Texas Health Care Quality Improvement Award

Texas Health Care Quality Improvement Award program for Texas hospitals is being sponsored again in 2010 – 2011 by TMF Health Quality Institute. TMF, the Medicare quality improvement organization for Texas, established the awards program in partnership with the Texas Hospital Association, Texas Organization of Rural and Community Hospitals, Texas Medical Association and Texas Osteopathic Medical Association. This non-competitive award program is designed to build on the quality of care that you already provide for your patients.

Evidence of the 2008 - 2009 award program's success:

- Out of approximately 375 hospitals in Texas, 227 nominated themselves for the award.
- Of the 227 hospitals, 93 met the award criteria to qualify, with 27 receiving the highest award, the Award of Excellence, and 66 receiving the Quality Improvement Achievement Award. View event photos and a complete list of the 2009 Award Recipients.
- Hospitals were presented with their awards in a formal ceremony in Austin on August 27, 2009, with 181 hospital professionals attending. In addition to postings on the TMF website, award recipients were recognized in the media over 90 times, with stories being picked up by major Texas dailies such as the *Houston Chronicle*, *San Antonio Express-News* and *Dallas Morning News*. Trade publications covering the awards included *Texas Medicine*, *Texas Family Physician* and the *Texas DO*, as well as newsletters for the Texas Hospital Association, Texas Organization of Rural and Community Hospitals (TORCH) and the Texas Association for Healthcare Quality. Online publications also covered the awards. These included *Yahoo Financial News*, *NewsRx*, *Nurse.com*, and *News-Journal.com* among others.

This year's award program will again have criteria specific to Critical Access Hospitals. Critical Access Hospitals enrolled in the award program are working on improving care related to heart failure and pneumonia.

For Inpatient Prospective Payment System (IPPS) acute care hospitals, the award program is again based on improving care related to acute myocardial infarction, heart failure, pneumonia and the surgical care improvement project (SCIP).

How does my hospital get involved?

Applications are no longer being accepted. Nominations for the 2010-2011 award program were accepted from August 1 to September 30, 2010. The award includes three award categories: Gold, Silver and Bronze.The criteria for each category are listed on the award criteria section of this website.

What determines an award winner?

See the award criteria section of this website.

How will my hospital be recognized if we should receive an award?

- Hospitals meeting the criteria for the Gold and Silver awards will receive a crystal trophy in recognition of their accomplishments.
- Hospitals meeting the criteria for the Bronze award will receive a framed certificate in recognition of their accomplishments.
- Recipients of the Gold and Silver awards will be invited to an award ceremony and reception where they will be honored for their achievements, have the chance to network with other hospital recipients and meet representatives from organizations sponsoring the award.
- TMF will launch a media campaign to announce recipients statewide in medical publications, magazines and news services and will also provide a press kit for hospitals to use with their local broadcast and print media.

Who should I contact if I have more questions?

If you have more questions about the program, feel free to contact Suzie Daly, MHA, Project Resource Consultant, at 512-964-5988 or patientsafety@tmf.org

Nominations Are No Longer Being Accepted

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Award Program Process

1. **Submit the online Application for Nomination by September 30, 2010.**

2. Collect quarterly data on the quality indicators using your Joint Commission vendor or CMS Abstraction & Reporting Tool (CART). **Data must be transmitted to the QualityNet Exchange (QNet)** according to the established data submission deadlines. Critical access hospitals (CAHs) must sign the Hospital Quality Alliance Pledge to Participate agreement to publically report data for the HF and PNE measures. CAHs must also register for QNet Exchange. Please contact Sherri Gagner, Data Reporting Consultant, at 866-439-0863 or Trudy Carson at 866-439-5863 to request a QNet registration packet if you are a critical access hospital needing access to QNet

   See Indicators included in the Appropriate Care Measure (ACM).

3. Identify opportunities to improve the care process and implement changes that will result in compliance with evidence-based medicine.

4. (Optional) Submit a Process Improvement Plan quarterly according to the data submission deadlines established by QNet. These documents will provide a brief description of activities and interventions that you are testing/implementing to improve your performance on the quality indicators.

5. Quarterly data reports containing individualized hospital scores will be uploaded to your QNET administrator's inbox within two weeks following the established QNet data submission deadlines. An e-mail notification will be sent to the award program hospital contact when these reports are available.

6. At the end of the program, your hospital's aggregate ACM score (using quarter 4, 2010 – quarters 1-3, 2011) will be used to determine award recipient status. Quarter 4, 2010 data is not due to QNet Exchange until May 15, 2011; therefore, recipients will be notified after TMF Health Quality Institute has access to the data and can compute the ACM score.

7. Other requirements necessary to receive an award are listed in the award criteria section.

8. After completion of the award program in February 2012, a statewide press release will announce all recipients and individual press releases will be available for each recipient hospital to disseminate to its local media, if it chooses. An award celebration will be held in Austin in April 2012. View award program timeline.

2010-2011 Award Criteria

The Texas Health Care Quality Improvement Award (THCQI Award) will be based on a composite score, known as the Appropriate Care Measure (ACM). For acute care hospitals Inpatient Prospective Payment System (IPPS), the ACM will consist of 27 indicators for the clinical topics of acute myocardial infarction (AMI), heart failure (HF), pneumonia (PNE) and the surgical care improvement project (SCIP). These 27 indicators are those that are required for submission under the Reporting Hospital Quality Data for Annual Payment Update in accordance with Section 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

Critical Access Hospitals will have an ACM score based on 10 indicators for the clinical topics of heart failure and pneumonia.

Award determination will be made using an aggregated ACM score from 4th quarter 2010 through 3rd quarter 2011.

Inpatient Prospective Payment System (IPPS) Acute Care Hospitals

Click on column title for more information or definitions.

Category	ACM Score	Mortality Measures	Readmission Measures	HCAHPS
Gold Award	90 – 100% for 4th Quarter 2010 – 3rd Quarter 2011 discharges for acute myocardial infarction, heart failure, pneumonia and SCIP measures	"Better than National Rate" on AMI, HF, **or** PNE mortality measures Not "worse than national rate" on AMI, HF, **or** PNE mortality measures	"Better than National Rate" on AMI, HF, **or** PNE readmission measures Not "worse than national rate" on AMI, HF, **or** PNE readmission measures	"Better than the Texas rate" of the overall HCAHPS measure
Silver Award	90 – 100% for 4th Quarter 2010 – 3rd Quarter 2011 discharges for acute myocardial infarction, heart failure, pneumonia and SCIP measures	Not "worse than national rate" on AMI, HF, **or** PNE mortality measures	Not "worse than national rate" on AMI, HF, **or** PNE readmission measures	"Better than the Texas rate" of the overall HCAHPS measure
Bronze Award	80 – 89% for 4th Quarter 2010 – 3rd Quarter 2011 discharges for acute myocardial infarction, heart failure, pneumonia and SCIP measures	Not "worse than national rate" on AMI, HF, **or** PNE mortality measures	Not "worse than national rate" on AMI, HF, **or** PNE readmission measures	"Better than the Texas rate" of the overall HCAHPS measure

Critical Access Hospitals (CAHs)

Click on column title for more information or definitions.

Category	ACM Score	Mortality Measures	Readmission Measures	HCAHPS
Gold Award	90 – 100% for 4th Quarter 2010 – 3rd Quarter 2011 discharges for heart failure and pneumonia measures	"Better than National Rate" on AMI, HF, **or** PNE mortality measures Not "worse than national rate" on AMI, HF, **or** PNE mortality measures	"Better than National Rate" on AMI, HF, **or** PNE readmission measures Not "worse than national rate" on AMI, HF, **or** PNE readmission measures	Not required for Critical Access Hospitals
Silver Award	90 – 100% for 4th Quarter 2010 – 3rd Quarter 2011 discharges for heart failure and pneumonia measures	Not "worse than national rate" on AMI, HF, **or** PNE mortality measures	Not "'worse than national rate" on AMI, HF, **or** PNE readmission measures	Not required for Critical Access Hospitals
Bronze Award	80 – 89% for 4th Quarter 2010 – 3rd Quarter 2011 discharges for heart failure and pneumonia measures	Not "worse than national rate" on AMI, HF, **or** PNE mortality measures	Not "worse than national rate" on AMI, HF, **or** PNE readmission measures	Not required for Critical Access Hospitals

IPPS Acute Care Hospitals and Critical Access Hospitals' applicants are encouraged to submit a Process Improvement Plan (PIP) quarterly according to the data transmission deadlines established by QNet.

CAHs must sign the Hospital Quality Alliance Pledge to Participate agreement to publically report data for the HF and PNE measures. CAHs must also register for QNet Exchange. Please contact Sherri Gagner, Data Reporting Consultant, at 866-439-0863 or Trudy Carson at 866-439-5863 to request a QNet registration packet if you are a critical access hospital needing access to QNet.

Types of Awards for Hospitals and Critical Access Hospitals:

Gold and Silver Award: ACM score of 90 – 100% and have met all other requirements.

Bronze Award: ACM score of 80 – 89% and have met all other requirements.

Explanation of Appropriate Care Measure (ACM)

The ACM is a composite score that captures whether or not a patient received all the care he or she was eligible to receive. The ACM score is a measure of how often the hospital gets it right.

For Inpatient Prospective Payment (IPPS) hospitals, the ACM will be based on the 27-indicator (7 AMI, 4 HF, 6 PNE and 10 SCIP indicators) set as described in the Reporting Hospital Quality Data Annual Payment Update (RHQDAPU) program for FY 2011. CMS implemented the RHQDAPU program in accordance with section 501(b) of the Medicare Prescription Durg, Improvement and Modernization Act of 2003.

For IPPS hospitals, all patients eligible for care in at least one of the 27 indicators are counted in the denominator. The patients receiving all the care they are eligible for are counted in the numerator.

For Critical Access Hospitals, the ACM will be based on a 10-indicator set (4 HF and 6 PNE). All patients eligible for care in at least one of the 10 indicators are counted in the denominator. The patients receiving all the care they are eligible for are counted in the numerator.

Calculation of the ACM at the patient level:

The ACM is calculated for only one clinical topic per patient. For example, an AMI patient with chronic heart failure and a principal diagnosis at discharge of AMI would have an ACM based on the AMI indicators.

AMI Example

A non-smoking patient was eligible for aspirin and beta blocker at arrival and for fibrinolytic therapy, but was excluded from aspirin and beta blocker at discharge, ACEI/ARB for LVSD and from PCI. If the patient

- receives aspirin at arrival only – fails ACM
- receives beta blocker at arrival only – fails ACM
- receives both aspirin and beta blocker at arrival and receives fibrinolysis 45 minutes after hospital arrival – fails ACM
- receives both aspirin and beta blocker at arrival and receives fibrinolysis in less than 30 minutes after hospital arrival – passes ACM

Credit is only given if the patient received care for all of the indicators they were eligible for.

Calculation of the ACM at the hospital level:

In the example below, a hospital had 5 AMI patients, 10 HF patients, 10 PNE patients and 5 SCIP patients. The ACM rate, both total and for each clinical topic, is calculated with the numerator made up of patients meeting ACM criteria and the denominator being total patients.

Example

Topic	# of patients	# of patients meeting ACM criteria	ACM
AMI	5	2	40%
HF	10	5	50%
PNE	10	8	80%
SCIP	5	5	100%
Total	30	20	67%

Appropriate Care Measure (ACM) Indicators Included for all Inpatient Prospective Payment System (IPPS) Hospitals

	Acute Myocardial Infarction (AMI)
AMI-1	Aspirin at Arrival
AMI-2	Aspirin Prescribed at Discharge
AMI-3	ACEI or ARB for LVSD
AMI-4	Adult Smoking Cessation Advice/Counseling
AMI-5	Beta Blocker Prescribed at Discharge
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
	Heart Failure (HF)
HF-1	Discharge Instructions
HF-2	Evaluation of LVS Function
HF-3	ACEI or ARB for LVSD
HF-4	Adult Smoking Cessation Advice/Counseling
	Pneumonia (PNE)
PN-2	Pneumoccocal Vaccination
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-4	Adult Smoking Cessation Advice/Counseling

PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patient
PN-7	Influenza Vaccination
	Surgical Care Improvement Project (SCIP)
SCIP-Inf-1	Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients
SCIP-Inf-3	Prophylactic Antibiotic Discontinued Within 24Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
SCIP-Card-2	Surgery Patients on Beta Blocker Therapy Prior to Arrival Who received a Beta Blocker

Appropriate Care Measure (ACM) Indicators Included for Critical Access Hospitals (CAHs)

	Heart Failure (HF)
HF-1	Discharge Instructions
HF-2	Evaluation of LVS Function
HF-3	ACEI or ARB for LVSD
HF-4	Adult Smoking Cessation Advice/Counseling
	Pneumonia (PNE)
PN-2	Pneumoccocal Vaccination
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
PN-4	Adult Smoking Cessation Advice/Counseling
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patient
PN-7	Influenza Vaccination

Award Program Submission Timeline/Checklist

Eligibility for the Texas Health Care Quality Improvement Award requires complete submission of the documents as defined within this timeline.

All data will be pulled from the QualityNet (QNet) Exchange and uploaded to your QNet administrator's inbox shortly after the indicated due date.

Due Date	Activity
August 1 – September 30, 2010	Application for Nomination
May 15, 2011	Data Report (October, November and December 2010 Discharges) Process Improvement Plan
August 15, 2011	Data Report (January, February and March 2011 Discharges) Process Improvement Plan
November 15, 2011	Data Report (April, May and June 2011 Discharges) Process Improvement Plan
February 15, 2012	Data Report (July, August and September 2011 Discharges) Process Improvement Plan
March 2012	TMF Health Quality Institute will determine/notify award recipients Provide media tool kits
April 2012	TMF Health Quality Institute will host award ceremony

See Calendar

When can I complete the Process Improvement Plan?

The online form to complete your process improvement plan will be available by April 15, 2011. Return to this page to complete your plan before the first process improvement plan due date of May 15, 2011.

Contact Us

For assistance or questions with the awards program, contact:

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