

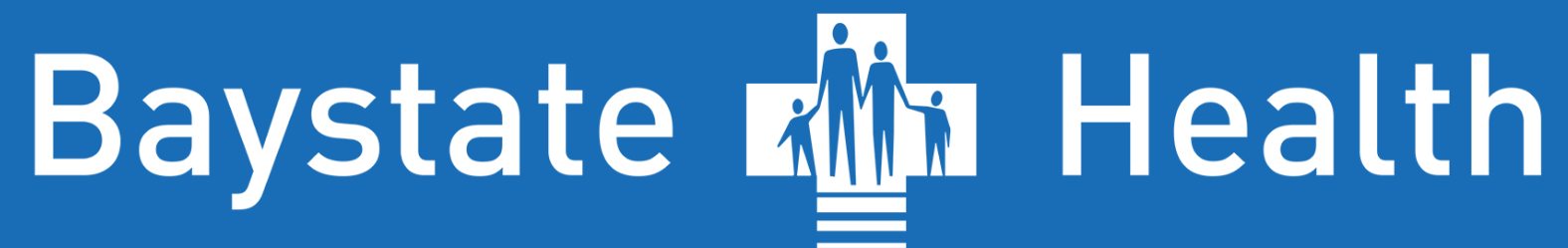
Quality and Safety Update 2026

54th Annual Samuel D. Plotkin Cardiovascular Symposium

Harry Hoar, MD

Medical Director of Quality Assurance

Division Chief Pediatric Hospital Medicine



Flashback- October 2024

Bay State Medical Center Received a D in Patient Safety - Spring 2024

According to Leapfrog Hospital Safety Grade, Bay State Medical Center in Springfield, Massachusetts was named the state's lowest-ranked hospital in patient safety, receiving a D.



Bay State Medical Center

Google Earth

HAMPDEN COUNTY

Baystate Health CEO addresses \$300M crisis, 24-month plan

by: [John Budenas](#)

Posted: Oct 21, 2024 / 09:39 AM EDT

Updated: Oct 21, 2024 / 12:40 PM EDT

Overall star rating



The overall star rating is based on how well a hospital performs across different areas of quality, such as treating heart attacks and pneumonia, readmission rates, and safety of care.

[Learn how Medicare calculates this rating](#)

[View Rating Details](#)

“In the last six months, Baystate Medical Center has received a Leapfrog Hospital Safety Grade of “D” and a one star out of five stars as a Center for Medicare & Medicaid Services (CMS) overall hospital quality rating. Our patient experience (top box and likelihood to recommend) is below national and regional averages.”


<https://www.wvlp.com/news/local-news/hampden-county/baystate-health-ceo-addresses-300m-crisis-24-month-plan/>

Current Ratings

Leapfrog

CMS

This Hospital's Grade









Baystate Medical Center

759 Chestnut Street
Springfield, MA 01199-0001
[Map and Directions](#)


Note: This hospital completed the Leapfrog survey for this hospital, [view their Survey results.](#)


▼ [Hide Past Grades](#)

2025		2024		2023	
					
FALL 2025	SPRING 2025	FALL 2024	SPRING 2024	FALL 2023	SPRING 2023

Hospital

Baystate Medical Center

Overall star rating: 

Inpatient survey rating: 

www.hospitalsafetygrade.org/h/baystate-medical-center

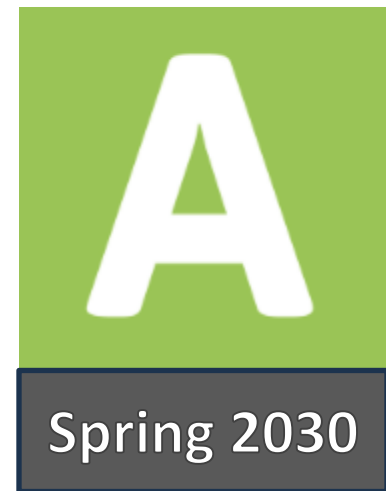
www.medicare.gov/care-compare/

Flash Forward- 2030

NEWSFlash / Baystate  Health

Focused on Safety: Our Spring 2026 Leapfrog Hospital

This Hospital's Grade



Baystate Medical Center

759 Chestnut Street
Springfield, MA 01199-0001

[View the full Score](#)

Please read
Yvonne Che
Medical Offi
regarding th
Hospital Sa
today.

As we look ahead to achieving an 'A' rating across all hospitals by 2030, this progress builds strong momentum across our system and reinforces our journey to become a High Reliability Organization (HRO). Safety first. Every person. Every moment

Objectives

- Describe the impact of Patient Safety Indicators (PSIs) on Leapfrog grades and CMS star ratings.
- Discuss the cardiovascular service lines' current performance in PSIs.
- Describe ongoing efforts to improve PSI performance

I have no disclosures or conflicts of interest

WHAT IS LEAPFROG?



About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

- Patient safety organization, not a regulatory or accrediting body
- Provides “Hospital Safety Grades” 2x/yr for ~3000 hospitals
- Grade is determined based on 22 performance measures

www.leapfroggroup.org/about


Leapfrog Grading methodology

Measure Domain	Measure	Measure weight by hospital		Data source / Time period
		BMC		
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	6.2%	<i>Data comes from the annual hospital survey. BMC achieved the full score on these. (35% of total grade)</i>	2024 survey
	Bar Code Medication Administration (BCMA)	6.0%		2024 survey
	ICU Physician Staffing (IPS)	6.9%		2024 survey
	Safe Practice 1: Culture of Leadership Structures and Systems	3.1%		2024 survey
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	3.2%		2024 survey
	Total Nursing Care Hours per Patient Day	4.7%		2024 survey
	Hand Hygiene	4.9%		2024 survey
	H-COMP-1: Nurse Communication	3.0%	<i>Patient Experience (HCAHPS) survey results (15% of total grade)</i>	CMS: 01/01/2023 - 12/31/2023*
	H-COMP-2: Doctor Communication	3.0%		CMS: 01/01/2023 - 12/31/2023*
	H-COMP-3: Staff Responsiveness	3.0%		CMS: 01/01/2023 - 12/31/2023*
	H-COMP-5: Communication about Medicines	3.1%		CMS: 01/01/2023 - 12/31/2023*
H-COMP-6: Discharge Information	3.0%	CMS: 01/01/2023 - 12/31/2023*		
Outcome Measures	Foreign Object Retained	4.2%	<i>Hospital-acquired Infections (21.6% of total grade)</i>	CMS: 07/01/2021 - 06/30/2023
	Air Embolism	2.4%		CMS: 07/01/2021 - 06/30/2023
	Falls and Trauma	4.9%		CMS: 07/01/2021 - 06/30/2023
	CLABSI	4.5%		NHSN: 07/01/2023 - 06/30/2024*
	CAUTI	4.7%		NHSN: 07/01/2023 - 06/30/2024*
	SSI: Colon	3.4%		NHSN: 07/01/2023 - 06/30/2024*
	MRSA	4.5%		NHSN: 07/01/2023 - 06/30/2024*
	C. Diff.	4.5%		NHSN: 07/01/2023 - 06/30/2024*
	PSI 4: Death rate among surgical inpatients with serious treatable conditions	2.0%		CMS: 07/01/2021 - 06/30/2023*
	CMS Medicare PSI 90: Patient safety and adverse events composite	15.0%	<i>PSI-90 (15% of total grade)</i>	CMS: 07/01/2021 - 06/30/2023*

*updated time period compared to fall 2024 safety grade methodology

Leapfrog Hospital Safety Grades- Lag Time

This Hospital's Grade



Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199-0001
[Map and Directions](#)

Note: This hospital completed the Leapfrog survey for this hospital, [view their Survey results.](#)

▼ [Hide Past Grades](#)

2025		2024		2023	
D	C	C	D	C	C
FALL 2025	SPRING 2025	FALL 2024	SPRING 2024	FALL 2023	SPRING 2023

Spring 2026 Leapfrog grade reflects data from **2022 – to mid-2025.**

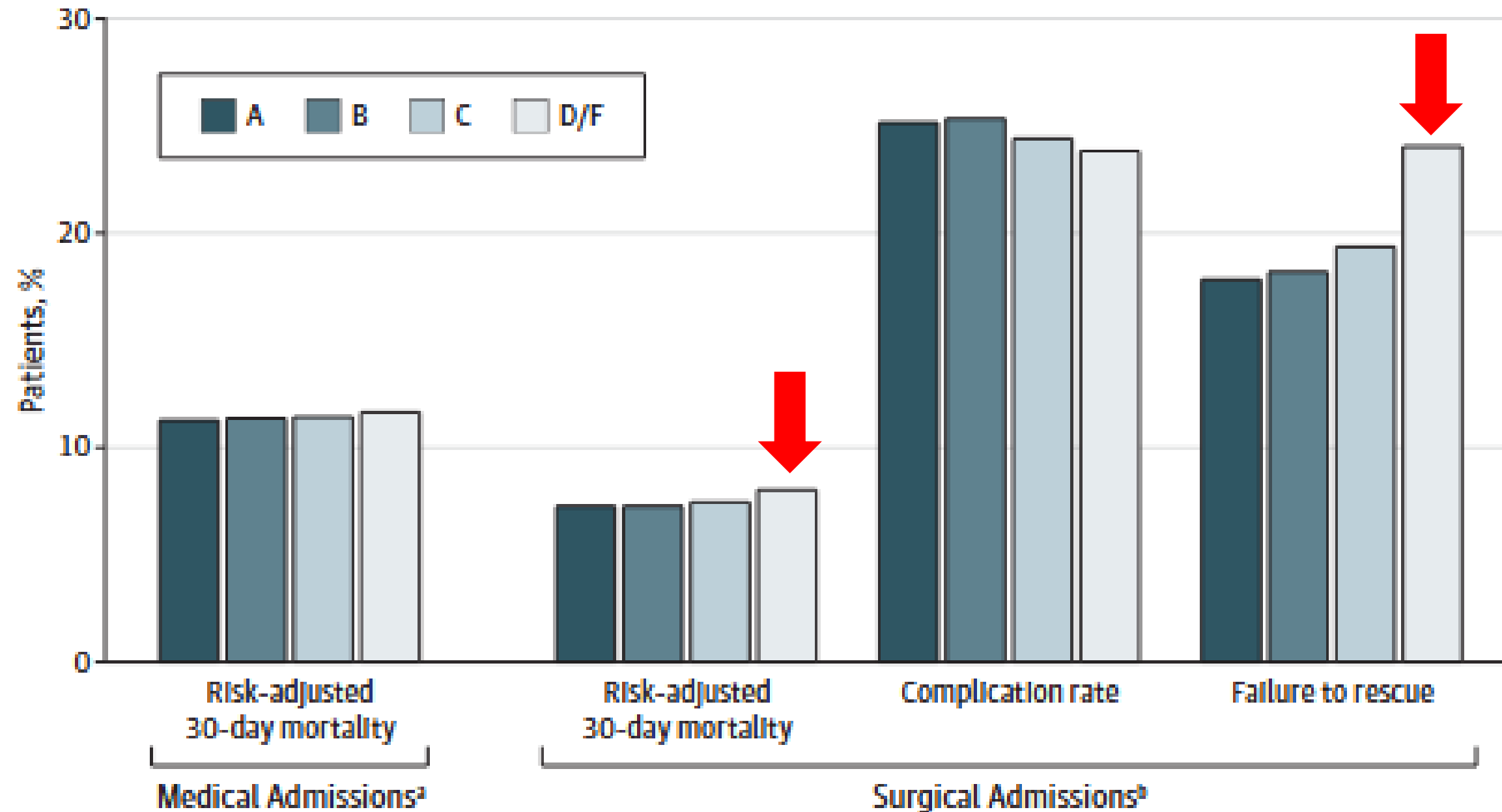
Healthcare associated infections data lag **1-2yrs**

Patient Safety Indicators (PSIs) data lag **2-4yrs**

Target: “A” grade by 2030

Why should we care about our Leapfrog grades?

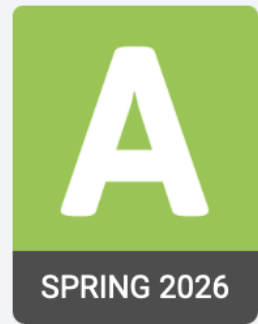
Figure. Risk-Adjusted Rates of Adverse Outcomes by Leapfrog Hospital Safety Score Letter Grade



^a $P < .001$.

^bMortality, $P < .001$; complication, $P < .11$; failure to rescue, $P < .001$.

This Hospital's Grade



Mercy Medical Center

271 Carew Street
Springfield, MA 01104-2398

[View the full Score](#)

This Hospital's Grade

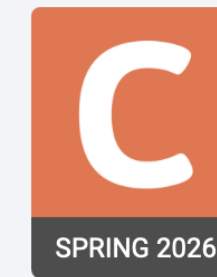


Baystate Wing Hospital

40 Wright Street
Palmer, MA 01069-1138

[View the full Score](#)

This Hospital's Grade



St. Francis Hospital & Medical Center

114 Woodland Street
Hartford, CT 06105-1208

[View the full Score](#)

This Hospital's Grade



Baystate Medical Center

759 Chestnut Street
Springfield, MA 01199-0001

[View the full Score](#)

This Hospital's Grade



Cooley Dickinson Hospital

30 Locust Street
Northampton, MA 01060-5001

[View the full Score](#)

This Hospital's Grade

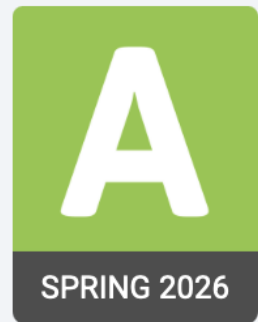


Hartford Hospital

80 Seymour Street
Hartford, CT 06106-5037

[View the full Score](#)

This Hospital's Grade

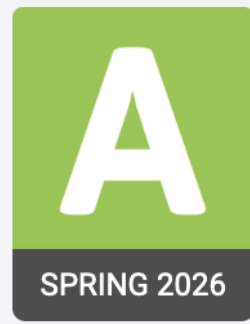


Holyoke Medical Center

575 Beech Street
Holyoke, MA 01040-2223

[View the full Score](#)

This Hospital's Grade



Baystate Franklin Medical Center

164 High Street
Greenfield, MA 01301-2613

[View the full Score](#)

This Hospital's Grade

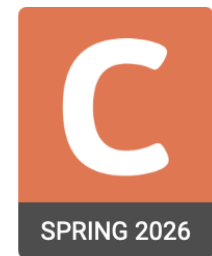


Baystate Noble Hospital

115 West Silver St.
Westfield, MA 01085-1634

[View the full Score](#)

This Hospital's Grade

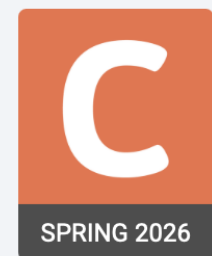


U Mass Memorial Medical Center - Memorial Campus

119 Belmont St
Worcester, MA 01605-2982

[View the full Score](#)

This Hospital's Grade



U Mass Memorial Medical Center - University Campus



55 Lake Ave N
Worcester, MA 01655

[View the full Score](#)

WHAT ARE CMS STAR RATINGS?

Hospital



Baystate Medical Center

Overall star rating:  Inpatient survey rating: 

Prior
rating
2025:

Hospital

Baystate Medical Center

Overall star rating:  Patient survey rating: 

- Ratings of hospitals based on quality outcomes in Medicare patients
- Provides consumers with information about the quality of care provided in hospitals
- Allows for comparisons between hospitals (care-compare.gov)
- Scale is 1 to 5 stars
- Ratings updated annually

Mercy Medical Ctr

ACUTE CARE HOSPITALS

271 Carew Street
Springfield, MA 01104
(413) 748-9000

Overall star rating



Inpatient survey rating



Compare



Baystate Wing Hospital

ACUTE CARE HOSPITALS

40 Wright Street
Palmer, MA 01069
(413) 283-7651

Overall star rating



Inpatient survey rating



Compare



Baystate Medical Center

ACUTE CARE HOSPITALS

759 Chestnut Street
Springfield, MA 01199
(413) 794-0000

Overall star rating



Inpatient survey rating



Compare



Coolley Dickinson Hospital

Inc,the 

ACUTE CARE HOSPITALS

30 Locust Street
Northampton, MA 01061
(413) 582-2000

Overall star rating



Inpatient survey rating



Compare



St Francis Hospital & Medical

Center 

ACUTE CARE HOSPITALS

114 Woodland Street & 500 Blue Hills Avenue
Hartford, CT 06105
(860) 714-5541

Overall star rating



Inpatient survey rating



Compare



Holyoke Medical Center

ACUTE CARE HOSPITALS

575 Beech Street
Holyoke, MA 01040
(413) 534-2500

Overall star rating



Inpatient survey rating



Compare



Umass Memorial Medical Center/University Campus

ACUTE CARE HOSPITALS

55 Lake Avenue North
Worcester, MA 01655
(508) 334-1000

Overall star rating



Inpatient survey rating



Compare



Hartford Hospital

ACUTE CARE HOSPITALS

80 Seymour Street
Hartford, CT 06102
(860) 545-5000

Overall star rating



Inpatient survey rating



Compare



Baystate Noble Hospital

ACUTE CARE HOSPITALS

115 West Silver Street
Westfield, MA 01086
(413) 568-2811

Overall star rating



Inpatient survey rating



Compare



St Vincent Hospital

ACUTE CARE HOSPITALS

123 Summer Street
Worcester, MA 01608
(508) 363-5000

Overall star rating



Inpatient survey rating



Compare



CMS Star Ratings – Methodology

- Formula includes ~ 50 measures in 5 groups:
 - Mortality (22%)
 - Readmissions (22%)
 - Patient Experience (22%)
 - Safety of Care (22%)– **Includes PSI-90***
 - Timely and Effective Care (12%)

Measure group – Mortality (8)

Measures	Data collection Period
Death rate for heart attack patients	7/1/2021 - 6/30/2024
Death rate for coronary artery bypass graft (CABG) surgery patients	7/1/2021 - 6/30/2024
Death rate for chronic obstructive pulmonary disease (COPD) patients	7/1/2021 - 6/30/2024
Death rate for heart failure patients	7/1/2021 - 6/30/2024
Death rate for pneumonia patients	7/1/2021 - 6/30/2024
Death rate for stroke patients	7/1/2021 - 6/30/2024
Death rate for patients (hospital-wide)	7/1/2023 – 6/30/2024
Deaths among patients with serious treatable complications after surgery	7/1/2022 - 6/30/2024

Heart attack

Death rate for heart attack patients

11.5%

No different than the national rate

National result: 12.2%

Number of included patients: 948

Coronary artery bypass graft (CABG)

Death rate for CABG surgery patients

2.7%

No different than the national rate

National result: 2.6%

Number of included patients: 319

Heart failure

Death rate for heart failure patients

12%

No different than the national rate

National result: 11.6%

Number of included patients: 1378

Deaths among patients with serious treatable complications after surgery

161.40

No different than the national rate

National result: 173.30

Measure group – Readmission (11)

Measures	Data collection Period
Hospital return days for heart attack patients	7/1/2021 - 6/30/2024
Rate of readmission for coronary artery bypass graft (CABG) surgery patients	7/1/2021 - 6/30/2024
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	7/1/2021 - 6/30/2024
Hospital return days for heart failure patients	7/1/2021 - 6/30/2024
Rate of readmission after hip/knee surgery	7/1/2021 - 6/30/2024
Hospital return days for pneumonia patients	7/1/2021 - 6/30/2024
Rate of readmission after discharge from hospital (hospital-wide)	7/1/2023 - 6/30/2024
Rate of unplanned hospital visits after an outpatient colonoscopy	1/1/2021 - 12/31/2023
Rate of unplanned hospital visits for patients receiving outpatient chemotherapy	1/1/2023 - 12/31/2023
Rate of emergency department visits for patients receiving outpatient chemotherapy	1/1/2023 - 12/31/2023
Ratio of unplanned hospital visits after hospital outpatient surgery	1/1/2023 - 12/31/2023

Heart attack

Rate of readmission for heart attack patients

15.7%

Worse than the national rate

National result: 13.6%

Number of included patients: 1124

Coronary artery bypass graft (CABG) surgery

Rate of readmission for coronary artery bypass graft (CABG) surgery

13.1%

No different than the national rate

National result: 10.6%

Number of included patients: 310

Heart failure

Rate of readmission for heart failure patients

20.6%

No different than the national rate

National result: 19.7%

Number of included patients: 1717

Measure group - Safety of Care - (8)

Measures	Data collection Period
Central line-associated bloodstream infections (CLABSI)	1/1/2024 - 12/31/2024
Catheter-associated urinary tract infections (CAUTI)	1/1/2024 - 12/31/2024
Surgical site infections from colon surgery (SSI: Colon)	1/1/2024 - 12/31/2024
Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	1/1/2024 - 12/31/2024
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Blood Laboratory-identified Events (Bloodstream infections)	1/1/2024 - 12/31/2024
<i>Clostridium difficile</i> (<i>C. diff</i>) Laboratory-identified Events (Intestinal infections)	1/1/2024 - 12/31/2024
Rate of complications for hip/knee replacement patients	4/1/2021 - 3/31/2024
Serious complications	7/1/2022 - 6/30/2024

Serious complications

1.69

Worse than the national value

National result: 1.00

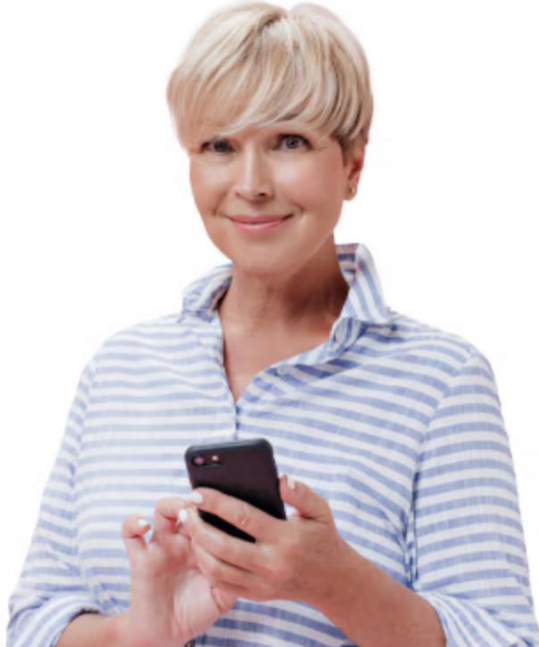
PSI-90

Care compare

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾ Log

Find & compare providers near you.



Not sure what type of provider you need? [Learn more about the types of providers.](#)

- Welcome
- Doctors & clinicians
- Hospitals**
- Nursing homes including rehab services
- Home health services
- Hospice care

Find hospitals near me

Find and compare information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers and over 50 military hospitals, across the country.

MY LOCATION
Enter street, ZIP code, city, or state.

NAME OR TYPE (optional)
Enter the hospital name or a type of hospital.

Springfield, MA

Search

	Baystate Medical Center	Hartford Hospital
	759 Chestnut Street Springfield, MA 01199	80 Seymour Street Hartford, CT 06102
Overall star rating	★ ★ ☆ ☆ ☆	★ ★ ★ ★ ☆
Inpatient survey rating	★ ★ ☆ ☆ ☆	★ ★ ★ ☆ ☆

	Baystate Medical Center	Hartford Hospital
	759 Chestnut Street Springfield, MA 01199	80 Seymour Street Hartford, CT 06102
Death rate for heart attack patients	11.5% No different than the national rate National result: 12.2% Number of included patients: 948	9.7% Better than the national rate Number of included patients: 567
Death rate for heart failure patients	12% No different than the national rate National result: 11.6% Number of included patients: 1378	10.7% No different than the national rate Number of included patients: 1128

	Baystate Medical Center	Hartford Hospital
	759 Chestnut Street Springfield, MA 01199	80 Seymour Street Hartford, CT 06102
Rate of readmission for heart attack patients National result: 13.6%	15.7% Worse than the national rate Number of included patients: 1124	14% No different than the national rate Number of included patients: 688
Hospital return days for heart attack patients National result: Not applicable	14.6 days More days than average per 100 discharges Number of included patients: 1090	13.7 days More days than average per 100 discharges Number of included patients: 664
Rate of readmission for heart failure patients National result: 19.7%	20.6% No different than the national rate Number of included patients: 1717	22.4% Worse than the national rate Number of included patients: 1305

	Baystate Medical Center	Hartford Hospital
	759 Chestnut Street Springfield, MA 01199	80 Seymour Street Hartford, CT 06102
Death rate for CABG surgery patients National result: 2.6%	2.7% No different than the national rate Number of included patients: 319	2.1% No different than the national rate Number of included patients: 219
Rate of readmission for coronary artery bypass graft (CABG) surgery patients	13.1% No different than the national rate Number of included patients: 310	10.1% No different than the national rate Number of included patients: 214

	Baystate Medical Center	Hartford Hospital
	759 Chestnut Street Springfield, MA 01199	80 Seymour Street Hartford, CT 06102
Serious complications National result: 1.00	1.69 Worse than the national value	0.67 Better than the national value

PSI-90

Patient Safety Indicators (PSIs)

PSIs provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care at the hospital level.

- Use patient data found in a typical hospital discharge abstract or data set.
- Detect potential safety problems that occur during a patient's hospital stay.
- Risk adjusted for patient characteristics, conditions, or procedures, which vary by indicator.



Patient Safety Indicator 90 (PSI 90)

Patient Safety and Adverse Events Composite

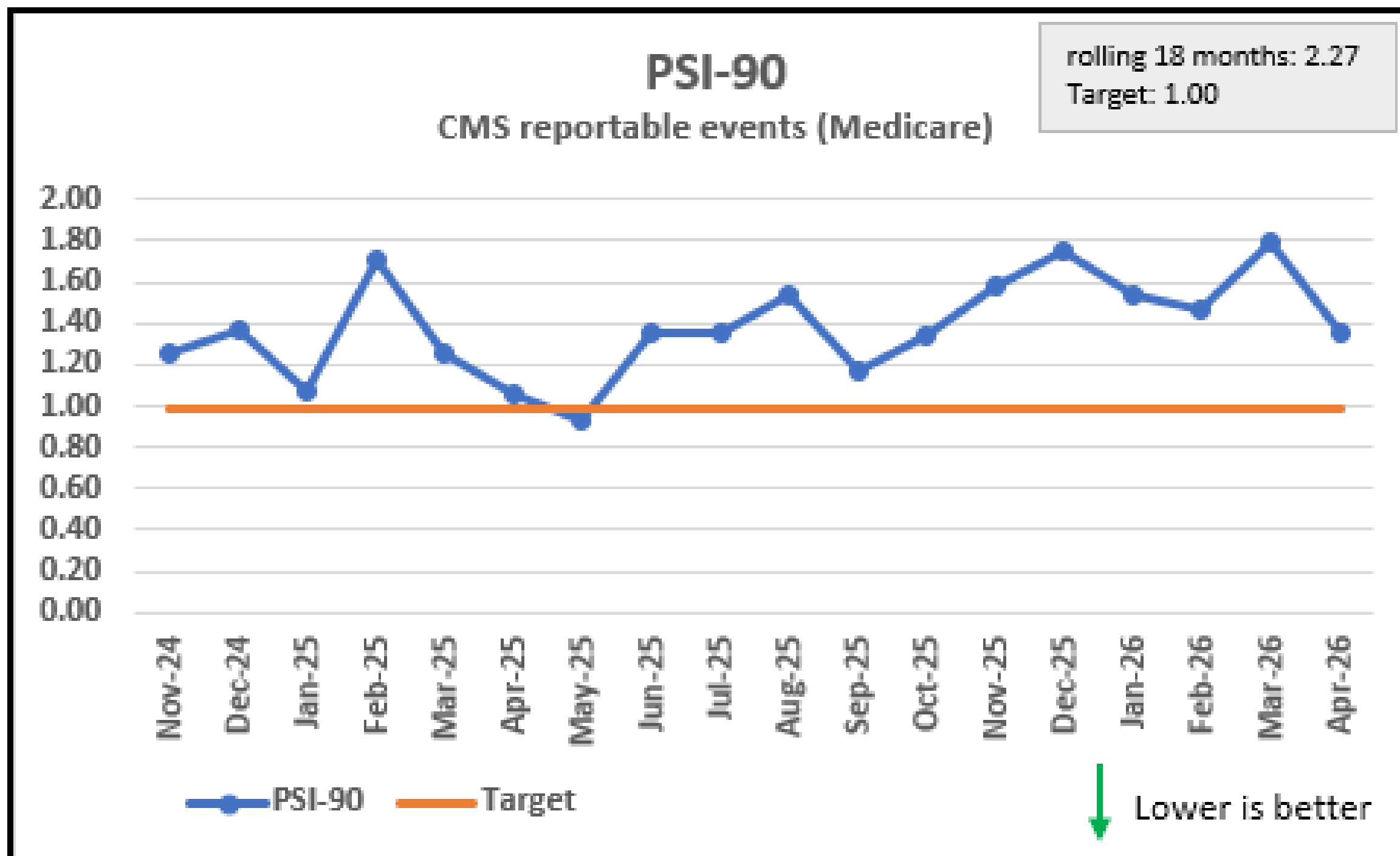
- PSI 03 Pressure Ulcer Rate
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In-Hospital Fall-Associated Fracture Rate
- PSI 09 Postoperative Hemorrhage or Hematoma Rate
- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 Postoperative Respiratory Failure Rate
- PSI 12 Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate
- PSI 13 Postoperative Sepsis Rate
- PSI 14 Postoperative Wound Dehiscence Rate
- PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate

Patient Safety Indicators (FY26 YTD Mar) Premier HACRP report			
Aligned with CMS HACRP	Rate	Target	Rating
PSI-03 Pressure Ulcer (17.96% of PSI-90 composite)	5.55	0.62	
PSI-06 Iatrogenic Pneumothorax (3.27% of PSI-90)	0.19	0.21	
PSI-08 In Hospital Fall with Hip Fracture (4.44% of PSI-90)	0.37	0.27	
PSI-09 Perioperative Hemorrhage or Hematoma (3.52% of PSI-90)	2.83	2.34	
PSI-10 Postoperative Acute Kidney Injury Requiring Dialysis (7.18% of PSI-90)	4.93	1.72	

Patient Safety Indicators (FY26 YTD Mar) Premier HACRP report			
Aligned with CMS HACRP	Rate	Target	Rating
PSI-11 Postop Respiratory Failure (24.62% of PSI-90)	11.55	9.51	
PSI-12 Perioperative PE or DVT (15.45% of PSI-90)	3.34	3.56	
PSI-13 Postop Sepsis (18.67% of PSI-90)	6.43	5.31	
PSI-14 Postop Wound Dehiscence (1.61% of PSI-90)	0.00	1.78	
PSI-15 Accidental Puncture or Laceration (3.27% of PSI-90)	5.79	1.06	

= only applies to elective procedures

PSI-90: BMC CURRENT PERFORMANCE



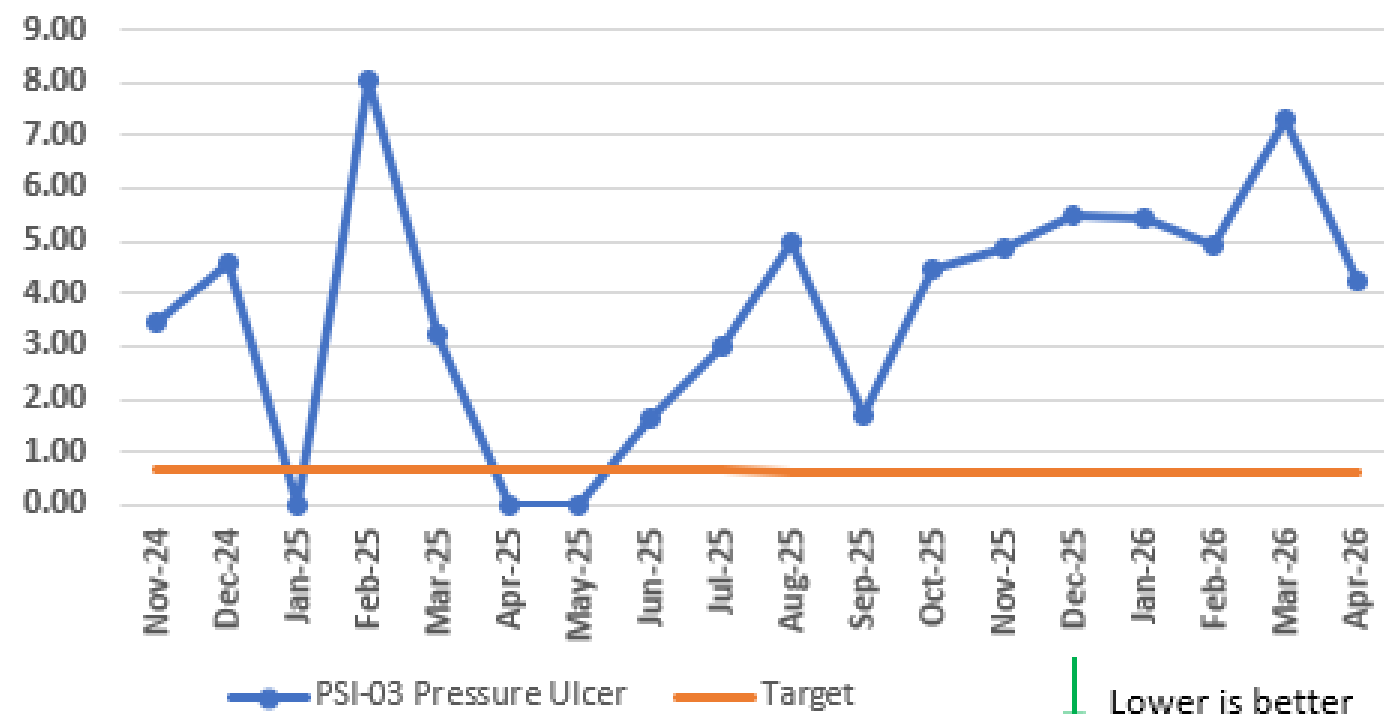
PSI-90 is part of:

- 1) CMS' Hospital Star Ratings
- 2) CMS' Hospital-acquired Conditions Penalty Program
- 3) Leapfrog Hospital Safety Grade

Slide courtesy of Joahanna Bell, Senior Director of Quality

PSI-03 Pressure Ulcer
CMS reportable events (Medicare)

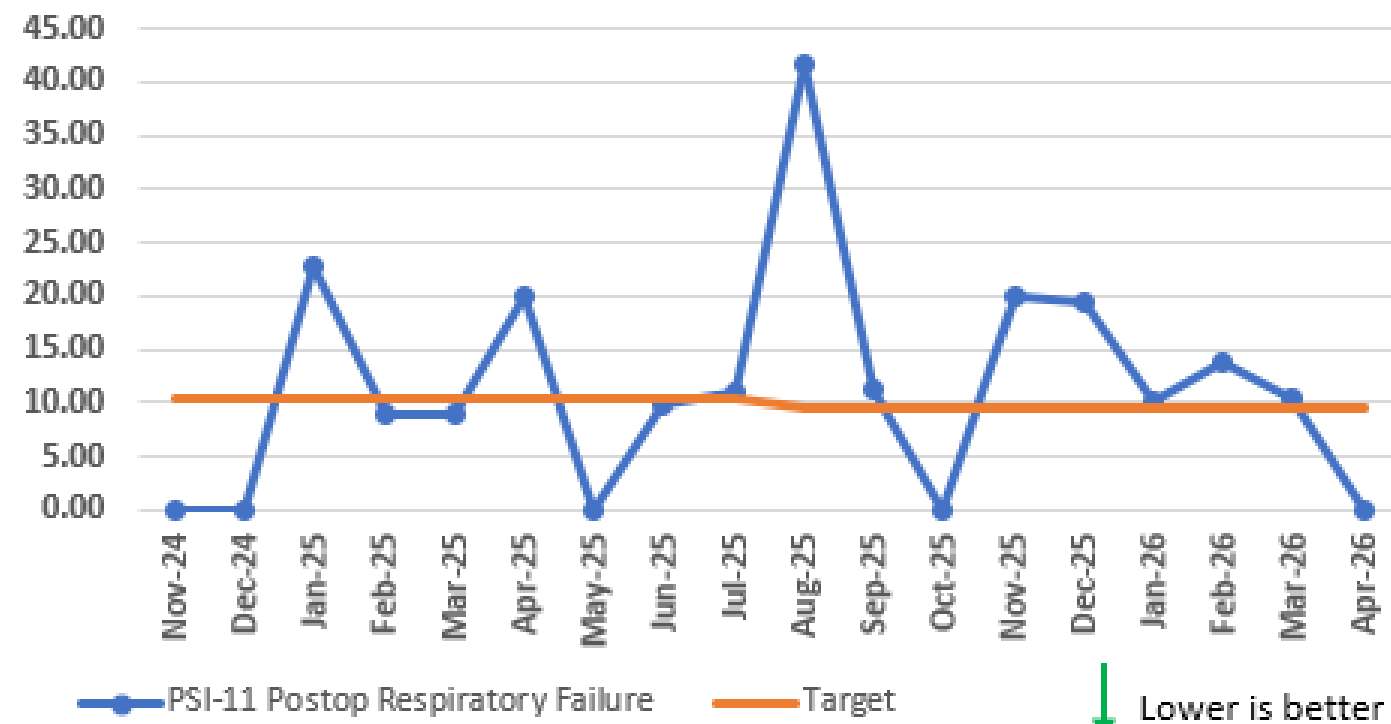
rolling 18 months: 3.80
Target: 0.62



Highest impact PSIs: Pressure ulcers Respiratory failure PE/DVT Sepsis

PSI-11 Postop Respiratory Failure
CMS reportable events (Medicare)

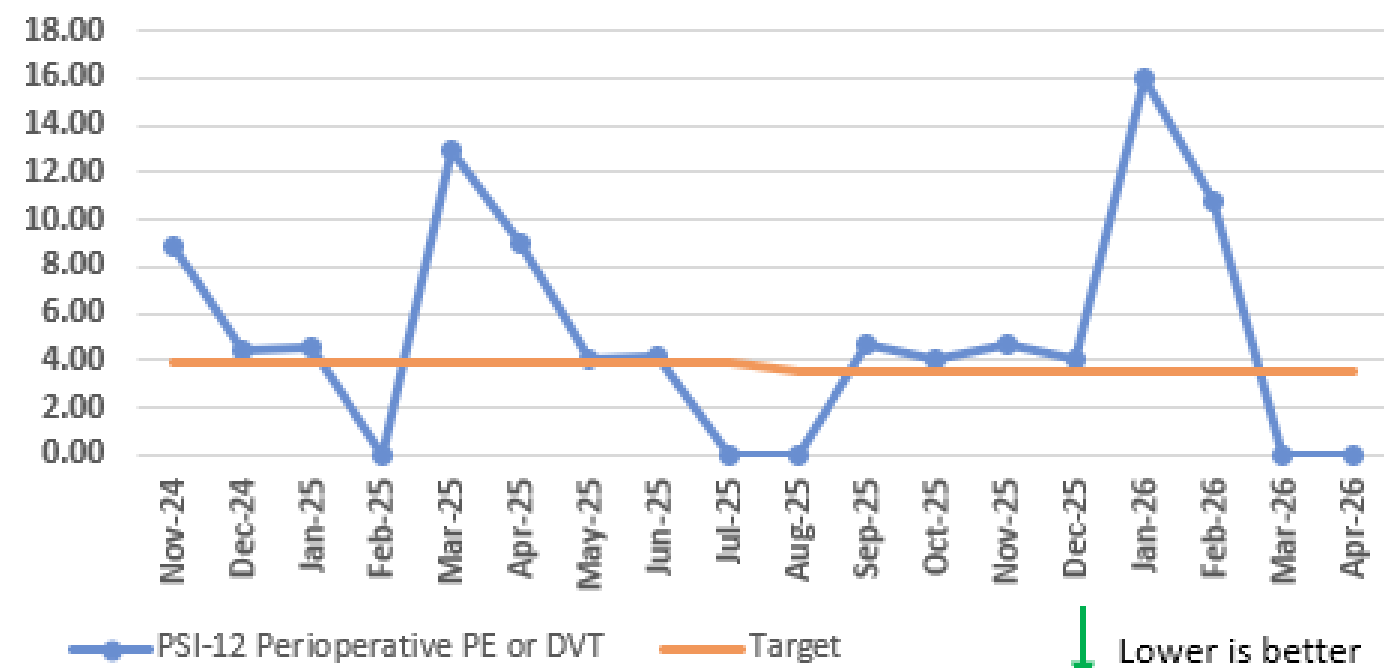
rolling 18 months: 10.63
Target: 9.51



PSI	Individual PSI weight (of composite PSI-90)
PSI-03 Pressure Ulcer	17.96%
PSI-11 Postop Respiratory Failure	24.62%
PSI-12 Periop PE/ DVT	15.45%
PSI-13 Postop Sepsis	18.67%
TOTAL WEIGHT OF THESE FOUR PSI's	76.70%

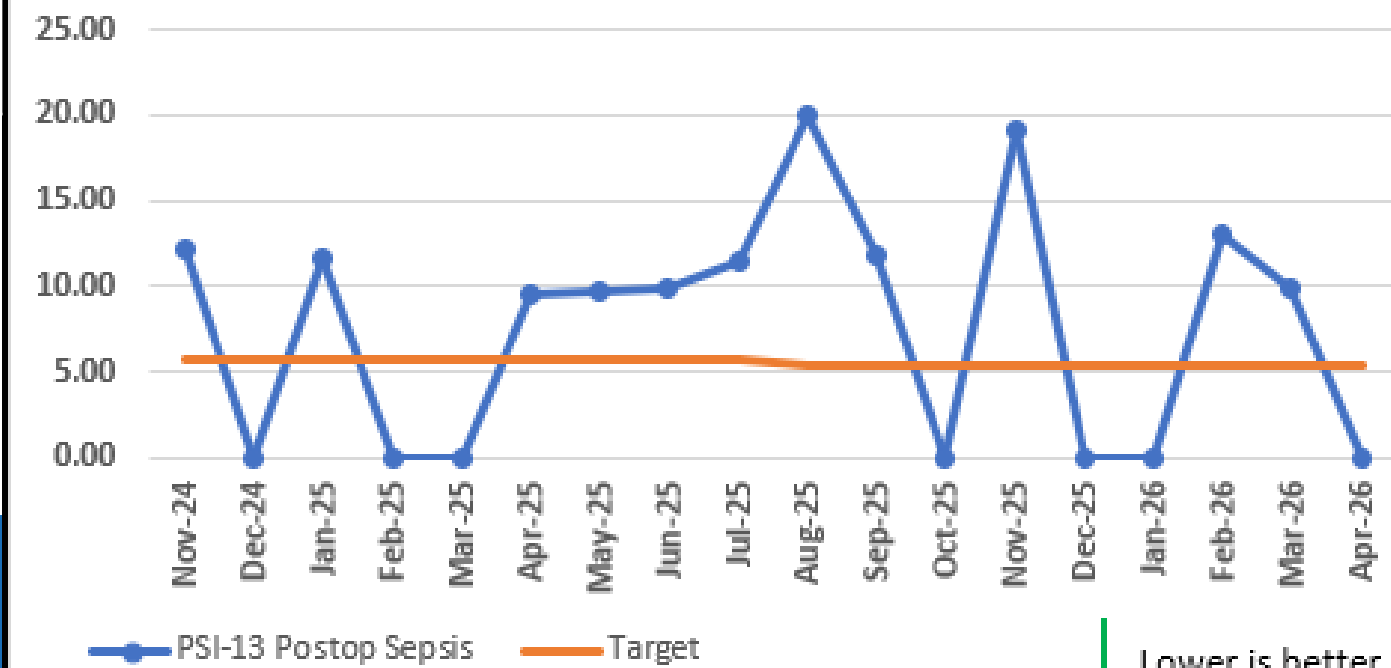
PSI-12 Perioperative PE or DVT
CMS reportable events (Medicare)

rolling 18 months: 3.76
Target: 3.56



PSI-13 Postop Sepsis
CMS reportable events (Medicare)

rolling 18 months: 6.05
Target: 5.31



Baystate CABG patients PSI rates

CABG- Baystate Defined Population	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	FY 2026	FY 2025
Patient Safety Indicators (PSI)										
PSI-02 Death Rate in Low Mortality DRGs	0	0	0	0	0	0	0		0	0
PSI-03 Pressure Ulcer	0	0	1	0	1	0	0		2	3
PSI-04 Death in Surgical PTs with Treatable Complications	0	0	0	0	0	0	1		1	0
PSI-06 Iatrogenic Pneumothorax	0	0	0	0	0	0	0		0	0
PSI-07 Central Venous Catheter-Related Bloodstream Infection	0	0	0	0	0	0	0		0	0
PSI-08 In Hospital Fall Associated Fracture	0	0	0	0	0	0	0		0	0
PSI-09 Postoperative Hemorrhage or Hematoma	0	0	0	0	0	0	1		1	0
PSI-10 Postoperative Acute Kidney Injury Requiring Dialysis	0	0	0	0	0	0	0		0	0
PSI-11 Postoperative Respiratory Failure	0	0	2	0	0	0	0		2	2
PSI-12 Perioperative PE or DVT	1	0	0	0	1	0	0		2	0
PSI-13 Postoperative Sepsis	0	0	0	0	0	0	1		1	0
PSI-14 Postoperative Wound Dehiscence	0	0	0	0	0	0	0		0	0
PSI-15 Abdominopelvic Accidental Puncture or Laceration	0	0	0	0	0	0	0		0	0
PSI-90 Patient Safety Composite	1	0	3	0	2	0	2		8	5
							1 Patient with PSI-4 & PSI-12			

Improving PSI-90 doesn't just improve patient safety...

HAMPDEN COUNTY

Baystate Health CEO addresses \$300M crisis, 24-month plan

by: John Budenas
 Posted: Oct 21, 2024 / 09:39 AM EDT
 Updated: Oct 21, 2024 / 12:40 PM EDT

PLOS ONE

RESEARCH ARTICLE

Association of measured quality with financial health among U.S. hospitals

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Contents lists available at ScienceDirect

Surgery

journal homepage: www.elsevier.com/locate/ymsy



Daily review of AHRQ patient safety indicators has important impact on value-based purchasing, reimbursement, and performance scores

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ARTICLE INFO

Article history:
 Accepted 26 October 2017
 Available online 21 December 2017

ABSTRACT

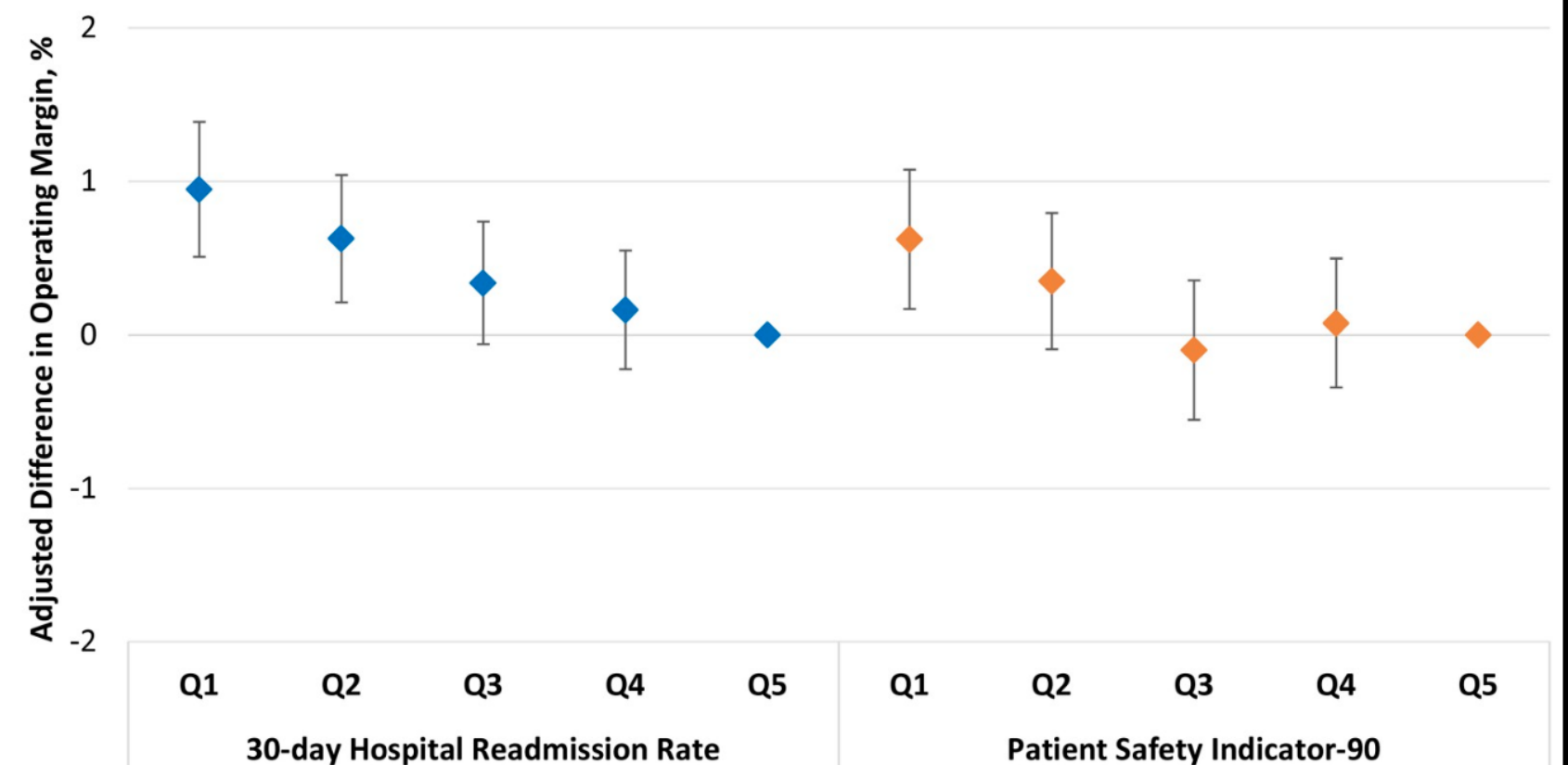
Background. The Patient Safety Indicators (PSIs) Composite (PSI 90) of the Agency for Healthcare Research and Quality has been found to have low positive predictive values. Because scores can affect hospital reimbursement and ranking, our institution designed a review process to ensure accurate data and incur minimal penalties under the Hospital Value-Based Purchasing Program.

Methods. A multidisciplinary team was assembled to review PSI 90 within a performance period. The positive predictive value of each PSI was calculated. Weight-adjusted PSI rates were used to recalculate the PSI 90 Performance Period Index Value (PPIV). The adjusted PPIV was used to estimate what the achievement points and financial impact would have been if PSI review had not been implemented. Differences in PPIV, achievement points, and financial impact before and after PSI review were calculated.

Results. A total of 1,470 cases were flagged for PSI over a 2-year period. The positive predictive value was 63.3%. Refuting 36.7% of PSIs resulted in a decrease in the PPIV from 0.696 to 0.508, an increase in achievement points from 5 to 10, resulting in a decreased net loss of \$111,773.

Conclusion. Multidisciplinary review processes are practical and effective in identifying false-positive patient safety events. The real-time process affects hospital performance and resultant Medicare reimbursement substantially.

a: Adjusted Difference in Operating Margin Across Quality Quintiles



Objectives

- Describe the impact of Patient Safety Indicators (PSIs) on Leapfrog grades and CMS star ratings.
- Discuss the cardiovascular service lines' current performance in PSIs.
- **Describe ongoing efforts to improve PSI performance**

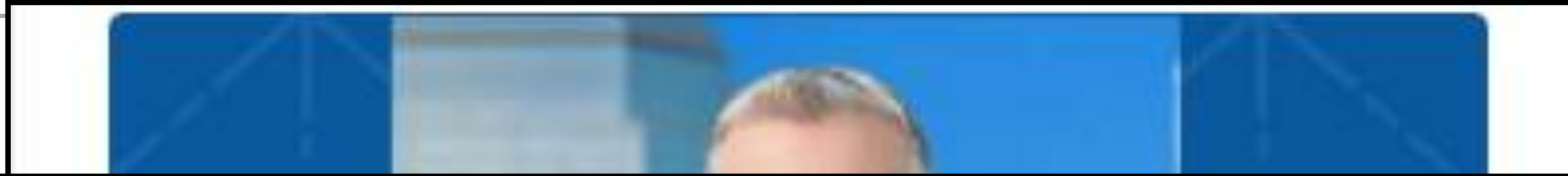
PSI IMPROVEMENT CHARTER TEAM

- General surgery
- Trauma surgery
- Cardiac surgery
- Vascular surgery
- Cardiology
- Gastroenterology
- Hospital medicine
- Critical care
- Patient safety
- Healthcare quality
- Clinical documentation improvement (CDI)
- Nursing
- Admitting/patient registration

How can you help?

- Document conditions that are present on admission- skin wounds, sepsis, chronic respiratory failure, AKI
- Respond thoughtfully to CDI queries
- Clearly identify those procedures that are emergent or urgent vs. elective
- Consider joining the PSI Improvement Charter Team
- Participate in High Reliability Organization training and practice with HRO principles

HIGH RELIABILITY ORGANIZATION?



#2. Design a High Reliability Organization (HRO)

This is my favorite strategic priority for this next year. Impacting the quality, safety, and experience of our patient care. That's why we're all here after all.

Physicians, nurses, front-line caregivers, and others are going to spend three months designing and building our High Reliability Organization, HRO. This is about solidifying our culture and engagement. We'll call it *The Baystate Way*.

This design process will ensure that we have a preoccupation with failure, reluctance to simplify, sensitivity to operations, deference to expertise, and commitment to resilience. After design, we'll spend the next nine months focused on training and developing every team member in the organization on HRO principles. Again, *the Baystate Way*. We're kicking off a multi-year journey towards ZERO HARM for both patients and team members.

guiding Baystate Health this fiscal year.

[Read more](#)



High Reliability in a Safety Net Hospital Leading to Operational Excellence

Lisa Didion, MD, Candice Whitfield, MPH, MPA,† Phyllis Bishop, MD,‡
Alan E. Jones, MD,§ and J. Michael Henderson, MB ChB FACS||*

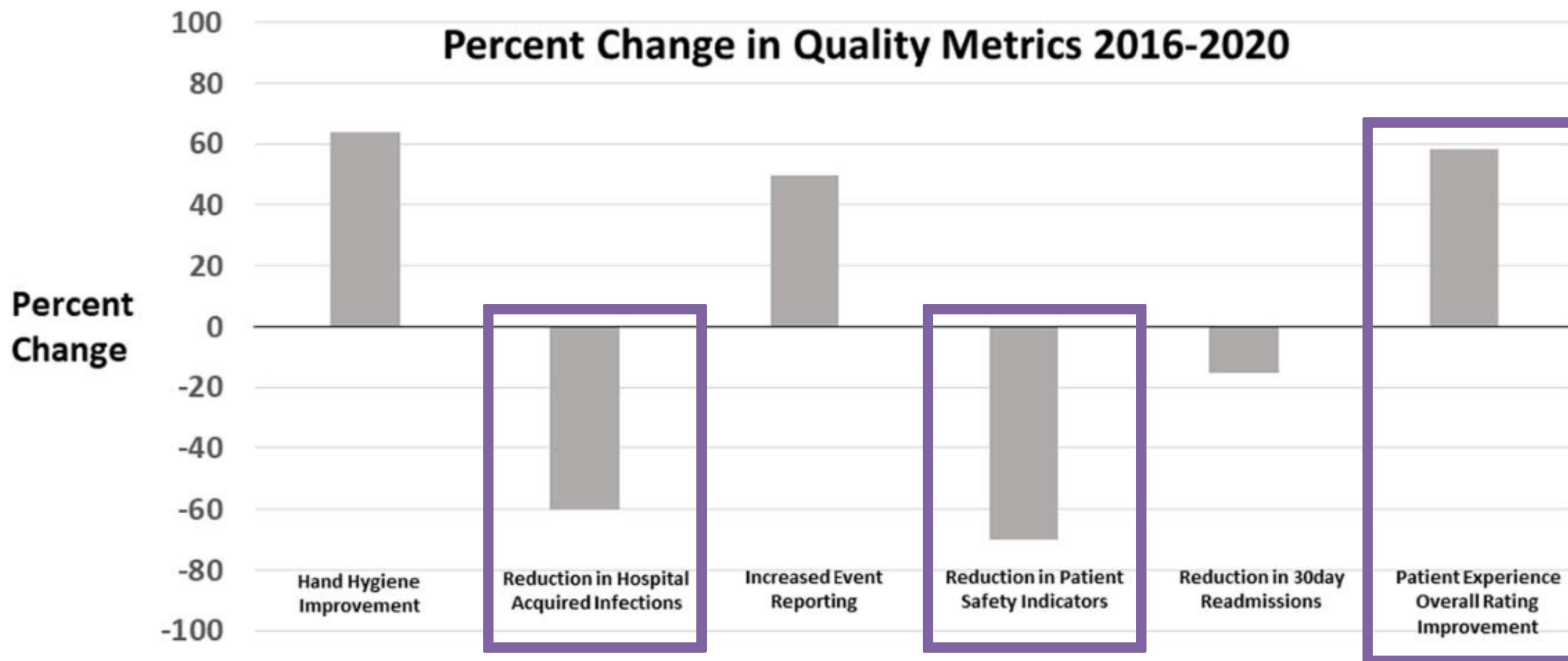
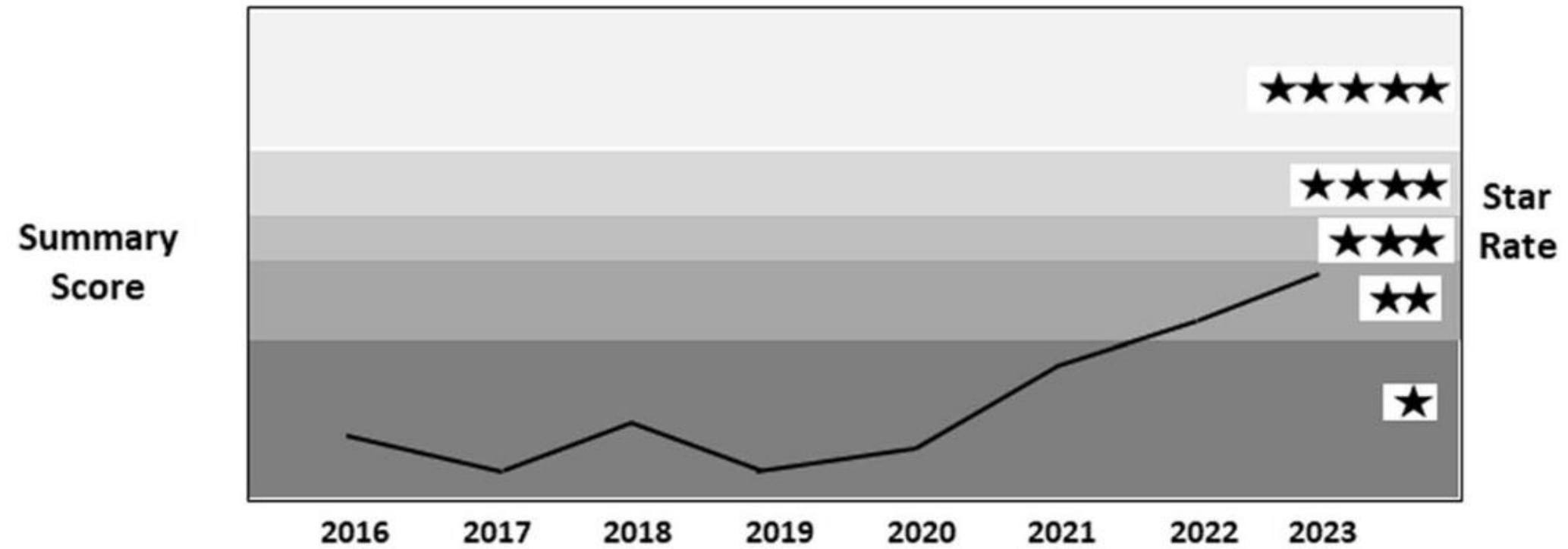


FIGURE 1. Percent improvement in six key quality metrics in the initial 5 years of the program.

CMS Star Rating



UMMC Leapfrog Journey

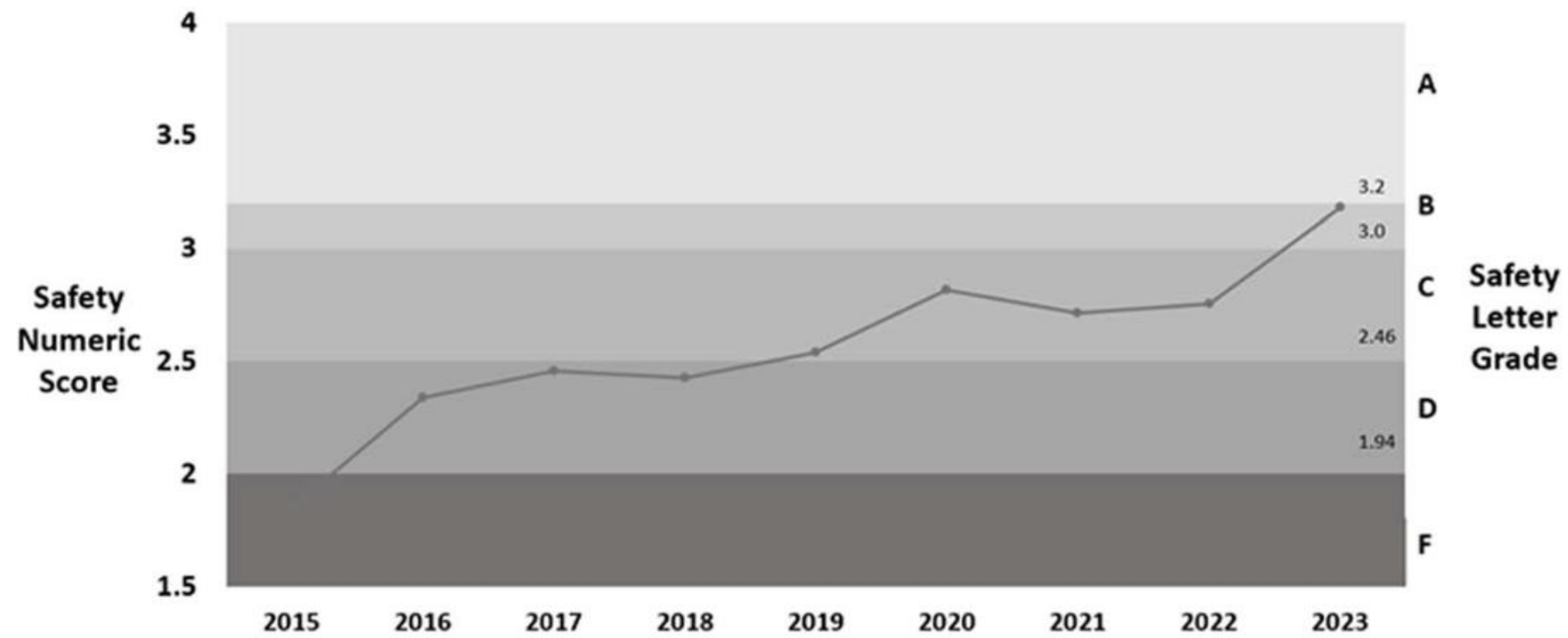



FIGURE 2. Public reported quality scores (CMS Star Rating and Leapfrog Safety Grade) trends for the UMMC from 2015 to 2023.

Questions and discussion

Leapfrog

CMS

This Hospital's Grade









Baystate Medical Center

759 Chestnut Street
Springfield, MA 01199-0001
[Map and Directions](#)


Note: This hospital completed the Leapfrog survey for this hospital, [view their Survey results.](#)


▼ [Hide Past Grades](#)

2025		2024		2023	
					
FALL 2025	SPRING 2025	FALL 2024	SPRING 2024	FALL 2023	SPRING 2023

Hospital

Baystate Medical Center

Overall star rating: 

Inpatient survey rating: 

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Supplemental information- CABG readmissions and mortality data

CABG Mortality

CABG- Baystate Defined Population	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	FY 2026	FY 2025
Mortality										
Mortality Outcome Cases	35	27	31	30	20	33	33		176	275
Total Mortality	1	1	0	1	1	0	1		4	4
Observed	2.86%	3.70%	0.00%	3.33%	5.00%	0.00%	3.03%		2.27%	1.09%
Expected	2.26%	0.62%	1.99%	3.62%	5.02%	2.84%	2.98%		2.61%	1.69%
O/E	1.26	5.99	0.00	0.92	1.00	0.00	1.02		0.87	0.65

CABG Readmissions

CABG- Baystate Defined Population	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	FY 2026	FY 2025
Readmissions (All payers)									
Readmission Outcome Cases	34	26	31	29	19	33		172	268
Total Readmissions	2	1	3	0	3	5		14	22
Observed	5.88%	3.85%	9.68%	0.00%	15.79%	15.15%		5.81%	8.15%
Expected	8.97%	6.68%	8.22%	7.01%	9.67%	9.16%		8.26%	8.37%
O/E	0.66	0.58	1.18	0.00	1.63	1.65		0.70	0.97

CABG- Baystate Defined Population	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	FY 2026	FY 2025
Readmissions (Medicare only)									
Readmission Outcome Cases	12	7	11	13	8	17		66	96
Total Readmissions	0	1	2	1	3	4		8	4
Observed	0.00%	25.00%	22.22%	9.09%	37.50%	23.53%		12.12%	3.26%
Expected	8.53%	7.31%	7.22%	7.49%	11.44%	10.26%		8.94%	8.46%
O/E	0.00	1.88	2.21	1.01	3.28	2.29		1.36	0.39

Supplemental information- Financial implications of quality and safety metrics

Quality Measures Crosswalk



**Hospital
Acquired
Infections**

**Patient
Satisfaction**

Measure Name	CMS Overall Star Rating	HACRP (Infections & PSI-90)	VBP (Value-based Purchasing)	HRRP (Readmissions)	Leapfrog Safety Grade	MassHealth CQI
Central-Line Associated Bloodstream Infection (CLABSI)	X	X	X		X	X
Catheter-Associated Urinary Tract Infection (CAUTI)	X	X	X		X	X
Surgical Site Infection from Colon Surgery (SSI-colon)	X	X	X		X	X
MRSA Bacteremia	X	X	X		X	X
Clostridium Difficile (C.difficile)	X	X	X		X	X
Patient Safety and Adverse Events Composite (PSI-90)	X	X			X	
Communication with Nurses (HCAHPS)	X		X		X	X
Communication with Doctors (HCAHPS)	X		X		X	X
Responsiveness of Hospital Staff (HCAHPS)	X		X		X	X
Communication About Medicines (HCAHPS)	X		X		X	X
Discharge Information (HCAHPS)	X		X		X	X
Death Rate Among Surgical Inpatients with Serious Treatable Complications	X				X	

Supplemental information- selected PSIs compared to other comparable MA hospitals

Facility ID	Facility Name	Measure ID	Measure Name	Denominator	Rate	Start Date	End Date
220077	BAYSTATE MEDICAL CENTER	PSI_09	Postoperative hemorrhage or hematoma rate	5796	2.85	7/1/2022	6/30/2024
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	PSI_09	Postoperative hemorrhage or hematoma rate	5770	3.94	7/1/2022	6/30/2024
220031	BOSTON MEDICAL CENTER	PSI_09	Postoperative hemorrhage or hematoma rate	1385	2.85	7/1/2022	6/30/2024
220110	BRIGHAM AND WOMEN'S HOSPITAL	PSI_09	Postoperative hemorrhage or hematoma rate	8589	2.05	7/1/2022	6/30/2024
220071	MASSACHUSETTS GENERAL HOSPITAL	PSI_09	Postoperative hemorrhage or hematoma rate	9851	1.51	7/1/2022	6/30/2024
220077	BAYSTATE MEDICAL CENTER	PSI_11	Postoperative respiratory failure rate	2521	9.70	7/1/2022	6/30/2024
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	PSI_11	Postoperative respiratory failure rate	2892	6.37	7/1/2022	6/30/2024
220031	BOSTON MEDICAL CENTER	PSI_11	Postoperative respiratory failure rate	497	8.49	7/1/2022	6/30/2024
220110	BRIGHAM AND WOMEN'S HOSPITAL	PSI_11	Postoperative respiratory failure rate	5122	7.32	7/1/2022	6/30/2024
220071	MASSACHUSETTS GENERAL HOSPITAL	PSI_11	Postoperative respiratory failure rate	5808	7.30	7/1/2022	6/30/2024
220077	BAYSTATE MEDICAL CENTER	PSI_13	Postoperative sepsis rate	2522	6.77	7/1/2022	6/30/2024
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	PSI_13	Postoperative sepsis rate	3016	6.05	7/1/2022	6/30/2024
220031	BOSTON MEDICAL CENTER	PSI_13	Postoperative sepsis rate	529	4.79	7/1/2022	6/30/2024
220110	BRIGHAM AND WOMEN'S HOSPITAL	PSI_13	Postoperative sepsis rate	5826	4.49	7/1/2022	6/30/2024
220071	MASSACHUSETTS GENERAL HOSPITAL	PSI_13	Postoperative sepsis rate	5957	4.13	7/1/2022	6/30/2024
220077	BAYSTATE MEDICAL CENTER	PSI_14	Postoperative wound dehiscence rate	1038	3.14	7/1/2022	6/30/2024
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	PSI_14	Postoperative wound dehiscence rate	1427	1.33	7/1/2022	6/30/2024
220031	BOSTON MEDICAL CENTER	PSI_14	Postoperative wound dehiscence rate	327	1.59	7/1/2022	6/30/2024
220110	BRIGHAM AND WOMEN'S HOSPITAL	PSI_14	Postoperative wound dehiscence rate	2520	1.31	7/1/2022	6/30/2024
220071	MASSACHUSETTS GENERAL HOSPITAL	PSI_14	Postoperative wound dehiscence rate	2526	1.47	7/1/2022	6/30/2024
220077	BAYSTATE MEDICAL CENTER	PSI_15	Abdominopelvic accidental puncture or laceration rate	3667	2.24	7/1/2022	6/30/2024
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	PSI_15	Abdominopelvic accidental puncture or laceration rate	4681	1.07	7/1/2022	6/30/2024
220031	BOSTON MEDICAL CENTER	PSI_15	Abdominopelvic accidental puncture or laceration rate	985	0.80	7/1/2022	6/30/2024
220110	BRIGHAM AND WOMEN'S HOSPITAL	PSI_15	Abdominopelvic accidental puncture or laceration rate	6008	0.69	7/1/2022	6/30/2024
220071	MASSACHUSETTS GENERAL HOSPITAL	PSI_15	Abdominopelvic accidental puncture or laceration rate	7050	0.51	7/1/2022	6/30/2024