



NAPH Members Continue to Improve on Key Quality Measures

Background

The National Association of Public Hospitals and Health Systems (NAPH) continually tracks member progress on publicly reported Centers for Medicare and Medicaid Services (CMS) core quality measures. An analysis of the latest quality performance data, released in March on the CMS *Hospital Compare* website,¹ finds that NAPH members continue to improve on both patient experience indicators and core measures. This Research Brief highlights NAPH member performance on the most recently published data, as well as trends in member performance over the past several years.

Core Measures: Comparison Between NAPH Members and Non-Members on the Most Recent Reporting Period

CMS has been publishing hospital core measure data on heart failure,

heart attack, pneumonia, and surgical care since 2005. Currently, CMS's *Hospital Compare* displays scores for all 4,100 hospitals nationally on 25 core process measures (see Table 1). The most recent data reflects patient hospitalizations from July 2008 through June 2009.

As shown in Figure 1, the average NAPH member score is higher than the average score for all U.S. hospitals on 18 of 24 measures,² and the average member score is the same as the national average on two measures. NAPH members are performing particularly well on all heart attack, heart failure, and surgical care measures, for which the NAPH average scores equal or exceed the national average. Furthermore, NAPH members have an average score of 95 percent or higher on 11 core measures, indicating that 95 percent or more of patients received the recommended care for their condition.

Core Measures: Trends in NAPH Member and Non-Member Performance from 2007 to 2009

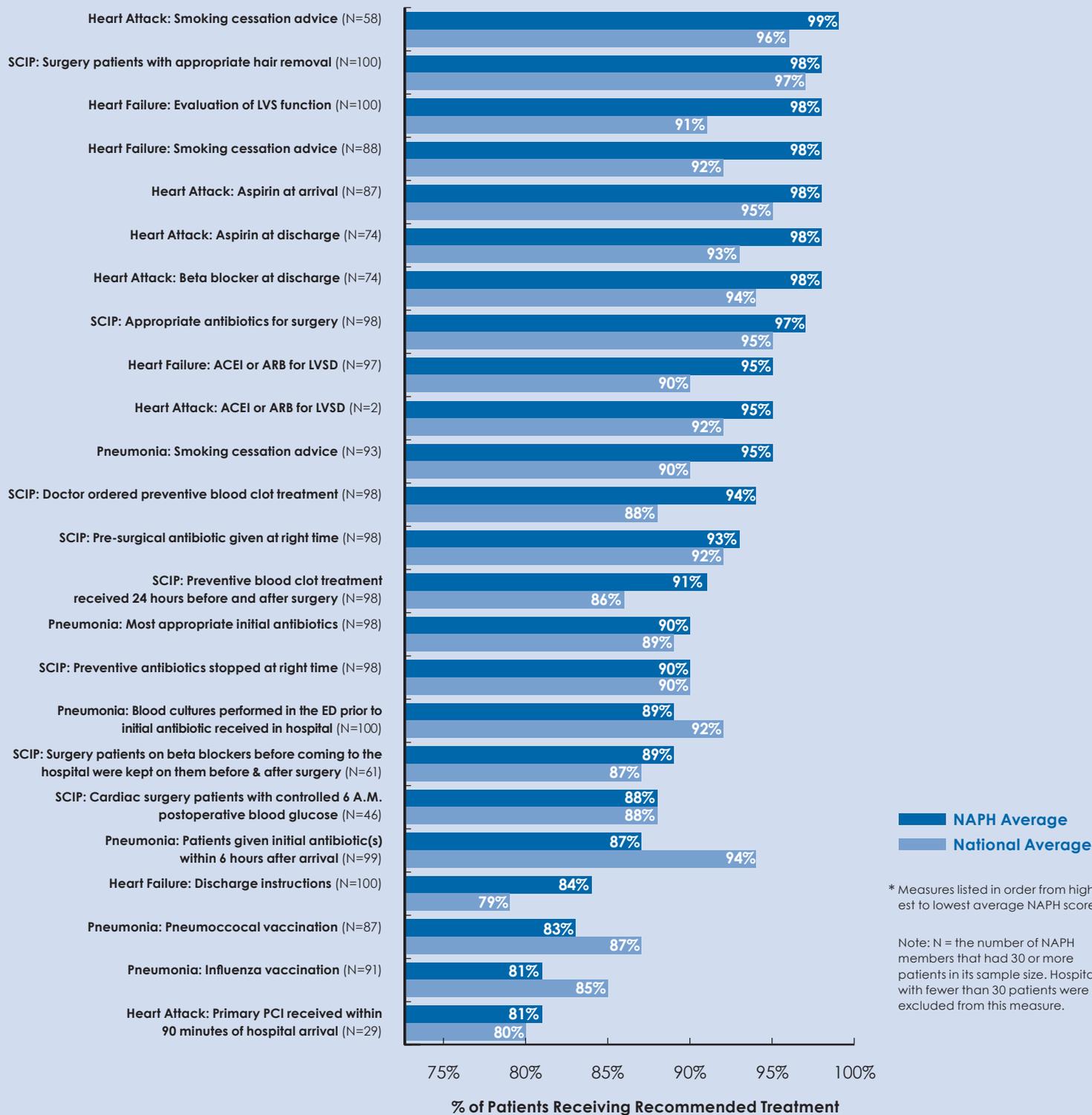
NAPH researchers analyzed three years of data on 21 core measures (that is, on all but the three surgical care measures introduced after 2008 for which there is insufficient data to identify trends). Since 2007, NAPH members have improved on all of the 21 measures (see Figure 2). Indeed, on average they improved at a faster rate than all hospitals nationally on 10 of the 21 measures, and at the same rate on three measures. Notably, over three years, the average NAPH member score rose:

- 29 percentage points on the heart attack measure entitled “primary PCI received within 90 minutes of hospital arrival”;
- 20 percentage points on the pneumonia care measure indicating receipt of the influenza vaccination;
- 19 percentage points on the pneumonia measure indicating receipt of the pneumococcal vaccination; and
- 17 percentage points on the heart failure measure indicating receipt of discharge instructions.

On average, NAPH members scored higher than U.S. hospitals on 18 of 24 measures.

TABLE 1	25 Publicly Reported Core Measures
Heart Attack	
1.	Percent of heart attack patients given aspirin at arrival.
2.	Percent of heart attack patients given aspirin at discharge.
3.	Percent of heart attack patients given ACE Inhibitor or ARB for left ventricular systolic dysfunction (LVSD).
4.	Percent of heart attack patients given smoking cessation advice/counseling.
5.	Percent of heart attack patients given beta blocker at discharge.
6.	Percent of heart attack patients given fibrinolytic medication within 30 minutes of arrival.
7.	Percent of heart attack patients given PCI within 90 minutes of arrival.
Heart Failure	
8.	Percent of heart failure patients given discharge instructions.
9.	Percent of heart failure patients given an evaluation of left ventricular systolic (LVS) function.
10.	Percent of heart failure patients given ACE Inhibitor or ARB for left ventricular systolic dysfunction (LVSD).
11.	Percent of heart failure patients given smoking cessation advice/counseling.
Pneumonia	
12.	Percent of pneumonia patients assessed and given pneumococcal vaccination.
13.	Percent of pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics.
14.	Percent of pneumonia patients given smoking cessation advice/counseling.
15.	Percent of pneumonia patients given initial antibiotic(s) within 6 hours after arrival.
16.	Percent of pneumonia patients given the most appropriate initial antibiotic(s).
17.	Percent of pneumonia patients assessed and given influenza vaccination.
Surgical Care Infection Prevention	
18.	Percent of surgery patients taking beta blockers before coming to the hospital who were kept on the beta blockers during the period just before and after surgery.
19.	Percent of surgery patients given an antibiotic at the right time (i.e., within one hour before surgery) to help prevent infection.
20.	Percent of surgery patients given the right kind of antibiotic to help prevent infection.
21.	Percent of surgery patients whose preventive antibiotics were stopped at the right time (i.e., within 24 hours after surgery).
22.	Percent of all heart surgery patients whose blood sugar was kept under control in the days right after surgery.
23.	Percent of surgery patients who (if needed) had hair removed from the surgical area prior to surgery via a safe method (i.e., with electric clippers or hair removal cream and not a razor).
24.	Percent of surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries.
25.	Percent of surgery patients who received treatment at the right time (i.e., within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery.
SOURCE Hospital Compare website: www.hospitalcompare.hhs.gov .	

FIGURE 1 NAPH Member Average Score Compared to the National Average Score on the Most Recent Core Measure Data*

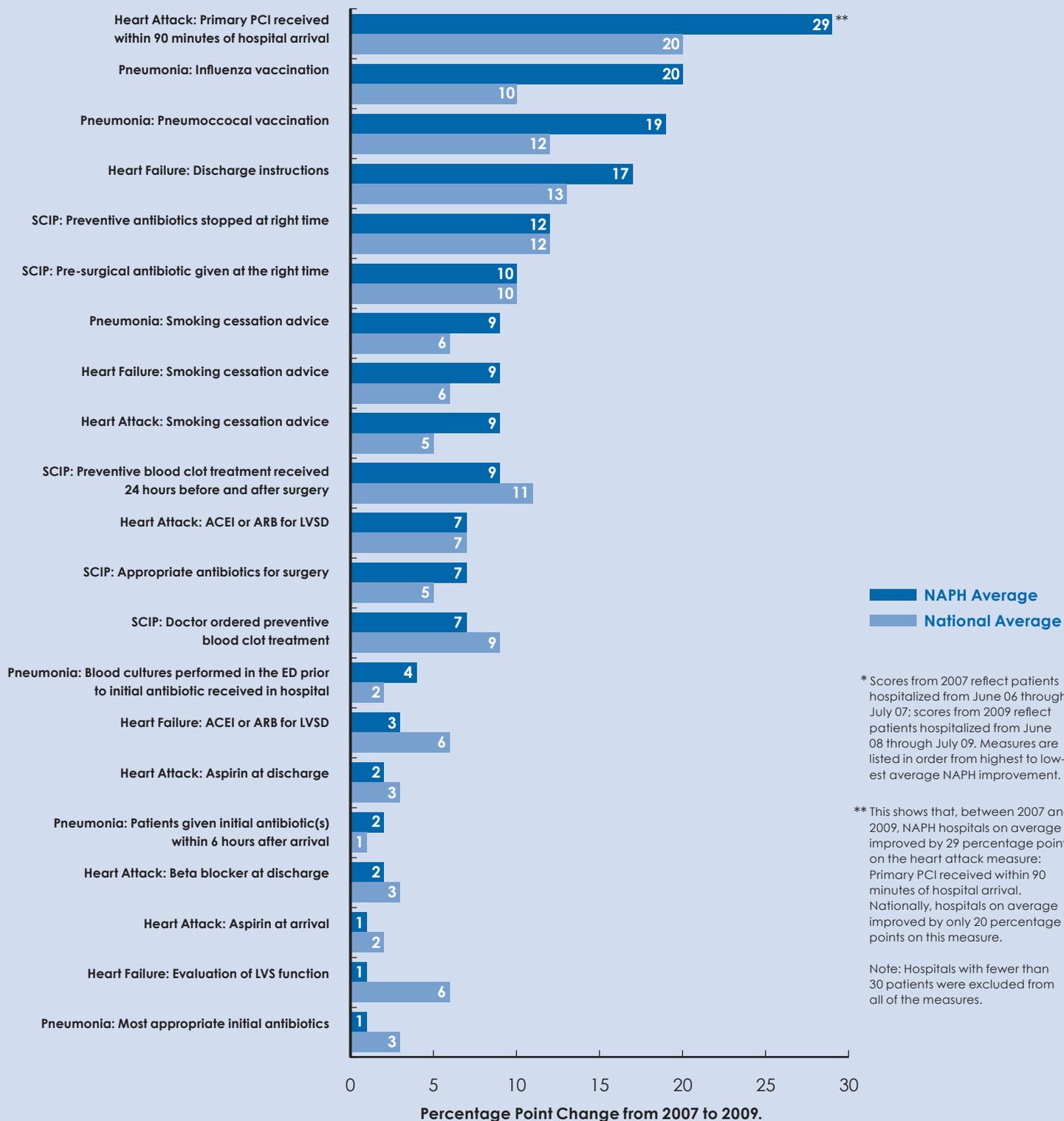


* Measures listed in order from highest to lowest average NAPH score.

Note: N = the number of NAPH members that had 30 or more patients in its sample size. Hospitals with fewer than 30 patients were excluded from this measure.

SOURCE NAPH Analysis of Hospital Compare Data (March 2010 Release).

FIGURE 2 Percentage Point Change in Average Core Measure Scores from 2007 to 2009*



SOURCE NAPH Analysis of *Hospital Compare* Data (March 2010 Release).

HCAHPS: Comparison Between NAPH Members and Non-Members on Most Recent Reporting Period

CMS collects and reports data on inpatient experience indicators, known as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). By making these data publicly available, CMS creates incentives for hospitals to improve the quality of patient care.³ In March of 2009, CMS transitioned HCAHPS public reporting from voluntary to mandatory for all general acute care hospitals by imposing financial penalties for noncompliant hospitals. At that time, CMS displayed HCAHPS data for 3,711 U.S. acute care hospitals,⁴ and since then, the number of hospitals that report data has grown to include nearly all facilities across the nation. With two years of data publicly available, NAPH is able to analyze national and NAPH member trends on HCAHPS performance for the first time.

CMS asserts that although HCAHPS itself has not improved quality, it has led hospitals to focus greater attention on providing patient-centered care.⁵ Eight of the HCAHPS measures evaluate patient perception of provider communication, experience in the hospital, the hospital environment, or preparation for leaving the hospital, while two of the measures serve as patients' overall rating of the hospital (see Table 2).

Currently, 99 percent of NAPH members publicly report HCAHPS data. Of the ten HCAHPS measures,

TABLE 2 TEN PUBLICLY REPORTED HCAHPS MEASURES	
Provider Communication	
1.	Percent of patients who reported that their doctors "always" communicated well.
2.	Percent of patients who reported that their nurses "always" communicated well.
Experience in the Hospital	
3.	Percent of patients who reported that staff "always" explained about medicine before giving it to them.
4.	Percent of patients who reported that they "always" received help as soon as they wanted.
5.	Percent of patients who reported that their pain was "always" well controlled.
Hospital Environment	
6.	Percent of patients who reported that their room and bathroom were "always" clean.
7.	Percent of patients who reported that the area around their room was "always" quiet at night.
After Leaving the Hospital	
8.	Percent of patients who reported that YES, they were given information about what to do during their recovery at home.
Overall Rating	
9.	Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
10.	Percent of patients who reported YES, they would definitely recommend the hospital.
SOURCE <i>Hospital Compare</i> website: www.hospitalcompare.hhs.gov .	

NAPH members perform the best on the following metrics:

- “Patient given information about recovery at home” (average score: 79 percent);
- “Doctors always communicated well” (average score: 77 percent); and
- “Nurses always communicated well” (average score: 69 percent).

The data indicate that some NAPH member hospitals excel at specific HCAHPS measures. For example, Lallie Kemp Regional Medical Center in Louisiana scored among the top 10 percent of hospitals nationally (i.e., among the top 25 hospitals in the nation) for the measure “staff always explained about medications.”⁶ In addition, Lallie Kemp scored in the top 25 percent of hospitals nationally for seven other HCAHPS measures. Seven other NAPH members⁷

scored in the top 25 percent of all hospitals nationally for the measure “pain was always well controlled.”

HCAHPS: Trends in NAPH Member and Non-Member Performance from 2008 to 2009

All hospitals in the U.S. have substantial room for improvement on HCAHPS data. Nationally, only 59 percent of patients report that staff always explained about medicines and 63 percent of patients always received help as soon as they wanted. Fortunately, trend analyses show that hospitals, including NAPH members, are improving on most of the measures. NAPH members, on average, have improved on eight of the ten HCAHPS measures between the September 2008 data release (i.e., patients

hospitalized October 2007 through September 2008) and the June 2009 data release (i.e., patients hospitalized from July 2008 through June 2009). Over that same time period, NAPH members improved at a faster rate than other hospitals nationally on five of the ten measures, including:

- “Doctors always communicated well” (NAPH members increased 0.2 compared to a 0.3 decrease in percentage points nationally);
- “Patient given information about recovery at home” (NAPH members increased 1.0 compared to 0.7 percentage points nationally);
- “Patient would definitely recommend this hospital to friends and family” (NAPH members increased 0.7 compared to 0.2 percentage points nationally);
- “Nurses always communicated well” (NAPH members increased 0.7 compared to 0.6 percentage points nationally); and

- “Pain was always well controlled” (NAPH members increased 0.5 compared to 0.4 percentage points nationally).

NAPH member improvement on the “doctors always communicated” measure is particularly impressive given that the average score for all U.S. hospitals on that measure dropped three-tenths of a point during the same time period.

Conclusion

NAPH members are generally outperforming other hospitals on core process measures, and continue to improve over time. On the HCAHPS measures, NAPH member scores continue to improve and are doing so faster than the national average on half of the reported measures. These trends suggest that the quality of care NAPH members provide to their patients is not only high but ever-improving. ■

Notes

1. CMS’s March 2010 data release on the *Hospital Compare* website: www.hospitalcompare.hhs.gov.

2. Because no NAPH members had more than 30 patients for the heart attack measure “fibrinolytic medication within 30 minutes of arrival,” NAPH member data on that measure has been excluded from this analysis.

3. Hospital Care Quality Information from the Consumer Perspective. “HCAHPS Fact Sheet.” Updated March 31, 2009. Accessed May 12, 2009 at: www.hcahpsonline.org/files/HCAHPS%20Fact%20Sheet,%20revised1,%2003-31-09.pdf.

4. Ibid.

5. Press Ganey. “Pulse Report 2009. Hospital: Patient Perspectives on American Health Care.” Accessed May 20, 2010 at: http://pressganey.com/galleries/default-file/Hospital_Pulse_Report_2009.pdf.

6. The Commonwealth Fund’s Why Not the Best analysis of *Hospital Compare* Data Top Performers. Accessed May 12, 2010 at www.whynotthebest.org.

7. These seven facilities include: the Leonard J. Chabert Medical Center in Houma, LA; the Walter O. Moss Regional Medical Center in Lake Charles, LA; the University Medical Center in Lafayette, LA; the University of South Alabama Medical Center in Mobile, AL; the Huey P. Long Medical Center in Pineville, LA; the Memorial Hospital Miramar in Miramar, FL; and the Riverside County Regional Medical Center in Moreno Valley, CA.