

Commitment to Quality Care

By Sue Peterson, Gifford Medical Center Director of Quality Management

Gifford Medical Center and its staff are committed to providing the best possible quality care to all of our patients. In a nutshell, this means that Gifford works to ensure that every patient receives the right care every time.

To assist in this endeavor, as well as ensure compliance to regulatory mandates for measurement, improvement and public reporting, Gifford maintains a Quality Management Department that includes five highly qualified professionals (three registered nurses, one data analyst, and one regulatory and medical staff services expert). Additionally, Gifford understands the importance of having a “physician champion” for quality and has an appointed Associate Medical Director of Quality.

In the complex systems found in health care, there are unlimited opportunities for improvement – to eliminate waste, waiting times and errors to name a few. Gifford is faced with the same challenges.

Over the past year, Gifford has devoted resources to the following projects that hospital staff feel will positively impact large segments of our community:

- 1) Improving on-going (chronic) care for our patients with diabetes – The aim of this project is to improve diabetes control and preventive care by implementing American Diabetes Association guidelines at the individual primary care provider office level. The “right” care we are measuring, tracking and improving at the patient level is ensuring patients with diabetes see their provider at least annually and have important testing, such as hemoglobin A1C, cholesterol and urine microalbumin. Important also is that there is a shared commitment by the patient and provider to maintain control of the disease and prevent devastating complications.
- 2) Improving the rates of childhood immunizations – Our Gifford pediatric providers are well aware of Vermont Health Department goals to improve the immunization rates in children. Immunizations are one means to keep children healthy. This project aims to apply the state immunization guidelines to all children receiving well-child care through our Gifford providers. We have created provider-specific lists of their eligible young patients that include the known status of the recommended immunizations. Armed with this information, doctors’ offices are able to schedule follow-up care to address immunization “gaps.” We hope to be able to tell you next year that more than 90 percent of our young patients have received all recommended immunizations or have a signed parental refusal in their record.
- 3) Lean health care transformation – Gifford is the pilot hospital in Vermont designated to work to adapt efficiency and quality strategies developed by auto giant Toyota to health care in the state. While training in quality improvement tools and techniques has been part of health care improvement initiatives for over 25 years, this is another opportunity for improvement and to reinvigorate staff to achieve optimal quality and

efficiency. Please see our Lean Quality Spotlight for how this training is infusing our organization with new quality initiatives.

- 4) Electronic filmless images (also known as PACS or picture archive and communication system) – This system project began three years ago as Gifford moved to electronic imaging for CT scans, ultrasounds and MRIs. In May 2006, all X-rays except mammography converted to electronic imaging. Electronic imaging allowed providers almost instant access through their computers to their patients’ diagnostic images. Additionally, the electronic images more efficiently provide the radiologist access to clinical information and high-quality computer-based digital images with the click of a mouse. Our electronic system further allows quick consultation with specialty radiologists at Fletcher Allen Health Care.
- 5) Acute care treatment for acute myocardial infarctions, heart failure and pneumonia – Understanding the care we provide for patients with these conditions has been important to the health care community, especially those at the Centers for Medicare and Medicaid Services (CMS). Our ability to meet the expected standards of care for these patients has fluctuated, telling us we have individual providers and staff who try to provide the right care every time but not the systems to support them and ensure success every time. Last July, our Board of Trustees challenged Gifford staff to ensure that we provide the expected care for patients with these conditions 100 percent of the time.

Gifford Medical Center, as with every other hospital in Vermont, is obliged by federal and state law to publicly report certain data related to our care of patients, particularly our care of patients insured by Medicare. These reporting requirements concern us at the hospital, and we believe that the public should be aware of our concerns. In particular, we have the following concerns about the required public reporting:

1. It is expensive and time-consuming to gather the data in the manner in which it must be publicly reported;
2. The specific data reporting requirements and methods increase health care costs and divert staff away from direct patient care; and
3. For a small hospital such as Gifford, the reported data can be misleading due to the small number of cases that are reported.

In many areas of medicine, there are clear rules that should be followed at a particular point in the care of a patient. These rules are the result of many studies that have evaluated patient outcomes when the rule was applied and when it was not applied. These rules are known as “standards of care” and the usage of these rules is known as “evidence-based” medical practice.

Medicare has determined that there are four key diagnoses or treatments where evidence-based standards are clear and should always be used. These areas are as follows:

- Pneumonia;
- Congestive heart failure (CHF);

- Heart attack, also known as acute myocardial infarction (AMI); and
- Certain surgical procedures, with a focus on infection prevention.

At Gifford, we have no qualms with the standards of care nor with the expectation that every patient receive the right care every time. For example, a heart attack patient who uses tobacco should always receive counseling about the value of tobacco cessation. A pneumonia patient should receive a vaccine to prevent recurrence of the condition. We agree that we should have systems in place to ensure that every eligible patient receives the right care. We also agree that measurement of our ability to provide the standard of care each and every time is important so that we can know if we are doing what is right for our patients. Unfortunately, the process of this specific data collection and reporting has taken on a very expensive life of its own without comparable value being added at the bedside.

In order to meet Medicare reporting requirements for the acute care measures, Gifford must submit a quarterly report to The Centers for Medicare and Medicaid Services (CMS). To compile this report, Gifford must perform a chart audit for every patient who fell into the four categories listed above. The charts must be reviewed in detail. A registered nurse performs this work. Many hospitals have determined that in order to ensure the accuracy of the abstracted data, a registered nurse is needed as he or she has the clinical knowledge base. Generally, it takes a nurse at least one hour to abstract the information from each record. This highly skilled nurse is then not available to participate in direct patient care due to the time required to perform the reporting functions. The data must then be submitted electronically to CMS. This submission requires the efforts of a data analyst and an information systems technician.

Because of our size, the size of our published data sets for the acute care measures data has the potential to be misrepresentative of our overall standards of care. Small sample sizes do not allow small hospitals to accumulate scores that necessarily represent the overall standard of care, especially over a short time interval.

For example, in the fourth quarter for 2006, we treated 24 patients for actual or suspected AMI. We tracked the care for those 24 patients to ensure that they received the necessary care. Of those patients, only two met Medicare criteria for inclusion in Gifford's final score seen in the public reporting. Gifford scored 100 percent for these patients. This is always our goal.

Beyond the CMS requirements, the state of Vermont also has a reporting requirement known as Act 53, through which you are reading this essay. A summary of Act 53 can be found at this URL:

<http://www.leg.state.vt.us/docs/2004/acts/act053sum.htm>

This act imposes additional reporting requirements on Gifford. While we have no problems with ensuring "transparency" of the quality of care being provided in Vermont hospitals, providing the information to meet these requirements costs time and money.

Additionally, there are some required measures that must be tracked and reported for Act 53 and that do not translate directly into optimal patient care. For example, Gifford must report daily nursing staff levels. While this information can sometimes be useful, particularly if the nurse to patient ratios were extremely high or low, it provides no information about the quality of care provided by the nurses on staff. Gifford absolutely believes that caring, competent nurses at the bedside, working in efficient, safe systems, best serve our patients. A simple number or ratio cannot, and does not, reflect that quality of care.

As can be seen from above, the collection and reporting of data is time consuming. On the financial side of things, it would be possible to calculate the cost of the reporting requirements for CMS and the every growing Act 53 reporting mandates. While we have not performed such a calculation, it is clear that we spend a lot of time meeting the requirements. Every year we have seen an increase in the state mandated Act 53 measurement and reporting requirements. Each request for measurement and reporting comes with a cost. Gifford pays employees and contractors to perform this work and those costs are passed on to the health care consumer through higher costs.

We sincerely are not opposed to transparency and openness about our medical practice. The public should know that we are providing quality care to all of our patients. But, when reporting requirements become excessive, there is a direct impact on our customers.

Gifford is committed to providing the best possible quality of care to all of our patients. We also comply with all state and federal laws that require us to report data. But, we do have concerns that these laws are affecting the cost of health care and that our reporting efforts divert resources from direct patient care.

Gifford believes that before any additional measurement or reporting requirements be mandated, our legislators need to understand (have their own data) the extent to which this information is accessed and used and the cost to every hospital to meet the requirements. These costs include ongoing measurement, building the infrastructures (computer systems) for measurement, hours of meeting time to understand the reporting requirements, having staff or hiring contractors to build the required Web sites for reporting, and staff time negotiating the reasonableness and/or validity of the proposed measures. We are sure the public and the legislators would find the collective price tag shocking.