



INTEROFFICE MEMORANDUM

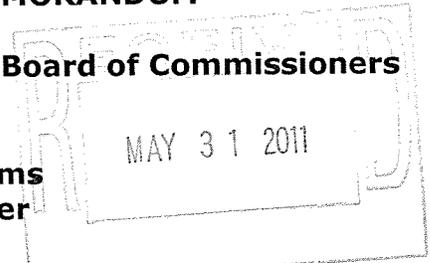
TO: Fulton County Board of Commissioners

THROUGH:  Zachary Williams
County Manager

FROM: Patrice Harris, MD
Director, Health Services

DATE: May 31, 2011

SUBJECT: Grady Health Systems Standards of Care Report



Attached please find the Grady Health Systems Standard (Quality) of Care summary and analysis.

If you have any additional questions, please call me at 404.730.1205.

STANDARD (QUALITY) OF CARE
SUMMARY OF REQUIRED PERFORMANCE INDICATORS, BENCHMARKS AND GHS
RESULTS SUBMITTED
May 31, 2011

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" because they do not actually evaluate treatment outcomes, but indicate 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 regarding care delivered to patients with Medicare, those enrolled in Medicare health plans, those in Medicaid, and those who are not enrolled in any of those programs.

As noted in the table below, for the most recent data provided GHS meets the required Fulton County benchmark on 9 of the 11 performance indicators. The targets were not met for the percent of pneumonia patients given an antibiotic within 6 hours of arrival, and for the proportion of surgical patients who had prophylactic antibiotics discontinued at an appropriate time after the end of the surgical procedure.

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

Congestive Heart Failure	Pneumonia
Acute Myocardial Infarction	Surgery
	Stroke

The charts for all conditions recorded care events for the third quarter of 2010. 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 receiving information about smoking cessation prior to discharge. One chart for a patient with heart failure did not receive an angiotensin converting enzyme inhibitor (ACEI) at discharge. However, that patient was prescribed another medicine with similar biological effects. The ACEI is the preferred choice for quality measurement purposes. Four patients did not receive antibiotics after arrival in a timely manner, but all charts did indicate optimal care for vaccine administration. One surgical chart had no documentation that any prophylactic antibiotic was given, and five out of six of these charts indicated that there was a delay in discontinuation of post-surgical antibiotics. The charts from all the patients with stroke indicated that the standards of care were met.

PROCESS OF CARE MEASURES	Bench- mark*	QUARTER				MET TARGET BENCH MARK?
		4TH 2009	1ST 2010	2ND 2010	3RD 2010	
Congestive Heart Failure						
Percent of Congestive Heart Failure (CHF) patients' given smoking cessation advice/counseling	91%	100%	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%	98%	100%	100%	100%	Yes
Heart Attacks (Acute Myocardial Infarction)						
Percent of Acute Myocardial infarction (AMI) patients given aspirin at arrival	94%	97%	100%	97%	100%	Yes
Percent of AMI patients given a beta blocker at discharge	93%	100%	98%	100%	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%	73%	100%	100%	100%	Yes
Percent of Pneumonia patients assessed and given initial antibiotic(s) within 6 hours of arrival	93%	89%	85%	88%	59%	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%	87%	98%	96%	98%	Yes
Percent of patients whose prophylactic antibiotics are discontinued at the right time within 24 hours after surgery end time	84%	86%	71%	84%	80%	No

Stroke	Bench- mark*	2ND 2010	3RD 2010	4TH 2010	1ST 2011	
Percent of patients with ischemic, T1A, or hemorrhagic stroke given smoking cessation advice/counseling during hospital stay	96%	100%	100%	100%	100%	Yes
Percent of ischemic stroke patients discharged on antiplatelet therapy	97%	100%	100%	90%	100%	Yes

*Quarterly benchmark established by Fulton County.

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

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.

As noted in the table below, Grady did not meet the required benchmarks for average time in the Emergency Room, but did meet the benchmark for average length of stay in the hospital.

PATIENT FLOW MEASURES	Fulton County required quarterly benchmark	GHS Jan 2011	GHS Feb 2011	GHS Mar 2011	Target Met
Average emergency room wait time (Hours)	7:50 Hours or less	9:56	9:88	8:96	No
Average length of stay after admission Days	6.5 Days or less	6.20	6.43	5.89	Yes

* These are considered provisional estimates because of the implementation of an Electronic Medical Record system during this time. The numbers are still being validated.

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.

ACCESS TO CARE MEASURES	Fulton County required quarterly benchmark	Clinic	Days	Target Met
New patient 3rd available appointment (Days)	21 days or less	Asa Yancey Adult & Ped Clinic (DR)	A 49 P 61	No
		Asa Yacey OB Clinic (MW)	25	No
		East Point General Clinic (DR)	52	No
		East Point Pediatric Clinic (DR)	3	Yes
		East Point Nurse Visit (NR)	N/A	
		East Point OB/GYN Clinic (DR)	53	No
		North Fulton Clinic (DR)	10	Yes
		North Fulton OB/GYN Clinic (MW)	11	Yes
		Otis W. Smith Clinic (DR)	35	No
Established patient 3rd available appointment (Days)	3 days or less	Asa Yancey Adult & Ped Clinic (DR)	A 49 P 52	No
		Asa Yacey OB Clinic (MW)	19	No
		East Point General Clinic (DR)	3	Yes
		East Point Pediatric Clinic (DR)	53	No
		East Point Nurse Visit (NR)	11	No
		East Point OB/GYN Clinic (DR)	11	No
		North Fulton Clinic (DR)	24	No
		North Fulton OB/GYN Clinic (MW)	11	No

		Otis W. Smith Clinic (DR)	24	No
--	--	---------------------------	----	----

CUSTOMER SERVICE/SATISFACTION MEASURES

Each quarter GHS will submit 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.

As indicated in the table below, GHS did not meet any of the required benchmark for customer satisfaction. However, all the scores have improved since the last quarter. GHS continues to implement corrective action to improve the results of this measure.

CUSTOMER SERVICE / SATISFACTION MEASURES	Bench-mark*	GHS III Q 2010	GHS IV Q 2010	GHS I Q 2011	Target Met
Percent of patients who reported that their doctors always communicated well	85%	79%	78%	84%	No
Percent of patients who reported that staff always explained about medicines before administering them	85%	51%	59%	79%	No
Percent of patients who reported that their room and bathroom were always clean	85%	57%	57%	80%	No
Percent of patients who reported that they were given information about what to do during their recovery at home	85%	72%	75%	81%	No
Percent of patients who reported that they would definitely recommend the hospital	85%	55%	62%	84%	No

*Quarterly benchmark established by Fulton County.