



Quality Advisory

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Launch of *Hospital Compare* – a Consumer-Friendly Display of Hospital Quality Data – is slated for April 1 Media Event

March 21, 2005

Beginning on April 1, helpful information on hospital quality will be available to the general public for the first time through the new consumer Web site www.HospitalCompare.hhs.gov. This site marks a milestone in public accountability and is the outcome of a landmark public-private partnership between hospitals, government and other health care organizations, known as the Hospital Quality Alliance. As reported in the Feb. 28 *Quality Advisory*, patients, families and communities will now be able to examine quality information and make an apples-to-apples comparison of hospitals. By using a common set of measures, the public will be able to access relevant data, presented in laymen's terms, to help them make important health care decisions.

The *Hospital Compare* Web site will be unveiled April 1 at the Association of Health Care Journalists National Conference. The noon (Eastern) press event will feature American Hospital Association President Dick Davidson, Centers for Medicare & Medicaid Services Administrator Mark McClellan, M.D. and AFL-CIO Director of Governmental Affairs Gerry Shea. The site's launch is an important first step in hospitals' efforts to publicly report quality information, and the site will continue to evolve as new conditions and measures are added.

In 2002, the AHA, Federation of American Hospitals (FAH) and Association of American Medical Colleges (AAMC) worked together to develop a national strategy to provide relevant information on hospital performance to the public. The goal was to share hospital quality information with patients, families and communities in a unified, consistent manner. Joining the hospitals and hospital organizations in this ambitious effort were the Centers for Medicare & Medicaid Services (CMS), consumer and employer groups, national health care accreditors and others – *Hospital Compare* is truly a team effort.

Hospitals across the country chose to participate in this voluntary partnership as part of their ongoing efforts to improve patient safety and quality of care within their facilities. The hospital field has taken the lead in making more and better information available to patients and consumers about the quality of hospital care. The Web site is one important tool for improving the quality of care and empowering patients with credible quality information.

To start, consumers will be able to research and compare hospital quality data for three common medical conditions – heart attack, heart failure and pneumonia – with more quality-related information to be added over time. This information will:

- Give the public useful, valid and easily accessible information about hospital quality.
- Foster efforts to improve quality while easing duplicative reporting requirements.
- Begin to standardize data collection priorities and mechanisms.
- Give hospitals a sense of predictability about public reporting expectations.

We anticipate that the launch of *Hospital Compare* will bring a fresh wave of reports and stories on hospital quality and safety. Therefore, we have drafted the attached materials and tools to help hospitals prepare media events, answer media inquiries about quality of care, define their institutions as providers of quality care and emphasize their accountability to the public. A special thanks to the Society for Healthcare Strategy and Market Development for their assistance in developing these materials.

Communications Checklist

Every hospital leader should be aware of the issues surrounding the new consumer Web site, be familiar with your own internal quality and patient safety efforts and be prepared to discuss them publicly. Included below is a checklist of activities you may want to consider over the next two weeks in preparation for the media activity that may be generated around the launch of *Hospital Compare*:

- ✓ Prior to the launch of *Hospital Compare*, individual hospital data is available at www.qnetexchange.org/public. Hospitals should review their data on the QualityNet Exchange site to see how their current level of performance compares to the national average. On April 1, review your hospital's data on www.HospitalCompare.hhs.gov and understand your current level of performance. (Hospitals will be unable to preview *Hospital Compare* prior to April 1.)
- ✓ Working with your public relations staff, identify an organizational spokesperson who can speak to the many steps your organization has taken to improve patient safety. It also may be helpful to identify a frontline caregiver, nurse or physician, who could speak to the practical changes they have seen as they relate to improved patient care.
- ✓ Share this advisory with your quality care team and other key staff including physicians, nurses and other frontline caregivers so they can help patients understand and use the information at *Hospital Compare* to make important health care decisions.
- ✓ Prepare a one-pager listing your hospital's quality improvement activities. Share any organizational data your hospital has collected that demonstrates specific strides and areas where improvements have been made.
- ✓ If you have had a patient safety or quality concern occur at your hospital, especially a well-publicized one, be prepared to answer specific questions about the changes your organization has made as a result.

For media relations questions, please call:

- **AHA:** Jennifer Armstrong Gay, senior associate director of media relations, at (202) 626-2342 or Elizabeth Lietz, associate director of media relations, at (202) 626-2284.
- **FAH:** Richard Coorsh, vice president of communications, at (202) 624-1527.
- **AAMC:** Nicole Buckley, senior media relations officer, at (202) 828-0041.

Major Themes

Please tailor to reflect your organization's experience.

- ***Hospital Compare* will focus on data that hospitals nationwide have voluntarily submitted in a consistent manner. Initially, these measures relate to three common conditions affecting patients (heart attack, heart failure and pneumonia).** For the first time, the public will be able to access hospital quality of care information for more than 4,200 hospitals – virtually all acute care hospitals in the United States – in an easily accessible, organized way. This unified approach means patients can use just one resource to compare information rather than searching for data from several different sources, with different measurements. It offers an apples-to-apples comparison. [Tell how your organization will use the information to help patients make health care decisions.]
- ***Hospital Compare* is a starting point in collecting and sharing information on quality of care and will continually expand and evolve.** *Hospital Compare* currently reports on measures for only three diagnoses. In the future, the site will include additional quality measures and patient perception (satisfaction) survey results. *Hospital Compare* is a dynamic resource that will be updated periodically to best meet consumers' needs. [Share how your hospital will continue its commitment to the *Hospital Compare* program as additional diagnoses, measures and helpful resources are featured on the Web site.]
- ***Hospital Compare* is one important tool in improving patient safety and quality of care.** Reports such as the quality data on *Hospital Compare* are just one of the many sources that patients and families can use to choose a hospital. They should use the reported quality measures as a springboard for questions to ask others about the hospital. One of the most important things to consider when choosing a hospital is matching the services and specializations of the facility with your needs. One can get this information by talking with your physician, nurses and other health care providers. It is very difficult to measure the quality of health care, but one method is to measure how often health care providers make use of treatments that have been shown to be most effective. The 17 measures being reported help patients understand the effectiveness of the care they receive compared with care that research indicates will lead to the best outcome. The new quality measures are one important source of information about a facility, but they should not be the only source.
- **America's hospitals are dedicated to continually improving the patient care we provide.** Hospitals have taken important steps to better understand how errors occur and prevent them from happening again - but there is certainly more that can and should be done. Our hospital takes great pride in the quality of care we provide and constantly strives to improve the quality of care for our patients. We make every effort to provide the highest-quality health care to everyone who enters our doors. [Highlight the steps your organization has taken to improve patient safety.]
- **We believe that one of the most important steps in bolstering quality care is to involve the patients as full partners in decisions about their care and treatment.** Better communication among patients, nurses and physicians is an important ingredient to improve overall care. Hospitals support providing information about the quality of care we provide because it makes the public better consumers. Public reporting also helps us identify needed quality improvements. [Share how your organization strives to involve patients in their care.]

Frequently Asked Questions

1. What are the initial hospital measures selected by the Hospital Quality Alliance for reporting to the public?

The “starter set” of 17 measures are for three of the most common, serious medical conditions: acute myocardial infarction (heart attack), heart failure and pneumonia. The measures, nine of which are expressed as the percentage of patients who receive the recommended measure, are:

Heart attack

1. Aspirin at arrival
2. Aspirin at discharge
3. Beta-blocker at arrival
4. Beta-blocker at discharge
5. ACE inhibitor for left ventricular systolic dysfunction (LVSD)
6. Percutaneous coronary intervention within 120 minutes of arrival
7. Thrombolytic agent received within 30 minutes of arrival
8. Smoking cessation counseling

Congestive heart failure

9. Left ventricular function (LVF) assessment
10. ACE inhibitor for left ventricular systolic dysfunction (LVSD)
11. Smoking cessation counseling
12. Discharge instructions

Pneumonia

13. Mean time to first antibiotic dose
14. Pneumococcal screening and/or vaccination
15. Oxygen assessment
16. Smoking cessation counseling
17. Blood culture before antibiotic

2. Why were these particular measures selected?

Scientific evidence indicates that these measures represent the best standard of care for treatment of some of the most common and costly conditions resulting in hospitalization.

3. Are there plans to expand the reporting initiative?

Yes. Measures on prevention of surgical infections are scheduled to be posted publicly this summer. Information about patients’ perspectives on their care may be added in early 2006.

4. What is being done to gather information on patient satisfaction?

The partners in the Hospital Quality Alliance support the efforts of CMS and the Agency for Healthcare Research and Quality to develop a survey instrument and reporting tools to measure patients’ satisfaction with their hospital care so that others may benefit from patient insights. Currently, there is no national standard for collecting information on patient satisfaction that would allow apples-to-apples comparisons between hospitals. The effort to develop a survey on hospital patients’ perspectives on their care, known

as Hospital CAHPS or HCAHPS (pronounced “H-caps”), will create such a standard. (CAHPS, the Consumer Assessment of Health Plans, is a survey that provides reliable and valid information to help patients and purchasers assess and choose among health plans. HCAHPS was developed using CAHPS as a template.)

5. How should patients and families use the quality measures?

Patients and families should use the quality measures in conjunction with other evaluative methods when choosing a hospital, such as talking with friends and family and consulting physicians, nurses, and other health care providers. A checklist on the *Hospital Compare* Web site provides guidance on questions patients should ask their health care providers about what the information means and how it should be used to make health care decisions.

6. It looks as if there are some areas for improvement in your hospital. What are you doing to remedy them?

Address any specific concerns that are raised by your hospital’s report. Patient differences have already been taken into account. If the rates are out of line because there is a legitimate quality issue, explain what your hospital is doing to address the problem and improve quality on that measure. Additional guidance can be found at www.aha.org under “Quality and Patient Safety,” then clicking on “Hospital Quality Alliance.”

7. When patients go to *Hospital Compare*, they will find that of the five hospitals in our city, two look pretty good compared to the national and state averages, but the other three look pretty bad. If someone is looking for a hospital, shouldn’t they choose one of the “good” facilities?

Many factors are relevant to choosing a hospital. In addition to the information on quality of care provided, patients need to consider what their insurance will cover, where their physicians have admitting privileges, and which hospitals offer the services they need, among other considerations.

We are just at the beginning of providing data on hospital quality. The 17 measures being reported help patients understand the effectiveness of the care they receive compared with care that research indicates will lead to the best outcome. Most of the data available on *Hospital Compare* are on a relatively small set of measures. These data should not be over interpreted. As hospitals report more data, patients will see information on a broader array of measures, and data will be collected over a longer time period. This will serve to present a more complete and accurate picture of a hospital’s quality.

The new quality measures are one important source of information about a facility, but they should not be the only source.

8. I notice that the data for some hospitals are displayed differently on the Web site. Hospitals with large numbers of patients seem to have their data on a graph while hospitals with smaller numbers of cases do not. Critical access hospitals are displayed separately. Why is this?

The fundamental goal of *Hospital Compare* is to effectively communicate with consumers. Separating data on hospitals that treat large numbers of patients from hospitals with small numbers of cases is a way to maintain an apples-to-apples comparison and tells the public to be cautious about making direct performance comparisons between hospitals with small and large sample sizes.

Performance rates for a small hospital may not represent real differences in quality, but rather simply reflect the number of cases. For example, hospitals that provided beta blockers on arrival to two out of the three heart attack patients they treated (in the first six months of 2004) should not be judged to be of poorer quality than larger hospitals with apparently better rates because of the margin of error that can occur with small sample size for the small hospital.

The same is true for critical access hospitals (CAHs). Many CAHs did not submit data on all 17 measures because they did not treat patients with these conditions during the period being measured. When their data were displayed next to those of the other, larger hospitals, it raised concerns among consumer focus group participants. The “missing data” were viewed as being a defect. In order to more clearly communicate that these were small hospitals that understandably would not have relevant data to report for many of these measures during a given period, we created a separate table for the CAHs along with an explanation of a CAH. Thus, consumers will better understand why there may be gaps in the data for these hospitals.

9. Can hospitals use *Hospital Compare* or the Medicare brand for marketing purposes?

Hospitals are encouraged to publicize their participation in the Hospital Quality Alliance. It is a symbol of hospitals’ commitment to build trust and confidence with their communities. However, participating hospitals are strongly discouraged from using the information to compare themselves with competing hospitals. Although comparison to the national average or to statewide averages will be appropriate, the credibility of the initiative and its voluntary nature could be severely undermined if participants use it as a promotional or marketing tool rather than as a vehicle for public accountability.



ADDITIONAL GUIDANCE

If your performance on the measures is good:

Be sure to tell the media why it is good. It will show that your institution is committed to providing high quality care to every patient, every time. Let the media know that you are using the data to do an even better job.

- We are pleased with our performance as reported on www.HospitalCompare.hhs.gov. These findings reflect our dedication to the care and comfort of our patients.
- These data represent only a snapshot in time. Achieving a high level of performance is a daily priority that must constantly be monitored.

What if your performance on the measures is mixed?

- We are pleased with our positive performance as reported on www.HospitalCompare.hhs.gov and will examine those areas where our scores fell below our own high standards.

What if your performance on the measures is below average?

Your hospital will gain credibility by acknowledging challenges if you can show that you are changing your systems to correct any problems. If you have recent data that show improvement, share that with the media to let them know that you are making progress. This is an opportune time to demonstrate your organization's commitment to quality. By getting concrete feedback on your performance, you are now turning that knowledge into action.

You may also wish to point out that you voluntarily reported this information because of your commitment to quality improvement, reminding that reporting is not a mandatory exercise.

Demonstrating system improvements and a willingness to use the data to improve care tells the community that you take this information and your responsibilities seriously.

- We are dedicated to the care and comfort of our patients and are deeply disappointed with these scores. We will take all necessary action to ensure quality of care at our facility.