

July 12, 2004

We need your help. The Regional Medical Center, your hospital, and all other hospitals in the U.S. are being tracked to assure quality by the Joint Commission on Accreditation of Healthcare Organization. They are looking at certain core measure indicators which have been accepted by the Institute of Medicine and physicians as indicating quality care. These have to do with patients admitted with pneumonia, congestive heart failure and acute myocardial infarction.

The pneumonia quality indicators are:

- (1) An oxygenation assessment of those patients admitted with pneumonia. Currently 100% of our patients at the MED achieve this assessment.
- (2) We have not done as well with the other core indicators in pneumonia such as getting blood cultures prior to starting antibiotics on patients admitted with community-acquired pneumonia (CAP). Recent data indicate that only 52% of our patients showed evidence of having blood cultures obtained prior to the ordering of antibiotics.
- (3) Timing of antibiotics. Antibiotics should be administered within 4 hours of admission in patients with CAP. Our average time is approximately 8 hours.
- (4) Patients who enter the hospital with pneumonia should be counseled to stop smoking. This risk factor, either passive or active, has been shown to be the single-most important risk factor in non-immunosuppressed adults who acquire invasive pneumococcal pneumonia. Only 20% of our admissions in the last two years have documented smoking cessation counseling.
- (5) Administration of pneumovax and an influenza vaccination on discharge from the hospital. We have been ineffective in applying this core indicator, and it should be obvious that patients who are admitted with pneumonia tend to benefit most from pneumovax and influenza vaccination.

Core measures for congestive heart failure are:

- (1) Left ventricular systolic dysfunction should be treated with ACE inhibitors during the hospitalization.
- (2) Patients should be counseled to stop smoking.
- (3) Patients should be given appropriate discharge instructions regarding weight gain or edema for follow-up.

For acute myocardial infarction the core values are:

- (1) Aspirin should be used when the patient arrives at the hospital.
- (2) The patient should be given a prescription for aspirin at discharge.
- (3) ACE inhibitors should be given for left ventricular systolic dysfunction.
- (4) Beta-blockers should be used at arrival and at discharge unless contraindicated.
- (5) Adult smoking cessation counseling should be given.

We need institutional resolve to apply and teach these core indicators. To assure organizational resolve, I plan to work with the nursing service at the MED and with the MED's administration to assist us in carrying out these important health care goals. I think organizational resolve at all levels with perhaps standing orders followed by excellent documentation and follow-up will be the key to their implementation.

Thanks for your help.

Robert E. Morrison, M.D.
Professor of Medicine
Chief, Medicine Service
Regional Medical Center