



Quality Advisory

September 8, 2010

Hospital Compare: **New Hospital-Acquired Conditions Data**

AT A GLANCE

The Issue:

In mid-September, information on hospital-acquired conditions (HACs) will be publicly available for the first time on *Hospital Compare* (www.hospitalcompare.hhs.gov). These data will display rates of HACs, including certain hospital-acquired infections. **The release of HAC rates may generate interest from patients, your community and the media.** Unlike other information on *Hospital Compare*, these data will be released only as a downloadable file. The site will not display the HAC data in a graph or table format, as is the case for other *Hospital Compare* measures.

The HAC data release provides an important opportunity to talk with your patients and the media about your hospital's activities to improve quality of care in your hospital. This advisory will help you begin to prepare for the publication of the new information.

Our Take:

We strongly oppose inclusion of the HACs for reporting on *Hospital Compare*. The Centers for Medicare & Medicaid Services (CMS) has never made specifications available for the calculation of the HAC rates, so fundamental assessments of the accuracy of capturing the incidence of these conditions has never been assessed. Also, the HACs have not been reviewed by consensus-based entities such as the National Quality Forum and Hospital Quality Alliance. We continue to urge CMS not to publish these data.

What You Can Do:

- ✓ Share this advisory with your communications team, quality improvement team, physician and nursing leaders, and trustees to prepare them to respond to questions from patients and the community.
- ✓ Develop strategies to help staff respond to inquiries from their patients and the community about your hospital's information on *Hospital Compare*.
- ✓ Identify quality improvement efforts that you can highlight with the media and the public.
- ✓ Preview your data when it is posted during the pre-release period, which is slated for September 16. Hospitals will have only nine days to preview the reports.

Further Questions:

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- FAH Contact: Jayne Chambers, senior vice president strategic policy & corporate secretary, at (202) 624-1522 or jchambers@fah.org.
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BACKGROUND

Hospital Compare

Hospitals began publicly reporting quality of care information on heart attack, heart failure and pneumonia patients on the Hospital Quality Alliance's (HQA) *Hospital Compare* website in 2004. Since then, the amount of information available for the public to use has expanded to include information on 30-day hospital readmission and mortality rates, patients' experience of their hospital care, steps to prevent surgical infections and hospital outpatient measures.

AT ISSUE

New Hospital-Acquired Conditions

In mid-September, new information will be added to *Hospital Compare* on the following hospital-acquired conditions (HACs):

- Foreign object retained after surgery;
- Air embolism;
- Blood incompatibility;
- Pressure ulcer stages III and IV;
- Falls and trauma (includes: fracture, dislocation, intracranial injury, crushing injury, burn and electric shock);
- Vascular catheter-associated infection
- Catheter-associated urinary tract infection; and
- Manifestations of poor glycemic control.

The information on HACs will not be displayed in a manner similar to the rest of the data currently available on *Hospital Compare*. Instead, the Centers for Medicare & Medicaid Services (CMS) intends to post the information as a spreadsheet file that the public can download. This file will contain hospital-specific information for each of the eight HACs listed above. CMS has not shared with HQA or the hospital associations an example of how the information will be presented. Prior to the posting of the downloadable file, hospitals will have a limited opportunity to preview their specific HAC rates. Hospitals will have only nine days to preview the reports.

History of Hospital-Acquired Conditions

In response to a concern that the payment system might reward hospitals for substandard care by paying extra when a patient developed a HAC, Congress included a provision in the *Deficit Reduction Act* (§5001(c)) directing the Secretary to: (1) begin collecting a new data element, the present on admission indicator, to determine which complications were acquired during hospitalization, and (2) stop paying the higher complicated MS-DRG payment for selected conditions. The selected conditions had to:

- be high cost, high volume, or both;
- cause the assignment of a higher paying DRG when present as a secondary diagnosis; and
- be considered reasonably preventable through the application of evidence-based guidelines.

The Secretary can revise the list of HACs, as long as the list contains at least two conditions.

Concerns Surrounding the Public Reporting of Hospital-Acquired Conditions

Since identifying its list of HACs, CMS has collected information on how many HACs have appeared in the Medicare claims and determined in what proportion the patients with those HACs actually did not have the condition present on admission. In the proposed inpatient prospective payment system rule, CMS proposed publishing the HAC data by hospital. In our June 2010 comment letters responding to the proposed rule, we strongly opposed inclusion of the HACs for reporting on *Hospital Compare* for many reasons, including:

- CMS has never made specifications available for the calculation of the HAC rates, so fundamental assessments of the accuracy of capturing the incidence of these conditions has never been assessed.
- Because there are no publicly available specifications, the HACs have not been reviewed by consensus-based entities such as the National Quality Forum (NQF) or HQA. NQF and HQA review is an essential step in the quality measure development process.
- Unlike the quality measures that are clearly defined, are specified and have been reviewed by consensus-based entities, we consider CMS' eight HACs to represent important but rare patient safety events. These data portray an inaccurate and unreliable picture of quality. Since these are rare patient safety events, we believe that they are more appropriate for analysis by Patient Safety Organizations, rather than rate-based reporting.

Nevertheless, CMS intends to make each hospital's data available for confidential review on the QualityNet website approximately a week before the public release September 16 and available to the public in a downloadable file on *Hospital Compare* September 23. This gives hospitals less than 10 days to review the measure specifications, determine whether the calculation was done accurately and correct any errors prior to public reporting of the information.

Additionally, we are very concerned about consumer understanding of these measures. CMS usually undergoes a thorough testing process with consumers, prior to public reporting of quality measures. In its haste to publicly report the untested data, CMS has eliminated this essential step.

What to Expect

At a national level, Congress and the administration's health care reform plans have focused even greater attention on HAC rates. The information on HACs also will contain indications of infection rates that will be publicly reported for the first time. We expect that the updated information may raise additional questions among lawmakers. We will continue to express concern to CMS about the publication of these data, but in anticipation that they will be publicly displayed, we have drafted the action checklist below and attached key themes to help hospitals prepare for inquiries from patients, their community and the media about the new information.

ACTION CHECKLIST

- Identify a spokesperson to handle media calls. This could be a physician, nurse or other frontline caregiver, or a patient safety officer.
- Download your hospital-specific HAC report. CMS has indicated that it intends to release these preview reports on **September 16**. Additional information with detailed instructions on downloading the preview reports is forthcoming.
- If your hospital or your state collect and publicly report more reliable information on these HACs, be prepared to point the public to that data and to explain why it provides a more accurate picture of incidence for these conditions.
- Examine the reasons patients are experiencing HACs in your hospital and be prepared to talk about care improvements that you are making to reduce HACs. For example, some patients with severe burns may be susceptible to skin breakage which may result in a pressure ulcer. These factors are not included in the process for determining a hospital's incidence of pressure ulcers.
- Examine and explain challenges that will require a broader community effort. Be prepared to discuss how community health issues and other factors may relate to your hospital's HAC rates.
- If you have had a patient safety or quality concern at your hospital, especially a well-publicized one, be prepared to answer specific questions about the changes your organization has made as a result.

KEY THEMES

Below are some main messages you can tailor to help explain what the information is and what it means for patient care. Please tweak these messages to reflect your organization.

- **Discuss your hospital's commitment to improving the quality of care and involving patients as full partners in decisions about their care.** Talk about why your hospital is committed to sharing this information and how you intend to help your patients understand what it means for their care. Be specific about any action steps you have taken.
- **Talk about the importance of understanding HACs and about efforts underway in your hospital to prevent these occurrences.** Note that it is important for hospitals to understand their rates of HACs.
- **Emphasize the need for additional data.** An important public health goal is to have a better understanding of adverse events that are present on admission. It is this information, rather than the new data CMS is posting, that will help hospitals understand the consequences for adverse events that occur outside of the inpatient setting.
- **Talk about the need for a comprehensive national quality strategy.** Note that HACs are rare events and talk about the steps your hospital takes to prevent them and improve care. Further, emphasize the need for the federal government to focus on defining a core set of quality measures that examine outcomes and address improving patient care.