

Quality Advisory

July 1, 2008

Hospital Compare : New Pneumonia Mortality Data and
Pediatric Asthma Measures;
Updated Heart Attack and Heart Failure Mortality Data

AT A GLANCE

The Issue:

On July 17, the *Hospital Compare* Web site (www.HospitalCompare.hhs.gov) will be updated to contain new and refreshed information on several conditions. For the first time, 30-day mortality data for pneumonia patients will be available and, for some hospitals, two clinical measures on pediatric asthma will be added to the other clinical data already displayed on the Web site. In addition, information on 30-day heart attack and heart failure mortality rates will be updated for the first time since the outcome measures were unveiled last year. Your hospital may experience increased interest from patients, your community and the media about what the new and refreshed information means and your hospital's performance. Clinical staff also may have questions about how the information reflects the care that they provide to patients. In all, the new information provides an important opportunity to talk with your patients, your community and the media about what your hospital is doing to improve the quality of care.

What You Can Do:

- ✓ Share this advisory with your communications team, quality improvement team, physician and nursing leaders, and trustees to prepare them to respond to questions from patients and the community.
- ✓ Talk with your staff now about your hospital's 30-day mortality information, which was available during the recent preview period, and, if applicable, the pediatric asthma measures.
- ✓ Identify quality improvement efforts that you can highlight with the media and the public.

Further Questions:

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BACKGROUND

The Hospital Quality Alliance (HQA) is a national public-private collaboration of hospital groups, consumer representatives, physician and nursing organizations, employers and payers, oversight organizations and government agencies dedicated to encouraging hospitals to voluntarily collect and make public quality of care information. The American Hospital Association (AHA), Federation of American Hospitals (FAH) and Association of American Medical Colleges (AAMC) are key members of the HQA, which sponsors the *Hospital Compare* Web site to give consumers a broad look at the quality of hospital care.

Over time, the HQA has sought to improve the usefulness of *Hospital Compare* by adding new information for consumers and hospitals alike. On July 17, *Hospital Compare* will be updated to include the following information:

- New 30-day pneumonia mortality data;
- Updated 30-day heart attack and heart failure mortality data; and
- Two clinical measures for pediatric asthma patients for some hospitals.

The 30-day pneumonia mortality measure was chosen because information already is being reported on the steps hospitals take to treat pneumonia patients. As with the other mortality information, the HQA's goal is to provide broadly available, reliable information on patient outcomes after they have been admitted to the hospital. This new information will help hospitals understand what happens after a patient receives care, which in turn can help determine how to improve that care.

The pediatric asthma measures were chosen to provide transparency in an important aspect of hospital care not currently available on *Hospital Compare* – treatment received by children. The measures will give consumers a look at how many times a hospital takes the correct steps to treat this common children's affliction.

AT ISSUE

Pneumonia mortality data

The 30-day pneumonia mortality data will be displayed in the same manner as the current information on heart attack and heart failure. When a consumer performs a search, the hospital or hospitals they select will be placed in one of three categories: “no different than expected,” “better than expected” or “worse than expected.”

We expect that the new pneumonia mortality data will raise questions similar to those raised last year about the heart attack and heart failure data, particularly since the information will be displayed in a similar way.

Update of heart attack and heart failure mortality data

For the first time since it was added to *Hospital Compare*, the 30-day heart attack and heart failure mortality data will be updated to reflect hospital performance between July 2006 and July 2007. When the refreshed data go live, it is possible that your hospital will find itself in a different category. For example, your hospital may have been in the “as expected” category when the data were released last year; but with the refresh, you may be in the “better than expected” or “worse than expected” categories. Please be sure to check the Web site on July 17 to confirm category in which your hospital is placed.

Additional information about mortality data to be available

In addition to being able to view the category in which a hospital is placed, consumers will be able to view a hospital’s mortality rate for each condition (heart attack, heart failure and pneumonia), the corresponding 95 percent confidence interval, and the number of cases. The confidence interval defines the range of uncertainty or the “margin of error,” just as many news polls do. For hospitals that only have a few patients with a particular condition, the margin for error in the measurement of their performance in that condition is broad, while for hospitals with hundreds of patients the margin for error is narrower.

In categorizing a hospital’s performance, the margin for error is taken into account by calculating an estimated range of hospital performance for each condition. The data for the specific condition then are checked to determine whether this range includes the benchmark (e.g., national average, and then performance is assessed as better, no different, or worse than the national rate).

Pediatric asthma

The HQA is beginning to expand *Hospital Compare* to include information on pediatric patients. This expansion will occur incrementally as the infrastructure to support reporting of the measures is developed. To publicly report the new pediatric asthma measures, hospitals must have chosen pediatric asthma as one of their Joint Commission core measure sets. Approximately 100 hospitals chose to collect data on these measures as part of their Joint Commission requirements. Consequently, The Joint Commission has shared these hospitals’

information with the Centers for Medicare & Medicaid Services (CMS) and it will be posted on *Hospital Compare* this month.

Currently, there is no infrastructure that allows hospitals to independently report the pediatric asthma measures directly to CMS. If your hospital did not choose pediatric asthma as one of its Joint Commission's core measure sets, then information will not be available on *Hospital Compare*. The HQA is working to make changes that will allow hospitals to report the pediatric asthma measures directly to CMS; we will keep you posted as that infrastructure is developed.

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. The pediatric asthma measures also provide greater insight into the care hospitals provide to children.

In anticipation of public interest about the updates to *Hospital Compare*, we have drafted an action checklist and key messages to help hospitals prepare for inquiries from patients, the community and the media about the new information. Before the information is available publicly, we will share additional resources with hospitals that can help you develop messages to use with the media and your community.

ACTION CHECKLIST

The updates to *Hospital Compare* may create media and community interest in your hospital's performance. While there are multiple updates to the Web site, there are several things you can do to prepare for the public release of all the data.

- Your quality improvement staff had an opportunity to preview your hospital's data in April. Talk to them about the data; be aware of how it is determined and what it means for your patients.
- Identify a spokesperson to handle media calls. This could be a physician, nurse or other frontline caregiver, or a patient safety officer.
- Review the mortality information from your quality improvement staff to look for insights into the care received by the patients who died. For example, you may find that some of the patients who were included in the mortality information may have had "do not resuscitate" (DNR) orders. Knowing the stories behind the statistics may give your hospital and community a deeper understanding of what the mortality data mean.
- Be aware of how your hospital is doing on the clinical process steps for the conditions for which there is mortality information – heart attack, heart

failure and pneumonia. For example, if a hospital is labeled as “worse than expected” on pneumonia mortality and has a lower percent of compliance on the pneumonia clinical process steps, a connection could be made between the two.

- Examine the role your hospital plays in providing care to heart attack, heart failure and pneumonia patients after they have been discharged 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

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. Please tailor these themes 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 your patients understand what it means for their care.
- If your hospital is not currently displaying the pediatric asthma measure information, explain how your hospital is committed to providing the best care possible for all of your patients.
- Talk about how the 30-day mortality information now available will help your hospital, patients and communities 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 a pneumonia patient fares after being discharged. The new information will provide clinicians with a fuller view of how the care a patient receives in a hospital and the care he receives after discharge are connected.
 - Understanding this connection will help improve how care is delivered to patients.
- Explain how the 30-day mortality information is presented, and that it best reflects the multiple factors that go into a patient’s care and outcome during his stay and after leaving a hospital.

- The information describes hospitals' mortality rates for heart attack, heart failure and pneumonia as "expected," "better than expected" and "worse than expected."
 - Many variables influence a patient's care after they are discharged and sometimes, despite caregivers' best efforts, the outcome is not what we want or would expect. Explain that the 30-day mortality 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.
 - Address any specific concerns that are raised by your hospital's report.
- Encourage patients to use the 30-day mortality information and the pediatric asthma measures 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 what their insurance will cover, where their physician practices and which hospitals have the services that will meet all their needs.
 - Let them know that you are just at the beginning of providing this information and it should not be over interpreted.