

## California's Public Hospitals: Providing High Quality Care With a Commitment to Improvement

### Demonstrating High Quality Care and Transparency

You probably know that California's public hospitals are always open to everyone – as a reliable safety net for low income and uninsured patients, a first-rate trauma center for accidents and disasters, and a source for routine primary and preventive care.

What you may not know is that public hospitals are also engines for health care innovation in California, and are vigorously engaged in hundreds of efforts to improve health care delivery using demonstrated models that have proven effective in improving patient safety and making care more efficient and clinically sound. In implementing these models, public hospitals are driven by the belief that every person deserves high quality care. And better access to such care will reduce health disparities in the communities they serve, and also will lead to more cost-effective and efficient services.

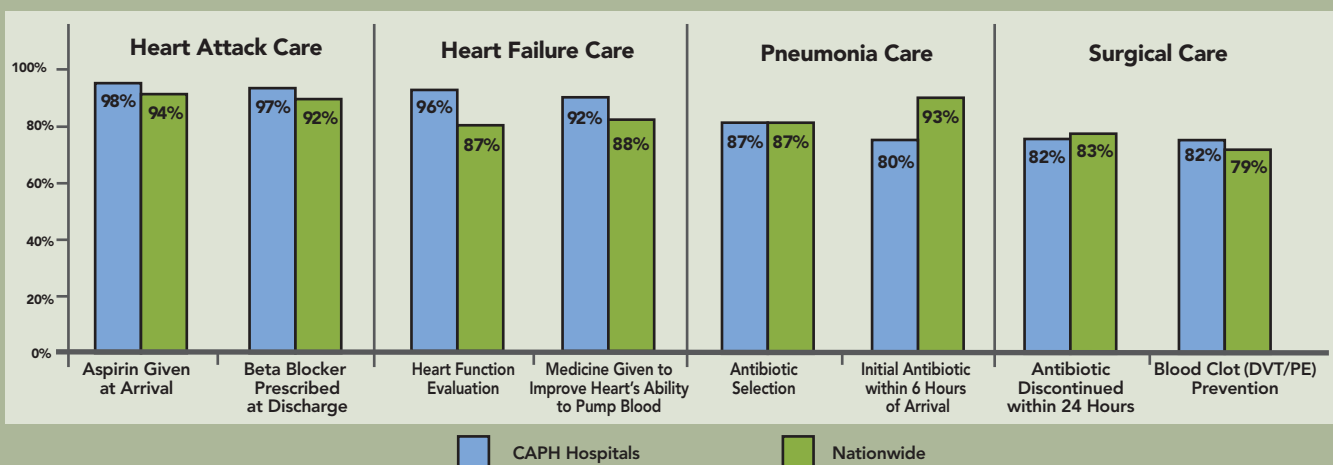
Hospitals, both public and private, are now required to regularly report data to the Centers for Medicare and Medicaid Services (CMS) and other government and

private organizations so that quality of care can be evaluated across institutions. These measures are based on studies that demonstrate that specific interventions can make dramatic improvements in patients' outcomes. For example, national guidelines strongly recommend medicines such as ACE inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) for heart failure patients with poor heart pumping function. These medicines have been shown not only to prolong life, but also to prevent disease progression and decrease heart failure hospitalizations.

Similarly, evidence shows that having surgery such as a knee replacement increases one's chances of developing a blood clot by twenty-fold. But if the patient receives the appropriate preventive therapy, the risk for a blood clot can be diminished nearly two thirds.

Public hospitals are now taking a close look at the results from these reporting requirements to see which quality improvement efforts have led to above-average performance on data reports and where there is still room for improvement. Selected data from the most recent reporting period for April 1, 2007 through March 31, 2008 are summarized below.

### CALIFORNIA PUBLIC HOSPITALS' PERFORMANCE ON CORE MEASURES<sup>1</sup>



#### Notable Highlights:

- The majority of CAPH members perform at or above average on at least six of the core measures listed above. Several perform 10% or more above the national average for a majority of the core measures.
- For most core measures, public hospitals' performance exceeds the average for all hospitals nationwide.

- Thus far, for most measures, California's public hospitals have improved at a rate that is consistent with, or better than, the average national rate of improvement, and we expect even greater gains in the future.

<sup>1</sup>Currently CMS publicly reports data on 26 core measures in four areas: AMI (Heart Attack), Pneumonia Care, Surgical Care, and Heart Failure. More information can be found at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).

## Proven Results

As the chart on the reverse illustrates, California's public hospitals are meeting or exceeding national standards on most of the core measures that are reported to CMS. Their performance is particularly strong in areas such as assessing heart failure patients and giving patients the right heart attack care medication at the time they need it. Overall, California public hospitals' performance has been steadily improving in pneumonia care, surgical care, and heart failure care at the same rate as all hospitals on average nationwide.

These high marks are the result of public hospitals' hard work in implementing new processes and systems to improve patient safety and clinical outcomes. Many of these quality improvement projects are facilitated by CAPH's affiliated organization, the California Health Care Safety Net Institute (SNI), which connects public hospitals with research, training, education and best practices to help them improve care for their patients in both the inpatient and outpatient settings.

## More Work Being Done

Public hospitals recognize that there is much progress to be made, and they are continuing to dedicate themselves to improving patient care. For example, some public hospitals are expanding and retooling their ERs to improve patient flow and triage processes. This effort will help them identify pneumonia patients more efficiently and will expedite the delivery of antibiotics when needed.

In addition, four public hospitals are participating in a new SNI project that focuses on inpatient stay for heart failure patients. The project helps ensure that patients leave the hospital with critical information and receive appropriate follow-up care. These improvements will decrease readmission rates as well as the costs associated with recidivism.

## Need to Recognize Challenges

Public hospitals maintain their commitment to transparency efforts despite financial challenges that can make it difficult to collect and report data. In particular, outdated health IT systems often require staff to pull information from charts by hand, a resource-intensive effort that can lead to data inaccuracies. Public hospitals and other safety net institutions also treat a highly complex patient population that has multiple co-morbidities and complicated life situations. In order to account for these patient demographics and make accurate comparisons between hospitals, it is essential that performance measures are appropriately risk-adjusted.

## Looking Ahead

CAPH congratulates our members for their impressive leadership in quality improvement, and we support their continued efforts to improve patient care. We look forward to working with state and federal officials and other stakeholders to include the perspective of the health care safety net in the development of performance measurement and reporting policies.

# Spotlight: Quality First Initiative

In response to public hospitals' tremendous efforts to improve patient care, CAPH joined forces with SNI to create the Quality First Initiative (QFI). This effort, begun in 2007, seeks to promote California public hospitals' continual innovation to enhance patient safety and to help them make even greater improvements in clinical outcomes. The goals of the Quality First Initiative are to:

- Enable our members to collect and report quality data efficiently and accurately;
- Provide resources, information and training to help ensure that our members are within the top 10% of all hospitals on key quality measures;
- Inform key stakeholders and the public about the high quality care provided by public hospitals in California; and

- Help shape policies at the state and federal level that are intended to reduce health disparities in safety net institutions by improving quality and promoting patient safety.

Through the QFI, CAPH's 19 member public hospitals hold themselves and CAPH and SNI accountable for meeting the needs of our patients through high quality, cost-effective care. As critical safety net hospitals – providing nearly half of all hospital care to the state's 6.6 million uninsured despite representing just six percent of all hospitals in the state – CAPH members are committed to providing the best services possible to all who seek care in their hospitals and clinics.