

STANDARD (QUALITY) OF CARE  
SUMMARY AND ANALYSIS OF REQUIRED PERFORMANCE INDICATORS,  
BENCHMARKS

**PROCESS OF CARE MEASURES**

At the end of each quarter, Grady Health Systems submits Process of Care measures. These measures show whether or not Grady provides care that is recommended for patients being treated for a heart attack, heart failure, pneumonia, stroke or for patients having surgery. GHS also submits this data from medical records about the treatment their patients receive for these conditions to the Centers for Medicare and Medicaid Services, an agency of the US Department of Health and Human Services. The data include patients with Medicare, those enrolled in Medicare health plans, and those who don't have Medicare. Each quarter Grady will submit data for the most recent quarter(s) for which the data has been validated.

As noted in the table below, Grady meets the required Fulton County benchmark on 9 of the 11 performance indicators for process of care. They did not meet the target for percent of patients given pneumococcal vaccine and percent of pneumonia patients given an antibiotic within 6 hours of arrival. GHS has implemented a revised immunization screening/vaccination/documentation process and now use standardized physician order sets to improve performance on the pneumonia indicators.

Dr. Matt McKenna audited 30 charts to assess the documentation that appropriate care was provided to patients admitted to Grady Hospital during the second quarter of 2009. Specifically, there were 6 charts that were randomly selected for each of 5 conditions. These were:

Congestive Heart Failure  
Acute Myocardial Infarction  
Pneumonia  
Surgery  
Stroke

Two indicators of care were assessed for each condition, except for Congestive Heart Failure, where 3 indicators were assessed. Overall, there were two charts, one for pneumonia and one for surgical care that did not meet the required performance indicator.

<b>PROCESS OF CARE MEASURES</b>	<b>Fulton County Required quarterly Benchmark</b>	<b>GHS I Q 2009</b>	<b>GHS 2 Q 2009</b>	<b>Target Met?</b>
<b>Congestive Heart Failure</b>				
Percent of Congestive Heart Failure (CHF) patients' given smoking cessation advice/counseling	91%	97%	98%	Y
Percent of patients with heart failure who also have left ventricular systolic dysfunction (LVSD) who were prescribed an angiotensin converting enzyme inhibitor (ACEI)	88%	97%	100%	Y
<b>Heart Attacks (Acute Myocardial Infarction)</b>				
Percent of Acute Myocardial infarction (AMI) patients given aspirin at arrival	94%	96%	98%	Y
Percent of AMI patients given a beta blocker at discharge	93%	97%	100%	Y
Percent of AMI patients given smoking cessation advice/counseling	94%	99%	100%	Y
<b>Pneumonia</b>				
Percent of Pneumonia patients assessed and given pneumococcal vaccine	81%	49%	36%	N
Percent of Pneumonia patients assessed and given initial antibiotic(s) within 6 hours of arrival	93%	61%	62%	N
<b>Surgical Care Improvement Project (SC1P)</b>				
Percent of patients who received a prophylactic antibiotic at the right time within 1 hour prior to surgical incision	86%	88%	90%	Y
Percent of patients whose prophylactic antibiotics are discontinued at the right time within 24 hours after surgery end time	84%	79%	88%	Y

<b>Stroke</b>	<b>Fulton County required quarterly benchmark</b>	<b>GHS July 2009</b>	<b>GHS Aug 2009</b>	<b>GHS Sep 2009</b>	<b>GHS Oct 2009</b>	<b>GHS Nov 2009</b>	<b>Target Met?</b>
Percent of ischemic stroke patients discharged on anti-platelet therapy.	96%	97%	100%	100%	94%	100%	Y
Percent of patients with ischemic, T1A, or hemorrhagic stroke given smoking cessation advice/counseling during hospital stay	97%	92%	100%	100%	100%	100%	Y

### **PATIENT FLOW MEASURES**

At the end of each quarter, GHS submits data regarding patient flow. These measures include are average emergency room wait time and average length of stay after admission. Average emergency room wait time represents the average total encounter time of patients in the emergency department, i.e. f the time from walking into the emergency department until they discharge from the emergency department. Average length of stay after admission is the average number of inpatient days a patient spends in the hospital.

As noted in the table below, Grady did not meet the required benchmarks for average length of stay in the Emergency Room for the months of October, November and December, 2009; GHS did meet required benchmark for average length of stay in the hospital for those months.

<b>PATIENT FLOW MEASURES</b>	<b>Fulton County required quarterly benchmark</b>	<b>GHS Oct 2009</b>	<b>GHS Nov 2009</b>	<b>GHS Dec 2009</b>	<b>Target Met?</b>
Average emergency room wait time (Hours)	7:50 Hours or less	10:10	9:49	9:59	N
Average length of stay after admission for inpatients (Days)	6.5 Days or less	5.97	6.33	5.98	Y

## ACCESS TO CARE MEASURES

At the end of each quarter, GHS submits access to care measures. The 3<sup>rd</sup> available appointment is an industry standard metric to provide insight into clinic capacity, i.e. the latest date at which a 3<sup>rd</sup> follow up appointment is available.

The chart below details each outpatient clinic and the days until available appointment. A "secret shopper" audit of the Asa Yancey Adult and Pediatric Clinic, the East Point OB/GYN clinic and the Otis Smith Clinic revealed 3<sup>rd</sup> available appointments wait times of 5 and 30 days respectively.

ACCESS TO CARE MEASURES	Fulton County required quarterly benchmark	Clinic	Days	Target Met?
New patient 3rd available appointments (Days)	21 days or less	Asa Yancey Adult & Pediatric Clinic (DR)	2	Y
		Asa Yancey OB Clinic (MW)	31	N
		East Point General Clinic (DR)	42	N
		East Point Pediatric Clinic (DR)	27	N
		East Point OB/GYN Clinic (DR)	36	N
		North Fulton Clinic (DR)	1	Y
		North Fulton OB/GYN Clinic (MW)	24	Y
		Otis W. Smith Clinic (DR)	0	Y
Established patient follow-up appointments (Days)	3 days or less	Asa Yancey Adult & Pediatric Clinic (DR)	0	Y
		Asa Yancey OB Clinic (MW)	8	N
		East Point General Clinic (DR)	0	Y
		East Point Pediatric Clinic (DR)	7	N
		East Point Nurse Visit (NR)	2	Y
		East Point OB/GYN Clinic (DR)	53	N
		North Fulton Clinic (DR)	0	Y

		North Fulton OB/GYN Clinic (MW)	1	Y
		Otis W. Smith Clinic (DR)	0	Y

**CUSTOMER SERVICE/SATISFACTION MEASURES**

Each quarter Grady will submit the results from Press-Ganey, a third party agent that contacts patients post discharge to assess customer satisfaction. Results are sent directly from patients to Press-Ganey for analysis of results.

As indicated in the table below, Grady did not meet the required benchmark for customer satisfaction. GHS has implemented corrective action to improve this metric including staff training, creation of a service excellence multidisciplinary committee, adding a customer satisfaction competency measure to employee evaluations and assigning a departmental champion for each goal.

<b>CUSTOMER SERVICE / SATISFACTION MEASURES</b>	<b>Fulton County required quarterly benchmark</b>	<b>GHS IV Q 2009</b>	<b>Target Met?</b>
Percent of patients who reported that their doctors always communicated well	85%	78%	N
Percent of patients who reported that staff always explained about medicines before administering them	85%	50%	N
Percent of patients who reported that their room and bathroom were always clean	85%	55%	N
Percent of patients who reported that they were given information about what to do during their recovery at home	85%	64%	N

<b>OVERALL CUSTOMER SERVICE / SATISFACTION MEASURES</b>	<b>Fulton County required quarterly benchmark</b>	<b>GHS IV Q 2009</b>	<b>Target Met?</b>
Percent of patients who reported that they would definitely recommend the hospital	85%	56%	N