

STANDARD (QUALITY) OF CARE
SUMMARY OF REQUIRED PERFORMANCE INDICATORS, BENCHMARKS AND GHS
RESULTS SUBMITTED
February 20, 2012

PROCESS OF CARE MEASURES

Every quarter Grady Health Systems (GHS) submits data analyses that measure the frequency with which patients receive therapies that are recognized to be standard components of high quality care for specific conditions. These assessments are known as "Process of Care Measures." These indicators reflect whether or not the Grady Health System provides care according to accepted standards. The conditions that are evaluated are acute myocardial infarction (i.e. heart attack), heart failure, pneumonia, stroke, and surgical procedures. GHS also submits these data that are abstracted from medical records to the Center for Medicare and Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Although CMS is primarily responsible for administering the Medicare and Medicaid systems, this agency is also charged with collecting and analyzing information about the entire U.S. health care system. Therefore, the data sent to CMS by GHS includes information pertaining to care delivered to all patients regardless whether they are enrolled in programs managed by CMS (e.g. Medicare or Medicaid).

As noted in the table below, for the most recent data provided GHS meets the required Fulton County benchmark on 8 of the 11 performance indicators. The target was not met for *percentage of pneumonia patients provided pneumococcal vaccine or given antibiotics within 6 hours of hospital arrival, and the proportion of persons with a stroke who received smoking cessation counseling*. Starting in January of 2012 a revised, more complex smoking counseling indicator was instituted by the Joint Commission. Unlike the information for the other conditions, the stroke data are from the first quarter of 2012 and appear to reflect this change. The low level of pneumococcal vaccination remained low and is attributed to changes in the electronic medical record that are being addressed through customized upgrades in the software.

Matthew McKenna, MD, MPH audited 30 charts recording the care provided to patients admitted to GHS. Specifically, six charts were randomly selected for each of the following 5 conditions:

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|--------------------------------|--------------|------------|
| 1) Congestive Heart Failure | 2) Pneumonia | 3) Surgery |
| 4) Acute Myocardial Infarction | 5) Stroke | |

The charts for the first four of the conditions recorded care events occurring during the third quarter of 2011. One condition, stroke, had data available from the first quarter of 2012 because this information is derived from a special registry that enables more rapid collection of the data than that resulting from the CMS process.

Two indicators of care were assessed for each condition except for Acute Myocardial Infarction. Three indicators were assessed for this latter condition. One patient with a myocardial infarction did not have documentation of having received aspirin within 24 hours of admission. Documentation was not found that one patient with heart failure received smoking cessation counseling, and records for four patients with pneumonia indicated they did not receive antibiotics in a timely manner.

PROCESS OF CARE MEASURES	Bench- mark ^a	QUARTER				MET TARGET BENCH MARK?
		4 th 2010	1 st 2011	2 nd 2011	3 rd 2011	
Congestive Heart Failure						
Percent of Congestive Heart Failure (CHF) patients' given smoking cessation advice/counseling	91%	96%	100%	100%	100%	Yes
Percent of patients with heart failure who also have left ventricular systolic dysfunction (LVSD) who were prescribed an angiotensin converting enzyme inhibitor (ACEI)	88%	94%	98%	97%	100%	Yes
Heart Attacks (Acute Myocardial Infarction)						
Percent of Acute Myocardial infarction (AMI) patients given aspirin at arrival	94%	98%	99%	100%	100%	Yes
Percent of AMI patients given a beta blocker at discharge	93%	100%	98%	98%	100%	Yes
Percent of AMI patients given smoking cessation advice/counseling	94%	100%	100%	100%	100%	Yes
Pneumonia						
Percent of Pneumonia patients assessed and given pneumococcal vaccine	81%	85%	94%	56%	46%	No
Percent of Pneumonia patients assessed and given initial antibiotic(s) within 6 hours of arrival	93%	80%	97%	88%	89%	No
Surgical Care Improvement Project (SC1P)						
Percent of patients who received a prophylactic antibiotic at the right time within 1 hour prior to surgical incision	86%	98%	100%	100%	98%	Yes
Percent of patients whose prophylactic antibiotics are discontinued at the right time within 24 hours after surgery end time	84%	77%	80%	86%	89%	Yes

Stroke^b	Bench- mark	2ND 2011	3rd 2011	4th 2011	1st 2011	
Percent of patients with ischemic, T1A, or hemorrhagic stroke given smoking cessation advice/counseling during hospital stay	96%	100%	100%	97%	74% ^c	No
Percent of ischemic stroke patients discharged on antiplatelet therapy	97%	99%	100%	100%	98%	Yes

^a Quarterly benchmark established by Fulton County.

^b From a special study using different quarterly data collection methods, therefore the time frame is more contemporary than for the other conditions.

^c Measure was changed starting in January of 2012.

PATIENT FLOW MEASURES

At the end of each quarter, GHS submits data regarding patient flow. These measures include an average emergency room wait time and average length of stay for each person admitted. Average emergency room wait time represents the average total time the person is in the emergency room, from entrance to discharge from the emergency room either because they were sent home, or admitted to the hospital.

PATIENT FLOW MEASURES	Benchmark	GHS Oct 2011	GHS Nov 2011	GHS Dec 2011	Target Met
Average emergency room wait time (Hours)	7:50 Hours or less	8.2	8.3	9.2	No
Average length of stay after admission Days	6.5 Days or less	5.59	5.57	5.46	Yes

ACCESS TO CARE MEASURES

At the end of each quarter, GHS submits access to care measures. The third available appointment is the latest date at which a third follow-up appointment is available. It is a standard measure of clinic capacity.

The table below, details each outpatient clinic and the days until the next available appointment for new patients and established patients.
Grady does have same day available walk-in appointments at the clinics.

ACCESS TO CARE MEASURES*	Benchmark	Clinic	Days				Target Met During Most Recent Period
			Jul 2011	Oct 2011	Jan 2012	Apr 2012	
New patient 3rd available appointment (Days)	21 days or less	Asa Yancey Adult (A) & Ped (P) Clinic (DR)	A 14 P 14	A 15 P 7	A 35 P 17	A 36 P 10	No Yes
		Asa Yacey OB Clinic (MW)	0	28	15	0	Yes
		East Point General Clinic (DR)	10	4	31	9	Yes
		East Point Pediatric Clinic (DR)	10	4	7	9	Yes
		East Point OB/GYN Clinic (DR)	31	5	11	10	Yes
		North Fulton Clinic (DR)	26	4	37	95	No
		North Fulton OB/GYN Clinic (MW)	11	5	1	34	No
		Asa Yancey Adult (A) & Ped (P) Clinic (DR)	A 13 P 13	A 1 P 8	A 25 P 0	3	Yes Yes
		Asa Yacey OB Clinic (MW)	0	26	8	0	Yes
		East Point General Clinic (DR)	46	1	0	1	Yes
Established patient 3rd available appointment (Days)	3 days or less	East Point Pediatric Clinic (DR)	6	1	0	1	Yes
		East Point OB/GYN Clinic (DR)	31	4	4	3	Yes
		North Fulton Clinic (DR)	26	1	2	34	No
		North Fulton OB/GYN Clinic (MW)	6	1	1	34	No

• The time to next appointment is during the third week of the month for each of the months listed.

CUSTOMER SERVICE/SATISFACTION MEASURES

Each quarter GHS submits the results from a third party agent (Press-Ganey) that contacts patients post discharge to assess customer satisfaction. Results are sent directly from patients to Press-Ganey for analysis.

The table below provides these data for the one year period from the second quarter of 2011 through the first quarter of 2012. During this period GHS did not meet any of the required benchmarks as noted below for customer satisfaction.

CUSTOMER SERVICE / SATISFACTION MEASURES	Bench- mark*	GHS II Q 2011	GHS III Q 2011	GHS IV Q 2011	GHS I Q 2012	Target Met
Percent of patients who reported that their doctors always communicated well	85%	84%	84%	84%	80%	No
Percent of patients who reported that staff always explained about medicines before administering them	85%	80%	64%	81%	60%	No
Percent of patients who reported that their room and bathroom were always clean	85%	79%	55%	81%	58%	No
Percent of patients who reported that they were given information about what to do during their recovery at	85%	81%	73%	81%	78%	No
Percent of patients who reported that they would definitely recommend the hospital	85%	82%	63%	83%	63%	No

*Quarterly benchmark established by Fulton County.