

HVBP Performance Report

Reference the Hospital Value-Based Purchasing page on QualityNet for report information, calculations, and Hospital VBP resources.

ABBEVILLE GENERAL HOSPITAL(190034)

Summary

| Category | Facility | State Average | National Average | |
|---|---|---|---|-------------------------|
| Total Performance Score | 23.333333333333 | 20.421985815603 | 23.758654747556 | |
| Category | Unweighted Domain Score | Domain Weighting | Weighted Domain Score | |
| Clinical Outcomes Domain | 0.000000000000 | 33.3% | 0.000000000000 | |
| Person and Community Engagement Domain | 70.000000000000 | 33.3% | 23.333333333333 | |
| 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% | 2.0882682996% | +0.0882682996% | 1.0008826830 | 4.4748606420 |

* 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 2025.

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Clinical Outcomes Domain

| Baseline Period: 04/01/2015 - 03/31/2018 Performance Period: 04/01/2020 - 03/31/2023 | | 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 | 52 | 0.024745 | 11 | 0.031652 | |

| Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2015 - 06/30/2018 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2020 - 06/30/2023 | | 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 | 3 | 0.872155 | 10 | 0.868291 | |
| Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate | 46 | 0.913004 | 19 | 0.898205 | |
| Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate | 0 | - | 0 | - | |
| Heart Failure (HF) 30-Day Mortality Rate | 123 | 0.872180 | 79 | 0.851253 | |
| Pneumonia (PN) 30-Day Mortality Rate | 128 | 0.860794 | 58 | 0.807235 | |

| Baseline Period: 04/01/2015 - 03/31/2018 Performance Period: 04/01/2020 - 03/31/2023 | | | 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 | 0.025332 | 0.017946 | N/A | N/A | N/A |

| Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2015 - 06/30/2018 Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2020 - 06/30/2023 | | | Performance Standards and Measure Scores | | |
|---|-----------------------|-----------|--|--------------------|---------------|
| Measure Name | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score |
| Acute Myocardial Infarction (AMI) 30-Day Mortality Rate | 0.872624 | 0.889994 | N/A | N/A | N/A |
| Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate | 0.915127 | 0.932236 | N/A | N/A | N/A |
| Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate | 0.970100 | 0.979775 | N/A | N/A | N/A |

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| Baseline Period (AMI, HF, COPD, CABG, PN): 07/01/2015 - 06/30/2018 | | | Performance Standards and Measure Scores | | |
|---|-----------------------|-----------|--|--------------------|---------------|
| Performance Period (AMI, HF, COPD, CABG, PN): 07/01/2020 - 06/30/2023 | | | | | |
| Measure Name | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score |
| Heart Failure (HF) 30-Day Mortality Rate | 0.883990 | 0.910344 | 0 | 0 | 0 |
| Pneumonia (PN) 30-Day Mortality Rate | 0.841475 | 0.874425 | 0 | 0 | 0 |

Eligible Clinical Outcomes Measures: 2 out of 6
Unweighted Clinical Outcomes Domain Score: 0.000000000000
Weighted Clinical Outcomes Domain Score: 0.000000000000

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ABBEVILLE GENERAL HOSPITAL(190034)

Person And Community Engagement Domain

| Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2023 - 12/31/2023 | Baseline Period Rate | Performance Period Rate |
|---|----------------------|-------------------------|
| Communication with Nurses | 87.3247% | 84.9704% |
| Communication with Doctors | 90.2765% | 85.0522% |
| Responsiveness of Hospital Staff | 78.0413% | 77.0798% |
| Communication about Medicines | 69.0707% | 72.7398% |
| Cleanliness and Quietness of Hospital Environment | 81.2909% | 75.6101% |
| Discharge Information | 84.5326% | 86.3733% |
| Care Transition | 60.1452% | 69.0084% |
| Overall Rating of Hospital | 74.2826% | 76.3808% |

| Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2023 - 12/31/2023 | | | 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 | 7 | 7 |
| Communication with Doctors | 62.41% | 79.83% | 87.97% | 0 | 6 | 6 |
| Responsiveness of Hospital Staff | 40.40% | 65.52% | 81.22% | 0 | 7 | 7 |
| Communication about Medicines | 39.82% | 63.11% | 74.05% | 7 | 8 | 8 |
| Cleanliness and Quietness of Hospital Environment | 45.94% | 65.63% | 79.64% | 0 | 7 | 7 |
| Discharge Information | 66.92% | 87.23% | 92.21% | 2 | 0 | 2 |
| Care Transition | 25.64% | 51.84% | 63.57% | 9 | 10 | 10 |
| Overall Rating of Hospital | 36.31% | 71.66% | 85.39% | 1 | 4 | 4 |

HCAHPS Base Score: 51
HCAHPS Consistency Score: 19
Unweighted Person and Community Engagement Domain Score: 70.000000000000
Weighted Person and Community Engagement Domain Score: 23.333333333333
HCAHPS Surveys Completed During the Baseline Period: 135
HCAHPS Surveys Completed During the Performance Period: 142

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Safety Domain

| Baseline Period: 01/01/2019 - 12/31/2019 Performance Period: 01/01/2023 - 12/31/2023 | | 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 | - | 0 | 0.695 | - | |
| Central Line-Associated Blood Stream Infection | 0 | 0.482 | - | 0 | 0.618 | - | |
| Clostridium difficile Infection | 2 | 2.615 | 0.765 | 4 | 3.413 | 1.172 | |
| Methicillin-Resistant Staphylococcus aureus Bacteremia | 1 | 0.100 | - | 1 | 0.198 | - | |
| SSI-Abdominal Hysterectomy | 0 | 0.040 | - | 1 | 0.192 | - | |
| SSI-Colon Surgery | 0 | 0.413 | - | 1 | 0.491 | - | |
| 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: 01/01/2023 - 12/31/2023 | | | 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 | 0 | 0 | 0 | |
| 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 | |

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

| Baseline Period: 01/01/2021 - 12/31/2021 Performance Period: 01/01/2023 - 12/31/2023 | | 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) | \$24,474.36 | \$24,299.69 | 1.007188 | \$27,764.35 | \$25,847.41 | 1.074164 | |

| Baseline Period: 01/01/2021 - 12/31/2021 Performance Period: 01/01/2023 - 12/31/2023 | | Performance Standards and Measure Scores | | | | |
|---|-----------------------|--|--------------------|--------------------|---------------|--|
| Efficiency Measures | Achievement Threshold | Benchmark | Improvement Points | Achievement Points | Measure Score | |
| Medicare Spending per Beneficiary (MSPB) | 0.98689 | 0.839949 | 0 | 0 | 0 | |

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: 250
 Performance Period Episodes of Care: 208

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.
 Calculated values were subject to rounding.