



Assessing Participation Status

Quality Improvement Standards in the Annual Assessment

The Annual evaluation takes place in May. Determination of Participation Status is based on the following QI standards:

- Complete and timely data submission for the data year (including > 90% valid responses in the mortality field) by February 28th of the following year
- Successful correction of performance outliers identified on the prior data year's Risk-Adjusted Clinical Dashboard
- At least 90% valid responses on Level I and Level II measures. If a measure cannot be analyzed because less than 90% of procedures contain valid responses for that measure, it will appear as an outlier on the Annual Risk-Adjusted Dashboards. The Algorithm for creation of the Dashboards provides detailed information on the handling of missing data.

Quality Improvement Standards in the Mid-Year Assessment

The mid-year evaluation takes place in the fall. Determination of Participation Status is based on the following QI standards:

- Hospital has submitted a QI plan to address outliers identified on the Annual Risk-Adjusted Clinical Dashboards
- Data collection staff have met the standard on inter-rater reliability test(s)
- Case counts for the most recent data year have been validated against CHARS or other external reference data

Participating in COAP, in Full Compliance with QI standards

The site is a participant and has met ALL of the QI standards, i.e.

- Complete data (requires > 90% valid responses in the mortality field) submitted as of February 28th
AND
- Invalid case counts from the prior data year have been resolved
AND
- Any Level I measures that were outliers in the prior data year or the prior three-year average do not persist as outliers into the current data year
AND
- Two or fewer of the Level II measures that were outliers in the prior data year or the prior three-year average persist as outliers into the current data year
AND
- None of the Level I indicators and two or fewer of the [Level II indicators](#) [link to new Level II indicators.html page] from the prior TWO three-year averages persist as outliers in the current three-year average (new criterion as of the 2004 data year – see definition below)

Participating in COAP, in Partial Compliance with QI plan standards

The site is a participant and has met SOME but not all of the QI standards, i.e.:

- Invalid case counts from the prior data year remain unresolved
OR
- Data submission NOT complete as of February 28th
OR
- Level I measures that were outliers in the prior data year or the prior three-year average persist as outliers in the current data year
OR
- 3 or more Level II measures that were outliers in prior data year or the prior three-year average persist as outliers in the current data year
OR
- Any of the Level I indicators or three or more of the [Level II indicators](#) [link to new Level II indicators.html page] from the prior TWO three-year averages persist as outliers in the current three-year average (new criterion as of the 2004 data year)

Definitions

- Participating in COAP: contract signed, submitting payments when invoiced, and submitting data
- Level I Measures – CABG: mortality, post-operative stroke, new requirement for dialysis, use of arterial grafting
- Level I Measures – PCI: mortality
- Level II Measures – CABG: length of stay, early extubation rate (“early”: < 6 hours), RBC transfusion rates, return to OR
- Level II Measures – PCI: post-procedure MI, ER to dilation time (STEMI), excellent lesion results, adverse post-procedure events, extended length of stay (primary PCI > 5days, non-primary PCI > 2 days). PCI Level II indicators were updated in 2004 - [click here](#) [link to new Level II indicators.html page] for more information.
- Outlier: hospital performance for a quality measure differs unfavorably from the state average by more than two standard deviations
- Three-year average: hospital performance averaged over three years. Adopted as a new criterion for participation status in the data year 2004. This indicator provides a view of the pattern of performance over a longer period of time. ([Click here](#) [link to new Three Year Average.html page] for examples of how the criterion affects participation.)

Approved by COAP Management Committee: October 20, 2004