

Researchers question key quality measure for asthma

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Researchers studying the first national quality measure for hospitalized children have found that no matter how strictly a health care institution followed the criteria, it had no actual impact on patient outcomes.

The scientists examined 30 hospitals with 37,267 children admitted for asthma from 2008 to 2010 and discovered that the quality of discharge planning made no difference to the rate of return to the hospital for another [asthma attack](#) in 7, 30 or 90 days.

"Our research concluded that there is no relationship between compliance with this measure and [readmission rates](#) for [asthma patients](#)," said study co-author Marion Sills, MD, MPH and associate professor of pediatrics at the University of Colorado School of Medicine.

The findings have been published in October's [Journal of the American Medical Association](#) (*JAMA*).

Asthma is the leading cause of admissions in children's hospitals. To help provide the best care, the Joint Commission, a non-profit that accredits and certifies more than 19,000 [health care organizations](#) programs nationwide, adopted three core process measures for evaluating how hospitals treat [childhood asthma](#).

The Children's Asthma Care (CAC) measures include giving asthma relievers upon admission, providing systemic corticosteroids and creating a home management plan of care when they are discharged.

Hospitals' compliance with the first two measures was high and did not vary enough for researchers to study the impact on outcomes.

By studying hospitals' compliance with the third measure -- devising a home health management plan -- researchers concluded that it had no effect on hospital readmissions or return emergency department visits for asthma.

"No matter how well your hospital did in complying with this there was no difference in readmissions," Sills said. "For a parent trying to choose a hospital for a child with an [asthma](#) attack, this quality measure doesn't help determine which hospital will provide better care. From a policy standpoint, these measures may not meet the Joint Commission's own criteria for an accountability measure -- that compliance should lead to better outcomes. This is especially important for measures that will be used for public reporting and pay for performance. Requiring a hospital to meet a certain criteria of patient care and then finding out that it makes no difference is reason to reevaluate these measures."

The findings are significant because until recently none of the more than 50 Joint Commission measures evaluated care for hospitalized children. They have been used for numerous other conditions with varying success. For example, acute myocardial infarction mortality rates decreased but congestive heart failure death rates did not during times when compliance with process measures increased.

Sills and the other researchers concluded by saying the Joint Commission should reconsider whether a hospital's compliance with the CAC measures is suitable for public reporting, accreditation or pay for performance.

Provided by University of Colorado Denver

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