



# Hospital Safety and Quality in Minnesota

- Hospitals play a large role in the delivery of health care in Minnesota. Approximately 20% of the \$30 billion Minnesota spends annually on health care is spent for inpatient hospital care, with an additional 8% spent on hospital outpatient services.
- According to estimates from the Institute of Medicine, between 44,000 and 98,000 Americans die each year from medical errors in hospitals.<sup>1</sup>
- In Minnesota, there have been 205 “never events” (such as operations on the wrong limb) that have occurred in Minnesota hospitals. in the two years. This includes 32 deaths as a result of the events.
  - On average, a patient hospitalized in the U.S. will experience at least one medication error per day.
- Infections that occur as a result of medical treatment are a serious patient safety concern. The rate at which patients in Intensive Care Units acquire infections has fallen over the course of the past half decade. However, nearly 11 infections occur for every 1000 days that people are hospitalized.

## QCare

QCare Standard	100% of patients receive optimal care by 2010.		
Baseline:	Heart Attack 91.6%	Heart Failure 84.7%	
	Pneumonia 67.7%	Leapfrog Reporting 42.0%	
Agreed Upon Best Care:	Hospital Quality Alliance-adopted measurement of Heart Attack, Heart Failure and Pneumonia.		

### Measurement Outcomes:

Heart Attack	Heart Failure	Pneumonia
1) Aspirin at arrival	1) Left ventricular function assessment	1) Initial antibiotic received within 4 hours of arrival
2) Aspirin at discharge	2) ACE inhibitor or angiotensin receptor blocker(ARB)	2) Pneumococcal vaccination status
3) Beta-Blocker at arrival	3) Smoking cessation	3) Smoking cessation
4) ACE inhibitor or angiotensin receptor blocker(ARB)	4) Comprehensive discharge instructions	4) Oxygenation assessment
5) Smoking cessation		5) Appropriate initial antibiotic selection
6) Thrombolytic agent received within 30 minutes of arrival		
7) Percutaneous Coronary Intervention (PCI) received within 120 minutes of arrival.		

Transparency: Stratis Reporting measure. Information will be reported on [www.minnesotahhealthinfo.org](http://www.minnesotahhealthinfo.org)

Incentive Program: Premier Hospital Quality Initiative scores hospitals on quality measurements and rewards the top 20% with a financial bonus. After three years, hospitals will receive lower payments if they score below clinical baselines set in the first year for the bottom 20% of hospitals.

## Q-Care Cost Savings

The Hospital Quality Incentive Demonstration Project sponsored by the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) showed that patients receiving better quality care cost less to treat, were nearly 7 times more likely to survive, have fewer

<sup>1</sup> Institute of Medicine, *To Err Is Human: Building a Safer Health System*, Linda T. Kohn, Janet Corrigan, and Molla S. Donaldson, eds., Washington DC: National Academy Press, 2000.

complications and fewer readmissions and spend less time in the hospital. Results from the project showed that implementing recommended care measures would have resulted in 3,000 fewer deaths, 6,000 fewer medical complications, 6,000 fewer hospital readmissions and 500,000 fewer days in the hospital nationwide.