Report on the Quality of Healthcare Provided at the University of Illinois Medical Center at Chicago to the U of I Board of Trustees March 13, 2007

The Medical Center continues to pursue robust programs that improve and advance the healthcare provided by the University of Illinois Medical Center at Chicago. To that end, we participate in the National Quality Measures which are supported by the Center for Medicare and Medicaid Services (CMS) as well as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). CMS has attached financial incentives to participation with an additional payment of 2% which can be achieved with participation in the program. We have several teams involved in the process:

Surgical Infection Prophylaxis

A multidisciplinary team with members from Nursing, Pharmacy, and the Medical Staff focus on the reduction of iatrogenic infections in certain surgical cases by the timely preoperative administration of antibiotic to the patient. The program focuses on assuring that the proper antibiotic is administered at the right time and discontinued within 24 hours following the operation. The antibiotics do not treat infection; rather they are intended to reduce the potential to develop infection as a result of the surgery. The performance targets were met for colon surgeries and hysterectomies, but not for knee arthroplasties. The arthorplasty patients all received the appropriate antibiotics, but the administration time exceeded the one hour time frame for 40% of the patients. Antibiotics were routinely administered in the pre-operative area for all patients. Examinations of the reasons for the failures were identified with the conclusion that set up times for those operations exceeded 60 minutes. The protocol has been changed and we anticipate improvement in the process.

Pneumonia

The team is interdisciplinary and composed of members from Internal Medicine, Nursing, Emergency Medicine, Pharmacy, Radiology and the Department of Quality Improvement. It is focused on the delivery of appropriate antibiotics to patients within four hours of their presentation to our Emergency Department. The baseline measurement identified that we achieved the benchmark only 54% of the time. Redesign of the process has led to a substantial improvement to 78%, which is within range of the 80% compliance rate achieved nationally.

Acute Myocardial Infarction and Heart Failure

The national standards for this diagnosis focus on the delivery of appropriate medication to patients suffering heart attacks. As you can see from the chart below, UIMCC does an outstanding job assuring that patients are treated optimally. UIMCC exceeds University Hospital Consortium & National compliance statistics in all 5 areas chosen by the accrediting agencies:

	UIMCC	UHC	NATIONAL
Aspirin at arrival	100%	98%	91%
Aspirin at discharge	100%	98%	92%
ACE I/ARB for LVSD	100%	91%	82%
Beta Blockers at arrival	100%	94%	90%
Beta Blockers at DC	100%	97%	92%

Stroke

Led by our Department of Neurology, several departments take part in this process: Neurosurgery, Emergency Services, Internal Medicine, Interventional Radiology, Nursing, and others.

This program has been particularly successful. Three areas are measured: Did patients receive appropriate therapy to prevent blood clots in their legs? Did patients get discharged on anti-blood clot medication? Were the appropriate therapies for the stroke considered....as evidenced by the proper documentation? All of these should reflect good care and reduction of malpractice risk. We were 100% compliant with all the indicators. The Program was awarded a Certification from the Joint Commission as a Stroke Center.

Deep Venous Thrombosis (DVT)

The potential for patients admitted to a hospital to develop blood clots in their legs and deep veins of the pelvis that can be dislodged and flow to the lungs always exists. This 'pulmonary embolus' can cause disability and death. The risk for a patient must be assessed at the time of admission to adequately prevent this condition. UIMCC has leveraged its electronic medical record to assure 100% of eligible patients are screened for risk factors for the development of DVT. The rate of prophylaxis in the institution has risen from @ 27% of admitted patients to @ 37% of patients, without any evidence of complications from the therapy. This represents a substantial improvement and puts us amongst the national leaders.

UIMCC continues to focus on systematic ways to improve the quality of care across the complex and challenging spectrum of patients in our facilities. We are pioneers in teaching safety to students and residents across the health science's continuum as we work to deliver safe and effective care.

Respectfully submitted,

W.H. Chamberlin, MD
Chief Medical Officer