

May 3, 2007

UPDATE: June Posting of Mortality Data on Hospital Compare

AT A GLANCE

The Issue:

During the past two years, the American Hospital Association (AHA) has communicated with members through advisories and conference calls about new measures the Hospital Quality Alliance (HQA) is adding to the information publicly reported on Hospital Compare, a public-private Web site about hospital quality (www.HospitalCompare.hhs.gov). The AHA chairs the HQA and supports the addition of these new measures. In June, 30-day mortality data for heart attack and heart failure patients will be publicly available for the first time on Hospital Compare. The release of this information may generate increased interest from patients, your community and the media about what the new information means and your hospital's performance. This new data also provides an important opportunity to talk with your community and the media about what your hospital is doing to improve quality of care.

What You Can Do:

- ✓ Share this advisory with your communications team, quality improvement team and other key staff, including physicians, nurses and other caregivers so they can help people understand and use the mortality information to make decisions about their care.
- ✓ Review your mortality data on the QualityNet Exchange Web site.
- ✓ Review the Action Checklist and Key Themes.
- ✓ Review the November 20, 2006 *Quality Advisory* for detailed information on HQA quality measures, available at <http://www.aha.org/aha/advisory/2006/061120-quality-adv.pdf>.

Further Questions:

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BACKGROUND

Hospitals began publicly reporting quality of care information on heart attack, heart failure and pneumonia on the Hospital Quality Alliance's (HQA) Hospital Compare Web site in 2004. Since then, the amount of information available to the public has expanded to include additional measures on these three common conditions, as well as steps on preventing surgical infections. Beginning in June, Hospital Compare will display heart attack and heart failure mortality data for patients who died within 30 days of being admitted to the hospital.

The HQA chose mortality data on these conditions because information already is being reported on the steps hospitals take to treat patients who suffer from heart attack and heart failure. However, there is no broadly available, reliable information on patient outcomes after they have been discharged from the hospital. The new information will help hospitals understand what happens after a patient is discharged, which will give hospitals a fuller view of the care provided and can help determine how to improve that care.

AT ISSUE

The mortality information will be displayed and labeled differently from the clinical process measures. Currently, the public can see what percent of the time hospitals took a specific step to treat a certain condition. These process measures are constructed such that only patients who should have received the treatment or test in question are included in the calculation. For that reason, no adjustment for the seriousness of a patient's condition – a "risk adjustment" – is necessary.

The mortality information is different. Current measures look at what *process* steps the hospital took to care for a patient while in the hospital, whereas the mortality information looks at the *outcomes* for heart attack and heart failure patients. To create fair comparisons, differences in patients' conditions that make them more likely to die must be accounted for. This is the task of risk adjustment. While the risk adjustment methods used are sophisticated, no risk adjustment is perfect. To avoid giving complicated statistics and confidence levels to the general public, **hospitals will be placed in one of three categories – "as expected," "better than expected" or "worse than expected" – providing clear, understandable language on what the information tells us.**

Below are some main messages you can tailor to your community to help explain what the information is, what the categories mean and what the information means for patient care.

New information differs from earlier efforts. In the late 1980s, the Health Care Financing Administration (HCFA), a precursor to the Centers for Medicare & Medicaid Services, publicly reported mortality information for all hospitalized Medicare patients. The effort was abandoned because it did not provide information patients or hospitals could easily understand or use. The HQA's effort improves on HCFA's early efforts. The information on Hospital Compare is only for patients with two conditions – heart attack and heart failure – with a separate mortality rate for each condition. The rates are calculated using sophisticated risk-adjustment that takes into account two years of billing history for each patient. Hospitals are allowed to review their data in advance. In addition, each hospital receives a simple designation to indicate their performance. And the data is limited to deaths that occur 30 days post admission.

What the new information means for hospitals. The mortality information is unique and adds a new dimension to public discussion about quality of care in our nation's hospitals. We also anticipate the public will be highly interested in the mortality data, so we have drafted a checklist and some key themes to help hospitals prepare for inquiries from patients, the community and the media.

ACTION CHECKLIST

- Identify a spokesperson to handle media calls. This could be a physician, nurse, or other frontline caregiver, or a patient safety officer.
- Review your data on the QualityNet Exchange Web site (www.qualitynet.org) to verify that your hospital's data is being reported accurately. Be aware of how it is determined and what it means for your patients.
- Be aware of how your hospital is doing on the clinical process steps for heart attack and heart failure – if a hospital is labeled as “worse than expected” on heart attack mortality and has a lower percent of compliance on the heart attack measures, a connection may exist between the two.
- Examine the role your hospital plays in providing care to heart attack and heart failure patients after they have been discharged from your hospital and be prepared to discuss how your hospital may be involved in follow-up care.
- If you have had a patient safety or quality concern at your hospital, especially a well-publicized one, be prepared to answer specific questions about the changes your organization has made as a result.

KEY THEMES

Please tailor to reflect your organization.

- **Discuss your hospital's commitment to improving quality of care and involving patients as full partners in decisions about their care.** Talk about why your hospital is committed to sharing this information and how you intend to help people understand what it means for their care.
- **Talk about how the new information now available will help your hospital, patients and community more fully understand the care you provide and how you plan to use the information to improve that care.** Given the complexity of health care, hospitals have not had reliable information about how heart attack or heart failure patients fare after being discharged. Let your community know how the new information will give a fuller view of how the care patients receive in a hospital and the care they receive after they leave are connected. Understanding this connection will help improve how care is delivered to patients.
- **Explain how the new information is presented and that it reflects the multiple factors that go into patients' care and outcome during their stay and after leaving the hospital.** The new information will describe hospitals' mortality rates for heart attack and heart failure as "expected," "better than expected" and "worse than expected." There are so many variables related to patients' care after they are discharged that sometimes, despite caregivers' best efforts, the outcome is not what we want or would expect. Explain that the new information reflects all of these factors and talk about your commitment to providing patients with the right care at the right time in the right setting. Be prepared to address any specific concerns that are raised by your hospital's report.
- **Encourage patients to use this information to start a conversation with their physicians, nurses and other caregivers about their care.** Talk with your patients and communities about the many factors relevant to choosing a hospital in addition to quality of care. These include which hospitals are included in their insurance plan, where their physician practices and whether a hospital has all the services that will meet their needs.

NEXT STEPS

In the future, 30-day mortality information for pneumonia will be added, pending approval by the National Quality Forum and adoption by the HCA. We will keep you posted when that happens. The issues discussed in this *Quality Advisory* also would apply to the pneumonia data.