Results for Hospitals

This section of the Community Checkup report presents performance information for hospitals in King, Kitsap, Pierce, Snohomish and Thurston counties. There are over forty hospital measures with results being drawn from several public sources into a "one-stop shop" to help hospitals, doctors and nurses, patients, health plans, employers, unions and others learn about hospital care across the Puget Sound region. This report is intended to build community understanding so that we can work together to improve the safety, effectiveness and affordability of local hospital care.

Overall, hospital care results for this region reveal several important conclusions:

- **There is variation in the quality of care delivered in hospitals in this region.** Most patients assume that they will receive safe, effective, and appropriate care whenmthey go to the hospital. Although hospitals try to provide the best possible care, doing so is complex and there are many opportunities for errors or breakdowns in the process of providing care.

- **Everyone has room to improve.** While many hospitals perform well on certain measures, there is no single hospital that demonstrates excellent performance across all areas of care that are measured. Hospitals routinely look at their performance on these types of measures and recognize where they have room for improvement. Many share information about promising practices to learn from each other. By increasing awareness of the need for improvement across all hospitals in the region, each of us can help support and encourage improvement over time.

- **Everyone has a role.** Although this section of the report focuses on how well hospitals deliver certain elements of care, we each can take action to improve the results. With information about hospital care in hand, each of us can ask questions about how hospitals, physicians, nurses, patients, and others can work together to improve safety and effectiveness of care.

Hospitals in our region are active in various collective quality improvement initiatives.

Robert Wood Johnson Foundation National Collaboratives.

- **Aligning Forces for Quality: Transforming Care at the Bedside Collaborative** - Tacoma General Hospital of the MultiCare Health System and St. Francis Hospital of the Franciscan Health System were selected to participate in this new collaborative to engage nurses and frontline staff to improve the quality and safety of patient care on medical and surgical units.

- **Aligning Forces for Quality: Language Quality Improvement Collaborative** - Harborview Medical Center and Valley Medical Center were selected to participate in this collaborative to engage health care providers, language services providers, and leaders at all levels of the health care organization to:
  - improve the delivery and availability of language services for persons with limited English proficiency (LEP);
  - improve the safety of LEP patient care; and
  - implement performance measurement to improve language services.
- **Aligning Forces for Quality: Equity Collaborative** - In 2009 and 2010, the Foundation will be sponsoring an additional collaborative in the area of equity, which will focus on creating standardized methods for collection of race, ethnicity and primary language data to link to quality reporting.

  As an Aligning Forces for Quality grant recipient, the Puget Sound Health Alliance is the local coordinating contact for the Foundation in these efforts. We will work with the hospitals to understand their successes and help spread lessons learned and other insights about the new quality improvement innovations across this region.

SCOAP Surgical Checklist.
The Puget Sound Health Alliance is an active member of the SCOAP Surgical Checklist Coalition, focused on getting every hospital in Washington state to use the *SCOAP Surgical Checklist* in all operating rooms by the end of 2009. The Surgical Care and Outcomes Assessment Program (SCOAP) is a clinician-led, voluntary collaborative that links hospitals and surgeons with clinicians from across the state to increase the use of best practices in surgical care. This collaborative effort is to ensure that the necessary steps for safe surgery are taken every time surgery is performed, to reduce the risk of avoidable complications and improve patient outcomes. The SCOAP Surgical Checklist promotes better communication and supports the use of best practices in the operating rooms.

Washington State Hospital Association (WSHA) Intensive Care Unit (ICU) Safe Care Initiative.
This two-year initiative expands skills of ICU staff to reduce patient harm by focusing on eliminating central line infections. Washington state hospitals are leading the nation in this effort and are part of the first cohort. Seventy percent of hospitals in the state are participating in this active learning process being led by WHSA staff with content and guidance from national experts. Sponsors of the work include WSHA, Puget Sound Health Alliance, Washington State Medical Association, and several others. Hospitals in Colorado and North Carolina are also included in this effort.

Reducing Preventable Rehospitalizations.
WSHA is also working with community partners, including the Institute for Healthcare Improvement, the Puget Sound Health Alliance, the Washington State Health Care Authority, Qualis Health, and the nursing home and home health associations to reduce hospital readmissions in Washington state. Based on current data, it is estimated that the average 30-day readmission rate in Washington is 14-15%, with some hospitals experiencing readmission rates of more than 30 percent. The aim is to reduce statewide 30-day rehospitalization rates by 30 percent and to increase patient and family satisfaction. Although Washington has a comparatively low rate of readmission compared to other states, significant gains can still be accomplished in the area of unplanned readmissions. The Alliance has a particular interest in seeing improvements in measurement of rehospitalization to better understand the magnitude of the problem and to track improvement over time. Ideally, we would be able to track readmissions by hospital, by medical group in order to target interventions and improvements in transitions of care. Going forward, the Alliance is interested in adding new hospital data that has the potential for increasing awareness and motivating improved patient safety and affordability of care.

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Health Care Associated Infections.
We plan to include hospital-level data on health care associated infections as it becomes available from the Washington State Department of Health (DOH). In December 2009, DOH expects to publicly release the first set of results on central line-associated bloodstream infections in intensive care units. Over the following two years, DOH will publicly release data on ventilator-associated pneumonia and surgical site infection for:

1. deep sternal wound for cardiac surgery, including coronary artery bypass graft;
2. total hip and knee replacement surgery; and
3. hysterectomy, abdominal and vaginal.

Our intent is to improve and expand the Community Checkup report on the delivery of hospital care over time. This includes adding measures and making the layout and text more useful and relevant to an increasing number of patients, hospitals and other health professionals, employers, unions, health plans and others.

This section of the report highlights hospital care results for our five-county region in the areas of heart failure, surgical care, patient experience and never events (events which are serious and largely preventable). Detailed results on all of the measures are available at *www.WACommunityCheckup.org.*

Heart Failure Care

Heart failure is a weakening of the heart's ability to pump blood. When heart failure occurs, the heart cannot pump enough blood to the lungs and other tissues in the body to provide needed oxygen and nutrients. When a patient goes to the hospital to be treated for heart failure, they should expect the following:

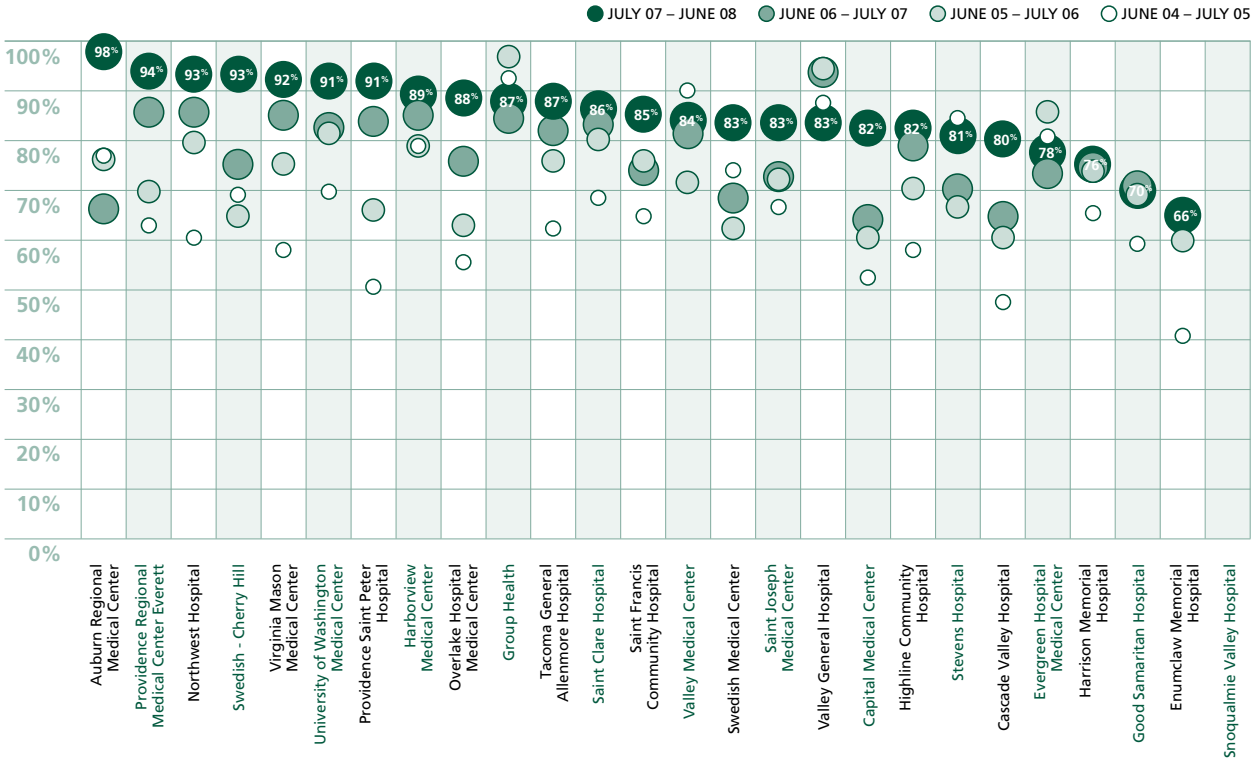
- **A left ventricular systolic (LVS) function assessment.** Proper treatment for heart failure depends on what area of the heart is affected. This test tells medical professionals whether the left ventricle, the main pumping chamber, is working properly.
- **Medicines to improve the heart's ability to pump.** The medicines, called ACE (angiotensin converting enzyme) inhibitors and/or ARBs (angiotensin receptor blockers), are required in different instances, so the medical team will decide which drug is most appropriate for each patient.

- **Clear instructions at discharge.** Each patient should receive clear instructionsbefore leaving the hospital on what the patient should do to reduce the risk of more complications due to coronary artery disease or heart failure. When discharging patients from the hospital, the goal of the health care team should be to help the patient manage their heart failure and prevent additional health problems and hospital visits.

- **Counseling or advice to the patient to quit smoking.** The doctor or health care team can provide information and resources to help patients quit smoking. Quitting improves patients' overall health, and plays a significant role in keeping the heart pumping properly.

The graph below displays a summary of the heart failure care performance of hospitals in the Puget Sound region over a four year period. The results are arrayed from highest to lowest rate in the most recent time period measured – July 2007 to July 2008. Hospitals without reportable results in the '07-'08 period appear at the right side of the chart in alphabetical order.

Heart Failure Care



Note: These results come from data submitted by hospitals to the Centers for Medicare and Medicaid Services (CMS) for public reporting. Summary results are calculated by The Commonwealth Fund and reported at *www.whynotthebest.org/.*

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Puget Sound Health Alliance

	What is Measured?
Heart Failure Care	A composite measure of care for heart failure that includes performance on four measures of heart failure care: 1. Test of how the heart is pumping (LVS function) is given 2. Medicines given to improve heart function 3. Patients advised to stop smoking 4. Instructions given when patient is released from the hospital The composite rate is the sum of the number of times a hospital performed the appropriate action for each of the four heart failure measures, divided by the number of opportunities the hospital had to provide appropriate care for that condition.

The graph displays substantial variability in performance for this measure in our region – results vary from 66 to 98 percent for the most recent measurement year. Several hospitals perform particularly well on these measures and may have developed best practices that could be shared across the community. When examining the performance through time, the results suggest substantial improvement for most hospitals over the four years measured with many hospitals demonstrating consistent year-over-year gains.

Surgical Care

Surgical care includes the care patients receive before, during and after surgery. These measures look at certain steps that are important to reduce the risk of developing problems like blood clots and infections. Of the estimated 30 million surgeries performed each year, approximately 500,000 patients develop surgical site infections, at an estimated annual cost of $1.5 billion. Surgery involves many steps taken by doctors, nurses and others in a hospital. To reduce the risk that a patient will get an infection or blood clots, the health care team should make sure each patient receives the following care based on national guidelines for safe practices:

- **An antibiotic during the hour before the surgery begins (before "surgical incision").** Research shows that patients who get antibiotics within the hour before an operation are less likely to get wound infections. Getting an antibiotic earlier, or after surgery begins, does not work as well.

- **The right antibiotics.** Not all antibiotics are the same. The right antibiotic for a given patient depends on the kind of surgery being performed.

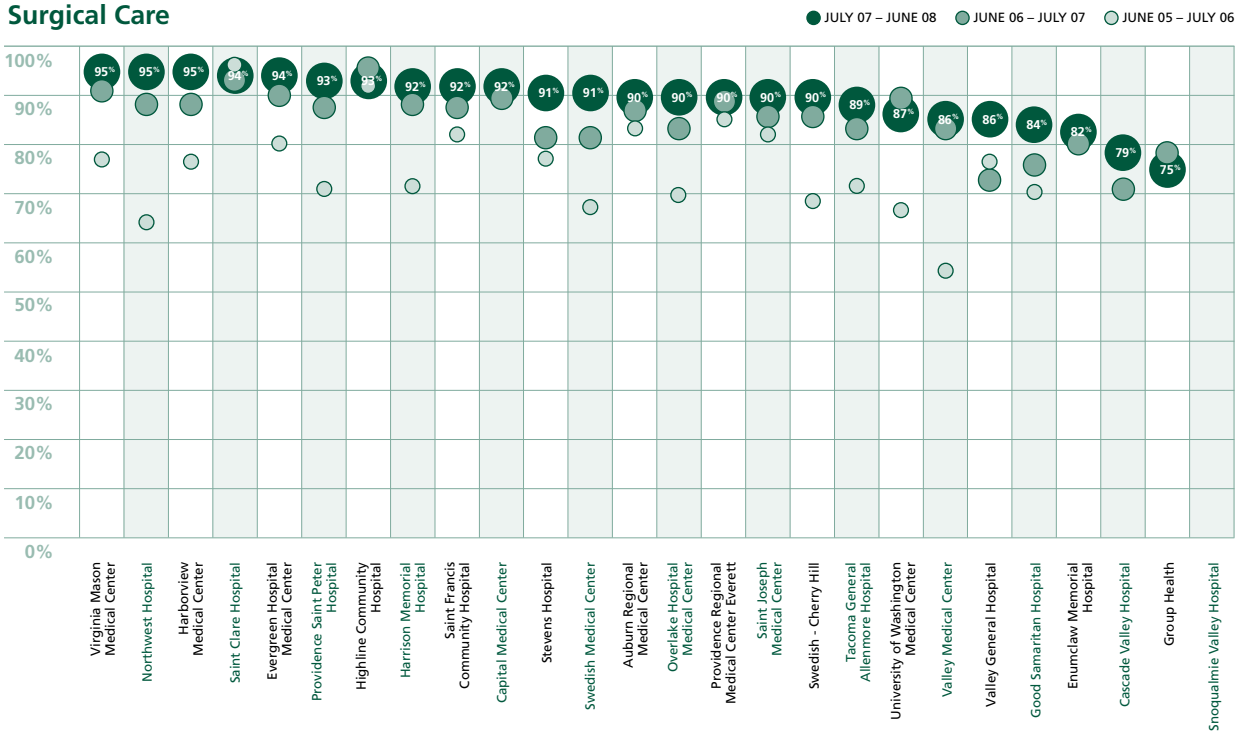
- **Order treatment to reduce the risk of blood clots developing.** Doctors should order specific treatments, such as blood-thinning drugs, elastic support stockings, or "air stockings" to help the blood in a patient's legs keep moving.

After surgery, the goal of each health care team should be to help patients remain free of infection and recover as soon as possible. Taking the following steps is important:

- **Stop providing antibiotics to the patient within 24 hours after surgery.** While antibiotics before surgery can lower the risk of infection, administering the drugs for more than 24 hours after surgery usually does not help and can cause other problems.
- **Provide treatment to reduce the risk of blood clots.** Certain types of surgery can increase the chance of blood clots because patients don't move during surgery and they may not move much after surgery. Steps may include providing blood-thinning drugs and making sure that elastic support stockings or mechanical "air stockings" are being used.
- **Help patients understand more about infections and how to watch for warning signs and possible problems.**

The graph below presents a summary of the surgical care performance of hospitals in the Puget Sound region over the last three years. The results are ordered from highest to lowest in the most recent time period measured – July 2007 to June 2008. Hospitals without reportable results in the '07-'08 period appear at the right side of the chart in alphabetical order.

Surgical Care



Note: These results come from data submitted by hospitals to the Centers for Medicare and Medicaid Services (CMS) for public reporting. Summary results are calculated by The Commonwealth Fund and reported at www.whynotthebest.org/.

What is Measured?

Surgical Care

A composite measure that includes performance on five measures of surgical care:

1. Antibiotic given within one hour before surgery
2. Correct antibiotic drug is given
3. Antibiotics are stopped within 24 hours after surgery
4. Treatment to prevent blood clots is given within 24 hours before and after surgery
5. Treatment to prevent blood clots is ordered

The composite rate is the sum of number of times a hospital performed the appropriate action for each of the five surgical care measures, divided by the number of opportunities the hospital had to provide appropriate care for that condition.

The graph displays that performance on this measure varies from 75 to 95 percent during the most recent measurement year, with high performance for multiple hospitals in our region. When looking at the results across three years, most hospitals have achieved significant improvement in results for surgical care demonstrated by the most recent rate in the green circle being the highest result for a particular hospital. Additionally, this may be another area of care where the sharing of best practices across the community could benefit regional performance.

Patient Experience

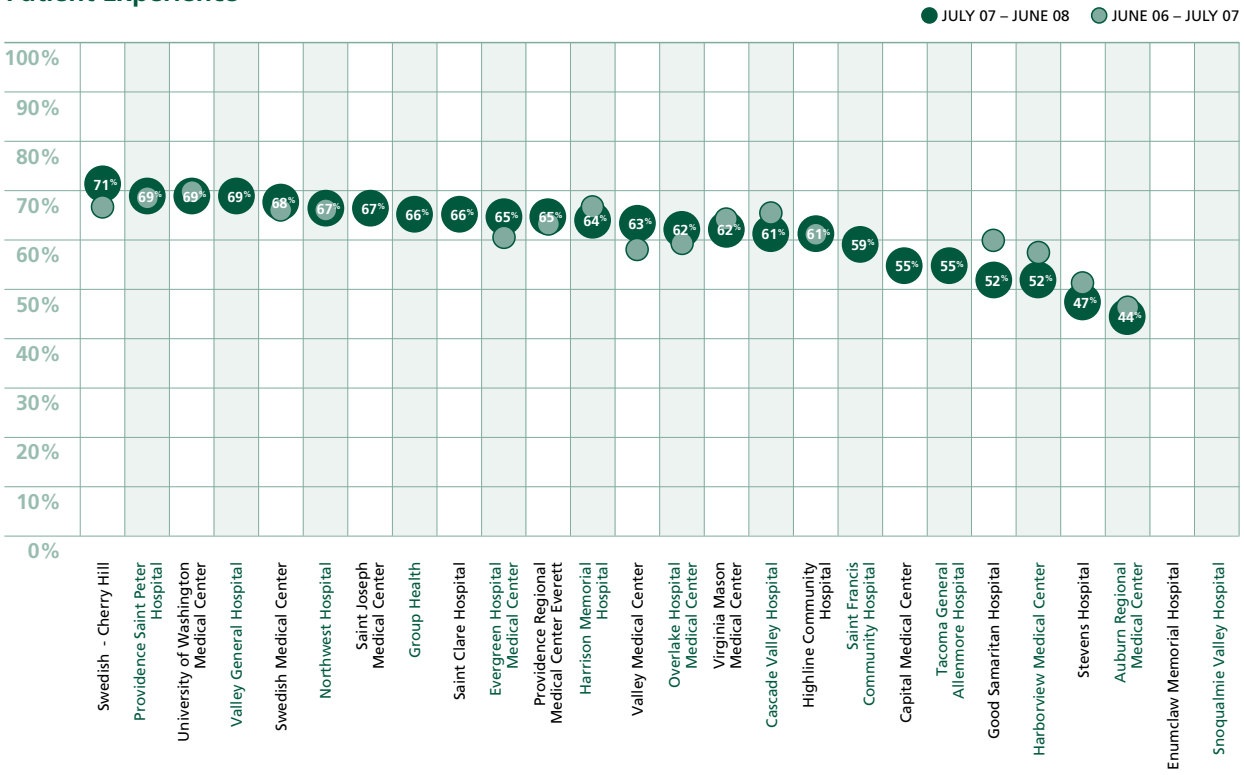
Patient experience refers to the patient's perspective about specific situations or events that happen from the time the patient enters a hospital until he or she leaves. During a hospital stay, patients should expect – and experience – the following things:

- The health care team, including doctors and nurses, should explain things in a way that the patient can understand, listen to the patient, and treat each patient with courtesy and respect.
- The health care team should explain any drugs that the patient needs to take,including why the drugs are needed, how and when the patient should take them, and any likely side effects.
- The hospital staff should do everything they can to help control the patient's pain.
- Patients should be able to get help when they need it.
- Patients' rooms and bathrooms should be kept clean.
- The area around the patient's room should be quiet at night.

When discharging patients from the hospital, the goal of the health care team is to help patients take needed actions to get better and to prevent health problems in the future, including the need for re-hospitalization. Before a patient leaves the hospital, the patient should receive written instructions using plain language that the patient can understand about what to do during their recovery at home, including information about symptoms or problems to watch for.

The graph displays results for the patient's overall rating of the hospital for hospitals in our region over two years of measurement. The results are arrayed from highest to lowest for the most recent measurement period. Hospitals without reportable results in the '07-'08 period appear at the right side of the chart in alphabetical order.

Patient Experience



Note: These results come from data gathered using the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey tool and publicly reported by the Centers for Medicare and Medicaid Services (CMS).

What is Measured?

Patient Experience – Overall Rating	The percentage of patients who responded "9 or 10" to the following survey question: "Using any number from 0 to 10 where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?"

The graph shows that results for this measure vary substantially across hospitals in our region – from a low of 44 percent to a high of 71 percent. The national best-performing rate for this measure is 97 percent for July 2007- 2008, indicating that very high achievement is possible for this measure and that there is considerable opportunity for hospitals in our region to improve. This measure also appears stable over the two time periods measured, although trends may emerge as results accumulate over time.

Never Events

The term "never events" refers to a list of 28 situations identified by the National Quality Forum (NQF) that should never happen. While rare, never events are serious problems that nearly always can be avoided, such as surgery on the wrong body part, death or disability from a fall or medication error at a health care facility, and using contaminated drugs or malfunctioning devices. In 1999, the Institute of Medicine reported that up to 98,000 Americans die every year from preventable medical errors in hospitals – making medical errors the 8th leading cause of death in the U.S. For a complete list of never events, go to *www.qualityforum.org/pdf/news/prSeriousReportableEvents10-15-06.pdf.*

In 2006, Washington State passed a law requiring hospitals to report to the Department of Health (DOH) when 'never events' occur in their facility. DOH collects this data on an ongoing basis and releases updated information quarterly. Hospitals must analyze why the event occurred and submit that to DOH as well.

The table below presents the number of 'never events' that occurred across all hospitals in Washington state between April 2008 and March 2009 which is the most recent four quarters of data available. Never events in Washington state are relatively rare, with only 200 such events reported statewide between April 2008 and March 2009. For context, these same hospitals reported nearly 645,000 discharges and 2.6 million patient days in 2007.

The table shows that more than half of the never events in the state fall in the category of care management, with a large majority of these events related to late stage pressure ulcers (i.e., serious and deep skin lesions generally caused by unrelieved pressure and/or friction). The second highest category is surgical events, making up 32 percent of the events with the largest number concentrated in retention of foreign objects after surgery.

	Apr-Jun 2008	Jul-Sept 2008	Oct-Dec 2008	Jan-Mar 2009	Total	%*
CARE MANAGEMENT EVENTS					105	53%
Patient death, serious disability from medication error	4	2	1	2	9	
Patient death, serious disability associated with a hemolytic reaction due to being given incompatible blood or blood products		1			1	
Maternal death or serious disability (low risk pregnancy)	2		1		3	
Stage 3/4 pressure ulcers	36	22	14	20	92	
SURGICAL EVENTS					64	32%
Surgery performed on the wrong body part	4	5	3	2	14	
Surgery performed on the wrong patient	1	1			2	
Wrong surgical procedure	1	1	3	1	6	
Unintended retention of foreign object post surgery/procedure	11	15	9	6	41	
Post-operative death in normal, healthy patient			1		1	
ENVIRONMENTAL EVENTS					19	10%
Patient death, serious disability associated with a fall	3	5	4	3	15	

	Apr-Jun 2008	Jul-Sept 2008	Oct-Dec 2008	Jan-Mar 2009	Total	%*
Patient death, serious disability associated with the use of restraints	1	2	1		4	
CRIMINAL EVENTS					5	3%
Care ordered by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider				1	1	
Sexual assault on a patient			1		1	
Death, significant injury of patient or staff from physical assault		1	1	1	3	
PRODUCT OR DEVICE EVENTS					4	2%
Patient death, serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended				1	1	
Patient death, serious disability associated with intra-vascular air embolism		2		1	3	
PATIENT PROTECTION EVENTS					3	2%
Patient suicide or attempted suicide resulting in serious disability	3				3	
Total (All Events)	66		39	38	200	

*Due to rounding, percentages do not sum to 100%
Only events with incidents during the last 4 quarters listed. For a more complete list, see *www.WACommunityCheckup.org*

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