

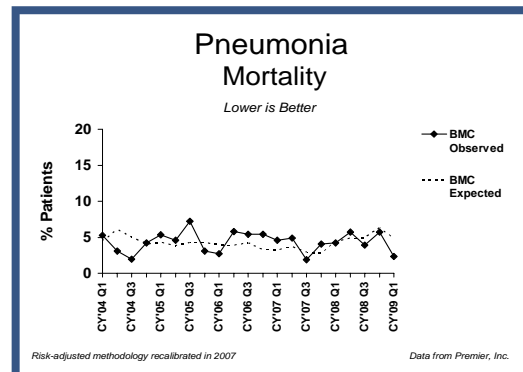
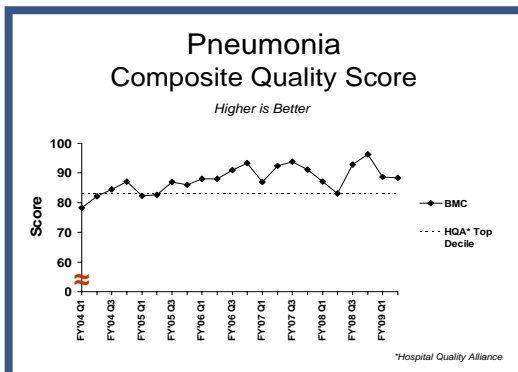
# PNEUMONIA CARE

## Where we've been...

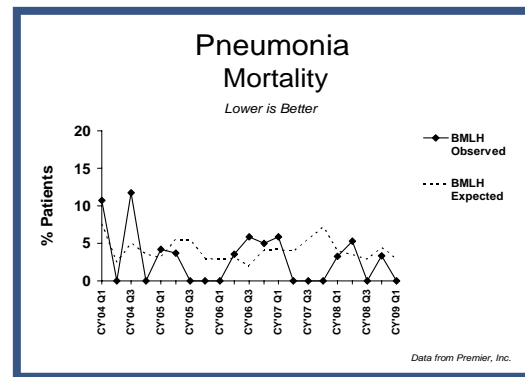
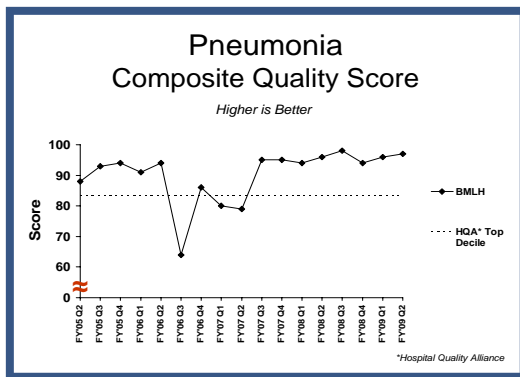
**P**neumonia is the sixth leading cause of death in the United States, accounting for approximately 500,000 hospital admissions annually, and is one of the most common diagnoses leading to admission at Baystate Health (BH) facilities. In an effort to improve the quality of care of patients admitted with pneumonia, several multidisciplinary groups have been put in place and have collaboratively developed and implemented a comprehensive practice guideline for the management of this patient population. The guideline is intended to decrease practice variation by providing recommendations drawn from recent medical literature regarding medication selection, diagnostic testing, conversion to oral antibiotics, immunization, and smoking cessation counseling. Adoption of the "Opt-Out" model has improved our rates of smoking cessation counseling and immunization. In the Opt-Out model, the clinician has to actively choose not to apply or prescribe the agreed-on process or intervention. Typically, selecting to opt-out is more time consuming or difficult than allowing the agreed-on process to occur as part of the flow of work. Using this model promotes the desired action (the default) to be applied more consistently to a greater number of eligible patients. In addition, public reporting of quality process measures and mortality via Hospital Quality Alliance (HQA) and [hospitalcompare.hhs.gov](http://hospitalcompare.hhs.gov) has infused new energy and activity into quality improvement efforts.

## Where we are now...

**BAYSTATE MEDICAL CENTER** Since March 1998, more than 4,100 patients have been admitted to Baystate Medical Center with a primary diagnosis of pneumonia. Selected measures of quality include antibiotics administered within 6 hours of presentation, blood cultures, when completed, are drawn before antibiotics are administered, appropriate antibiotic selection, immunization screening, smoking cessation counseling, length of stay, and mortality. Efforts have focused on developing a reliable mechanism to provide perfect care to every patient every time. This concept of a "composite score" has set the bar for delivering optimal care higher than ever before. The composite score represents overall quality (how well BH facilities reliably provide all appropriate care). Our rate of antibiotics given within 6 hours of presentation for FY'09 YTD is 94%. Ninety-seven percent of patients had appropriate antibiotic selection. Our FY'09 YTD influenza vaccination rate of 79% is slightly below the Hospital Quality Alliance (HQA) benchmark of 82%, while our FY'09 YTD pneumonia vaccination rate of 86% is slightly higher than the HQA benchmark of 84%.

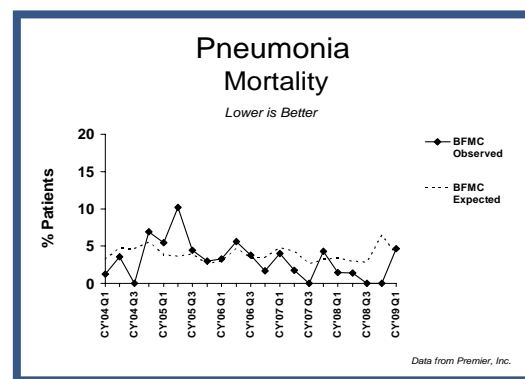
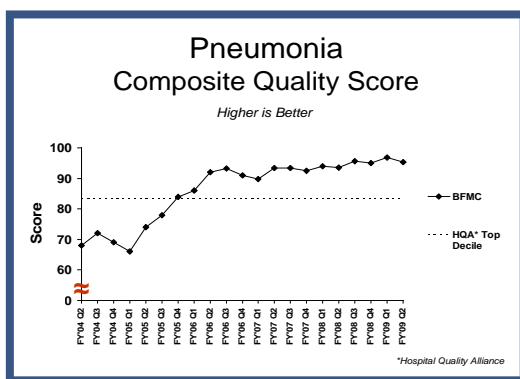


**BAYSTATE MARY LANE HOSPITAL** There has been ongoing education and reinforcement to staff that all pneumonia guidelines are applicable to all patients with either a primary or secondary diagnosis of pneumonia, or with pneumonia diagnosed during an inpatient stay. Ongoing education programs are provided for our ER physicians and hospitalists, with a particular emphasis on diagnosing pneumonia. This has enhanced providers' clinical treatment of the patient, including early diagnosis and monitoring of resolution of pneumonia.



**BAYSTATE FRANKLIN MEDICAL CENTER** The rate of antibiotics given within 6 hours of presentation for FY'09 Q2 is 97%, and 100% of patients have appropriate antibiotic selection. Pneumovax screening and administration has improved dramatically; our vaccination rate of 93% surpasses the HQA benchmark of 75%. Likewise, our current influenza vaccination rate of 85% is well above the Hospital Quality Alliance (HQA) top decile benchmark of 75%.

There has been significant emphasis on smoking cessation education. The "Quitworks" program was implemented in August 2005. Process review and improvements to smoking cessation counseling offered to patients with pneumonia have brought the rate of the most recent quarter to 100%, comparable to the HQA benchmark.



## Where we are going...

Care of patients with pneumonia has improved through the use of multiple system-wide interventions. Continued efforts will be directed toward administering antibiotics within 6 hours of arrival, appropriate antibiotic selection, smoking cessation counseling, and immunization.