

## Quality Report Definitions

### Where Does This Data Come From?

Beaumont Health regularly reports quality data to **Center for Medicare and Medicaid Services (CMS)** and is shared on [Hospital Compare](#). This data can help you make decisions about where to get health care for you and your family.

### Overall Star Rating★

Calculated by **CMS**, the Overall Star Rating summarizes up to 57 quality measures – reflecting common conditions that hospitals treat, such as heart attacks or pneumonia. The Overall Star Rating shows how well each hospital performed, on average, compared to other hospitals in the United States.

The Overall Star Rating ranges from one to five stars. The more stars, the better a hospital performed on the available quality measures. The most common overall rating is 3 stars.

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### Safety of Care

Patients who are admitted to hospitals for treatment of one medical problem sometimes get other serious injuries or complications, and may even die. These events can often be prevented when hospitals follow best practices for treating patients.

This section shows serious complications that patients experienced during a hospital stay or after having certain inpatient surgical procedures, and how often patients who were admitted with certain conditions died while they were in the hospital.

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# Beaumont

## Patient Experience ★

[Star Ratings](#) enable consumers to more quickly and easily assess the patient experience of care. The ratings allow consumers to more easily compare hospitals using a 5-star scale, with more stars indicating better quality care.

**HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)** Survey provides a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. The **HCAHPS** Survey is administered to a random sample of patients continuously throughout the year. **CMS** cleans, adjusts and analyzes the data, then publicly reports the results.

To calculate the **HCAHPS** Star Ratings, **HCAHPS** Survey information from one hospital is compared to that from others. More stars indicate better quality care than fewer stars. The stars are one way of comparing hospitals. **HCAHPS** Star Ratings, like the **HCAHPS** measures on which they are based, are updated quarterly.

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## Effectiveness of Care

The [measures](#) of Timely and Effective Care (*also known as “process of care” measures*) show

- ◆ The percentage of hospital patients who got treatments known to get the best results for certain common, serious medical conditions or surgical procedures
- ◆ How quickly hospitals treat patients who come to the hospital with certain medical emergencies.
- ◆ How well hospitals provide preventive services

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## Timeliness of Care

These [measures](#) show how often hospitals provide care that research shows get the best results for patients with certain conditions.

Timeliness in health care is the system's capacity to provide care quickly after a need is recognized. It is one of the six dimensions of quality the Institute of Medicine established as a priority for improvement in the health care system (IOM, 2001). Measures of timeliness include time spent waiting in doctors' offices and emergency departments (EDs) as well as the interval between identifying a need for specific tests and treatments and actually receiving services.

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## Efficient Use of Medical Imaging

The [measures](#) on the Use of Medical Imaging show how often a hospital provides specific imaging tests for Medicare beneficiaries under circumstances where the imaging may not be medically appropriate. Lower percentages suggest more efficient use of medical imaging.

The purpose of reporting these measures is to reduce unnecessary exposure to contrast materials and/or radiation, to ensure adherence to evidence-based medicine and practice guidelines, and to prevent wasteful use of Medicare resources. These measures only apply to Medicare patients treated in hospital outpatient departments; they do not include tests performed in other ambulatory care settings or hospital inpatient settings.

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## Unplanned Hospital Visits

These [measures](#) include readmission, hospital visits and return days. Measures of Readmission show rates of patients who have had a recent hospital stay need to go back into a hospital for unplanned care within 30 days of leaving the hospital. Hospital Return days show the number of days these patients spent back in the hospital within those 30 days. Unplanned Hospital Visits are measured within 30 days of leaving the hospital or 7 days of an outpatient procedure.

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## Mortality

Death rates show whether patients died within 30 days of being hospitalized for a given condition.

Death rates provide information about important aspects of hospital care that affect patients' outcomes – like prevention of and response to complications, emphasis on patient safety, and the timeliness of care.

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## Payment

The [payment measures](#) include the **Medicare Spending Per Beneficiary (MSPB)**, also known as the Spending per hospital patient with Medicare, as well as payment measures for heart attack, heart failure, pneumonia, and hip and/or knee replacement patients. Payment measures are aligned with complication or death (mortality) rates for the given condition to assess the value of care provided to patients with that condition.

Promoting value in healthcare encourages healthcare providers to reduce waste and unnecessary care while maintaining high quality of care.

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