



# Why Not the Best:

## A Health Care Quality Improvement Resource

### Where does your hospital stand on key measures of healthcare quality?

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Do you know if you rank among the top 1% of performers for a given quality measure? If you don't know, it's time to find out since this is now publicly available data.

Hospital healthcare quality data were recently released in a new Web resource Why Not the Best. WhyNotTheBest.org was created and is maintained by The Commonwealth Fund, a private foundation working toward a high performance health system. It is a free resource for health care professionals interested in tracking performance on various measures of health care quality. It enables organizations to compare their performance against both self-determined peers and state and national benchmarks. Also available are improvement tools from successful improvement strategies of the nation's top performers.

Currently, the site includes measures of hospital quality that are

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publicly reported on the Centers for Medicare and Medicaid Services Web site, Hospital Compare ([www.hospitalcompare.hhs.gov/Hospital](http://www.hospitalcompare.hhs.gov/Hospital)). Specifically, it includes Hospital Quality Alliance measures that reports how often hospitals deliver recommended care processes for heart attack, heart failure, pneumonia, and surgical care improvement. In addition, it includes measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which report hospital patients' satisfaction with their care. The data is updated quarterly and includes nearly all U.S. hospitals, some 4,440.

As shown in Table 1, holding the title of highest performers for overall quality composite scores are single hospitals in Alabama, Oklahoma, and California.

**Table 1.**  
**Select high performers on overall quality measures.**

Hospital Name (Location)	Overall
FLOWERS HOSPITAL (AL)	99.62%
OKLAHOMA HEART HOSPITAL (OK)	99.57%
ANAHEIM REGIONAL MEDICAL CENTER (CA)	99.39%

The overall pneumonia composite score (see Footnote 1 for methodology) identified a few hospitals scoring 100% on quality performance data, as shown in Table 2.

**Table 2.**  
**Composite score of seven process of care measures for pneumonia care.**

Hospital Name (Location)	Overall
ELBA GENERAL HOSPITAL (AL)	100%
IMPERIAL POINT MEDICAL CENTER (FL)	100%
NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, NC. (NY)	100%

One hospital in the US scored 100% on the composite measure for Surgical Care. Wenatchee Valley Hospital in Washington State performed at 100% for each of the five care processes to prevent surgical infection, leading to a 100% composite score.

However, on a select review of a random top performer, we found that only 77% of the patients surveyed would recommend this hospital to family or friends, highlighting the importance of looking at multiple dimensions of performance. Providers can drill-down further to the elements of the satisfaction survey to decipher problem areas. Nationally, for example, patient satisfaction indices stated that complete discharge instructions regarding aftercare were missing 20% of the time. In fact, even top performers (those within the Top 1% for the nation) were still missing these instructions at least 3% of the time. Clearly these data show that there is room for improvement for all providers.

As we move further into this era of data transparency, it is imperative that providers perform to the highest standards and measure and report their data. Additionally, shar-

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ing improvement methodologies and techniques can benefit all. To that end, available to hospitals are free resource tools to improve their performance on measures. Specifically, a few such tools to assist hospitals in improvement efforts are below (taken from a sample of resources available on the site):

<b>Patient- and Family-Centered Care Organizational Self-Assessment Tool</b>	Institute for Healthcare Improvement and National Initiative for Children's Healthcare Quality	This self-assessment tool enables organizations to understand the range and breadth of elements under patient- and family-centered care and to assess where they are against the leading edge of practice.
<b>Strategies for Leadership: Patient- and Family-Centered Care Toolkit</b>	American Hospital Association and Institute for Family-Centered Care	The toolkit contains downloadable resources, including a teaching video, video discussion guide, resource guide, and hospital self-assessment tool, to help hospitals become more patient- and family-focused in their care practices.
<b>Self-Assessment Tools for Evaluating Patient- and Family-Centered Practices</b>	Institute for Family-Centered Care	These in-depth self-assessment inventories provide detailed questions for interdisciplinary patient / family teams in hospitals and out-patient settings. They provide a way to assess patient- and family-centered care in a hospital, clinical area, or practice, and to develop a plan to advance the practice of patient- and family-centered care.
<b>Strategies for Leadership: Patient- and Family-Centered Care</b>	American Hospital Association and Institute for Family-Centered Care	This resource includes a video describing core concepts of patient- and family-centered care; a video discussion guide; a resource guide on how to advance such care within organizations, and a Hospital Self-Assessment Tool to evaluate the progress hospitals have made and identify opportunities for improvement.

The Commonwealth Fund will continue to add new measure sets and develop additional functionality over time. If you would like to stay informed of new data or features on WhyNotTheBest.org, please sign up for e-mail alerts ([www.whynotthebest.org/alerts](http://www.whynotthebest.org/alerts)). If you would like to provide feedback on the site or make a suggestion for improvement, please contact [wntb@cmwf.org](mailto:wntb@cmwf.org). If you are interested in furthering healthcare data transparency for your facility, please contact IPRO at 516.209.5407 or by visiting [www.abouthealthtransparency.org](http://www.abouthealthtransparency.org) 

<sup>1</sup>. To create summary scores for each condition, the site uses a methodology prescribed by the Joint Commission. This approach suggests that the summary score be the number of times a hospital performed the appropriate action across all measures for that condition, divided by the number of opportunities the hospital had to provide appropriate care for that condition. Summary scores were not calculated if a hospital did not report on all the measures for each condition (all 24 measures for the overall score) and did not have at least 30 patients for at least one of the measures for each condition. Scores are not weighed, except that measures with larger denominators do contribute more weight to the calculation of the mean

for that measure. None of the measures is risk adjusted. See <http://www.whynotthebest.org/methodology> for more detail.

<sup>2</sup>. To appear among the top performers on the process-of-care measures, a hospital must have reported data for every available measure and recorded data on 30 or more patients for each of the four conditions (heart failure, heart attack, pneumonia, and surgical care improvement). No explicit weighting was incorporated, but higher-occurring cases give weight to that measure in the average. Since these are process measures (versus outcome measures), no risk adjustment was applied.



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