

July 2, 2010

## *Hospital Compare: New ED and Outpatient Information; Annual Update to Readmission and Mortality Rates*

### AT A GLANCE

#### **The Issue:**

In early July, information on care provided in the hospital outpatient setting will be publicly available for the first time on the public-private website, *Hospital Compare* ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)). These data include clinical information about patients who go to the emergency department because of chest pain or other heart attack symptoms; have outpatient surgery; and receive outpatient imaging services. All of the other data displayed on *Hospital Compare* are being updated, including hospital readmission and mortality rates for patients with heart attack, heart failure and pneumonia. **The release of outpatient information and the updated readmission and mortality rates may generate interest from patients, your community and the media.** We expect the Centers for Medicare & Medicaid Services (CMS) to release the data in early July, and in the past, they have given selected reporters *Hospital Compare* data in advance.

The data release provides an important opportunity to talk with your patients and the media about your hospital's activities to improve quality of care in your hospital. This advisory is intended to help you prepare for the publication of the new information.

#### **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 outpatient quality data and 30-day readmission and mortality information, all of which were available during the preview period in April and May and identify any needed improvements.
- ✓ Develop strategies to help staff respond to inquiries from their patients and the community about your hospital's information on *Hospital Compare*.
- ✓ Identify quality improvement efforts that you can highlight with the media and the public.

#### **Further Questions:**

Please contact Elizabeth Lietz, AHA associate director of media relations, at (202) 626-2284 or [elietz@aha.org](mailto:elietz@aha.org); Nancy Foster, AHA vice president of quality and patient safety policy, at (202) 626-2337 or [nfoster@aha.org](mailto:nfoster@aha.org); or Beth Feldpush, AHA senior associate director of policy, at (202) 626-2963 or [bfeldpush@aha.org](mailto:bfeldpush@aha.org).

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### **BACKGROUND**

#### ***Hospital Compare***

Hospitals began publicly reporting quality of care information on heart attack, heart failure and pneumonia patients on the Hospital Quality Alliance's (HQA) *Hospital Compare* website in 2004. Since then, the amount of information available for the public to use has been expanded to include information on 30-day hospital readmission and mortality rates, patients' experience of their hospital care, and steps to prevent surgical infections.

### **AT ISSUE**

#### ***New Outpatient Measures***

In July, new information will be added to *Hospital Compare* on hospital-based outpatient care, including:

- Steps taken to care for heart attack and chest pain patients in emergency departments;
- Steps taken to care for surgical patients; and
- Use of medical imaging services.

The heart attack and chest pain measures are based on patients who received initial evaluation and treatment in your emergency department (ED) and then were discharged or transferred to another facility for further care. The measures are similar to those used in assessing heart attack care for patients who were admitted to your hospital. Because these measures were developed with the capacity to assess care in smaller hospitals that tend to stabilize and transfer patients who might benefit most from cardiac surgery or other such interventions, we expect that it is the data for these hospitals in which the media might take the most interest. Since there is information available on ED care, and reporting on emergency care is popular with the media, we expect particular focus on this information.

The data available for outpatient surgery are similar to the measures currently featured on the *Hospital Compare* website for inpatient procedures.

In the past, all of the measures on *Hospital Compare* were endorsed by the National Quality Forum (NQF) and adopted by the HCA. The new surgical and heart attack and chest pain measures have followed that same process. However, none of the medical imaging services use measures have been adopted by the HCA (although two have been endorsed by the NQF). The HCA did not approve these measures because they are measures of the frequency of tests performed without any way to know what frequency is appropriate or indicative of quality. Imaging tests are performed on a case-by-case basis after a clinician carefully reviews a patient's symptoms, the potential to rule in or out a likely diagnosis and the risk and benefits to the patient of the test. It is impossible to make judgments from the data that will be displayed by CMS on whether or not clinicians ordered too many, too few or just the right number of imaging tests.

### **Updated 30-day Readmission and Mortality Information**

In addition, information already available on the 30-day readmission and mortality rates for heart attack, heart failure and pneumonia patients will be updated in early July. As a result, some hospitals may see their categorization change. Based on the information we have, there are small shifts in the numbers of hospitals in the following categories: "better than the national rate"; "no different than the national rate"; and "worse than the national average."

### **Other Hospital Compare Information**

A quarterly update will take place for all other measures on *Hospital Compare*, including:

- Steps to treat heart attack, heart failure and pneumonia patients;
- Steps to prevent surgical infections; and
- Patients' views of their hospital care.

### **What to Expect**

The information on outpatient care is unique and adds a new dimension to public discussion about quality of care in our nation's hospitals. At a national level, Congress and the administration's health care reform plans have focused even greater attention on readmission rates. We expect that the updated information may raise additional questions. We have drafted the action checklist below and attached key themes to help hospitals prepare for inquiries from patients, their community and the media about the new information.

## **ACTION CHECKLIST**

- Identify a spokesperson to handle media calls. This could be a physician, nurse or other frontline caregiver, or a patient safety officer.
- Work with your quality information officer to understand your hospital's data. Be aware of how it is determined and what it means for your patients.

- Be aware of whether or not your hospital's classification for the readmission and mortality rates has changed. Examine the reasons patients are being readmitted to your hospital and be prepared to talk about care improvements that you are making to reduce readmissions, and point out challenges that will require a broader community effort. For example, some patients may experience difficulty accessing primary care after discharge or getting to the pharmacy to have their prescriptions filled, and this may have a substantial influence on whether they need to be readmitted to a hospital. These factors are not included in the measure's risk-adjustment process. Be prepared to discuss how community health issues and other factors may relate to your hospital's readmission or mortality rates.
- 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 help explain what the information is, what the categories mean, and what the information means for patient care. Please tailor these messages to reflect your organization.

- **Discuss your hospital's commitment to improving the 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.
- **Talk about the importance of imaging services in properly diagnosing patients' conditions.** Explain what the imaging information on *Hospital Compare* may signal about the care you provide and why the characteristics of the populations you serve may suggest the need for additional testing. For example, some women need to have an additional mammography performed to determine if they have breast cancer. Performing the second test is the right care to provide for some patients.
- **Talk about how the readmission and mortality rate information has helped your hospital, patients and communities more fully understand about the care you provide and how you plan to use the information to improve that care.** Explain how the information is presented and that it reflects some of the multiple factors that go into a patient's care and outcome during their stay and after leaving a hospital. Given the complexity of health care, information on 30-day readmission rates and the 30-day mortality information provide a fuller view of how the care a patient receives 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. However, there are so many variables related to a patient's 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 takes some of these factors into account 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 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 this information. These include what their insurance will cover, where their physician practices and what hospitals have all the services that will meet their needs. Let them know that you are just at the beginning of providing this information and it should not be over interpreted.