PATIENT SAFETY ALERT™

A quarterly supplement on best practices in safe patient care

Study: Quality, patient safety improving at a modest pace

Greatest gain seen in patient safety measures

The quality of U.S. health care continued to improve in 2005, according to "The 2005 National Healthcare Quality Report" from the U.S. Department of Health & Human Services' Agency for Healthcare Research and Quality (AHRQ).

Overall quality of care for all Americans improved at a rate of 2.8%, the same increase shown in last year's report.

"That's not the difference just for this year but the average rate of change over the last few years," explains **Dwight McNeill**, PhD, lead author of the report. "That's across all 44 core measures." However, the report notes there has been much more rapid improvement in some measures, especially where there have been focused efforts to improve care.

For example, the report finds a 10.2% annual improvement in the five core measures of patient safety. These are areas where coordinated national efforts are under way to improve the delivery of specific "best-practice" treatments to improve patient safety and reduce medical errors. Improvements were greatest in quality measures for diabetes, heart disease, respiratory conditions, nursing home care, and maternal and child health care.

Patient safety measures

When specific measures are looked at, there is a wide range of performance, notes McNeill. "The numbers can go as low as a 10% deterioration. Low-performing measures include the suicide rate and the percentage of people who go to the ED and leave before they are treated. The latter, he says, is our worst-performing measure; it has been getting worse for a number of years."

The mental health measures were sobering, too, McNeill continues. "We have a new measure on substance abuse and found that only 15% of people who need substance abuse care get it, and of those who get it, only 50% complete it. There continues to be a need for great improvement."

In the patient safety cluster, measures improved by as much as 40%. "But this is a low-incidence event, so it's not too difficult to get a big bump [in a single year]," McNeill notes. "Still, our message is that since the IOM report, there's been a lot of activity from AHRQ and other organizations to emphasize patient safety."

The hospital measures for QIO (Quality Improvement Organizations) were the second highest group overall, at 9.4%. "This included acute myocardial infarction, heart failure, and respiratory care," says McNeill. "This is another area where Medicare and the QIOs have emphasized public reporting, and [performance has] improved. It's another indication that if you put the spotlight on performance, it does help improvement."

Preventive measures

While all hospital procedures have improved, he says, the prevention of chronic diseases has not. This includes screening for diabetes, hypertension, cholesterol, and mammograms. "So, there's something of a dichotomy — where there's improvement in procedural in-hospital measures, but for the same diseases the prevention measures have not fared so well," McNeill says.

For example, he notes, there has been a tremendous reduction in heart disease measures; the mortality rate for myocardial infarctions, for example, has dropped 20% in 10 years. "But when you decompose it, the real impact on cardiac deaths is in hospital procedures — and

less on prevention," McNeill says.

McNeill considers the measures in the AHRQ study to be good benchmarks. "What we are trying to do is say whether we are getting better or worse, and to what degree," he explains. "It helps people put a spotlight on problems, so they can take action to make improvements."

[Editor's note: The report is available by calling (800) 358-9295, at www.qualitytools.ahrq.gov, or by sending an e-mail to ahrqpubs@ahrq.gov.] ■

CDC issues updated TB prevention guidelines

The Atlanta-based Centers for Disease Control and Prevention has issued updated guidelines for preventing the transmission of tuberculosis in health care settings. The report, "Guidelines for Preventing the Transmission of *Mycobacterium Tuberculosis* in Health-Care Settings," updates recommendations issued in 1994 to reflect shifts in the epidemiology of the disease, advances in scientific understanding, and changes in health care practice.

The guidelines note that TB transmission in health care settings continues to decrease due to implementation of infection-control measures and reductions in community rates of TB. The report replaces the 1994 guidelines for *Mycobacterium tuberculosis* (TB) prevention and subsequent TB updates that focused on specific health care facilities. Prepared in consultation with experts in TB, infection control, environmental control, respiratory protection, and occupational health, the new guidelines encompass more health care settings having the potential for TB transmission than in the past guidelines.

"The 1994 CDC guidelines were aimed primarily at hospital-based facilities, which frequently refer to a physical building or set of buildings. The 2005 guidelines have been expanded to address a broader concept. 'Setting' has been chosen instead of 'facility' to expand the scope of potential places for which these guidelines apply," the introduction to the report explains.

The new guidelines apply to the following health care settings:

- **Inpatient settings:** patient rooms, emergency departments, intensive care units, surgical suites, laboratories, laboratory procedure areas, bronchoscopy suites, sputum induction or inhalation therapy rooms, autopsy suites, and embalming rooms.
- **Outpatient settings:** TB treatment facilities, medical offices, ambulatory care settings, dialysis units, and dental care settings.
- **Nontraditional facility-based settings:** emergency medical service, medical settings in correctional facilities, home-based health care and outreach settings, long-term care settings (e.g., hospice-skilled nursing facilities), and homeless shelters.

Other settings in which suspected and confirmed TB patients might be encountered include cafeterias, general stores, kitchens, laundry areas, maintenance shops, pharmacies, and law enforcement settings. ■

Health care disparities narrow for many

The Agency for Healthcare Research and Quality (AHRQ) has just released its "National Healthcare Disparities Report," which indicates that health care disparities are narrowing overall for many minority Americans. But for Hispanics, the report says, disparities have widened in both quality of care and access to care.

Key findings in the report include:

- Rates of late-stage breast cancer decreased more rapidly from 1992 to 2002 among black women (from 169 to 161 per 100,000 women) than among white women (from 152 to 151 per 100,000), resulting in a narrowing disparity.
- Treatment of heart failure improved more rapidly from 2002 to 2003 among American Indian Medicare beneficiaries (69% to 74%) than among white Medicare beneficiaries (73% to 74%), resulting in an elimination of this disparity.
- The quality of diabetes care declined from 2000 to 2002 among Hispanic adults (44% to 38%), while it improved among white adults (50% to 55%).
- The quality of patient-provider communication (as reported by patients themselves) declined from 2000 to 2002 among Hispanic adults (87% to 84%), while it improved among white adults (93% to 94%).
- Access to a usual source of care increased slightly from 1999 to 2003 for Hispanics (77% to 78%) and whites (88% to 90%), with Hispanics less likely to have access to a usual source of care. ■