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Lower mortality rates associated with hospitals that rank highest on quality of care indicators

Boston, MA -- A new study from the Harvard School of Public Health (HSPH) shows that patients who go to hospitals ranked higher according to specific quality measures have a lower chance of dying than patients treated at lower-ranked hospitals. The researchers calculate that if the lowest performing hospitals had similar patient mortality rates to those of top-performing hospitals, 2,200 fewer elderly Americans would die each year in the surveyed hospitals from acute myocardial infarction (AMI), congestive heart failure (CHF) and pneumonia, three common medical conditions. The findings appear in the July/August 2007 issue of the journal *Health Affairs*.

"These findings show that these quality indicators, which are widely available on the web, are very helpful in identifying low mortality hospitals," said Ashish Jha, Assistant Professor of Health Policy and Management at HSPH and lead author of the study.

The Hospital Quality Alliance (HQA), a public-private collaboration that includes the Centers for Medicare & Medicaid Services and the American Hospital Association, aims to improve the quality of care at the nation's hospitals by reporting how hospitals perform on detailed quality measures. However, little was known about whether hospitals that perform well on those measures had better patient outcomes. The researchers set out to determine whether performing well on HQA measures was associated with lower risk-adjusted mortality rates for AMI, CHF and pneumonia. (By adjusting for risk, the researchers made sure that hospitals that took care of sicker patients weren't penalized.)

The researchers looked at HQA performance scores from 3,720 hospitals in 2004-2005. For each hospital, a score was calculated for how it performed treating patients with AMI, CHF and pneumonia. Examples of performance indicators included whether hospitals gave aspirin and beta-blockers at arrival and discharge for AMI and, for pneumonia, how quickly antibiotics were administered.

The results showed that, when compared with hospitals in the lowest quartile, hospitals in the top quartile of performance had nearly 1 percent lower mortality among patients with AMI, 0.4 percent among patients with CHF and 0.8 among patients with pneumonia. The researchers calculated that

2,200 potential deaths could have been avoided if the hospitals in the bottom quartile had the same mortality rates as those in the highest quartile.

"We found that the associations were strong and consistent across a spectrum of performance for all three conditions," said Jha. "This study really provides an important validation of the HQA efforts and suggests that paying attention to the quality measures matters."

Because care varies from hospital to hospital, Jha says consumers should use publicly available data such as the HQA's when choosing a hospital, since getting treated at higher-performing hospitals can increase their odds of surviving the hospitalization.

"These data are not just for consumers," said Arnold Epstein, John H Foster Professor of Health Policy and Management at HSPH and the study's senior author. "This program should also motivate hospitals to improve the care they provide to their patients."

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"The Inverse Relationship Between Mortality Rates and Performance in the Hospital Quality Alliance Measures," Ashish K. Jha, John Orav, Zhonghe Li, Arnold M. Epstein, *Health Affairs*, July/August 2007, vol. 26, no. 4.

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