

HALIFAX HEALTH



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Halifax Health

Q4-FY2016 Quality Board Report
July 2016 – Sept 2016

Follow up: Leapfrog Fall 2016 Grade Results

Halifax Health Medical Center

303 N. Clyde Morris Boulevard
Daytona Beach, FL 32114-2700

[View the full Score](#)

This Hospital's Grade



Halifax Health Medical Center - Port Orange

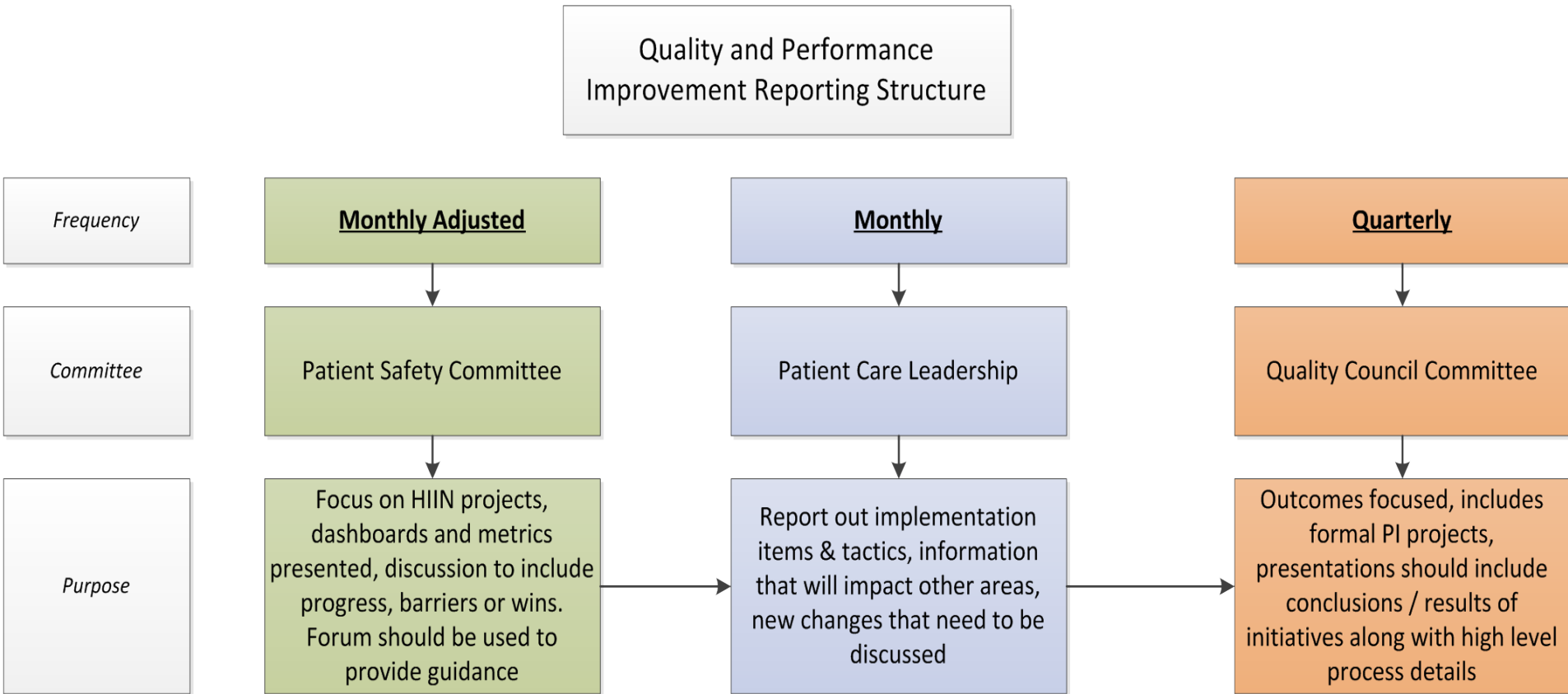
1041 Dunlawton Ave.
Port Orange, FL 32127

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This Hospital's Grade



Organizational



Hospital Improvement Innovation Network (HIIN) Projects

Core Topics:

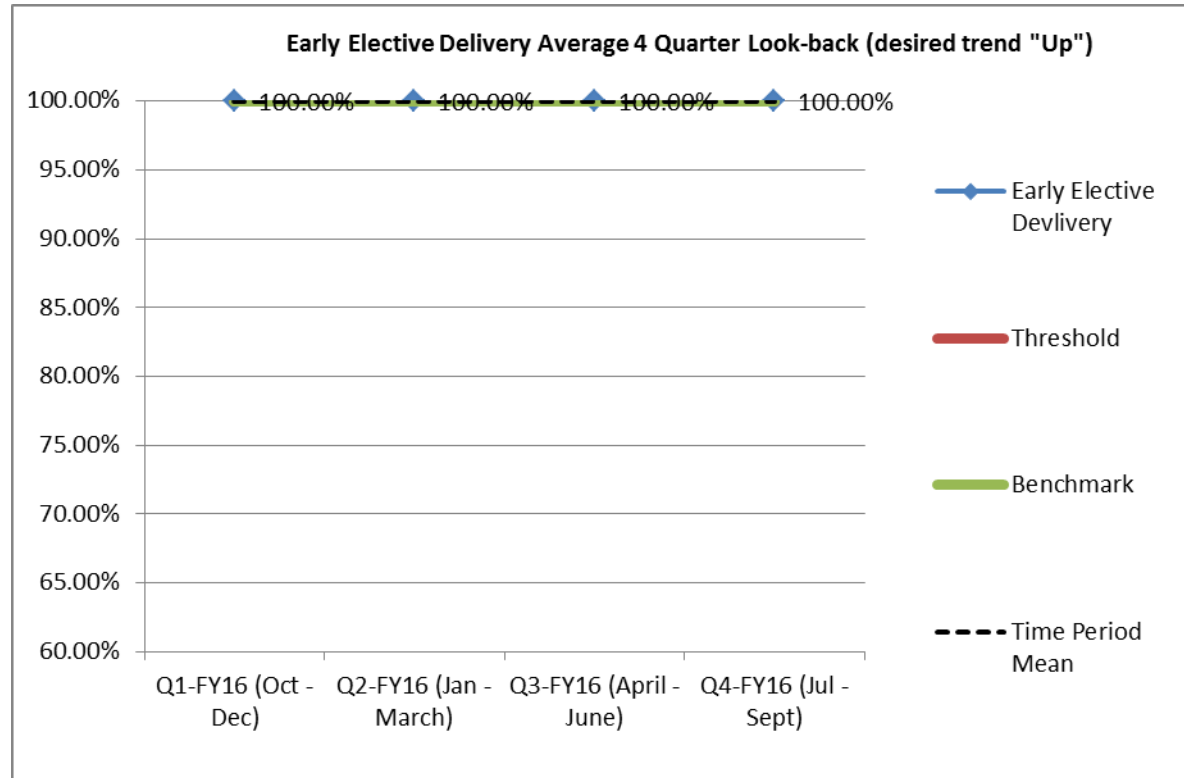
- Adverse drug events (ADE)
- CAUTI
- CLABSI
- C-diff
- Falls
- Pressure ulcers
- Severe sepsis/septic shock
- Surgical site infections
- Ventilator-associated events (VAE)
- Venous thromboembolism (VTE)
- Readmissions

Core Measures

(Early Elective Delivery between 37 and 39 weeks)

Early Elective Delivery

FY 2015 Score	FY 2016 Score
92.71%	100%



Inpatient Mortality (AMI, PN, CHF only)

Measure	Outcomes Measure Description	FY 2015	FY 2016 to Date (Oct - Sept)	FY15 Truven Mean (Nat'l)
Acute Myocardial Infarction Qualified Mortality Rate		● 6.35%	● 5.91%	8.04%
	<i>Measure Failure Count</i>	19	14	
	<i>Denominator Count</i>	299	237	
	<i>Average Length of Stay</i>	4.50	3.40	
Congestive Heart Failure Qualified Mortality Rate		● 1.69%	● 2.17%	2.96%
	<i>Measure Failure Count</i>	6	8	
	<i>Denominator Count</i>	355	369	
	<i>Average Length of Stay</i>	4.50	4.40	
Pneumonia Qualified Mortality Rate		● 2.43%	● 0.71%	2.07%
	<i>Measure Failure Count</i>	13	3	
	<i>Denominator Count</i>	534	421	
	<i>Average Length of Stay</i>	4.20	4.70	



Quality Reports FY2016 - Q4

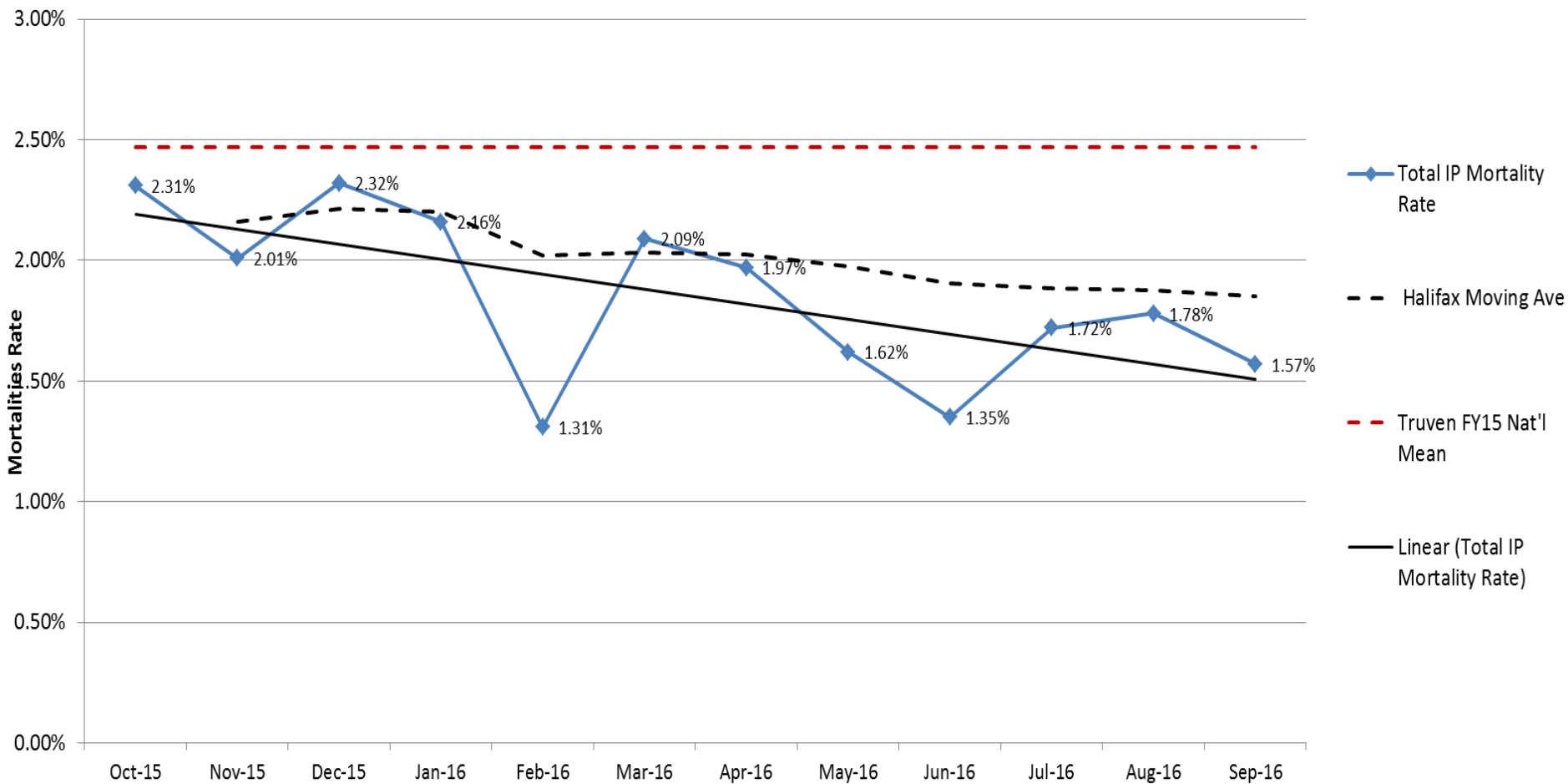
Inpatient Mortality Rates (Sepsis DRGs 870 - 872)

<u>Mortalities Description</u>	FY 2015	FY 2016	FY15 Truven Mean
Septicemia or Severe Sepsis (870 DRG w/ Mechanical Vent 96+ hrs)	● 46.25%	● 30.86%	41.80%
<i>Measure Failure Count</i>	37	25	
<i>Denominator Count</i>	80	81	
<i>Sepsis 870 DRG Average Length of Stay</i>	19.50	18.20	
Septicemia or Severe Sepsis (871 DRG w/out Mechanical Vent 96+ hrs w/ Major Comorbid Condition)	● 13.71%	● 7.81%	13.66%
<i>Measure Failure Count</i>	105	69	
<i>Denominator Count</i>	766	884	
<i>Sepsis 871 DRG Average Length of Stay</i>	7.50	7.70	
Septicemia or Severe Sepsis (872 DRG w/out Mechanical Vent 96+ hrs w/out Major Comorbid Condition)	● 0.85%	● 0.20%	2.10%
<i>Measure Failure Count</i>	3	1	
<i>Denominator Count</i>	354	501	
<i>Sepsis 872 DRG Average Length of Stay</i>	4.80	4.20	

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Inpatient Mortality Rates (All Mortalities)

TOTAL Inpatient Mortality Rates (desired trend "Down")



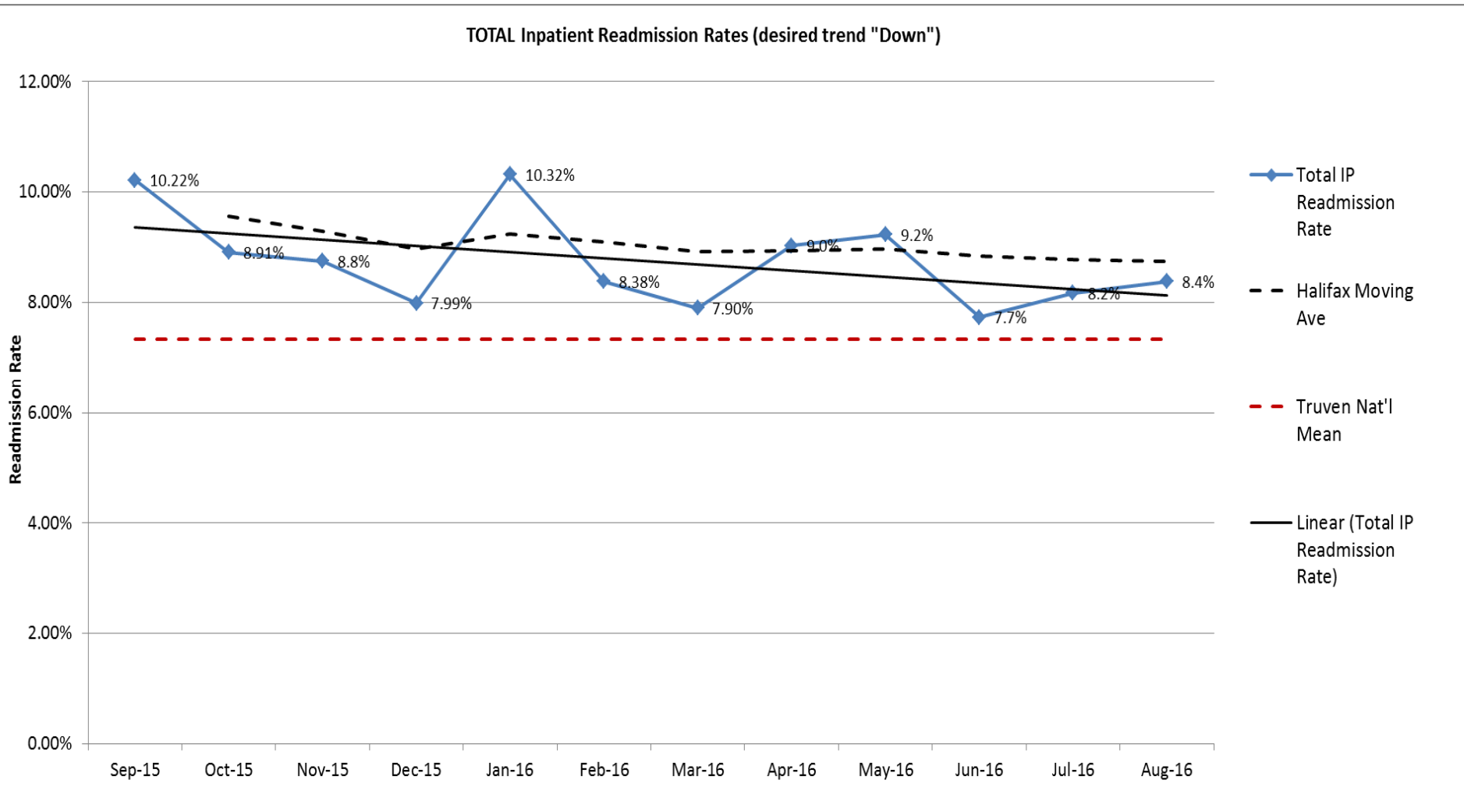
Readmissions (AMI, PN, CHF, COPD, CABG, Stroke, Hip/Knee only)

	FY 2015	FY 2016
<u>Readmission Measure Description</u>		
Acute Myocardial Infarction	🟡 11.67%	🟢 9.55%
<i>Measure Failure Count</i>	35	21
<i>Denominator Count</i>	300	220
Congestive Heart Failure	🟡 18.21%	🟢 15.07%
<i>Measure Failure Count</i>	65	55
<i>Denominator Count</i>	357	365
Pneumonia	🟡 10.67%	🟢 9.55%
<i>Measure Failure Count</i>	57	38
<i>Denominator Count</i>	534	398
Chronic Obstructive Pulmonary Disease	🟢 9.85%	🟡 11.94%
<i>Measure Failure Count</i>	40	37
<i>Denominator Count</i>	406	310
Knee Arthroplasty	🟡 2.27%	🟢 0.83%
<i>Measure Failure Count</i>	9	4
<i>Denominator Count</i>	397	483
Hip Arthroplasty	🟡 3.60%	🔴 5.52%
<i>Measure Failure Count</i>	16	26
<i>Denominator Count</i>	444	471
CABG	🟡 9.24%	🟡 9.30%
<i>Measure Failure Count</i>	11	12
<i>Denominator Count</i>	119	129
Stroke Readmissions	🟡 7.42%	🟡 11.32%
<i>Measure Failure Count</i>	32	43
<i>Denominator Count</i>	431	380







Quality Reports FY2016 - Q4

Inpatient Readmission Rates (All Readmissions)



Catheter-Associated Urinary Tract Infections (CAUTI) (Standard Infection Ratio)

HAIs Measure Description <i>(SIR = observed infections / expected infections)</i>	FY 2015	FY 2016 to Date (Oct - Sept)	CMS VBP Benchmarks	
			Threshold (Based on FY-2018 Indicators)	Benchmark (Based on FY-2018 Indicators)
CAUTI (ICUs Only) SIR	 1.37	 0.95	0.91	0.00
<i>Observed number of CAUTIs</i>	57	36		
<i>Expected number of CAUTIs</i>	41.5	37.7		
CAUTI (All Units) SIR	 1.46	 0.82	0.91	0.00
<i>Observed number of CAUTIs</i>	88	49		
<i>Expected number of CAUTIs</i>	60.1	59.8		



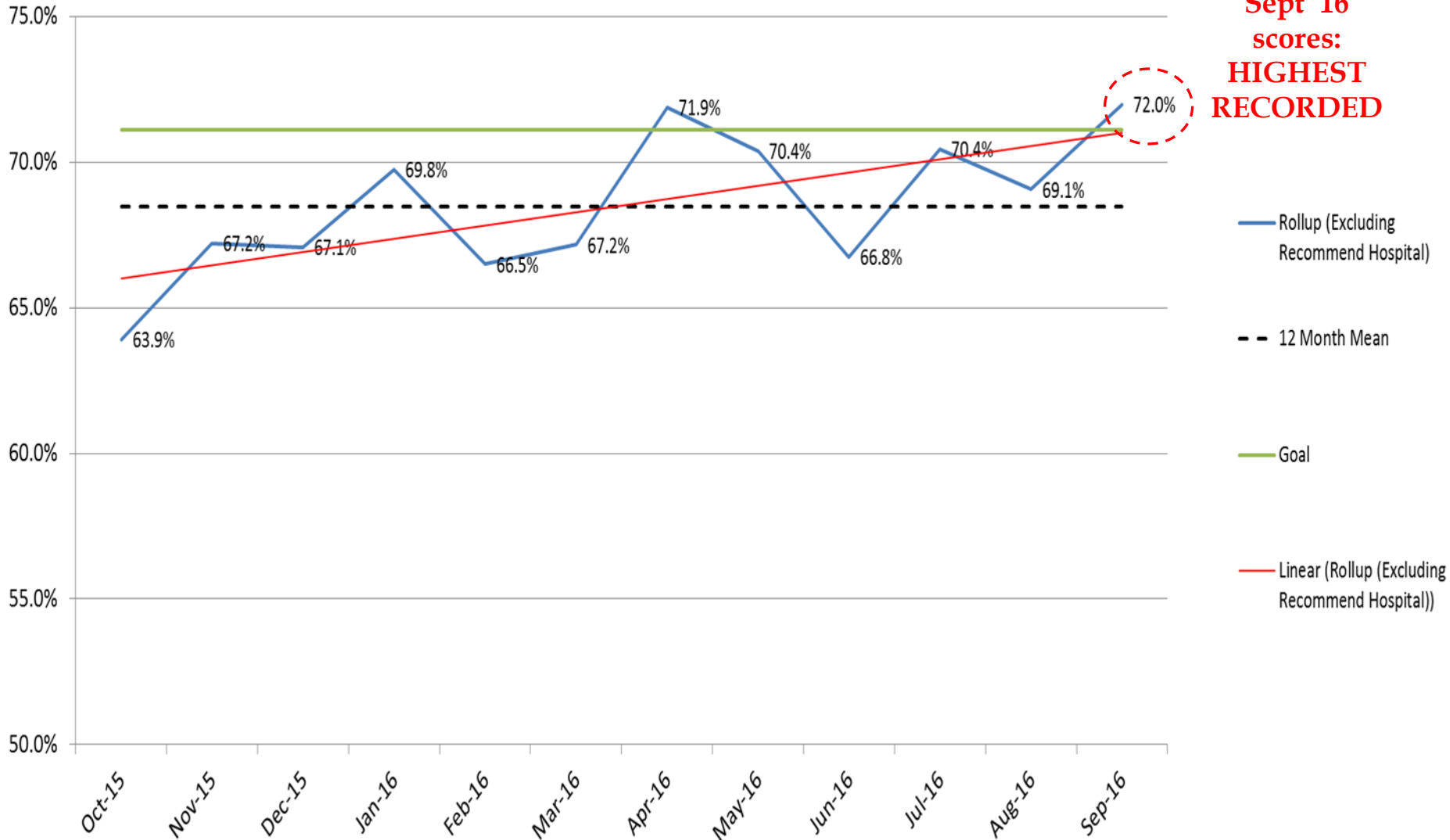
Central Line Associated Blood Stream Infections (CLABSI) (Standard Infection Ratio)

HAIs Measure Description <i>(SIR = observed infections / expected infections)</i>	FY 2015	FY 2016 to Date (Oct - Sept)	CMS VBP Benchmarks	
			Threshold (Based on FY-2018 Indicators)	Benchmark (Based on FY-2018 Indicators)
CLABSI (ICUs Only) SIR	0.85	0.60	0.37	0.00
<i>Observed number of CLABSIs</i>	23	14		
<i>Expected number of CLABSIs</i>	27.2	23.5		
CLABSI (All Units) SIR	0.82	0.75	0.37	0.00
<i>Observed number of CLABSIs</i>	35	25		
<i>Expected number of CLABSIs</i>	42.5	33.3		



HCAHPS (Average Rollup Score)

Overall FYTD 2015 & 2016 HCAHPS



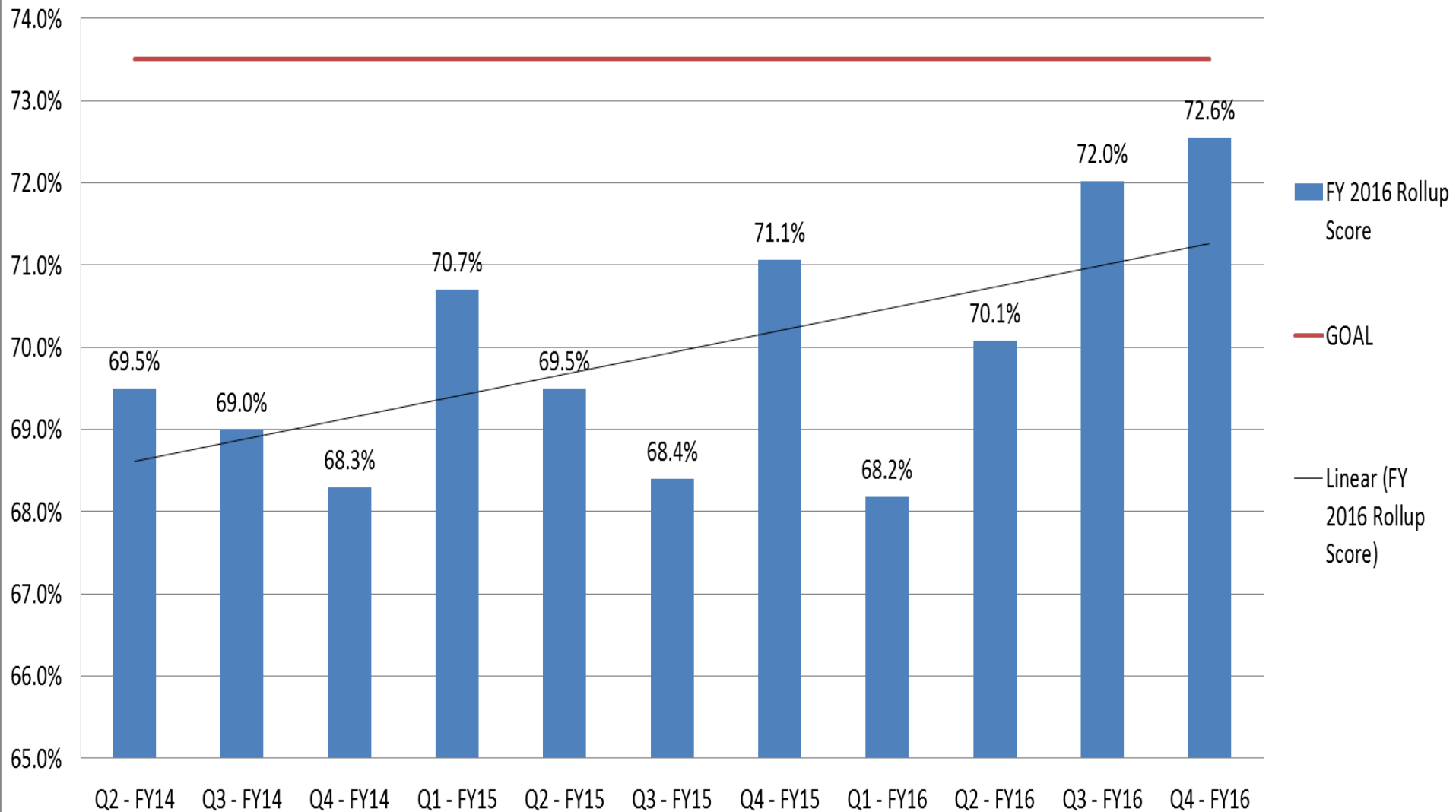
**Sept '16
scores:
HIGHEST
RECORDED**

- Rollup (Excluding Recommend Hospital)
- 12 Month Mean
- Goal
- Linear (Rollup (Excluding Recommend Hospital))



Quarterly

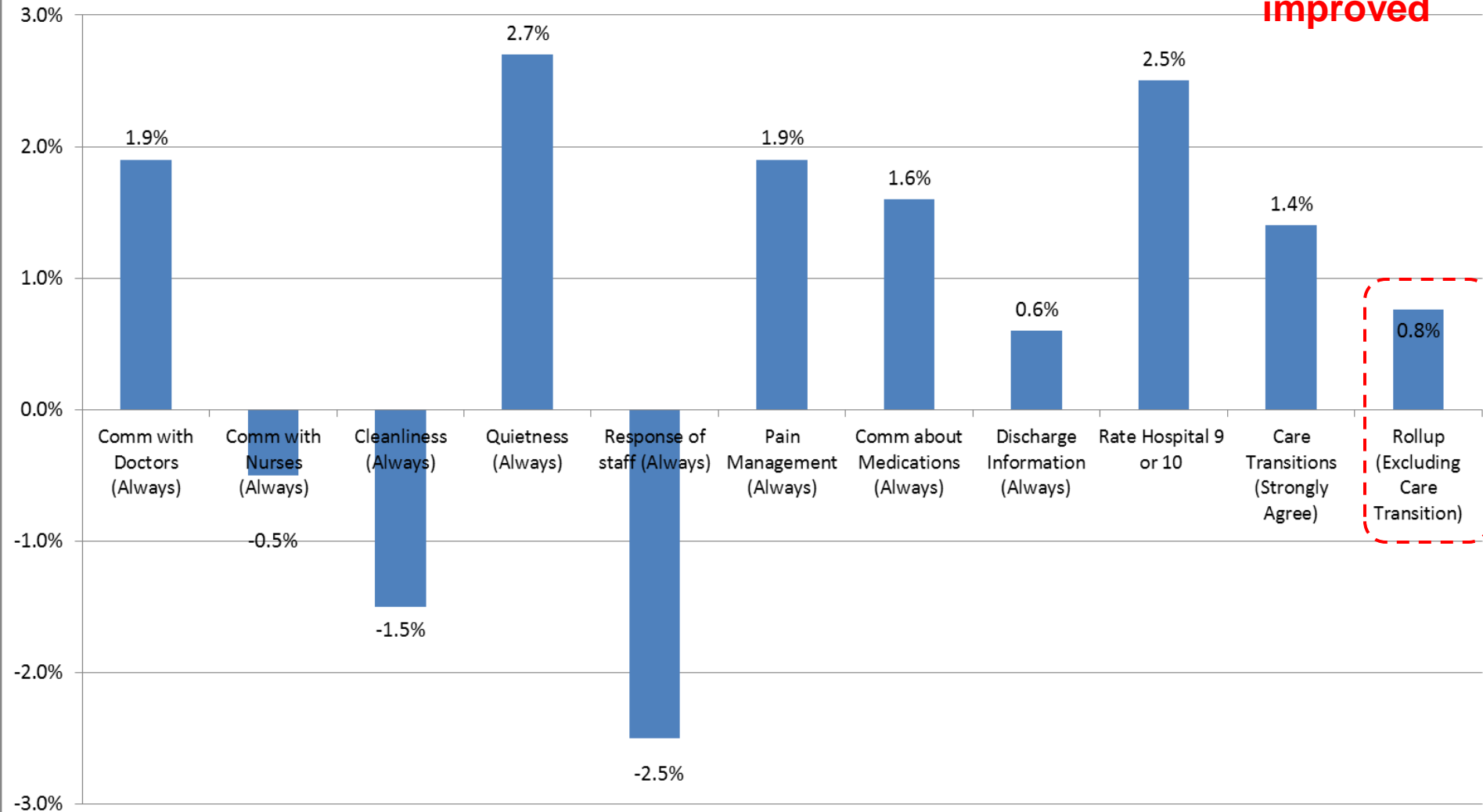
Rollup Score by Quarter



Question Compare

7 of 10
questions
improved

Halifax Health FY 15 to FY16 Change



Questions?