



Wyoming Hospital Association

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NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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Care Compare Star Ratings April Release

As part of the April refresh of Care Compare, the Centers for Medicare & Medicaid Services (CMS) plans to update its hospital overall star ratings. These ratings will be calculated using the revised methodology finalized in the Calendar Year (CY) 2021 outpatient prospective payment system (OPPS) final rule. The release of these data often generates interest from the media.

The talking points below may be helpful in responding to inquiries about your star ratings.

Hospitals have been pioneers in quality measurement and have long shared safety and quality data with the public. Patients and their families need clear information to make health care decisions.

When making health care decisions, patients should use all available tools at their disposal, such as talking with friends and family and consulting with doctors, nurses and other trusted health care providers.

We appreciate many of the recent changes that CMS made to their star ratings program. These changes have simplified the ratings and made it easier for hospitals to know how their score was calculated.

Specifically, we are pleased that CMS abandoned its latent variable modeling approach and are now calculating hospital performance by simple averages.

CMS will also only assign a star rating if hospitals report a minimum number of measures, and requiring some of those measures to address the topics of mortality or safety.

In addition, CMS reorganized some of the measures so individual topics wouldn't carry an overdue amount of weight.

Overall, these changes have made the star ratings easier to interpret, more transparent to hospitals as to how they arrived at particular ratings, and more balanced in favor of high-priority topics.

However, we believe that CMS still has work to do to improve the star ratings program. The single biggest issue continues to be the lack of a sociodemographic status (SDS) adjustment, which biases the ratings against those hospitals caring for poorer patients.

In addition, while we agree with the concept behind CMS' peer grouping approach, we believe it needs ongoing monitoring to ensure it fosters the more equitable comparisons that CMS intends.

The number of reported measures is supposed to be a proxy for the complexity of patients and breadth of services that hospitals offer, and CMS chose it because it is easier to obtain than other proxies.

While this step might help level the playing field when comparing hospitals and represents a step in the right direction, it remains to be seen whether the change will meaningfully differentiate unlike hospitals.

As longstanding supporters of transparency, hospitals are committed to continuing the dialog with CMS about the goal we share — providing the pub-

lic with accurate, meaningful information about quality.

CMS' Star Ratings program is one of a number of sources of data and rankings of hospital performance. As with any report cards or ratings, each must be interpreted in context, and it is unlikely any one report card will provide a robust and reliable portrait of quality in a hospital.

For example, some of the data used to calculate hospital grades can be years old and may not reflect more recent performance improvement efforts. In addition, not all measures apply to all patients, which can matter when report cards are used as the primary tool to select a hospital for a specific procedure.

Hospitals can see the data that will be publicly reported on the Centers for Medicare & Medicaid Services (CMS) Care Compare website in April. This includes an update of Overall Hospital Quality Star Ratings using the revised Star Ratings methodology that CMS finalized in the calendar year (CY) 2021 outpatient payment prospective payment system (OPPS) final rule. The Star Ratings displayed in April will reflect measure performance from the October 2020 update of Care Compare.

To review your data go to:

<https://hqr.cms.gov/hqrng/login>

WHA Calendar	
WHA Golf Tournament Casper	9/7 2021
Annual Meeting & Convention Casper	9/8-9/9 2021



2021 Contributions

Barry Burkart
Tim Thornell
Robin Roling

Member Spotlight



Powell Valley Healthcare (PVHC) officials have found a way to save their patients and the community some money.

The ambulances at PVHC put on a lot of miles. The EMTs and paramedics do a lot of transporting to and from other facilities, from Billings to Casper. With long stretches of highways between facilities in this rural part of the country, it's a lot of driv-

PVHC Receives New Van

ing. It's also a lot of gas and maintenance for the vehicles.

The Powell hospital needed to add another vehicle to its fleet, but rather than get a standard ambulance, leaders went for a sprinter van.

Unlike the standard diesel-powered ambulances, the sprinter van is gas-powered. While it's narrower by a couple feet, it has all the capabilities of an ambulance. It's also all-wheel drive, has a wider field of view and gets about twice the mileage.

Best of all, it's a much more smoother and quieter ride, which can be a lot nicer for the patients.

"It's really a patient satisfier," said June Minchow, director of

emergency and critical care services at PVHC.

Besides the savings on mileage, the vehicle is also cheaper to maintain and costs roughly 60% less than a standard ambulance. Of the \$94,110 purchase price, the State Loan and Investment Board kicked in a grant to cover \$47,055 of that.

"So far everyone really likes it," said Scott Bagnell, emergency medical services and emergency room manager.

It's got a few features for the EMTs and paramedics as well, such as seat belts that allow them to reach the patient and supplies. Should there be an accident, the seat belts retract to keep the workers safe.

SMH Auxiliary

SMH Auxiliary Pledges Donation

In January, the Sheridan Memorial Hospital Auxiliary voted unanimously to pledge \$50,000 to the Transitional Care Expansion at Sheridan Memorial Hospital. With this gift, the Auxiliary has given \$724,000 to Sheridan Memorial Hospital since 1991.

With a mission "to provide comfort to and better the welfare of Sheridan Memorial Hospital's patients," The Auxiliary Board members voted on the opportunity that best exemplified their purpose. This year's funds will impact patient care throughout the

hospital by going to the Transitional Care Unit (TCU), as this service is a multi-disciplinary team made numerous departments. The TCU team includes Nursing, Physical, Occupational, Speech and Respiratory Therapy, Case Management and Social Services, Nutritional Services, Wound Care, and more.

Foundation Director of Donor Relations - Ada Kirven, Development Coordinator - Jasmine Slater, and Chief Development Officer - Cody Sinclair gratefully

accepted the gift presented on behalf of the numerous departments who will be positively impacted by this contribution.



Echo in Geriatrics

UW Echo in Geriatrics

In partnership with University of Wyoming Center on Aging (WyCOA), Mountain Pacific Quality Health are in the final stages of launching CDC Project Firstline, Infection Prevention ECHO.

Adding the component towards the human approach and redefining culture change, "Everyone is an Infection Preventionist".

The session's will not only address the educational aspect but increase self-confidence, new language, and proactive innovation in any setting.