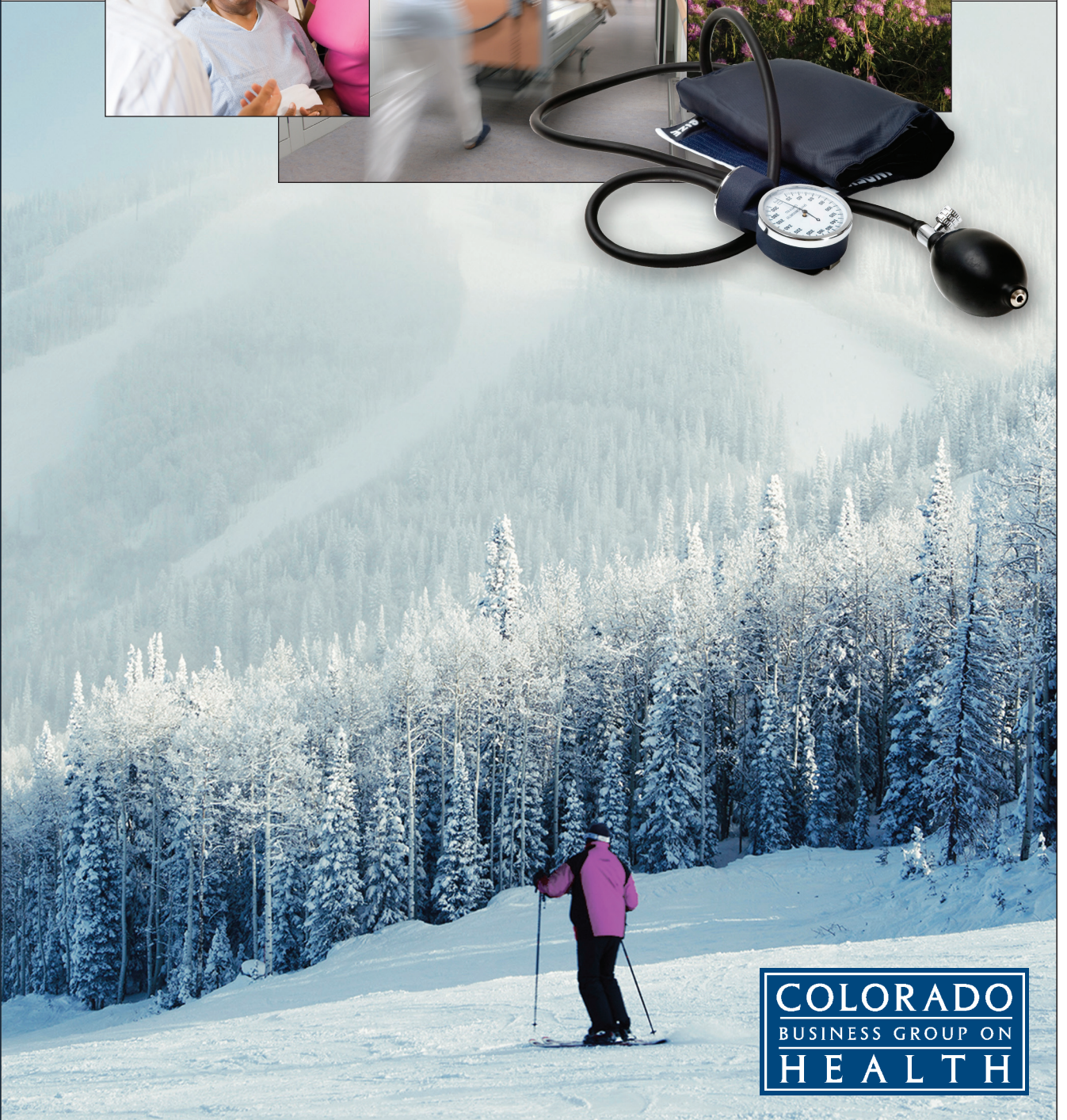


# Colorado Health Matters 2010-11

## Quality Report: Hospitals



**COLORADO**  
BUSINESS GROUP ON  
**HEALTH**

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For more information, contact Colorado Business Group on Health at 303-922-0939 or <http://www.coloradoHEALTHonline.org/>.





# High-quality health care



Welcome to our 13th annual edition of *Colorado Quality Report: Hospitals*



**H**ealth reform is the hot topic on everyone's mind as we finalize this publication this year. Health care is big business: experts forecast national spending on health care to be more than \$2.6 trillion this year. Many people would like to reduce the unrelenting (and unsustainable) trend in price increases. Of course, the big debate is "How?"

One national survey, published in 2008, asked respondents what they wanted from their health insurance. Eighty percent selected the following items. See if you agree with this list: (1) Coverage for all uninsured children; (2) Protection against financial ruin due to major illness or accident; (3) Ability to get coverage regardless of a pre-existing condition; (4) Coverage that continues even when people are laid off, change jobs, or start their own businesses; (5) Premiums, deductibles, and out-of-pocket expenses that are affordable relative to family income; and (6) The ability of people to keep their current health insurance if they choose. Many health reform proposals that have been recently reviewed by Congress feature ideas about how to offer Americans what they want.

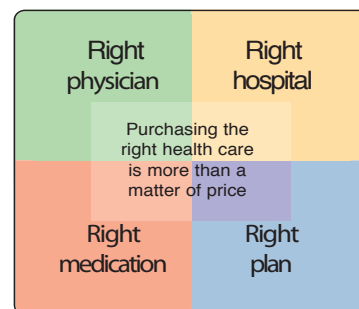
In addition, the proposals agree on features that improve the quality of health care. Under the broad title "safety and transparency," members of Congress have aligned to support electronic medical records; coordinate the care between specialists, primary care doctors, and hospitals; and provide more information to consumers. Information on cost and quality will be used by consumers to make better choices,

and by those in the health care industry to compare their results to "the best results." Will better quality reduce costs? Many experts see opportunities to save money through improved quality, but the final word is that when we are sick, we all want high quality health care.

How do you define quality? If you have difficulty, you are not alone. Avoiding harm, getting treatments that work, and accessing services in a timely manner are ways to define quality. Our family of publications inspire you to see how consumers like you are rating their health plans and doctors, evaluate whether your favorite Colorado hospital is working on safety, discover if your doctor is nationally recognized, and find out whether your health plan is better than others in the state or in the nation. Be an informed consumer!

Yours in good health,

Donna Marshall, MBA  
Executive Director



## What is quality health care?



Quality health care is more than just having a health plan, a certain provider, or a particular treatment. It's more than a matter of cost. Quality means getting what benefits you most—balancing risk, cost, and quality of life.

**It's effective**—the right kind of care for your health condition based on up-to-date scientific knowledge about what works best.

**It's efficient**—using precious resources wisely, not wasting time and effort.

**It's safe**—delivered without error and avoiding harmful results.

**It's timely**—getting the most effective care without delays.

**It's focused on the individual**—provided in a manner respecting a person's individual characteristics, needs, and concerns.

**It's equitable**—delivered without discrimination based on income, ethnicity, culture, or beliefs.

Important aspects of quality health care are measured in different ways. *Health Matters* provides you with the information necessary to make cost-effective decisions regarding your health care.

# How to choose your hospital

## Leapfrog Hospital Survey

The Leapfrog Hospital Quality and Safety Survey has been a method for improving hospital quality, safety, and efficiency since its inception in 2001. The results from the survey inform consumers of the kind of care they can expect to receive by determining which hospitals are meeting high quality, cost effective standards, comparing area hospitals to local and national performance standards, and providing incentives for quality improvements. The Leapfrog Group initially identified four quality and safety practices (Leaps) as the focus for hospital recognition and reward. They are Computer Physician Order Entry (CPOE), Intensive Care Unit (ICU), Physician Staffing (IPS), Evidence-Based Hospital Referral (EBHR), and Safe Practices Score (SPS). This year, 28 out of 34 urban and 7 out of 40 rural Colorado hospitals took part in the annual Leapfrog Hospital Survey.

Remarkably, one of Colorado's own rural hospitals, St. Anthony Summit Medical Center in Frisco was one of only five rural hospitals in the nation to make Leapfrog's Top Hospital List. Top Hospitals must meet the following criteria:

- Fully meet Leapfrog standards for implementing computer physician order entry (CPOE) systems and carefully testing their systems with Leapfrog's CPOE Evaluation Tool;
- Fully meet stringent performance standards for at least half of the complex, high-risk procedures done in that particular hospital;
- Fully meet the ICU staffing standards;
- Score a 69 or better in efficiency according to Leapfrog's Hospital Recognition Program (LHRP). This score is calculated by combining a hospital's scores for quality and resource use (which include all of the standards on Leapfrog's Hospital Survey), with quality weighing more heavily. Due to restrictions on resources, rural hospitals are only required to meet this measure.

The mission of the Leapfrog Group is to activate leaps forward in the safety, quality and affordability of health care by making the American public aware of a small number of compelling and easily understood advances in patient safety. Their mission is to do so by specifying a simple set of purchasing principles designed to promote these safety advances, as well as overall customer value. If all hospitals implemented just the first three of Leapfrog's four Leaps: over 57,000 lives could be saved, more than 3 million medication errors could be avoided, and up to \$12.0 billion could be saved each year.

### Leap 1: Computer Physician Order Entry (CPOE)

#### An Rx for Rx

Choose the hospital with electronic prescribing systems that requires its staff to use computers to order medications, tests, and procedures. CPOE has been shown to reduce serious prescribing errors by more than 50%.

### Leap 2: ICU Physician Staffing (IPS)

#### Sick people need special care

Choose the hospital with an Intensive Care Unit (ICU) that is staffed by physicians experienced in critical care medicine. IPS has shown to reduce the risk of patients dying in the ICU by 40%.

### Leap 3: Evidence-Based Hospital Referral (EBHR)

#### The best of the best: practice makes perfect

Consumers should choose hospitals with the best track records. Choose the hospital with low mortality rates or high rates of adherence to clinical practices. This means making sure those patients with high-risk conditions and procedures are treated at hospitals with characteristics shown to be associated with better results or extensive experience. The following are some of the Leapfrog high risk procedures:

- Abdominal Aortic Aneurysm (AAA). Repair procedure that fixes an abnormal enlargement of the abdominal portion of the aorta, which is the major artery from the heart.
- Aortic Valve Replacement (AVR). Open-heart surgery to replace the heart valve if it thickens so much that it causes an abnormal narrowing and stiffening of the valve.
- Esophagectomy Surgical. Removal of all or part of the esophagus.
- High Risk Deliveries & Neonatal Intensive Care Units (NICU). High risk delivery is when mother and/or fetus are at higher-than-normal risk. Low-birth weight, premature, or seriously ill newborns may require specially designed equipment.
- Pancreatic Resection. Surgical removal of all or part of the pancreas. The pancreas is an organ that lies deep in the abdomen and produces important hormones such as insulin. If cancer develops in the pancreas, removing the cancer may be lifesaving.

### Leap 4: Leapfrog Safe Practices Score

#### Leapfrog Quality Index: A culture based on safety

Choose a hospital that has a high Leapfrog Safe Practices Score. This fourth Leap assesses a hospital's progress on 17 of the 37 National Quality Forum (NQF) safe practices not covered by the first three Leaps. NQF safe practices focus on those that have the strongest evidence, are auditable, and are not measured in another way in a different section of the Survey.

*“Consumers who choose hospitals identified by Leapfrog as having begun to implement patient safety practices will likely find hospitals with better process, quality and lower mortality rates.”*

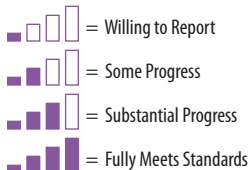
Dr. Ashish K. Jha, Harvard School of Public Health upon completing a study for the Joint Commission Journal of Quality and Patient Safety 2008.

# Colorado urban hospital ratings

The Leapfrog Group publically reports patient safety ratings for all hospitals that submit data. With transparency in mind, Leapfrog rates each hospital on how near its policies and practices are to the Leapfrog standards. The lowest rating, Willing to Report, designates that a hospital submitted data, but has not made progress

in meeting Leapfrog standards. Some Progress and Substantial Progress indicate a hospital is on its way to fully meeting Leapfrog standards, but still must put forth effort to wholly meet the standards. Lastly, a hospital is given the rating Fully Meets Standards if the hospital fully meets the Leapfrog standard in that measure.

Hospital	City	Leap 1 (CPOE)	Leap 2 (IPS)	Leap 3				Leap 4	
		Prevent Medication Errors	Appropriate ICU Staffing	Abdominal Aortic Aneurism Repair	Aortic Valve Replacement	Esophageal Resection	High Risk Deliveries	Pancreatic Resection	Steps to Avoid Harm
Boulder Community Foothills Hospital	Boulder	Willing to Report	Some Progress	na	na	na	Some Progress	na	Some Progress
Boulder Community Hospital	Boulder	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress	Some Progress
Centura- Avista Adventist Hospital	Louisville	Willing to Report	Some Progress	na	na	Some Progress	Some Progress	Some Progress	Some Progress
Centura- Littleton Adventist	Littleton	Willing to Report	Some Progress	na	na	na	Some Progress	na	Some Progress
Centura- Parker Adventist	Parker	Willing to Report	Some Progress			Some Progress	Some Progress	Some Progress	Some Progress
Centura- Penrose-St Francis	Colorado Springs	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress	Some Progress
Centura- Porter Adventist	Denver	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress	Some Progress
Centura- St. Anthony Central	Denver	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
Centura- St. Anthony North Hospital	Westminster	Willing to Report	Some Progress	Some Progress	na	na	Some Progress	na	Some Progress
Centura- St. Francis Medical Center	Colorado Springs	Willing to Report	Some Progress	na	na	na	Some Progress	na	Some Progress
Centura- St. Mary Corwin	Pueblo	Willing to Report	Some Progress	Some Progress	na	na	na	na	Some Progress
Childrens Hospital	Aurora	Some Progress	Some Progress	na	na	na	na	na	Some Progress
Exempla Good Samaritan	Lafayette	Willing to Report	Some Progress	Some Progress	na	Some Progress	Some Progress	Some Progress	Some Progress
Exempla Saint Joseph	Denver	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
Exempla Lutheran Medical Center	Wheat Ridge	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
Longmont United Hospital	Longmont	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	na	Some Progress
McKee Medical Center	Loveland	Willing to Report	Some Progress	na	na	na	na	na	Some Progress
Medical Center of Aurora	Aurora	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress	Some Progress
North Colorado Medical Center	Greeley	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress	Some Progress
North Suburban Medical Center	Thornton	Willing to Report	Some Progress	na	na	Some Progress	na	Some Progress	Some Progress
Parkview Medical Center	Pueblo	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress	Some Progress
Presbyterian/St. Luke's Medical Center	Denver	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
Rose Medical Center	Denver	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
St. Mary's Hospital	Grand Junction	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	na	Some Progress
Sky Ridge Medical Center	Lone Tree	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
Spalding Rehabilitation Hospital	Aurora	Willing to Report	na	na	na	na	na	na	Some Progress
Swedish Medical Center	Englewood	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress
University of Colorado Hospital	Aurora	Willing to Report	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress	Some Progress



# Colorado rural hospitals

## Colorado's critical access hospitals

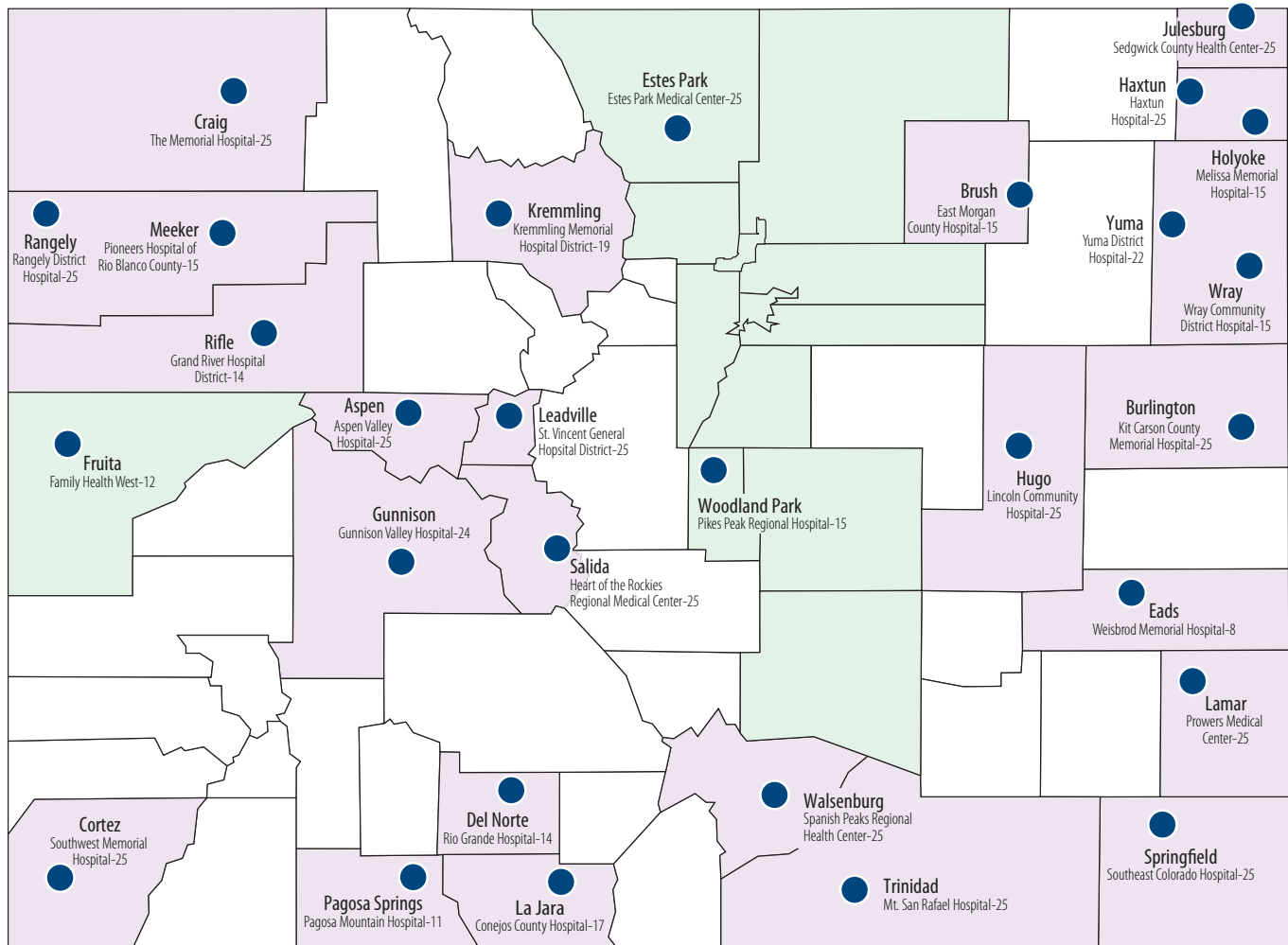
### What is a critical access hospital (CAH)?

A CAH is a hospital that is certified to receive cost-based reimbursement, from Medicare, intended to improve the facility's financial performance and thereby reduce hospital closures in areas with limited medical resources. CAHs must be located in a rural area and meet one of the following criteria: 1) over 35 miles from another hospital; 2) 15 miles from another hospital in mountainous

terrain or areas with only secondary roads; or 3) state-certified as a necessary provider of health care services to residents in the area.

There are 81 hospitals in Colorado. Of those hospitals, 40 are rural hospitals that serve approximately 20% of Coloradans. Twenty-nine of those rural hospitals are Critical Access Hospitals (CAHs).

CAH's and number of licensed beds



- Urban counties
- Rural counties
- Rural counties with no critical access hospitals

Prepared by: Colorado Rural Health Center  
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 303.832.7493 / 800.851.6782 • www.coruralhealth.org

# A culture based on safety

## A rural culture based on safety

The Colorado Business Group on Health asked rural hospitals to complete Leap 4, the Leapfrog Quality Index (see page 5). Rural hospitals are not asked to complete all four Leapfrog Leaps due to staffing and resource constraints involved in complying with computer physician order entry (CPOE) and ICU physician staffing. However, this is the sixth year rural hospitals have been asked by the Leapfrog Group to complete Leaps 3 and 4. We only report Leap 4 for rural hospitals, but our hope is that rural hospitals will increase their participation in Leap 3 as the program continues.



Adequate staffing, clear and uniform documentation, prevention practices, management of medications, and infection control are basic foundations of care that greatly impact the outcomes of any hospital stay. This score, based upon the Leapfrog Hospital Survey, is a summary of 17 health care practices.

		Leapfrog Quality Index					
Congratulations to Colorado rural hospitals		2005	2006	2007	2008	2009	2010
Animas Surgical Hospital	Durango						
Centura Health St. Thomas More Hospital	Canon City						
Colorado Plains Medical Center	Fort Morgan						
Delta County Memorial Hospital	Delta						
East Morgan County Hospital	Brush						
Estes Park Medical Center	Estes Park						
Keefe Memorial Hospital	Cheyenne Wells						
Kremmling Memorial Hospital District	Kremmling						
The Memorial Hospital	Craig						
Montrose Memorial Hospital	Montrose						
St. Anthony Summit Medical Center	Frisco						
San Luis Valley Regional Medical Center	Alamosa						
Southeast Colorado Hospital	Springfield						
Southwest Health System Inc.	Cortez						
Sterling Regional Medical Center	Sterling						
Valley View Hospital Association	Glenwood Springs						
Yuma District Hospital	Yuma						

- = **Did not disclose** this information means the hospital did not respond to this section of the survey, or the hospital was asked to complete the survey but has not submitted one.
- = **Willing to report** means the hospital is in the lowest quartile for Overall Points.
- = **Good early stage effort** means the hospital is below median, but not in the lowest quartile, for Overall Points across all Safe Practices that apply to the hospital.
- = **Good progress** means the hospital is above the median, but not in the top quartile, for Overall Points across all Safe Practices that apply to the hospital.
- = **Fully implemented** means the hospital is in the highest quartile for Overall Points across all Safe Practices that apply to the hospital.

# Can hospital care be safer?

## Patient safety efforts save lives

In 1999, the Institute of Medicine (IOM) issued a landmark report titled *To Err is Human: Building a Safer Health System* which estimated that up to 98,000 people die in U.S. hospitals each year due to medical errors, many of them preventable. That is to say, a visit to your doctor or a hospital is twice as likely to result in your death as a drive on America's roads.

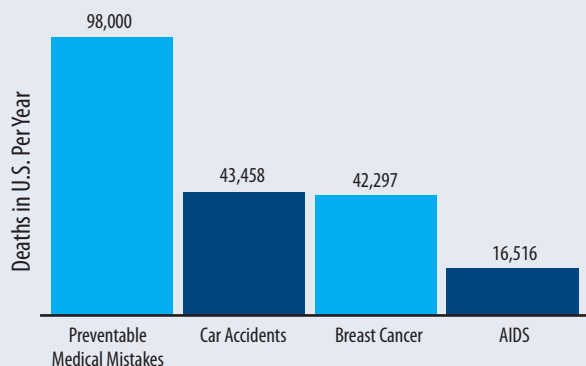
Though it has been a decade since the IOM's report on the failure of U.S. hospitals to adequately protect patient safety, too many hospitals have failed to implement standards known to improve quality and save lives. Patient safety is defined as the prevention of harm to patients, where harm can occur through errors of commission and omission. In 2008, the Agency for Healthcare Research and Quality, in its annual report to Congress, reported preventable medical injuries are growing each year by 1 percent.

In 2009, Hearst Newspapers released a series, "Dead by Mistake," focusing on avoidable deaths in health care and the steps taken to prevent them since the 1999 IOM report. With respect to voluntary reporting, reporters concluded doctors and hospitals are not given enough incentive to report medical errors. Medical practices are discouraged from reporting medical errors because of the liability to the practitioners. Likewise, hospitals are paid more for medical errors due to resulting follow-up care. Startlingly, only 20 states have mandatory medical error reporting. Of those 20 states, only five publicly report occurrences by facility. Colorado is among these five and mandates health care providers report medical errors to the patient.



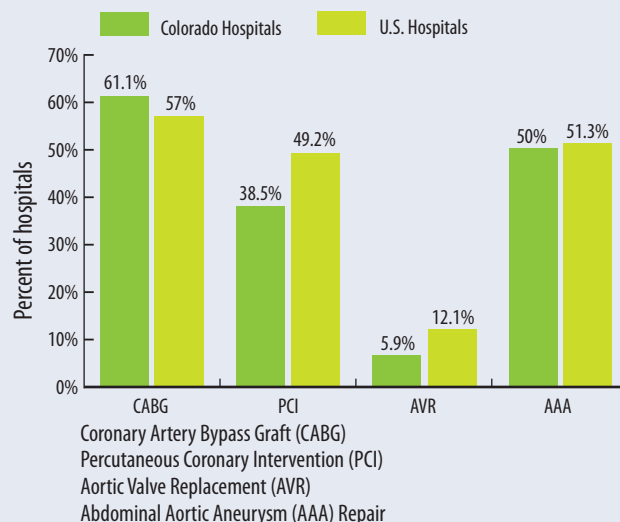
However, improvements are on the horizon thanks to groups encouraging change. Charles Buck, a *To Err is Human* author, helped create the nonprofit Leapfrog Group to measure hospital safety efforts. For achieving patient safety, the majority of patient safety leaders in the U.S. agree that the efforts of organizations like the Leapfrog Group have helped move patient safety in the right direction but that progress is still too slow. But how much progress has been made in Colorado? The next several pages will outline how Colorado hospitals performed in 2010 and what can be improved.

### Preventable medical mistakes cause more deaths per year than car accidents, breast cancer or AIDS



Source: Institute of Medicine (1999)

### Meeting the Leapfrog Quality Standards: Colorado hospitals compared to U.S. hospitals (2010)



Coronary Artery Bypass Graft (CABG)  
 Percutaneous Coronary Intervention (PCI)  
 Aortic Valve Replacement (AVR)  
 Abdominal Aortic Aneurysm (AAA) Repair



# Never Events

## A rare medical error should never happen to a patient.

Adverse health care events are a leading cause of death and injury in the United States today. The National Quality Forum, a nonprofit national coalition of physicians, hospitals, business leaders and policy-makers, has classified 28 events as occurrences that should never happen to a patient in a hospital. They termed them “serious reportable events,” or “Never Events.” Therefore, as part of the Leapfrog Group Hospital Survey, hospitals were asked to confirm their commitment to adopting a Never Events policy. Never Events policies should reduce the number of serious reportable events in hospitals by helping hospitals take responsibility for their mistakes and outline a method to learn from them. 92.9 percent of urban Colorado hospitals and 71.4 percent of rural Colorado hospitals fully meet Leapfrog Group’s Never Events policy. In 2010, Leapfrog required that hospitals adopt the following five points into an internal facility policy to address the occurrence of a Never Event.

### The Never Events components

1. Hospital’s staff give a verbal apology and explanation to the patient and/or family affected by the Never Event.
2. Hospitals report the event to at least one of the external agencies (Joint Commission, State reporting program for medical errors, and Patient Safety Organization) within 10 days of becoming aware that the Never Event has occurred.
3. Hospitals perform a prompt and thorough root cause analysis in order to identify and learn from the mistakes that caused the Never Event.
4. Hospitals waive the costs that are directly related to the Never Event so that the patient or the third-party payer never receives a bill for those costs.
5. Hospitals provide a copy of the hospital’s policy to all patients, patients’ families, and payers upon request.

In 2002, the National Quality Forum (NQF) endorsed a list of 27 (now 28) adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability.

### Ten of the 28 Never Events:

- Surgery performed on the wrong body part
- Patient death or serious disability associated with the misuse or malfunction of a device
- Infant discharged to the wrong person
- Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy
- Patient suicide, or attempted suicide, resulting in serious disability
- Patient death or serious disability associated with the use of restraints or bed rails
- Abduction of a patient of any age
- Stage 3 or 4 pressure ulcers acquired after admission to a health care facility
- Sexual assault on a patient within or on the grounds of a health care facility
- Unintended retention of a foreign object in a patient after surgery or other procedure

To see a complete list of all 28 Never Events go to [www.qualityforum.org](http://www.qualityforum.org).

In March of 2008, the Colorado Hospital Association (CHA) Board of Trustees approved a recommendation that advised Colorado member hospitals to adopt a common set of core principles in developing payment policies pertaining to serious reportable events. These principles better define the fiscal responsibilities of Colorado hospitals when responding to a Never Event within their facilities.

Colorado hospitals sharing their Never Event policies in 2010

Animas Surgical Hospital	Durango	■ ■ ■ ■
Boulder Community Foothills Hospital	Boulder	■ ■ ■ ■
Boulder Community Hospital	Boulder	■ ■ ■ ■
Centura- Avista Adventist Hospital	Louisville	■ ■ ■ ■
Centura- Littleton Adventist	Littleton	■ ■ ■ ■
Centura- Parker Adventist	Parker	■ ■ ■ ■
Centura- Penrose-St Francis	Colorado Springs	■ ■ ■ ■
Centura- Porter Adventist	Denver	■ ■ ■ ■
Centura- St. Anthony Central	Denver	■ ■ ■ ■
Centura- St. Anthony North Hospital	Westminster	■ ■ ■ ■
Centura- St. Francis Medical Center	Colorado Springs	■ ■ ■ ■
Centura- St. Mary Corwin	Pueblo	■ ■ ■ ■
Childrens Hospital	Aurora	■ ■ ■ ■
Delta County Memorial Hospital	Delta	■ ■ ■ ■
East Morgan County Hospital	Brush	■ □ □ □
Exempla Good Samaritan	Lafayette	■ ■ ■ ■
Exempla Saint Joseph	Denver	■ ■ ■ ■
Exempla Lutheran Medical Center	Wheat Ridge	■ ■ ■ ■
Kremmling Memorial Hospital District	Kremmling	■ ■ ■ ■
Longmont United Hospital	Longmont	■ ■ ■ ■
McKee Medical Center	Loveland	■ □ □ □
Medical Center of Aurora	Aurora	■ ■ ■ ■
North Colorado Medical Center	Greeley	■ □ □ □
North Suburban Medical Center	Thornton	■ ■ ■ ■
Parkview Medical Center	Pueblo	■ ■ ■ ■
Presbyterian/St. Luke’s Medical Center	Denver	■ ■ ■ ■
Rose Medical Center	Denver	■ ■ ■ ■
St. Anthony Summit Medical Center	Frisco	■ ■ ■ ■
St. Mary’s Hospital	Grand Junction	■ ■ ■ ■
Sky Ridge Medical Center	Lone Tree	■ ■ ■ ■
Spalding Rehabilitation Hospital	Aurora	■ ■ ■ ■
Sterling Regional Medical Center	Sterling	■ □ □ □
Swedish Medical Center	Englewood	■ ■ ■ ■
University of Colorado Hospital	Aurora	■ ■ ■ ■
Valley View Hospital	Glenwood Springs	■ ■ ■ ■

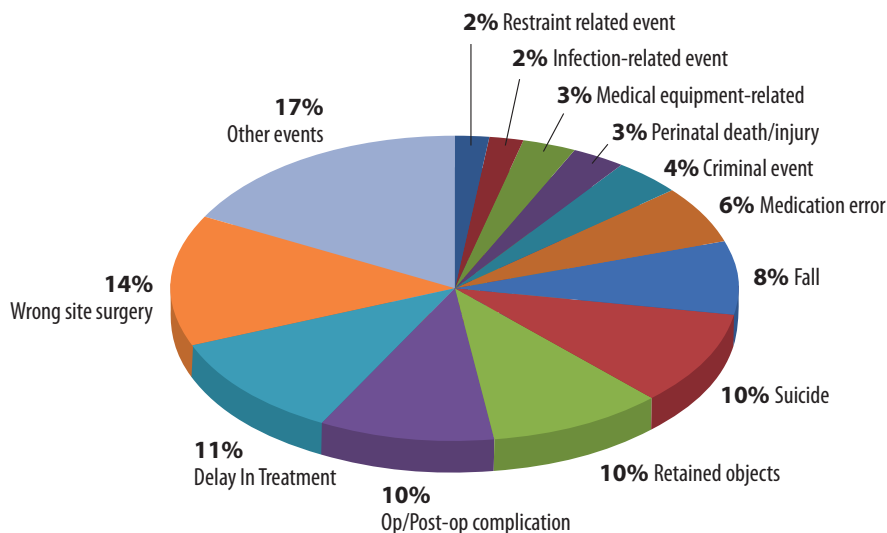


# Enacting Change

## Enacting change

Reducing serious medical errors requires an engaged community and transparency. Health plans, consumers, and government agencies can encourage hospitals to reduce serious medical errors. Currently, 26 States, including Colorado, have adopted laws requiring public reporting of Never Events. Additionally, many health plans encourage hospitals to utilize never event policies by withholding payment for services related to Never Events and requiring hospitals to report to an external agency such as The Joint Commission. See what your health plan does to encourage the reduction of serious medical errors by reviewing the chart below.

## Never Events reported to the Joint Commission 2004-2010



Source: Summary Data of Sentinel Events Reviewed by The Joint Commission

## 2011 Never Events Scorecard

Policy	Aetna	Anthem	CIGNA	Kaiser	United Health
Plan requires the hospital to report Never Events to the patient and family	★	✗	✗	✓	✓
Plan requires the hospital to report Never Events on an annual basis to at least one program designed for reporting of adverse events	✓	✗	✓	✓	✓
Plan requires the hospital perform a root cause analysis of the event	✓	✗	✗	✓	✓
Plan does not reimburse hospitals for services related to the complications stemming from Never Events	?	✓	✓	✓	✗
Plan holds the member harmless for out-of-pocket payments for services related to complications stemming from Never Events	✓	✓	✓	✓	✗
Plan holds the employer harmless for self-funded payments for services related to complications stemming from Never Events	?	✓	✓	✓	✗
Plan has incorporated Leapfrog's steps into contract templates & has successfully negotiated into contracts	?	✗	✗	✗	✓

★ = Requires apology  
 ✓ = Yes  
 ✗ = No  
 ? = Unknown

## Medicare and Never Events: paving the road to quality care

The Medicare program has generally paid for services under a fee-for-service payment system. They often pay without consideration of quality, outcomes, or overall costs of care. This is now changing.

Over the past several years, the Centers for Medicare and Medicaid (CMS) began to identify quality standards to use as a basis for public reporting and payment. They have also aimed to improve quality of care in several ways, including tying payment to quality. CMS has decided that paying for some Never Events is not consistent with the goals they have established in their reforms. Beginning in 2008, Medicare no longer pays for certain conditions acquired by patients after they were admitted to their hospital. By reducing or stopping payments for Never Events, more CMS resources can be put toward preventing mistakes, rather than paying for them after they occur.

Source: eValue8

# Patient safety resources

## National and local organizations making a difference in patient safety in Colorado

### Agency for Healthcare Research and Quality (AHRQ)

[www.ahrq.gov](http://www.ahrq.gov)

The Nation's leading federal agency for research on health care quality, cost, outcomes, and patient safety.

### Colorado 5 Million Lives Campaign

[www.colorado5millionlives.org](http://www.colorado5millionlives.org)

Part of a nationwide effort led by the Institute for Healthcare Improvement (IHI) to protect patients from five million incidents of harm over a two-year period through strengthening and implementing safeguards in hospitals. The local effort is spearheaded by the Colorado Foundation for Medical Care (CFMC), one of the country's most experienced and respected medical quality improvement organizations (QIOs). Their goal is to help contain costs, improve quality of care, and assure that health care dollars are spent on medically necessary and appropriate services.

### Colorado Patient Safety Coalition

[www.coloradopatientsafety.org](http://www.coloradopatientsafety.org)

A local patient safety organization focused on education, communication, encouraging best practices and promoting collaboration regarding patient safety.



### Institute for Healthcare Improvement (IHI)

[www.ihl.org](http://www.ihl.org)

A global organization working to accelerate improvement in health care by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action.

### The Leapfrog Group

[www.leapfroggroup.org](http://www.leapfroggroup.org)

A national patient safety organization with local ties to the Colorado Business Group on Health. Leapfrog promotes improvement by providing consumers with data to make more informed hospital choices. The Leapfrog Group administers an annual survey to hospitals that focuses on four main areas that have the greatest effect on improving patient safety and quality.

### National Committee for Quality Assurance (NCQA)

[www.ncqa.org](http://www.ncqa.org)

A private, not-for-profit organization dedicated to improving health care quality by developing quality standards and performance measures for a broad range of health care entities. NCQA's programs and services reflect a straightforward formula for improvement: Measure. Analyze. Improve. Repeat.



# All hospitals are not the same: Treatment of a heart attack

As the Bridges to Excellence program is a yardstick against which local physicians may be evaluated (for more information read Colorado Health Matters Quality Report: Physicians at [www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org)), the Colorado Hospital Report Card is a tool for consumers to compare information on health care facilities. Hopefully, the increased transparency will lead to informed decision-making consumers, and much like the Leapfrog Report, lead to safety, quality, and accountability improvements.

Research confirms that the quality of patient care directly correlates to the rate of patient deaths for certain conditions and procedures. The Colorado Department of Public Health and Environment and the Colorado Hospital Association Board defined a detailed set of parameters that measure various aspects of quality improvement in order to create the Colorado Hospital Report Card. The Report Card gathers data on those measures from the hospitals and reports the findings to the consumer. The Report Card currently uses data gathered in 2009, 2008, and 2007. The following metrics are used:

- AHRQ Risk-adjusted Mortality Rates
- AHRQ Volume Measures
- AHRQ Prevention Measures
- AHRQ Patient Safety Measures
- NQF Nursing Sensitive Measures
- Pediatric Inpatient Volume Measures.

Here we focus on one aspect of risk-adjusted mortality rates: heart attack (AMI). According to the Centers for Disease Control and Prevention, heart disease is the leading cause of death in the United States and resulted in 616,067 deaths in its latest report in 2009. Statistically, while an expected range of patient deaths is predictable for a given procedure or condition, mortality rates above or below the expected range may have quality implications. However, when reviewing mortality rates, it is important to remember that medicine is not an exact science and death may occur even when all standards of care are followed.

Risk-adjustment is a method used to account for the impact of individual risk factors — such as age, severity of illness(es), and other medical problems — that can put some patients at greater risk for death than others. To calculate the risk-adjusted expected mortality rate (the mortality rate we would expect given the risk factors of the admitted patients), statisticians use data from a large pool of patients with similar diagnoses and risk factors to calculate what the expected mortality would be for that group of patients. This data is obtained from national Medicare patient records.

**Acute Myocardial Infarction [AMI] Risk-Adjusted Mortality.** In a heart attack or stroke emergency the best choice for a consumer is the closest hospital. It is a life-and-death emergency. If a heart attack victim gets to an emergency room fast enough, prompt care dramatically reduces heart damage and may save the person's life.

You can find other charts like this one at [www.cohospitalquality.org](http://www.cohospitalquality.org).

2009 Heart Attack (AMI) Mortality Measures	Number of cases	Number of deaths	Risk adjusted mortality rate	Statistical significance
Statewide Totals	5985	300	5.74%	
<b>Metro Denver</b>				
Denver Health Medical Center	136	5	3.66%	average
Exempla Good Samaritan Medical Center	140	1	0.93%	better
Exempla Lutheran Medical Center	418	16	4.51%	average
Exempla Saint Joseph Hospital	264	11	3.90%	average
Littleton Adventist Hospital (Centura)	138	4	3.87%	average
Medical Center of Aurora, The (HealthONE)	319	17	5.65%	average
North Suburban Medical Center (HealthONE)	111	9	11.05%	below
Parker Adventist Hospital (Centura)	107	3	4.33%	average
Porter Adventist Hospital (Centura)	107	11	8.35%	average
Presbyterian/St. Lukes Medical Center (HealthONE)	82	5	7.51%	average
Rose Medical Center (HealthONE)	130	7	4.17%	average
Sky Ridge Medical Center (HealthONE)	139	2	2.23%	average
St. Anthony Central Hospital (Centura)	324	29	8.33%	below
St. Anthony North Hospital (Centura)	102	6	5.62%	average
Swedish Medical Center (HealthOne)	235	18	7.57%	average
University of Colorado Hospital	208	17	7.77%	average
<b>North Central</b>				
Boulder Community Hospital	79	5	7.65%	average
Longmont United Hospital	96	3	3.88%	average
McKee Medical Center	56	3	4.44%	average
Medical Center of the Rockies	346	6	2.94%	average
North Colorado Medical Center	271	10	5.07%	average
Poudre Valley Health System	122	8	6.30%	average
<b>Southeast</b>				
Memorial Health System	449	18	5.28%	average
Parkview Medical Center	228	11	6.09%	average
Penrose-St. Francis Health Services (Centura)	465	17	4.88%	average
St. Mary-Corwin Medical Center (Centura)	175	14	8.85%	average
<b>Western Slope</b>				
Mercy Regional Medical Center	121	5	6.08%	average
Montrose Memorial Hospital	48	2	7.27%	average
St. Mary's Hospital & Medical Center	377	14	5.11%	average
Valley View Hospital	31	1	3.21%	average

**better** = Better than average    **average** = Average    **below** = Below average  
Hospitals with less than 30 cases not listed

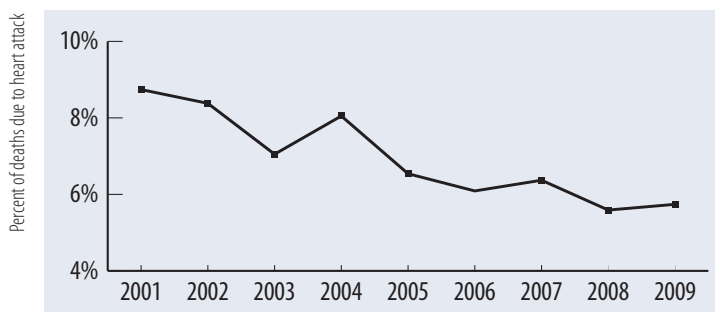




### How to use the Colorado Hospital Report Card

1. *Familiarize yourself with the indicators.* The analysis is on conditions and procedures with higher volumes.
2. *Decide which quality indicator is most relevant to you* and review that chart. Look to see if the hospital you are interested in is listed. If not, it means that the hospital did not have enough cases for that indicator. You might wish to look at another quality indicator for that hospital's performance.
3. *Hospitals are arranged alphabetically by geographic area.* You may wish to compare the performance of hospitals in your area or those that are covered by your health insurance plan. Each chart provides the results for specific hospitals, as well as a statewide average.
4. *View the hospital's comments.* It is especially important to view the hospital's comments if performance is lower than expected.
5. *Compare the hospital's performance over time by viewing the trend report.*
6. *You may find other quality indicator reports on the web.* Each methodology will produce different results. Data on this web site is produced using a publicly available methodology. The information can be verified and reproduced. This is not true for all publicly available reports on quality. Be aware of the difference. Mortality indicators are outcome indicators; other types of indicators you may find may include process indicators, which measure whether or not certain known treatments were given, and patient satisfaction indicators. You may also find indicators that measure resource availability.
7. *Talk with your physician, your hospital, your family, and your friends about the information and their experiences and recommendations* as part of making a decision where to obtain hospital care. As with all data, context and appropriate interpretation are needed for the information to be meaningful and useful.
8. *Notice that for the hospitals that fall into the category of "no significant statistical difference from the statewide rate,"* it cannot be determined if one performs better than another in this category.
9. *This data should not be used alone to draw a conclusion about a particular hospital's overall performance.*

### Colorado heart attack deaths by year (risk adjusted)



### Take note

Very few states actually make this information available to the public and even fewer provide the information in an easy-to-use searchable format like Colorado does. For more information see [www.CoHospitalQuality.org](http://www.CoHospitalQuality.org).

# Heart health

According to an American Heart Association publication, more than 81 million Americans have had one or more forms of cardiovascular disease. It is no surprise that cardiovascular diseases are the single largest killer of Americans and Coloradans alike. In fact, every 26 seconds, an American suffers a coronary event; and about every minute an American dies from one. In Colorado alone, someone dies every hour from cardiovascular disease.

### Cardiovascular diseases include, but are not limited to, the following:

- High blood pressure (over 140/90)
- Coronary
  - Myocardial infarction (MI or heart attack)
  - Heart failure
- Stroke
- Congenital cardiovascular defects


### Tips to reduce your risk of heart disease:

- Do not smoke
- Control your blood pressure
- Exercise regularly
- Eat a healthy diet

### What you need to know about cholesterol:

There are two types of cholesterol. It is very important for you to understand the difference. Too much of one or not enough of the other can put you at risk for coronary heart disease or stroke. LDL is commonly referred to as the “bad” cholesterol. LDL has been linked to the formation of blockages or plaques that narrow the arteries, raise blood pressure, and make the heart work harder. HDL, on the other hand, is referred to as “good” cholesterol because it prevents formation of plaques within the arteries. High LDL levels coupled with low HDL levels combine for a strong indicator of cardiovascular disease and can lead to an increased risk of heart attack or stroke.



  
**19.7%**  
 of all deaths in Colorado  
 are caused by heart disease.  
**1.25 million**  
 heart attacks occur in the  
 United States  
 annually.

### Take note

Smokers have two to three times the risk of suffering coronary heart disease. In Colorado, someone dies every hour due to cardiovascular disease.

Thinking about quitting?  
Call the Quitline number.

This is a public service notice.

**C O L O R A D O**  
**QUITLINE**  
**800-QUIT-NOW**  
**(800-784-8669)**



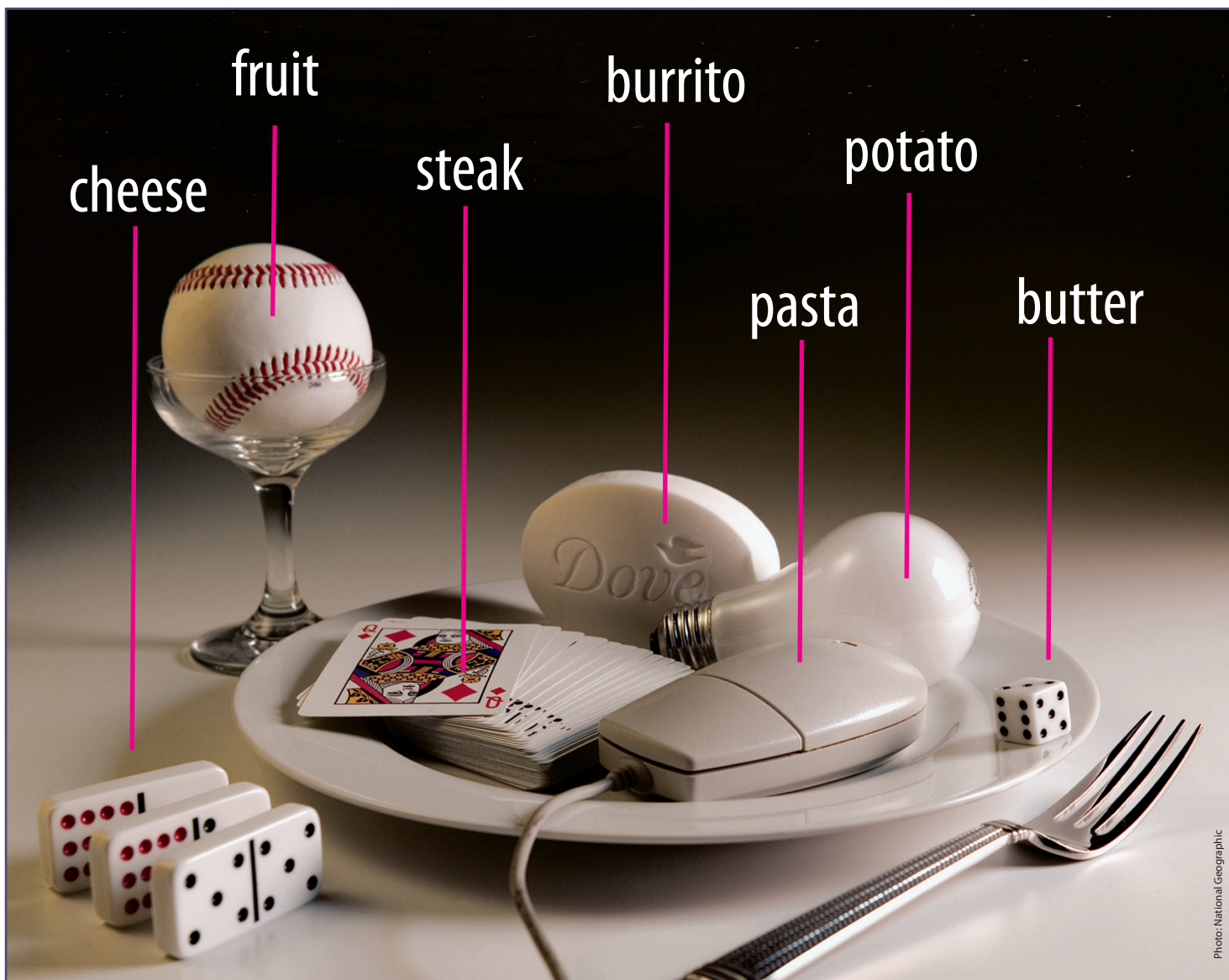


Photo: National Geographic

Thinking about...

# HOW MUCH TO MUNCH?

Use these objects as a guide to portion size.

**YES, I CAN! Small Steps, Great Rewards**  
**ACTIVITY AND FOOD**

**Eat a little less! Walk and exercise more!**

100 extra calories per day could add 10 extra pounds per year.

**Nutritionists suggest what a single serving should be.**

Portion sizes based on recommendations from the American Dietetic Association and Weight Watchers International.

# Resources

**Page 6: Colorado rural hospitals**

Rural Assistance Center. "Colorado." Updated 2011. [www.raonline.org/states/colorado.php](http://www.raonline.org/states/colorado.php)

**Page 6: Leapfrog Hospital Survey**

The Leapfrog Group. [www.leapfroggroup.org](http://www.leapfroggroup.org)

**Page 7: Patient safety**

The Leapfrog Group. [www.leapfroggroup.org](http://www.leapfroggroup.org)

Institute for Healthcare Improvement: 5 Million Lives Campaign. [www.ihl.org](http://www.ihl.org)

Crowley, Cathleen F. and Nalder, Eric. "Dead by Mistake." Hearst Newspapers. 2009. [www.chron.com/deadbymistake](http://www.chron.com/deadbymistake)

"Errors kill 15,000 aged US patients a month-study." Reuters. 2010.

[www.reuters.com/article/2010/11/16/us-medicare-errors-idUSTRE6AF5SM20101116](http://www.reuters.com/article/2010/11/16/us-medicare-errors-idUSTRE6AF5SM20101116)

Quality and Patient Safety. "Colorado: Public and Private Policy Medical Errors and Patient Safety."

[www.qps.org/med\\_errors.php?c=individual\\_state&t=1&s=6](http://www.qps.org/med_errors.php?c=individual_state&t=1&s=6)

**Page 9: Never Events**

National Quality Forum. "Serious Reportable Events Transparency & Accountability are Critical to Reducing Medical Errors."

[www.qualityforum.org/projects/sre2006.aspx](http://www.qualityforum.org/projects/sre2006.aspx)

**Page 12: Hospitals not the same**

Colorado Hospital Report Card. 2010.

[www.cohospitalquality.org/corda/dashboards/COLORADO\\_REPORT\\_CARD\\_BY\\_MEASURE/main.dashxml](http://www.cohospitalquality.org/corda/dashboards/COLORADO_REPORT_CARD_BY_MEASURE/main.dashxml)

Mayo Clinic. "Risk-Adjusted Mortality Rate." 2010. [www.mayoclinic.org/quality/adjusted-mortality.html](http://www.mayoclinic.org/quality/adjusted-mortality.html)

Centers for Disease Control and Prevention. "Deaths and Mortality." [www.cdc.gov/nchs/fastats/deaths.htm](http://www.cdc.gov/nchs/fastats/deaths.htm)

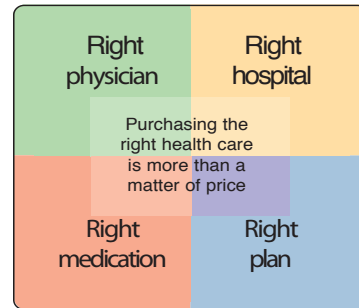


# Colorado Business Group on Health

## What an amazing year!



**Tamara Kirk**, President,  
Colorado Business Group on Health  
  
HR Supervisor,  
Colorado Springs Utilities



**H**ealth care reform looms large for most of us. As health care reform unfolds, much of our energy has been focused on compliance concerns, evaluating potential impacts, and making decisions necessary for our next plan year. That being said, we cannot lose sight of the big picture—the strategies—that we must devise and develop for managing health care costs while maintaining high quality for our businesses and our employees.

One of the most significant challenges associated with health care reform is strategic planning. It is difficult to design employee benefits and manage health care delivery systems, all the more so when final rules are pending for so many areas of the new law.

In order to plan strategically, employers must engage in the formation of solutions. Currently, and looking to the foreseeable future, employers will continue to provide the majority of the access to health care for Americans.

The members of Colorado Business Group on Health (CBGH) share their expansive experience in health care benefits to be strategically positioned to take on the planning required by health care reform. Expertise in the realms of quality, patient safety, payment restructuring, technology advances, and more continue to place CBGH and its members at the forefront of addressing these concerns and shaping local reforms.

The invitation to employers is always open to join CBGH. Here you can collaborate with your peers, ensure that you do not purchase ineffective programs or products, and guarantee you are on the leading edge to ensuring a healthy workforce.

My expectations as president, on behalf of the members of CBGH, are that we participate fully in local reform efforts and that we lead the way. To do so, our efforts will be focused on the focal points listed below that align with health care reform legislation.

Together, through CBGH, we can create the new paradigm for managing cost and purchasing real value in health care. We look forward to you joining us.

### Key CBGH focal points:

- Quality Metrics • Patient Safety Initiatives • Payment Reform Initiatives
- Local Community Reform • Technology Initiatives • Coordinated Care
- Accountability and Transparency • Wellness

### What does CBGH do?

We engage the health care marketplace through leadership and active participation, driving positive change to address quality and realize savings.

Here's how we are doing this:

- Restructuring and reforming health care delivery systems
- Creating uniform standards of care
- Improving accountability and data about providers and hospitals
- Improving accountability and data from insurance plans and carriers
- Providing data about high performing providers and hospitals so lower performing entities are inspired to improve
- Focusing on key strategies for managing cost such as wellness, demand management, and incentive design; developing incentives and benefits focused on rewarding quality
- Advancing use of technology to reduce redundancy, increase quality, improve patient outcomes, and engage employees in their own health
- Engaging consumers/employees in purchasing decisions based on quality and price
- Reducing redundancy and the risk of medical errors
- Improving the health of our employees

### Why should employers join CBGH?

- To step up and lead positive changes in the health care marketplace locally and regionally to address the above areas
- To stay up to date on developments in health care reform; be at the front of the curve
- To engage your employees and consumers about the importance of quality in the purchasing decision
- To unite together in joint purchasing projects with other employers in order to leverage purchasing opportunities and our influence on the health care market
- To collaborate, prioritize, and leverage those initiatives that have the greatest impact on health care cost management and quality
- To add quality to your arsenal, providing a fundamental strategy for cost management



# Creating a state of quality



## Your partners in quality

The Colorado Business Group on Health is a non-profit coalition representing large purchasers of one of your most important benefits—health care services. By working together, we can assure that consumers have the best possible information on health care quality. CBGH and Colorado health plans have been working on the “big picture” of health care quality since 1996. Health care is a service that is delivered locally, the only way to successfully incorporate value-driven principles into our health care since 1996.

[www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org) • 303-922-0939

### Members

- Boards of Education Self-funded Trust
- Boulder Valley School District
- City of Colorado Springs
- Colorado College
- Colorado Public Employees' Retirement Association (PERA)
- Colorado Springs School District 11
- Colorado Springs Utilities
- Poudre School District
- State of Colorado
- TIAA-CREF
- University of Colorado

### Association members

- Denver Metro Chamber of Commerce
- Mountain States Employers Council
- Rocky Mountain Healthcare Coalition
- South Metro Denver Chamber of Commerce

### Affiliate members

- AspenPointe
- AstraZeneca
- Boehringer Ingelheim
- Centura Health
- Colorado Foundation for Medical Care
- Colorado Permanente Medical Group
- Colorado Springs Health Partners
- Craig Hospital
- Exempla Healthcare Inc.
- Genentech USA, Inc.
- GlaxoSmithKline
- Jefferson Center for Mental Health

- Johnson & Johnson Health Care Systems, Inc.
- Memorial Health System
- Merck & Co., Inc.
- New West Physicians, P.C.
- Novartis Pharmaceuticals Corporation
- Penrose—St. Francis Health Services
- Pfizer, Inc.
- Physician Health Partners
- Rocky Mountain Cancer Centers
- sanofi-aventis U.S.
- The Denver Hospice
- Wyeth

CBGH publications are available at no cost at [www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org)

### Colorado Type 2 Diabetes Report 2010

An analysis featuring demographic, utilization, charges, and pharmacotherapy data. The report also provides state and national benchmarks.

### Health Care and Business: The Bottom Line

Health care costs have risen fast in Colorado. See this impact on Colorado's businesses.

### Policy and Perspective on Never Events

Thousands of patients die each year from preventable medical errors, but there are things employers can do.

### Colorado Health Matters 2010-11 Quality Reports

With all the health plan offerings in Colorado, it can be difficult to decide which plan would benefit you or your employees the most. *Health Matters Quality Report: Health Plans* aids in evaluating health plans by presenting key information for Colorado plans in a comparative, graphical, and numerical format.

*Colorado Health Matters Quality Report: Physicians* recognizes those Colorado physicians that work on improving the health of their patients and gives guidance on how consumers can proactively improve their health. Colorado Health Matters Quality Reports leaves a Coloradan with the know-how to make informed decisions regarding his or her health care.

Please view our library of Colorado Health Matters Quality Reports at [www.ColoradoHealthOnline.org](http://www.ColoradoHealthOnline.org).

