

Hospital-Acquired Conditions and Hospital Compare: The Need for Nursing Education

Karen D. Wiegman, PhD, RN
MidAmerica Nazarene University



The purpose of this study was to determine nurse's knowledge of Hospital-Acquired Conditions (HACs) and how they are reported on Hospital Compare.

The purpose of this poster is to disseminate data obtained from professional nurses regarding their knowledge of Hospital Compare.

Poster Objectives

- Describe Hospital Compare.
- State the mechanism that Hospital Compare uses to acquire data.
- Articulate the importance of HAC data awareness.

Study Participants

60 RNs attending a Midwestern faith-based university (RN-BSN Students n=40; MSN Students n=20) representing 19 regional hospitals were surveyed.

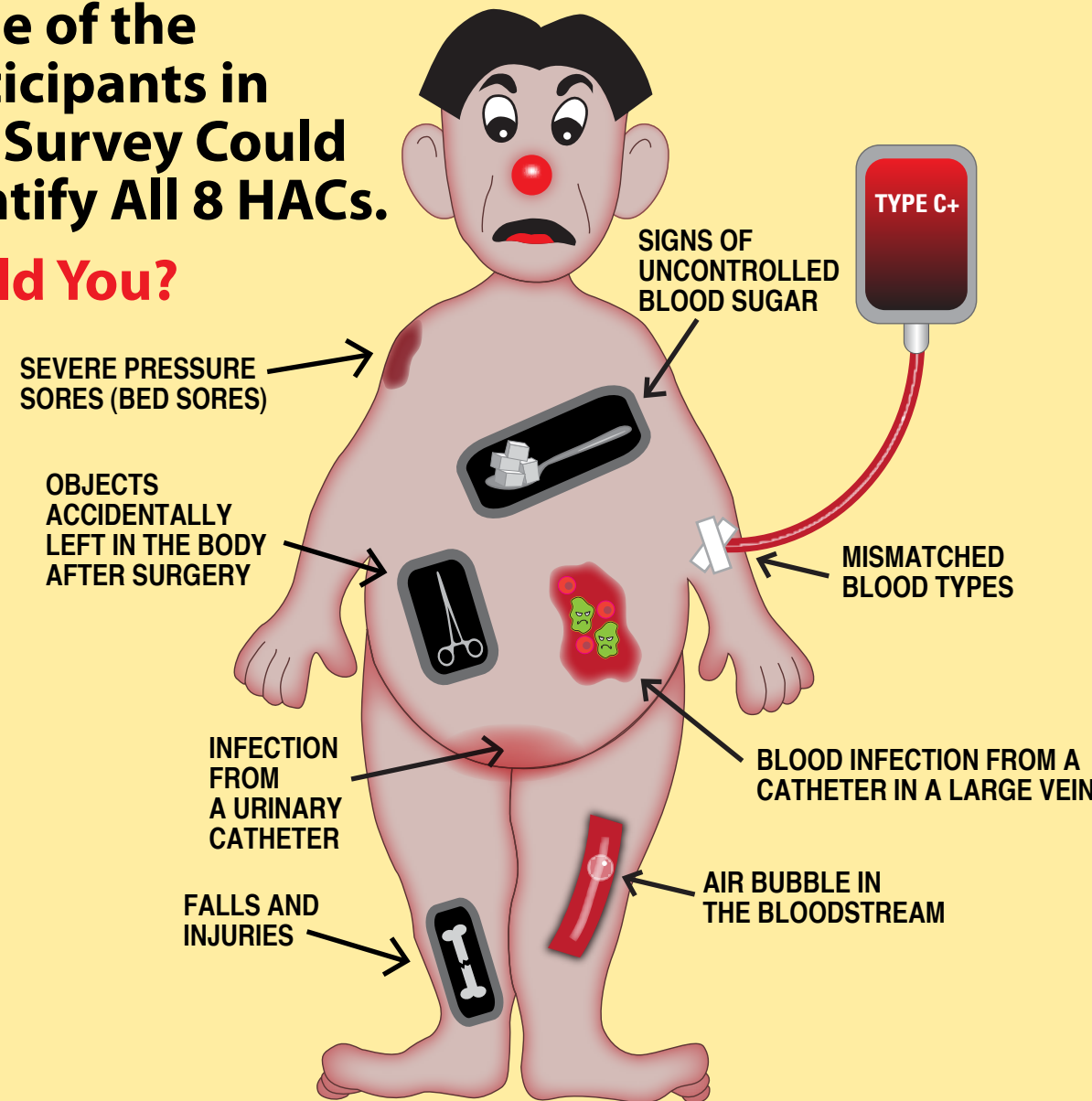
Hospital Compare Data

Hospitals report their data to CMS who then reports it on Hospital Compare. Misinformation is apparent. In this study 80% of participants stated that Hospital Compare derived its data from HealthGrades, a for-profit corporation. Yet, 83% of participants knew that Hospital Compare data is publically available.

The Centers for Medicare & Medicaid Services (CMS) will begin a "Pay for Performance" system called "Value-Based Purchasing" in October 2012. CMS has not reimbursed hospitals for HACs since October 2008. It is imperative that Nurses are aware of HAC data and how to access this information.

None of the Participants in this Survey Could Identify All 8 HACs.

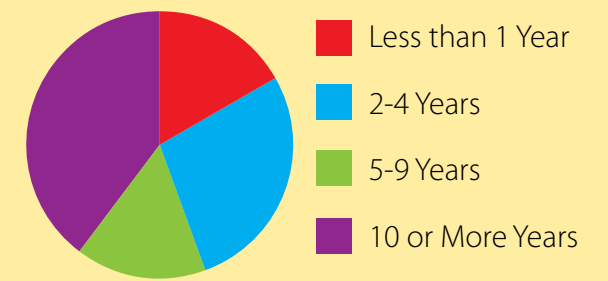
Could You?



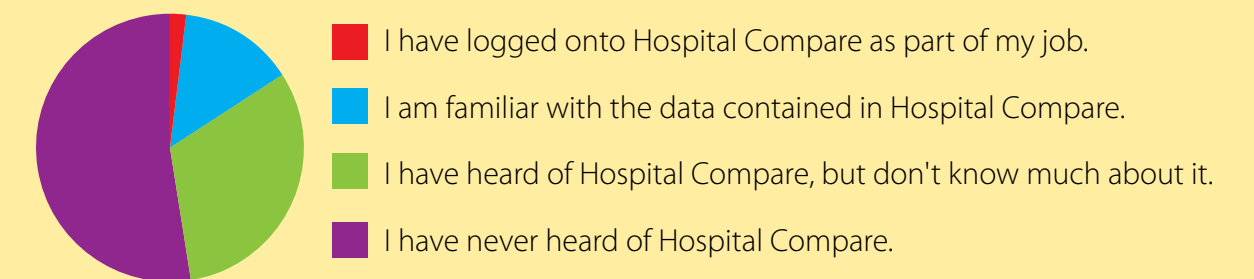
Participant Occupation



RN Experience



Participants' Self-Assessed Knowledge of Hospital Compare



Hospital-Acquired Conditions

Measure	Rate
Objects Accidentally Left in the Body After Surgery	0.000 per 1,000 patient discharges
Air Bubble in the Bloodstream	0.000 per 1,000 patient discharges
Mismatched blood types	0.000 per 1,000 patient discharges
Severe pressure sores (bed sores)	0.000 per 1,000 patient discharges
Falls and injuries	0.389 per 1,000 patient discharges
Blood infection from a catheter in a large vein	0.389 per 1,000 patient discharges
Infection from a Urinary Catheter	1.264 per 1,000 patient discharges
Signs of Uncontrolled Blood Sugar	0.000 per 1,000 patient discharges

View the U.S. National Rate for these measures