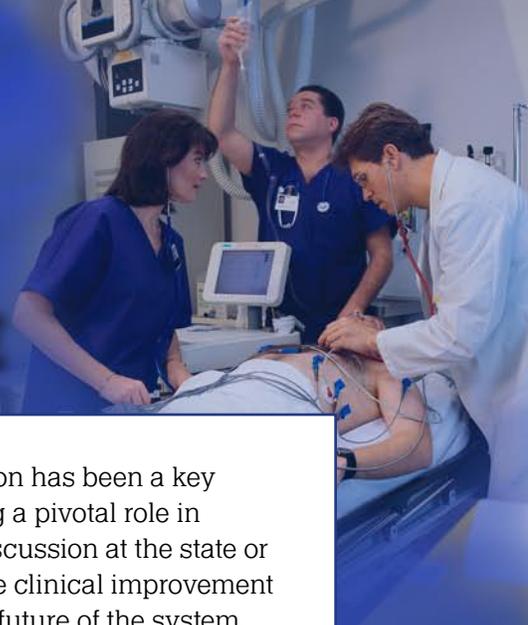


2009 IOWA HEALTHCARE  
PERFORMANCE SUMMARY

# TRANSFORMATION OF HEALTHCARE



**B**oth nationally and in Iowa in 2009, healthcare transformation has been a key theme. The Iowa Healthcare Collaborative has been playing a pivotal role in shaping that transformation. Whether engaged in policy discussion at the state or federal levels, chairing working groups to develop statewide clinical improvement initiatives, or delivering training to equip healthcare providers for the future of the system, IHC has been integrally involved in healthcare transformation efforts in Iowa. For example:

- IHC has long been a leader in advancing the work to reduce healthcare-associated infections. Our initiatives have led to demonstrable improvements in the healthcare environment, including a nearly 80% immunization rate among healthcare workers - among the highest rate in the country.
- IHC is leading a statewide Cardiovascular Task Force that is charged with developing a statewide strategy. IHC has also co-sponsored a state-level policy discussion with the Concord Coalition and the University of Iowa College of Public Health focusing on developing an understanding of Iowa's outstanding health system performance.
- IHC launched an effort, which trained 170 Iowa physicians and their staff, to become patient-centered medical homes. The Patient-Centered Medical Home (PCMH) model raises the standard of care delivered by primary care providers, which is "accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective".

Efforts like these to improve the quality of Iowa's healthcare system

are making a substantial impact on the health of Iowans. The most recent Commonwealth Fund state scorecard ranks Iowa 2nd in the U.S. across key dimensions of health system performance. Iowa continues to lead transformation efforts. Our research shows that:

- Reductions in infections associated with coronary artery bypass graft surgery between 2007 and 2008 have resulted in approximately 400 fewer days in Iowa hospitals for these patients.
- Reductions in infections associated with the use of central-line devices alone saved approximately \$250,000 in 2008.

The Iowa Healthcare Collaborative is proud of the work being done to transform care for Iowans. This transformation occurs in true partnership with Iowa hospitals, physicians, employers, regulators, insurers and other stakeholders. Together, we are making Iowa's already good healthcare even better.

Tom Evans, M.D.  
President and CEO  
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## Medical Care

General medical care spans many common, non-surgical conditions. Pneumonia is one of the most common conditions experienced by Iowa patients.

### Processes of Care

- **For pneumonia patients – In 2008, Iowa’s average performance was better than or equal to the national average on 6 of 7 (86%) processes used to treat patients with pneumonia.**

### Outcomes of Care

Reducing patient readmissions into a hospital is a national priority. Within the national Medicare population, about one in five pneumonia patients are readmitted into a hospital within 30 days after receiving treatment for pneumonia. Hospital readmissions and emergency room visits may be prevented by ensuring patients receive well-coordinated care. Hospitals along with other healthcare providers, patients, and families all play a role in keeping patients from returning to the hospital.

- **For pneumonia patients – 101 of 102 (99%) Iowa hospitals had readmission rates comparable to the national average. One hospital was better than the national 30-day readmission average and none were worse.**

## Cardiovascular

Iowa hospital performance on cardiovascular issues is measured in many ways. Hospitals report their performance on both process and outcome measures to the Centers for Medicare & Medicaid Services.

### Processes of Care

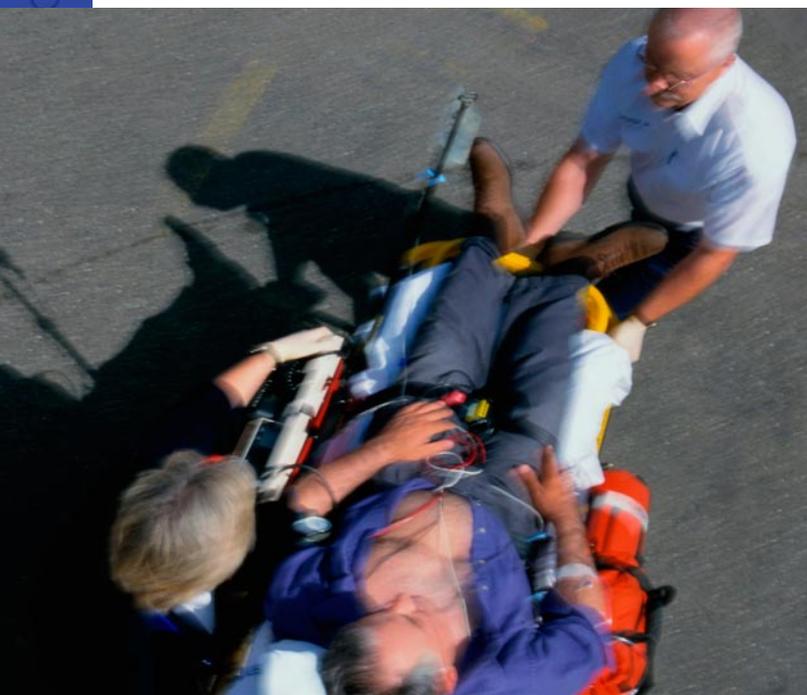
Iowa hospital performance in utilizing evidence-based processes to treat patients who have had a heart attack has remained high and has improved over time. Although Iowa still lags national performance in the use of evidence-based processes to treat heart failure patients, Iowa has improved each year on all heart failure process measures since 2005.

- **For heart attack patients - Iowa’s average performance increased 3%-9% over the past four years on processes used to treat patients whose blood supply to the heart was blocked resulting in damaged heart muscle. In 2008, average performance was equal to or better than the national average on 5 of 6 (83%) process measures.**
- **For heart failure patients - Iowa’s average performance has increased 6%-18% over the past four years among 4 processes used to treat patients with weakened hearts that cannot adequately pump enough blood to meet the body’s needs.**

### Outcomes of Care

The reduction of hospital readmission rates for patients with heart problems is a national priority. Within the national Medicare population, about one in five heart attack and one in four heart failure patients are readmitted back into a hospital within 30 days. Hospital readmissions and emergency room visits may be prevented by ensuring patients receive well-coordinated care. Hospitals along with other healthcare providers, patients, and families all play a role in keeping patients from returning to the hospital.

- **For heart attack patients – 29 of 31 (94%) Iowa hospitals had average readmission rates. One Iowa hospital was better than the national 30-day readmission average and one was worse.**
- **For heart failure patients – 94 of 98 (96%) Iowa hospitals had average readmission rates. Four Iowa hospitals were better than the national 30-day readmission average.**



## Healthcare-Associated Infections (HAI)

The reduction of healthcare-associated infections (HAIs) is also a national priority. Iowa hospital performance on infection prevention is measured in many ways. Hospitals report their performance on using evidence-based processes to prevent infections to the Centers for Medicare & Medicaid Services. In addition, most Iowa hospitals have been involved in voluntary efforts over the past three years to report outcomes related to the prevention of infections.

### Processes of Care

- **For surgery patients - Iowa's average performance improved 5%-13% over the past four years on 3 processes used to help prevent the chance of infection: administering the most appropriate antibiotic, administering the antibiotic within 1 hour before surgery, and stopping antibiotic use within 24 hours after surgery.**

### Outcomes of Care

- **Iowa's average rates of infection for four types of surgeries - CABG (coronary artery bypass graft - a type of heart attack surgery), Colon, Hip, and Hysterectomy - have decreased (improved) since 2008.**
- **Iowa's average rate for central line-associated bloodstream infections, Methicillin-resistant staphylococcus aureus (MRSA) bloodstream infections, and MRSA surgical site infections have decreased (improved) since 2008.**
- **Iowa's hospitals continue to be leaders in vaccinating their healthcare workers against seasonal influenza (flu). Over the last three flu seasons, the Iowa healthcare worker immunization rate has increased from approximately 68% during 2006-**

**2007 to 79% in 2008-2009. These rates are nearly double known national comparison rates (34% - 44%).**



## Surgical Care

The measurement of the quality and safety of general surgical care focuses on surgical-related patient safety events, postoperative care processes, and surgical outcomes.

### Processes of Care

For surgery patients - surgery patients may spend a large amount of time lying down, not moving their body, which may increase the chance of a blood clot forming in their legs (deep vein thrombosis). A serious complication may arise if these blood clots break loose and travel to the lungs blocking blood circulation within the lungs (pulmonary embolism).

- **Iowa's average performance has increased 3%-4% over the past two years among 2 processes used to prevent blood clots from forming in surgical patients - ordering and receiving treatments to prevent blood clots within 24 hours of surgery.**

### Outcomes of Care

- **For patient safety-related postoperative complications - in 2007, estimates of Iowa's average performance were better than national averages on all 7 patient safety measures.**
- **For hip replacement surgery patients - in 2007, the estimate of Iowa's average mortality rate was better than the national mortality rate.**

## Patient Experience

Another national priority is to heighten the ability of patients and their families to manage their health and make decisions about their care. A national goal is that all patients will be asked for feedback on their experience of care. This information should be used by patients to help them make informed decisions about treatment options. Iowa hospitals entered their second year of reporting the results of nationally-standardized patient surveys that

measure patients' experiences regarding satisfaction with the delivery of care they received in the hospital. Iowa continues to outperform national rates of performance in communication, care, environment, and overall satisfaction.

• **For the past two years Iowa's average performance was better than the national average for all 10 measures of patient experiences. Below are these measures along with the Iowa average percentage of patients that scored each measure as "high":**

- ◆ **Doctor communication (81%)**
- ◆ **Nurse communication (78%)**
- ◆ **Explanation of medications (61%)**
- ◆ **Information about what patients should do during their recovery at home (83%)**
- ◆ **How often patients received help quickly from staff (66%)**
- ◆ **How well their pain was controlled (70%)**
- ◆ **How often patients' rooms were kept clean (77%)**
- ◆ **How often the areas around the patients' rooms were kept quiet at night (59%)**
- ◆ **How patients rated the hospital overall (71%)**
- ◆ **Would patients recommend this hospital to family or friends (72%)**



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This information is summarized from the complete set of quality, patient safety, and utilization measures within the Iowa Healthcare Collaborative's (IHC) Iowa Report.

We encourage you to view the complete report on the IHC website at [www.ihconline.org](http://www.ihconline.org)