

Dear Neighbor,

Transparency is a key driver of tomorrow's healthcare, as patients continue to become more informed. At Inova Fair Oaks Hospital, we want to make it easy for you to access information about our hospital's record of quality, safety, and patient experience. To that end, I am proud to present the first annual Inova Fair Oaks Hospital Quality Report.

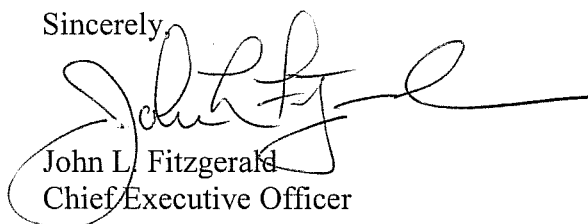
As you may know, in addition to being ranked among the best regional hospitals by *US News and World Report*, Inova Fair Oaks Hospital has also earned a place among the top hospitals in the nation. The hospital has been honored to be named to the Truven Health Analytics 100 Top Hospitals list, Becker Hospital Review's 100 Great Hospitals in America, and one of Leapfrog Group's Top Hospitals. We are proud to be a Magnet organization, in recognition of our nursing excellence, and to have received The Joint Commission Gold Seal of Approval in several areas, including stroke and palliative care.

This report gives you the details behind the awards and honors. The data show the consistent quality of our patient care: in 2013, 94 percent of patients at our hospital received "perfect care," a benchmark specific to Inova that relates to core measures. You will also see evidence of our commitment to patient safety, as demonstrated by our excellent performance on a range of patient harm indicators, including serious reportable events and infections.

In this report, you will also review a summary of this year's patient experience data, showing how our patients feel about their care, and some inspiring behind-the-scenes stories of programs and departments that made a real difference for patients this year.

Although we are proud of our hospital's awards and recognition, the work we do every day to provide world-class healthcare is what motivates us. On behalf of the entire Inova Fair Oaks Hospital team, thank you for trusting us with your family's health.

Sincerely,



John L. Fitzgerald
Chief Executive Officer

2013 Inova Fair Oaks Hospital Quality Report

Overview

Inova Fair Oaks Hospital is a 182-bed hospital serving suburban Northern Virginia. The hospital is proud to have received many accolades for the quality patient care it provides. For example, Inova Fair Oaks Hospital was recently named to the Truven Health 100 Top Hospitals list for the second year in a row.¹ *US News and World Report* also honored Inova Fair Oaks Hospital on its list of the best hospitals in Virginia and the Washington, DC metropolitan region for 2013-2014, singling out the hospital's particular excellence in orthopedics, gastroenterology and GI surgery, geriatrics, and nephrology.²

Our national rankings and awards are a result of the commitment to providing safe, quality care and striving to give each patient the best possible experience. As part of this ongoing commitment, we are proud to present our first annual quality report.

This report summarizes Inova Fair Oaks Hospital's performance relative to key indicators of healthcare quality, safety, and patient experience. To provide a broader picture, year-end data for 2013 is accompanied by data for 2011 and 2012 when available. Comparison to national benchmarks throughout the report gives readers a context in which to understand our individual hospital's numbers. When possible, Inova benchmarks its performance against that of the Premier healthcare alliance, a national group of over 700 hospitals.

Section 1 covers Inova Fair Oaks Hospital's "perfect care" performance on six core measures: heart attack care, heart failure care, pneumonia care, surgical care, blood clot prevention and treatment, and vaccine preventive care. Section 2 presents patient mortality (death) rates, and Section 3 summarizes patient harm data, including patient safety indicators, serious reportable events, and infections. In Section 4, we share this year's patient experience feedback as collected by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

Behind the data represented in this report are thousands of dedicated people. To honor their commitment to ongoing quality improvement, and to show the community what that commitment means, Section 5 includes a series of success stories. The programs profiled in this section are only examples of many more department and hospital-wide initiatives.

¹ Truven Health Analytics. *100 Top Hospitals: Study Overview*. <http://100tophospitals.com/portals/2/assets/100-Top-Study-March-2014.pdf>

² "Best Hospitals 2014-15." *US News and World Report*. <http://health.usnews.com/best-hospitals/area/va/inova-fair-oaks-hospital-6340231>

Every day, and in thousands of ways, Inova Fair Oaks Hospital is meeting the challenge of caring for the health of our rapidly growing community.

Section 1: 2013 Core Measures “Perfect Care” Performance

Because hospitals are unique in so many ways, it is difficult to assess hospital quality, and nearly impossible to judge quality relative to other hospitals, without a set of core criteria. In recognition of this reality, The Joint Commission and the Center for Medicare and Medicaid Services (CMS) identified a group of conditions that represent some of the most common (high volume) and expensive (high cost) reasons for hospital admission. CMS and The Joint Commission developed a set of treatment components for each condition that represent the process of care that every patient should expect to receive. These components are called core measures. CMS collects data on how consistently a hospital delivers the process of care for each condition.³ A hospital’s core measures performance is a good indicator of its overall quality.

“Perfect care” is an internal yardstick developed by Inova to track the extent to which Inova hospitals are consistently delivering all of a core measure’s components to each patient. Because CMS measures a hospital’s performance on each component separately, “perfect care” represents a higher bar.

Note: if a patient is assessed for a core measure component but does not receive it because it was medically inappropriate for that individual, that core measure component is not counted as a “perfect care” failure. As an example, assuming all of the heart attack indicators were appropriate for a particular patient, “perfect care” means that this patient was **prescribed aspirin at discharge** *and* was **prescribed a statin at discharge**.

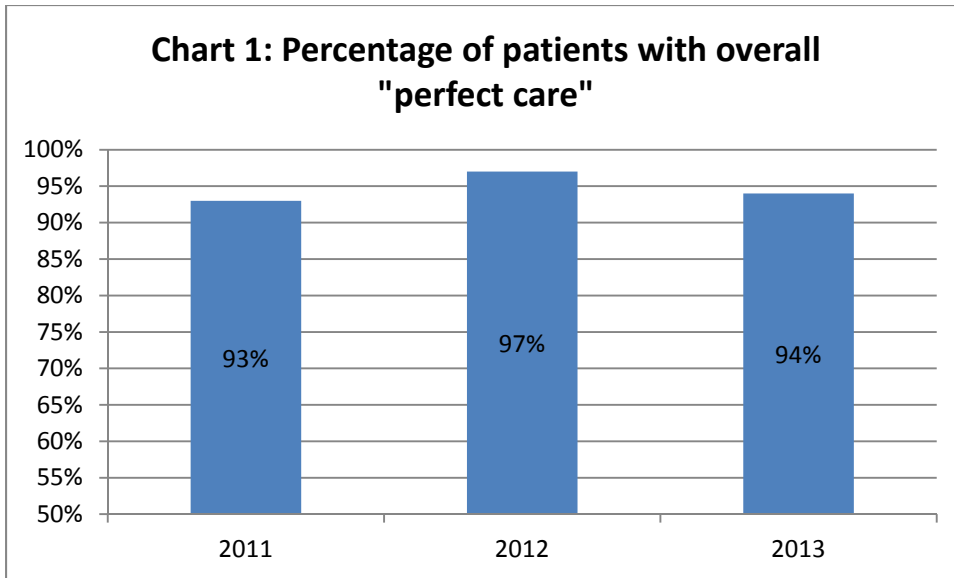
Charts 1 through 5 show the percentage of patients at Inova Fair Oaks Hospital who received “perfect care” for each of four core measure sets.⁴



Please note: higher numbers are better for “perfect care.”

³ IFOH’s performance data for each core measure is included in Appendix I.

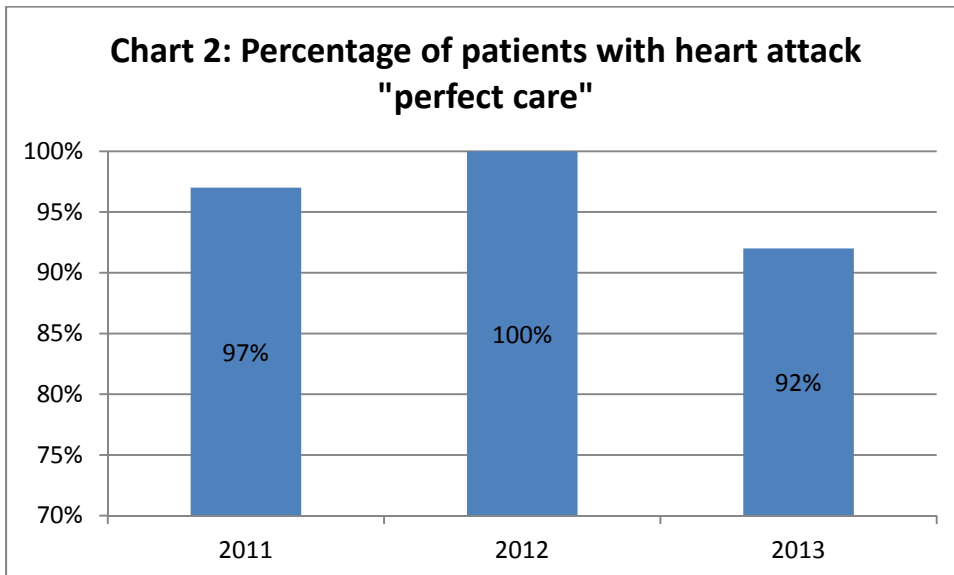
⁴ Inova does not calculate “perfect care” scores for vaccine preventive care and blood clot prevention and treatment. Vaccine preventive care does not lend itself to “perfect care” calculations because the patient populations and time period for each component is different (the flu vaccine is only measured from October to March, while pneumococcal vaccine is measured for the entire year). Similarly, blood clot prevention and treatment covers different patient populations as well as both positive and negative measures, making it difficult to calculate “perfect care” scores.



Inova Fair Oaks Hospital maintains consistently strong overall “perfect care” numbers. In 2013, 94 percent of patients received “perfect care” (see Chart 1).

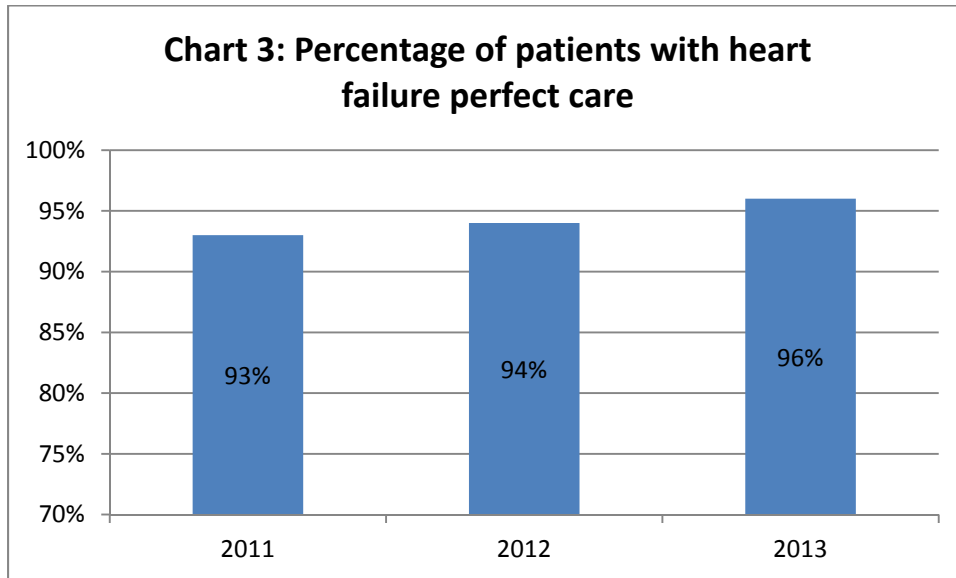
“Perfect care” for heart attack care

After a flawless “perfect care” score in 2012, 2013 saw “perfect care” rates for heart attack care at 92 percent (see Chart 2).



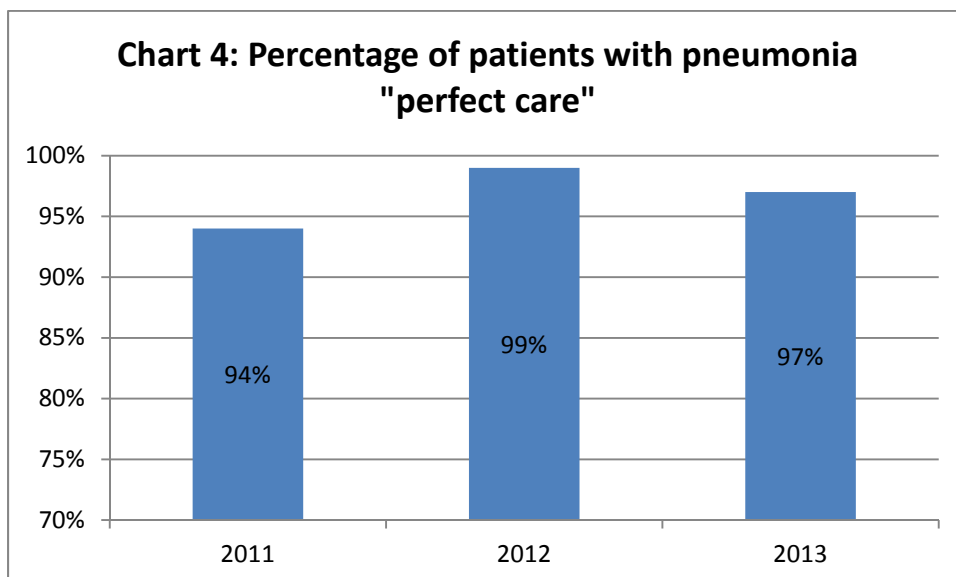
“Perfect care” for heart failure care

Inova Fair Oaks Hospital has improved its heart failure “perfect care” percentages consistently over the past three years, as depicted in Chart 3. In 2013, 96 percent of heart failure patients received “perfect care.”



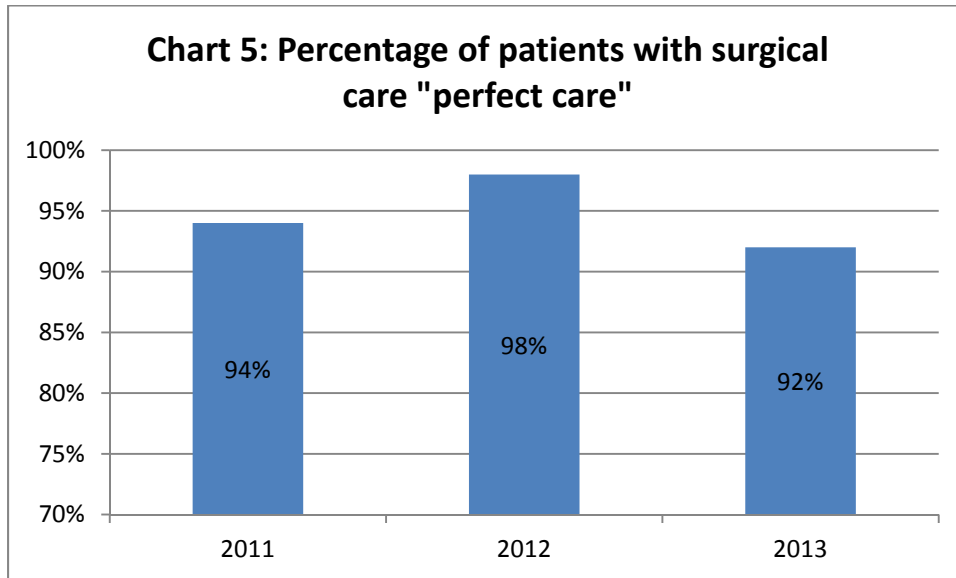
“Perfect care” for pneumonia care

Inova Fair Oaks Hospital has provided consistently excellent pneumonia care as measured by core measure data. In 2013, 97 percent of patients received “perfect care” for pneumonia (see Chart 4).



“Perfect care” for surgical care

As Chart 5 shows, Inova Fair Oaks Hospital delivered “perfect care” to 94 percent of surgical patients in 2011, 99 percent of surgical patients in 2012, and 92 percent of surgical patients in 2013.



IFOH improvement focus – core measures

Inova has implemented a number of improvement strategies to help us deliver “perfect care.” The CMS core measures reflect a number of evidence-based care elements that patients with those conditions should receive.

In addition to providing our caregivers with robust education, we also have specially trained staff who assist them with identifying their core measure patient populations and providing daily feedback of all needed care. We carefully examine every case that is not compliant so that we understand where the breakdown occurred and take steps to address it. We have implemented specific checklists to help the bedside nurse keep track of all of the required measures. We want to have reliable processes in place in all areas so that every patient, every time, receives “perfect care.”

Section 2: Patient Mortality Rate Performance

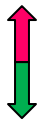
Patient death rates

A hospital's patient death (mortality) rate is an important quality indicator that measures whether the number of patients who died while in the hospital is more or less than is statistically expected. If fewer patients die than is expected, the hospital has a lower (better) patient death rate. If the hospital's actual number of deaths is more than the statistical calculation, that hospital has a higher (worse) patient death rate.

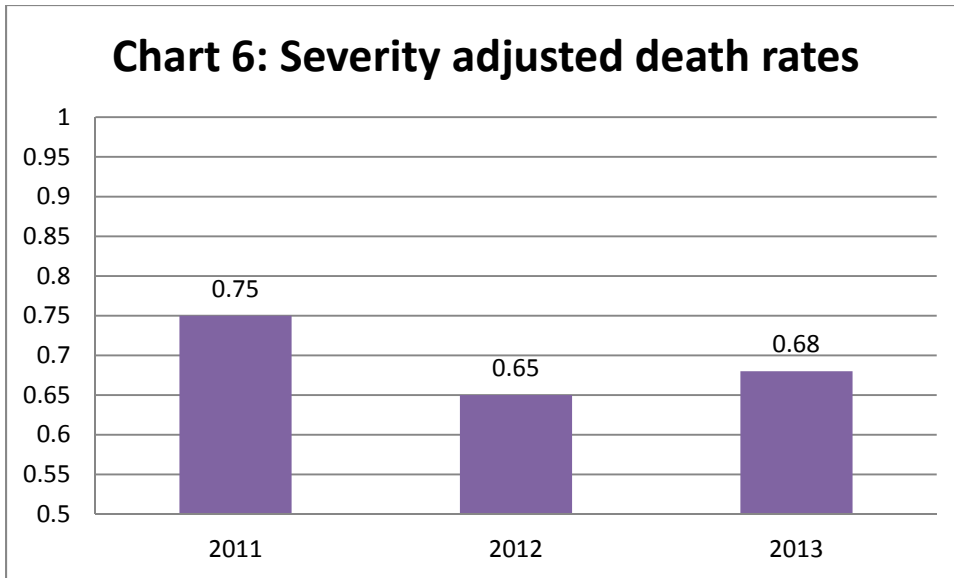
Inova hospitals use a severity-adjusted method for calculating patient death rates. The severity adjusted mortality rate takes into account risk factors such as age and medical condition when calculating whether a hospital's patient death rates are higher or lower than expected. For example, a 95-year old patient in poor health might have a higher likelihood of dying during a given surgical procedure than a healthy 50-year-old patient would. The severity adjusted formula takes those factors into account.

Inova Fair Oaks Hospital benchmarks its results against the performance of the Premier healthcare alliance, which is a group of more than 700 hospitals across the nation. A score of 1.0 indicates that there is no difference between the hospital's actual mortality rate and the expected mortality rate. A score that is less than 1.0 means that there were fewer deaths than expected; a score greater than 1.0 means that there were more deaths than expected.

As Chart 6 shows, Inova Fair Oaks Hospital has performed consistently well, having a significantly lower (i.e., better) than expected mortality rate for the past three years.



Please note: lower rates are better for mortality.



IFOH improvement focus -- mortality

Inova Fair Oaks Hospital is implementing a sustainability plan for mortality. The hospital participates in an ongoing review process; each case is carefully studied to see whether there are opportunities to improve. Inova has improvement teams focused on examining all care processes for conditions associated with high mortality rates. The hospital also looks carefully at the documentation for all patient mortality cases to determine whether documentation processes need to be updated.

Section 3: Patient Harm Performance

Patient safety indicators

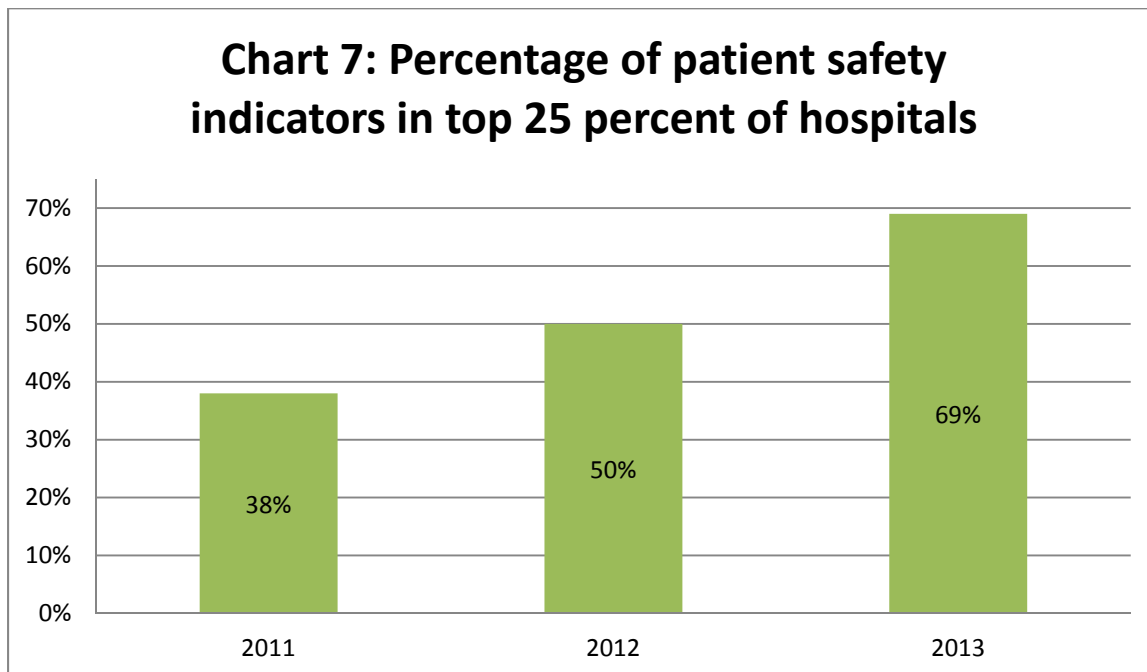
Patient safety indicators (PSI) are a group of 16 hospital complications and adverse events that the Agency for Healthcare Research and Quality (AHRQ)⁵ has identified as potentially preventable. Examples include post-operative sepsis, central venous catheter-related bloodstream infection, and obstetric trauma.

Inova hospitals use the Premier healthcare alliance as a benchmark for PSI data. Inova Fair Oaks Hospital's goal is to rank among the top 25 percent of hospitals in the Premier database for each PSI.

As Chart 7 shows, Inova Fair Oaks Hospital has come closer to achieving that goal each year. In 2011, 38 percent of PSIs were in the top 25 percent of Premier hospitals; by the end of 2013, that percentage had improved to 69 percent.



Please note: higher percentages are better for PSI data.

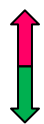


⁵ AHRQ is a federal agency dedicated to improving healthcare quality, safety, efficiency, and effectiveness.

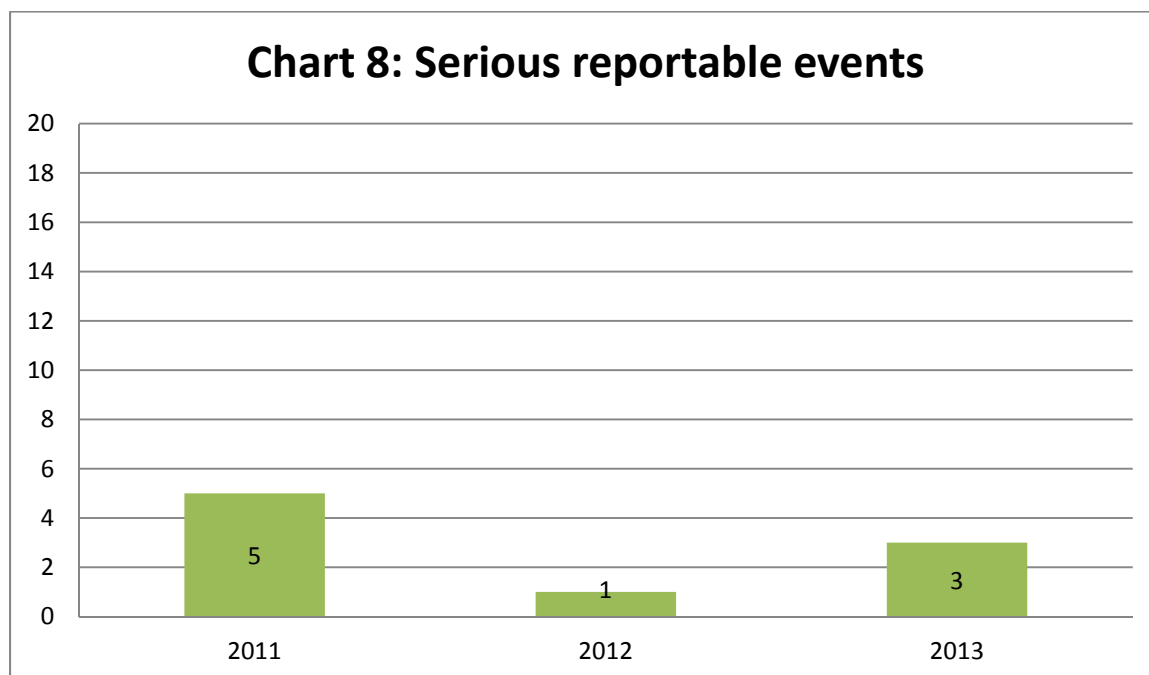
Serious reportable events

The serious reportable event (SRE) measurement was developed by the National Quality Forum (NQF).⁶ SREs cause patients to suffer death or serious harm because of a potentially preventable hospital error. For example, if a patient is injured during the patient's hospital stay in a way unconnected to the patient's reason for admission, it might qualify as an SRE. If a patient is harmed because a healthcare worker did not follow standard procedures or hospital protocols, that might also constitute an SRE.

Inova Fair Oaks Hospital has maintained a single-digit level of SREs for the past three years (see Chart 8). In 2013, the hospital reported three SREs.



Please note: lower numbers are better for serious reportable events.

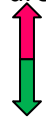


⁶ The NQF's mission is to improve healthcare quality across the country by establishing and promoting shared quality standards.

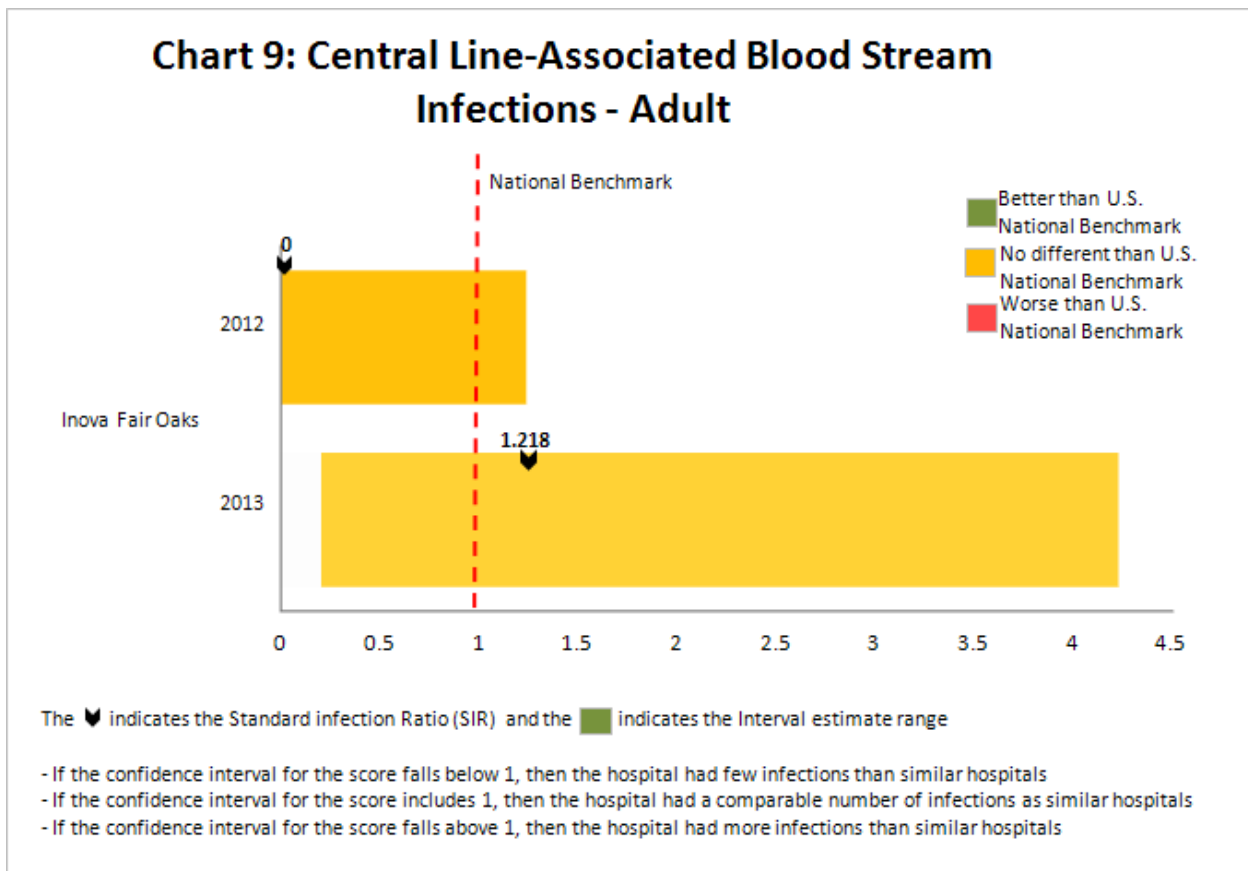
Healthcare-associated infections

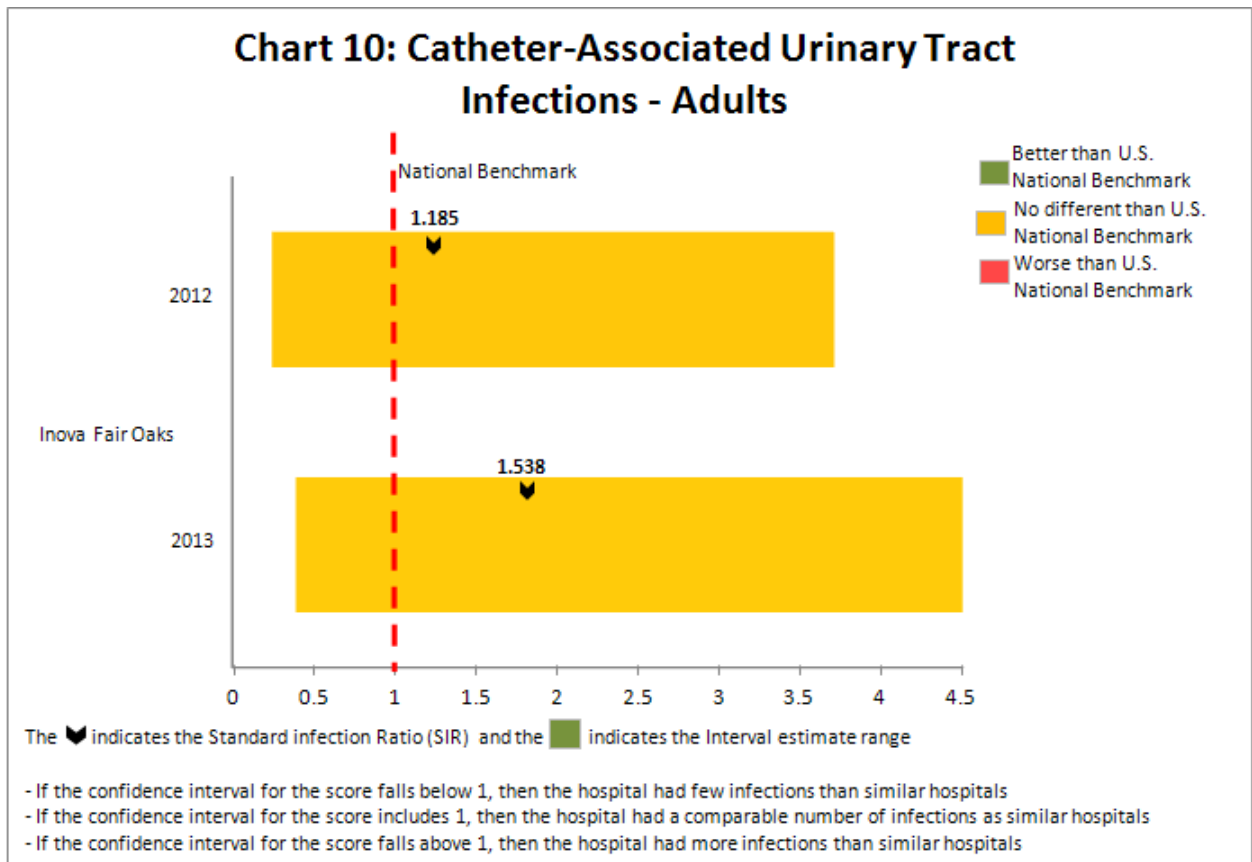
Healthcare-associated infections (HAIs) are infections that a person contracts while receiving medical care for another condition. HAIs are a significant cause of patient harm and patient deaths.

Charts 9 and 10 present Inova Fair Oaks Hospital's three-year history for two important infection types, catheter-associated urinary tract infections (CAUTI) and central-line associated bloodstream infections (CLABSI), in the ICU. As the charts show, the hospital's infection rates are equivalent to the national benchmark.



Please note: lower numbers are better for healthcare-associated infections.





IFOH improvement focus -- patient harm indicators

Inova’s quality and clinical leaders review all cases of patient harm. We drill down on any instances of harm to identify all of the things that contributed to the harm. Typically, it is not a single action, but rather a series of actions, complications, and events, that collectively led to the harm outcome.

In 2013, Inova Fair Oaks Hospital focused on reducing the occurrence of venous thromboembolism (VTE). A VTE is a serious condition in which a blood clot forms in a deep vein. If the clot dislodges, it can travel to the lungs, a life-threatening complication called a pulmonary embolism (PE). Patients are at risk of developing VTE while in the hospital, particularly after surgical procedures.

Inova Fair Oaks Hospital put an improvement team in place to raise awareness of this condition among teams across the hospital. We continue to study each case of VTE to determine the factors that led to the complication and what improvements we can put in place as a result.

Section 4: Patient Experience

The Healthcare Consumer Assessment of Healthcare Providers and Systems (HCAHPS)⁷ is a mandatory inpatient patient satisfaction survey developed by CMS and used to track how patients perceived their experience while in the hospital. Data collected from these surveys is a component of value-based purchasing calculations, and is publically reported as well.

Using a standardized patient satisfaction survey like HCAHPS allows Inova Fair Oaks Hospital to compare its results directly with other hospitals that use it around the country. It also gives a voice to our patients and represents their perspective.

To collect this data, each Inova hospital sent thousands of surveys to recently discharged patients and collected over 1,000 responses. For each of the survey's eight categories, patients choose "never," "sometimes," "usually," or "always." Only "always" counts as a positive answer. In other words, if a patient reports that the hospital's staff "usually" responded quickly to the call bell, that answer would count as a negative score.

Nursing communication

The HCAHPS survey has three questions covering patients' opinions of how well a hospital's nurses communicated, including:

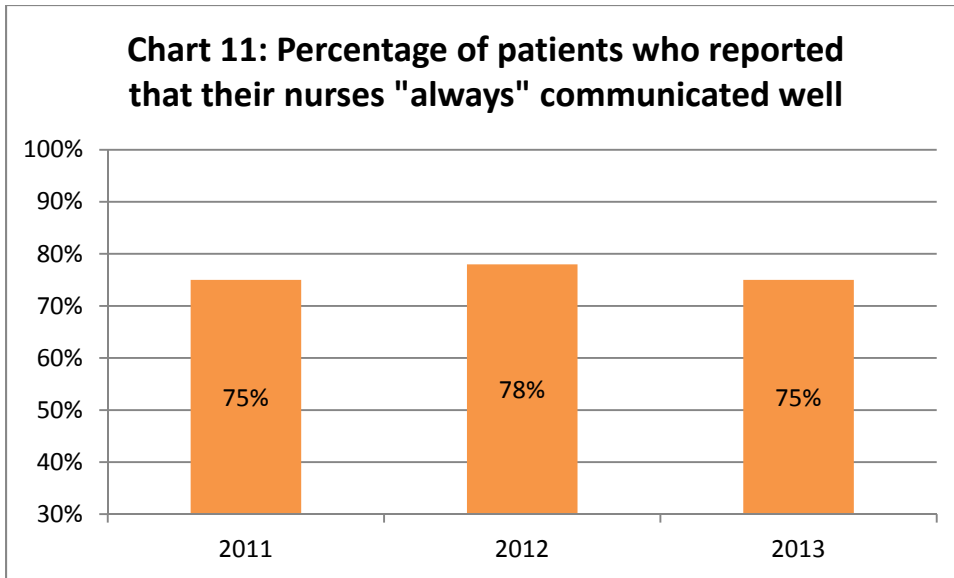
- how often nurses treated them with courtesy and respect,
- how often nurses listened carefully to them, and
- how often nurses explained things in a way they could understand.

Chart 11 shows Inova Fair Oaks Hospital's performance over the past three years.



Please note: higher numbers are better for HCAHPS data.

⁷ HCAHPS was developed by CMS and AHRQ.

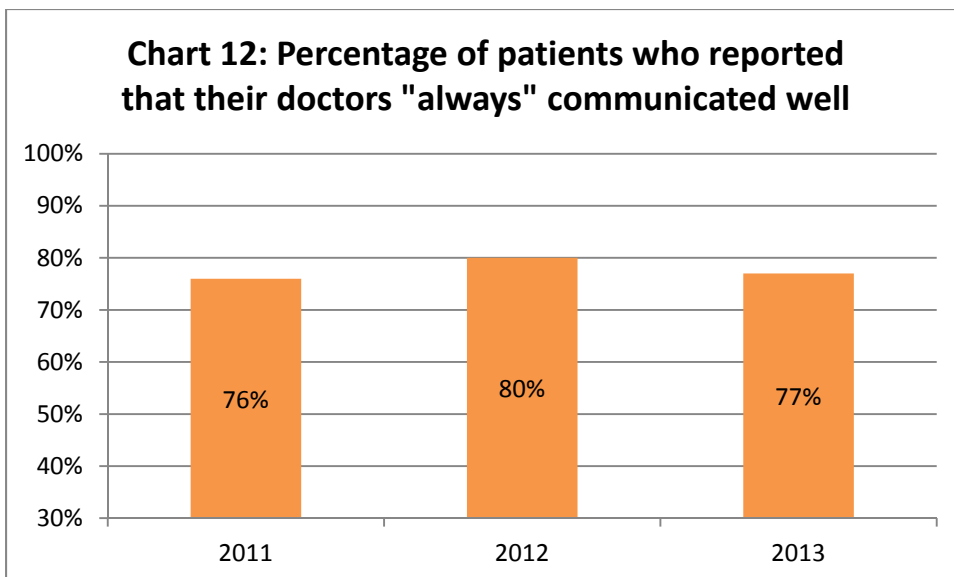


Doctor communication

In the doctor communication category, patients were asked to rate the hospital on three categories, including:

- how often doctors treated them with courtesy and respect,
- how often doctors listened carefully to them, and
- how often doctors explained things in a way they understood.

Chart 12 shows Inova Fair Oaks Hospital's performance in this category.

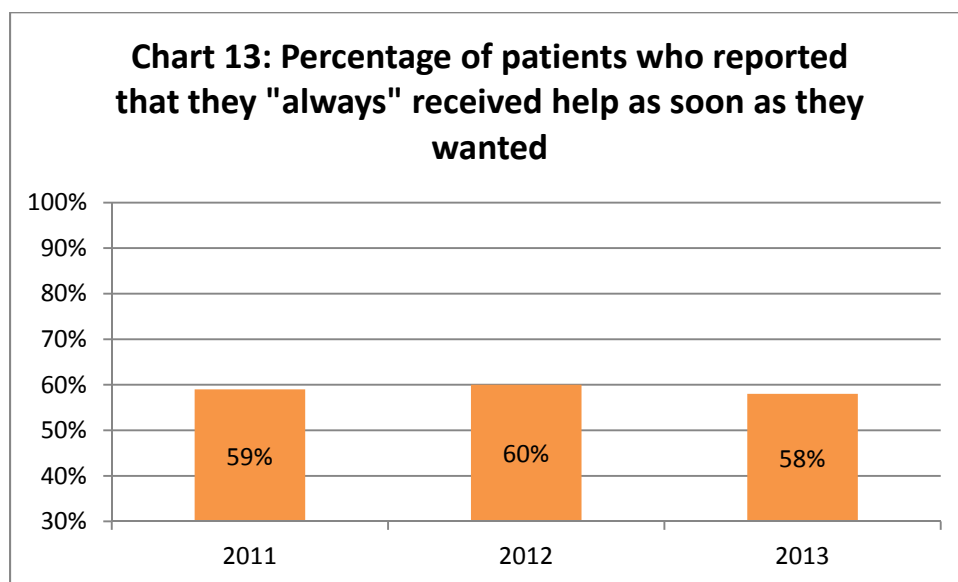


Responsiveness of staff

The HCAHPS survey collects data on two aspects of staff responsiveness, measuring patients' opinion of whether:

- their call bell was always answered quickly and
- they always received help right away when they needed to use the bathroom.

Chart 13 details Inova Fair Oaks Hospital's performance in this category.

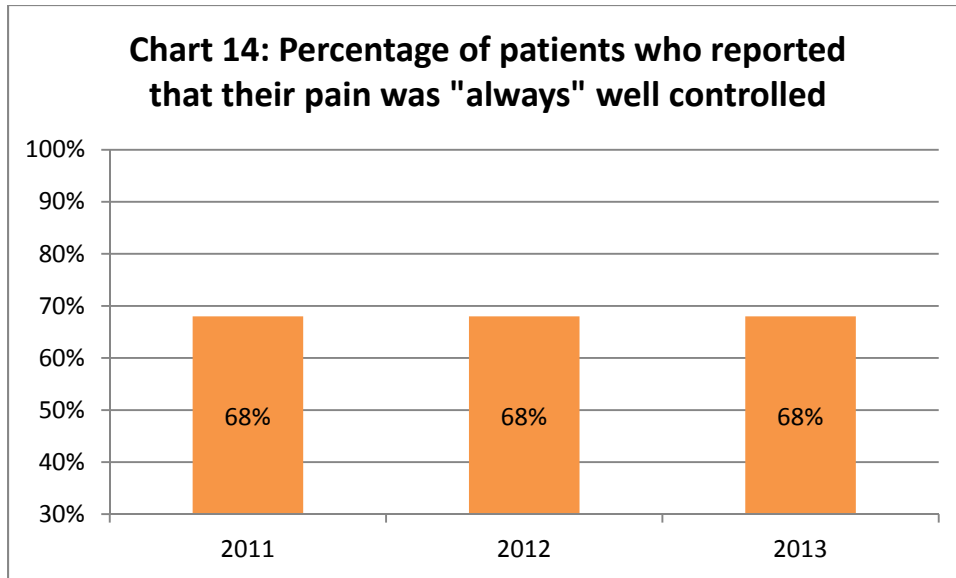


Pain management

In this HCAHPS category, patients were asked to rate their hospital's effectiveness in managing their pain during their stay, including:

- how often their pain was well controlled and
- how often the hospital staff did everything they could to help relieve pain.

The hospital's performance for the past three years is summarized in Chart 14.

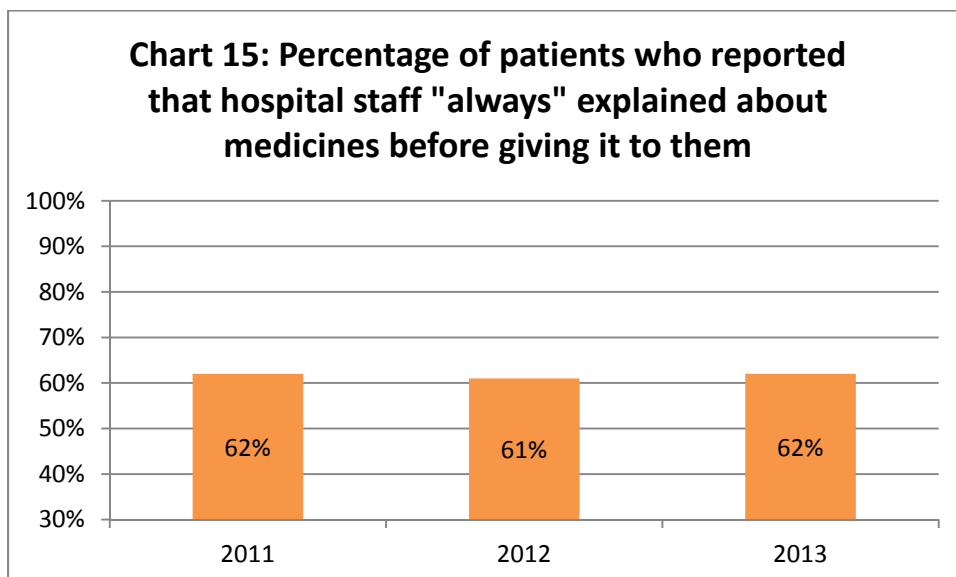


Communication about medications

In this category, patients were asked about how well hospital staff explained medicines to patients before administering them, including:

- how often hospital staff explained what a new medicine was for before giving it to the patient and
- how often hospital staff clearly explained possible side effects of any new medicine before giving it to the patient.

Chart 15 presents HCAHPS survey data in this category over the past three years.

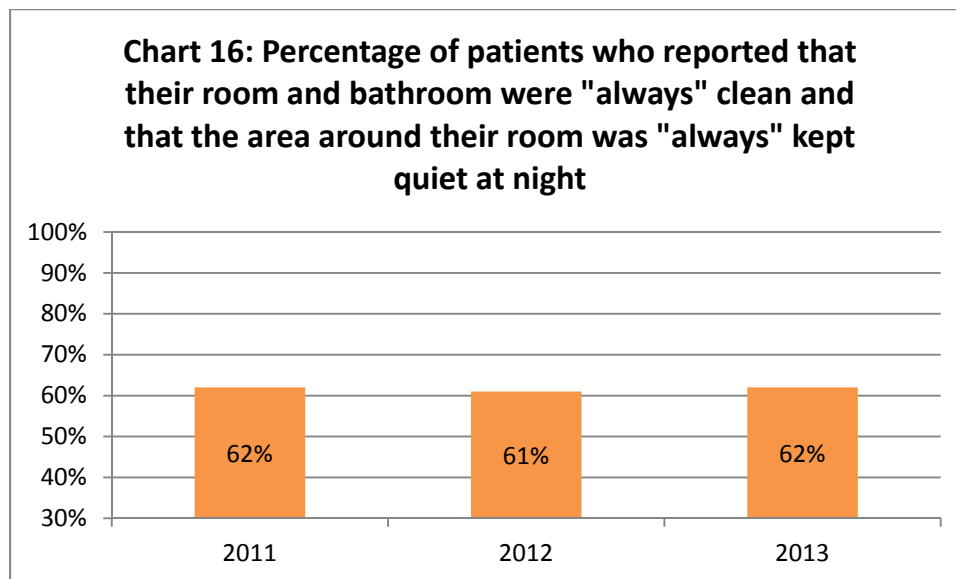


Hospital environment

This category assesses patients' perception of their hospital's environment, including:

- how often their room and bathroom were kept clean and
- how often the area around their room was kept quiet at night.

This information is summarized in Chart 16.

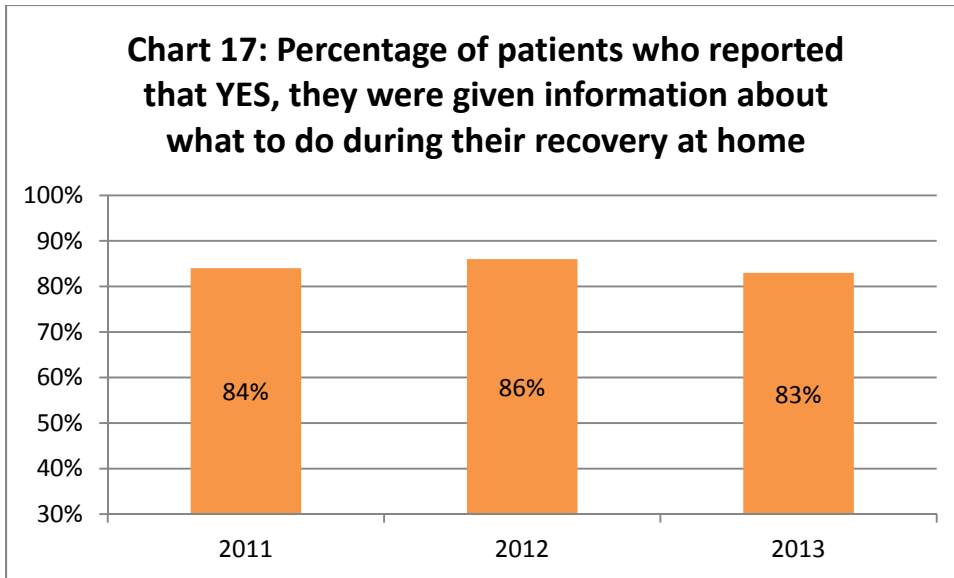


Discharge instructions

The discharge instructions portion of the survey collects data about whether patients felt they were appropriately prepared for discharge. In contrast to the previous categories, patients are asked to answer "yes" or "no" as to:

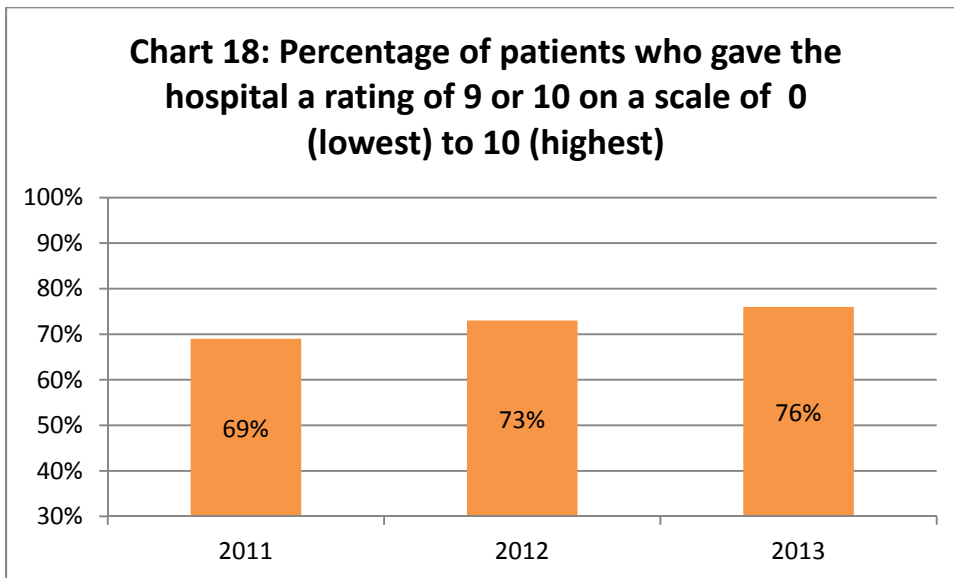
- whether someone on their healthcare team asked whether they had the help they needed when they left the hospital and
- whether they were given written information about symptoms or problems to look for after they left the hospital.

In Chart 17, three years of Inova Fair Oaks Hospital's HCAHPS survey data regarding discharge instructions is presented.



Overall rating

The final HCAHPS category asks patients to rate the hospital overall on a scale from 0 (worst possible hospital) to 10 (best possible hospital). Chart 18 depicts what percentage of respondents selected the highest scores (9 or 10) in response to this question.



The data over the last three years show a steadily increasing percentage of patients giving Inova Fair Oaks Hospital an excellent overall rating.

IFOH improvement focus —patient experience

Across the system, Inova is committed to creating excellent patient experiences. Over the last year, we have continued to focus on delivering the experience our patients and their families expect.

Beginning with our hiring decisions, we assess our staff for service values and behaviors. We have provided coaching and tools to our staff to guide better communication with our patients and their families. Our nursing staff focused on intentional hourly rounding, to ensure that patient needs – from managing any pain to getting assistance to go to the bathroom – were proactively met. In addition, all of the caregivers focus on improving communication with patients through the use of the white boards in the patient rooms. The white boards are updated each shift during the staff hand-off process, which takes place with the patient and their family and provides the names and phone numbers of the staff caring for them, when pain medication is due, and the general plan for the day. Our leaders round on our patients to get real-time feedback on things that are going well and things that need further attention. Feedback from all of these efforts is regularly shared with our physicians and staff so that we can continue to improve our patients' experiences at Inova.

Section 5: Quality Improvement in Action

Inova Fair Oaks Hospital approaches quality and safety with a culture of continuous improvement. Teams in every department across the hospital use information like the data summarized in this report to determine which aspects could be working more effectively. Then they work to develop and test new ideas in order to implement solutions. In this section, we share some of our teams' stories of commitment to quality and safety.

Palliative care program achieves The Joint Commission “Center of Excellence” designation

Sometimes it seems that in the rush of medical advancement and technology, Hippocrates' famous admonition to “cure sometimes, treat often, comfort always,” is in danger of getting lost in the shuffle. Too often, programs that comfort patients and their families by focusing on alleviating symptoms rather than curing disease are an afterthought in the modern hospital environment.

But Inova Fair Oaks Hospital leadership, recognizing the importance of palliative care programs, set the goal of having a program that was not only effective but also would meet the requirements of The Joint Commission's new palliative care “center of excellence” designation. And in 2013, IFOH achieved that distinction: the hospital became the 29th hospital nationwide –

and the *first* community hospital in the country – to be honored as a center of excellence for palliative care.

Palliative care is not hospice. It is not limited to end-of-life care, and patients are free to pursue curative treatment while receiving palliative care. Palliative care is for anyone with a serious or life-limiting diagnosis and focuses on giving the patient relief from symptoms so that they can have the best quality of life throughout the trajectory of their disease.

Through the palliative care program, patients can receive counseling, education about their disease process, or help in formulating advance directives. A multidisciplinary approach cares for the patient and the patient's family. The team includes physicians, nurses, social workers, occupational therapists, and chaplains, all of whom are specially trained in palliative care. The palliative care program at IFOH has documented a wide range of positive outcomes, from reducing pain to decreasing depression.

Most importantly, the team makes sure each patient is heard, that the patient's wishes are honored, and that the patient is comfortable and happy throughout. The program has grown from a few dozen patients in the first year to several hundred in 2013, and the program will help nearly 500 patients and families in 2014. IFOH looks forward to giving comfort to more patients in the years to come.

The push to become a Primary Stroke Center

Almost 800,000 Americans have a stroke each year, according to the Centers for Disease Control and Prevention. With stroke, every minute matters: if a stroke sufferer gets to the hospital promptly, an effective "clot busting" drug called t-PA can be administered, giving the individual the best chance at recovery. For that reason, when a patient presents with stroke symptoms, emergency medical services (EMS) head directly for a certified primary stroke center, bypassing other hospitals.

At the beginning of 2013, IFOH did not have a primary stroke center designation, but the hospital was determined to change that. Through a combination of organization-wide commitment, deliberate planning, and focused execution, IFOH put the pieces of a strong stroke center in place.

Hospital leaders named a stroke program coordinator, who put together a multidisciplinary team with representatives from the administration, neurology, nursing, emergency medicine, radiology, and EMS. The team used guidelines issued by the American Heart Association and the American Stroke Association as a roadmap, developing policies and procedures designed to

provide immediate assessment and rapid treatment to patients coming in with suspected stroke. A key part of the effort was recruiting two additional neurologists to work on site at the hospital, a milestone that the hospital achieved in September of 2013.

The team then embarked on the process of educating the staff about the new process of care and the associated core measures for stroke. The final piece of the puzzle was raising community awareness of the hospital's new capabilities.

After a site visit from The Joint Commission evaluated the stroke program, IFOH received Primary Stroke Center certification in May, 2014. As a result, stroke sufferers have the best chance of getting treatment before time runs out.

Partnership with IHI perinatal safety collaborative

While it is impossible to make pregnancy and delivery entirely risk free, Inova Fair Oaks Hospital has made the commitment to provide the highest level of safety for mothers and their infants. In 2013, IFOH's physicians and nursing staff partnered with the Institute for Healthcare Improvement (IHI). IHI's mission is to help hospitals use evidence-based practices as a foundation, providing information and guidance for a hospital to formulate a path of excellence and safety.

Among the focus areas identified by the IHI hospital safety team for study were:

Postpartum Hemorrhage- Postpartum hemorrhage is a serious condition that occurs when a larger-than-anticipated blood loss is experienced after a delivery. If it is not identified and treated early, postpartum hemorrhage can be life threatening. After a review of incidents at the hospital and best practices from across the nation, the IFOH safety team implemented several changes. First, they extended the recovery period for all deliveries and initiated nurse-to-nurse handoffs to provide for a continuum of care. The team developed an algorithm that outlined the steps to take if a patient was presenting with a potential or actual hemorrhage. The algorithms were attached to newly-developed hemorrhage carts, which were equipped with all the essentials needed to treat a patient. The staff was educated about the hemorrhage carts, what they contained, where to find them, and how to use them if needed.

Pitocin Administration- Pitocin is a medication that is routinely used to induce or augment labor. A review of the literature and attendance at web conferences with the other IHI teams stressed the importance of controlled and consistent delivery of pitocin. To achieve this, the team wrote new procedures to guide pitocin administration, developed an algorithm to treat a potential side effect, and educated all of the department's obstetricians and nurses. As a

result, everyone on the patient's healthcare team is working with the same guidelines for the management of pitocin administration.

Fetal Monitoring- Every woman admitted who may be in labor is placed on a fetal monitor, which tracks the baby's response to the mother's contractions during labor on a strip of graph paper. Every person caring for labor patients must know how to review the monitor's "strip" and be ready to respond immediately to any sign of distress in the baby. To develop consistency in interpreting the strips and communicating findings, all of the nurses and obstetricians at IFOH took the same educational course. By "speaking the same language," everyone understands what is happening with a given patient and can take appropriate action to treat any problems.

As part of the framework for an IHI meeting, an acronym for IFOH was developed: **Infants Free of Harm**. As new information evolves for the care of patients entrusted to the perinatal team, IFOH will continue to explore evidence-based practices and collaborate with other experts in the field.

Sterile Processing Department Improvements (2013 Iams winner)

When you think of modern surgery, you might envision a skilled surgeon in a brightly-lit OR, surrounded by a team of nurses and techs using high tech machines and computers. But there is much more to the story than what you might see in the movies. At the Inova Fair Oaks Hospital's (IFOH) sterile processing department (SPD), some of the crucial behind-the-scenes work is done to support the hospital's surgical success.

In late 2012, IFOH saw an increase in the number of defective surgical instrument trays in the OR. In most cases, this was caused by heavy surgical instruments poking a hole in their sterile packaging. A combination of fewer SPD staff and a higher number of surgeries was creating problems. As a result, 70 trays had defects during the fourth quarter of 2012, far exceeding the target of 30.

After studying the problem and determining its root causes, SPD implemented changes throughout the department. To ensure a well-staffed unit every day, SPD changed scheduling processes to account for predictable annual vacations. Once the department had enough staff, team leaders reorganized work assignments, adding runners so that tray processors could sit and work without interruption. In addition, the department changed its layout to minimize steps between the decontamination, sterilization, and preparation/packing areas. The department also developed a single set of standards for processing that included step-by-step single piece flow, ensuring that every SPD worker processed instruments using best practices.

SPD is now keeping up with the demand and has significantly reduced packaging defects. The department is processing 1,800 to 2,000 trays each week and ended 2013 with a 60 percent reduction in defects for the fourth quarter. IFOH is also continuing to look for better packaging options to maintain the sterility of even the heaviest surgical instruments.

Conclusion

This report has summarized important quality and safety-related data for Inova Fair Oaks Hospital. If you have questions or would like more information about the report's contents, please send an email through the link at www.inova.org/contactus.

Appendix I: Core Measures Data

This section of the report explains each core measure and provides 2013 data for each core measure component at Inova Fair Oaks Hospital compared to the CMS national average. This section also includes IFOH’s performance data for 2011 and 2012 for reference.

Heart attack care

The heart attack core measure is composed of two sets of data, tracking the percentage of heart attack patients who:

- are given **aspirin on discharge**, to prevent blood clots and
- are prescribed a **statin at discharge** to lower cholesterol.

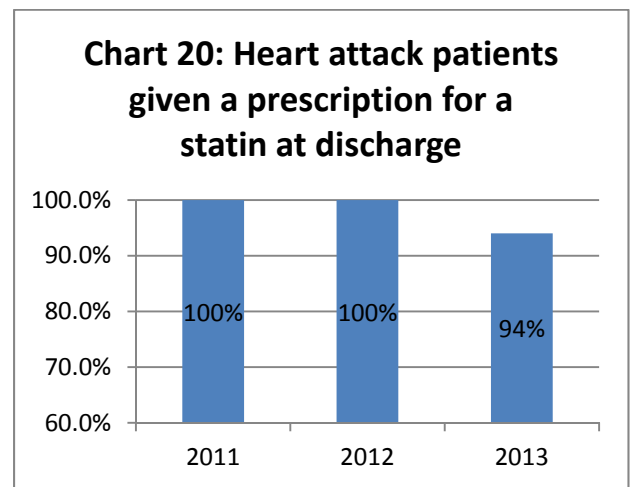
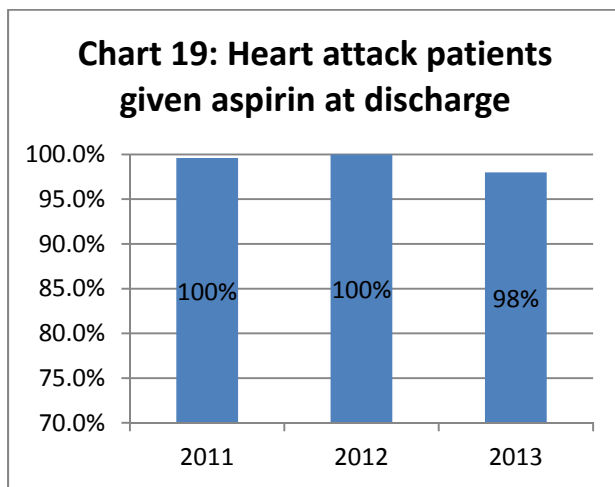
Table 1 and Charts 19 and 20 show Inova Fair Oaks Hospital’s performance for the last three years in each component of the core measure, with the 2013 CMS national average included for reference.



Please note: higher numbers are better for core measures.

Table 1: Inova Fair Oaks Hospital Core Measure Performance for Heart Attack Care, 2011-2013

	2011	2012	2013	2013 CMS National Avg.
Aspirin at discharge	100%	100%	96%	99%
Statin at discharge	100%	100%	95%	98%



Heart failure care

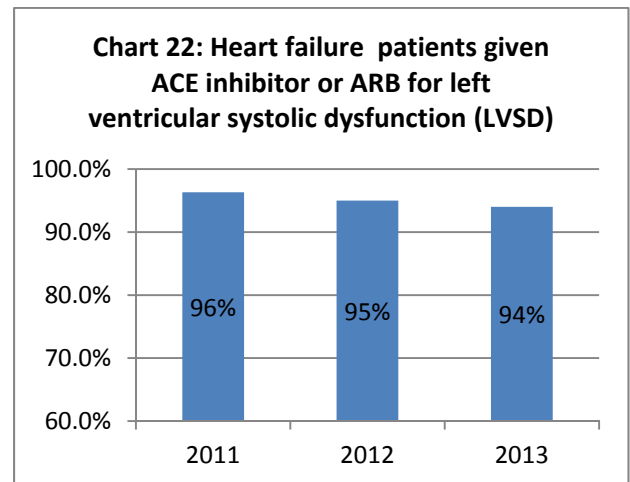
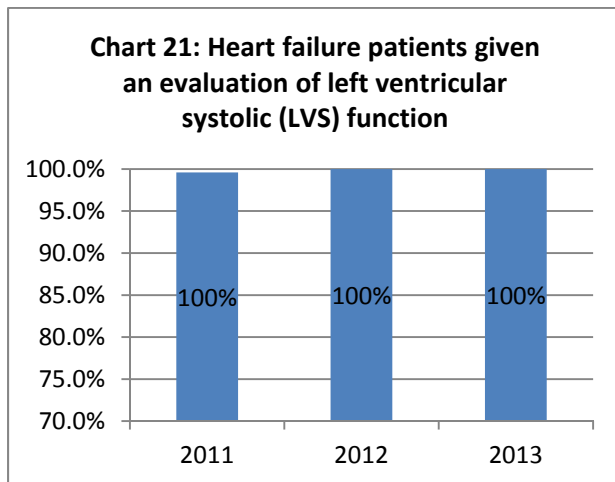
The core measure for heart failure care has two components that measure the percentage of patients who:

- receive an evaluation of how well their heart’s left chamber is pumping (**assessment for left ventricular systolic dysfunction, or LVSD**) and
- are given an **ACE inhibitor or ARB**, medications that treat heart attack, heart failure, or decreased heart function.

Table 2 and Charts 21 and 22 show Inova Fair Oaks Hospital’s percentages for each heart failure care component over the past three years, with the CMS national average included for reference.

Table 2: Inova Fair Oaks Hospital Core Measure Performance for Heart Failure Care, 2011-2013

	2011	2012	2013	2013 CMS National Avg.
Assessment for LVSD	100%	100%	100%	99%
ACEI/ARB	91%	97%	96%	97%



Pneumonia care

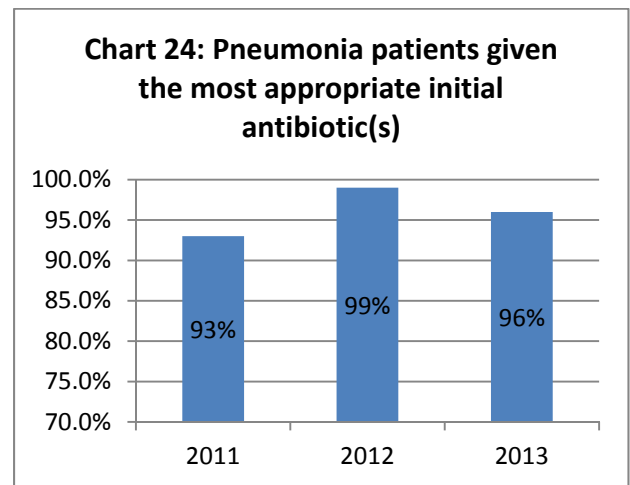
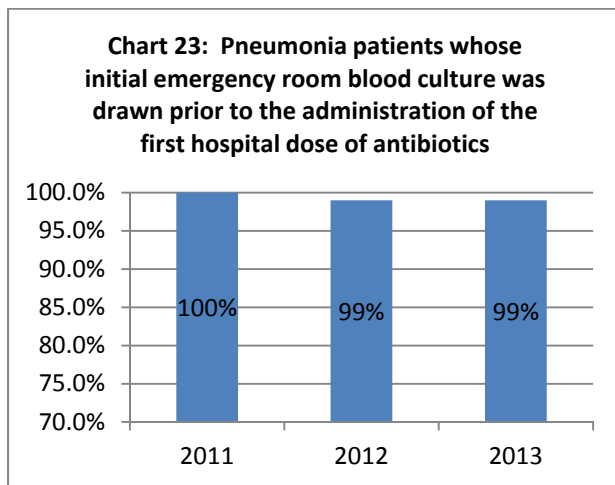
The two components of the pneumonia care core measure track the percentage of patients who:

- have an initial **emergency room blood culture performed prior to the administration of the first hospital dose of antibiotics** to determine which antibiotic will work best and
- are given the **most appropriate antibiotics** for the patient’s specific infection.

Inova Fair Oaks Hospital’s data for the pneumonia care core measure are shown in Table 3 and Charts 23 and 24, with the CMS national average included for reference.

Table 3: Inova Fair Oaks Hospital Core Measure Performance for Pneumonia Care, 2011-2013

	2011	2012	2013	2013 CMS National Avg.
Blood culture in ED before 1 st antibiotic	100%	99%	99%	97%
Appropriate antibiotic	93%	99%	96%	95%



Surgical Care

Inova Fair Oaks Hospital collects data on seven⁸ surgical care core measure components. The surgical care core measure focuses on how well a hospital takes the appropriate steps to prevent complications, such as infections and blood clots, in surgical patients. It tracks the percentage of surgical patients:

- who were **given an antibiotic at the right time** (within one hour before surgery) to help prevent infection,
- who were given the **right kind of antibiotic** to help prevent infection,
- whose preventive **antibiotics were stopped at the right time** (within 24 hours after surgery),
- who **got treatment to prevent blood clots at the right time** (within 24 hours before or after their surgery) after certain types of surgery,
- whose **urinary catheters were removed** within two days after surgery to reduce the risk of infection,
- whose **body temperatures** were managed during surgery, and
- who, if they were taking heart drugs called beta blockers before coming to the hospital, were **kept on the beta blockers** during the period just before and after their cardiac surgeries.

Three years of data for each of the surgical care core measure components is shown in Table 4 and compared to the CMS national average in the fourth column. Charts 25 through 31 depict the data visually.

Table 4: Inova Fair Oaks Hospital Core Measure Performance for Surgical Care, 2011-2013

	2011	2012	2013	2013 CMS National Avg.
Antibiotic timing	99%	99%	98%	99%
Antibiotic selection	98%	100%	98%	99%
Antibiotic discontinuation	97%	99%	96%	98%
DVT prophylaxis given	96%	100%	99%	98%
Urinary cath removal	97%	98%	99%	96%
Periop temp management	100%	100%	100%	100%
Beta blocker	94%	99%	99%	97%

⁸ An additional surgical care core measure tracks the percentage of cardiac surgery patients whose blood sugar (blood glucose) was kept under good control in the days right after surgery. However, because Inova Fair Oaks Hospital does not perform cardiac surgery, this measure is not applicable.

Chart 25: Surgical patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection

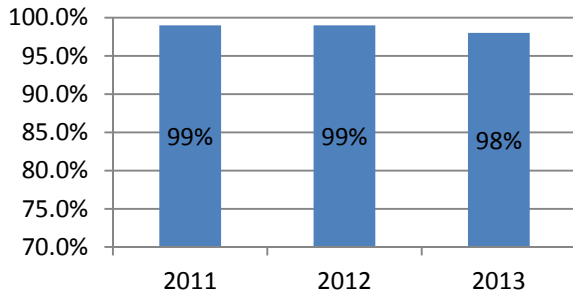


Chart 26: Surgical patients who were given the right kind of antibiotic to help prevent infection

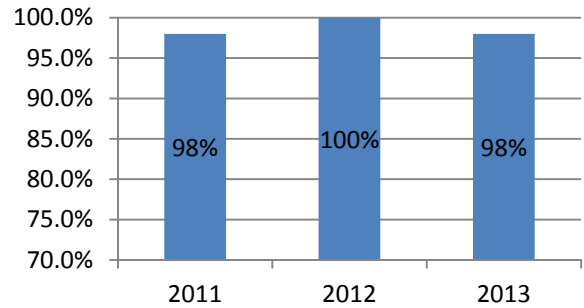


Chart 27: Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)

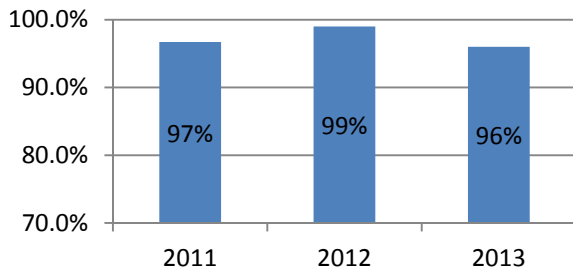


Chart 28: Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery



Chart 29: Surgery patients whose urinary catheters were removed on the first or second day after surgery

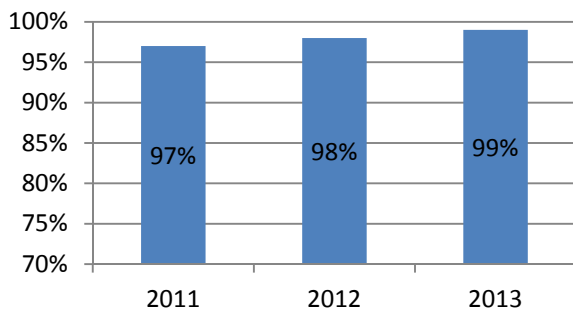
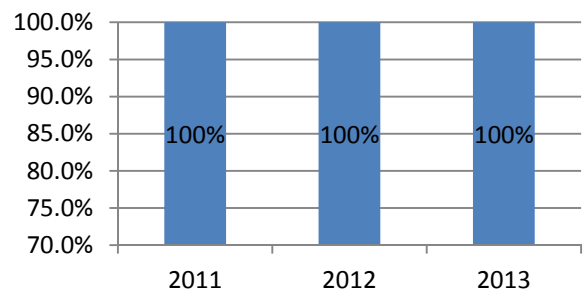
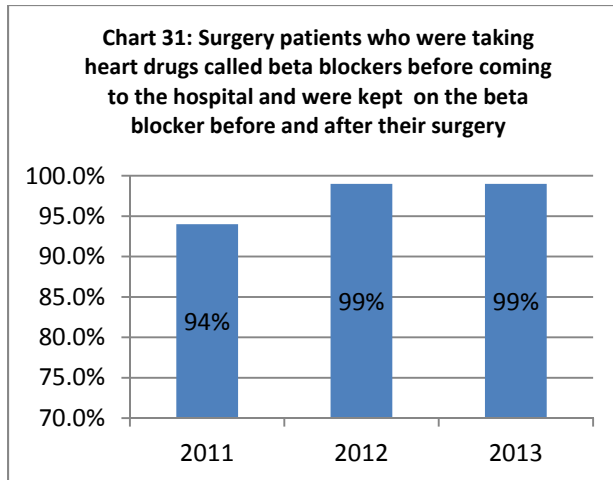


Chart 30: Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery





Blood clot prevention and treatment

The blood clot prevention and treatment core measure has six components. The first two sets of data track steps taken to prevent blood clots in admitted patients and measure the percentage of patients who:

- receive treatment to prevent blood clots on the day of or day after **hospital admission or surgery** and
- receive treatment to prevent blood clots on the day of or day after **admission to the intensive care unit (ICU)**.

The next three components focus on proper treatment of patients who have developed blood clots and measure the percentage of:

- patients who develop blood clots and are subsequently given the proper treatment, which includes administering two **overlapping anticoagulant medications** (commonly known as “blood thinners”);
- patients with blood clots who were treated with an intravenous blood thinner, then **were checked to determine if the blood thinner was putting the patient at an increased risk** of bleeding; and
- patients with blood clots who were discharged on a blood thinner medicine and received **written instructions** about that medicine.

The sixth component is a negative measure, which means that lower scores represent better performance. It tracks the percentage of:

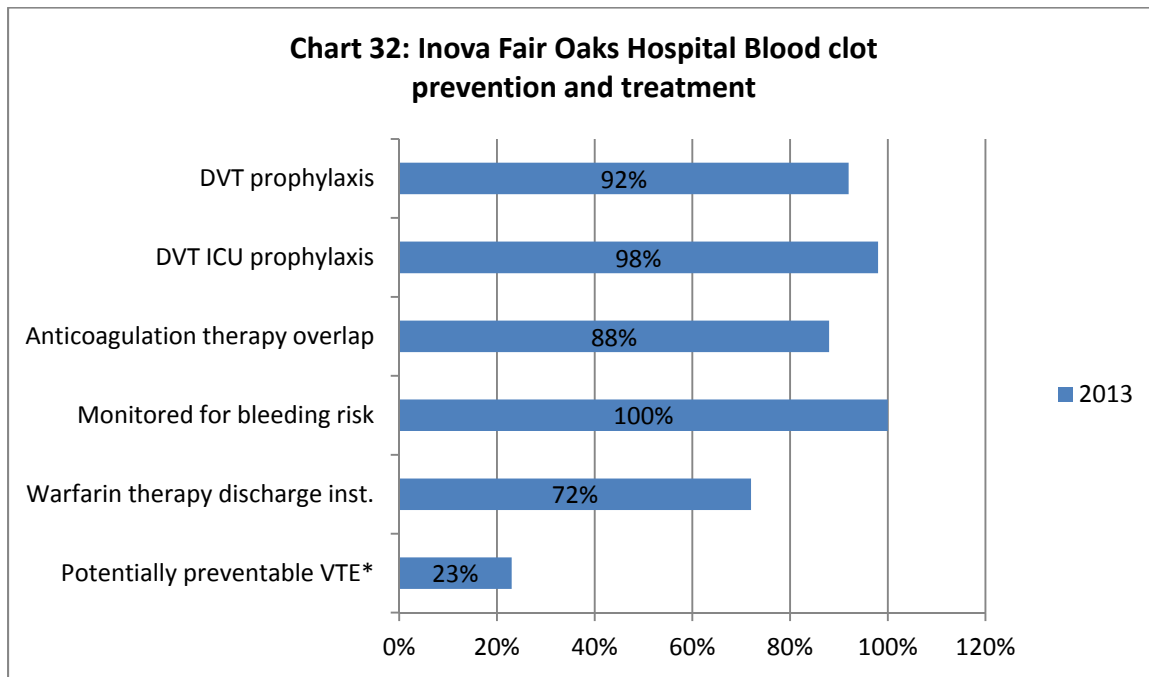
- patients who developed a blood clot while in the hospital and who **did not get treatment** that could have prevented it.

Table 5 and Chart 32 show Inova Fair Oaks Hospital’s blood clot prevention and treatment core measure performance for 2013. Because CMS added this global measure set in 2013, previous data is not available. This year’s data will provide a baseline from which to evaluate the hospital’s progress in this category going forward.

Table 5: Inova Fair Oaks Hospital Core Measure Performance for Blood Clot Prevention and Treatment, 2013

	2013	2013 CMS national avg.
DVT prophylaxis	92%	83%
DVT ICU prophylaxis	98%	91%
Anticoagulation therapy overlap	88%	98%
Monitoring for bleeding risk	100%	95%
Warfarin therapy discharge inst.	72%	73%
Potentially preventable VTE*	23%	10%

*Please note that lower scores indicate stronger performance in this category.



*Please note that lower scores indicate stronger performance in this category.

Vaccine preventive care

The vaccine preventive care core measure, which was new in 2012, focuses on important vaccinations and tracks the percentage of all hospitalized patients who:

- have been assessed and given **pneumococcal vaccination**, which can help prevent pneumonia in the future and
- have been assessed and given **influenza vaccination**, which can help prevent influenza in the future.

Inova Fair Oaks Hospital's performance is detailed on Table 6 and Charts 33 and 34.

Table 6: Inova Fair Oaks Hospital Vaccine Preventive Care Core Measure Performance, 2012-2013

	2012	2013	2013 CMS national avg.
Pneumococcal	85%	93%	91%
Influenza	90%	95%	90%

