

Quality Advisory

August 15, 2008

NEW *HOSPITAL COMPARE* DATA TO BE PUBLICLY AVAILABLE AUGUST 19

AT A GLANCE

The Issue:

On August 19, the *Hospital Compare* Web site (www.HospitalCompare.hhs.gov) will be updated to contain new and refreshed information on several conditions. A Quality Advisory sent to hospitals July 1 detailed the new information that will be available: 30-day mortality data for pneumonia patients; updated information on 30-day heart attack and heart failure mortality rates; and, for some hospitals, two clinical measures on pediatric asthma.

On Tuesday, August 19, the Centers for Medicare & Medicaid Services' (CMS) field offices will notify select reporters in each region that the new information can be viewed on *Hospital Compare*. CMS requests that media stories be embargoed until 12:01 a.m. Wednesday, August 20. A formal announcement that the data is available will happen during a CMS-hosted press conference call on August 20. Representatives of the Hospital Quality Alliance will participate in that call. **We also expect that a national story about hospitals' information on *Hospital Compare* will be published on August 20.**

This advisory provides additional information on how hospitals can prepare for interest from patients, your community and the media about your hospital's performance and what the new and updated information means. Because *Hospital Compare* information provides consumers with a look only at certain aspects of care, hospitals can use the update as an opportunity to reach out to their local media to paint a broader picture about the care they provide to their patients.

What You Can Do:

- ✓ Share this advisory with your communications team, quality improvement team, physician and nursing leaders, and trustees to prepare them to respond to questions from patients and the community.
- ✓ Reach out to your local media to discuss what the new information means about patient care at your hospital.
- ✓ Identify quality improvement efforts that you can highlight with the media and the public.

Further Questions:

Please contact Elizabeth Lietz, AHA associate director of media relations, at (202) 626-2284 or elietz@aha.org; Nancy Foster, AHA vice president of quality and patient safety policy, at (202) 626-2337 or nfoster@aha.org; Nicole Buckley, AAMC media relations manager, at (202) 828-0041 or nbuckley@aamc.org; Jennifer Faerberg, AAMC health care quality liaison, at (202) 862-6221 or jfaerberg@aamc.org; Jayne Hart Chambers, FAH senior vice president, strategic policy & corporate secretary, at (202) 624-1522 or jchambers@fah.org; or Richard Coorsh, FAH vice president of communications, at (202) 624-1527 or rcoorsh@fah.org.

Quality Advisory

August 15, 2008

NEW *HOSPITAL COMPARE* DATA TO BE PUBLICLY AVAILABLE AUGUST 19

BACKGROUND

On August 19, the *Hospital Compare* Web site (www.HospitalCompare.hhs.gov) will be updated to include the following information:

- New 30-day pneumonia mortality data;
- Updated 30-day heart attack and heart failure mortality data; and
- Two clinical measures for pediatric asthma patients for some hospitals.

In anticipation of the information being released, we sent an advisory in July that gave detailed information on the new updates to *Hospital Compare*, as well as a checklist of activities hospitals could do to prepare for inquiries from patients, the community and the media about the new information.

This advisory provides additional information, including answers to tough questions and additional messages, that may help hospitals prepare for the data release on August 19.

QUESTIONS AND ANSWERS

The *Hospital Compare* updates could generate some tough questions from your media and community. The following are some anticipated tough questions and suggestions as to how to respond.

- 1.) **There doesn't seem to be much difference between hospitals, and the majority of them are in the "as expected" category – why is that? What does "better" or "worse" than expected mean? Why are there so few hospitals in those categories?**

This is the first time our hospital has been able to publicly share information on pneumonia mortality and we're using new methods to do it. The new methodology we're using means that we are 95 percent confident that each hospital is in the right category. That's an important assurance that the data are as accurate as possible.

Our hospital is committed to sharing information about the care we provide in a way that is useful for consumers. As we continue our efforts to share this information on *Hospital Compare*, new methods may be discovered to provide better insight into hospital quality of care.

2.) What is a confidence interval? What does it mean?

The confidence interval tells us how certain we are that the rate given on the *Hospital Compare* is accurate. In this case, it means that there is a 95 percent certainty that the actual rate falls within the range of numbers shown on the Web site. Because the true rate is likely to be any of the values within the confidence interval, comparing the intervals for hospitals is more accurate than comparing the exact rate given.

(If pushed: A confidence interval is the range of values used to estimate what the true value is. The data displayed contain an estimate of the mortality rate for heart attack, heart failure and pneumonia patients. Because this data point for each hospital is an estimate of its true mortality rate, it is reasonable to ask the question, how likely is it that this is the right answer? A number of factors, including the number of patients included in the calculation, the accuracy and completeness of the data we have on which to make the estimate and the amount of variation in the data we have.)

3.) In the drill down information, how can two hospitals be classified as "as expected" even though one hospital's mortality rate is higher than the other? Doesn't that mean that more patients died at the hospital with the higher rate?

The confidence intervals reflect whether or not two or more hospitals' mortality rates are truly different from each other. The confidence interval shows the range of uncertainty about a hospital's mortality rate. If two hospitals' confidence intervals do not overlap at all, then it is fairly certain that their mortality rates are different.

For a consumer, what's most important to note is into which main category a hospital fits. That is the most accurate information about that hospital's performance.

4.) How does a hospital's mortality rate relate to its performance on the other measures?

While important, patients and consumers should not over-interpret the mortality data. Furthermore, if you are experiencing an emergency, you should go immediately to your nearest hospital emergency department.

The mortality measure is just one piece of information about the care that hospitals provide. While it is important, there are a variety of other factors that can help determine where a patient may choose to go for care, such as where the patient lives or where his or her physician practices.

We encourage patients to talk with their physician about all of the factors that can determine where it is best for that patient to receive care.

5.) Does your hospital's average mortality rate indicate the percent chance that a pneumonia patient has of dying if they check into a hospital?

The average pneumonia mortality rate is just one piece of information that we have about the care we provide at our hospital. It should not be over-interpreted. The average tells us the percentage of Medicare patients who died within 30 days of being admitted to a hospital for pneumonia, many of whom already had other illnesses or conditions that have made them ill. It's important to remember that the average mortality rate reflects only Medicare patients – most patients under the age of 65 are not included in this measure.

6.) Why doesn't the mortality information take into account patients' "do not resuscitate" (DNR) orders? How would the information change if it did?

The method used to calculate the mortality rates doesn't allow hospitals to include information on patients' preferences for their care, such as patients' wishes not to be resuscitated if they have a medical emergency. Our understanding is that the measure will be examined and refined to capture as many different patient factors as possible.

Our goal is to provide the right care to the right patient at the right time. An important part of this effort is respecting our patients' preferences and wishes.

*[***You may want to share any insight you have into how many patients who passed away from pneumonia had requested a DNR or other specific end-of-life care.]*

7.) Why isn't your hospital posting information on the pediatric asthma measures? Is it because you're not getting paid to do so?

Since the pediatric asthma measures are so new, there was not a way for our hospital to share information on these measures on *Hospital Compare*. We understand that the infrastructure needed to share this information is being developed. When it is ready, we hope to share this information with our patients and communities.

ADDITIONAL MESSAGES

The following examples and messages could be used to supplement the overall key themes that were included in the July 1 advisory on the *Hospital Compare* update. Please tailor these messages to reflect your organization.

Pneumonia mortality information

The pneumonia mortality information was calculated in a way that included all Medicare patients who passed away from pneumonia. Also, it did not take into account patients' care preferences. If your quality improvement team discovered any particular insights into the care received by pneumonia patients, discuss those insights and how they have helped your hospital more fully understand what the pneumonia mortality information means. This is particularly important if your hospital's pneumonia mortality rate was calculated as being "worse than the national average." Depending on what insights your quality improvement team has discovered, the following examples may help you frame your story:

- Some patients may have expressed to their doctor their desire not to be resuscitated or not have extraordinary measures taken if they have a medical emergency. By including these patients in the calculation, it is difficult to get a complete picture of the care pneumonia patients receive.
- Since these are Medicare patients, and not younger patients, they may have had other health problems that affected their ability to recover from pneumonia.
- The pneumonia mortality information provides insight into the care that pneumonia patients receive while in the hospital, as well as how they fare after they have been discharged. The new information could provide insight into this connection that can be used to improve the care given to patients.

Updated heart attack and heart failure mortality information

Hospitals may find that the recalculated heart attack and heart failure mortality information has placed them in a different category than they were in previously. This could be particularly difficult if the change in categories indicates your hospital's mortality rate has increased. The following messages may be useful

when responding to questions from the media or community members and can be tailored to either mortality information or both:

- Improving quality of care is the top priority for our hospital and providing the best care possible is the goal for every patient we care for.
- A new methodology was used to recalculate the heart attack and heart failure mortality rates, and we are examining the updated information to determine the cause of the change.

Pediatric asthma measures

Only hospitals that chose pediatric asthma as one of their Joint Commission core measures sets will have their performance on these measures publicly reported as part of the August 19 update. Since it is possible to report the measures, even though it's not directly through CMS, a hospital that did not choose these measures as part of their Joint Commission requirements may be asked why they made that decision. This is an excellent opportunity to talk about your efforts around improving the care your hospital provides to pediatric patients.