

FAQs

What health conditions and measurements are used as the basis for hospital evaluations on this Web site?

Health conditions are divided into 12 categories: Heart Attack, Heart Failure, Heart Surgery, Stroke, Pneumonia, Surgical Care, Infection, Infection Prevention, Patient Safety, Patient Satisfaction, Childrens Asthma and Pregnancy/Delivery. Not all hospitals treat all conditions or report all measures. The types of care and associated measures for each main category are as follows:

- Heart attack care
 - Aspirin given on arrival
 - PCI treatment received quickly
 - Medications for LVSD prescribed at discharge
 - Aspirin prescribed at discharge
 - Beta blocker prescribed at discharge
 - Heart attack mortality (death)
- Heart failure care
 - Left ventricular function assessed
 - Medications for LVSD prescribed at discharge
 - Written instructions given at discharge
- Heart surgery
 - Open heart surgery volume
 - Open heart surgery mortality (death)
 - Angioplasty procedure volume
 - Angioplasty procedure mortality (death)
- Stroke care
 - Blood clot prevention treatment received
 - Discharges with blood clot reducing medication
 - Patients with abnormal heart rhythm receiving blood clot prevention medication
 - Rapid assessment and early intervention of acute ischemic stroke patients
 - Medication to reduce blood clots by end of second day in hospital
 - Discharged on cholesterol reducing medication
 - Stroke Education
 - Assessed for rehabilitation
- Pneumonia care
 - Blood culture performed
 - Appropriate initial antibiotic selected
- Surgical care
 - Pre-surgery antibiotics (overall rate, open heart, other cardiac surgery, hip surgery, knee surgery, colon surgery, hysterectomy, vascular surgery)
 - Appropriate preventive antibiotics (overall rate, open heart, other cardiac surgery, hip surgery, knee surgery, colon surgery, hysterectomy, vascular surgery)
 - Post-surgery antibiotics (overall rate, open heart, other cardiac surgery, hip surgery, knee surgery, colon surgery, hysterectomy, vascular surgery)
 - Blood clot prevention treatment ordered
 - Blood clot prevention treatment received
 - Beta blocker therapy received during procedure
- Infection
 - Surgical site infection event – Open heart with both surgical site and donor incision
 - Surgical site infection event - C-section
 - Surgical site infection event - Knee Prosthesis
 - *Clostridium difficile* (*C. Diff*)
 - MRSA (methicillin resistant *Staphylococcus aureus* bacteremia)
 - MSSA (methicillin susceptible *Staphylococcus aureus* bacteremia)
- Infection prevention

- Hand washing
- Infection control staffing
- Flu vaccination for healthcare workers
- Patient safety
 - Bed sore (Pressure Ulcer)
 - Foreign body left in during procedure
- Patient satisfaction
 - Communication with nurses
 - Communication with doctors
 - Responsiveness of hospital staff
 - Pain management
 - Communication about medicines
 - Cleanliness of hospital environment
 - Quietness of hospital environment
 - Discharge information
 - Overall rating of this hospital
 - Willingness to recommend this hospital
- Children's asthma care
 - Systemic corticosteroids for inpatient asthma (age 2-17)
 - Relievers for inpatient asthma (age 2-17)
- Pediatric Infections
 - Pre-surgery antibiotics for pediatric surgery patients
 - Surgical site infections in pediatric neurosurgery, heart and lung and orthopedic patients
 - Bloodstream infection in pediatric patients
- Pregnancy/Delivery
 - C-section for women having their first child with no complications
 - Small babies born at the appropriate level of care hospital (Level 1,2 or 3)
 - Steroids given to moms to help the babies lungs develop
 - Episiotomy
 - Scheduled delivery prior to a mom being full term

Why does Ohio collect and report these data publically?

In November 2006, House Bill 197 was passed requiring Ohio to form a council (the Hospital Measures Advisory Council) appointed by the House and Senate to make recommendations to the Director of Health on hospital performance measures and a publically available website. The Hospital Measures Advisory Council was created pursuant to Ohio Revised Code section 3727.31 and each member of the Council appointed a representative to the Data Expert Group pursuant to Ohio Revised Code section 3727.32. The Infection Control Group was appointed by the Advisory Council and is a group of health care consumers, nurses, and experts in infection control convened to provide information about infection issues to the Council as needed for the Council to perform its duties. The Council also created two other specialty groups; Pediatric Workgroup and Perinatal Workgroup. Both group's memberships are in the area of their respective expertise and provided guidance to the Hospital Measures Advisory Council in recommending pediatric and perinatal measures.

How is the information collected?

The information is collected from hospitals through an electronic data collection system twice a year on October 1 and April 1. The data is collected at an aggregate level for each hospital. Hospitals or their vendors are responsible for collecting and calculating each measure.

How often are data updated?

The Ohio Hospital Compare Web site is updated twice annually on July 1st and January 1st.

Why were the selected measures chosen?

Measurements shown pertain to conditions for which the Hospital Measures Advisory Council (see below) determined to be the first set of measures that should be displayed to Ohio consumers. The specific measures shown are those that, by broad consensus within the health care community, are considered reliable indicators of health care quality.

What do the measures mean? Are high percentages or low percentages better?

The scores presented for each treatment measure indicate the percentage of eligible patients who received the recommended care. For example, an 85 percent rate means the hospital provided the recommended care for 85 percent of its eligible patients. Not every patient is eligible for all of the treatments, because some patients may have medical circumstances that make some treatments inappropriate for them. Small differences in hospital scores do not necessarily mean there are significant differences in hospital quality.

There are two general types of measures reported. *Process* measures; these measures reflect processes that are considered optimal for patient care. Hospitals should be employing these processes in order to maximize positive patient outcomes. While hospitals cannot always achieve 100% compliance without compromising individual patient needs, these numbers should be high. An example of a process measure is "Aspirin given at arrival for heart attack patients". Chewing an aspirin as soon as symptoms of a heart attack begin may help reduce the severity of the attack.

Outcome measures; these measures reflect negative outcomes that occur during care. Hospitals can avoid some of these cases using proper techniques. While some of these cases are unavoidable, the numbers should be low. An example of an outcome measure is "Bed Sore". A bed sore or a pressure sore can appear when a person stays in one position for a long time without moving.

Why don't all hospitals have percentages listed for the measures?

Currently, Ohio is collecting data from all hospitals except for hospitals operated by the Ohio Department of Mental Health, long-term care hospitals and veteran's hospitals. However, the measures currently being collected do not apply to all the remaining hospitals. Some hospitals, such as psychiatric and rehabilitation hospitals do not have any patients who require the measured procedures or who could experience the measured outcomes. Other hospitals, such as children's hospitals, have patient populations applicable to only some of the measures. In these cases where a measure does not apply to a specific hospital, in place of a percentage, the reported value for the hospital will be, "This hospital does not provide this service."

In certain circumstances, a hospital may have some cases for each measure, but not enough to make a reliable determination of the hospital's quality on that measure. For example, a hospital may give aspirin at arrival to all but one heart attack patient; however, the percentage would be very different if that hospital had 100 heart attack patients vs. 3 patients. As a result, percentages are reported only for hospitals with at least 25 patients in the denominator for that measure. If there are fewer than 25 cases, the reported value for the hospital will be, "not enough cases."

Why isn't a specific hospital on the list?

All hospitals in the state of Ohio are required to report except for hospitals operated by the Ohio Department of Mental Health, long-term care hospitals and veteran's hospitals. However, some hospitals may exist as part of larger hospitals. In this case, the smaller hospital may have reported as part of the larger hospital.

Does this Web site tell me everything I need to know in order to choose a hospital?

This Web site is not intended to be anyone's sole source of information about hospital quality. Rather, it is designed to provide helpful information that can play an important role in an evaluation of hospital quality, along with other sources including doctor recommendations.

Why should I care about quality?

Hospitals differ in how well they provide appropriate care to patients. The quality of the care provided by your doctor and hospital may influence your health.

Aren't all doctors and hospitals the same?

No. Hospitals differ in their specialties and expertise. Some are better equipped than others to handle different conditions and levels of care. Not all hospitals perform certain services. Hospitals employ doctors with different specialties, expertise and abilities. These differences will influence the quality of the care you receive. To help with these differences among hospitals, the Ohio Hospital Compare Web site separates data into two categories, children's and adult. For most hospitals, their primary population is adult and you may find that their data for children measures is very small. We encourage you to compare children's hospitals only against other children's hospitals.

If doctors make decisions on where a patient should get care, why should I study hospital performance?

Many consumers want a doctor's recommendation on hospitals. Frequently, people collect as much information as possible to make informed decisions. This report will provide some of that information.

Many people choose hospitals according to their doctor's hospital affiliation. A doctor must have privileges at a hospital to admit patients. Your doctor may admit patients to several hospitals.

Can I use this information to draw conclusions about Ohio hospitals?

This report is designed to provide important information to help you make informed decisions. Use this report in conjunction with other information in making decisions about hospitals.

What should I do with the information I learn from this report?

Ask your doctor questions. Be informed. Use this report to gather more information and make informed decisions about which hospital is most appropriate for your health care needs.

Where can I find more information on hospital quality?

You can find more information on performance measures and quality from the following Web sites:

[Centers for Medicaid and Medicare Services Hospital Compare](#)
[Joint Commission's Patient Safety and Quality Standards](#)
[Agency for Healthcare Research and Quality State Snapshots](#)

Detailed measure specifications for the measures Ohio is reporting can be found at each of the following agencies:

[Agency for Healthcare Research and Quality](#)
[Centers for Medicare and Medicaid Services](#)
[Joint Commission](#)
[National Quality Forum](#)
[Centers for Disease Control and Prevention](#)

Who can I contact at the Ohio Department of Health if I need further assistance?

You can send an e-mail to michelle.gallant@odh.ohio.gov or call Michelle Gallant at 614-466-2702.