

## Frequently Asked Questions

**CheckPoint** is a voluntary public reporting program of hospital quality, safety, and service measures developed and maintained by the Wisconsin Hospital Association. It provides reliable data on medical outcomes and interventions for common medical conditions and surgical procedures in Wisconsin hospitals.

**Why are hospitals providing this information?** Wisconsin hospitals participate in CheckPoint to be accountable for the care they provide and to provide citizens with information to make informed healthcare decisions. It also enables benchmarking and sharing of best practices to improve care within hospitals.

**How many hospitals are in CheckPoint?** There are 125 hospitals participating in the CheckPoint program, including acute care hospitals and specialty hospitals in Wisconsin.

**Why would a hospital not be in CheckPoint?** Hospitals not included in CheckPoint are those that do not care for the types of patients covered by the program's measures.

**Why don't all hospitals have data in all measure sets?** Hospitals may not have data for all measures due to differences in patient populations and the types of care they provide. Hospitals decide which measures apply to them based on their services. If a hospital doesn't monitor care in a particular area, the report will show "**DNR**" (**Did Not Report**).

**What does it mean if the report has a + or - sign instead of a number?** A "+" sign indicates a measure with low volume, and a "-" sign means there were no patients meeting the criteria for the measure. Small changes in quality can appear significant in low-volume measures.

**What does ★ icon mean next to my result?** This star symbolizes excellence and is awarded to hospitals ranking in the top 10% for specific measures. If your performance matches or exceeds the state benchmark, placing you in the top 10%, you will receive a star. When your hospital achieves this outstanding status, you will proudly see your results adorned with a shining star next to them.

**What are the measures?** CheckPoint reports measures related to the quality of care for specific diagnoses or procedures and the progress towards safe practices based on scientific evidence.

**How are the measures selected?** The measures are selected based on common reasons for hospitalization and scientific evidence supporting positive outcomes. A dedicated Quality Measures Team, consisting of representatives from hospitals and healthcare systems across the state oversees the addition/deletion of measures.

**Which patients are included in the data?** Most measures include data on all hospital patients receiving care for the conditions measured, regardless of payment source. However, some data, such as CMS readmissions and mortality, only include 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 woman delivering a baby has a medical condition that warrants an early delivery, she would not be included in the measure for early elective deliveries.

**How often is the data refreshed?** Medical services, patient experience, patient safety indicators, and infection data are updated every three months, while mortality and volume data are updated annually.

**How is the data collected?** Data for measures is collected from individual patient charts, surveys sent to patients after discharge, and information from hospital billing claims.

**Can hospitals report their data in a way that looks better than it really is?** No, data reported by hospitals undergoes an accuracy audit by CMS before being reported on CheckPoint.

**When was the data collected?** Data is collected on a continuous basis, and the most recent data is updated on CheckPoint as soon as it becomes available.

**Will new measures be added in the future?** New measures are regularly added to CheckPoint.

**Who uses CheckPoint?** CheckPoint is used by insurance companies, employers, consumers, reporters, legislators, and hospitals for various purposes, including assessing healthcare quality, making informed decisions, and benchmarking care.

**What is an HCAHPS survey?** The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is a standardized survey of patients' perspectives of hospital care.

**How are the measures in the HCAHPS survey used?** The HCAHPS survey measures patients' perspectives on various aspects of hospital care, and some of these questions contribute to the measures reported on CheckPoint.

**How is the HCAHPS survey administered?** The HCAHPS survey is administered 48 hours to six weeks after a patient leaves the hospital. Hospitals use approved survey vendors to collect and tally the results, and they must survey patients every month, with a minimum of 300 completed surveys per year.

**Are the HCAHPS survey results adjusted?** Yes, the HCAHPS survey results are adjusted for survey administration mode and patient characteristics to ensure accurate and fair hospital comparisons. For more information about the HCAHPS survey visit [www.hcahponline.org](http://www.hcahponline.org) .