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Disclaimer: All information presented at this conference is the express opinion of the presenters, moderators and/or participants regarding various subjects of healthcare policy, patient engagement, value purchasing and healthcare overutilization.

JUDGING THE QUALITY OF HEALTHCARE

 Many methods are now used to judge healthcare quality. These methods give different results and use different types of measurements.

STRUCTURE MEASURES

- The facility has the needed resources to deliver the care. Examples of these include
 - -- Nursing Turnover Rate.
 - -- Nurse Practice Environment.

STRUCTURE MEASURES

Table 2. Examples of Nursing Sensitive Structure Measures

Measure	NQF measure reference number	NDNQI- endorsed indicator	
Voluntary turnover rate (nurse retention)	207	Х	
RN, LPN, and UNA skill mix	204	Х	
Practice Environment Scale	206	X	
Nursing hours supplied by temporary staff		X	
Hours of nursing care per patient day	205	X	

Note. NQF = National Quality Forum; NDNQI = National Database of Nursing Quality Indicators; RN = registered nurse; LPN = licensed practical/vocational nurse; UNA = unlicensed nursing assistant.

Kavanagh KT, Cimiotti JP, Abusalem S, Coty MB. Moving Healthcare Quality Forward With Nursing-Sensitive Value-Based Purchasing. J Nurs Scholarsh. 2012 Oct 15. doi: 10.1111/j.1547-5069.2012.01469.x. [Epub ahead of print]

STRUCTURE MEASURES

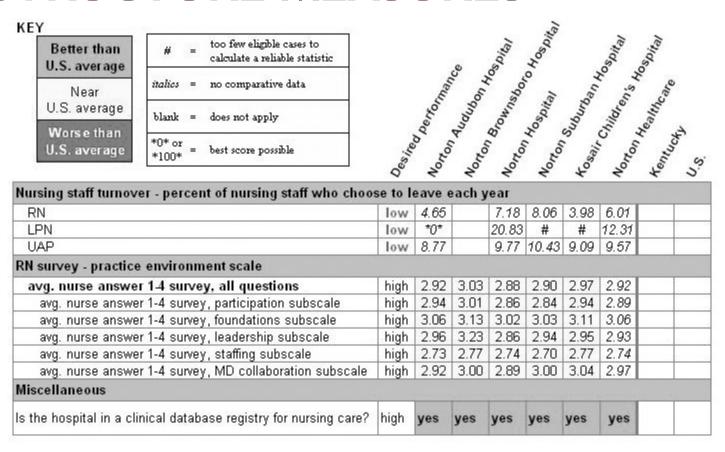


Figure 1. Public reporting of structure measures by Norton Healthcare.

Kavanagh KT, Cimiotti JP, Abusalem S, Coty MB. Moving Healthcare Quality Forward With Nursing-Sensitive Value-Based Purchasing. J Nurs Scholarsh. 2012 Oct 15. doi: 10.1111/j.1547-5069.2012.01469.x.

PROCESS MEASURES

 These measures are debated with many recent articles showing a poor correlation with overall quality.

Jha A K, Joynt KE, Orav EJ & Epstein AM. The long-term effect of premier pay for performance on patient outcomes. New England Journal of Medicine, 2012::366(17), 1606-1615.

Ingraham AM, Cohen ME, Bilimoria KY, Dimick JB, et al. Association of surgical care improvement project infection-related process measure compliance with risk-adjusted outcomes: Implications for quality measurement. Journal of the American College of Surgeons, 2010:211(6), 705-714.

Ryan AM, Nallamothu BK, & Dimick JB. (2012). Medicare's public reporting initiative on hospital quality had modest or no impact on mortality from three key conditions. Health Affairs, 2012:31(3), 585-592.

OUTCOME MEASURES

- Infections
- Pressure Sores
- Mortality

These are highly dependent upon proper staffing.

OUTCOME MEASURES

Table 1. Examples of Nursing-Sensitive Outcome Measures and the Estimated Annual Cost for the Adverse Events in Hospitals That These Measures Are Designed to Decrease

Outcome measures	NQF-endorsed measure reference number*	NDNQI indicator	CMS VBP	Annual cost of adverse events in hospitals
Infections				
SSIs	130 and 753		X	\$3.45-10.07 billion (U.S. cost; Scott, 2009)
VAP	140	Х		\$1.03-1.50 billion (U.S. cost; Scott, 2009)
CLABSIs	139	Х	X	\$0.67-2.68 billion (U.S. cost; Scott, 2009)
CAUTIS	138	Х	X	\$0.39-0.45 billion (U.S. cost; Scott, 2009)
Decubitus ulcers, Stage III and V	337	Х	X	\$11.11 billion (Medicare cost; CMS, 2008)
Falls and falls with injury	141 and 202	Χ	Х	\$6.56 billion (Medicare cost, including burns; CMS, 2008)
Failure to rescue	352 and 353			
Patient mortality Length of stay in ICU	231, 343, 347, 358, 530, 703, 730, and 733 702		Х	
Readmissions	1768, 1551, 330, 335, 505, 506, and 695		Х	\$15 billion (Medicare cost, Hackbarth, 2009)

Note. NQF = National Quality Forum; NDNQI = National Database of Nursing Quality Indicators; CMS = Centers for Medicare and Medicaid Services; VBP = value-based purchasing; SSI = surgical site infection; VAP = ventilator-associated pneumonia; CLABSI = central line-associated bloodstream infection; CAUTI = catheter-associated urinary tract infection; ICU = intensive care unit. *Additional metrics than those listed have been defined by NQF.

Kavanagh KT, Cimiotti JP, Abusalem S, Coty MB. Moving Healthcare Quality Forward With Nursing-Sensitive Value-Based Purchasing. J Nurs Scholarsh. 2012 Oct 15. doi: 10.1111/j.1547-5069.2012.01469.x. [Epub ahead of print]

CONSUMER UNION

- Ranking method includes "as many hospitals as possible, areas that had the greatest effect on patient safety, measures that were focused on outcomes, instead of processes..."
- Rankings include infections, readmissions, unnecessary testing and communication with patients.

Source: Ashish Jha. Hospital rankings Get Serious. An Ounce of Evidence | Health Policy Blog. Aug 14, 2012

Consumer Reports accompaniment to "Hospital Rankings Get Serious. Aug 14, 2012. John Santa, MD, MPH.

LEAPFROG GROUP

- Focuses on chances of getting hurt or killed in a facility from adverse events.
- Composite Safety Score: Comprises Infections, Staffing, and Structure Measures.

Source: Ashish Jha. Hospital rankings Get Serious. An Ounce of Evidence | Health Policy Blog. Aug 14, 2012

US NEWS & WORLD REPORT

- Based 32.5% On Reputation.
- 5% on Patient Safety.
- Survival Scores 32.5%.
- Other Care Related Indicators 30% (Technology, Nurse Staffing).

http://health.usnews.com/health-news/best-hospitals/articles/2012/07/16/best-hospitals-2012-13-how-they-were-ranked?page=2

COMPARISON - RANKING SYSTEMS

	Consumer Reports		Leapfre	US News	
	Worst N=287 (25.0%)	Best N=286 (25.0%)	"C" or worse N=1,159 (46.8%)	"A" N=682 (27.5%)	Top Hospitals* N=67 (100.0%)
Small Size	7%	13%	20%	22%	0%
Medium Size	66%	70%	59%	61%	8%
Large Size	28%	16%	20%	17%	93%
Northeast Region	31%	19%	18%	20%	24%
Midwest Region	26%	36%	21%	25%	33%
South Region	21%	15%	40%	34%	31%
West Region	22%	30%	21%	21%	12%
Major Teaching	24%	7%	12%	12%	93%
Minor Teaching	24%	35%	27%	28%	6%
Not Teaching	52%	56%	61%	61%	2%
Safety-net Hospital	43%	13%	31%	19%	46%
Proportion Black Patients	16%	5%	11%	9%	16%

Note: 99% of facilities which received a Top Hospital ranking in Cardiology and Pulmonology by US News and World report were Major or Minor Teaching Hospitals.

Source: Ashish Jha. Hospital rankings Get Serious. An Ounce of Evidence | Health Policy Blog. Aug 14, 2012

HOSPITAL COMPARE

- The User Can Compare
 - -- Outcome Measures (Infections & Mortality).
 - -- Process Measures.
 - -- Readmissions.
 - -- Patient Survey.
- Can compare individual hospitals. Most results are also related to the national average.
- Infections are related to an SIR and "National Benchmark" the accuracy of which is in question and a topic for a presentation later today.

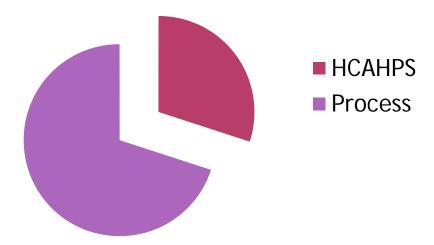
VALUE PURCHASING

- Obtaining the best healthcare at an affordable cost.
- The Center's for Medicare and Medicaid (CMS) are actively involved in this process.

CMS- VALUE PURCHASING

- For 2013:
 - -- 30% HCAHPS (Patient Survey).
 - -- 70% Process Measures.

Weight Given To Measure



CMS- VALUE PURCHASING

2014 Measures Will Comprise Of:

- 13 Core Measures
- - 8 HCAHPS
- 3 Mortality
- 8 Hospital Acquired Conditions
- 2 Composite PSI
- 1 Efficiency (cost per beneficiary)

CMS- VALUE PURCHASING

Efficiency Domain: 20%

Patient Experience Domain: 30%

Outcomes Domain: 30%

Clinical Process Domain: 20%

Domain Weighting

