

Performance Summary of Participating Hospitals
Hospital Quality Improvement Project
Executive Summary
October 2006

The Greater Cincinnati Health Council (GCHC) has partnered with the Ohio Hospital Association (OHA) to coordinate the Greater Cincinnati Hospital Quality Improvement Project (HQIP). HQIP represents twenty hospitals in Greater Cincinnati that have undertaken a voluntary, collective effort to help improve the community's health by comparing hospital process measures, mortality data and length of stay information to local, state and national quality benchmarks. Analyzing this data will lead to process improvements and enhanced care standards, ultimately translating into better health outcomes in the Greater Cincinnati community.

Process measures¹ indicators and **clinical outcomes**² are examined in this project. The clinical conditions that are examined using recommended practice guidelines for the process measures indicators are acute myocardial infarction (AMI or heart attack), and congestive heart failure (CHF). The rate at which hospitals adhere to these guidelines is one indication of the quality of care a patient receives.

There are eight process measures that the Joint Commission on Accreditation of Health Care Organizations (JCAHO) recommends for the treatment of AMI/heart attack patients. In all eight indicators, Greater Cincinnati hospitals have a higher percentage rate of following the recommended guidelines than other hospitals in the state of Ohio and throughout the country. In five of the eight indicators, Greater Cincinnati hospitals are shown to follow the guidelines more than ninety percent (90%) of the time. The most followed guideline is AMI 2 (aspirin administered at arrival) at 96.5%, while the least followed guideline is AMI 7 (percent of thrombolysis therapy in 30 or fewer minutes from arrival) at 45%. Although 45% is relatively low, it is still much greater than the numbers seen at the state and national level; 35% and 30% respectively.

Congestive Heart Failure has four process measures that JCAHO recommends for best practice guidelines. Greater Cincinnati hospitals have a lower percentage rate of following recommended guidelines in three out of the four measures when compared to other Ohio hospitals, but a higher percentage rate of following recommended guidelines in three measures when compared to the entire country. Greater Cincinnati hospitals saw the lowest percentage rate with the indicator CHF 1 (complete discharge instructions) at 60%, compared to 66% nationally and 52% in the state of Ohio. In contrast, the highest percentage for adhering to the performance guidelines is 93% for CHF 2 (LVEF assessment), compared to 88% in the state of Ohio and 80% in the nation.

The data presented in this report for clinical outcomes (mortality) have been **risk-adjusted**³, in order to make equal comparisons across all hospitals in the counties represented. The five counties represented are; Butler, Franklin (Columbus), Hamilton (Cincinnati), Lucas (Toledo) and Montgomery (Dayton). Nine high cost, high variation and high volume conditions are analyzed, in conjunction with their length of stay rates. These conditions are; Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF), Pneumonia, Coronary Artery Bypass Graft (CABG), Chronic Obstructive Pulmonary Disease (COPD), Major Joint Replacement, Laminectomy, Stroke and Gastrointestinal Hemorrhage.

Hamilton County either has mortality and length of stay rates "as predicted", or "lower than predicted" for all nine conditions listed. Mortality is "as predicted" for AMI, CABG, COPD and Gastrointestinal Hemorrhage. Length of stay is also "as predicted" for Pneumonia and COPD.

¹ **Process Measures:** Measures of the frequency of specific clinical practices or procedures.

² **Clinical Outcomes** (mortality): The relative frequency of death, or the death rate, in a community or population.

³ **Risk-adjusted data:** Meaningful comparison of patients' mortality requires adjustment for those patients' risk factors. Risk-adjustment "levels the playing field," accounting for factors that patients bring to the healthcare encounters (eg surgery) that could affect their mortality. Risk-adjustment facilitates comparisons of "apples to apples," sorting patients by similar characteristics so that like is compared to like.