

# Transparency about healthcare quality

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# Key points

- Openness about results is good medicine.
- It has side effects.
- It isn't as easy as it looks.
- What's the alternative?

# About Norton Healthcare

- Not-for-profit
- 5 hospitals in Louisville (1 pediatric)  
1,800 licensed beds

## 2011 NQF National Quality Healthcare Award

# THERE'S ONLY ONE.

**And this year it's Norton Healthcare.**

Each year the National Quality Forum (NQF) honors one health care organization with its top award – the National Quality Healthcare Award. NQF presents this award to an organization that serves as a role model for achieving meaningful, sustainable improvements in patient care. We're honored to be recognized for what we do every day – providing outstanding, quality-driven care.



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Norton Healthcare is the recipient of the 2011 National Quality Forum National Quality Healthcare Award for exceptional organizational leadership and innovation to achieve continual improvement in the quality and safety of its patient care. Norton is the 18th recipient of the annual award and the first health care organization in Kentucky to receive this

“Aren’t you the guys  
that do that quality report?”

# What Norton Healthcare does

- Publish an objective evaluation of our performance  
(launch: 3/31/2005)
- 600+ nationally recognized indicators of hospital quality
- Voluntarily





# How did you guys do that?

- Dan Varga, MD
- Robert Goodin, MD
- Steve Williams

## Norton Healthcare Quality Report

- ▶ 2011 NQF National Quality Healthcare Award
- ▶ About the Norton Healthcare Quality Report
- ▶ Cancer
- ▶ Cancer: 5-year survival rates
- ▶ Childbirth
- ▶ Children - General
- ▶ Children - Infection Control
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- ▶ Physician Office Care
- ▶ Pneumonia
- ▶ Quality Report Disclaimer

# Norton Healthcare Quality Report



In this report, the hospitals of Norton Healthcare show their patient satisfaction scores and their performance on almost 600 nationally recognized quality indicators and practices. Where available, performance is also displayed for the average hospital in Kentucky and in the United States.

These statistics and descriptions do not begin to represent all there is to know about the quality of hospitals. You should not attempt to choose a hospital based solely on statistics and descriptions such as those in this report. Current methods of assessing hospital quality are not mature enough to support such a use.

## Quality Report Principles

- ▶ **We do not decide what to make public based on how it makes us look.**
- ▶ **We give equal prominence to good and bad results.**
- ▶ **We do not choose which indicators to display.**

When we have a nationally endorsed list of indicators, we display every indicator on the list.

**We do not decide what to make public based on how it makes us look.**

- ▶ **We display our results even when we disagree with the indicator definition.**
- ▶ **Unused data never become valid.**

We recognize that we must display and make decisions based upon imperfect data, because until the data are used, no resources will be spent making the data valid.

## Using the Quality Report

- ▶ [How to Use This Quality Report](#)
- ▶ [Questions & Answers](#)
- ▶ [Technical Notes](#)

Report last updated November 3, 2011.



**Norton Healthcare  
Quality Report**

- ▶ 2011 NQF National Quality Healthcare Award
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- ▶ Children - Neonatal Care
- ▶ Heart Attack
- ▶ Heart Failure
- ▶ Heart Procedures
- ▶ Hospital Billing Information
- ▶ Infection Control - Hospital
- ▶ Infection Control - Outpatient
- ▶ Infection Control - Susceptibility
- ▶ Medical Imaging
- ▶ Nursing Care
- ▶ Other Indicators
- ▶ Patient Safety - Indicators
- ▶ Patient Satisfaction
- ▶ Physician Office Care

## Stroke

A stroke occurs when the blood flow to the brain is suddenly stopped and oxygen does not reach part of the brain. Strokes can be caused by a blood clot or other blockage in the brain or by bleeding in the brain.

Symptoms of a stroke can include sudden severe headache, dizziness, nausea, vomiting, confusion, or difficulty speaking or walking. Other symptoms are possible, including numbness, tingling, weakness on one side of the body, or visual problems such as blindness or blurred or double vision. Recognizing stroke symptoms and seeking immediate

### Stroke - percent of patients

indicator name	description	technical description
<b>stk01</b>	<b>who received venous thromboembolism (VTE) prophylaxis</b>	<i>Number of stroke patients who received venous thromboembolism (VTE) prophylaxis or have a documented reason for not receiving it on the day of or the day after hospitalization. Includes ischemic and hemorrhagic stroke patients. Excludes patients enrolled in a clinical trial and those admitted for an elective carotid intervention.(STK-1)</i>

Location	Technical Notes
Norton Audubon Hospital	% based on 187 stroke patients, 02/01/2010-01/31/2011. Technical. 99% confidence interval [54.2517,72.0864].
Norton Brownsboro Hospital	% based on 115 stroke patients, 02/01/2010-01/31/2011. Technical. 99% confidence interval [70.8192,89.1961].
Norton Hospital	% based on 164 stroke patients, 02/01/2010-01/31/2011. Technical. 99% confidence interval [76.1884,90.6205].
Norton Suburban Hospital	% based on 99 stroke patients, 02/01/2010-01/31/2011. Technical. 99% confidence interval [76.9803,94.0184].
Kosair Children's Hospital	Indicator does not apply to children.
Norton Healthcare	Total score for Norton Healthcare system is calculated by summing up numerators and denominators across individual facilities.
Kentucky	No Kentucky comparison available.

given stroke educational materials	high	97	85	84	78	75	77
assessed for rehabilitation services	high	94	98	97	98	97	97
<b>inpatients who die- percent of patients with</b>							
acute stroke (AHRQ risk-adj.)	low	6.0	6.2	5.6	2.9	5.4	11.2

## KEY

Better than  
U.S. averageNear  
U.S. averageWorse than  
U.S. average# = too few eligible cases to  
calculate a reliable statistic*italics* = no comparative data

blank = does not apply

\*0\* or  
\*100\* = best score possible

Desired performance  
Norton Audubon Hospital  
Norton Brownsboro Hospital  
Norton Hospital  
Norton Suburban Hospital  
Kosair Children's Hospital  
Norton Healthcare  
Kentucky  
U.S.

## Med-Surg ICUs - infections per 1000 device days (NHSN)

cath-assoc. UTIs	low	1.4	2.0	0.9	0.3		1.1		1.7
central-line-assoc. BSIs	low	1.7	1.1	2.4	2.3		2.0		1.5
vent-assoc. pneumonia	low	1.9	*0*	2.3	*0*		1.6		1.6

## Cardiothoracic ICUs - infections per 1000 device days (NHSN)

cath-assoc. UTIs	low	1.6		0.9			1.3		1.7
central-line-assoc. BSIs	low	*0*		1.9			0.7		1.2
vent-assoc. pneumonia	low	5.5		4.7			5.2		2.1

## Miscellaneous (AHRQ)

% inpatients w/ central venous-catheter related BSI	low	0.13	0.03	0.24	0.05		0.13		0.08
---	-----	------	------	------	------	--	------	--	------

## Med-Surg ICUs - device utilization ratio (these are not infection rates)

urinary catheter	low	0.8	0.82	0.74	0.82		0.78		
central line	low	0.57	0.58	0.71	0.55		0.63		

# Openness about results is good medicine.

It better be:

Transparency about healthcare quality is

- everywhere,
- mandatory if you want to be paid,
- increasing in importance.

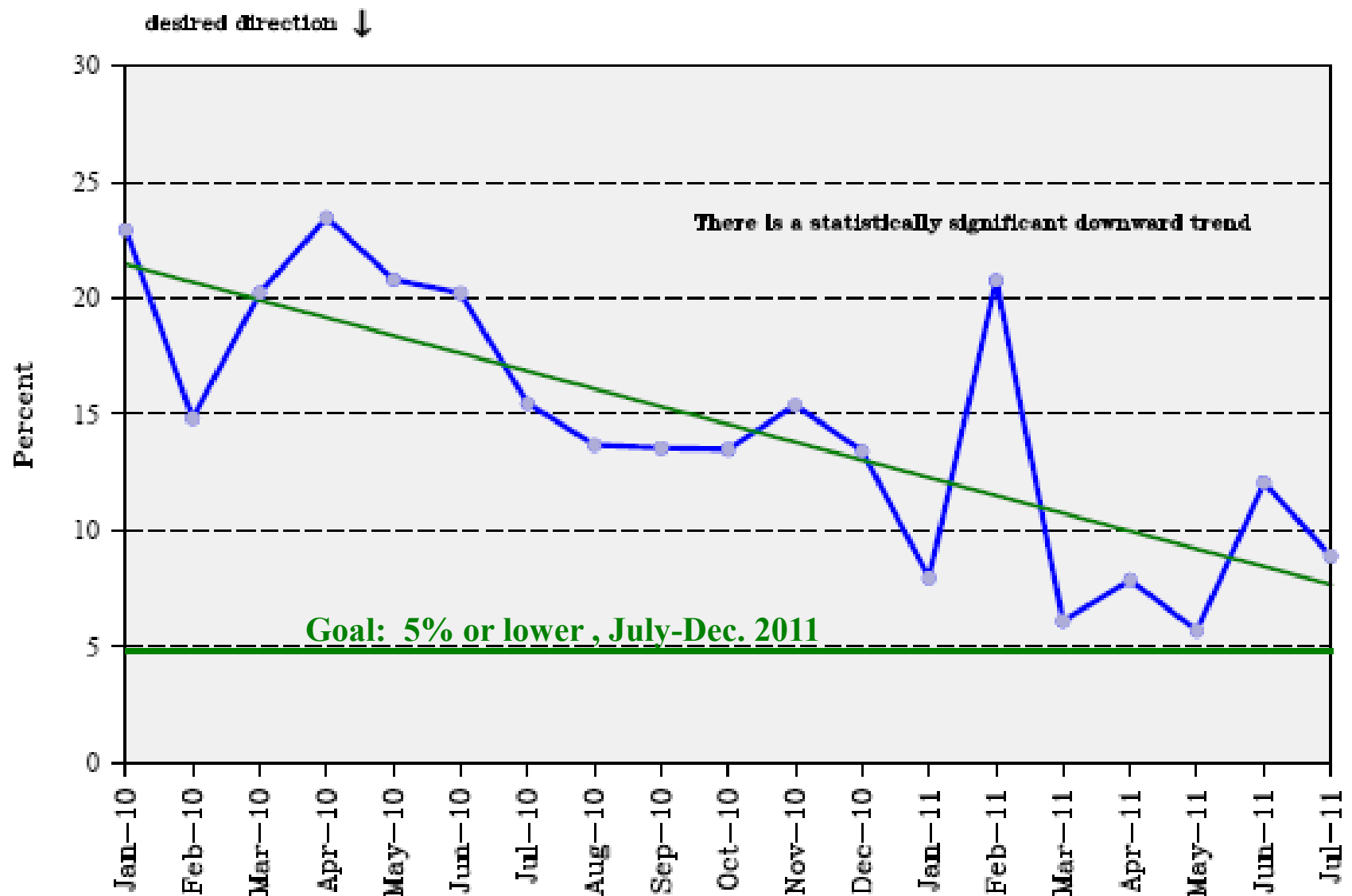
# Thought question #1:

**A hospital's infection control staff comes up with an innovative way to reduce catheter-associated bloodstream infections. The hospital spends the time and money to implement their idea – and it works! Infections are way down.**

**How much will this improvement increase the hospital's market share?**

1. None
2. Some
3. A lot

# Elective delivery 37-39 weeks gestation - 2011 Goal (electdel) Norton Hospital



○ = data point, color is current NHQR

This graph uses Norton Healthcare Quality Report (NHQR) definitions. Data source: WatchdogBITX, HPM.

(P) CIA Dept. J. Ho, t



# Transparency has side effects.

- May lead to hiding flaws instead of tackling them.
- May reduce access to care, if providers avoid high-risk patients.
- May lower quality, if good care conflicts with what will give a good score.
- May praise or blame the wrong providers.

## The Daily Briefing

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# WILL PHYSICIANS 'FIRE' PATIENTS TO MEET QUALITY MEASURES?

## AHRQ COUNCIL OFFERS WAYS TO MITIGATE CONFLICT BETWEEN PATIENT CHOICE, METRICS

Topics: [Pay-for-Performance](#), [Market Trends](#), [Strategy](#), [Collaborative Relationships](#), [Physician Issues](#), [Outcomes](#), [Quality](#), [Performance Improvement](#)

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**November 07, 2011**

Experts at an **Agency for Healthcare Research and Quality** (AHRQ) forum last week discussed whether physicians will "fire" noncompliant patients to ensure they meet quality metrics, *CQ HealthBeat* reports.

According to participants at AHRQ's National Advisory Council forum, as more payers are instituting pay-for-performance programs, patients are becoming increasingly engaged in medical decision making and at times challenging official recommendations.

"I think we're heading towards an inevitable clash," says Lisa Latts, a member of the AHRQ council and **WellPoint**'s vice president for programs in clinical excellence. For example, parents who refuse to follow the recommended vaccine schedule could force physicians out of compliance with immunization benchmarks and impact payments.

As a result, physicians ultimately may "fire" noncompliant patients from their practices, push back against quality-improvement initiatives, and minimize patient empowerment efforts, *CQ HealthBeat* reports. Some physicians [already are "firing" unvaccinated patients](#), noting that they pose a risk to others and reflect a lack of trust for physicians' medical advice.

To mitigate the conflict, council members suggested altering performance metrics to account for medical advice recommended by the physician but declined by the patient. Some council members also suggested adjusting down performance measures that aim for 100% compliance (Bristol, *CQ HealthBeat*, 11/4 [subscription required]).

## Explore By:

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Role ▾



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## Related Items

### NQF unveils quality measure tool

[September 28, 2011](#)  
[Daily Briefing](#)

The National Quality Forum on Tuesday launched the beta version of an online tool that allows users to search for NQF-endorsed health care quality measures, Modern Healthcare reports.

### Staffing considerations in the era of accountable care

[November 07, 2011](#)  
[Daily Briefing](#)

Join the HR Investment Center on Nov. 8 for a webconference detailing early HR strategies for emerging payment and delivery models. This presentation will provide the building blocks for developing a sound and proactive workforce strategy that supports organizations' broader accountable care initiatives.

### Patients sue HHS over hospital 'observation status'

November 04, 2011 (10:08 AM)

A group of Medicare beneficiaries has filed suit against HHS, citing hospitals' rising use of "observation status" to treat patients for days without actually admitting them.

### Health care adds 11,600 jobs

November 04, 2011 (10:28 AM)

The health care sector added 11,600 jobs in October, making it the nation's top job-creating industry, according to the Bureau of Labor Statistics employment data.

### Most ED nurses do not file for assault

November 04, 2011 (8:00 AM)

About two-thirds of ED nurses who were violently assaulted while working did not file formal reports, according to recent results from an Emergency Nurses Association survey.

### Citing reform, hospital exits insurance business to launch new network

November 04, 2011 (11:47 AM)

Kansas City, Mo.-based Children's Mercy Hospitals and Clinics is selling its 15-year-old managed care insurance program, citing the impact of the federal health reform law, and launching a new pediatric network.

### AHRQ awards \$34M to combat hospital infections

November 04, 2011 (8:00 AM)

The Agency for Healthcare Research and Quality this week announced that it has awarded a total of \$34 million in grants and contracts to health care providers and other organizations for projects to lower health care-associated infection rates.



Daily roundup: Nov. 4, 2011

Some experts say certain federal health reform law provisions encourage hospitals to place patients under observation because penalties for 30-day readmissions will not apply to such patients.

[Click here for a link to the full story.](#)

[Read the full story.](#)

result of fast food, according to a recent study in Population Health Management. [More](#)

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# It isn't as easy as it looks.

## Med-Surg ICUs - infections per 1000 device days (NHSN)

indicator name	description	technical description
ic03a	vent-assoc. pneumonia	<i>Number of medical/surgical intensive care unit (ICU) patients who acquired a ventilator-associated pneumonia in the ICU (per 1000 ventilator days). Ventilator must have been in place at the time or within 48 hours prior to onset of symptoms for infection to be included in these numbers. Pneumonia, especially following a period of mechanical ventilation, is the second most common infection in ICUs. Pneumonia can lead to increased risk of mortality and prolonged hospital stays. Includes adult inpatients with patient days in a medical/surgical intensive care unit who were on a ventilator. Excludes patients in the adult cardiothoracic intensive care unit, pediatric intensive care unit, neonatal intensive care unit and patients with pneumonia incubating or present at admission.(NQF HC 19 / NQF Nurs 8a / NHSN)</i>

Location

Technical Notes

Norton  
Audubon  
Hospital

Ratio based on 2,057 vent days, 10/01/2010-09/30/2011.

[Home](#) > [Hospitals](#) > [Norton Audubon Hospital](#)

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## Norton Audubon Hospital

OVERVIEW

RANKINGS

PATIENT SATISFACTION

DETAILS

**Ranked #2 in Louisville, KY**

Norton Audubon Hospital in Louisville, KY is ranked nationally in 1 pediatric specialty.

SEARCH

NEARBY

Hospital Name

**Norton Audubon Hospital in Louisville, KY is ranked nationally in 1 pediatric specialty.**

facility with 12,501 admissions in the most recent year reported. It performed 4,146 annual inpatient and 6,898 outpatient surgeries. Its emergency room had 41,302 visits. It is accredited by the Joint Commission (JC).

### Profile

This hospital has not provided a profile.

### Adult Specialties

**High-Performing**in [Cancer](#)in [Diabetes & Endocrinology](#)in [Ear, Nose & Throat](#)in [Gastroenterology](#)in [Geriatrics](#)in [Gynecology](#)in [Kidney Disorders](#)in [Neurology & Neurosurgery](#)in [Orthopedics](#)in [Pulmonology](#)in [Urology](#)

All

Special Service or Feature

All

Location

City

State

- OR - ZIP Code

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## Hospital Comparison

Search:

GO

View Ratings by:

Heart Attack

Click on a hospital name for detailed ratings. Use the tabs on the left to compare this list of hospitals by conditions or procedures.

To see the rating scales, click on any icon or [About the Ratings](#).



## Heart Bypass Surgery: Mortality Rate



Antelope Valley Hospital

10.28%  
(lower is better)



Torrance Memorial Medical Center

8.21%  
(lower is better)

In HealthGrades (2005-07 Medicare cases): AVH had **31**; Torrance had **62**.  
California state avg. mortality = 3.08%

## Thought question #2:

**Hospital: # infections / # patients = rate**

**A:  $0 / 60 = 0.0\%$**

**B:  $2 / 200 = 1.0\%$**

**C:  $8 / 500 = 1.6\%$**

**(U.S. rate = 8.5%.)**

**As far as this one report is concerned, which is the best hospital – assuming the hospitals had a similar mix of patients and procedure complexity?**

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Help

For Consumers

For Professionals

[Medicare.gov](#) Hospital Compare Home

# Hospital Compare

Where do you want to find a hospital?

## Search Information

Location - ZIP Code or City, State

e.g. 10009 or New York, NY

Search type [?]

- ☒ General
- ☐ Medical Conditions
- ☐ Surgical Procedures

Find Hospitals



## Hospital Spotlight

Click on the new Patient Safety Tab during your hospital search to see new information **Hospital Acquired Conditions** and **Serious Complications and Deaths**.

In January, Medicare will report new measures for heart attack care and surgical care. Also, for the first time, we will be reporting information on central line infections from the **Centers for Disease Control's National Healthcare Safety Network**.

You can now visit **Medicare's Hospital Value Based Purchasing Program** page and learn more about future measures.

You can now get information on Mortality and Readmission Measures for approximately 150 Veterans Administration Hospitals.

**From CMS website  
Hospital Compare**

**30-day risk-adjusted  
death rates for  
Medicare inpatients**


**BAPTIST  
HOSPITAL  
EAST**

4000 KRESGE WAY  
LOUISVILLE, KY  
40207  
(502) 897-8100

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Favorites 

**JEWISH  
HOSPITAL &  
ST MARY'S  
HEALTHCARE**

200 ABRAHAM  
FLEXNER WAY  
LOUISVILLE, KY  
40202  
(502) 587-4011

Add To My  
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**NORTON  
HOSPITALS,  
INC**

200 EAST  
CHESTNUT STREET  
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40202  
(502) 629-6560

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Death Rate for Heart Attack  
Patients

**No Different  
than U.S.  
National Rate**

**No Different  
than U.S.  
National Rate**

**No Different  
than U.S.  
National Rate**

Death Rate for Heart Failure  
Patients

**Better than  
U.S. National  
Rate**

**No Different  
than U.S.  
National Rate**

**No Different  
than U.S.  
National Rate**

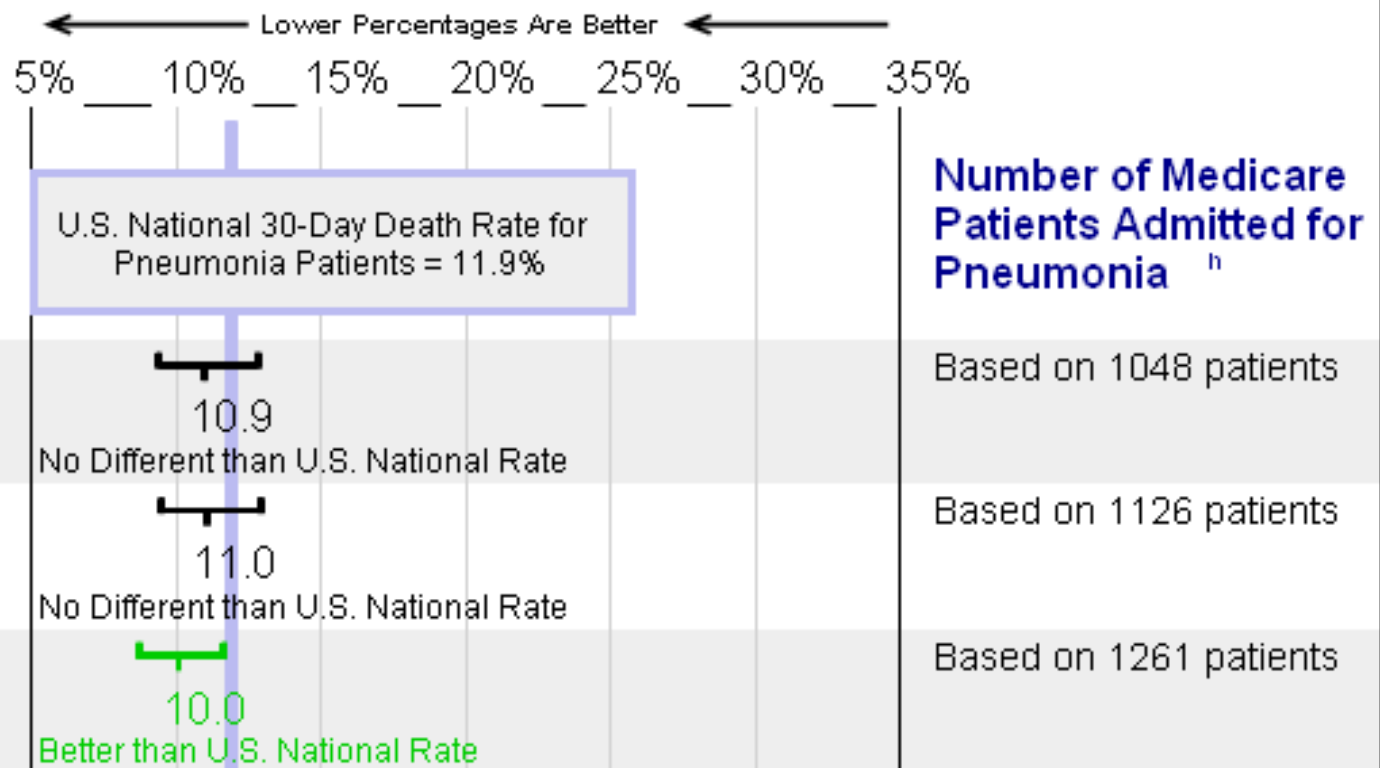
Death Rate for Pneumonia Patients

**No Different  
than U.S.  
National Rate**

**No Different  
than U.S.  
National Rate**

**Better than  
U.S. National  
Rate**

## Death Rate for Pneumonia Patients



Only the Norton death rate is statistically significantly better than the national death rate, BUT:

These 3 hospitals are not significantly different from each other.



# KEY

Better than U.S. average
Near U.S. average
Worse than U.S. average

#	=	too few eligible cases to calculate a reliable statistic
<i>italics</i>	=	no comparative data
blank	=	does not apply
*0* or *100*	=	best score possible

Desired performance  
Norton Audubon Hospital  
Norton Brownsboro Hospital  
Norton Hospital  
Norton Suburban Hospital  
Kosair Children's Hospital  
Norton Healthcare  
Kentucky  
U.S.

PN accountability measures' composite	high	95	98	97	97	#	96	89	94
% of PN measure opportunities met (composite)	high	94	98	96	98	#	96	91	95
Pneumonia treatment - percent of pneumonia patients									
given recommended antibiotic	high	93	96	93	96	#	94	90	93
given antibiotic w/in 6hrs of arrival	high	88	98	91	98	#	93	95	96
with blood cultures in ED before 1st antibiotic	high	97	99	99	99	#	98	95	96
given pneumococcal vaccination	high	95	98	98	98	#	97	94	94
screened or vaccinated for influenza	high	93	99	94	95	#	95	91	91
who smoke given smoking counseling	high	*100*	*100*	98	*100*	#	100	98	98
Other pneumonia treatment - percent of pneumonia patients									
in ICU given blood cultures w/in 24 hr of arrival	high	*100*	*100*	*100*	*100*	#	*100*	96	97
in ICU given recommended antibiotic	high	#	#	#	#	#	73	75	83
not in ICU given recommended antibiotic	high	96	99	94	97	#	96	94	96
Pneumonia mortality - percent of hospitalized pneumonia patients									
who die (AHRO risk-adjusted)	low	1.9	2.2	1.9	1.7		1.9		3.7
who die of any cause w/in 30 days	low	10.0	10.0	10.0	10.0		10.0		11.9
Pneumonia readmission - percent of Pneumonia patients									
who are readmitted for any cause w/in 30 days (adj)	low	18.5	18.5	18.5	18.5		18.5		18.4

# What's the alternative to healthcare transparency?

- Best PR department wins?
- Like us on Facebook!
- Newspaper comments / blogs:  
“I wouldn't take my dog to that place!”

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### AS FEATURED IN



THE WALL STREET JOURNAL.

New York Times



## Service Categories in Louisville, KY

[Accountant](#)  
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[Computer Training](#)  
[Concrete Driveway](#)  
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[Septic Tank](#)  
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So, more of this, please:

## Core measures

- For 20 core measures:
- Looks at trends in our composite %
- Compares our results to the most recent U.S. average from Hospital Compare.

# Key

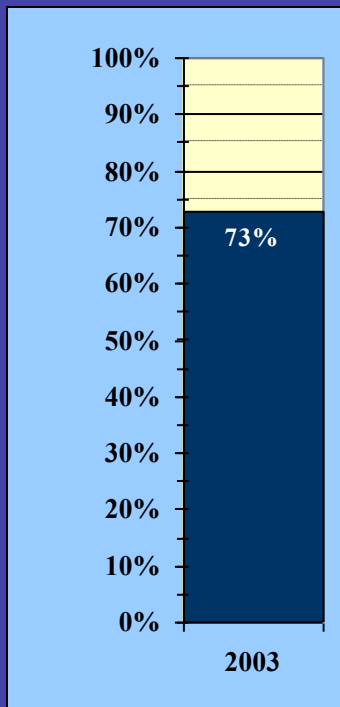
**worse than  
U.S. average**

**near U.S.  
average**

**95%-99%**  
but not statistically  
significant

**better than  
U.S. average**

fewer than 20  
eligible cases

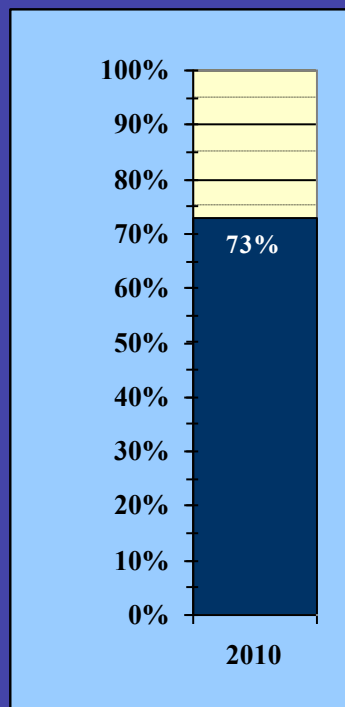


Composite thermometer shows the  
unweighted average (mean) % of  
the displayed core measures.



# 2003

Composite %



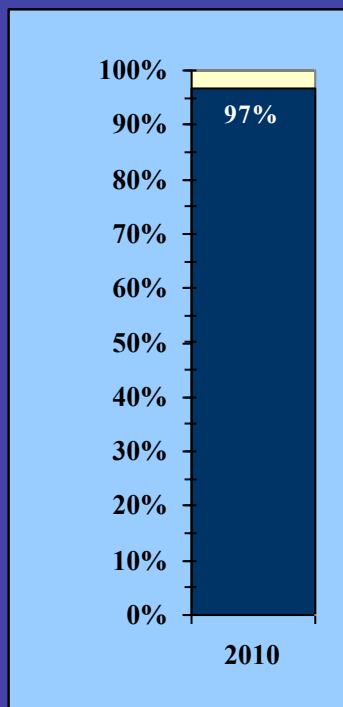
topic	description	Audubon	Norton	Suburban
heart attack (AMI)	aspirin at arrival	90%	92%	93%
	aspirin at discharge	92%	97%	90%
	LVSD ACEI or ARB	38%	91%	
	smoking counseling	61%	79%	
	beta blocker at discharge	88%	94%	100%
heart failure (HF)	complete discharge instructions	19%	10%	50%
	LVF assessment	83%	79%	97%
	prescribed ACEI/ARB at discharge	51%	80%	71%
	smoking counseling	57%	32%	77%
pneumonia (PN)	pneumococcal vaccination	45%	4%	46%
	blood cultures in ED before antibiotic	84%	88%	93%
	smoking counseling	64%	38%	68%
	recommended antibiotic	74%	82%	83%
	screened or vaccinated for influenza	78%	70%	76%
surgery (SCIP)	preop. antibiotic on time	80%	80%	96%
	recommended preop. antibiotic	91%	94%	97%
	antibiotic discontinued on time	58%	80%	81%

Significance testing compares our %s to U.S. averages for Oct. 2009 – Sept. 2010 discharges.

# 2011

Jan. - May

Composite %



topic	description	Audubon	Norton	Suburban
heart attack (AMI)	aspirin at arrival	98%	99%	100%
	aspirin at discharge	100%	100%	
	LVSD ACEI or ARB	100%	95%	
	smoking counseling	100%	100%	
	beta blocker at discharge	99%	99%	
heart failure (HF)	complete discharge instructions	86%	83%	82%
	LVF assessment	99%	99%	100%
	prescribed ACEI/ARB at discharge	100%	96%	
	smoking counseling	100%	100%	
pneumonia (PN)	pneumococcal vaccination	96%	99%	98%
	blood cultures in ED before antibiotic	95%	99%	99%
	smoking counseling	100%	100%	100%
	recommended antibiotic	95%	91%	99%
	screened or vaccinated for influenza	94%	97%	95%
surgery (SCIP)	preop. antibiotic on time	97%	97%	97%
	recommended preop. antibiotic	98%	98%	97%
	antibiotic discontinued on time	92%	97%	96%

Significance testing compares our %s to U.S. averages for Oct. 2009 – Sept. 2010 discharges.