JOINT COMMISSION ISSUES REPORT ON IMPROVING AMERICA'S HOSPITALS

by Dave Gourley RRT

In March 2007, The Joint Commission issued a report entitled, "Improving America's Hospitals: A Report on Quality and Safety". This report, the first of what will become an annual report, describes the performance of accredited hospitals in comparison to evidence-based quality measures during 2005. Specifically, the report examines the quality measures for the care of acute myocardial infarction (AMI), congestive heart failure (CHF), pneumonia, and surgical infection prevention (SIP). As you are probably aware, these measures are a result of The Joint Commission's Hospital Core Measure Initiative. This initiative's goal was to create a set of standardized national measures that would enable the comparison of healthcare organizations. These measures are aligned with the Centers for Medicare and Medicaid Services (CMS) and the National Quality Forum (NQF) in an effort to simplify data collection requirements for hospitals and to ensure consistency in data collection. These measures are currently being utilized for the "Hospital Quality Alliance: Improving Care through Information" initiative. This initiative is led by the American Hospital Association, the Federation of American Hospitals, and the Association of American Medical Colleges. This data is available on the CMS website, Hospital Compare.

In addition to the quality measures, The Joint Commission report also provides data on hospital compliance with the National Patient Safety Goals. This data is a result of the compliance assessed by Joint Commission surveyors on more than 1,500 surveys conducted during 2005. The results show areas where improvement has been made, and also highlights areas in need of further improvements.

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The essential point for respiratory therapists to be aware of is that all of this quality data is publicly available. In addition, as we move closer to "Pay for Performance", with some payors already embracing an incentive model for hospitals that score high on the quality indicators, we all will need to be paying very close attention to our hospital scores on all of these indicators.

The fourteen individual measures are based on evidence-based treatment. This means that there is scientific evidence to demonstrate that these measures are effective. Nationwide, hospitals showed an improvement ranging from 1.1% to 43% over a four year period. This included improvements in heart attack, congestive heart failure, and pneumonia. The following table shows the significant improvements in these three areas across the country.

Quality Measure	*2002 compliance*	*2005 compliance*
Acute MI	86.9%	90%
Heart failure	60.7%	76%
Pneumonia	72.3%	81%

As you can see, hospitals across the country have demonstrated improvement in these quality indicators. These performance improvement indicators have contributed to better health and quality of life for patients, have saved lives, and have lowered health care costs. It has been shown that when hospitals do not provide care according to evidence-based treatment, the risk of adverse outcomes is increased.

Looking at the glass as half full, healthcare executives and clinicians are pleased with the improvements shown here. However, hospitals are achieving 90% or higher compliance with only half of these measures. On two of the measures, providing pneumococcal screening and vaccination to pneumonia patients and providing discharge instructions to heart failure patients, hospitals are performing at less than 65%. In addition, there is still a wide variability in hospital performance state to state.

The quality measures shown in this report were selected based on solid clinical evidence. The Joint Commission collaborated with health care providers, hospital associations, performance measurement experts, and consumers across the country. These measures are recognized to lead to the best outcomes for patients.

As you read this report, realize that this is only the tip of the iceberg. The Joint Commission is in the preliminary stages of tracking another 21 quality of care measures that will be publicly available in 2008. In addition to the current measures, several indicators will be added to heart attack care, pneumonia care, surgical infection prevention (SIP) will be published. This continuous feedback to hospitals and providing this information to the public will be the standard, and the expectation from a more informed healthcare consumer.

In addition, the public is becoming increasingly aware of the risk of medical errors. Compliance with The Joint Commission's National Patient Safety Goals will give the public an indication of

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ured vital capacity as possible. Ninety five percent is reasonable. If the inspiratory volume is significantly less, the resultant measured alveolar volume will be decreased resulting in a lower result. Hemoglobin, as we all know, is important in reporting the final results. Until recently, the hemoglobin would be used only to adjust the predicted value as it was felt that adjustments to the actual value should not be made. In another words, raw data should never be adjusted. But the Europeans have always adjusted the actual value and the ATS agreed to make that universal.

Many factors must be considered when the technologist performs the test. One of the most important, I feel, is the instructions to the patient as to how to maintain the breath hold. There are three techniques available. The breath hold can be maintained by having the patient close his or her glottis. It also can be maintained by having the valve close after inspiration and have the patient rest his or her breath hold against the closed valve. And the final technique is to have the patient maintain the breath hold through a continuous inspiratory effort through muscle strength alone. I don't know if there are any published data as to the difference between results comparing these three techniques but I have found that when having the patient maintain the breath hold himself or herself, the results are generally three to five percent higher. Please inform me if you have seen different results from having the breath hold maintained by the patient versus using the machine valve or the patient's closed glottis. The many factors which can affect the DLCO result and how the technologist performs the test, make this procedure, more than any other pulmonary function test, a form of art. We need to know and be sure that all factors which can affect the results are in line and to be sure that other unique factors are in control. One time in one of my review classes, I asked the students to tell me how many times they routinely performed the DLCO on each patient. One student said that he performed the test only one time or only one trial. I asked him the reason and he said that if he performed two trails he would invariably get different results on each trial and would not know which trial to report. Of course this demonstrates the necessity of following the ATS/ERS guidelines and performing at least three acceptable trials and then averaged the best two.

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individual hospital's compliance and commitment to these goals. These goals are based on information gathered by The Joint Commission's Sentinel Event Advisory Group, which is comprised of physicians, nurses, pharmacists, risk managers, and other healthcare safety experts.

Providing this essential information to both the healthcare community and the general public is part of an ongoing effort of The Joint Commission to meet its mission of continuously improving the safety and quality of care provided to the public. The Joint Commission will continue to play an increasingly prominent role in disseminating pertinent information to the healthcare consumer. The two important activities in this report, performance measurement and patient safety, are just a part of the increasing amount of data that are publicly available. As healthcare providers, we must be accustomed to this new paradigm. There is a regional clothing provider, Syms, in the New York/New Jersey area with a slogan that seem appropriate with this onslaught of information available to the healthcare consumer: "An educated consumer is our best customer". I believe we need to embrace this slogan as the ever increasing level of data and information is made available to our patients.

You may review a complete copy of the report by visiting The JCAHO website at http://www.jointcommissionreport.org/.

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