

Supplemental Digital Table 1

Compliance on All Core Process of Care Measures Before (2011) and After (2012 and 2013) Implementation of the Johns Hopkins Health System Quality Improvement Initiative

Targeted measures	% of patients who received recommended process of care														
	Johns Hopkins Bayview Medical Center			Howard County General Hospital			The Johns Hopkins Hospital			Sibley Memorial Hospital			Suburban Hospital		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
AMI: Aspirin at arrival ^a	99	100	100	99	100	100	100	100	100	100	100	100	100	100	100
AMI: Aspirin prescribed at discharge ^{a,b}	100	100	100	99	100	98	100	100	99	100	100	100	100	100	100
AMI: ACEI/ARB for LVSD ^a	100	100	100	100	100	96	98	100	96	100	100	100	98	100	100
AMI: Beta blocker prescribed at discharge ^a	100	100	99	100	100	100	100	99	100	100	100	100	98	100	100
AMI: PCI ≤ 90 minutes ^{a,c,d}	97	100	92	93	87	89	93	95	75	–	–	–	93	82	95
AMI: Statin prescribed at discharge ^{a,b}	99	100	100	96	99	100	98	99	99	100	86 ^f	100	98	99	99
HF: Discharge instructions ^d	85	95	97	97	98	95	100	97	100	83	98	100	100	97	83
HF: ACEI/ARB for LVSD ^{a,b}	97	97	97	100	100	96	99	100	100	97	100	100	93	98	100
HF: LVEF assessment ^b	100	99	99	99	99	99	100	100	100	100	100	100	99	97	99
PN: Blood cultures within 24 hours of arrival ^a	94	95	95	100	100	100	100	100	100	100	100	100	97	100	100
PN: Blood cultures performed in ED before initial antibiotics received in hospital ^{a,b,d}	84	92	98	96	93	99	98	100	100	98	99	100	96	97	100
PN: Initial antibiotic selection for CAP in immunocompetent patient ^{a,b}	95	97	95	93	94	97	100	100	100	98	99	100	92	98	99

SCIP: Prophylactic antibiotic received \leq 1 hour before surgical incision ^{a,b}	98	98	98	97	98	99	98	98	98	95	97	97	97	98	99
SCIP: Prophylactic antibiotic selection ^{a,b}	99	100	99	98	97	99	98	98	99	98	99	99	98	99	99
SCIP: Prophylactic antibiotics discontinued \leq 24 hours after surgery end time ^{a,b}	99	99	98	94	99	98	98	99	100	99	99	97	97	99	99
SCIP: Cardiac surgery glucose control ^{a,d,e}	N/A	N/A	N/A	N/A	N/A	N/A	97	96	98	N/A	N/A	N/A	90	93	96
SCIP: Appropriate hair removal ^a	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
SCIP: Surgery patients on beta blocker therapy before admission who received beta blocker during perioperative period ^{a,b,d}	98	97	97	94	95	99	95	99	99	94	98	96	94	100	98
SCIP: Surgery patients with recommended venous thromboembolism prophylaxis ordered ^{a,b}	99	99	N/A	97	97	N/A	100	100	N/A	100	99	N/A	98	100	N/A
SCIP: Surgery patients with recommended venous thromboembolism prophylaxis within 24 hours before surgery to 24 hours after surgery ^{a,b}	99	99	98	96	97	98	99	100	99	100	99	97	98	100	98
SCIP: Urinary catheter removed on postoperative day 1 or 2 ^{a,b,d}	100	99	98	86	96	97	93	97	99	98	99	98	99	100	99
SCIP: Surgical patients with perioperative temperature management ^b	100	100	100	100	100	100	99	99	100	98	99	100	100	100	100

CAC: Reliever medications while hospitalized ^a	100	100	100	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A
CAC: Systemic corticosteroid medications ^a	100	100	100	100	100	100	100	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A
CAC: Home management plan ^{a,d}	90	94	91	79	100	97	78	98	98	98	N/A	N/A	N/A	N/A	N/A	N/A

Abbreviations: AMI, acute myocardial infarction; ACEI, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; LVSD, left ventricular systolic dysfunction; PCI, percutaneous coronary intervention; HF, heart failure; LVEF, left ventricular ejection fraction; PN, pneumonia; ED, emergency department; CAP, community-acquired pneumonia; SCIP, Surgical Care Improvement Project; CAC, children's asthma care.

^a Accountability measure for The Joint Commission Top Performer on Key Quality Measures award.

^b Required measure for the Delmarva Foundation for Medical Care Excellence Award for Quality Improvement in Hospitals.

^c Sibley Hospital did not have enough cases to report the measure; the remaining hospitals had only a small number of cases.

^d Measures targeted for improvement in the core measure initiative at the Johns Hopkins Health System.

^e N/A indicates that the hospital does not provide this clinical service.

^f Measure excluded from determination of the Delmarva Foundation Award because total cases per quarter were below the required ≥ 10 cases.