

Inova Loudoun Hospital Report on Quality 2012

Overview

At Inova Loudoun Hospital, quality is more than a word. It is dedication to doing things the right way, every time, and it is a commitment to transparency and accountability to the community we serve.

Across healthcare – from consumers and clinical professionals to provider organizations and state hospital associations – interest has increased in evaluating healthcare providers and in measuring their care against nationally-recognized evidence-based guidelines and standards. In response to this burgeoning interest in quality measurement, national organizations including the Centers for Medicare and Medicaid Services (CMS), the Agency for Healthcare Research and Quality (AHRQ), and the National Quality Forum (NQF) have developed a number of national measures that can be used as a gauge on the quality and safety of hospital care.

This report is the second in a series of quality updates for our community. It covers how well Inova Loudoun Hospital has been performing in a series of areas: core measures, hospital-acquired conditions, unintended readmissions, and patient satisfaction. For context, the Hospital's current year data for each section is included alongside year-end data for 2011 and is compared to external benchmarks.¹

Section 1 of this report details Inova Loudoun Hospital's performance in providing patients all of the appropriate clinical processes for a given condition in line with the national standards developed by CMS. There are four core measure sets for adults: acute myocardial infarction (AMI), heart failure (HF), pneumonia (PNU), and surgical care improvement (SCIP). There is one core measure data set for children focused on asthma care (CAC). Section 1 also defines each component that is measured in the process of care for the core measures and provides information on new core measure sets that Inova Loudoun Hospital will be reporting in future years.

Section 2 covers hospital acquired conditions and unintended readmission rates, both of which may correlate to negative outcomes for patients. Section 3 provides data on patient satisfaction, based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a standardized survey developed by CMS and AHRQ. Section 4 is a case study that focuses on one of Inova Loudoun Hospital's quality improvement initiatives: the Patient Experience Committee.

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¹ For more information on the external benchmarks Inova Loudoun Hospital uses, see individual measures.

Section 1: 2012 Core Measures Performance

Inova Loudoun Hospital's performance is measured against internal quality goals for the year and compared to national benchmarks. CMS and the Joint Commission have developed benchmarks for individual core measures, which are represented in each table. Inova also measures each hospital's performance against system-wide "perfect care" goals that Inova sets each year. "Perfect care" is the term Inova uses to indicate when a patient has received all of the appropriate core measure components for a given condition in line with the national standards developed by CMS. "Perfect care" is an all-or-nothing measure². In other words, if the hospital staff does not do every core measure component completely, that patient does not count toward "perfect care" totals³. This year's core measures target is to achieve "perfect care" in 95 percent of cases.

Acute Myocardial Infarction (AMI)

The AMI core measure is composed of three data sets, tracking the percentage of patients who:

- are given aspirin on discharge, to prevent or dissolve blood clots,
- receive percutaneous coronary intervention (PCI) to remove the artery blockages that cause heart attack within 90 minutes of arrival (also known as "door-to-balloon" time), and are prescribed a statin at discharge to lower cholesterol.

Table 1: Acute Myocardial Infarction Core Measure Performance

	ILH 2011	ILH 2012	Nat'l Benchmark
Aspirin	99%	99%	100%
PCI 90 min.	89%	94%	100%
Statin	98%	99%	100%

Inova Loudoun Hospital's 2012 scores for AMI have met or exceeded 2011 levels in all three components. The hospital's "door to balloon" scores have increased significantly. Overall, 97 percent of AMI patients received "perfect care" this year.

² Measurement of these core elements of care are often only measured individually. Inova "Perfect Care" measures the percent of patients who received "all" elements of recommended care considered together collectively.

³ 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 does not impact "perfect care" calculations.

Heart Failure (HF)

The core measures for HF have three 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**),
- are given an **ACE inhibitor or ARB medications** that treat heart attack, heart failure, or decreased heart function, and
- are given written **discharge instructions** or other educational material that covers activity level, diet, discharge medications, follow-up appointments, weight monitoring, and steps to take if symptoms worsen.

Table 2: Heart Failure Core Measure Performance

	ILH 2011	ILH 2012	Nat'l Benchmark
LVSD Assessment	100%	99.5%	100%
ACE/ARB	100%	100%	100%
Discharge Instruct.	100%	99.5%	100%

Inova Loudoun Hospital's scores for the HF core measure are comparable to its excellent performance in 2011. Overall, 99 percent of heart failure patients treated at Inova Loudoun Hospital received "perfect care" this year.

Pneumonia (PNU)

The two components of the pneumonia 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.

Table 3: Pneumonia Core Measure Performance

	ILH 2011	ILH 2012	Nat'l Benchmark
BC performed prior to antibiotics	99%	99%	100%
Appropriate antibiotics	89%	99%	100%

Inova Loudoun Hospital's year-end data for 2012 show an improvement over 2011 levels for the PNU core measure. Overall, 99 percent of patients hospitalized with pneumonia received "perfect care" in 2012.

Surgical Care Improvement Program (SCIP)

There are eight components to the SCIP core measure, which fall into three categories: steps taken to prevent blood clots, steps taken to prevent infections, and steps taken to manage cardiac medications patients are taking.

To prevent blood clots, we track the percentage of surgery patients:

- whose doctors ordered treatments to prevent blood clots (DVT) after certain types of surgeries, and
- who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots (DVT) after certain types of surgery.

To prevent infections, we collect data on the percentage of surgery 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),
- whose **blood sugar (blood glucose) was kept under good control** in the days right after surgery,⁴ and
- whose **urinary catheters were removed within 2 days** after surgery to reduce the risk of infection.

We also track measures to manage cardiac medication during surgery, including the percentage of surgery patients:

- who were taking heart drugs called beta blockers before coming to the hospital and were **kept on the beta blockers** during the period just before and after their surgery.

Table 4: Surgical Care Improvement Program Core Measure Performance

	ILH 2011	ILH 2012	Nat'l Benchmark
DVT Prevention Treatment ordered	88%	99%	100%
DVT Prevention Treatment given	98%	97%	100%
Antibiotic Timing	97%	99%	100%
Antibiotic Selection	99%	97%	100%
Antibiotic Discontinuation	98%	99%	99%
Glucose Control	N/A	N/A	
Urinary Cath Removal	91%	99%	99%
Beta Blockers	100%	97%	100%

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This SCIP component applies to hospitals that perform cardiac surgery. It is not applicable to Inova Loudoun Hospital

Inova Loudoun Hospital has improved or maintained its perfect care percentages in four categories. For 2012, 93 percent of surgical patients received “perfect care.”

Children’s Asthma Care (CAC)

To assess the quality of children’s asthma care, we collect data in three areas. We track the percentage of children who:

- received reliever medication while hospitalized for asthma,
- received systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) while hospitalized for asthma, and
- received a home management plan of care document while hospitalized for asthma.

Table 5: Children’s Asthma Care Core Measure Performance

	ILH 2011	ILH 2012	Nat’l Benchmark
Reliever medication	100%	100%	N/A
Systemic corticosteroid	100%	100%	N/A
Home Mgmt. Plan of Care	72%	92%	N/A

It should be noted that Inova Loudoun Hospital’s data for CAC is based on a small sample size.

New Core Measures in 2012: Immunizations (IMM) and Emergency Department (ED)

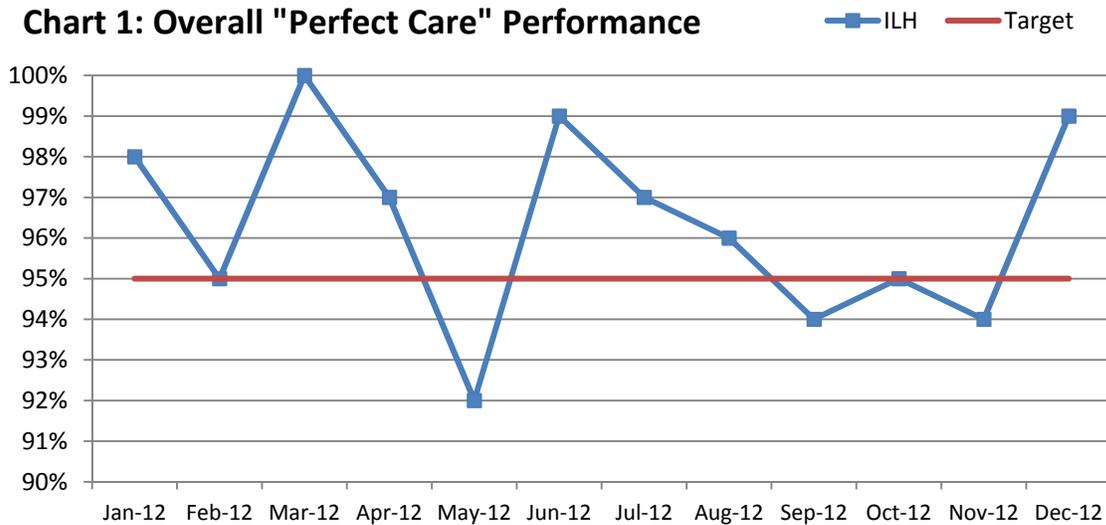
CMS and The Joint Commission have developed immunization measures that apply to all hospital inpatients. These two components, which are new in 2012, track the overall percentage of patients who receive the pneumococcal and influenza vaccinations. As this is the first year of data collections for this core measure, national benchmarks have not yet been established and CMS continues to make adjustments to the measurement tools. Inova Loudoun Hospital will begin reporting on this core measure once all of the 2012 data has been collected and the core measure components have stabilized.

CMS and The Joint Commission have also introduced a new core measure set that focuses on a hospital’s performance in its **emergency department**. The two components measure the median arrival to departure time for admitted patients, which measures how long patients wait before being admitted to the hospital, and the median decision to departure time, which measures how long it takes for patients to be admitted to the hospital once the decision has been made to admit them. As with the immunizations core measure, this is the first year of data collection for these ED core measure components. Future quality reports will offer comparative data and national benchmarks.

Perfect Care

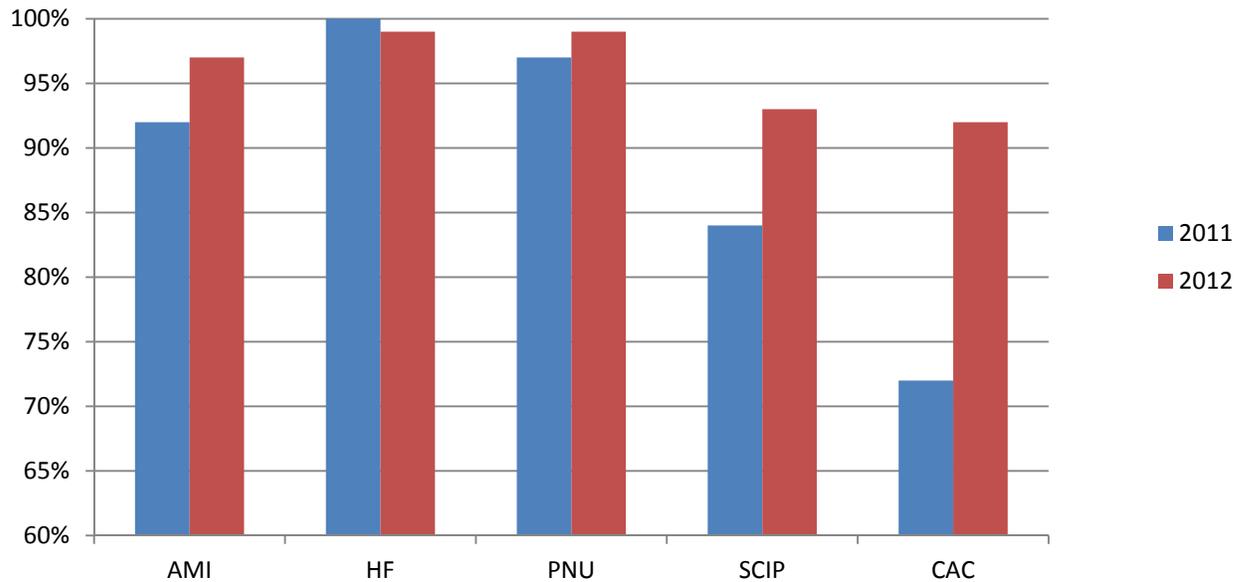
The Inova system-wide goal for 2012 was to achieve “perfect care” for 95 percent of patients. Inova “Perfect Care” measures the percent of patients who received “all” the core measure elements of recommended care (as described above) measured collectively. In 2012, Inova Loudoun Hospital has met or exceeded Inova’s “perfect care” target for eight of the 12 months (see Chart 1). Chart 2 shows the YTD overall “perfect care” totals for each core measure.

Chart 1: Overall "Perfect Care" Performance



A total of 96 percent of patients received “perfect care” during 2012, exceeding Inova’s system-wide target. In 2011, 94 percent of patients received “perfect care” at Inova Loudoun Hospital, a percentage that also exceeded the system-wide quality target for 2011.

Chart 2: Core Measures "Perfect Care"



As Chart 2 shows, Inova Loudoun Hospital improved its percentages in four of the five core measures, in some cases by a significant margin.

Section 2: Other Quality Indicators

Unintended Hospital Readmissions

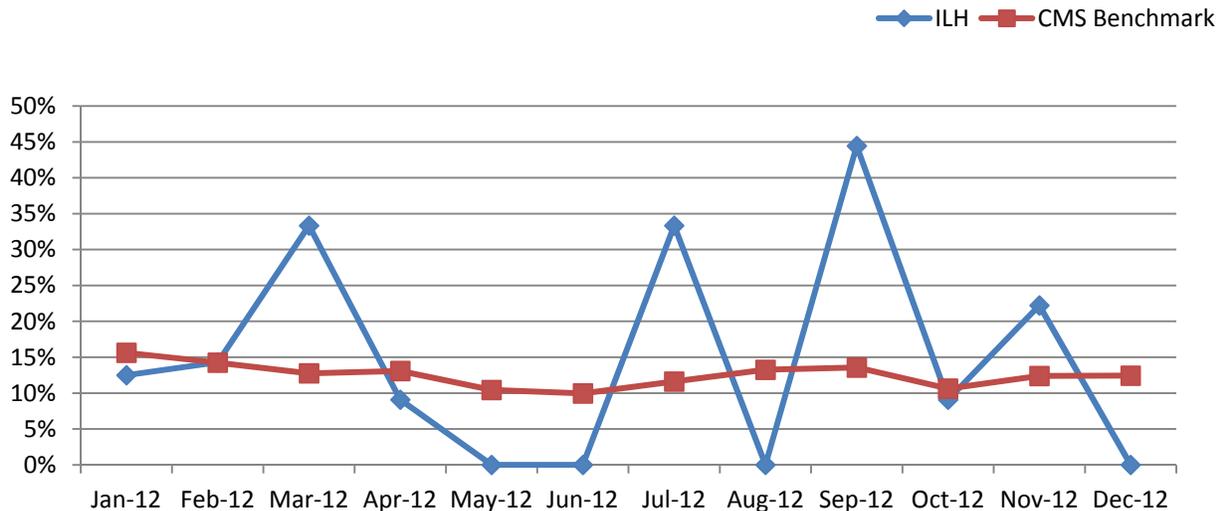
Patients who have been discharged after being hospitalized naturally want to stay out of the hospital. Moreover, when a patient needs to be readmitted within a short time, it may result in a poorer long-term outcome for that individual. According to CMS, “Patients who receive better care both during their hospitalizations and their transition to the outpatient setting will likely have improved outcomes, such as survival, functional ability, and quality of life.”

As a result of this correlation between hospital readmission and patient outcomes, CMS tracks how many patients are readmitted to the hospital within 30 days of having been discharged (known as 30-day readmission rates). In particular, CMS tracks patients aged 65 and older who have been hospitalized with a primary diagnosis of acute myocardial infarction (AMI), chronic obstructive pulmonary disorder (COPD), diabetes (DB) heart failure (HF), or pneumonia (PNU).

Acute Myocardial Infarction (AMI) Readmissions

Chart 3 shows how Inova Loudoun Hospital’s readmission rate for AMI patients compared to the expected readmission rate calculated by CMS.

Chart 3: AMI Readmission Rates

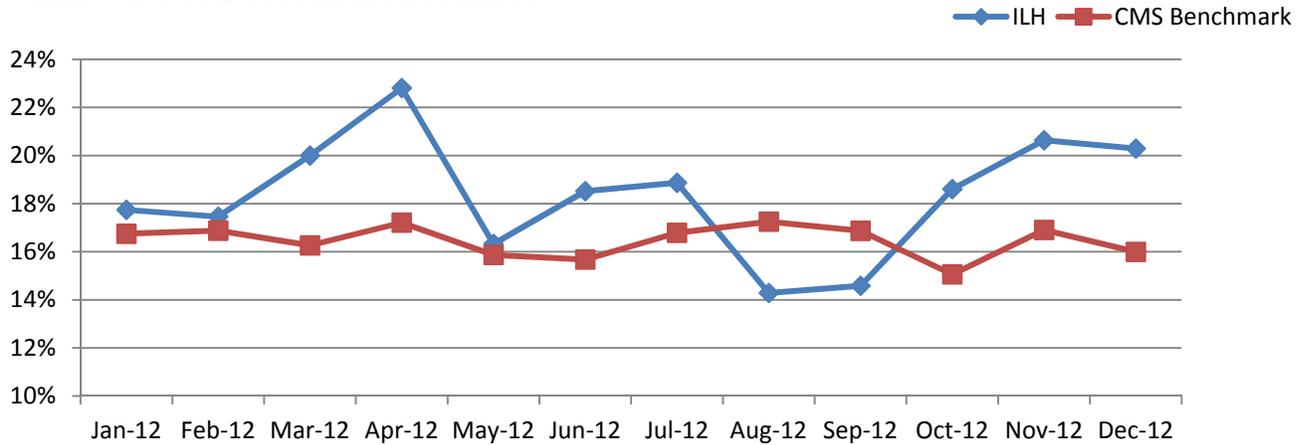


Inova Loudoun Hospital’s 30-day readmission rate for AMI was below the CMS benchmark for five out of 12 months. Due to an unusually high rate of readmissions in March, the hospital’s year-to-date average for 30-day readmissions is 15.15 percent, which exceeds the CMS benchmark of 12.48 percent. In May, June, August and December, however, Inova Loudoun Hospital had zero readmissions.

Chronic Obstructive Pulmonary Disorder (COPD) Readmissions

Chart 4 shows the readmission rate for COPD patients as compared to the expected readmission rate developed by CMS.

Chart 4: COPD Readmission Rates

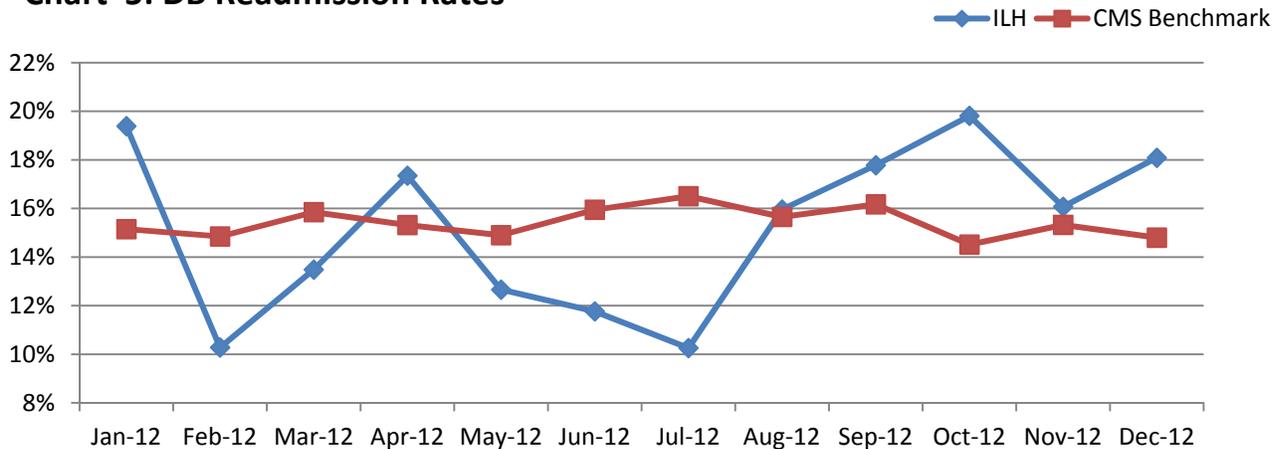


Inova Loudoun Hospital's readmission rate for COPD was slightly higher than the CMS expected rate for 2012.

Diabetes (DB) Readmissions

The actual and expected readmission rates for diabetes patients are reflected in Chart 5.

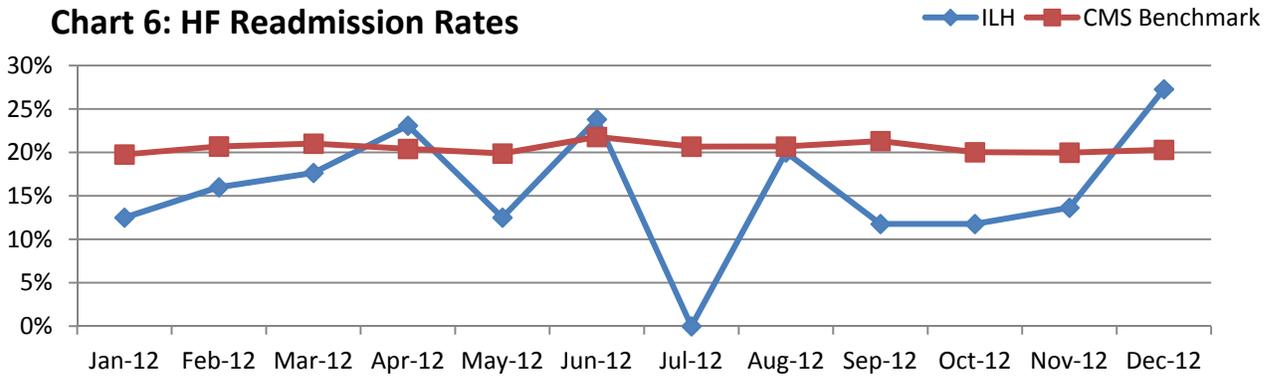
Chart 5: DB Readmission Rates



Inova Loudoun Hospital's readmission rates for diabetes patients were below CMS benchmarks for five out of 12 months. The average rate for the 2012 was at the CMS average expected rate.

Heart Failure (HF) Readmissions

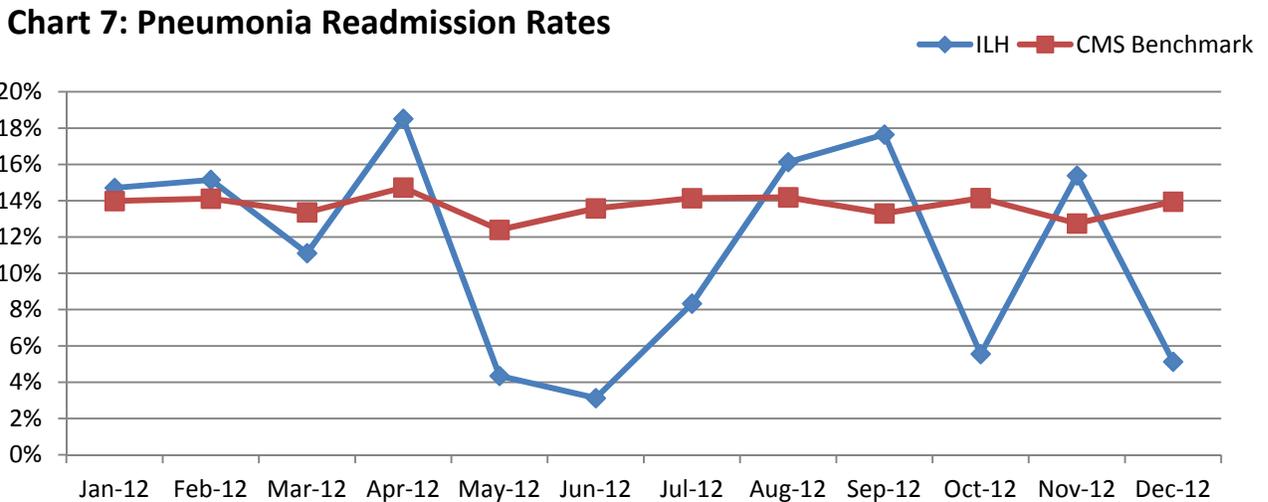
Chart 6 compares Inova Loudoun’s Hospital’s HF readmission rates to the expected rates calculated by CMS.



Inova Loudoun Hospital’s heart failure readmission rates were below CMS benchmarks for six out of 12 months and were below the CMS average expected rate for 2012.

Pneumonia (PNU) Readmissions

In Chart 7, Inova Loudoun Hospital’s readmission rates for pneumonia patients are compared to the expected rates calculated by CMS.

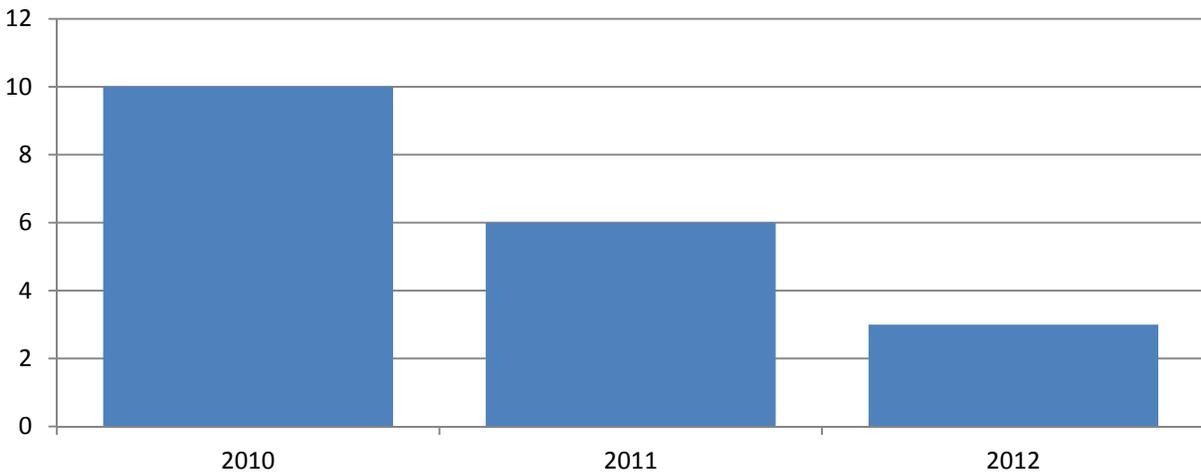


Inova Loudoun Hospital’s readmission rates for pneumonia patients were below the expected rates in six of the 12 months for 2012. The average readmission rate for the 2012 was below the CMS expected rate.

Hospital Acquired Conditions

CMS began to track each hospital's incidence of hospital acquired conditions (HAC) in 2008. An HAC is a medical condition (examples include catheter associated urinary tract infections, certain blood stream infections, and injuries from falls) that was not present when the patient was admitted to the hospital.

Chart 8: Hospital Acquired Conditions



As Chart 8 shows, Inova Loudoun Hospital has consistently reduced the number of Hospital Acquired Conditions that occur at the hospital, from 10 in 2010 to three in 2012.

Section 3: Patient Satisfaction

To measure patient satisfaction, Inova uses the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which was developed by CMS and AHRQ to serve as a standardized patient experience survey. By using HCAHPS benchmarks, hospitals can compare their patient satisfaction data with that of other hospitals around the country.

The HCAHPS patient experience survey collects data in six categories:

1. Nursing Communication, which covers the degree to which patients felt the hospital's nurses treated them with courtesy and respect, listened carefully to them, and explained things in a way they could understand.
2. Physician Communication, which measures how well patients felt that doctors treated them with courtesy and respect, listened carefully to them, and explained things in a way they could understand.
3. Responsiveness of Staff, which asks patients to rate how quickly staff responded to the patient's call bell and the timeliness of assistance in getting to the bathroom.
4. Pain Management asks patients whether their pain was well controlled during their hospital stay and if hospital staff did everything possible to help with patients' pain.
5. Communication of Medications covers whether hospital staff explained what each medication was for and if they described possible side effects.
6. Discharge Instructions measures whether the patient's healthcare team talked about whether help was available for the patient at home and provided written information about the patient's health condition and symptoms.

Table 6 shows Inova Loudoun Hospital's year-to-date patient satisfaction scores for 2012. To the right of the hospital's scores are the HCAHPS benchmark scores for 50th percentile, 75th percentile, and 95th percentile nationally.

Table 6: HCAHPS Patient Satisfaction Data

	ILH 2012	50th %tile	75th %tile	95th %tile
Nursing Communication	78.03	75.18	79.00	84.70
Physician Communication	77.64	79.42	83.50	88.95
Responsiveness	62.99	61.82	69.50	77.69
Pain Management	69.56	68.75	72.50	77.90
Medication Communication	61.91	59.28	63.00	70.42
Discharge Instructions	86.26	81.93	85.00	89.09

Inova Loudoun Hospital's goal for 2012 is to achieve scores at the 75th percentile or greater for each section of the patient experience survey. As the data shows, this is an area that requires improvement. Inova Loudoun Hospital has introduced several initiatives to improve patient experience at the hospital. One such initiative is profiled in Section 4.

Section 4: Spotlight on Quality – Inova Loudoun Hospital’s Patient Experience Committee

Problem

As the data in this report’s previous sections has shown, Inova Loudoun Hospital generally performs very well by objective quality standards, such as CMS core measures and patient harm indicators. Patient satisfaction, however, is a highly variable and not easily defined measure. Patient experiences are highly personal – often, a single interaction can affect how a patient feels about his or her entire hospital stay, for better or for worse. These variables make it difficult to identify the best methods for improving patient experience.

Solution

Inova Loudoun Hospital is working to address this issue. In 2012, Inova Loudoun Hospital launched an initiative to improve patient satisfaction. Hospital leaders wanted to get specific information regarding the experiences of patients at the hospital and look beneath the HCAHPS survey numbers. The best way, they reasoned, to accomplish that goal was to have a series of open and frank discussions with recent hospital patients.

Thus Inova Loudoun Hospital’s Patient Experience Committee was born. The hospital contacts recent patients, inviting them to come for dinner and discussion with the Patient Experience Committee. It takes about one hundred calls to reach a handful of patients who are interested and available to meet with the Committee.

The five members of the Patient Experience Committee include the hospital board chair, chief executive officer, chief nursing officer, chief medical officer, and patient advocate. At least two people represent each patient viewpoint: the patients themselves and at least one family member or support person who was with them during their hospitalization.

Committee members do not know ahead of time what patients are going to say. Since its inception, the committee has heard from patients with positive as well as negative experiences. The patients have an open floor to present their experience and impressions, after which committee members respond and ask questions. General discussion and problem-solving among all of the patients and committee members rounds out the evening.

Lessons learned so far

So far, the experience has been illuminating. Face-to-face conversations add a dimension that is impossible to get in any other way. Phone, email, and written surveys do not convey the same level of detail – and of course, there is no opportunity to ask follow-up questions. An important aspect of the Patient Experience Committee is that it adds a crucial personal element, more than a phone survey or checklist can. Bringing former patients together to discuss their experiences has been very helpful identifying areas working well and areas that need to be improved. The face-to-face format also allows for a deeper exploration and a more sustained conversation on the issues of quality touched on by each patient’s experience. Committee members have also noticed the benefit of taking time at regular intervals for dedicated reflection about patient experience. It is the hope of everyone involved that the Patient Experience Committee will yield new ideas for improving patient satisfaction at Inova Loudoun Hospital.