

April 8, 2010

## Dear Friends and Colleagues:

For a hospital, it all comes down to *quality care*. That's why we've stressed *quality* in all our efforts over these past several years, because it's the key to distinguishing NCH from everyone else.

This week, I'd like to examine NCH quality—specifically, Where do we stand now? and Where are we headed in the future? in terms of quality care.

First, let's examine the quality measures. There are 21 organizations that have generated more than 3,000 healthcare quality measures. The "dean" of quality measures—the measurer of the measurers, if you will—is the National Quality Forum (NQF) (<a href="www.qualityforum.org">www.qualityforum.org</a>). NCH Chief Medical Officer **Dr. Aurora Estevez** has participated at a national level with NQF, so we have a seat at the table and have recently been invited to help develop recommendations for screening colonoscopy.

There are many other credible sources of objective information about quality. Among them are HealthGrades (<a href="www.HealthGrades.com">www.HealthGrades.com</a>), Thomson Reuters (<a href="www.thomsonreuters.com">www.thomsonreuters.com</a>), Centers for Medicare and Medicaid (<a href="www.CMS.gov">www.CMS.gov</a>), and Hospital Compare (<a href="www.HospitalCompare.HHS.gov">www.HospitalCompare.HHS.gov</a>). Some emphasize *processes* while others rely on *outcomes*. A *process* is basically how something is performed; for example, how much time does it take to get a heart attack patient from the front door of the ER to the cardiac cath lab to stop heart damage? An outcome is a measure of the final product; for example, how many lives are saved by stopping a heart attack? In general, outcomes matter most to patients and are obviously more objective—the patient either lives or dies, has a complication or doesn't.

Quality measurement is complicated by the fact that no two patients are alike. Some are older, sicker or have other diseases. Caring for a college student with appendicitis is entirely different than caring for a frail, elderly diabetic with the same inflamed appendix. That elderly patient could be prone to many more complications.

As to how we've done on quality, NCH has recently received the *Distinguished Hospital Award for Clinical Excellence*, *Patient Safety Excellence Award* and *Cardiac Care Excellence Award* for the third year in a row from HealthGrades. Coronary Intervention, Maternity Care, Orthopedic Surgery, Pulmonary Care, Stroke Care and Women's Health were also recognized again as being top-rated, compared to almost 5,000 hospitals.

As a large, 681-bed two-hospital system, NCH offers significant advantages for its patients. According to the *New England Journal of Medicine*, treating a greater number of patients for such conditions as heart attack, heart failure and pneumonia results in decreased 30-day mortality (chance of dying within 30 days of discharge). At larger hospitals, the *Journal* found the risk of dying within a month of admission was 11% lower for heart attacks, 9% lower for heart failure, and 5% lower for pneumonia. We already knew that high volumes produce better outcomes for surgical patients. Now the same has been proven for medical patients.

The bottom line is that NCH stands within striking distance of being one of the top 50 hospitals in the country, according to HealthGrades. We have the will and the desire and the people to get us to this next plateau. We are, objectively, the best we have ever been. We must and will continue our quest for quality which is a continuous journey.

Respectfully,

Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at <u>allen.weiss@nchmd.org</u> to be added.