



NORTON
HEALTHCARE

Our public quality report

Ben Yandell, PhD, CQE

Associate Vice President

Clinical Information Analysis

ben.yandell@nortonhealthcare.org

Acknowledgments

- **Stephen A. Williams**, President and CEO
- **Robert A. Goodin**, MD, Chairman and the **Board of Trustees** (especially **Quality**)
- **Daniel W. Varga**, MD, former CMO

Norton Healthcare

- Louisville, Kentucky
- 3 adult hospitals
with a fourth under construction
- Kentucky's only children's hospital
- both owned physician practices and
independent medical staff

What we did

- Published an objective evaluation of our performance (launch: 3/31/2005)
- On more than 200 (now 400) nationally recognized indicators of hospital clinical quality
- **Voluntarily**



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Tools and Resources

-- Select One --

Health News Today 6/12/2007

- ▶ [Lower Premiums Can Cost More in Long Run With Maternity Care](#)
- ▶ [FDA Steps Up Oversight of Body Parts Companies](#)
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Smoke-Free 6-4-07

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Norton Healthcare has been named one of the [Top 25 Best Places to Work](#) in Kentucky, according to the Kentucky Society for Human Resource Management.



With help from Norton Cancer Institute, Linda Schaber defeated cancer. [Listen](#) to her story.

Norton Healthcare ranked No. 36 in Verispan's Top 100



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Quality Report

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Tools and Resources-- Select One --

Norton Healthcare Quality Report

In this report, the hospitals of Norton Healthcare show their patient satisfaction scores and their performance on about 400 nationally recognized quality indicators and practices. Where available, performance is also displayed for the average hospital in Kentucky and in the United States.



These statistics and descriptions do not begin to represent all there is to know about the quality of hospitals. You should not attempt to choose a hospital based solely on statistics and descriptions such as those in this report. Current methods of assessing hospital quality are not mature enough to support such a use.

[How to Use This Quality Report](#)[Questions & Answers](#)[Quality Indicators & Safe Practices](#)[Technical Notes](#)[View the Quality Report Disclaimer](#)

Report last updated June 06, 2007.

For more information about Norton Healthcare's Quality Report please email us at quality@nortonhealthcare.org.

Quality Indicators & Safe Practices

- [Patient satisfaction](#)
- [Antibiotic susceptibility](#)
- [Infection control](#)
- [Surgery](#)
- [Pneumonia](#)
- [Heart failure](#)
- [Heart attack](#)
- [Cardiovascular procedures](#)
- [Nursing care](#)
- [Patient safety](#)
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- [Children](#)
- [Safe practices](#)
- [Physician office care](#)
- [Cancer survival rates](#)
- [Data validity](#)

References & Resources[AHRQ Quality Indicators](#)[JCAHO National Patient Safety Goals](#)[Hospital Compare](#)[IHL 100k Lives Campaign](#)

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Quality Report

How to Use This Quality Report

Questions & Answers

Quality Indicators & Safe Practices

- > Patient satisfaction
- > Antibiotic susceptibility
- > Infection control
- > Surgery
- > Pneumonia
- > Heart failure
- > Heart attack
- > Cardiovascular procedures
- > Physician
- > Nursing
- > Patient safety
- > Other indicators
- > Childbirth
- > Childbirth - other
- > Children
- > Safe practices
- > Cancer survival rates
- > Data validity

Technical Notes

Cardiovascular procedures

Cardiovascular procedures include heart and circulatory system procedures. Many indicators in the [surgery](#) and [infection control](#) sections also apply to cardiovascular procedures. These indicators include various complication rates and death rates, and summarize how well certain recommended approaches to these procedures are followed. At Norton Healthcare, only [Norton Audubon Hospital](#) and [Norton Hospital](#) (downtown) perform open heart and interventional cardiology procedures.

Click on the indicator description or on the results to obtain the full report.

Key

better than U.S. average	near U.S. average	worse than U.S. average	# = too few eligible cases to calculate a reliable statistic
(99% confidence interval)			<i>blank</i> = does not apply
			<i>italic number</i> = no comparative data

Takes user 2 clicks from the home page to get here.

Mostly data – not text.

No self-promotion. No spin.

Desired Performance
Norton Audubon
Norton Hospital
Norton Suburban
Kosair Children's
Kentucky
U.S.

Cardiac catheterizations - percent of							
procedures that are bilateral	low	3.6	3.5	4.3		3.5	7.1
procedures showing insignificant heart disease	low	36.5	34.0	38.2			
patients with vascular complications	low	0.5	0.7	0.5			

PCIs (angioplasties) - percent of							
heart attack / PCI patients treated w/in 90 minutes	high	39.0	24.0				

Heart failure

Heart failure, sometimes called congestive heart failure, is a chronic (long-term) condition caused by the inability of the heart to pump as much blood as the body needs. Heart failure becomes more common with age and causes symptoms such as shortness of breath and a build-up of fluid in the feet and legs. Heart failure is one of the most common reasons for hospitalization. A healthy lifestyle and proper medications can reduce the effects of heart failure and the need for future hospitalization. These indicators examine how well we manage the care of patients hospitalized for heart failure.

Click on the indicator description or on the results to obtain the full report.

Key

better than U.S. average	near U.S. average	worse than U.S. average	# = too few eligible cases to calculate a reliable statistic <i>blank</i> = does not apply <i>italic number</i> = no comparative data
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Desired Performance
Norton Audubon
Norton Hospital
Norton Suburban
Kosair Children's
Kentucky
U.S.

Heart failure bundle and treatment - percent of heart failure patients							
meeting all 4 applicable indicators	high	59	38	45			
with LVF assessment	high	96	97	99		80	83
given smoking counseling	high	100	95	100		84	81
given complete discharge instructions	high	57	36	26		57	60
prescribed ACEI/ARB at discharge	high	75	68	78		78	82

Heart failure mortality - percent of heart failure patients							
who die (AHRQ risk-adjusted)	low	3.8	3.4	2.5		3.2	4.3
who die of any cause w/in 30 days	low	11.8	11.8	11.8		10.8	11.1

A traffic-lighted page of multiple, indicators begins to address the problem of creating a quality index.



Our quality report principles

- **We do not decide what to make public based on how it makes us look.**
- **We give equal prominence to good and bad results.**
- **We do not choose which indicators to display.**
When we have a nationally endorsed list of indicators, we display every indicator on the list.
- **We are not the indicator owner.**
We do not modify indicator definitions or inclusion/exclusion criteria in any way.
We correct our internal data only for objective errors. We do not correct data submitted or billed externally unless we also resubmit or re-bill the data.
- **We display results even when we disagree with the indicator definition.**
- **We believe unused data never become valid.**
We recognize that we must display and make decisions based upon imperfect data, because until the data are used, no resources will be spent making the data valid.

Anything else is advertising – not transparency.

Ours is probably still the largest hospital quality report in the country.

We did not decide to report all the indicators in order to have a *big* report.

We decided to report them all in order to have an *unbiased* report.

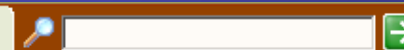
Routine internal detailed reports



Routine Feedback Reports

Categories

Children/SPC Charts



NHQR Categories for Routine Feedback Reports

New Document | Upload Document | Up | New Folder | Filter | Edit in Datasheet

Type	Name	Title	Modified
	ic01c_PICU Catheter-Associated UTIs_KCH_SPC		4/30/2007 3:35 PM
	ic02c_PICU Central-Line-Associated BSIs_KCH_SPC		4/30/2007 3:35 PM
	ic02d_NICU Infants less than or equal to 1000 gms Central-Line-Associated BSIs_KCH_SPC		4/30/2007 3:35 PM
	ic02d_NICU Infants less than or equal to 1000 gms Central-Line-Associated BSIs_SUB_SPC		4/30/2007 3:35 PM
	ic02e_NICU Infants 1001-1500 gms Central-Line-Associated BSIs_KCH_SPC		4/30/2007 3:35 PM
	ic02e_NICU Infants 1001-1500 gms Central-Line-Associated BSIs_SUB_SPC		4/30/2007 3:35 PM
	ic02f_NICU Infants 1501-2500 gms Central-Line-Associated BSIs_KCH_SPC		4/30/2007 3:35 PM
	ic02f_NICU Infants 1501-2500 gms Central-Line-Associated BSIs_SUB_SPC		4/30/2007 3:35 PM
	ic02g_NICU Infants greater than 2500 gms Central-Line-Associated BSIs_KCH_SPC		4/30/2007 3:35 PM
	ic02g_NICU Infants greater than 2500 gms Central-Line-Associated BSIs_SUB_SPC		4/30/2007 3:35 PM
	ic03c_PICU Ventilator-Associated Pneumonia_KCH_SPC		4/30/2007 3:35 PM
	ic03d_NICU Infants less than or equal to 1000 gms Ventilator-Associated Pneumonia_KCH_SPC		4/30/2007 3:35 PM
	ic03d_NICU Infants less than or equal to 1000 gms Ventilator-Associated Pneumonia_SUB_SPC		4/30/2007 3:35 PM
	ic03e_NICU Infants 1001-1500 gms Ventilator-Associated Pneumonia_KCH_SPC		4/30/2007 3:35 PM
	ic03e_NICU Infants 1001-1500 gms Ventilator-Associated Pneumonia_SUB_SPC		4/30/2007 3:35 PM
	ic03f_NICU Infants 1501-2500 gms Ventilator-Associated Pneumonia_KCH_SPC		4/30/2007 3:35 PM
	ic03f_NICU Infants 1501-2500 gms Ventilator-Associated Pneumonia_SUB_SPC		4/30/2007 3:35 PM
	ic03g_NICU Infants greater than 2500 gms Ventilator-Associated Pneumonia_KCH_SPC		4/30/2007 3:35 PM
	ic03g_NICU Infants greater than 2500 gms Ventilator-Associated Pneumonia_SUB_SPC		4/30/2007 3:35 PM
	NICU SPCs KCH		12/20/2006 5:20 PM
	pdi02_percent ped inpts developing in-hosp pressure ulcer (AHRQ), unadjusted_KCH_SPC		4/30/2007 8:11 AM
	pdi03_percent ped surg when foreign body was unintentionally left, unadjusted_KCH_SPC		4/30/2007 8:11 AM
	pdi04_percent neonates with pneumothorax resulting from medical care, unadjusted_KCH_SPC		4/30/2007 8:11 AM
	pdi05_percent ped pats with pneumothorax resulting from medical care, unadjusted_KCH_SPC		4/30/2007 8:11 AM
	pdi06_percent pediatric heart surgery patients who die, unadjusted_KCH_SPC		5/2/2007 9:49 AM

code	description	Audubon	Norton	Suburban
AMI-1	% heart attack patients given aspirin at arrival	90%	92%	93%
AMI-2	% heart attack patients given aspirin at discharge	92%	97%	90%
AMI-3	% heart attack patients with LVSD given ACEI/ARB	38%	91%	
AMI-4	% heart attack smoking pats. given smoking counseling	61%	79%	
AMI-5	% heart attack patients given beta blocker at discharge	88%	94%	100%
AMI-6	% heart attack patients given beta blocker at arrival	73%	64%	
HF-1	% heart failure inpatients given complete discharge instructions	19%	10%	50%
HF-2	% heart failure inpatients with LVEF assessment	83%	79%	97%
HF-3	% heart failure inpatients prescribed ACEI/ARB at discharge	51%	80%	71%
HF-4	% heart failure smoking pats. given smoking counseling	57%	32%	
PN-1	% pneumonia inpatients with oxygenation assessment	96%	98%	98%
PN-2	% pneumonia inpatients given pneumococcal vaccination	45%	4%	46%
PN-3b	% pneumonia inpt blood cultures before first antibiotic	84%	88%	93%
PN-4	% pneumonia inpatients given smoking counseling	64%	38%	68%
PN-5b	% pneumonia inpts given antibiotic w/in 4hrs of arrival	71%	68%	84%
PN-6	% pneumonia inpatients given recommended antibiotic	74%	82%	83%
SIP-1	% select surg. patients given preop. antibiotic on time	80%	80%	96%
SIP-3	% select surg. pats. w/antibiotic discontinued on time	58%	80%	81%

Last half of **2003** (or first two quarters)

Both early and late results were compared to the July 2005 – June 2006 U.S. median from Hospital Compare.

code	description	Audubon	Norton	Suburban
AMI-1	% heart attack patients given aspirin at arrival	99%	95%	98%
AMI-2	% heart attack patients given aspirin at discharge	99%	98%	97%
AMI-3	% heart attack patients with LVSD given ACEI/ARB	85%	72%	
AMI-4	% heart attack smoking pats. given smoking counseling	98%	97%	
AMI-5	% heart attack patients given beta blocker at discharge	99%	97%	100%
AMI-6	% heart attack patients given beta blocker at arrival	96%	83%	
HF-1	% heart failure inpatients given complete discharge instructions	86%	68%	92%
HF-2	% heart failure inpatients with LVEF assessment	96%	94%	99%
HF-3	% heart failure inpatients prescribed ACEI/ARB at discharge	68%	80%	75%
HF-4	% heart failure smoking pats. given smoking counseling	91%	100%	
PN-1	% pneumonia inpatients with oxygenation assessment	100%	97%	100%
PN-2	% pneumonia inpatients given pneumococcal vaccination	86%	84%	95%
PN-3b	% pneumonia inpt blood cultures before first antibiotic	82%	82%	89%
PN-4	% pneumonia inpatients given smoking counseling	94%	100%	95%
PN-5b	% pneumonia inpts given antibiotic w/in 4hrs of arrival	80%	71%	78%
PN-6	% pneumonia inpatients given recommended antibiotic	88%	85%	93%
SIP-1	% select surg. patients given preop. antibiotic on time	89%	87%	93%
SIP-3	% select surg. pats. w/antibiotic discontinued on time	78%	88%	87%

Last half of 2005

Both early and late results were compared to the July 2005 – June 2006 U.S. median from Hospital Compare.

code	description	Audubon	Norton	Suburban
AMI-1	% heart attack patients given aspirin at arrival	99%	92%	98%
AMI-2	% heart attack patients given aspirin at discharge	99%	98%	100%
AMI-3	% heart attack patients with LVSD given ACEI/ARB	73%	87%	
AMI-4	% heart attack smoking pats. given smoking counseling	100%	98%	
AMI-5	% heart attack patients given beta blocker at discharge	98%	99%	100%
AMI-6	% heart attack patients given beta blocker at arrival	98%	86%	
HF-1	% heart failure inpatients given complete discharge instructions	57%	40%	33%
HF-2	% heart failure inpatients with LVEF assessment	96%	98%	97%
HF-3	% heart failure inpatients prescribed ACEI/ARB at discharge	73%	79%	82%
HF-4	% heart failure smoking pats. given smoking counseling	100%	93%	
PN-1	% pneumonia inpatients with oxygenation assessment	100%	100%	99%
PN-2	% pneumonia inpatients given pneumococcal vaccination	88%	85%	88%
PN-3b	% pneumonia inpt blood cultures before first antibiotic	90%	93%	95%
PN-4	% pneumonia inpatients given smoking counseling	97%	98%	90%
PN-5b	% pneumonia inpts given antibiotic w/in 4hrs of arrival	85%	78%	79%
PN-6	% pneumonia inpatients given recommended antibiotic	93%	94%	94%
SIP-1	% select surg. patients given preop. antibiotic on time	85%	88%	93%
SIP-3	% select surg. pats. w/antibiotic discontinued on time	76%	88%	85%

Last half of 2006

Both early and late results were compared to the July 2005 – June 2006 U.S. median from Hospital Compare.

Limitations of our report

- Inherently suspect because self-report
- It is only comparative among our hospitals, and compared to the state and the nation (or as close as possible) – it is not head-to-head comparative

(But, the indirect adjustment method does not allow head-to-head.)

Concerns

- **These are mostly the wrong indicators.**
We are still in a peer-review, sentinel / “never” event mindset. Instead, we should be tracking [and reducing] “known complications” and common problems.
- **We can’t trust the validity/comparability of these indicators.**
Too many loose definitions. No real audit of accuracy / interrater agreement. No check on local decisions to exclude cases.
... And, it all starts with wildly inconsistent and unverified physician documentation.

Concerns

- **We have the wrong mental model,** at least at this stage of development. We think we're building a comparative shopping guide for lay consumers.

Public reporting isn't just about informing the public; it's about informing the experts who advise the public. *Consumer Reports* and NHTSA crash test reports help even those who never read them.

And public reporting is about informing the people who can actually do something about the quality we hope to measure.

We're all worried about...

- ... unintended side effects
- ... how real any of this is, ... whether public reporting and P4P improve “real” quality
- ... killing objectively assessed quality and transparency before they have a chance to prove their positive impact on healthcare.