



INTEROFFICE MEMORANDUM

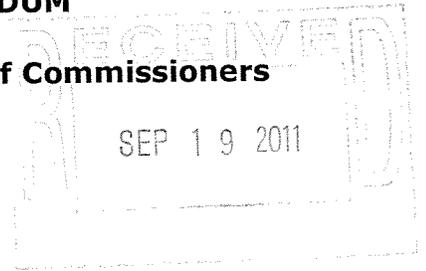
TO: Fulton County Board of Commissioners

THROUGH:  Zachary Williams
County Manager

FROM: Patrice Harris, MD
Director, Health Services

DATE: September 19, 2011

SUBJECT: Grady Health Systems Standards of Care
Report, Agenda Item 11-0855



Attached please find the Grady Health Systems Standard (Quality) of Care summary and analysis. In addition to data provided for the most recent quarter available, we have also provided data supplied by Grady for each of the previous three quarters that provides an annual perspective on the trends in the quality of care provided.

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
September 19, 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." 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 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*. Review of data from all four quarters of 2010 demonstrate little change in this pattern of performance, except that the benchmark was met for antibiotic cessation after surgery in the second quarter, and the benchmark for antiplatelet therapy after a thrombotic stroke was not met in the fourth quarter of 2010.

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:

- | | | |
|--------------------------------|--------------|------------|
| 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 fourth quarter of 2010. One condition, stroke, had data available from the second quarter of 2011 because this information is derived from a special registry funded by the federal government 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 receiving aspirin on admission, but that patient was admitted in cardiopulmonary arrest and never recovered consciousness before expiring. Two patients with heart failure did not receive an angiotensin converting enzyme inhibitor (ACEI) at discharge. However,

PROCESS OF CARE MEASURES	Bench- mark*	QUARTER				MET TARGET BENCH MARK?
		1ST 2010	2ND 2010	3RD 2010	4 th 2010	
Congestive Heart Failure						
Percent of Congestive Heart Failure (CHF) patients' given smoking cessation advice/counseling	91%	100%	100%	100%	96%	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%	100%	100%	100%	94%	Yes
Heart Attacks (Acute Myocardial Infarction)						
Percent of Acute Myocardial infarction (AMI) patients given aspirin at arrival	94%	100%	97%	100%	98%	Yes
Percent of AMI patients given a beta blocker at discharge	93%	98%	100%	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%	100%	100%	100%	85%	Yes
Percent of Pneumonia patients assessed and given initial antibiotic(s) within 6 hours of arrival	93%	84%	88%	59%	80%	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%	96%	98%	98%	Yes
Percent of patients whose prophylactic antibiotics are discontinued at the right time within 24 hours after surgery end time	84%	71%	84%	80%	77%	No

Stroke	Bench- mark*	3RD 2010	4TH 2010	1ST 2011	2ND 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%	90%	100%	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.

one of these patients was prescribed another medicine with similar biological effects. The ACEI is the preferred choice for quality measurement purposes. Two patients did not receive antibiotics after arrival in a timely manner, but all charts did indicate optimal care for vaccine administration. All surgical charts indicated that prophylactic antibiotics were given appropriately, but three 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 all the standards of care were met.

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 Apr 2011	GHS May 2011	GHS Jun 2011	Target Met
Average emergency room wait time (Hours)	7:50 Hours or less	8:23	7:87	8:85	No
Average length of stay after admission Days	6.5 Days or less	5.65	5.45	5.39	Yes

As noted in the table above, 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. In the figure below it is clear that the status of these measures has remained relatively constant when compared to the benchmarks over the previous twelve months, but the wait times in the emergency room did improve substantially after September of 2010 even though they have never achieved the goal.

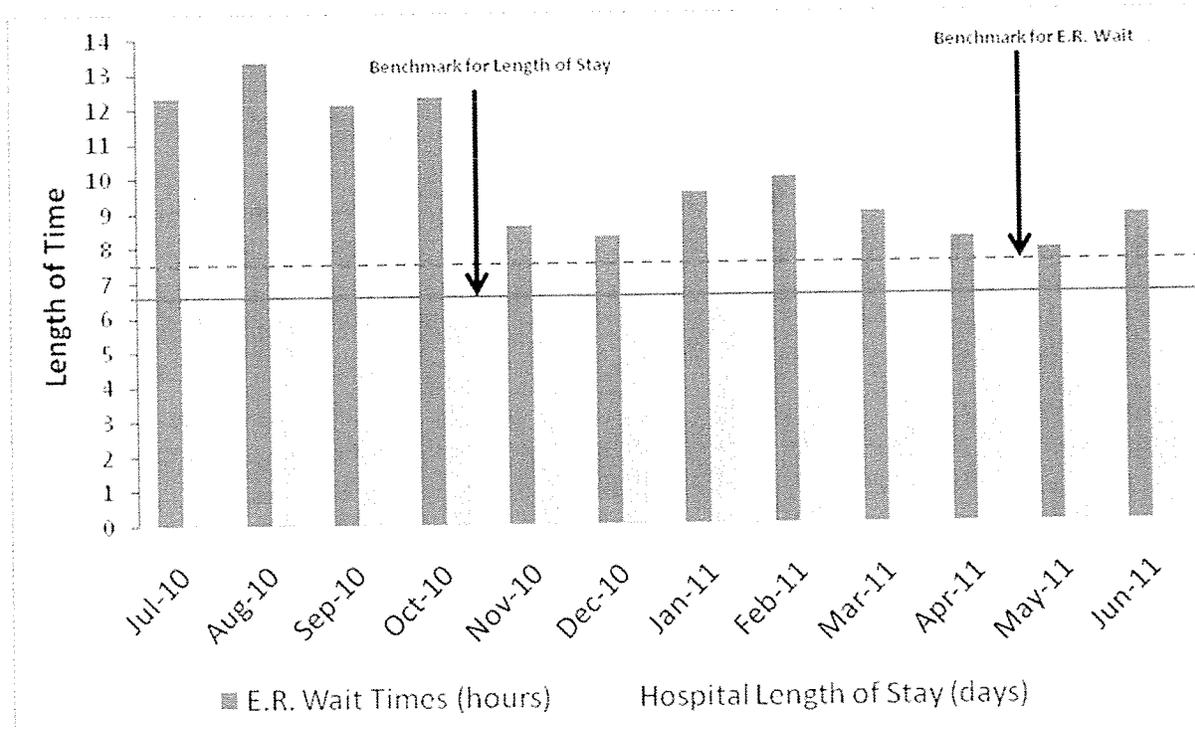


Figure: Emergency Room (E.R.) Wait Times and Hospital Length of Stay by Month for Grady Health Systems

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*	Benchmark	Clinic	Days				Target Met During Most Recent Period
			Oct 2010	Jan 2011	Apr 2011	Jul 2011	
New patient 3rd available appointment (Days)	21 days or less	Asa Yancey Adult & Ped Clinic (DR)	63	7	A 49 P 61	A 14 P 14	Yes
		Asa Yacey OB Clinic (MW)	20	2	25	0	Yes
		East Point General Clinic (DR)	62	30	52	10	Yes
		East Point Pediatric Clinic (DR)	64	32	3	10	Yes
		East Point OB/GYN Clinic (DR)	63	4	53	31	No
		North Fulton Clinic (DR)	67	80	10	26	No
		North Fulton OB/GYN Clinic (MW)	11	8	11	11	
		Asa Yancey Adult & Ped Clinic (DR)	60	2	A 49 P 52	A 13 P 13	No
		Asa Yacey OB Clinic (MW)	11	0	19	0	Yes
		East Point General Clinic (DR)	55	2	3	46	No
		East Point Pediatric Clinic (DR)	61	61	53	6	No
		East Point OB/GYN Clinic (DR)	56	1	11	31	No
		North Fulton Clinic (DR)	61	78	24	26	No
North Fulton OB/GYN Clinic (MW)	6	3	11	6	No		
Established patient 3rd available appointment (Days)	3 days or less						

• The time to next appointment is assessed on the 15th of the month for each of the months listed.

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.

The table below provides these data for the one year period from the beginning of the third quarter of 2010 through the second quarter of 2011. During this period GHS did not meet any of the required benchmarks as noted below for customer satisfaction. However, all the scores remain substantially improved from levels observed at the beginning of the period, and four are within five percentage points of meeting the benchmark. GHS continues to implement corrective actions to improve the results of these measures.

CUSTOMER SERVICE / SATISFACTION MEASURES	Bench-mark*	GHS III Q 2010	GHS IV Q 2010	GHS I Q 2011	GHS II Q 2011	Target Met
Percent of patients who reported that their doctors always communicated well	85%	79%	78%	84%	84%	No
Percent of patients who reported that staff always explained about medicines before administering them	85%	51%	59%	79%	80%	No
Percent of patients who reported that their room and bathroom were always clean	85%	57%	57%	80%	79%	No
Percent of patients who reported that they were given information about what to do during their recovery at	85%	72%	75%	81%	81%	No
Percent of patients who reported that they would definitely recommend the hospital	85%	55%	62%	84%	82%	No

*Quarterly benchmark established by Fulton County.