

**Florida Hospital's  
Quality Goals**

1. Rank in the Top 10% of hospitals nationwide
2. Show ongoing cycles of improvement in all areas of patient care

**May 25, 2005**

*This Health Care Quality Brief outlines quality indicators for Surgical Infection Prevention. We will show Florida Hospital's performance on these indicators; define key "influencers" of the data results; and describe our Continuous Quality Improvement processes.*

### **Quality Patient Care for "Surgical Infection Prevention"**

Thousands of surgery patients in Florida and the US develop surgical infections each year. These infections can slow the healing process and result in longer hospital stays or extended home health care.

Until recently, hospital data on surgical infections was not quantified the same way as other quality measures. In 2002, the Centers for Medicare and Medicaid Services (CMS), in collaboration with the Centers for Disease Control and Prevention (CDC), implemented the National Surgical Infection Prevention Project (SIP). The Project is designed to prevent "Surgical Site Infections" through the use of prophylactic (preventive) antibiotics to reduce morbidity (infections) and mortality (deaths).

Benchmarks are set for the 50<sup>th</sup> Percentile and the Top Decile (best of the best). Florida Hospital's internal goal for SIPs is the Top Decile, and is making strong progress toward achieving that goal.

The Surgical Infection Prevention Standards measure post surgical infection in each of the following procedures:

- Coronary artery bypass grafting (CABG, or heart bypass surgery)
- Open-chest cardiac surgery (excluding transplants)
- Vascular surgery, including aneurysm repair, thromboendarterectomy (for blocked arteries), and vein bypasses (usually for peripheral artery disease)
- Colorectal (bowel) surgery
- Hip and knee total joint arthroplasty (replacements) except for revision surgery ("re-do" of a joint)
- Hysterectomy, both abdominal and vaginal

Standards address key process outcomes include:

1. Selection of the appropriate antibiotic depending on surgery type;
2. Administration of the antibiotic within one hour before the surgical incision is made;
3. Antibiotics discontinued within 24 hours after the surgery ends.

**FH's Quality Approach**

*Hospital quality can be measured several ways.*

*Hospitals that correlate patient outcomes with treatment processes can answer these key questions: Are we getting better or worse? What specifically are we doing that is or isn't working? Florida Hospital's stringent quality improvement efforts use this approach.*

*Conversely, comparisons among hospitals are not always meaningful. Florida Hospital is a "tertiary referral" center, meaning that physicians and staff see high numbers of very ill patients – the "sickest of the sick." This severity, along with varying data collection methods and timelines, can impact reported data. Thus, comparisons may not be "apples to apples."*

The SIP standards, like other hospital quality standards, are set by various regulatory agencies, including the federal Center for Medicare and Medicaid Services (CMS) and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and, in this case, the CDC.

**JCAHO & CMS Data Reporting Periods**

The following SIP measures will likely be added to the current benchmarks during the summer of 2005. FH has already begun to work on these processes.

**Outcome Processes: Benchmarks & Improvement Efforts for SIP**

The hospital continues to work on process outcomes with strong improvement in the selection of appropriate antibiotics. The table below lists the JCAHO process benchmarks believed to improve patient outcomes.

<b>Process Outcome</b>	<b>JCAHO Benchmark</b>	<b>Florida Hospital (FH)*</b>	<b>Comments</b>	<b>FH Process Improvement Activities</b>
Prophylactic <b>antibiotic received</b> within 1 hour prior to surgical incision	50 <sup>th</sup> percentile: 72%	90%  Trend: ↑	4 <sup>th</sup> quarter data reflects ongoing quality improvement	✓ Increase in staff awareness and documentation of timely antibiotic administration through education
Prophylactic <b>antibiotic selection</b> for surgical patients	50 <sup>th</sup> percentile: 92%	90%  Trend: ↑	FH averages 89-91%	✓ Development of mandatory order sets for SIP procedures
Prophylactic <b>antibiotic discontinued</b> within 24 hours after surgery end time	50 <sup>th</sup> percentile: 63%	90%  Trend: ↑	4 <sup>th</sup> quarter data reflects need for ongoing quality improvement	✓ Assistance to surgeons to embed SIP recommendations into their own surgery order sets

**Next Quality Brief: Heart Failure**