Study: Hospitals Significantly Improve Treatment of Heart Attacks, Heart Failure, and Pneumonia

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(OAKBROOK TERRACE, Ill. – July 21, 2005) During the past two years, American hospitals have significantly improved the care of patients suffering from heart attacks, heart failure and pneumonia, concludes a new study by the Joint Commission on Accreditation of Healthcare Organizations. The study – "Quality of Care in U.S. Hospitals as Reflected by Standardized Measures, 2002-2004" by Scott C. Williams, Psy.D.; Stephen P. Schmaltz, Ph.D.; David J. Morton, M.S.; Richard G. Koss, M.A.; and Jerod M. Loeb, Ph.D. – was published in this week's *New England Journal of Medicine*.

The study describes the use of 18 evidence-based, standardized measures to track hospital performance over time and stimulate continuous improvement through quarterly feedback about results. The Joint Commission implemented standardized performance measures in July 2002. These measures address

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giving aspirin to patients with acute myocardial infarction (heart attack) both within 24 hours of admission and at discharge, and providing smoking cessation counseling for heart failure and pneumonia patients, among others.

Data were collected from more than 3,000 general acute care hospitals accredited by the Joint Commission. These hospitals represent a preponderance of the medical and surgical hospital beds in the United States. The three conditions studied are among the most common, high-risk reasons for hospitalization.

"This study demonstrates the benefits of tracking and monitoring care processes," says one of the researchers, Jerod M. Loeb, Ph.D., executive vice president, of the Joint Commission's Division of Research. "Measuring performance is absolutely crucial to improving the quality and safety of health care."

The magnitude of improvement found in the study ranged from three percent to 33 percent, and improvement increased steadily over the two-year period. The most dramatic improvements seen were for the three measures related to smoking cessation efforts. The research also showed that hospitals which began the study as low-level performers tended to improve at faster rates than those which started the study at higher levels of performance. The quarterly receipt of national comparative data by participating hospitals is believed to have been an important stimulus for improvement in hospitals.

The study notes that the Centers for Medicare and Medicaid Services (CMS), National Quality Forum, Joint Commission, the Hospital Quality Alliance, and other leadership groups have also focused attention on the effective management of patients with myocardial infarction, heart failure and pneumonia. These efforts likely compounded the improvements seen in the study. Joint Commission researchers advocated further analyses to determine whether new initiatives – implemented since the study was completed – to publicly report hospital performance data and reward improvements through pay-for-performance programs will lead to further improvements in care. In an accompanying editorial, health services researcher Patrick Romano, M.D., M.P.H., described the report as, "good news," but also stated that, "we must not rest on our laurels and assume that we have solved the problem of quality."