

PY 2020 Performance Sharing Program (PSP) Business Goals & Metric Definitions -- Alliance

For partner represented employees of Northwest Region

Reviewed and approved on October 21, 2020

FINANCIAL GATE*		Target		
Operating Margin (%)		1%		

	Weighting	Payout Range		
		50%	100%	150%
AFFORDABILITY		Threshold	Target	Stretch
Total Regional Expense Trend (PMPM)	20%	5.9%	4.1%	2.2%
WORKPLACE SAFETY		Threshold	Target	Stretch
UBT Workplace Safety Projects	20%	65.0%	75.0%	85.0%
ATTENDANCE		Threshold	Target	Stretch
Common Time Loss Metric	20%	7.16	7.08	7.00

QUALITY -- HOSPITAL	Weighting	Threshold	Target	Stretch
Hospital Patient Safety Composite	20%	8.0	15.0	30.0
SERVICE -- HOSPITAL	Weighting	Threshold	Target	Stretch
Regional HCAHPS Summary Star	20%	3.5	4.0	4.3

QUALITY -- HEALTH PLAN / DENTAL	Weighting	Threshold	Target	Stretch
Medicare 5 Star	20%	4.5	5.0	5.0 + 300
SERVICE -- HEALTH PLAN / DENTAL	Weighting	Threshold	Target	Stretch
"Staff Worked Well Together" (Composite)	20%	77.50	78.20	79.70

*Business performance results will be associated with the employee's physical location as of December 31, 2020.

- Hospital: Only those employees with a physical location of SMC, WMC or CHR.
- Health Plan (Non-Hospital): All remaining employees, including Dental employees

The PSP is self-funded through operating income. In the event that the Region does not meet its financial gate, \$200 is payable for each of the five (5) goal categories achieving target or better performance, with the maximum payout capped at \$1,000 for eligible full-time status employees.

PY 2020 PSP Metric Definitions | Northwest Region

ALLIANCE

FINANCIAL GATE	
Measure Name	OPERATING MARGIN (%)
Description	Operating income divided by operating revenue for the fiscal year ending December 31 st .
Performance Period	Q1-Q4 (January 2020 – December 2020)
Metric Alignment	Region
Metric Owner	FP&A
Reporting Frequency	Monthly
Data Latency	Data available following month after close.
Data Source	NW Region ROP Report
Data Owner(s)	NW Controller
Methodology	Higher result is better.

AFFORDABILITY	
Measure Name	TOTAL OPERATING EXPENSE TREND (PMPM)
Description	Per member per month (PMPM) total regional operating expense increase or decrease percentage from prior year PMPM expenses. Total expense trend is expressed as a percentage rounded to the nearest tenth of a percent. Significant NWP pension adjustments not in the budget will be excluded from Expense Trend.
Performance Period	Q1-Q4 (January 2020 – December 2020)
Metric Alignment	Region
Metric Owner	FP&A
Reporting Frequency	Monthly
Data Latency	Data available following month after close.
Data Source	OneLink/Common Reporting & Analytics
Data Owner(s)	NW Controller
Methodology	Lower result is better.

QUALITY – HOSPITAL

Measure Name	HOSPITAL PATIENT SAFETY COMPOSITE
Description	Composite measure of hospital safety comprising three hospital-acquired infection (HAI) and two adverse event metrics and based on CMS Hospital Value-Based Purchasing (VBP) Program methodology.
Performance Period	12 months ending September 30th
Metric Alignment	Exec AIP
Metric Owner	Laura Duffey, Sr. Dir, Hospital Quality & Patient Safety
Reporting Frequency	Quarterly
Data Latency	6-8 weeks depending on component metric.
Data Source	National Healthcare Safety Network (NHSN) for HAIs; Collaborative Alliance for Nursing Outcomes (CALNOC) for adverse events
Data Owner(s)	National Health Plan and Hospital Quality, Patrick Smith, Principle Consultant
Methodology	<ul style="list-style-type: none"> ▪ Composite elements are: Clostridium Difficile (CDI), central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infection (CAUTI), CALNOC injury falls (moderate – severe) per 1,000 days, and hospital-acquired pressure injuries (HAPI) stage 2+ as measured by combined point prevalence rate. ▪ CMS Hospital VBP scoring methodology used to determine points for each measure. Performance benchmarks and achievement thresholds derived from CMS VBP standards (HAIs) and NDNQI percentiles (adverse events). Composite uses standardized infection ratios (SIRs) for HAIs; when valid SIR is not available, VBP methodology is applied to crude rates. ▪ Total of 50 points available; 5 metrics are equally weighted and scored independently. ▪ Individual hospital scores are sum of element scores; regional score is average of hospital scores. ▪ Higher result is better.

SERVICE -- HOSPITAL

Measure Name	HCAHPS SUMMARY STAR (KFH)
Description	HCAHPS Summary Star rating, comprised of 10 publicly reported HCAHPS measures of experience using KFH data and CMS cut point methodology.
Performance Period	12 months ending September 30th
Metric Alignment	Exec AIP
Metric Owner	James (Jay) L. Robinson III, PsyD, Hospital Administrator
Reporting Frequency	Monthly
Data Latency	Available within 60 days of patient discharge.
Data Source	KFH HCAHPS survey data, National Care Experience Analytics
Data Owner(s)	Lorie Dolo Gretchen Dallman
Methodology	<ul style="list-style-type: none"> ▪ 10 publicly-reported HCAHPS measures: Rate hospital; would recommend hospital; nurse communication; doctor communication; room clean; quiet at night; responsiveness of hospital staff; communication about medicines; discharge information; and care transition. ▪ Star rating is based on linear mean score of all responses using KFH unadjusted raw data and CMS methodology for cut points. ▪ Uses CMS methodology for cut points; for 2020 AIP, cut points will be Q4 2019. ▪ Higher result is better.

QUALITY – HEALTH PLAN / DENTAL

Measure Name	MEDICARE 5 STAR
Description	Medicare Advantage 5 star rating and improve quality measures.
Performance Period	January 2020 - December 2020
Metric Alignment	Region
Metric Owner	Yvonne Rice, Dir, Clinical Quality Systems
Reporting Frequency	Annual
Data Latency	Data available 5-7 business days after the end of the month.
Data Source	CMS Star Rating is published October 2020
Data Owner(s)	KPNW Health Plan Quality; Centers for Medicare and Medicaid Services (CMS)
Methodology	Higher result is better.

SERVICE – HEALTH PLAN / DENTAL

Measure Name	PRESS GANEY: STAFF WORKED WELL TOGETHER (COMPOSITE)
Description	A primary driver for Consumer Experience, it is a singular question on the after-visit survey in Ambulatory Care and Dental administered by Press Ganey. This measure is weighted 95 Ambulatory/5 Dental. Further detail of the Ambulatory weighting – Med Practice 66.2%, Video 1.3%, Imaging 12.2%, NTC 7.8%, Urgent Care 5.1%, Therapies 4.1%, MH Therapy 3.0%, Addiction Med 0.4%.
Performance Period	Q1-Q4 (January 2020 – December 2020)
Metric Alignment	Region
Metric Owner	Wendy Watson, Regional COO NW
Reporting Frequency	Monthly
Data Latency	Data available the following month for surveys returned in that month (i.e. data for January is available in February).
Data Source	Press Ganey Survey
Data Owner(s)	Primary: Helen Byelyakova Secondary: Susannah Hart
Methodology	Higher result is better.

WORKPLACE SAFETY

Measure Name **UBT WORKPLACE SAFETY PROJECTS**

Description Number of WPS Projects by UBT

Performance Period Q1-Q4 (January 2020 – December 2020)

Metric Alignment Region

Metric Owner Shannon Cazinha, Performance Improvement Director

Reporting Frequency Monthly

Data Latency Data available the following month for projects completed. Number of projects are YTD.

Data Source UBT Tracker Data

Data Owner(s) For UBT Tracker Data: NW PI Department
 UBT Data Team: Primary: Ed Vrooman, Secondary: Tim Reilly

Methodology Complete UBT WPS Projects with reporting tool attached via UBT Tracker, as directed; to include:

- Risk Assessment - Environmental
- Risk Assessment – Code (training documentation no longer required) Violence in the Workplace Assessment documentation
- Hazard Identification (entered prior to 12/1/2020)
- Slips/Trips and Falls
- Incident Analysis

In addition, any hazard identification projects meeting 2019 criteria must be entered by 12/1/20 to be counted.

- Projects must be started and completed in 2020.
- Entry must have a SMART Goal.
- Completion of UBT Tracker projects (Risk Assessment Environmental/Code, STF Project, Incident Analysis, Hazard Identification).
- Projects entered by 12/1/2020.
- Documented results description and learning/successful practices.
- Results summary equal to or exceed target.
- Forms for data collection are required and must be attached to projects in UBT Tracker. A re-assessment form will be required for Risk Assessment projects.

UBT's with a safety project meeting criterion will be counted.

Total UBT's = 422

Threshold		Target		Stretch	
65%	274 UBTs	75%	317 UBTs	85%	359 UBTs

ATTENDANCE

Measure Name	COMMON LOST TIME METRIC
Description	Improvement in total lost days per PFTE (Productive Full-Time Equivalent) using Common Lost Time Metric (CLTM) Report.
Performance Period	Q1-Q4 (January 2020 – December 2020)
Metric Alignment	Region
Metric Owner	Deanna Dudley
Reporting Frequency	Monthly
Data Latency	Data available two (2) weeks after the end of the month.
Data Source	The CLTM data is derived from the KP TIME system, payroll application, and reported through COGNOS.
Data Owner(s)	Kevin Hou
Methodology	<p>The Common Lost Time Metric (CLTM) measures all types of time off for employees within their employer group. For the purposes of PSP, only a subset of CLTM data will be used to inform the incentive pay metric.</p> <ul style="list-style-type: none">• CLTM is comprised of seven categories or “buckets” of lost time (8 including the productive time bucket) including: FMLA Sick; FMLA Vacation; Workers Comp.; Sick/Short Term Disability/Leave of Absence; Vacation/PTO; Other Leaves; Educ.& Admin. CLTM includes both protected and unprotected time, so adjustments must be made to account for this. This adjustment involves using only the Sick/Short Term Disability/Leave of Absence category. To account for state mandated sick leave, targets will be set to ensure that no employee is penalized for using sick time protected by Washington Sick Paid Sick Leave Law (RCW 49.46.005 to 49.46.920) and Oregon Sick Leave Law (ORS 653.601 to 653.661).• For the Alliance, the attendance data will be based on a weighted bargaining unit average, based on total hours worked in 2020. In addition, non-productive administrative leave has been removed from the calculation to account for the response to the Covid-19 pandemic.