

Straight Talk

A weekly update from management on the issues that matter most

July 2, 2009

Dear Friends and Colleagues:

There's a one-word reason why NCH has become one of Florida's finest healthcare institutions: **Quality**.

That's why 32,549 inpatients and 79,334 outpatients last year chose NCH to provide compassionate care. Let me give you a glimpse of how we're objectively measuring the quality we deliver to our patients.

One primary quality focus at NCH is our participation in the Centers of Medicare and Medicaid Services (CMS) core measures and a multi-year demonstration project, which assesses quality in terms of five major illnesses—heart failure, bypass surgery, heart attacks, pneumonia, and total joint replacements. NCH is one of the original 300 hospitals participating in this study, begun in 2003.

Aurora Estevez, M.D., Chief Medical Officer, and her team including Dr. Tracey King, Lisa Leonard, Sue Manning, and Holly Teach report to the Board about the strides they are making in the CMS study and in general. Three major metrics—mortality, average length of stay and readmissions—have all improved and are as good as or better than our peers.

Our **Surgical Care Improvement** parameters (comprised primarily of **total joint replacement**) continue to improve, with **deep vein thrombosis prevention** being at top performer levels. The category also includes the correct choice, initiation and discontinuation of antibiotics within 24 hours. For **bypass surgery**, control of glucose (sugar) is extremely important for wound healing. We are above the national average in glucose control and in beginning antibiotics within one hour, but slightly below average in related other areas, all of which we are working on to improve.

Cardiac quality includes **Heart Attack and Heart Failure** care. **Heart Attack** care is measured by door to balloon time (Code Save-a-Heart), using the correct medications and smoking cessation education. NCH is above the national average for most of the indicators with several of the indicators at the level of top performers. **Heart Failure** is measured by offering smoking cessation education, evaluation of heart function, discharge instructions and the use of the right medications to improve heart function. At NCH, most of these measures are at or above the national average. The Quality team is focused on improving the metrics where we are lowest, such as completing detailed discharge instructions for patients with heart failure.

Pneumonia analysis includes six quality parameters, including treating a patient within six hours with an antibiotic. We now rank among the top performers in the country on this. We also exceed the national average in the other five areas for pneumonia—flu shots and pneumovax administration, smoking cessation education, appropriate antibiotic use, and blood cultures.

The public can track how we're doing at <http://www.hospitalcompare.hhs.gov/Hospital>, a government website which shows this comparative data but is a few quarters behind due to the time needed to collect and collate data. This transparency is good for patients and healthcare providers alike. It's important that all of us understand objective quality measures to improve our care.

At NCH, there is no more essential “*product*” than the quality service and outcomes we deliver to our patients.

Respectfully,



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

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