

September 11, 2008

Dear Friends and Colleagues,

Quality remains at the heart of healthcare and our number one focus at NCH.

Higher quality translates to lower costs, better value, and broader access for all. Higher quality also makes us more satisfied with our work and gives us each job security. That's why many of us have been focused on improving quality at NCH for the better part of a decade. Hospital quality was a primary topic at a meeting in Phoenix last week at which I spoke after Dr. Mark McClellan, former head of both the Food and Drug Administration (FDA) and Centers for Medicare and Medicaid (CMS).

More than ever before, hospitals are being measured on quality, by the government and by private services. And NCH, as we have reported to you, has fared well in most rankings. However, two such rankings merit continued special attention with an eye to improvement.

- **HCAHPS** (Hospital Consumer Assessment of Healthcare Providers & Systems) measures 10 different parameters, all related to patient experience. Two key areas are: "*Willingness to recommend this hospital*" and "*Overall rating of this hospital.*" The other eight questions relate to communication with nurses, physicians, responsiveness of staff, pain management, communication about medicines, discharge information, cleanliness, and quietness of hospital environment.

While we have improved steadily on HCAHPS—especially since hourly rounds were initiated at NCH—we're not yet where we need to be. For example, on "*definitely recommend,*" our most recent available measurement stands at 58%. On "*overall rating of 9 or 10 [10 being good],*" we are at 53%. All hospital scores are listed on www.hospitalcompare.hhs.gov, and our goal is to continue improving here.

- **CMS** (Centers for Medicare and Medicaid Services) measures both process and outcomes—namely, how well did the patients do with their illness or surgery.

CMS metrics relate to five major categories: congestive heart failure, heart attack, bypass surgery, pneumonia and joint replacement. On these rankings, which reward top performers with extra payments and punish bottom performers with less payment, NCH ranks in the middle. Again, we are working to improve, with computer physician order entry assisting us in this pursuit. We'll be ready when CMS soon asks all 5,000 U.S. hospitals to participate in its rankings.

More important than any rankings, of course, is the final result—helping patients realize maximum potential by providing them with optimal care and comfort. How we treat patients each day is the real measure of NCH quality and our special place in the community.

Respectfully,



Allen S. Weiss, M.D.