

Frequently Asked Questions

What is CheckPoint?

CheckPoint is a voluntary public reporting program of hospital quality, safety and service measures. CheckPoint provides reliable data on medical outcomes and interventions that medical experts agree should be taken for common medical conditions and surgical procedures that patients receive care for in Wyoming hospitals.

Why are hospitals providing this information?

Wyoming hospitals want to be accountable for the care they provide to their patients, and they want the citizens of Wyoming to learn more about their own health care. Consumers need access to facts that can help them make informed health care decisions. In addition, the data can be used to improve care within hospitals through benchmarking and sharing of best practices. CheckPoint provides information that, as close as possible, reflects the actual care provided.

How many hospitals are in CheckPoint?

There are 23 hospitals that voluntarily participate in the CheckPoint program.

Why don't all hospitals have data in all the measure sets?

A hospital may not have data for all measures for several reasons. Not all hospitals treat all patients. Hospitals must decide which measures apply to them, based on the services they provide. Not all measures in CheckPoint are relevant for the patient population of every hospital. For example, some patients may enter a hospital and require additional services so they are transferred to a second hospital. In these instances the hospital's report will show "NA – Not Applicable".

Each hospital has a quality improvement plan that determines which types of patients they will monitor and focus their improvement efforts on. If a hospital determines that they will not monitor their care in an area where CheckPoint has measures, this hospital will not have any data to report to CheckPoint for that type of care, and their report will indicate "DNR" which stands for "Did Not Report".

What does it mean if the report has a + or – sign instead of a number?

If a hospital has chosen to report a measure that has a low volume their report will include a "+" sign. Many measures in CheckPoint include patient data that are collected over time. The rates for measures that have less than 25 cases can be viewed by clicking on the "+" sign in the report to view a trend report for that hospital and measure. Be careful if you look at the data in this way because very small changes in quality can look like large changes in the rates.

If a hospital did not have any patients that met the criteria for the measure their report will show a "-" sign. Each measure has standard definitions to ensure the information reported for each hospital is the same. If a patient's information does not meet these definitions, that case is removed from the measure. On occasion, this will eliminate all cases from the report for an individual hospital even though they provide that type of care.

What are the measures?

CheckPoint reports measures that help consumers understand how effective a hospital is at providing care that research indicates will lead to the best outcomes. Some of the measures focus on the quality of care for specific diagnoses or procedures, while others track progress towards the use of safe practices.

See “Current Measures Detail” for a list of all current measures.

How are the measures selected?

The medical conditions measured in CheckPoint are selected because they are common reasons to go to the hospital. Measures are selected that reflect care that is scientifically proven to increase the chance of a positive outcome. By giving consumers information, we can help improve their overall health by sharing with them the kind of care that they should expect to receive.

What patients are included in the data?

CheckPoint data includes all hospital patients that receive care for the conditions measured, regardless of who pays for the care. Some data is collected by the Centers for Medicare and Medicaid Services. This data is for all patients; not just Medicare patients.

Do the measures screen out patients that should not receive the “usual” care?

Yes. The way the data is collected for each measure removes patients that should not get that specific treatment. For example, if a patient has an aspirin allergy that patient would not be included in the measure that requires an aspirin be given.

How often is the data refreshed?

- Medical services, patient experience and infection data is updated every three months.
- Mortality and volume data is updated annually.

How is the data collected?

- Many of the measures are collected from individual patient charts and submitted to a third party data system by the hospital staff.
- Patient experience data are collected through surveys sent to hospital patients after they leave the hospital.
- Other measures, such as mortality, readmissions and volumes for key procedures are calculated from information that is submitted on hospital billing claims.
- See [Data Collection and Validation](#) for details on how the data for each measure is collected.

Can hospitals report their data in such a way that it looks better than it really is?

No. Data reported by the Centers for Medicare and Medicaid Services (CMS) undergo an audit of a sample of charts from a hospital's files to ensure accuracy before the data are reported on CheckPoint.

The mortality and readmission data are calculated by CMS. An individual hospital doesn't know their rate on any one measure until they receive a report from CMS. Compare it to taking a test, and handing it to the teacher. You don't know your grade until you get the test back. The same is true for the Patient Experience data. Each hospital uses a survey company who sends out the surveys, calculates the results and then sends the results to CMS. This data is accessed right from CMS, not from the hospital.

When was the data collected?

Hospitals collect data for the measures on a continuous basis. CheckPoint is updated with the most recent data as soon as it is available. The timeframe for each report is listed in upper left corner of the report.

Will new measures be added in the future?

New measures are being added to CheckPoint on a regular basis.

Who uses CheckPoint?

CheckPoint may be useful to a variety of health care stakeholders:

- Insurance companies and employers have asked health care providers to publish information that will be useful in assessing the quality of care received by their members and employees.
- Consumers use the information to:
 - Select a health plan when their employer gives more than one health plan option
 - To select a hospital in anticipation of a hospital stay
- Reporters use CheckPoint information to learn more about the hospitals in their communities.
- Legislators are interested in making sure that consumers have access to quality and safety information for decision making.
- Hospitals use CheckPoint for benchmarking their care and identifying best practice hospitals.

What is an HCAHPS survey?

The HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care.

How are the measures in the HCAHPS survey used?

An HCAHPS survey asks each patient surveyed to answer 27 survey questions; 18 of the questions are used to create the measures you see reported on CheckPoint. Some of the questions are combined to create a summary measure and some of them are reported as individual questions, as listed below:

- Summary measures
 - Communication with nurses (Questions 1, 2, and 3)
 - Communication with doctors (Questions 5, 6, and 7)
 - Responsiveness of hospital staff (Questions 4 and 11)
 - Pain management (Questions 13 and 14)
 - Communication about medicines (Questions 16 and 17)
 - Discharge information (Questions 19 and 20)
- Individual measures
 - Cleanliness of hospital environment (Question 8)
 - Quietness of hospital environment (Question 9)
- Global measures
 - Overall rating of hospital (Question 21)
 - Willingness to recommend hospital (Question 22)

The remaining nine measures provide information that helps hospitals understand differences between different types of patients, such as race and ethnicity. Hospitals use this information for work related to improving health care disparities.

How is the HCAHPS survey administered?

The HCAHPS survey data is collected, from adult patients, 48 hours to six weeks after they leave the hospital. Participating hospitals use an approved survey vendor, which sends out all of the surveys, receives the completed surveys and tallies all of the results. Hospitals must survey patients each month of the year. Hospitals may use a random sample of patients, but must submit at least 300 completed surveys per year.

Are the HCAHPS survey results adjusted?

The HCAHPS survey results are adjusted for the mode of survey administration (mail, telephone and/or interactive voice response) and patient characteristics (health status, education, service line, age, emergency department admission, response percentile, service by linear age interactions, and primary language other than English). This helps ensure comparisons between hospitals are accurate and fair. For more information about the HCAHPS survey visit www.hcahpsonline.org.