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PROFESSION

Quality effort yields big drop in death rate at hospitals

■ Hundreds of hospitals collaborate to improve delivery of evidence-based care and reduce infection rates.

By KEVIN B. O'REILLY ([HTTP://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY](http://www.amednews.com/apps/pbcs.dll/personalia?id=koreilly)) amednews staff — Posted April 1, 2013

Working together to share best practices, analyze data and implement care improvements, 333 hospitals participating in a quality collaborative have cut their risk-adjusted mortality rate by 36% since 2007, said a report issued in March by the project's organizers.

The Quality, Efficiency, Safety, Transparency initiative — dubbed QUEST for short — was launched in 2007 with 157 hospitals by Premier Inc., a Charlotte, N.C.-based purchasing and quality improvement alliance of more than 2,800 U.S. hospitals.

Premier officials said the hospitals have averted nearly 92,000 deaths since 2007 by dramatically cutting mortality related to sepsis, respiratory conditions, cardiac conditions and shock. The estimates were made by comparing expected mortality rates based on prior-year results with actual deaths adjusted for patients' illness severity.

Many other hospitals have lowered their death rates in recent years, but a comparison found that QUEST hospitals outperformed other facilities. Researchers matched 117 QUEST hospitals with a nationwide group of 117 similar hospitals. They found that hospitals taking part in the quality initiative had a 10% lower death rate among Medicare patients, as of 2011, the most recent year of data available.

The project's showing drew praise from Donald M. Berwick, MD, former administrator of the Centers for Medicare & Medicaid Services and former president of the Institute for Healthcare Improvement in Cambridge, Mass.

“QUEST is undoubtedly a breakthrough ... for American hospital care, given how intense and committed the work has been and how interesting and unexpectedly good the results are,” he said.

The lower mortality rate was, in part, the result of homing in on the principal drivers of avoidable deaths, said Susan DeVore, Premier's president and CEO.

“We have the ability to see what the causes of unexpected mortality are and to go to work in focused ways on conditions like sepsis, respiratory conditions and shock,” she said.

More reliable care delivery

The QUEST hospitals also improved the rate at which they delivered evidence-based care for conditions such as heart attack, heart failure and pneumonia, complying with guideline recommendations 96% of the time, a 14% improvement since 2007.

Premier also reported a 59% drop in the rate of central line-associated bloodstream infections, a 23% fall in septicemia and a 19% decrease in catheter-associated urinary tract infections. Hospitals also cut readmissions by 4% since 2010, when that measure became a focus of the project.

QUEST participant Memorial Healthcare System is on track to reduce its rehospitalization rate by nearly 20% from fiscal 2012, said Thomas Macaluso, MD, chief quality officer at the Hollywood, Fla.-based system. He said taking part in the project has helped Memorial's chief executives make patient safety a priority; allowed productive collaborations with colleagues across the country in focused, one-hour educational phone calls and webinars; and brought competition to the bid for quality improvement.

“We have the ability to share what I consider sophisticated comparative data to help drive change,” Dr. Macaluso said. “We say, 'If there's no data, there's no improvement.' The QUEST reporting of comparative data from high-performing hospitals is what's helping us drive change.”

The project also helped rein in expenses, vigorously scouring for efficiencies to save more than \$9 billion over four years, Premier said. QUEST hospitals saw costs rise 11% since the start of 2008, compared with 28% among all hospitals nationwide.

The QUEST initiative now will move beyond the hospital, DeVore said, noting that Premier members also operate many outpatient facilities. Metrics may relate to diabetes control, smoking cessation, body-mass index and other areas amenable to ambulatory care interventions.

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ADDITIONAL INFORMATION

13 strategies one hospital uses to cut readmissions

One of the participants in a nationwide quality initiative, Hollywood, Fla.-based Memorial Healthcare System, is on track to reduce its rehospitalization rate by nearly 20% from fiscal 2012. The steps taken at its flagship facility, Memorial Regional Hospital, to cut readmissions among patients with congestive heart failure include:

- 1 Expanding case management coverage in the emergency department to 24 hours a day during the week and 16 hours a day on weekends.
- 2 Evaluating and admitting patients to observational status when appropriate.
- 3 Reviewing potential Medicare admissions for potentially avoidable readmissions.
- 4 Establishing a dedicated unit for heart failure patients and deploying dedicated heart failure care coordinators.
- 5 Standardizing ED to inpatient unit hand-offs.
- 6 Conducting daily interdisciplinary rounds.

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- 7** Evaluating half of all ED and operating room patients' medication reconciliation at admission.

 - 8** Having pharmacists teach about medication to patients during rounds or upon receiving a referral.

 - 9** Communicating with primary care physicians and making follow-up appointments before discharge.

 - 10** Performing postdischarge callbacks to all Medicare congestive heart failure patients.

 - 11** Providing case manager phone numbers to patients at time of discharge.

 - 12** Discharging Medicare patients with home health care.

 - 13** Following up with the skilled nursing facility or home health agency on any readmitted patients.

Source: Thomas Macaluso, MD, chief quality officer at Memorial Healthcare System

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EXTERNAL LINKS

“QUEST Year 4 Findings,” Premier Inc., March (link: <https://www.premierinc.com/wps/wcm/connect/678eac81-2a4d-482f-a55e-126f4d567a6e/QUEST+Year+4+White+Paper.pdf?MOD=AJPERES>)

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