Quality Measure Performance

Johns Hopkins Bayview Medical Center

Source: MHCC Hospital Quality Measures Website, https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/professional/quality-ratings/profile/13003
Date Accessed: 6/27/2017

	Indicator	Rating	Risk-Adjusted Rates	Intervention
	COPD-Chronic Obstructive Pulmonary Disease			
	Results of care			
1	Dying within 30-days after getting care in the hospital for chronic obstructive pulmonary disease (COPD)	Average	7.2 (5.4 - 9.5)	
2	Returning to the hospital after getting care for chronic obstructive pulmonary disease (COPD)	Below Average	22.8 (20.3 - 25.8)	JHBMC has recently implemented several new initiatives to increase support for previously hospitalized patients with COPD to avoid readmissions: -Added a 0.5 FTE nurce care coordinator to the COPD clinic to assist patients when they visit or call; -Added a community health worker who sees patients in the clinic and at hom to problem solve, help access community resources, and for coaching; -Reserved urgent appointment slots in the COPD clinic to ensure that patients can be seen when needed; -Implemented a protocol to observe patients with COPD with exacerbation in the ED to avoid unnecessary hospitalization; -Continue to provide a COPD-trained nurse transition guide to provide targeted education for 90 days after discharge; and -Participating in a PCORI grant that provides intensive respiratory therapy session and peer-led focus groups for COPD patients.
	Childbirth			
	Practice patterns			
3	Percentage of births (deliveries) that are C-sections	Better Than Average	27.5221 (24.9180, 30.1262)	
4	How often babies in the hospital are delivered vaginally when the mother previously delivered by cesarean section (no complications)	Better Than Average	18.5567 (13.0861, 24.0273)	
5	How often babies in the hospital are delivered using cesarean section when this is the mother's first birth.	Better Than Average	16.3462 (13.9771, 18.7152)	
6	How often babies are born vaginally when the mother has had a C-section in the past (includes complications)	Better Than Average	17.8571 (12.8415, 22.8727)	
7	Newborn deliveries scheduled 1-3 weeks earlier than medically necessary	Better Than Average	0%	
	Combined Quality and Safety Ratings			
	Deaths			
8	Patients who died in the hospital after having one of six common conditions.	Better Than Average	0.7310 (0.5575, 0.9045)	
	Patient safety			
9	How well this hospital keeps patients safe based on eleven patient safety problems	Better Than Average	0.4850 (0.2685, 0.7014)	
	Consumer Ratings			
	Communication			
10	How often did nurses always communicate well with patients?	Better Than Average	77%	
11	How often did doctors always communicate well with patients?	Below Average	77%	Implemented Communications in Healthcare Training (PEARLS) for Physicians. This program has 12 physicians trained as trainers. The program started August 2016 and will continue in 2018, as well as sustainability strategies. We are meeting with QBR threshold for this domain. (Doctor Communication)
12	How often did staff always explain about medicines before giving them to patients?	Below Average	59%	New processes for using stickers and cards to teach patients about medications, their uses and side effects, were developed on several inpatient units. Process improvement teams, including unit leadership/staff, Pharmacy and Quality Management reviewed best practices and designed the flow for implementation. This domain improved 6% Always from FY16 to FY17.
13	Were patients always given information about what to do during their recovery at home?	Below Average	85%	This is a focus at JHBMC for the upcoming year. HCAHPS results for this domain are shared with each inpatient unit monthly for teams to develop/implement performance improvement strategies to meet the QBR benchmark for Discharge Information. Recently, a needs assessment was completed to evaluate clinical team understanding and use of best practices related to patient education and patient engagement. A LEAN Sigma kaizen event is being planned for the Fall.
14	How well do patients understand their care when they leave the hospital?	Better Than Average	51%	

Quality Measure Performance

Johns Hopkins Bayview Medical Center

Source: MHCC Hospital Quality Measures Website, https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/professional/quality-ratings/profile/13003
Date Accessed: 6/27/2017

	Indicator	Rating	Risk-Adjusted Rates	Intervention
	Environment			
15	How often were the patients' rooms and bathrooms always kept clean?	Below Average	60%	Consistency of practices including training was completed for our EVS team. Communication to Patients, Visitors, and Employees was completed including the use of a card to let the patient know the room was cleaned when they were not there. Collaboration and Staffing were reviewed including supervisor rounding and visibility. A presentation at our PFAC meeting was also completed by the department leadership for feedback. The domain Room Cleanliness improved 3% from FY16 to FY17.
16	How often did patients always receive help quickly from hospital staff?	Better Than Average	61%	
17	How often was patients' pain always well-controlled?	Below Average	66%	Transparency of data for unit results was completed for all leadership. Each unit leader reviews their results and provides feedback to their teams on a monthly basis. Comments are also reviewed.
18	How often was the area around patients' rooms always kept quiet at night?	Below Average	51%	Lean Sigma Kaizen was completed in August 2016 by multi-disciplinary team, whereby a "bundle" of actions are now implemented during "quiet hours". Posters were distributed and rounding is completed at night. Ongoing education, monitoring and sustainability actions are in place. The domain Quietness at Night improved 2% from FY16 to FY17.
	Satisfaction overall			
19	How do patients rate the hospital overall?	Better Than Average	69%	
20	Would patients recommend the hospital to friends and family?	Better Than Average	68%	
	Emergency Department (ED)			
	Wait Times			
21	How long patients spent in the emergency department before leaving for their hospital room	Below Average	469	JHBMC Emergency Department (ED) leadership created touchdown space for consulting physicians, inpatient hospitalists, and patient care coordinators to improve communication and responsiveness between the groups most capable of improving & streamlining the admissions process.
22	How long patients spent in the emergency department after the doctor decided the patient would stay in the hospital before leaving for their hospital room	Below Average	198	See above
23	How long patients spent in the emergency department before being sent home	Below Average	288 minutes	With the rollout of a consistent screening process (described below), bloodwork, labs, and imaging can now be ordered at the outset of a patient visit. Resulted tests are available to providers in a more timely fashion for determining patient disposition.
24	How long patients spent in the emergency department before they were seen by a healthcare professional	Below Average	76 minutes	In the JHBMC Emergency Department (ED), the median time from patient arrival to the time seen by a provider is listed as 76 minutes. The ED leadership spent a significant amount of time developing a process which called "provider up front" to allow for earlier medical screening of patients after arrival. As a result of expanding these efforts and providing additional resources for screening the patients, the median time for FY17 is at 40 minutes, a reduction of 47%. The ED has implemented a robust and consistent intake process. A provider (physician or mid level practitioner) is paired with Triage RN during the hours in which we see the highest patient arrivals (11a - 11p). During these screening hours, patients can be expected to have a provider evaluation within ~20 minutes, the FY17 average time to intake.
25	How long patients who came to the emergency department with broken bones had to wait before receiving pain medication.	Below Average	103 minutes	For median time to initial pain management for patients with long bone fractures, our median time on the website is listed as 103 minutes. ED leadership spent significant time working with the clinical teams in completing timely assessment of patient's pain levels on arrival and providing appropriate interventions aimed at improving the level of pain reported. Every case is reviewed in detail at the monthly Joint Practice Committee. As a result of these interventions, the median time for FY17 through April, 2017 is now at 48.5 minutes, an improvement of 53%. The ED screening process will continue to improve the time from arrival to being seen by a provider. As such, medications can be ordered and delivered in a more expeditious manner.
26	Patients who left the emergency department without being seen	Not enough data to report		
	Flu Prevention			
	Protecting patients			
27	Patients in the hospital who got the flu vaccine if they were likely to get flu	Below Average	95%	Vaccination against influenza is an important effort in protecting the health of our individual patients as well as the health of the communities that we serve. JHBMC created a nurse driven protocol for vaccination of eligible patients. The percentage of patients getting vaccinated as listed on the Quality Measures report is 95%. After re-engineering the protocol to coincide with our implementation of a new electronic health record, we saw improvement to 97.9%.

Quality Measure Performance

Johns Hopkins Bayview Medical Center

Source: MHCC Hospital Quality Measures Website, https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/professional/quality-ratings/profile/13003
Date Accessed: 6/27/2017

	Indicator	Rating	Risk-Adjusted Rates	Intervention
	Heart attack and chest pain			
	Recommended care - Outpatient			
28	How long patients with chest pain or possible heart attack waited to be transferred to another hospital for a procedure	Not enough data to report	-	
29	Patients with a heart attack who received aspirin on arrival to the hospital	Not enough data to report	-	
30	How long patients who come to the hospital with chest pain or possible heart attack waited to get a test that detects heart damage after a heart attack	Not enough data to report	-	
	Results of care			
31	How often patients die in the hospital after heart attack	Better Than Average	2.7484 (0.1413, 5.3554)	
32	Dying within 30-days after getting care in the hospital for a heart attack	Average	13.7 (11.0 - 17.0)	
33	Returning to the hospital after getting care for a heart attack	Average	17.6 (15.0 - 20.7)	
	Heart failure			
	Results of care			
34	How often patients die in the hospital after heart failure	Average	2.1445 (0.7408, 3.5481)	
35	Dying within 30-days after getting care in the hospital for heart failure	Average	10.3 (8.4 - 12.5)	
36	Returning to the hospital after getting care for heart failure	Below Average	25.0 (22.6 - 27.6)	JHBMC has implemented the following initiatives to address readmissions in heart failure patients: -Heart failure patients receive the help of a nurse transition guide upon discharge; -Discharge medications are delivered to the bedside prior to discharge; -JHBMC offers a clinic for diuresis which offers outpatient treatment without a trip to the ED; -A nurse from the heart failure clinic visits inpatients prior to discharge to make them familiar with the available outpatient services; -A heart failure protocol has been implemented in the ED; -Remote in-home patient monitoring is offered; -A nurse practitioner sees heart failure patients weekly for four weeks following discharge; -A community health worker was recently added to the clinic; and -In October 2017 JHBMC launched a Lean Sigma redesign of patient and family education specific to heart failure which, once complete, will serve as the model across the Hopkins system.
	Heart surgeries and procedures			
	Recommended care			
37	How often the hospital uses a procedure to find blocked blood vessels in the heart on both sides of the heart instead of on only one side.	Better Than Average	0.0000 (0.0000, 0.0000)	
	Results of care			
38	Death rate for CABG	Not enough data to report	-	
39	Rate of unplanned readmission for CABG	Not enough data to report	-	
	Hip or knee replacement surgery			
	Results of care			
40	Returning to the hospital after getting hip or knee replacement surgery	Average	5.6 (4.2 - 7.5)	
41	Complications after hip or knee replacement surgery	Average	4.1 (2.8 - 5.7)	

Quality Measure Performance

Johns Hopkins Bayview Medical Center

Source: MHCC Hospital Quality Measures Website, https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/professional/quality-ratings/profile/13003
Date Accessed: 6/27/2017

	Indicator	Rating	Risk-Adjusted Rates	Intervention
	Imaging			
	Practice patterns			
42	Contrast material (dye) used during abdominal CT scan	Below Average	9.80%	The Radiology department leadership has started a FY18 collaboration effort with the Emergency Department leadership and faculty. The goal is to evaluate orders, to specifically decrease the amount of unnecessary orders. In consultation with the EPIC team (electronic patient record) the team will build a more efficient process for ordering the correct study for the documented diagnosis. Thus, this work will result in standardizing order sets per diagnosis and/or disease category.
43	Contrast material (dye) used during thorax CT scan	Below Average	6.40%	See above
44	Patients who had a low-risk surgery and received a heart-related test, such as an MRI, at least 30 days prior to their surgery though they do not have a heart condition	Average	5%	
45	Patients who came to the hospital for a scan of their brain and also got a scan of their sinuses.	Below Average	6.90%	See above
	Patient safety			
	Results of care - Complications			
46	How often the hospital accidentally makes a hole in a patient's lung	Average	0.5191 (0.1378, 0.9004)	
47	How often patients accidentally get cut or have a hole poked in an organ that was not part of the surgery or procedure	Average	0.3748 (0.0000, 1.3004)	
48	Number of patients who get a blood transfusion and have a problem or reaction to the blood they get	Not enough data to report	-	
49	Returning to the hospital for any unplanned reason within 30 days after being discharged	Below Average	17.9 (15.9 - 18.7)	Patients experiencing unplanned readmissions at JHBMC fall into three major cohorts: COPD, heart failure, and alcohol or opioid dependency. Initiatives targeting readmissions for COPD and heart failure patients are specifically addressed above. The third cohort, individuals with alchohol or opioid dependency, has recently become the largest cohort impacting this measure. JHBMC has the following interventions in place: -A campus-wide coordinating group to improve coordination and communication across all services; -Maryland SBIRT has been implemented in the ED; -An addictions counselor is placed in the ED to do rapid intake to on campus programs; -By November 2017, buprenorphine will be available in the JHBMC ED; -A peer recovery specialist is placed on the inpatient unit and follows patients along with the ED addictions counselor; -An Addiction Medicine Consult Service has been established to serve the inpatient units to help with withdrawal management and to initiate buprenorphine before discharge.
50	Patients who developed a blood clot while in the hospital and did not get treatment that could have prevented it	Below Average	3%	On a fiscal year to date basis, our rate of preventable VTE is higher than desired. To date we have identified three cases of potentially preventable VTE. A VTE Committee has been implemented at JHBMC to focus on risk screening of all patients on admission and implementation of appropriate order sets focusing on VTE prophylaxis based on the risk assessment. We continue to monitor all cases monthly.
51	Number of times a medical tool was accidentally left in a patient's body during surgery or procedure	Not enough data to report	-	
	Results of care - Deaths			
52	How often patients die in the hospital after bleeding from stomach or intestines	Average	0.0000 (0.0000, 2.1367)	
53	How often patients die in the hospital after fractured hip	Average	2.5384 (0.0000, 5.2489)	
54	How often patients die in the hospital while getting care for a condition that rarely results in death	Average	0.3224 (0.0000, 0.9127)	
	Pneumonia			
	Results of care			
55	How often patients die in the hospital while getting care for pneumonia	Average	1.0525 (0.0000, 3.2591)	
56	Dying within 30-days after getting care in the hospital for pneumonia	Average	8.6 (6.5 - 11.2)	
57	Returning to the hospital after getting care for pneumonia	Average	19.0 (16.5 - 21.8)	

Quality Measure Performance

Johns Hopkins Bayview Medical Center

Source: MHCC Hospital Quality Measures Website, https://healthcarequality.mhcc.maryland.gov/MarylandHospitalCompare/index.html#/professional/quality-ratings/profile/13003
Date Accessed: 6/27/2017

	Indicator	Rating	Risk-Adjusted Rates	Intervention
	Stroke			
	Results of care			
58	How often patients who came in after having stroke subsequently died in the hospital.	Below Average	9.7420 (7.6612, 11.8227)	The stroke mortality is higher because JHBMC is a tertiary Stroke Center, receiving patients with catastrophic injury. When a risk adjusted observed to expected stroke mortality methodology is applied, in CY 16 our stroke mortality was 12.53% while our expected rate was 12.81%.
59	Death rate for stroke patients	Average	15.8 (12.9, 19.2)	
60	Rate of unplanned readmission for stroke patients	Average	14.7 (11.8, 17.9)	
	Surgeries for Specific Health Conditions			
	Practice patterns			
61	Number of surgeries to remove part of the esophagus	Not enough data to report	2	
62	Number of surgeries to remove part of the pancreas	Not enough data to report	-	
63	Number of surgeries to fix the artery that carries blood to the lower body when it gets too large	Not enough data to report	14	
	Results of Care – Deaths			
64	How often patients die in the hospital during or after surgery on the esophagus	Average	0.0000 (0.0000, 64.0005)	
65	How often patients die in the hospital during or after pancreas surgery	Not enough data to report	-	
66	How often patients die in the hospital during or after a surgery to fix the artery that carries blood to the lower body when it gets too large	Better Than Average	0.0000 (0.0000, 28.7786)	
	Surgical patient safety			
	Results of care			
67	How often surgical patients die in the hospital because a serious condition was not identified and treated	Below Average	191.4944 (140.5394, 242.4493)	This measure looks at deaths in surgical patients with six different complications which are considered to be treatable. Those complications include: shock or cardiac arrest, respiratory arrest, pneumonia, sepsis, gastro-intestinal bleeding and venous thrombolism. Unfortunately, these complications can be present at the time of admission and are not limited to hospital acquired complications. Our review has shown that the majority of patient deaths were due to the presenting condition requiring surgical intervention and not to these complications.
68	How often patients in the hospital had to use a breathing machine after surgery because they could not breathe on their own	Average	4.5067 (0.0802, 8.9333)	
69	How often patients in the hospital get a blood clot in the lung or leg vein after surgery	Better Than Average	3.0792 (1.2485, 4.9099)	
70	How often patients accidentally get cut or have a hole poked in an organ that was not part of the surgery or procedure	Average	0.3748 (0.0000, 1.3004)	
71	Number of times a medical tool was accidentally left in a patient's body during surgery or procedure	Not enough data to report	-	
	Healthcare Associated Infections (HAI)			
72	Surgical Site Infections (SSI)	Better Than Average		
73	Central Line-Associated Blood Stream Infections (CLABSI)	Better Than Average		
74	Health Care Worker Vaccinations (HCW)	Average		
75	Clostridium Difficile Infections (CDI)	Average		
76	Methicillin-Resistant Staphylococcus Aureus Infections (MRSA)	Below Average		Hospital onset bacteremia is a challenging metric for JHBMC with our highly specialized burn unit. Fully one third of all of the hospital onset bacteremia cases throughout the hospital occur in a single ten bed unit. We have started screening and decolonizing for MRSA colonization in all of the ICUS and have enhanced environmental cleaning including additive use of UV light in our instensive care units, including the burn unit.
77	Catheter-Associated Urinary Tract Infections (CAUTI)	Better Than Average		