

# Hospital Process Measures Improve, JCAHO Finds

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Contributing Writer

A set of process measures established by the Joint Commission on Accreditation of Healthcare Organizations has helped hospitals to improve performance, according to a study of the first 2 years of implementation.

The study, by Scott C. Williams, Psy.D., and his colleagues at the commission, found that improvements were made in 15 of 18 standardized measures and that there was no deterioration of quality in any of those areas (N. Engl. J. Med. 2005;353:255-64).

In 2002, the commission began measuring performance in the 18 measures at 3,377 of 4,644 hospitals accredited by the

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organization. Nonparticipating hospitals either did not offer the services being measured or had an average daily census of fewer than 10 patients. The facilities could choose to submit data on at least two of the following conditions: acute

MI, heart failure, pneumonia, and pregnancy and related conditions.

They did not track the pregnancy measures, as two of the measures applied to rare events, and the third, vaginal birth after cesarean section, is controversial, the authors wrote.

The study covered hospitals that submitted data from the third quarter of 2002 to the second quarter of 2004—a total of 3,087 out of the 3,377 hospitals initially identified as study participants.

Of those, 1,473 submitted data on heart attack measures, 1,946 on heart failure, and 1,797 on pneumonia.

One of the measures looked at death in the hospital after acute myocardial infarction, and the other 17 assessed processes of care.

There was no improvement in the death measure, but the authors said most of the improvements in the process measures being assessed would not have had an impact on mortality. And there was no significant improvement in the mean time to thrombolysis for patients with acute MI or in mean time to administration of antibiotics for pneumonia.

For acute MI, researchers looked at measures such as whether aspirin was given within 24 hours of admission and prescribed at discharge, whether an ACE inhibitor was prescribed at discharge for patients with left ventricular systolic dysfunction, and the mean time from arrival to thrombolysis or percutaneous coronary intervention.

For heart failure, hospitals were tracked on whether they had given patients smoking cessation counseling and discharge instructions on medication, diet, weight, and worsening of symptoms, and whether an ACE inhibitor was prescribed at dis-

charge for patients with left ventricular systolic dysfunction.

For pneumonia, the commission monitored whether there was an oxygenation assessment within 24 hours of admission and whether pneumococcal screening, vaccination, or both had been given at discharge, or if blood specimens were cultured before starting an antibiotic.

By the end of the study period, more than 90% of MI patients at most hospitals received aspirin at admission. Although only

74% of patients received ACE inhibitors at discharge at the lowest performing hospitals, 83% received them at the highest performing facilities, the investigators said.

The biggest improvement was seen in offering smoking cessation counseling. Rates went from a range of 1%-7% at the lowest performing hospitals at baseline to a range of 57%-68% at the study's end. At high-performing facilities, however, rates dropped from an 80%-98% range at baseline to a range of 74%-85% at the end.

Even after improvement, pneumococcal vaccination rates were still low, ranging from 35% in the lowest performing hospitals to a high of 66% at the highest performing facilities.

One potential drawback of the study was its reliance on self-reported data, which could introduce bias. And, they said, the data should not be viewed as static. The picture could change as public reporting of hospital data becomes more prevalent and pay for performance spreads. ■

## Selective Costimulation Modulators in the Management of Rheumatoid Arthritis: From Concept to Clinic

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**TUESDAY, NOVEMBER 15, 2005 • 6:00 PM – 7:00 PM DINNER AND REGISTRATION • 7:00 PM – 9:00 PM SCIENTIFIC SESSIONS**  
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**Program Overview**  
The lack of efficacy of tumor necrosis factor alpha (TNF $\alpha$ ) and interleukin (IL)-1 inhibitors in many patients with rheumatoid arthritis (RA), as well as safety concerns with these agents, has left significant unmet needs in the treatment of this disease. Sustained efforts in the search for novel therapeutic options for RA are therefore ongoing. In this symposium, an international panel of experts will review the immunologic basis of RA, providing a rationale for the development of the next generation of targeted biologic therapies. Results of clinical trials with the most promising agents will be discussed. Imminent therapies include tocilizumab, which inhibits the cytokine IL-6; rituximab, which depletes B cells; and the costimulation modulator abatacept, which is in the most advanced stage of clinical development. With a unique mechanism of action, abatacept specifically attenuates the activation of T cells, which are believed to be critical in the immunologic cascade that underlies joint inflammation and destruction in RA. Recently completed phase II and III clinical trials have demonstrated that abatacept improves disease symptoms and quality of life of patients with RA, and decreases the rate of radiographic progression of joint damage. The symposium will also focus on how clinical data with B-cell- and T-cell-targeted agents can be translated into valuable practice.

**Target Audience**  
Rheumatologists and other health care professionals interested in learning more about the treatment and management of RA.

**Learning Objectives**  
*At the conclusion of this educational activity, the participant should be better able to*

- Specify the impact of the innate immune system in the pathophysiology of RA
- Define the role of T cells and B cells in the adaptive immune response that underlies RA
- Explain the mechanism of action of costimulation modulators and their clinical benefits in the management of RA
- Assess the impact of targeted biologic agents on quality of life measurements in patients with RA
- Discuss how new data may change clinical practice

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**Chair**  
**Larry W. Moreland, MD**  
Anna Lois Waters Professor of Medicine  
University of Alabama at Birmingham  
Birmingham, Alabama

**Faculty**  
**Paul Emery, MD**  
Arc Professor of Rheumatology  
Clinical Director, Leeds Teaching Hospitals Trust  
Head of the Academic Unit of Musculoskeletal Disease  
Chapel Allerton Hospital  
Leeds, United Kingdom

**Gary S. Firestein, MD**  
Professor of Medicine  
Chief, Division of Rheumatology, Allergy and Immunology  
Director, UCSD Clinical Investigation Institute  
University of California, San Diego  
La Jolla, California

**Mark C. Genovese, MD**  
Associate Professor of Medicine  
Associate Division Chief  
Division of Immunology and Rheumatology  
Stanford University Medical Center  
Palo Alto, California

**Joel M. Kremer, MD**  
Professor of Medicine  
Director of Research, The Center for Rheumatology  
Albany Medical College  
President and Founder  
The Consortium of Rheumatology Researchers of North America  
Albany, New York

**Luke O'Neill, PhD**  
Science Foundation Ireland Research Professor  
Head, School of Biochemistry and Immunology  
Trinity College  
Dublin, Ireland

**Agenda**

6:00 PM	<b>Registration and Dinner</b>
7:00 - 7:05 PM	<b>Welcome and Introduction</b> Larry W. Moreland, MD, Chair
7:05 - 7:10 PM	<b>ARS*: Baseline Knowledge and Current Practice</b>
7:10 - 7:25 PM	<b>Innate Immunity in Rheumatoid Arthritis: New Concepts and Therapeutic Targets</b> Luke O'Neill, PhD
7:25 - 7:40 PM	<b>Evolving Perspective on the Adaptive Immune Response in Rheumatoid Arthritis</b> Gary S. Firestein, MD
7:40 - 8:00 PM	<b>Targeting T Cells: Results From Pivotal Clinical Trials With Costimulation Modulators</b> Mark C. Genovese, MD
8:00 - 8:20 PM	<b>Quality of Life: Do Biologics Make a Difference?</b> Paul Emery, MD
8:20 - 8:40 PM	<b>Looking Ahead: Translating Results of Recent Clinical Trials Into Day-to-Day Practice</b> Joel M. Kremer, MD
8:40 - 8:45 PM	<b>ARS*</b>
8:45 - 9:00 PM	<b>Question-and-Answer Session</b> Moderated by Larry W. Moreland, MD

\*Participate in live audience response surveys (ARS) that will be conducted throughout the symposium to gauge audience attitudes about issues such as the clinical potential of biologic agents that target T cells, B cells, IL-6, and TNF $\alpha$  as well as other relevant topics that are currently being discussed in the management of patients with RA.

This is not an official program of the American College of Rheumatology.

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