

MARY WASHINGTON HOSPITAL QUALITY INDICATORS

UPDATED WITH 4TH QUARTER 2006 INFORMATION

The Mission of Mary Washington Hospital (MWH) is to improve the health status of all people within our community. It is this mission that guides us as we continue to find opportunities to improve the quality of care and services we provide. Our success in both the Hospital and Home Health accreditation programs as determined by the JCAHO (Joint Commission for Accreditation Healthcare Organizations) and outside regulatory bodies is a direct reflection of our commitment to our mission. MWH is dedicated to continuous improvement and its goal is to provide the highest quality to those we serve.

MWH Associates engage in quality and process improvement projects on an ongoing basis and use the information collected to constantly improve our health care services. Therefore, there are many, many quality measures we could report here. We've tried to provide you with information that you'll find most helpful in making informed health care decisions. In particular, we've focused on information that you can compare with national and regional trends like the Hospital Quality Initiative (HQI) and JCAHO's National Patient Safety Goals.

MWH reports quality data on a quarterly basis. This is a brief snapshot of where we are on specific issues. In order for the information to be the most helpful to consumers, it is important to compare hospital scores in different areas over a longer period of time to determine if the trends are showing improvement, if they are static or if they are showing a downturn. This applies to all hospitals that consumers research for the best way to compare quality.

Some key information about MWH quality data can be found below. Brief charts give an overview of our quarterly score. Narrative about the charts provides more information on what the indicators look at and what is required of hospitals to be in compliance.

Quality Data from 2Q 2005-3Q 2006 Posted on the U.S. Health and Human Services Hospital Compare Website (www.hospitalcompare.hhs.gov)						4Q 2006 UPDATE	
#	Indicator Description	MWH Status	MWH Average	National Average	Virginia Average	MWH Status	MWH Average
1	Percent of Heart Attack Patients Given ACE Inhibitor or ARB for LVSD	☒	78	81	82	☒	79
2	Percent of Heart Attack Patients Given Aspirin at Arrival	✓	98	92	95	✓	99
3	Percent of Heart Attack Patients Given Aspirin at Discharge	✓	93	89	91	✓	97
4	Percent of Heart Attack Patients Given Beta Blocker at Arrival	✓	95	86	90	✓	93
5	Percent of Heart Attack Patients Given Beta Blocker at Discharge	✓	92	89	91	✓	95
6	Percent of Heart Attack Patients Given PCI Within 120 Minutes Of Arrival	☒	54	67	70	✓	73
7	Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling	✓	95	85	84	⊛	100
8	Percent of Heart Attack Patients Given Thrombolytic Medication Within 30 Minutes Of Arrival	✓	N/A	30	31	✓	Only 1 Case
9	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for LVSD	✓	84	81	82	✓	87
10	Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	✓	97	82	88	⊛	99
11	Percent of Heart Failure Patients Given Discharge Instructions	☒	47	57	61	✓	58

12	Percent of Heart Failure Patients Given Adult Smoking Cessation Advice/Counseling	✓	95	79	83	⊕	100
13	Percent of Pneumonia Patients Assessed and Given Influenza Vaccination	✓	N/A	70	72	✓	90
14	Percent of Pneumonia Patients Assessed and Given Pneumococcal Vaccination	✓	70	64	62	⊕	93
15	Percent of Pneumonia Patients Given Initial Antibiotic(s) Within 4 Hours After Arrival	☒	72	78	76	✓	89
16	Percent of Pneumonia Patients Given Oxygenation Assessment	⊕	100	99	99	⊕	100
17	Percent of Pneumonia Patients Given Smoking Cessation Advice/Counseling	✓	95	76	81	⊕	100
18	Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	✓	87	81	81	⊕	100
19	Percent of Pneumonia Patients Whose Initial ER Blood Culture was Done Before 1st Hospital Antibiotic Dose	✓	91	90	90	✓	90
20	Percent of Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	✓	84	75	75	✓	86
21	Percent of Surgery Patients Whose Preventative Antibiotic(s) Are Stopped Within 24 Hours	✓	77	70	73	✓	83

Performance Key:

☒ = Below National Average

✓ = Greater than National Average

⊕ = Top 10% Nationally

Centers for Medicare and Medicaid Services Quality Indicators

The Centers for Medicare and Medicaid Services (CMS) sponsors a voluntary quality data submission program called the Hospital Quality Initiative (HQI). This data is also used by the JCAHO, which refers to these as “core measures.” These indicators were designed to look at specific diseases and specific areas known as indicators within each diagnosis. Mary Washington Hospital reviews core measures data through three key diagnoses: **Acute Myocardial Infarction or Heart Attack, Congestive Heart Failure, Community-Acquired Pneumonia,** and **Surgical Care Improvement/Surgical Infection Prevention.** Each of these areas has well defined indicators that look at specific areas from admission to discharge.

Heart Attack or Acute Myocardial Infarction (AMI) has specific indicators that are tracked beginning before being admitted to the hospital and continuing throughout the hospitalization until being discharged. The indicators specific to AMI provide a broad assessment of the quality of care provided for heart attack patients. Heart attack patient may also use specific heart medications, depending on the diagnostic measurement of how well the heart pumps. Patients with moderate to severe symptoms will usually receive medications to help improve function.

Congestive Heart Failure (CHF) indicators look at medications and interventions given, and the hospital’s compliance with patient education on the disease. Compliance with providing discharge instructions requires all areas be documented on the patient’s medical chart, including diet, activity, follow-up, medication, worsening symptoms care advice, and weight monitoring. Other areas that require compliance and documentation are adult smoking cessation advice or counseling and the use of specific heart medications, depending on the diagnostic measurement of how well the heart pumps.

Community-Acquired Pneumonia (CAP) indicators review medications and assessments provided to the patient along with patient education on smoking. The specific indicators for a patient with CAP include providing a pneumococcal vaccination and making sure that appropriate blood tests are obtained before antibiotics are started. Adult smoking cessation advice and counseling must be documented in the patient's medical chart in addition to determining the lung status through oxygenation assessments.

Surgical Care Improvement/Surgical Infection Prevention (SCIP) Antibiotics are medicines to prevent and treat infections. While the likelihood of infection after surgery can be reduced by giving patients preventative antibiotics, taking these antibiotics for more than 24 hours after routine surgery is usually not necessary and can increase the risk of side effects such as stomach aches, serious types of diarrhea, and antibiotic resistance (when antibiotics are used too much, they will not work anymore.) There are exceptions – for example, where the surgical site has been contaminated (making the surgery not routine).