

OREGON HEALTH AUTHORITY – Office of Health Analytics

Hospitals Transformation Performance Program – Baseline Year Final Report

This report provides the hospital with its final HTPP Incentive Measure results for Year 1 (“baseline year”) covering October 2013 through September 2014. The report includes:

- Numerators, denominators, and final baseline results for all measures.
- Indicator showing whether the hospital qualified for a payment on each individual measure (to qualify for payment, the hospital had to submit data adhering to the measure specifications and aligning with baseline submission guidance here: <http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx>).
- Benchmark for Year Two of the program (if established). **Hospitals are not required to meet benchmarks for the baseline year; the benchmarks only apply in Year Two.**
- A payment summary including the total amount each measure is worth (across all hospitals), and the amount earned by your hospital for each individual measure.
- Total amount earned by hospital (floor payment plus payment for successfully submitting data for individual measures).

All exceptions and validation activity through March 2015 have been incorporated into these final results.

Final baseline performance is also reported in the Hospital Transformation Performance Program Baseline Year Report, available online later this month at: <http://www.oregon.gov/oha/metrics/Pages/index.aspx>.

Please contact Lori Coyner or Sara Kleinschmit with any questions.

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Legacy Meridian Park Medical Center

Hospital Data Baseline Year

| Measure | Numerator | Denominator | Baseline / Year 1 Results | Hospital Qualifies for Baseline Payment | Statewide Performance (across all reporting hospitals) | Benchmark, if established* (applicable in Year 2 only) |
|---|---------------|---------------|---------------------------|---|--|--|
| Alcohol and drug misuse: screening, brief intervention, and referral for treatment (SBIRT) in the ED: <i>(a) Screening Rate</i> | No submission | No submission | No submission | No | Statewide DRG hospital rate will not be calculated | 12.0% |
| Alcohol and drug misuse: screening, brief intervention, and referral for treatment (SBIRT) in the ED: <i>(b) Brief Intervention Rate</i> | No submission | No submission | No submission | | Statewide DRG hospital rate will not be calculated | N/A |
| Follow-up after hospitalization for mental illness *attributed Legacy DRG system rate | 283 | 381 | 74.3% | Yes | Statewide DRG hospital rate will not be calculated | 70.0% |
| Hospital-wide all-cause readmission | 857 | 8,902 | 9.6% | Yes | 10.9% | 6.1% |
| Hypoglycemia in inpatients receiving insulin | 67 | 1,408 | 4.8% | Yes | 3.9% | 7.0% |
| Excessive anticoagulation with Warfarin | 14 | 673 | 2.1% | Yes | 1.5% | 5.0% |
| Adverse drug events due to opioids | 20 | 8,191 | 0.2% | Yes | 0.5% | 5.0% |
| HCAHPS, Staff always explained medicines | 609 | 873 | 69.8% | Yes | 63.6% | 72.0% |
| HCAHPS, Staff gave patient discharge information | 1,526 | 1,664 | 91.7% | Yes | 88.8% | 90.0% |
| CLABSI in all tracked units | 2 | 2,709 | 0.74 | Yes | 0.80 | TBD |
| CAUTI in all tracked units | 5 | 3,884 | 1.29 | Yes | 1.56 | TBD |
| Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits <i>(a) Notification to primary care</i> | 1,810 | 3,091 | 58.6% | Yes | Statewide DRG hospital rate will not be calculated | TBD |
| Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits <i>(b) Care guideline completion rate</i> | 0 | 2,142 | 0.0% | | Statewide DRG hospital rate will not be calculated | N/A |

Total number of measures for which this hospital will receive credit in the baseline year (year 1) of the program: 10

Does hospital qualify for floor payment (by achieving 75% of measures for which it qualifies): Yes

Measure specifications available at: <http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx>

*Benchmarks subject to review by Hospital Performance Metrics Advisory Committee

Legacy Meridian Park Medical Center

| | Share of Available Funds | Total Amount Available for Measure (to be shared across all hospitals achieving measure weighted by Medicaid discharges and days) | Number of Hospitals Qualifying for Baseline Payment | Hospital Qualifies for Baseline Payment | Total Dollar Amount Earned by Hospital |
|--|--------------------------|---|---|---|--|
| Alcohol and drug misuse: screening, brief intervention, and referral for treatment (SBIRT) in the ED | 6.25% | \$8,500,000 | 17 | No | \$0 |
| Follow-up after hospitalization for mental illness | 6.25% | \$8,500,000 | 28 | Yes | \$74,547 |
| Hospital-wide all-cause readmission | 18.75% | \$25,500,000 | 28 | Yes | \$223,640 |
| Hypoglycemia in inpatients receiving insulin | 6.25% | \$8,500,000 | 28 | Yes | \$74,547 |
| Excessive anticoagulation with Warfarin | 6.25% | \$8,500,000 | 28 | Yes | \$74,547 |
| Adverse drug events due to opioids | 6.25% | \$8,500,000 | 28 | Yes | \$74,547 |
| HCAHPS, Staff always explained medicines | 9.38% | \$12,750,000 | 27 | Yes | \$112,204 |
| HCAHPS, Staff gave patient discharge information | 9.38% | \$12,750,000 | 28 | Yes | \$111,820 |
| CLABSI in all tracked units | 9.38% | \$12,750,000 | 28 | Yes | \$111,820 |
| CAUTI in all tracked units | 9.38% | \$12,750,000 | 28 | Yes | \$111,820 |
| Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits | 12.50% | \$17,000,000 | | Yes | \$152,243 |
| Total: | 100.00% | \$136,000,000* | | | \$1,121,733 |
| Total amount earned for all measures achieved | | | | | \$1,121,733 |
| Floor payment (if qualify) | | | | | \$500,000 |
| Total Hospital Payment (per measure funds + floor payment) | | | | | \$1,621,733 |

*Does not include \$14,000,000 in floor payments