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Acumentra says hospitals' scores rise

By **Cliff Collins**

Oregon hospitals showed progress in key measures during 2006 in improving patient safety and potential outcomes.

Thirteen of the 18 hospitals participating in the Patient Safety Alliance improved in their proportion of patients who received appropriate care for heart attack, heart failure and pneumonia, based on a set of 10 clinical measures.

Also, 14 of 16 hospitals raised their combined score for timely preventive antibiotic administration.

The hospitals, in partnership with 10 professional societies, work with the alliance to improve care for key medical and surgical conditions.

"Each of the hospitals involved demonstrated a real commitment to improving," said Ruth Medak, MD, associate medical director for Acumentra Health, which co-sponsors the alliance with Northwest Physicians Insurance Co. to help hospitals achieve evidence-based care improvement by strengthening care delivery processes.

As a group all participating hospitals improved their "appropriate care measure" combined score from 80 percent in the spring of 2006 to 84 percent at the end of 2006 in administering to patients the recommended five measures for heart attack, two measures for heart failure and three measures for pneumonia.

Hospitals' efforts were assessed using quality-measures data from the Centers for Medicare and Medicaid and the Joint Commission on the Accreditation of Healthcare Systems.

"The goal is for hospitals to give the right care every time, which sounds simple but actually is terribly complicated," said Medak. "It takes really hard work."

Hospitals also are besieged with various quality improvement data collecting methods, and the Patient Safety Alliance has to compete with those other efforts that place demands on hospitals.

Eighteen hospitals out of the whole state might not sound like a lot of participants, but CMS requests that Medicare Quality Improvement Organizations such as Acumentra recruit only about a half-dozen hospitals to test the improvement measures.

But the alliance decided seeking a larger number of hospitals would be better, so Acumentra and Northwest Physicians Insurance jointly funded the project to add more participants, she said.

Hospitals have an incentive to work with the Acumentra program:

A lot of their Medicare data are posted publicly, said Medak.

"Our mission is to help them improve their care," she said.

Recorded improvements represent new care given that wasn't previously and also was a reflection of better documentation when a measure was not given, explaining why it wasn't, such as a physician writing, "I did not use the drug because the patient could not tolerate it."

Medak said doctors have been key players in helping hospitals make changes.

"The amount of energy and time that the physicians are devoting to developing reliable top quality care delivery is really impressive," she said. "It's really hard to change, to build that case. Physician leaders are using their political capital to break down barriers and build support for change in their own hospitals."

"They've also been extremely generous about supporting their peers at other hospitals."

Participant hospitals showing the best medical improvement, for which 90 percent of patients with heart attack, heart failure or pneumonia received appropriate care for all 10 clinical measures, were: Kaiser Sunnyside Medical Center, Legacy Emanuel Hospital and Health Center, McKenzie-Willamette Medical Center, Mid-Columbia Medical Center, Oregon Health and Science University and Rogue Valley Medical Center.

The participant hospital in which 90 percent of patients received a timely antibiotics initial dose and discontinuation was Mid-Columbia Medical Center.

Participating institutions showing a 50 percent "reduction in the performance gap" for providing appropriate care for the three medical conditions were Legacy Emanuel, Legacy Meridian Park Hospital, Mid-Columbia Medical Center and Rogue Valley Medical Center.

For surgical improvement, showing a 50 percent reduction in the performance gap for providing timely antibiotics were Bay Area Hospital in Coos Bay, Legacy Good Samaritan, McKenzie-Willamette Medical Center and Mid-Columbia Medical Center.

"The surgery side is a pretty easy sell," said Medak. "Surgeons are really right on board because they see clear benefits, although they don't [all] agree with all the guidelines."

"The medical side is harder," she added, partly because in many cases processes aren't being followed, such as providing the appropriate measure but not documenting it.

She pointed out an example of an unexpected hurdle to the timely administration of prophylactic antibiotics prior to surgery.

Because of the variables surrounding when a patient actually is taken into surgery, some quality-assurance experts have found

that giving on-time antibiotics works best if it is administered by the anesthesiologist.

The alliance's standards exceed those employed by CMS' Hospital Compare, which shows how Medicare hospitals do on nine separate measures.

Medak said of the alliance, "When I talk about our scores, we use the same measures, but

formulated it into an all-or-nothing standard."

That is, the hospitals must score on every measure in order to show improvement. If they fail to document even one event, they do not achieve a score.

"That's what makes this hard," she said. "It requires reliable processes."