



Hospitals in the United States provide the setting for some of life’s most pivotal events—the birth of a child, major surgery and treatment for otherwise fatal illnesses. These hospitals house the most sophisticated medical technology in the world and provide state-of-the-art diagnostic and therapeutic services. But access to these services comes with certain costs. In 2008, nearly 37% of personal health care expenditures in the United States were for hospital care.³⁷ Policymakers, employers, and consumers have made the quality of care in U.S. hospitals a top priority and have voiced the need to assess, monitor, track and improve the quality of inpatient care.

The Agency for Healthcare Research and Quality (AHRQ) is the lead Federal agency charged with improving the quality, safety, efficiency and effectiveness of health care for all Americans. As one of 12 agencies within the Department of Health and Human Services, AHRQ supports health services research that will improve the quality of health care and promote evidence-based decision-making. AHRQ has developed measures for assessing health care quality.

Prevention Quality Indicators

Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care. Even though these indicators are based on hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent

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complications or more severe disease. The PQIs represent hospital admission rates for ambulatory care-sensitive conditions. (Note that the national data presented here is for 2007 while the state and regional data is for 2009.)

Hypertension

Hypertension is the term used to describe high blood pressure. Dietary and lifestyle changes can improve blood pressure control and decrease the risk of complications, although drug treatment may prove necessary in patients for whom lifestyle changes prove ineffective or insufficient.³⁸

This indicator is the annual age-adjusted hospitalization rate due to hypertension per 100,000 residents, age 18 years and older. In Tampa Bay, the hospitalization rate rose from 55.3 in 2008 to 64.7 in 2009 per 100,000. Florida rates were much higher at 74.1 and 84.7 in 2008 and 2009, respectively.

Congestive Heart Failure

Congestive heart failure is a condition in which the heart can't pump enough blood to the body's other organs. This can result from coronary artery disease, diabetes, past heart attack, hypertension, heart infections, diseases of the heart valves or muscle, and congenital heart defects. In heart failure, symptoms are usually related to reduced blood flow and accumulation of fluids in body tissues.

This indicator is the average annual age-adjusted hospitalization rate due to non-hypertensive congestive heart failure, including rheumatic heart failure, per 100,000 people age 18 and older. While nationally the rate was 415.5 per 100,000, Florida and Tampa Bay were substantially lower at 333.2 and 274.3 respectively in 2009.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. According to the American Lung Association, COPD includes chronic bronchitis, emphysema and bronchiectasis. COPD is often related to tobacco use but can also be caused by air pollutants in the home and workplace, genetic factors and respiratory infections.

This indicator is the average annual age-adjusted hospitalization rate due to COPD per 100,000 people age 18 and older. Nationally, the rate was 193 while Florida and Tampa Bay rates were slightly higher at 214.4 and 207.9 respectively.

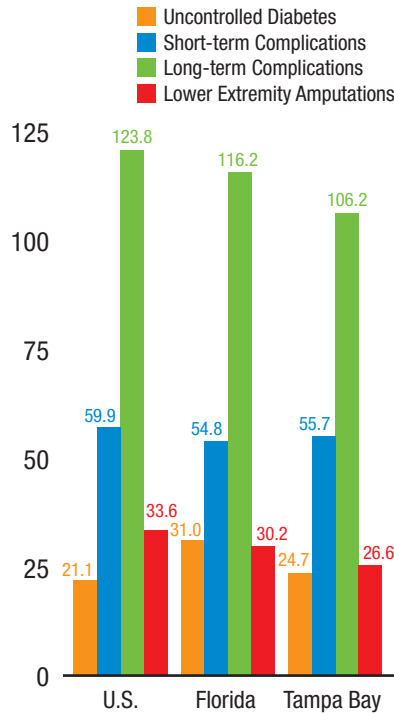
Uncontrolled Diabetes

Uncontrolled diabetes indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase.

This indicator is the average annual age-adjusted hospitalization rate due to uncontrolled diabetes per 100,000

Diabetes Hospitalization Rates

(per 100,000)



Complications from diabetes include:
heart disease
stroke
blindness
amputation
kidney disease
nerve damage

people ages 18 and older. Nationally, the rate was 21.1. In Florida the rate was 31.0 and in Tampa Bay, 24.7.

Diabetes Short-term Complication

Short-term complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis and hyperosmolar nonketotic coma. This indicator was the average annual age-adjusted hospitalization rate due to short-term complications of

diabetes per 100,000 people ages 18 and older. Nationally, the rate per 100,000 was 59.9. In Florida, the rate was 54.8 and in Tampa Bay, 55.7.

Diabetes Long-term Complication

Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease and nerve damage. This indicator was the average annual age-adjusted hospitalization rate due to long-term complications of diabetes per 100,000 people age 18 and older. Nationally, the rate per 100,000 was 123.8. In Florida, the rate was 116.2 and in Tampa Bay, 106.2.

Lower-extremity Amputation in Patients with Diabetes

This indicator measures the average annual age-adjusted hospitalization rate for lower-extremity amputation among patients with diabetes per 100,000, age 18 and older. Nationally, the rate was 33.6. In Florida the rate was 30.2 and in Tampa Bay, 26.6.

Diabetes is a major risk factor for lower-extremity amputation, which can be caused by infection, neuropathy, and microvascular disease. Proper and continued treatment and glucose control may reduce the incidence of lower-extremity amputation.

Bacterial Pneumonia

Pneumonia is an inflammation of the lungs that's usually caused by infection with bacteria, viruses, fungi or other organisms. Pneumonia is a particular concern for older adults and people with chronic illnesses or impaired immune systems but it can also strike young, healthy people. Some forms of bacterial pneumonia are treatable with antibiotics but antibiotic-resistant strains are a growing problem.

This indicator is the average annual age-adjusted hospitalization rate due to bacterial pneumonia per 100,000 people ages 18 and older. In the U.S. approximately 374.8 per 100,000 people were hospitalized compared to 234.1 in Florida and 205.2 in Tampa Bay.

Asthma

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. There is no cure for asthma but, for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization and can result in death.

This indicator is the average annual age-adjusted hospitalization rate due to asthma per 100,000 people ages 18 and older. Again, Florida and Tampa Bay ranked higher than the national rate of 117.9 with Florida in at 136.7 and Tampa Bay at 133.3 per 100,000.

Urinary Tract Infection

Urinary tract infections (UTI) are a serious health problem affecting millions of people each year. According to the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), infections of the urinary tract are the second most common type of infection in the body, accounting for about 8.3 million doctor visits each year.

This indicator is the average annual age-adjusted hospitalization rate due to urinary tract infections per 100,000 people age 18 and older. Tampa Bay rates (182.1) were consistent with Florida (185.3) and U.S. rates (185.4).

Perforated Appendix

Perforated appendix results from delay in surgery, potentially reflecting problems in access to ambulatory care or misdiagnosis. Timely diagnosis and treatment may reduce the incidence of perforated appendix.

This indicator measures admissions for perforated appendix per 1,000 adults age 18 and older. The U.S. benchmark is approximately 280.2 while Tampa Bay admissions were slightly lower at 273.1 and Florida even lower at 253.6.



Diabetes is ranked as one of the leading chronic illnesses for young children and teens

Pediatric Quality Indicators:

The Pediatric Quality Indicators (PDIs) are a set of measures that focus on children's health care quality using routinely collected hospital discharge data as the basis for indicator specification. In 2000, children accounted for 18% or 6.3 million of the hospitalizations in the U.S. The vast majority of these stays were for newborn infants, with children and adolescents (1 to 17 years old) accounting for 1.8 million of the hospital stays (5%).³⁹

Diabetes Short-term Complication

The CDC reports that diabetes is ranked as one of the leading chronic illnesses for younger children and teens.⁴⁰ Over 186,000 youths 20 years of age and younger have the disease.⁴¹

This indicator is the average annual age-adjusted hospitalization rate due to short-term complications of diabetes per 100,000 children ages 6 years to 17 years. While the U.S. average was 29.7, Tampa Bay rates were 25.3 and Florida 24.8.

Pediatric Asthma

Nearly five million asthma sufferers are under age 18. Among children ages 5 to 17, asthma is the leading cause of school absences from a chronic illness. It accounts for an annual loss of more than 14 million school days per year and more hospitalizations than any other childhood disease.

This indicator is the average annual age-adjusted hospitalization rate due to asthma per 100,000 children ages 2-17 years. The U.S. rate averages 134.8. From 2008 to 2009, the rate in Florida rose from 120.3 to 137.9 and in Tampa Bay from 122.7 to 140.6.

Pediatric Urinary Tract Infection

Urinary tract infections (UTIs) occur in about 3% of children every year. The risk throughout childhood of having a UTI is 8% for girls and 2% for boys. Treatment is oral antibiotics or, in extreme cases, intravenous antibiotics.⁴²

This indicator is the average annual age-adjusted hospitalization rate due to UTIs per 100,000 people age 18 and older and in children 3 months to 17 years. While the U.S. average was 41.7, Florida and Tampa Bay ranked higher with 63.9 and 64.1, respectively, increasing since 2008.



Access refers to actual proximity of health care as well as the ability to afford it. In order for a community to be healthy, the citizens need to be able to access high-quality care at all levels of the health care delivery system. Our eight-county region has 50 acute care hospitals, two children’s hospitals and a world-renowned cancer center. Given this depth of service capacity, residents generally do not have to travel unreasonable distances to access quality health services.

Uninsured Population

The ranks of the uninsured keep growing. Nationally, for those between ages 18 and 64, 22.3% were uninsured in 2009 and in the state of Florida, nearly 30% were uninsured.⁴³ America’s Health Rankings in 2009 placed Florida 48 out of 50 states because of the high percentage of residents who lack insurance coverage. In Tampa Bay in 2008, 24.6% of the population between ages 18-64 was uninsured and it is estimated that 28% of Tampa Bay residents were uninsured in 2009.⁴⁴ For those residents who are uninsured, their financial hardship has been well documented by the media and was one of the driving forces behind passage of the Patient Protection and Affordable Care Act.

For those in our region who are uninsured or underinsured, the region’s community health centers provide primary care services to these populations on a sliding fee scale basis. Access to primary care for those who are uninsured and

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60-80
primary care
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per 100,000
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ineligible for Medicaid or Medicare varies from county to county with each county making every effort to serve this population despite enduring budget reductions in recent years. Hillsborough and Polk Counties offer the most comprehensive services, as their funding comes from ¼ and ½ cent sales tax surcharges, respectively, yet they still are challenged to meet the health care needs of their residents.

Access to Primary Care Providers

The Department of Health and Human Services’ Council on Graduate Medical Education recommends 60 to 80 primary care physicians per 100,000 people. As a region, we slightly exceed this range but individual counties vary widely. Hillsborough, Pinellas and Sarasota counties all had more than 90 primary care providers per 100,000 population in 2008 but Citrus, Pasco and Polk counties were at or below the minimum recommendation of 60. Hernando and Manatee counties were just above 60.