

Public Reporting of Hospital Performance: The Experience in Rhode Island

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The Rhode Island Legislation:

- Passed in July 1998 called for public reporting of:
 - Comparable, statistically valid patient satisfaction measures
 - Standardized data set of clinical performance measures, risk-adjusted for patient variables
- Addressed the general health environment in RI and the potential impact on quality:
 - Impending mergers
 - For-Profit vs. Not-For-Profit
- Applies to all licensed health care facilities in the state, starting with hospitals
- Director of the Department of Health (HEALTH) is responsible for program development and implementation

Rhode Island– *Setting the Stage:*

- Small state just over 1,000,000 population
 - 39 cities/towns; very limited county government
- 1 State Department of Health
- 16 hospitals in the state
 - 13 hospitals: 10 acute care, 1 women & infants', 1 adult psychiatric and 1 rehabilitation hospitals participate in **patient satisfaction** survey and report
 - 10 acute care hospitals participate in the **clinical measures** data collection and report
 - All eligible hospitals (10) are participating in the **National Quality Initiative**

Hospital Association of Rhode Island (HARI)

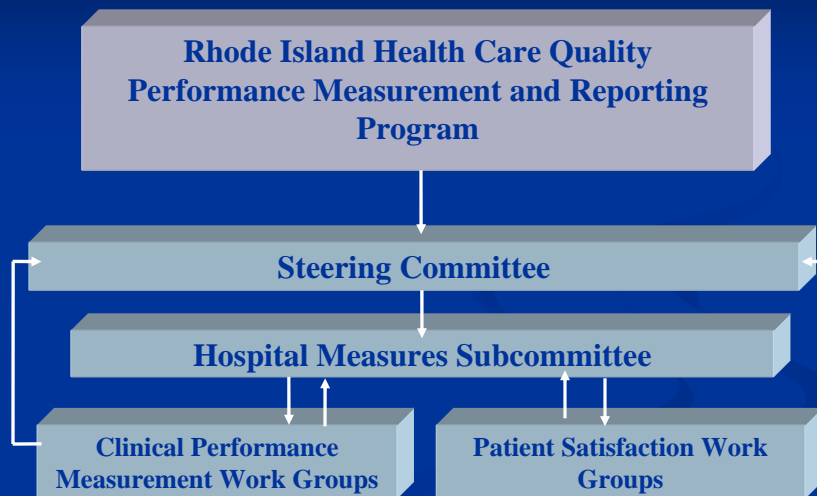
HARI/Hospital Support:

- HARI and hospitals worked with key state leaders to write and endorse the legislation.
- HARI Board developed and adopted guiding principles.
- HARI hired a Senior Staff person to advocate for hospitals during program development.
- Hospitals supported needed resources for implementation.

HARI Role:

- Represent all acute-care hospitals in RI
- Support the notion that the industry must be a key component of the planning and implementation process
- Demonstrate commitment to hospitals and to the community on Quality and Performance Measurement issues
 - Willing and active participant in this program
 - Advocate for hospitals in all aspects of program development
 - Support and facilitate hospital-only forum to discuss critical issues during program development.

Program Structure:



Program Development - *Structure and Process:*

- Director of HEALTH is responsible
- Steering Committee and Working Group structure
- Process has been very open and public
 - Committee format; consensus as goal
 - Consumer, minority and interested party input
- Input and feedback incorporated into each step of program development
- Hospitals represented by HARI through all stages of program development
 - Opportunities to discuss issues and concerns with hospitals within HARI structure

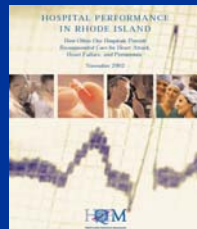
Public Report Development:

- State committee process – Patient Satisfaction Public Release Work Group with hospital, consumer, and health care stakeholder input
- Two types of reports: general public and technical
- Key reporting decisions made before results available
 - Methods for translating raw data into different format
 - Method and “standard” against which comparisons made
- Draft reports went through formative testing process with consumers

Program Development – *Considerations:*

- Outcome needed to address both public accountability AND quality improvement
- Balance desire to report on all patients/all conditions vs. what was feasible
- Develop a report that was meaningful to consumers AND hospitals
- Minimize burden on hospitals by examining and working with existing QI requirements: JCAHO, CMS, others
- Work with “credible” data sources: chart derived vs. administrative

Program Development - *Outcome:* The Reports



- Patient Satisfaction I – Nov 2001
 - Public General Report
 - Public Technical Report
- Patient Satisfaction II – Oct 2003
- Clinical Measures I – Dec 2002
 - Public General Report
 - Public Technical Report
- Clinical Measures II – Jul 2003

How do I read the ratings in this report?

Hospital ratings are grouped by the type of service within a hospital received by a patient:

- General Hospital: Surgical, Medical, or Obstetrical Services
- Specialty Hospital: Rehabilitation Hospital or Psychiatric Hospital

For each topic, each hospital was given a rating of 1, 2, or 3 diamonds. The number of diamonds tells you how each hospital's score compares to a **national average score** for that topic. The **national average score** is the average of the hospital scores given by patients who received similar types of services from a group of hospitals across the country that use the same survey.

- **Three diamonds** were given to a hospital if that hospital's score was approximately in the **top 16%** of the national hospital scores and there is great statistical confidence that the hospital's score was **above** a national average score for that topic.
- **Two diamonds** were given to a hospital if that hospital's score was in the **middle two-thirds (68%)** of the national hospital scores or the hospital's score was not statistically different, that is, the hospital's score was **about the same as** a national average score for that topic.
- **One diamond** was given to a hospital if that hospital's score was approximately in the **bottom 16%** of the national hospital scores and there is great statistical confidence that the hospital's score was below a national average score for that topic.

In the charts on the following pages:

- | | |
|-----|---|
| ◆◆◆ | Tells you patients rated the hospital above a national average score |
| ◆◆ | Tells you patients rated the hospital about the same as a national average score |
| ◆ | Tells you patients rated the hospital below a national average score |

The diamonds do not tell you if one hospital in Rhode Island is different from another hospital in Rhode Island, but how each hospital in Rhode Island compares to a group of hospitals nationally that used the same survey.

See the **Technical Report** available at the Rhode Island Department of Health web site, www.healthri.org, for more detailed information on the ratings and the statistical tests.

Surgical Service Ratings by Patients													
<p>The Surgical Service Ratings on these two pages were given by patients who stayed overnight in the hospital under the care of a surgeon. They may have had an operation such as gall bladder removal, back surgery, prostate surgery, hip or knee repair, or breast surgery, for example.</p> <p>General hospitals in Rhode Island that provide surgical services to adults are included.</p>													
<p>This chart compares each hospital's ratings to a national average score for 128 hospitals with surgical services.</p> <p> ◆◆◆ above a national average score ◆◆ about the same as a national average score ◆ below a national average score </p> <p>NR = Not Reported (less than 40 patients responded)</p>													
Topic	Hospitals in Rhode Island	Kent County Memorial Hospital	Landmark Medical Center	Memorial Hospital of RI	The Miriam Hospital	Newport Hospital	Our Lady of Fatima Hospital	Rhode Island Hospital	Roger Williams Medical Center	South County Hospital	Westerly Hospital	Women & Infants Hospital	Topic
Patient Care													Patient Care
Nursing Care	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆	◆◆	Nursing Care
Physician Care	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	NR	◆◆◆	◆◆◆	Physician Care
Treatment Results	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆◆	◆◆	Treatment Results
Patient Education	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆	◆◆	Patient Education
Support Services													Support Services
Comfort/Cleanliness	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆	◆◆	NR	◆◆◆	◆◆◆	Comfort/Cleanliness
Admitting	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆	◆◆	NR	◆◆	◆◆	Admitting
Other Staff Courtesy	◆◆	◆◆	◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	NR	◆◆◆	◆◆	Other Staff Courtesy
Food Service	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	NR	◆◆	◆◆◆	Food Service
Additional													Additional
Patient Loyalty	◆◆	◆◆	◆	◆◆	◆◆	◆◆	◆◆	◆◆	◆◆	NR	◆◆	◆◆	Patient Loyalty
Overall Patient Experience	◆◆	◆◆	◆◆	◆◆◆	◆◆	◆◆	◆◆	◆	◆◆	NR	◆◆◆	◆◆◆	Overall Patient Experience

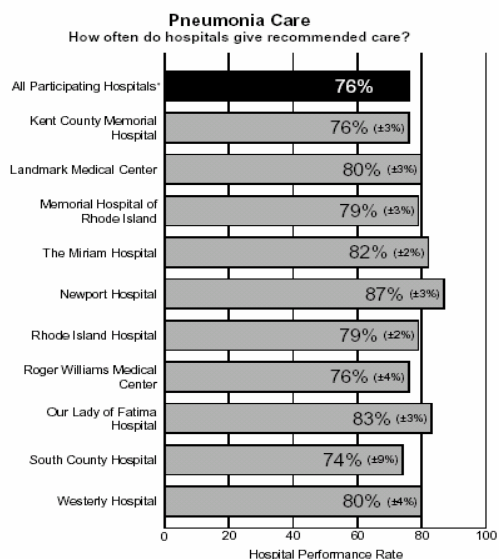
Patient Satisfaction Report Excerpt

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Clinical Measures Report Excerpt:

Public Report

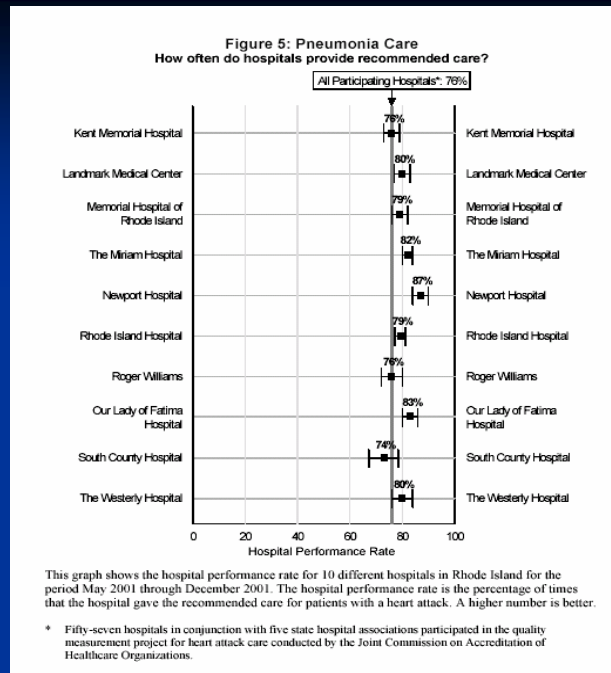


This graph shows the hospital performance rate for 10 different hospitals in Rhode Island for the period May 2001 through December 2001. The hospital performance rate is the percentage of times that the hospital gave the recommended care for patients with pneumonia. A higher number is better. If you need help understanding this graph, refer to page 7.

* Fifty-seven hospitals in conjunction with five state hospital associations participated in the quality measurement project for pneumonia care conducted by the Joint Commission on Accreditation of Healthcare Organizations.

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Clinical
Measures
Report
Excerpt:
Technical
Report



Some Challenges:

- Translating “raw” data into meaningful information
 - Meaningful to consumers
 - Meaningful to hospitals
 - Meaningful to other health care stakeholders
- The search for the “best” method and format for public reporting
 - Final decisions made for Patient Satisfaction were different from final decisions made for Clinical Measures
 - Process for method and format determinations was the same

Patient Satisfaction Ratings:

- Significant background research and discussion at State Measures Subcommittee level
- Numerous concerns raised and carefully considered
- Outside statistical consultation sought
- Scan of statistical methods for stratifying data for public reporting
- Goals:
 - Identify and balance the “practical” differences and statistically significant differences
 - Method must be “defensible”

Clinical Performance Ratings:

- Significant background research and discussion at State Measures Subcommittee level
- Numerous concerns raised and carefully considered
- Had to consider and deal with small sample sizes
- More “science” behind the measures than for patient satisfaction – working with evidence-based recommended care practices
- Removed from public reporting considerations those measures with “limited” evidence and/or interrater reliability concerns

Hospital Response

*Commitment to
Quality Improvement*

Quality Improvement Efforts:

Internal:

- Senior leadership involvement and organizational commitment
- Reaching clinical staff

External:

- Collaborative vs. competitive model
 - Sharing of best practices
 - Coordinated efforts through HARI and QPRI
- Demonstrating improvement over time

Lessons Learned in RI:

- Collaboration with key stakeholders is critical to the success of the project
- Data collection and improvement efforts cost money and consume limited resources
 - Hospitals have made significant investments into their existing QI data collection processes
 - Data collection for public reporting should augment and/or be part of existing QI efforts and provide value to the hospital
- Pilot testing/early information offered valuable insight into the public reporting data collection process and contributed to hospital QI activities

Lessons Learned in RI:

- Translating raw data into a public report has many challenges
 - Public reporting of hospital information has unique challenges
 - Clinical information differs from patient perception
- Formative testing strategies with consumers provided critical feedback during the report development phase
- Media attention is limited to a short moment in time
- Post-release evaluation is essential

Future Direction

- Alignment with National Initiatives, the CAHPS Hospital Survey
- Continue commitment to quality improvement
- Continue to produce relevant and meaningful information

