39%	22	22.68%	18	18.56%	27	27.84%	18	18.56%	12	12.37%

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



Tabular Data—Discharge Distribution, COVID Excluded



Readmission Discharge Distribution

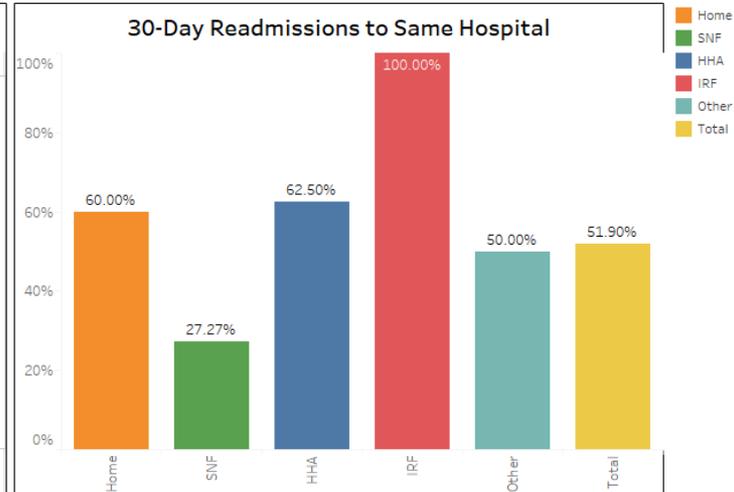
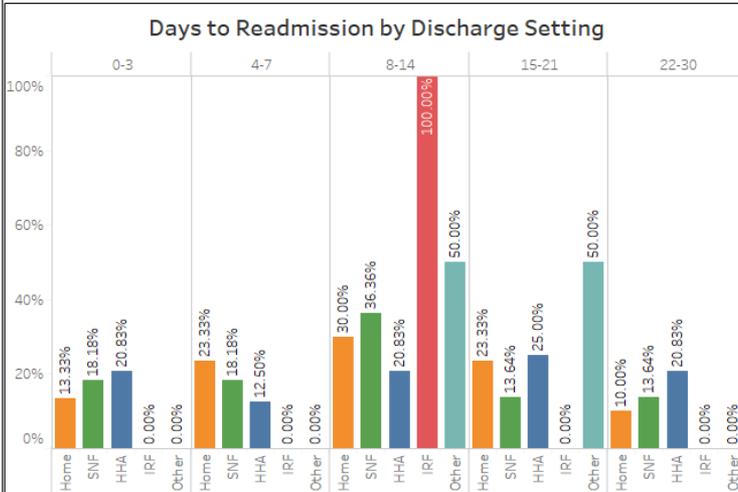
Hospital Name

Measure
Readmissions: All-Cause (CO)

The time period for this dashboard is 02/01/2021 - 01/31/2022
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	30-Day Readmits to Same Hospital		30-Day Readmits to Different Hospital		Days to Readmission									
				N	%	N	%	0-3 Days		4-7 Days		8-14 Days		15-21 Days		22-30 Days	
				N	%	N	%	N	%	N	%	N	%	N	%	N	%
Home	10.31%	291	30	18	60.00%	12	40.00%	4	13.33%	7	23.33%	9	30.00%	7	23.33%	3	10.00%
SNF	24.18%	91	22	6	27.27%	16	72.73%	4	18.18%	4	18.18%	8	36.36%	3	13.64%	3	13.64%
HHA	24.74%	97	24	15	62.50%	9	37.50%	5	20.83%	3	12.50%	5	20.83%	6	25.00%	5	20.83%
IRF	10.00%	10	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%
Other	6.25%	32	2	1	50.00%	1	50.00%	0	0.00%	0	0.00%	1	50.00%	1	50.00%	0	0.00%
Total	15.16%	521	79	41	51.90%	38	48.10%	13	16.46%	14	17.72%	24	30.38%	17	21.52%	11	13.92%

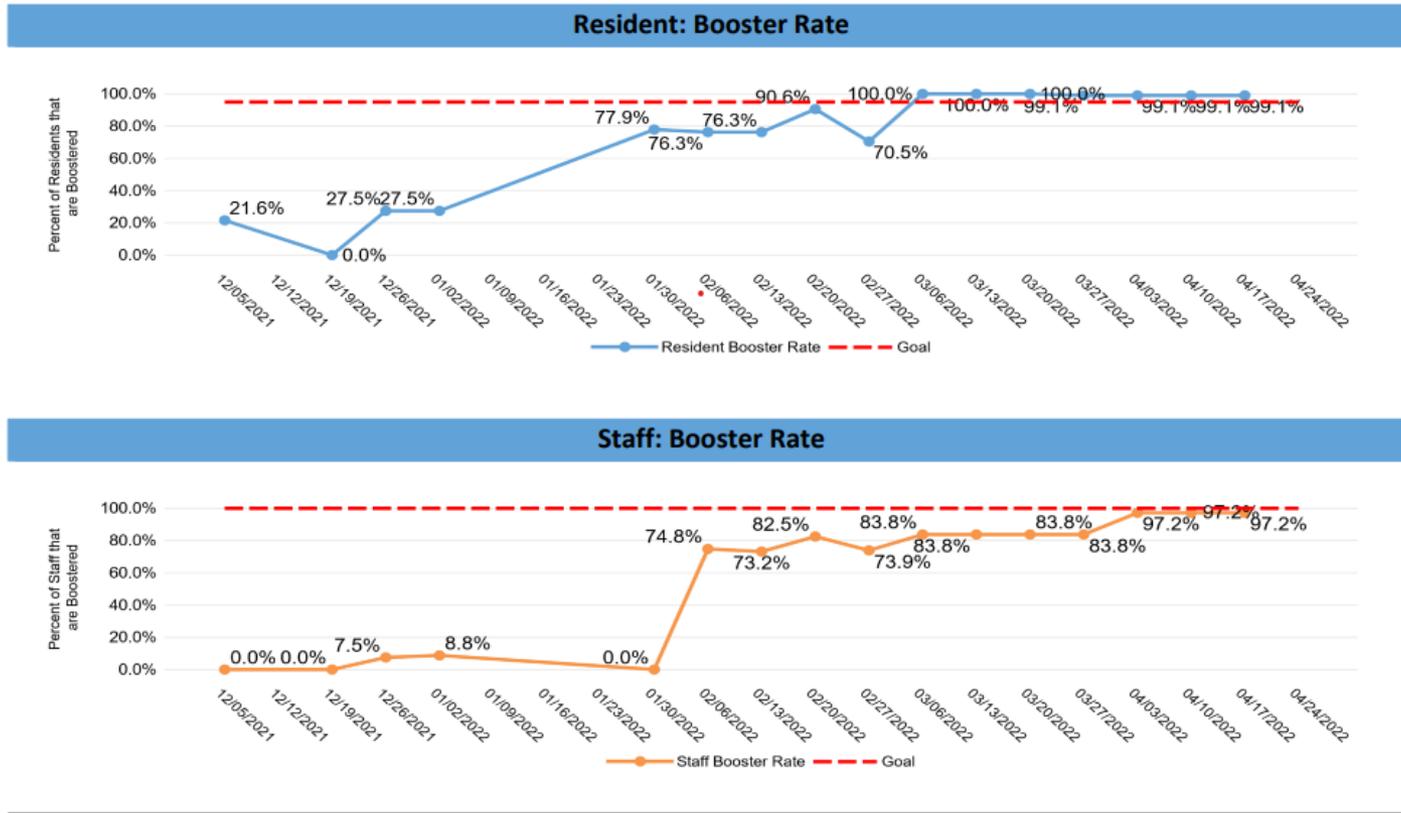
*SNF=Skilled Nursing Facility, HHA=Home Health Agency, and IRF=Inpatient Rehabilitation Facility.



Skilled Nursing Facility Data

Nursing home readmission data coming soon!

Weekly COVID-19 run chart reports are available now.



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15. Strategies to Prevent UTI and Pneumonia-Related Readmissions



16. Deeper Dive Into Readmission Data



17. Health Equity/Disparities - Health Area Deprivation Index



18. Health Literacy, Part Two



19. Engaging Patients in Care Coordination Efforts



20. Care Coordination and Telehealth



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



Care Coordination Website

Care Coordination

Care coordination is a key priority for the Centers for Medicare & Medicaid (CMS) to improve quality and achieve safer and more effective care. However, gaps in care, such as poor communication and ineffective discharge processes, remain a challenge. To address these gaps, HSAG provides evidence-based strategies, resources and training needed to improve care coordination.

- Medication Management
 - Medication Reconciliation
- Discharge Planning
 - Health Equity
- Patient Engagement
 - Zone Tools
 - Teach-Back and Health Literacy
 - Medication Education
- Care Coordination Collaboration
 - Post-Acute Collaborations
 - Provider Communication Tools
- Quality Improvement Tools

Care Coordination Quickinars

[→](#)

Hospital Care Coordination Toolkit

[→](#)

Nursing Home Care Coordination Toolkit

[→](#)

Care Coordination Assessments

Download PDF versions:

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

Hospitals

- Opioid Stewardship
- Infection Prevention

Care Coordination Toolkit, Hospitals

Hospital Care Coordination Toolkit



1 Journey to Success



2 Gap Analysis



3 Tools to Support Gap Analysis



4 Goal and Strategy Development



5 Teach-Back



6 Post-Acute Collaboratives



7 Patient Education - Zone Tools



Care Coordination Toolkit, Nursing Homes

Nursing Home Care Coordination Toolkit



1 Journey to Success



2 Gap Analysis



3 Tools to Support Gap Analysis



4 Preparing for Change



5 Readmission Prevention



6 Teach-Back



7 Patient Education - Zone Tools



Our Next Care Coordination Quickinar

Super Utilizers, Part Two

Tuesday, October 4, 2022 | 11 a.m. PT

bit.ly/cc-quickinars2



Questions?



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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This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-09112022-01

