

Vermont Department of Health

Hospital Report Card Reporting Manual

(REVISED May, 2016)



2016 HOSPITAL REPORT CARD REPORTING MANUAL

TABLE OF CONTENTS

| | |
|---|----------|
| INTRODUCTION | 3 |
| REPORTING SPECIFICATIONS | 4 |
| General | 4 |
| On Statewide Comparative Report | 4 |
| On Hospital's Website | 4 |
| Other | 4 |
| Online Report Card Toolkit Page | 4 |
| APPENDICES | 5 |
| A. Hospital Report Card Timelines | 5 |
| B. Required Measures for Community Hospitals | 6 |
| C. Required Measures for Psychiatric Hospitals | 8 |
| D. Specifications for Community Hospital-Specific Information | 9 |
| E. Specifications for Psychiatric Hospital-Specific Information | 10 |
| F. Specifications for Financial Reports and Pricing Information | 11 |
| G. Changes Made in 2016 from Previous Year | 13 |

INTRODUCTION

Act 53 of 2003, codified as 18 V.S.A. § 9405b, requires hospitals in Vermont to produce annual hospital community reports, also known as Hospital Report Cards. The purpose of the Act is to:

Develop tools and resources to assist consumers and payers with making health care decisions by providing accessible, useful information comparing hospital costs and performance.

In response to that legislation, a regulation (Rule H-2009-05) was promulgated by the Department of Financial Regulation to ensure that each hospital licensed in Vermont publishes for its communities, and files with the commissioner, an annual report reflecting the hospital's performance in relation to quality, patient safety, hospital-acquired infections, nurse staffing, and pricing and measures of financial health. This responsibility was later transferred to the Vermont Department of Health (the department) in 2014.

In 2016, a bill (S.255), which requires hospitals to provide information to the public about their community health needs and to allow public participation in the community health needs assessment process and includes other changes, was introduced and passed. This Manual reflects the changes made.

The following 14 community hospitals and two psychiatric hospitals are required to participate:

| |
|--|
| Community Hospitals |
| Brattleboro Memorial Hospital |
| The University of Vermont Health Network: Central Vermont Medical Center |
| Copley Hospital |
| Gifford Medical Center |
| Grace Cottage Hospital |
| Mt. Ascutney Hospital |
| North Country Hospital |
| Northeastern Vermont Regional Hospital |
| Northwestern Medical Center |
| Porter Medical Center |
| Rutland Regional Medical Center |
| Southwestern Vermont Medical Center |
| Springfield Hospital |
| The University of Vermont Medical Center |
| Psychiatric Hospitals |
| Brattleboro Retreat |
| Vermont Psychiatric Care Hospital |

In addition, White River Junction VA Medical Center and Dartmouth-Hitchcock Medical Center have been invited to voluntarily participate in the hospital community report initiative.

This manual contains the mandatory reporting specifications that reflect the new changes for the 2016 Hospital Report Card for all hospitals, and other important information to help hospitals adhere to the requirement. Contact information concerning the Act 53/Hospital Report Card is provided below.

Teri Hata, Data Analyst
 Vermont Department of Health
 108 Cherry St. Burlington, VT 05401
 Tel: 802-657-4209, Fax: 802-865-7701
 Email: teri.hata@vermont.gov

REPORTING SPECIFICATIONS

General:

1. All hospitals must report required information, make them publicly available and easily accessible, on either the Health Department's Hospital Report Card website or on their hospital website, as specified in Appendix B for community hospitals and Appendix C for psychiatric hospitals.
2. All information must be published annually by June 1. Please follow the timeline (Appendix A) for deadlines for timely publication of the Report Card.
3. Each hospital will establish a link to the Vermont Department of Health Hospital Report Card on their landing page, entitled "**Hospital Report Card**," with the Hospital Report Card logo.
4. For 2016, hospitals have the option of following this Reporting Manual which reflect the legislative changes in reporting, OR the Hospital Report Card Reporting Manual published March, 2016: http://healthvermont.gov/hc/hospitalreportcard/documents/HRC_Reporting_Manual.pdf.

On Statewide Comparative Hospital Report Card (Department of Health Hospital Report Card):

1. The Health Department will post the following measures on the statewide Hospital Report Card:
 - a. Measures of quality,
 - b. Measures of hospital-acquired infections,
 - c. Measures of patient safety,
 - d. Nurse staffing,
 - e. Comparison of charges for higher volume services, and
 - f. Hospitals' budget including revenue by source and quantification of cost shifting to private payers, the one and four-year capital expenditure plans, and the depreciation schedule for existing facilities (link to GMCB).

On Hospital's Website:

1. Refer to Appendix D: Specifications for Required Community Hospital-Specific Information, and E: specifications for Required Psychiatric Hospital-Specific Information.

Other:

1. The department's website will present some of the measures using My Own Network, powered by AHRQ (MONAHRQ®) which compares the hospitals with national and state benchmarks when available. The remaining measures will be presented in a PDF format.
2. The department's website archives older reports dating back to 2014. Reports older than 2014 will be available upon request. Contact information can be found [here](#).

Online Report Card Toolkit Page:

1. For hospitals that choose to use the webpage template, please find it here: http://healthvermont.gov/hc/hospitalreportcard/hospital_resources.aspx

APPENDIX A: Hospital Report Card Timelines

Community Hospitals

| | |
|--------------------------------|--|
| Before Friday, March 11 | <p>The Health Department releases the 2016 Hospital Report Card Reporting Manual. Green Mountain Care Board (GMCB) sends financial tables to community hospitals for review and comment (deadline date is contingent upon GMCB schedule).</p> <p>The department sends the following to the community hospitals:</p> <ul style="list-style-type: none"> • CPT pricing template for <u>completion</u> • Inpatient and outpatient pricing tables for review and comment • Hospital information form for completion (optional) |
| Thursday, March 31, | <p>Community hospitals send the department:</p> <ul style="list-style-type: none"> • Completed hospital information form (optional – to be displayed in MONAHRQ) and • Completed hospital CPT pricing template. |
| Friday, April 15 | <p>Community hospitals send:</p> <ul style="list-style-type: none"> • Comments to GMCB on the financial tables. • Comments to the department on inpatient and outpatient pricing. <p>The department sends AHRQ's volume and mortality data to the community hospitals.</p> |
| Friday, April 29 | <p>Community hospitals send comments to the department on AHRQ's volume and mortality data. GMCB sends final financial data to the community hospitals. The department sends Inpatient and outpatient pricing to community hospitals for final review and comment. VPQHC sends formatted nurse staffing data to all hospitals for review.</p> |
| Friday, May 6 | <p>All hospitals send the nurse staffing data back to VPQHC with final comment. Community hospitals send the financial data back to GMCB with final comment.</p> |
| Friday, May 13 | <p>VPQHC sends final reports to the department on nurse staffing, Adverse Patient Safety Events, and surgical site infection ratios. GMCB sends the final financial report to the department. Community hospitals send the final inpatient and outpatient pricing to the department.</p> |
| Monday, May 23 | <p>The department publishes the 2016 Hospital Report Card on its website. The website is then available to allow hospitals to link to it. The Health Department website will continue to update hospital data as necessary until May 31st.</p> |
| Wednesday, June 1 | <p>Reports published on all hospital websites. Comparative report published on the department's website.</p> |

Psychiatric Hospitals

| | |
|--------------------------------|---|
| Before Friday, March 11 | <p>The Health Department releases the 2016 Hospital Report Card Reporting Manual. The department sends the financial table & CPT pricing templates to psychiatric hospitals.</p> |
| Friday, May 6 | <p>All hospitals send the nurse staffing data back to VPQHC with final comment.</p> |
| Friday, May 13 | <p>VPQHC sends final reports to the Health Department on nurse staffing.</p> |
| Monday, May 23 | <p>The department publishes the 2016 Hospital Report Card on its website. The VDH website is then available to allow hospitals to link to it. The department website will continue to update hospital data as necessary until May 31st.</p> |
| Wednesday, June 1 | <p>Reports published on all hospital websites. Comparative report published on the Health Department's website.</p> |

APPENDIX B: Required Measures for Community Hospitals

| Measure | Source | Spec. | Published Location | Reporting Period |
|---|------------------|-------|--------------------------|--|
| Quality of Care Information | | | | |
| AMI-7a Fibrinolytic therapy received within 30 minutes of hospital arrival | CMS | 1 | VDH Hospital Report Card | 7/2014-6/2015, updated quarterly |
| AMI-8a Timing of receipt of primary PCI | | | | |
| MORT-30-AMI Acute myocardial infarction 30-day mortality rate | AHRQ/CMS | | | 7/2011-6/2014, updated quarterly |
| READM-30-AMI Acute myocardial infarction 30-day readmission rate | | | | |
| HF-2 Evaluation of (LVS) function | AHRQ/CMS | | | 7/2011-6/2014, updated quarterly |
| MORT-30-HF Heart failure 30-day mortality rate | | | | |
| READM-30-HF Heart failure 30-day readmission rate | | | | |
| MORT-30-PN Pneumonia 30-day mortality rate | AHRQ/CMS | | | |
| READM-30-PN Pneumonia 30-day readmission rate | | | | |
| READM-30-HOSP-WIDE (HWR) 30-day overall hospital-wide readmission rate | CMS | | | |
| SCIP-Inf-1 Prophylactic antibiotic received within one hour prior to surgical incision | CMS | | | 7/2014-6/2015, updated quarterly |
| SCIP-Inf-2 Prophylactic antibiotic selection for surgical patients | | | | |
| SCIP-Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time | | | | |
| SCIP-Inf-9 Urinary catheter removed on postoperative day 1 or day 2 with day of surgery being zero | | | | |
| SCIP-VTE-2 Surgery patients with recommended 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 during the perioperative period | | | | |
| Volume & mortality rate of esophageal resections (IQI-1 & 8) | AHRQ IQIs/VUHDDS | 2 | CY 2014 | |
| Volume & mortality rate of pancreatic resections (IQI-2 & 9) | | | | |
| Volume & mortality rate of abdominal aortic aneurysm repairs (IQI-4 & 11) | | | | |
| Hospital-Acquired Infection Information | | | | |
| Central Line Associated Bloodstream Infection (CLABSI) Ratios (HAI-1) | CDC/NHSN via CMS | 3 | VDH Hospital Report Card | 7/2014-6/2015, updated quarterly |
| Clostridium difficile (C. diff) Infection Ratios (HAI-6) | | 4 | | |
| Surgical Site Infection Ratios - Abdominal Hysterectomy (HAI-4) | NHSN | 5 | | |
| Surgical Site Infection Ratios - Hip Replacement | | | | |
| Surgical Site Infection Ratios - Knee Replacement | | | FY2015 | |
| Nurse Staffing Information | | | | |
| Nursing care hours per patient day | Hosp/VPQHC | 6 | VDH HRC | 4/2015-3/2016 |
| Patient Perception of Care | | | | |
| HCAHPS Inpatient experience of care data (for all survey questions, refer to the specification link) | HCAHPS Survey | 7 | VDH HRC | 7/2014-6/2015, Updated quarterly |
| Financial and Pricing Information | | | | |
| Pricing & count of top inpatient diagnoses | VUHDDS | 8 | VDH Hospital Report Card | FY 2014 |
| Pricing & count of top outpatient procedures | | | | |
| Physician & hospital pricing of common outpatient procedures and visits | Hospital | | | FY 2015 |
| Budget & financial information, actual 2014, 2015, Budget 2016 | GMCB | 8 | VDH Hospital Report Card | FY |
| Cost shift, actual 2015 | | | | |
| Financial health benchmarks & indicators, actual 2014, 2015, Budget 2016 | | | | |
| Hospital capital indicators, actual 2014, 2015, Budget 2016 | | | | |
| Hospital capital investments | | | | |
| Other Information | | | | |
| Adverse patient safety events | Hosp/VPQHC | 9 | VDH HRC | Based on number of events (to protect privacy) |

2016 Vermont Hospital Report Card Reporting Manual

| Measure | Source | Spec. | Published Location | Reporting Period |
|--|----------|--------|--------------------|---|
| Community Health Needs Assessment report | Hospital | 11, 12 | Hospital | Current or one of the two prior taxable years |
| Annual Progress report | | 11, 12 | | Current |
| Filing a Complaint | | 10 | | Current |
| Discount and Free Care Policy | | 11 | | Current |
| Hospital Governance | | 10 | | Current |

SPECIFICATIONS:

- <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473>
- http://www.qualityindicators.ahrq.gov/Modules/IQI_TechSpec.aspx
- http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
- http://www.cdc.gov/nhsn/pdfs/pscmanual/12pscndro_cdadcurrent.pdf
- <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept>
- <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Agencies/ANA-Leading-Patient-Safety/Nurse-Staffing-Measures>
- <http://www.hcahpsonline.org/surveyinstrument.aspx>
- Manual (page 11)
- <http://healthvermont.gov/hc/patientsafety.aspx>
- Manual (page 9)
- https://www.irs.gov/irb/2015-5_IRB/aro8.html
- Manual (page 9)

SUSPENDED OR REMOVED MEASURES:

AMI-2: Aspirin at discharge

AMI-10: Statin Prescribed at Discharge

HF-1: Discharge instructions

HF-3: ACEI or ARB for LVSD

SCIP-Inf-10: Surgery patients with perioperative temperature management

SCIP-Inf-4: Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose

PN-3b: Blood cultures in the ED prior to initial antibiotic received in hospital

APPENDIX C: Required Measures for Psychiatric Hospitals

| ONGOING MEASURES | SOURCE | SPEC. | PUBLISHED LOCATION | REPORTING PERIOD |
|--|--|-------------------------|--------------------------|------------------|
| Quality of care information | | | | |
| Patient safety -- adult patient falls -- physical restraint -- seclusion -- multiple antipsychotic meds at discharge -- multiple antipsychotic meds w/o appropriate justification | Adult chart audits HBIPS 2a* HBIPS 3a* HBIPS 4a* HBIPS 5a* | n/a 1 1 1 1 | Hospital | CY 2015 |
| Screening and Assessment -- admission screening -- pain assessment | HBIPS 1a* Adult chart audits | 1 n/a | | |
| Care Planning -- treatment planning within 24 hours -- discharge planning -- post-discharge continuing care plans to next provider | Adult chart audits HBIPS 6a* HBIPS 7a* | n/a 1 1 | | |
| Methadone Treatment -- Physical exam completed prior to methadone admin. -- lab results in medical record for methadone treatment | Adult chart audits | n/a | | |
| Hospital acquired infections (HAIs) | | | | |
| Nurse Staffing Information | | | | |
| **Nursing Care Hours Per patient Day | NDNQI/NQF/ VPQHC | 2 | VDH Hospital Report Card | CY 2015 |
| Patient perception of care | | | | |
| Hospital survey | McLean Hosp. Patient Perception of Care Survey | 3 | Hospital | CY 2015 |
| Pricing and financial information | | | | |
| Count & charges for high volume inpatient admissions | Hospital | 4 | Hospital | FY 2014 |
| Count & charges for high volume outpatient visits | | | | FY 2014 |
| Budget summary | | | | FY 2014 |
| Financial information and benchmarks | | | | FY |
| Cost shift information | | | | FY 2014 |
| Capital expenditure plans (four-year) | | | | FY |
| Quality Improvement and Patient Safety Initiatives*** | | | | |
| Quality Improvement Projects and progress report | Hospital | 5 | Hospital | past 2 years |
| Strategic initiatives | | | | |
| Strategic initiatives | Hospital | 5 | Hospital | Current |
| Hospital Governance | | | | |
| Hospital governance | Hospital | 5 | Hospital | Current |
| Filing a Complaint | | | | |
| Hospital complaint process | Hospital | 5 | Hospital | Current |

* Hospital Based Inpatient Psychiatric Services

**hospitals will have an opportunity to review and comment on data before finalized

***Please refer to Appendix E for more details

CY = Calendar Year (January 1 – December 31)

FY = Fiscal Year (October 1 – September 30)

SPECIFICATIONS:

- <http://manual.jointcommission.org/releases/TJC2013A/HospitalBasedInpatientPsychiatricServices.html>
- <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Agencies/ANA-Leading-Patient-Safety/Nurse-Staffing-Measures>
- <http://www.ebasis.org/pdf/PoC-IPform.pdf>
- Manual (Page 11-12, Appendix F)
- Manual (Page 10, Appendix E)

APPENDIX D: Specifications for Required Community Hospital-Specific Information

Public Participation and Strategic Planning

1. Each hospital shall have a protocol for meaningful public participation in its strategic planning process for identifying and addressing health care needs that the hospital provides or could provide in its service area. Needs identified through the process shall be integrated with the hospital's long-term planning.
2. Each hospital shall post on its website a description of:
 - a. Its identified needs,
 - b. Strategic initiatives developed to address the identified needs,
 - c. Annual progress on implementation of the proposed initiatives, and
 - d. Opportunities for public participation.
3. Hospitals may meet the community health needs assessment and implementation plan requirement through compliance with the relevant Internal Revenue Service community health needs assessment requirements for nonprofit hospitals.
4. When a hospital is working on a new community health needs assessment, the hospital shall post on its website information about the process for developing the community needs assessment and opportunities for public participation in the process.

Description of Hospital Governance

Each hospital shall provide a description of the hospital's governance, including but not limited to:

1. information on membership and governing body qualifications;
2. a listing of the current governing body members, including each member's name, town of residence, occupation, employer, and job title, and the amount of compensation, if any, for serving on the governing body; and
3. means of obtaining a schedule of meetings of the hospital's governing body, including times scheduled for public participation.

Description of Hospital Complaint Process

The hospital shall describe its consumer complaint resolution process including but not limited to:

1. A description of the complaint process, including how to register a complaint;
2. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the hospital officer or employee responsible for implementation of the process; and
3. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the Vermont Department of Health to register complaints against hospitals.

Appendix E: Specifications for Required Psychiatric Hospital-Specific Information

Quality Improvement and Patient Safety Initiatives

Each hospital shall provide descriptions of new quality improvement and patient safety projects, or projects that have had significant activity with reportable milestones and/or results within the past two years, including but not limited to:

1. A summary of at least three significant projects, including at least one clinical quality improvement and one patient safety project. The summary shall include:
 - a. Project name, time frame and description;
 - b. A description of the problem the project sought to solve or address, including how the problem was identified, and supporting data;
 - c. Project goals, with appropriate measures;
 - d. A description of the intervention(s); and
 - e. A discussion of the evaluation process, and results if available;
2. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the hospital quality improvement department through which consumers may obtain more information; and
3. Contact information for the Vermont Program for Quality in Health Care, if relevant.

Hospitals who meet the community health needs assessment and implementation plan requirement are exempt from this section.

Description of Hospital Governance

Each hospital shall provide a description of the hospital's governance, including but not limited to:

1. information on membership and governing body qualifications;
2. a listing of the current governing body members, including each member's name, town of residence, occupation, employer, and job title, and the amount of compensation, if any, for serving on the governing body; and
3. means of obtaining a schedule of meetings of the hospital's governing body, including times scheduled for public participation.

Description of Hospital Complaint Process

The hospital shall describe its consumer complaint resolution process including but not limited to:

1. A description of the complaint process, including how to register a complaint;
2. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the hospital officer or employee responsible for implementation of the process; and
3. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the Vermont Department of Health to register complaints against hospitals.

APPENDIX F: Specifications for Financial Reports and Pricing Information

According to 18 VSA § 9405b, a statewide comparative report shall include measures indicative of the hospital's financial health and a summary of the hospital's budget, as more fully described below. Measures relating to the hospital's financial health shall include comparisons to appropriate national and/or other benchmarks for efficient operation and fiscal health and shall be derived from the hospital budget and budget-to-actual information submitted annually to the Green Mountain Care Board (GMCB) pursuant to Rule 7.000 (Unified Health Care Budget).

- 1) **Hospital Finances.** A description of the hospital's finances, including but not limited to ratios, statistics and indicators relating to liquidity, cash flow, productivity, surplus, charges and payer mix. Such ratios, statistics and indicators shall represent both actual results and projections for subsequent budget years and shall be presented against at least one national peer, regional peer or Vermont peer group data, or against one bond rating agency's comparable rating.
- 2) **Hospital Budget.** A summary of the hospital's budget, including revenue by source and quantification of cost shifting to private payers, and shall use formats, graphic data displays, data sources and common explanatory language approved by GMCB. The GMCB reserves the right to review and approve the data from each hospital to ensure accuracy and consistency with financial methodology outlined herein prior to the publication of the community report. Minimum content and presentation requirements for summary hospital budget information is as follows:
 - a) The hospital's financial performance, as reported in the annual hospital budget submission to the GMCB for the next fiscal year, which shall be presented as follows:
 - i) The income statement shall provide actual results and subsequent budget projections;
 - ii) Revenues and deductions shall be reported separately for Medicaid, Medicare, bad debt, free care and commercial/self-pay;
 - iii) Statistical indicators shall be reported in a manner to describe utilization and employment; and
 - iv) Cost shift information shall be reported to describe the amount of shift by Medicaid, Medicare, and uncompensated care.
 - b) One-year and four-year capital spending plans, to be presented as follows:
 - i) Capital spending plans shall be completed for the next fiscal year budget and the three subsequent fiscal years;
 - ii) Capital spending plans shall distinguish facility expenditures and equipment expenditures for each of the four years;
 - iii) Projected Certificate of Need (CON) projects shall be reported separately from the capital expenditures referred to in (b)(i) and (ii) above;
 - iv) Capital indicators shall be provided to evaluate debt structure, cost, age of plant and capital investment; and
 - v) Capital indicators shall include available national and Vermont peer group data.
- 3) **Depreciation Expenses** shall be reported in the income statement provided pursuant to section (2)(a)(i) of this regulation. Each hospital shall make a paper copy of its depreciation schedule available upon request, which shall provide information for existing facilities and existing equipment.
- 4) **Information on Hospital Pricing.** A statewide comparative report shall include a comparison of charges for higher volume health care services, such services to be determined by the Commissioner and to include an array of hospital and/or physician services. Presentation of the comparison of charges data shall be subject to the following requirements and guidelines:
 - a) Charge data shall be extracted from the Vermont Uniform Hospital Discharge Data Set, each hospital chargemaster, or other designated source as appropriate;
 - b) Average actual charges shall be reported for:

- i) A minimum specified number of inpatient Diagnostic Related Groups (“DRG”) or specified inpatient services; and
- ii) A minimum number of specified outpatient surgical services;
- c) The charge listed in each hospital’s chargemaster shall be reported for a minimum number of specified outpatient Current Procedural Terminology (“CPT”) codes and/or a minimum number of outpatient surgeries and/or a minimum number of outpatient procedures;
- d) In all instances, data shall be reported from the most recent, reliable data source available;
- e) Average actual charges shall be reported for the latest completed federal fiscal year or the most recent year of available Vermont Uniform Hospital Discharge Data Set (or other appropriate source) data for those inpatient and/or outpatient services or procedures that require multiple pricing events and/or services; and
- f) Specific charges for distinct inpatient or outpatient services, CPT codes, or otherwise shall be based upon the latest chargemaster.

APPENDIX G: Changes made in 2016 from Previous Year

General:

- Changes in the legislation: please refer to Appendix D and E (Specifications for Required Community Hospital-Specific and Psychiatric Hospital-Specific Information).
- MONAHRQ, software which displays many of the quality of care measures, was upgraded to the version 6.2.
- The Report Card due date is June 1, 2016.
- Fletcher Allen Health Care is now changed to the University of Vermont Medical Center.
- The Green Mountain Psychiatric Care Center is now changed to the Vermont Psychiatric Care Hospital.
- Psychiatric hospital website template has been modified.
- Outpatient pricing (Tables 3A-1) is no longer comparable to past data due to changes in the coding of procedures.

CMS Measure:

- Addition of HAI: CDI measure. All community hospitals should be collecting and reporting to NHSN.
- Removal/suspension of seven measures:
 - AMI-2, aspirin at discharge
 - AMI-10, statin prescribed at discharge
 - HF-1, discharge instructions
 - HF-3, ACEI or ARB for LVSD
 - SCIP-Inf-10, surgery patients with perioperative temperature management
 - SCIP-Inf-4, cardiac surgery patients with controlled 6 A.M. postoperative blood glucose
 - PN-3b, blood cultures in the ED prior to initial antibiotic received in hospital
- Starting with 2016 HRC, data downloaded from Hospital Compare (CMS) will be updated quarterly.