2006 Qualis Health Annual Report
Medicare Data Sources and Methodology

This document provides information on the data sources and analytic methods used to calculate quality improvement data as presented on page three of the *Qualis Health 2006 Annual Report.*

General Methods

All quality improvement rates are expressed as percentages (0-100%) and are rounded to the tenth of a point. In some cases, rounding affects the rates as published.

All percent-change statistics are expressed as relative percent change based on the following standard formula:

(Remeasurement rate – original rate) ÷ original rate x 100

Each rate is calculated from available data for the most recent 12-month period, unless otherwise noted below.

Idaho Statistics

Report Statement: "Thanks in part to the coalition's work, the rate of pressure ulcers for high-risk nursing home residents decreased by 21.9 percent (from 9.1 percent to 7.1 percent)."

> Data Source & Other Information: Nursing Home Quality Measures Standard Analytic Report (SAR) for periods up to and including Quarter 3, 2006. The relative decrease statistic compares rates from Q2 2005 (9.13%) to Q3 2006 (7.13%), a relative difference of 21.91%. Because the coalition became fully active during Q1 2005, this calculation includes more than four quarters in order to reflect the coalition's activities. This analysis includes data for the 30 Idaho nursing homes that constitute Qualis Health's "identified participant group #1."

Report Statement: "Long-term care nursing home residents reporting moderate to severe pain decreased by 37.3% (from 9.0% to 5.6%)."

> Data Source & Other Information: Nursing Home Quality Measures Standard Analytic Report (SAR) for periods up to and including Quarter 3, 2006. The relative decrease statistic compares rates from Q3 2005 (8.95%) to Q3 2006 (5.61%), a relative difference of 37.32%. This analysis includes data for the 30 Idaho nursing homes that constitute Qualis Health's "identified participant group #1."

Report Statement: "Smoking cessation counseling for patients admitted to hospitals with pneumonia, heart failure and heart attack increased by 13.2% (from 78.8% to 89.2% percent)."

> Data Source & Other Information: Hospital self-reported quality indicator data from all four "appropriate care measure (ACM) identified participant group (IPG)" hospitals submitted to CMS' National Data Warehouse were used to calculate these measures. The two comparison measure rates and relative increase statistic reference Q3 2005 to Q3 2006 and include the combined pneumonia, heart failure and acute myocardial infarction patient populations.

Washington State Statistics

Report Statement: "Qualis Health also worked extensively on pressure ulcer management with 31 nursing homes in Washington. This resulted in a 17.9 percent decrease of pressure ulcers among high-risk residents (from 12.5 percent to 10.3 percent)."

>Data Source & Other Information: Nursing Home Quality Measures Standard Analytic Report (SAR) for periods up to and including Quarter 3, 2006. The relative decrease statistic compares measure rates from Q3 2005 (12.49%) to Q3 2006 (10.25%), a relative difference of 17.93%. This analysis includes data for the 31 Washington nursing homes that constitute Qualis Health's "identified participant group #1."

Report Statement: "Use of physical restraints with nursing home residents decreased by 31.3% (from 2.8% to 1.9%)."

>Data Source & Other Information: Nursing Home Quality Measures Standard Analytic Report (SAR) for Quarter 3, 2006. The relative decrease statistic compares measure rates from Q3 2005 (2.78%) to Q3 2006 (1.91%), a relative difference of 31.29%. This analysis includes data for the 31 Washington nursing homes that constitute Qualis Health's "identified participant group #1."

Report Statement: "Appropriate use of antibiotics for surgical infection prevention in hospitals improved by 13.7% (from 75.3% to 85.6%)."

>Data Source & Other Information: Hospital self-reported quality indicator data from eight "surgical care improvement project (SCIP) identified participant group (IPG)" hospitals submitted to CMS' National Data Warehouse were used to calculate these measures. The appropriate use of antibiotics measure is a composite of three CMS measures: 1. Prophylactic antibiotic received within one hour prior to surgical incision; 2. Appropriate prophylactic antibiotic selection for surgical patients; and 3. Prophylactic antibiotic (appropriately) discontinued within 24 hours after surgery. All three care processes related to these measures were required to have been executed (when eligible) in order for any given patient to count as a having been provided "appropriate use of antibiotics". The two comparison measure rates and relative increase statistic reference Q1 2006 to Q4 2006 surgical patient populations.