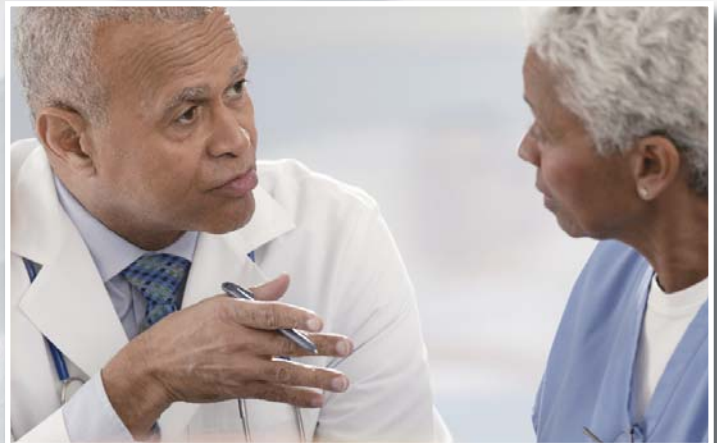


# Central Ohio Hospital Quality Collaborative Report

*All the Care, All the Time*

## 2008



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*All the Care, All the Time*



## Executive Summary

The Central Ohio Quality Collaborative is comprised of local hospitals working together to improve health care quality.

Over the past two years, hospitals participating in the Central Ohio Quality Collaborative have shown dramatic improvement in ensuring that patients receive all of the evidence-based, recommended care for their condition.

- Hospitals have demonstrated a **38% improvement** in providing all recommended care to **pneumonia** patients;
- Hospitals have demonstrated an **8.1% improvement** in providing all recommended care to **heart failure** patients;
- Hospitals have demonstrated a **5.4% improvement** in providing all recommended care to **heart attack** patients;



## Overview

Since 2003, the hospitals in Central Ohio have been collaborating with the Ohio Hospital Association to improve the quality of patient care for certain medical conditions. Through the Central Ohio Quality Collaborative, hospitals are committed to learning and sharing best practices, engaging in quality-improvement projects and standardizing processes that are proven to improve the quality of care for patients. By standardizing care based on best practices and evidence-based medicine, patient care in the greater Central Ohio area is improved and lives are saved.

This inaugural report of the Central Ohio Quality Collaborative provides data on the three medical conditions participating hospitals have been working collaboratively to improve:

- **Pneumonia**
- **Congestive heart failure**
- **Acute myocardial infarction (AMI), or heart attack**

These medical conditions were chosen by participating hospitals because they are among the most common medical conditions for which adults are admitted to the hospital. The data in this report reflect the practice of participating hospitals in meeting the recommended process measures for each of these conditions. Process measures determine if patients are given a needed medicine, treatment or test at the right time. The measures are identified through research on recommended care of patients by the Joint Commission, the Centers for Medicare & Medicaid Services (CMS) and the National Quality Forum (NQF). By

following these evidence-based treatments, patients are more likely to have better outcomes and show an improved quality of life.

Since the start of the collaborative, Central Ohio hospitals have tracked their performance on these measures. This report provides a snapshot of their results.

The Central Ohio Quality Collaborative is proud of the commitment of the administrators, physicians, nurses and other dedicated staff members of the following hospitals to improving the quality of patient care in their institutions and in the Central Ohio community:

- Berger Health System, Circleville
- Doctors Hospital West, Columbus
- Fairfield Medical Center, Lancaster
- Grady Memorial Hospital, Delaware
- Grant Medical Center, Columbus
- James Cancer Hospital and Solove Research Institute, Columbus
- Licking Memorial Hospital, Newark
- Memorial Hospital of Union County, Marysville
- Mount Carmel East, Columbus
- Mt. Carmel St. Ann's, Westerville
- Mt. Carmel West, Columbus
- The Ohio State University Medical Center, Columbus
- The Ohio State University Hospitals East, Columbus
- Riverside Methodist Hospital, Columbus



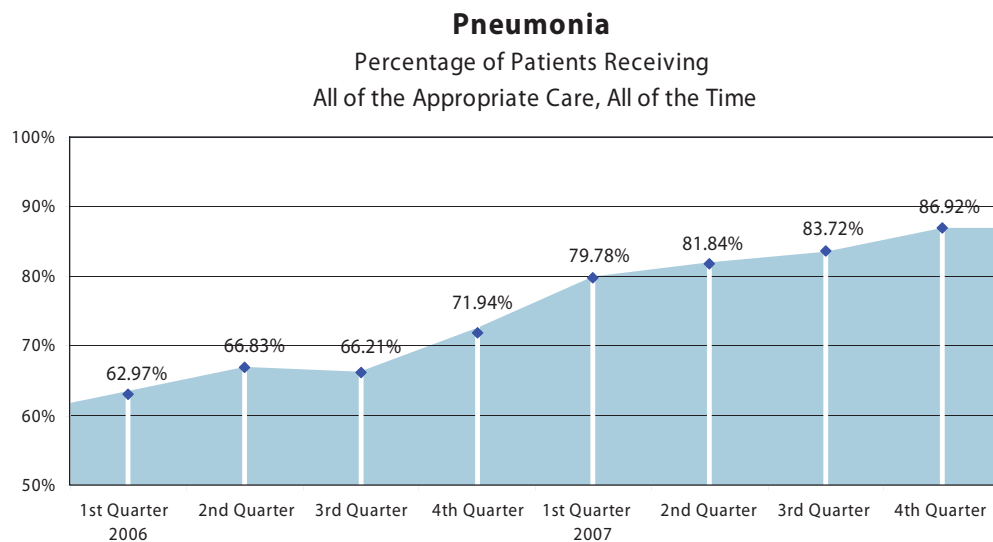
## Pneumonia Care

According to the U.S. Centers for Disease Prevention and Control, nearly 60,000 Americans die from pneumonia each year. In 2007, approximately 1.4 million people were admitted to the hospital as a result of pneumonia, with an average hospital stay of 5.3 days. From January 2006 to December 2007, Central Ohio hospitals treated 10,421 pneumonia patients.

National quality organizations have identified the following treatments for hospitalized pneumonia patients for optimal outcomes:

- Oxygen levels in the blood evaluated within 24 hours of hospital arrival;
- Patients age 65 or older screened for pneumonia vaccine status and vaccinated prior to discharge, if appropriate;
- Patients who were transferred or admitted to the intensive care unit within 24 hours of hospital arrival undergo tests used to detect infections that are spreading through the blood stream;
- Counseling or smoking cessation programs advised to patients who smoke cigarettes;
- First dose of antibiotic administered within six hours of hospital arrival;
- Additional antibiotics administered within 24 hours after arrival, consistent with current medical guidelines;
- Patients age 50 or older hospitalized anytime from October through February screened for the flu vaccination and vaccinated prior to discharge, if appropriate.

Central Ohio hospitals have made significant improvement in providing pneumonia patients with all of the treatments listed above, which are recommended for optimal patient care. Recommended pneumonia care rates for 2006 and 2007 are:





## PNEUMONIA FAST FACTS

**Definition:** A serious lung infection that causes difficulty breathing, fever, cough and fatigue.

**Prevalence:** About 60,000 Americans die each year from pneumonia.

**Cause:** Often a complication of a pre-existing condition/infection and triggered when a patient's defense system is weakened, most often by a simple viral respiratory tract infection or a case of influenza. Pneumonia is not a single disease. It can have over 30 different causes. There are five main causes of pneumonia: bacteria, viruses, mycoplasmas, other infectious agents, such as fungi, and various chemicals.

**Symptoms:** Chest pain, fever, chills, cough and shortness of breath.

**Risk Factors:** Certain diseases, smoking, alcohol abuse and exposure to certain chemicals or pollutants.

**People at Risk:** Older adults, very young children, pregnant women and people with impaired immune systems or chronic lung disease.

**Prevention:** Get vaccinated, wash hands, don't smoke, live a healthy lifestyle and if diagnosed with pneumonia, stay away from anyone with a compromised immune system.

**Treatment:** Treatment depends on the type and severity of pneumonia, but antibiotics are generally prescribed along with recommendations for rest and plenty of fluids. Other over-the-counter medications may be recommended to reduce symptoms.

**Sources:** American Lung Association and Mayo Foundation for Medical Education and Research.



## Heart Failure Care

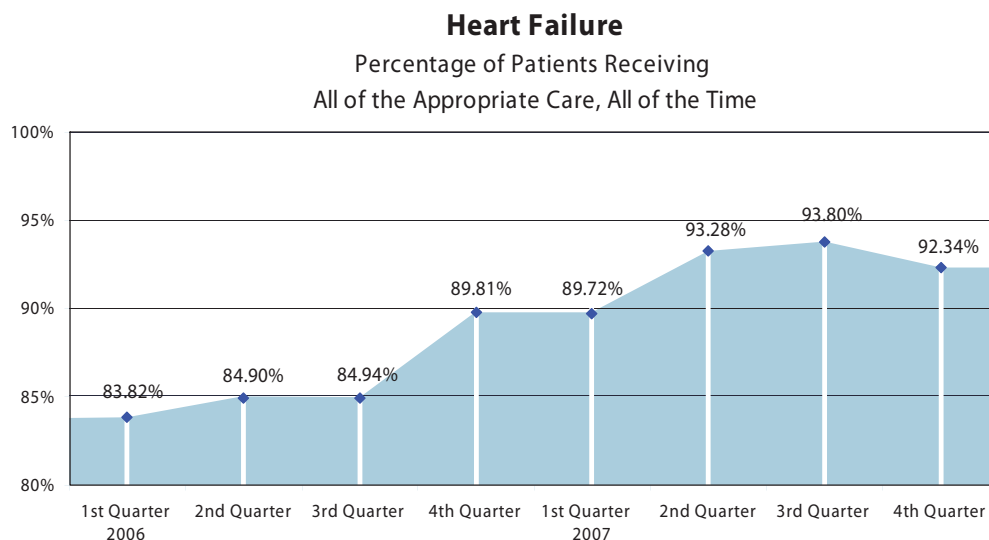
According to the National Institutes of Health, about 5 million people in the U.S. experience heart failure each year, and it contributes to approximately 300,000 deaths annually. From January 2006 to December 2007, Central Ohio hospitals treated 11,174 patients for heart failure.

As opposed to a heart attack where blood supply to the heart is interrupted, heart failure is a condition in which the heart can't pump enough blood throughout the body. The leading causes of heart failure are coronary artery disease, high blood pressure and diabetes.

National quality organizations have identified the following treatments for hospitalized heart failure patients for optimal outcomes:

- Written instructions or educational materials given to patients at discharge or during hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring and what to do if symptoms worsen;
- Evaluation or assessment of patient's left ventricular contraction as documented in medical records;
- Patients who have low blood flow with each heartbeat prescribed two specific medicines (angiotensin-converting enzyme inhibitor, angiotensin receptor blocker) at discharge;
- Counseling or smoking cessation programs advised to patients who smoke cigarettes.

Central Ohio hospitals have made significant improvement in providing heart failure patients with all of the treatments listed above, which are recommended for optimal patient care. Recommended heart failure care rates for 2006 and 2007 are:





## HEART FAILURE FAST FACTS

**Definition:** A weakening of the heart's pumping power. With heart failure, the body doesn't get enough oxygen and nutrients to meet its needs.

**Prevalence:** More than 5 million Americans are living with heart failure, and 550,000 new cases are diagnosed each year.

**Causes:** Coronary artery disease, heart attack, high blood pressure, faulty heart valves, damage to the heart muscle, inflammation of the heart muscle, congenital heart defects, abnormal heart rhythms and other chronic diseases.

**Symptoms:** Shortness of breath, persistent coughing and wheezing, build up of excess fluid in body tissues, fatigue, lack of appetite, nausea, confusion and increased heart rate.

**Risk Factors:** High blood pressure, coronary artery disease, heart attack, irregular heart beat, diabetes, some diabetes medications, sleep apnea, congenital heart defects, viruses, alcohol use and kidney conditions.

**People at Risk:** People age 65 or older are at greater risk, as well as men, those with family history of heart disease and African Americans, due to higher blood pressure.

**Prevention:** Reduce the chances of developing any risk factors with healthy lifestyle changes.

**Treatment:** The most common forms of heart failure cannot be cured, but they can be treated with lifestyle changes, medications or surgery.

*Sources:* American Heart Association and Mayo Foundation for Medical Education and Research.



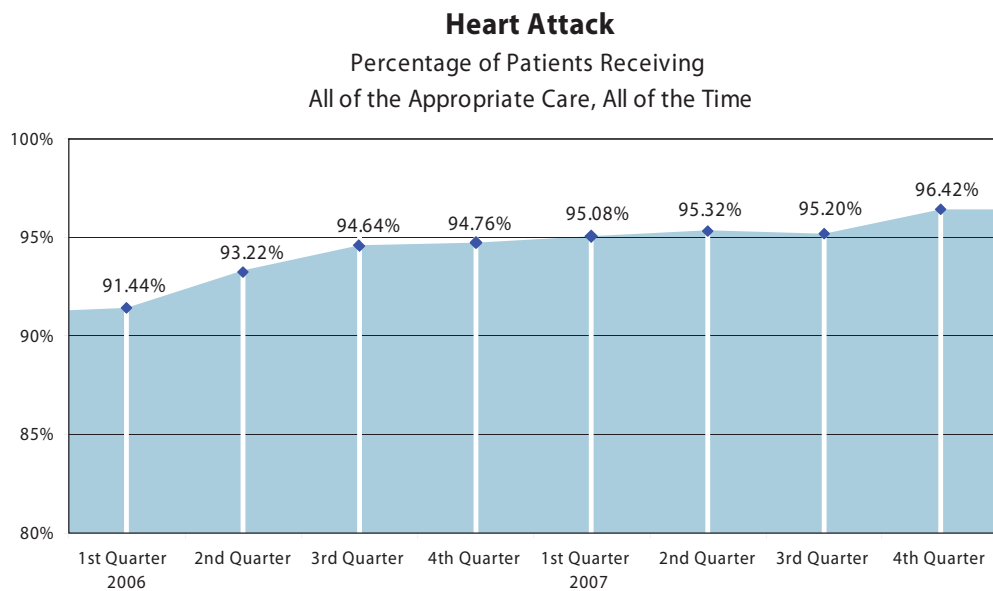
## Heart Attack Care

More than 1.5 million Americans suffer a heart attack each year. From January 2006 to December 2007, Central Ohio hospitals treated 8,214 heart attack patients. Heart attack is the leading cause of death in the U.S., with approximately one-third of individuals who experience a heart attack dying.

Delays in seeking medical care play a significant role in a patient's outcome. Hospital care also plays a significant role. National quality organizations have identified the following treatments for acute myocardial infarction (AMI), or heart attack, for optimal outcomes:

- Aspirin administered within 24 hours before or after hospital arrival and prescribed at discharge;
- Patients who have low blood flow with each heart beat be prescribed two specific medicines (angiotensin-converting enzyme inhibitor, angiotensin receptor blocker) at discharge;
- Counseling or smoking cessation programs advised to patients who smoke cigarettes;
- Medicines for heartbeat management prescribed at both arrival and discharge from hospital;
- Within 30 minutes or less of hospital arrival, administer a procedure using drugs to break down blood clots;
- Within the first 90 minutes of hospital arrival, perform a therapeutic treatment used to reach the heart through major blood vessels without opening the chest.

Central Ohio hospitals have made significant improvement in providing heart attack patients with all of the treatments listed above, which are recommended for optimal patient care. Recommended care rates for 2006 and 2007 are:





## HEART ATTACK FAST FACTS

**Definition:** Occurs when blood flow to part of the heart muscle is blocked.

**Prevalence:** Each year over a million and a half people in the U.S. have a heart attack. About one third of them die.

**Cause:** Lack of blood flow to the heart caused by one or more blocked arteries.

**Symptoms:** Pressure, fullness or a squeezing pain in the center of the chest that lasts for more than a few minutes, pain extending beyond the chest to the shoulders, arms, back or even to the teeth and jaw, increasing episodes of chest pain, prolonged pain in the upper abdomen, shortness of breath, sweating, fainting, nausea and vomiting. However, women may experience different symptoms, such as a different kind of chest pain and/or abdominal pain and those with diabetes may not experience any symptoms.

**Risk Factors:** Tobacco smoke, high blood pressure, high blood cholesterol levels, lack of physical activity, obesity, diabetes, stress, alcohol abuse and family history of heart attack.

**People at Risk:** Those who live unhealthy lifestyles or have a family history of heart attack.

**Prevention:** The American Heart Association recommends that heart attack prevention begin by age 20. This means assessing risk factors and working to keep them low by living a healthy lifestyle.

**Treatment:** Therapies include the use of drugs to dissolve clots, balloon angioplasty or surgery. The sooner medical attention is obtained, the sooner blood flow can be restored to the heart muscle and decrease disability after a heart attack.

**Sources:** American Heart Association and Mayo Foundation for Medical Education and Research.

## Thank You.

### **Thank you to the medical directors of the following hospitals for their commitment and ongoing support of the Central Ohio Quality Collaborative:**

Richard Brill, M.D.  
Chief Medical Officer  
Nationwide Children's Hospital

Craig Cairns, M.D, MPH  
Vice President, Occupational and Preventive Medicine  
Licking Memorial Hospital

Dean Colwell, DO  
Vice President, Medical Affairs  
and Chief Medical Officer  
Doctors Hospital

J. Terrance Davis, M.D.  
Administrative Surgical Director  
Nationwide Children's Hospital

John Evans, M.D.  
Vice President, Medical Affairs  
Memorial Hospital of Union County

Gary Gillen, M.D., FCHE  
Vice President, Medical Affairs  
Berger Health System

Mark Hackman, M.D.  
Vice President, System Care Management  
Mount Carmel Health System

Thomas Hubbell, M.D.  
Chief of Staff  
Grady Memorial Hospital

Hagop Mekhjian, M.D.  
Chief Medical Officer  
The Ohio State University Medical Center

Mark Montoney, M.D., MBA  
Chief Medical Office & System Vice President  
OhioHealth

Jerome Roche Jr., M.D.  
Vice President & Chief Medical Officer  
Fairfield Medical Center

John Stevenson, M.D.  
Medical Director  
Fairfield Medical Center

Richard Streck, M.D.  
Sr. Vice President/Chief Medical Officer  
Mount Carmel Health System

Andy Thomas, M.D.  
Assistant Medical Director  
The Ohio State University Medical Center

**Thank you to the Central Ohio Collaborative Steering Committee for their dedication and ongoing support:**

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**Also a special thanks to:**

Richard Snow, DO  
President, Applied Health Services

David Engler, Ph.D.  
Vice President, Data Services and  
Research and Education Foundation  
The Ohio Hospital Association



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