

HVBP Performance Report

ABBEVILLE GENERAL HOSPITAL(190034)

Data as Of: 08/04/2023

Summary				Reporting Period = Fiscal Year 2024
Category	Facility	State Average	National Average	
Total Performance Score	17.000000000000	17.970712560386	22.597036962184	
Category	Unweighted Domain Score	Domain Weighting	Weighted Domain Score	
Clinical Outcomes Domain	0.000000000000	33.3%	0.000000000000	
Person and Community Engagement Domain	51.000000000000	33.3%	17.000000000000	
Safety Domain	N/A	N/A	N/A	
Efficiency and Cost Reduction Domain	0.000000000000	33.3%	0.000000000000	
Base Operating DRG Payment Amount Reduction	Value-Based Incentive Payment Percentages	Net Change in Base Operating DRG Payment Amount	Value-Based Incentive Payment Adjustment Factor	Exchange Function Slope
2.0000000000%	1.6133923274%	-0.3866076726%	0.9961339233	4.7452715513

Calculated values were subject to rounding.

* This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2024.

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Clinical Outcomes Domain Reporting Period = Fiscal Year 2024

Baseline Period: 04/01/2014 - 03/31/2017 Performance Period: 04/01/2019 - 03/31/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data	
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	55	0.022605	6	0.024944	

Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2014 - 06/30/2017 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2019 - 06/30/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data	
Measure Name	Number of Eligible Discharges	Baseline Period Rate	Number of Eligible Discharges	Performance Period Rate	
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	2	0.865565	9	0.865033	
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	43	0.917832	33	0.914032	
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0	-	0	-	
Heart Failure (HF) 30-Day Mortality Rate	123	0.868701	62	0.855929	
Pneumonia (PN) 30-Day Mortality Rate	142	0.858865	49	0.813869	

Baseline Period: 04/01/2014 - 03/31/2017 Performance Period: 04/01/2019 - 03/31/2022			Performance Standards and Measure Scores		
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate	0.025396	0.018159	N/A	N/A	N/A

Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2014 - 06/30/2017 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2019 - 06/30/2022			Performance Standards and Measure Scores		
Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	0.869247	0.887868	N/A	N/A	N/A
Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	0.916491	0.934002	0	0	0
Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate	0.969499	0.980319	N/A	N/A	N/A

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Baseline Period (AMI, HF, COPD, CABG, PN):
07/01/2014 - 06/30/2017
Performance Period (AMI, HF, COPD, CABG,
PN): 07/01/2019 - 06/30/2022

Performance Standards and Measure Scores

Measure Name	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Heart Failure (HF) 30-Day Mortality Rate	0.882308	0.907733	0	0	0
Pneumonia (PN) 30-Day Mortality Rate	0.840281	0.872976	0	0	0

Calculated values were subject to rounding.

Eligible Clinical Outcomes Measures: 3 out of 6

Unweighted Clinical Outcomes Domain Score: 0.000000000000

Weighted Clinical Outcomes Domain Score: 0.000000000000

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Person And Community Engagement Domain Reporting Period = Fiscal Year 2024

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022	Baseline Period Rate	Performance Period Rate
Communication with Nurses	87.3247%	84.7460%
Communication with Doctors	90.2765%	86.0995%
Responsiveness of Hospital Staff	78.0413%	68.1110%
Communication about Medicines	69.0707%	64.7758%
Cleanliness and Quietness of Hospital Environment	81.2909%	77.1189%
Discharge Information	84.5326%	85.7258%
Care Transition	60.1452%	59.7331%
Overall Rating of Hospital	74.2826%	70.8887%

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Performance Standards and Measure Scores				
HCAHPS Dimensions	Floor	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Dimension Score
Communication with Nurses	53.50%	79.42%	87.71%	0	6	6
Communication with Doctors	62.41%	79.83%	87.97%	0	7	7
Responsiveness of Hospital Staff	40.40%	65.52%	81.22%	0	2	2
Communication about Medicines	39.82%	63.11%	74.05%	0	2	2
Cleanliness and Quietness of Hospital Environment	45.94%	65.63%	79.64%	0	8	8
Discharge Information	66.92%	87.23%	92.21%	1	0	1
Care Transition	25.64%	51.84%	63.57%	0	7	7
Overall Rating of Hospital	36.31%	71.66%	85.39%	0	0	0

Calculated values were subject to rounding.
HCAHPS Base Score: 33
HCAHPS Consistency Score: 18
Unweighted Person and Community Engagement Domain Score: 51.000000000000
Weighted Person and Community Engagement Domain Score: 17.000000000000
HCAHPS Surveys Completed During the Baseline Period: 135
HCAHPS Surveys Completed During the Performance Period: 149

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Safety Domain Reporting Period = Fiscal Year 2024

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Your Hospital's Baseline Period Data			Your Hospital's Performance Period Data		
Healthcare Associated Infections	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	
Catheter-Associated Urinary Tract Infection	2	0.671	-	3	0.649	-	
Central Line-Associated Blood Stream Infection	0	0.482	-	3	0.884	-	
Clostridium difficile Infection	2	2.615	0.765	1	3.183	0.314	
Methicillin-Resistant Staphylococcus aureus Bacteremia	1	0.100	-	0	0.200	-	
SSI-Abdominal Hysterectomy	0	0.040	-	0	0.151	-	
SSI-Colon Surgery	0	0.413	-	0	0.457	-	
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A	N/A	

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022			Performance Standards and Measure Scores		
Healthcare Associated Infections	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Catheter-Associated Urinary Tract Infection	0.650	0.000	N/A	N/A	N/A
Central Line-Associated Blood Stream Infection	0.589	0.000	N/A	N/A	N/A
Clostridium difficile Infection	0.520	0.014	6	4	6
Methicillin-Resistant Staphylococcus aureus Bacteremia	0.726	0.000	N/A	N/A	N/A
SSI-Abdominal Hysterectomy	0.738	0.000	N/A	N/A	N/A
SSI-Colon Surgery	0.717	0.000	N/A	N/A	N/A
Surgical Site Infection (SSI)	N/A	N/A	N/A	N/A	N/A

Calculated values were subject to rounding.
Eligible Safety Measures: 1 out of 5
Unweighted Safety Domain Score: N/A
Weighted Safety Domain Score: N/A

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Efficiency And Cost Reduction Domain Reporting Period = Fiscal Year 2024

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022		Your Hospital's Baseline Period Data		Your Hospital's Performance Period Data		
Efficiency Measures	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure
Medicare Spending per Beneficiary (MSPB)	\$25,066.40	\$22,212.62	1.128476	\$27,716.69	\$25,089.20	1.104726

Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2022 - 12/31/2022			Performance Standards and Measure Scores		
Efficiency Measures	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Medicare Spending per Beneficiary (MSPB)	0.98892	0.84816	0	0	0

Calculated values were subject to rounding.
 Eligible Efficiency and Cost Reduction Measures: 1 out of 1
 Unweighted Efficiency and Cost Reduction Domain Score: 0.000000000000
 Weighted Efficiency and Cost Reduction Domain Score: 0.000000000000
 Baseline Period Episodes of Care: 318
 Performance Period Episodes of Care: 228

Calculated values were subject to rounding.
 N/A indicates no data available, no data submitted, or the value was not applicable for this measure.
 A dash (-) indicates that the minimums were not met for calculations, or the value was not applicable.
 * Hospital VBP Ineligible indicates that the hospital is not eligible to receive a Total Performance Score based on eligibility criteria.
 * State VBP Ineligible indicates no hospital within the state received a Total Performance Score.