



Discovering the Details behind the Data

BY KAREN BRANZ

About a year ago, a West Texas teaching hospital decided to take a closer look at its clinical performance to see how it was doing in comparison to state and national peers.

“We wanted to see how our observed rates for indicators such as complications and length-of-stay compared to expected rates, and we wanted to benchmark ourselves against the top 10 percent of hospitals,” said the hospital’s manager of clinical decision support. “We were named to Thomson Reuters’ list of 100 Top Hospitals for many years, but not last year.”

One of the areas that hurt the hospital was its complications rate. The staff wanted to know what was driving the above-average rate so that they could take steps to improve. To help understand the data, the hospital chose the Thomson Reuters CareDiscovery™ product, a performance improvement solution.

“CareDiscovery is a clinical benchmarking tool that helps hospitals decide where to focus limited resources. It allows them to drill down to the granular level where they can make an impact on performance,” said Angela Camiolo, clinical client services manager with Thomson Reuters. “It’s a chance to discover what they could do better and to monitor progress over time.”

“Previously, we had no way to look at this data,” said the hospital manager. “With CareDiscovery, we can benchmark ourselves against the top 10 percent of hospitals and the top 10 percent of teaching hospitals on complications, length-of-stay, mortality and charges.”

The hospital began implementation of CareDiscovery in early 2010 and had data reports back by the second quarter.

“The software helped me see the relationship between complications and the other quality indicators. In looking at the data, I realized that if we could improve our complications rate, we also could improve mortality and length-of-stay and therefore charges,” the manager said.

He was able to drill down to the department level to see what procedures and even which physicians were contributing to the higher-than-expected complication rate. He then took the data to the department chairs involved.

“There were very happy to have the information, and they set about creating physician education programs to address the specific areas where there were problems,” he said.

Physician response was good. “Physicians respond well to data. It gives them hard information to drive their efforts. We don’t have a full year of results yet, but in the area we were most concerned

about, we saw a significant drop from the second quarter of 2010 to the third quarter. I’m waiting to see the fourth quarter data, but I expect that it will also show a further drop,” he said.

CareDiscovery includes a physician’s performance report that can be the basis for meeting The Joint Commission’s requirements for ongoing physician practice evaluation. Janet Burkhard, director of knowledge management at JPS Health Network in Fort Worth, said her institution uses the product to do physician evaluations every six months.

“We can group by specialty and compare the physicians to national benchmarks and peer groups. Each section chair receives a summary report and works with a JPS quality advisor to drill down to specific issues and plan improvements,” Burkhard said. “Prior to implementing the Thomson Reuters software we could only do a manual review, and the decision support staff were mostly focused on financial performance. With CareDiscovery, we have the ability to benchmark ourselves against thousands of other hospitals.”

Burkhard said the first data reports went to network physicians in January and have been accepted by most. “The majority are very happy to get the data – only a handful have had issues with the data,” she said. “Thomson Reuters has a data check program that looks at inconsistencies and flags data that needs checking. That helps improve the accuracy.”

Burkhard said JPS is taking an extensive look at length-of-stay data and unplanned readmissions, both of which are national concerns.

“If you look at just the Centers for Medicare & Medicaid Services data, you get a really skewed view. CareDiscovery allowed us to look at all the readmission data in detail. Overall, our readmission rate is really low, which is good to know,” she said. “We also discovered that the length-of-stay for some diagnosis-related groups is higher than expected for the patient population. We’ve still got to figure that out. We’ve determined that complications aren’t the problem, so we haven’t solved the mystery yet, but CareDiscovery has helped us focus in on the work we need to do.” ★

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