

Implementing the CMS Hospital Stars Guide

A practical plan for boards, leadership teams, and quality professionals

This plan translates Understanding the CMS Overall Hospital Quality Star Rating into a structured organizational approach. It defines how each audience should use the guide, what governance and reporting structures to establish, and what deliverables to complete during the first 90 days.

Purpose and intended result

The purpose is not to create a separate “Stars project.” It is to use the CMS methodology as one organizing lens for improving patient outcomes, preventing harm, strengthening patient experience, protecting reporting integrity, and overseeing performance. At the end of implementation, the organization should have three durable products:

- An executive dashboard connecting published results with current operational performance.
- A measure-owner accountability matrix covering clinical, operational, and technical responsibilities.
- A prioritized improvement portfolio based on patient impact, performance gaps, equity, and feasibility.

Implementation principles

Principle	Application
Improve care first	Select priorities because they matter to patients; use the Stars methodology to understand visibility, timing, and relative influence.
Use current and historical views	Pair lagging CMS measures with timely internal outcome and process measures.
Treat data as a clinical asset	Validate definitions, source systems, submissions, risk factors, exclusions, and public display.
Make accountability explicit	Assign an executive sponsor, a clinical owner, and a technical owner.
Show uncertainty	Present forecasts as scenarios or ranges—not promises.
Examine equity	Stratify internal results so aggregate performance does not conceal disparities.

1 How each audience should use the guide

Audience	Primary use	Expected action
Board and board quality committee	Oversight of outcomes, harm, equity, and reporting integrity	Ask informed questions; approve aims; monitor assurance and sustained results.
Executive leadership	Strategic direction, accountability, and resource allocation	Set priorities; remove barriers; align clinical, operational, and data resources.
Quality and patient safety professionals	Technical analysis, data validation, improvement design, and coordination	Maintain the measure system; lead improvement; manage preview readiness.
Clinical and operational leaders	Translation of measures into reliable care processes	Own interventions, leading indicators, standard work, and sustainment.
Communications and patient relations	Accurate public and workforce communication	Explain the rating, data lag, limitations, and improvement work without overclaiming.

Board and board quality committee

Provide the full Stars guide during orientation and an annual refresher. For regular meetings, present a focused dashboard rather than repeating the methodology. The board should oversee the quality system behind the rating—not manage individual measures.

Questions for board oversight

1. What patient outcomes or safety problems are most responsible for our performance?
2. Which findings represent current care and which reflect older performance periods?
3. What are current internal indicators showing before the public rating changes?
4. Do aggregate results conceal disparities or variation among services?
5. What evidence shows that improvement actions are producing sustained results?
6. What could change the next rating even if clinical performance remains stable?
7. Are there material concerns about data completeness, coding, submission, or suppression?

Executive leadership

- Designate an accountable executive sponsor.
- Charter a multidisciplinary Stars steering group.
- Approve a limited portfolio of high-impact priorities.
- Ensure every measure has clinical and technical ownership.
- Review leading indicators monthly and resolve barriers.
- Require formal CMS preview-period review and sign-off.

Quality and patient safety professionals

- Maintain the measure inventory and performance-period calendar.
- Reconcile source, submitted, CMS-calculated, and publicly displayed results.
- Model group and overall performance with documented assumptions.
- Connect lagging outcomes with leading process and balancing measures.
- Coordinate improvement teams, equity analysis, and preview-period response.
- Educate leaders and clinical owners on changes in measures and methodology.

2 Governance model

Level	Primary responsibility	Cadence	Required output
Board quality committee	Oversee outcomes, harm, equity, and reporting integrity	Quarterly	Assurance, questions, and approved strategic aims
Executive quality council	Set priorities, allocate resources, and remove barriers	Monthly	Decisions, escalation resolution, and resource commitments
Stars steering group	Integrate methodology, validation, forecasts, and improvement	Monthly; weekly during preview	Dashboard, risk log, forecast scenarios, and action tracking
Measure owners	Manage specifications, source data, care processes, and results	Monthly or biweekly	Measure profile, interventions, and exception resolution
Frontline teams	Test and standardize care-process changes	Weekly huddles	Run charts, PDSA learning, hazards, and reliability results

Recommended Stars steering group membership

Include quality improvement, patient safety, clinical leadership, nursing, medical staff, infection prevention, patient experience, analytics, health information management and coding, IT or EHR reporting, population health or finance, and communications. Add pharmacy, case management, emergency services, or other operational leaders based on the measures under review.

Decision rights

Decision	Accountable body
Approve organization-wide priorities and resources	Executive quality council
Approve clinical aims and interventions	Relevant clinical executive and measure owner
Validate source and submitted data	Technical owner with quality reporting lead

Decision	Accountable body
Approve forecast assumptions	Stars steering group
Approve correction or reconsideration submission	Executive sponsor with compliance or legal review as appropriate
Approve public communication	Executive leadership and communications

Suggested charter statement

The Stars steering group coordinates accurate measurement, interpretation, forecasting, and improvement related to the CMS Overall Hospital Quality Star Rating. It does not replace existing clinical governance. It connects measure owners, improvement teams, and leadership so that public reporting reflects reliable data and sustained improvements in care.

3 The 90 day implementation roadmap

Phase	Timing	Primary actions	Deliverables
1 Organize	Days 1–30	Name sponsors and owners; charter governance; inventory measures, specifications, performance periods, and submissions; reconcile the latest public data.	Charter, accountability roster, validated data map, and issue log
2 Analyze and prioritize	Days 31–60	Replicate group results; assess clinical and data gaps; stratify results; evaluate influenceability and timing; select improvement priorities.	Baseline analysis, forecast scenarios, equity findings, and approved portfolio
3 Activate and sustain	Days 61–90	Launch or align improvement; deploy leading indicators; begin governance reporting; test preview procedures and communications.	Operational dashboard, active improvement plans, preview protocol, and review calendar

Phase 1 checklist Organize

- ☐ Executive sponsor and operational lead are named.
- ☐ Stars steering group charter and membership are approved.

- ☐ Every measure has a clinical owner and technical owner.
- ☐ Current rating, peer group, included groups, and effective weights are confirmed.
- ☐ Measure inventory includes identifiers, specifications, sources, and reporting periods.
- ☐ Latest public results are reconciled with internal and submitted data.
- ☐ Known discrepancies and data risks are entered into an issue log.

Phase 2 checklist Analyze and prioritize

- ☐ Measure and group calculations have been reproduced as closely as possible.
- ☐ Changes are classified as clinical performance, data, eligibility, specification, or national-distribution effects.
- ☐ Internal results are stratified for relevant disparities.
- ☐ Candidate priorities are scored for patient impact, gap, reach, influenceability, timing, data confidence, and unintended consequences.
- ☐ Executive leadership approves a limited portfolio with aims, owners, and resources.

Phase 3 checklist Activate and sustain

- ☐ Each priority has outcome, process, balancing, and equity measures.
- ☐ Frontline teams receive timely feedback and conduct structured tests of change.
- ☐ Executive and board dashboards are active.
- ☐ Forecast assumptions and uncertainty are documented.
- ☐ Preview-period roles, escalation steps, and sign-off are tested.
- ☐ Sustainment audits and annual methodology review are scheduled.

4 Required implementation products

Product 1 Executive dashboard

Dashboard layer	Minimum content
Published result	Current and prior stars, peer group, group scores, and national comparison
Forecast	Estimated results, assumptions, confidence range, and boundary sensitivity
Leading indicators	Current measures of process reliability and near-term outcomes
Data health	Missing records, submission status, coding shifts, denominator drift, and suppressions

Dashboard layer	Minimum content
Equity	Stratified outcomes and processes with identified gaps
Improvement execution	Aim, owner, interventions, run or control chart, milestones, barriers, and balancing measures

Product 2 Measure-owner accountability matrix

Field	Required entry
Measure	Name, identifier, group, direction, and standard weight context
Clinical accountability	Executive sponsor, clinical owner, and operational team
Technical accountability	Data source owner, analyst, submission owner, and validation reviewer
Timing	Performance period, submission dates, preview timing, and expected public display
Performance	Current rate, benchmark, trend, case count, and forecast
Improvement	Aim, interventions, leading indicators, equity measures, and balancing measures
Risks	Data limitations, eligibility risk, specification change, and unresolved issues

Product 3 Prioritized improvement portfolio

Criterion	Decision question
Patient impact	How much mortality, harm, functional loss, distress, or inequity could be prevented?
Performance gap	How far is performance from a credible benchmark?
Influenceability	Can a defined care process change the result?
Reach	How many patients and services are affected?
Time to signal	When will improvement enter the CMS period and public display?

Criterion	Decision question
Data confidence	Are the data complete, stable, and understood?
Unintended consequences	Which balancing measures and safeguards are required?

5 Meeting structure and standard agendas

Monthly Stars steering group 60 minutes

Minutes	Agenda item	Desired result
0–5	Safety story or patient perspective	Connect the work to patient impact
5–15	Dashboard and material changes	Shared understanding of performance and uncertainty
15–30	Measure deep dive	Decision on clinical, technical, or analytic action
30–45	Improvement portfolio review	Barrier removal and escalation
45–55	Data integrity and reporting calendar	Resolved or assigned submission and validation risks
55–60	Decisions and accountability	Named owner, action, and due date

Quarterly board quality committee

Agenda element	Board focus
Overall and group results	Material trends, peer context, and limitations
Patient outcomes and harm	Severity, preventability, and improvement trajectory
Equity	Disparities, affected populations, and corrective actions
Improvement portfolio	Evidence of execution, reliability, and sustainment
Data and reporting assurance	Validation results, discrepancies, and controls
Management requests	Decisions, resources, or oversight actions needed

Annual board and leadership education

- Review what the rating measures and excludes.

- Explain performance periods and data lag.
- Summarize current methodology or measure changes.
- Review the hospital's peer group and service-profile context.
- Discuss how the rating fits with accreditation, safety surveillance, patient feedback, equity, and internal outcomes.
- Reaffirm goals that focus on patient outcomes rather than a star number alone.

6 Reporting standards

Every report should state the release date, performance period, data source, measure direction, comparator, and whether the result is published, submitted, preliminary, or internally forecast. Forecasts should identify assumptions and uncertainty. Do not combine results from different specifications or reporting periods without clearly labeling the limitation.

Use this wording	Avoid this wording
"The current public rating summarizes selected historical measures."	"This is our current quality score."
"Our internal indicators show improvement that is not yet reflected publicly."	"CMS has not caught up with us."
"We estimate a range of possible results based on current files and assumptions."	"We will receive four stars."
"Not Available means CMS did not publish an overall rating for this release."	"Not Available means the hospital failed."

7 Preview-period operating procedure

8. Activate the designated review team and secure the hospital-specific report.
9. Confirm hospital identity, rating, peer group, included groups, and measure status.
10. Reconcile measure values to source submissions and previous Care Compare data.
11. Investigate unexpected missing, suppressed, or newly eligible measures.
12. Verify performance periods, specification versions, and calculation assumptions.
13. Document discrepancies, supporting evidence, and materiality.
14. Submit questions or corrections through the designated CMS process before the deadline.
15. Obtain technical, compliance, executive, and communications sign-off as applicable.
16. Archive the report, calculations, evidence, correspondence, decisions, and final display.
17. Conduct a brief after-action review and update controls.

Preview roles

Role	Responsibility
Executive sponsor	Ensures timely response and approves material escalation

Role	Responsibility
Quality reporting lead	Coordinates review, deadlines, documentation, and submission
Analyst	Reproduces calculations and investigates variance
Measure owner	Validates clinical and operational context
Data or IT owner	Confirms extracts, interfaces, and file lineage
HIM or coding	Reviews documentation and coding issues where relevant
Compliance or legal	Reviews material disputes or representations as appropriate
Communications	Prepares accurate internal and external explanation

8 Measures of implementation success

Domain	Suggested indicator
Governance	Percentage of required forums occurring with decisions and follow-up documented
Accountability	Percentage of measures with named clinical and technical owners
Data integrity	Percentage of public results reconciled; number and age of unresolved discrepancies
Improvement	Percentage of priorities with active aims, leading indicators, balancing measures, and equity analysis
Timeliness	Percentage of submissions and preview reviews completed on schedule
Learning	Percentage of leaders and board members completing annual orientation
Outcomes	Sustained movement in clinically meaningful outcome and harm measures

9 Risks and safeguards

Risk	Safeguard
Chasing the rating rather than improving care	Require every priority to state patient impact and clinical aim.
Treating forecasts as commitments	Report scenarios, assumptions, sensitivity, and uncertainty.
Overloading teams with too many priorities	Limit the portfolio and use explicit selection criteria.
Confusing old public data with current operations	Display performance-period dates and current leading indicators together.
Optimizing coding without improving care	Pair documentation integrity with process and outcome improvement.
Concealing disparities in aggregate results	Require stratified internal reporting and equity actions.
Celebrating a higher rating and stopping	Continue reliability audits, balancing measures, and outcome monitoring.

10 Launch communication

Suggested message to leaders and teams

We are using the CMS Overall Hospital Quality Star Rating guide to strengthen how we govern, measure, and improve care. The work is not an isolated ratings initiative. It connects public reporting with our existing commitments to safer care, better outcomes, equitable treatment, a better patient experience, and reliable data. We will judge progress through current clinical and operational evidence while recognizing that the public rating reflects historical performance.

Implementation completion checklist

- ☐ Board and executive education completed.
- ☐ Governance charter and cadence active.
- ☐ Measure inventory and accountability matrix complete.
- ☐ Latest results reconciled and data risks documented.
- ☐ Dashboard approved and routinely reviewed.
- ☐ Improvement portfolio approved and resourced.
- ☐ Leading, balancing, and equity measures active.
- ☐ Preview-period procedure tested.

- ☐ Communications language approved.
- ☐ Annual methodology review and sustainment audits scheduled.

Closing recommendation

Use the Stars guide to create a shared language across governance, leadership, clinical operations, and quality reporting. Keep the overall rating in perspective: it is an important public signal, but the organization's primary responsibility is to deliver safer, more effective, equitable, and patient-centered care every day.

Related resource

Understanding the CMS Overall Hospital Quality Star Rating A Guide for Hospital Quality and Patient Safety Professionals. Updated September 2026.