

**Florida Hospital's  
Quality Goals**

1. Rank in the Top 10% of hospitals nationwide
2. Show ongoing cycles of improvement in all areas of patient care

**March 25, 2005**

*This Health Care Quality Brief outlines quality indicators for Community Acquired Pneumonia (CAP). We will show Florida Hospital's performance on these indicators; define key "influencers" of the data results; and describe our Continuous Quality Improvement processes.*

## **Quality Patient Care for "Community Acquired Pneumonia"**

Community Acquired Pneumonia (CAP) is pneumonia acquired outside of the hospital. It is one of the most common infectious diseases and it impacts thousands of Central Floridians each year. Patients with CAP -- most of them elderly -- are usually very ill when admitted to a hospital.

Quality standards for hospital care are set by various regulatory agencies, including the federal Center for Medicare and Medicaid Services (CMS) and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

Standards for treating CAP address both patient outcomes and treatment processes. Standards include the timely and correct administration of antibiotics, blood and oxygen tests, pneumonia vaccinations, and smoking cessation counseling.

These benchmarks are set for the 50<sup>th</sup> Percentile and the Top Decile (best of the best). The Top Decile is Florida Hospital's internal goal for CAP and all other conditions.

### **JCAHO & CMS Data Reporting Periods**

Florida Hospital has made significant improvement in its CAP benchmarks over the past year. The hospital now ranks in the Top Decile for two of five benchmarks, and at or above the Top 50% for the other three.

But this improvement is not yet evident in JCAHO and CMS reports. One reason is the time lag. This Quality Brief includes data through fourth quarter 2004, while the JCAHO website includes data only through first and second quarter 2004.

Secondly, CMS and JCAHO both use a "rolling year" concept for publicly posted data -- but the "rolling years" do not align. This means that data reviews give different results.

### **FH's Quality Approach**

*Hospital quality can be measured several ways.*

*Hospitals that correlate patient outcomes with treatment processes can answer these key questions: Are we getting better or worse? What specifically are we doing that is or isn't working? Florida Hospital's stringent quality improvement efforts use this approach.*

*Conversely, comparisons among hospitals are not always meaningful. Florida Hospital is a "tertiary referral" center, meaning that physicians and staff see high numbers of very ill patients -- the "sickest of the sick." This severity, along with varying data collection methods and timelines, can impact reported data. Thus, comparisons may not be "apples to apples."*

## ***Patient Outcomes: Benchmark for CAP***

With severity adjustment, Florida Hospital ranks in the Top Quartile for inpatient mortality from CAP (*Source: Premier Comparative Database*). "Severity adjustment" is a method that allows hospitals to account for factors like age or coexisting conditions such as heart disease or diabetes. These factors can impact death rates. Severity Adjustment "equalizes" mortality rates as much as is possible.

## ***Treatment Processes: Benchmarks & Improvement Efforts for CAP***

While Florida Hospital's CAP mortality ranks in the Top Quartile, the Hospital continues to improve on the process outcomes. The table below lists the JCAHO process benchmarks believed to improve patient outcomes. It notes 50<sup>th</sup> Percentile and Top Decile benchmarks. It also shows Florida Hospital's performance and Continuous Quality Improvement efforts for each benchmark.

Again, Florida Hospital's goal is the Top Decile for each category.

<b>Process Outcome</b>	<b>JCAHO Benchmark</b>	<b>Florida Hospital (FH)*</b>	<b>Comments</b>	<b>FH Process Improvement Activities</b>
<b>Antibiotic received within 240 minutes of arrival</b> Length of time from arrival at the hospital until antibiotics are given	50 <sup>th</sup> Percentile: 71% Top Decile: 86%	Low of 54% to high of 70% <b>Top Quartile</b> <b>Trend: ↑</b>	4 <sup>th</sup> quarter data reflects ongoing quality improvement.	✓ In-depth analyses of the steps driving antibiotic delivery times -- <i>completed</i> ✓ Focus on critical sub-processes that impact antibiotic delivery time -- <i>in progress</i>
<b>Blood Cultures</b> % of pneumonia patients who have had a blood test for the presence of bacteria in their blood	50 <sup>th</sup> Percentile: 83% Top Decile: 95%	Low of 53% to high of 84% <b>Trend: ↔</b>	Conflicting medical opinions exist. FH physicians focus on timely antibiotics, not always waiting for blood cultures.	✓ Increase staff awareness and documentation of this measure -- <i>ongoing</i> .
<b>Oxygenation Assessment</b> % of pneumonia patients in which the amount of oxygen in the bloodstream was measured	100% of all patients Top Decile: 90%	Low of 99% to high of 100% <b>Top Decile</b> <b>Trend: ↑</b>	FH consistently averages between 99–100%.	✓ Each occurrence in which this assessment is not documented is reviewed, and appropriate staff education is carried out -- <i>ongoing</i> .
<b>Pneumococcal Vaccination</b> % of patients 65 and over who were screened and vaccinated to prevent pneumonia	50 <sup>th</sup> Percentile: 43% Top Decile: 79%	Low of 44% to high of 83% <b>Top Decile</b> <b>Trend: ↑</b>	Very strong improvement in this benchmark.	✓ Automation of the notification process -- <i>completed</i> . ✓ Assessment of automatic pharmacy referral for the medication -- <i>in progress</i> .
<b>Adult Smoking Cessation Advice/Counseling</b> % of patients getting advice about stopping smoking	50 <sup>th</sup> Percentile: 54% Top Decile: 92%	Low of 34% to high of 83% <b>Top Quartile</b> <b>Trend: ↑</b>	Respiratory Care consults with all patients who smoke.	✓ Electronic notification process for Respiratory Department -- <i>implemented June 2004</i> .

\*4<sup>th</sup> Quarter 2004

## ***Next Brief: Preventing Surgical Infections***