



PINELLAS HIGHLIGHTS
**QUALITY
OF CARE**



Foundation for a
Healthy St. Petersburg

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Healthy St. Petersburg

QUALITY OF CARE

When individuals have access to quality health care, this leads to healthier, more productive communities and improves population health.

CLINICAL CARE

Quality of Care

Quality of care is the evaluation of the performance of health plans and health care providers against quality standards. It is important because it tells us how the health care system is performing and leads to improved care. Improved care leads to better health outcomes and lower health care costs.

There are several domains to quality measurements; these include:ⁱ

- **EFFECTIVENESS** - Relates to providing care processes and achieving outcomes as supported by scientific evidence.
- **EFFICIENCY** - Relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.
- **EQUITY** - Relates to providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.
- **PATIENT CENTEREDNESS** - Relates to meeting patients' needs and preferences and providing education and support.
- **SAFETY** - Relates to actual or potential bodily harm.
- **TIMELINESS** - Relates to obtaining needed care while minimizing delays.

All the domains listed above influence the level of quality care that patients experience. Poor care coordination within and among facilities can lead to poor health outcomes and readmissions – nearly 20% of patients experience adverse events within three weeks of discharge, nearly three-quarters of which could have been prevented or ameliorated.ⁱⁱ Readmission rates declined from 21.5 percent in 2007 to 17.8 percent in 2015 for targeted conditions (i.e., a set of specific diagnoses measured by Medicare), and from 15.3 to 13.1 percent for non-targeted conditions.ⁱⁱⁱ The cost of unplanned readmissions is \$15 to \$20 billion annually.^{iv}

Hospital-acquired infections are also a sign of poor quality care. Health care-associated infections (HAIs) are among the most common complications of hospital care. Approximately 1 of every 25 hospitalized patients in the United States has an HAI, meaning that nearly 650,000 patients contract one of these infections annually.^v

Quality of care varies widely by state, race, ethnicity, and income. Women and minorities often get lower quality care than their counterparts even when insurance status, income, and condition are accounted for. In fact, the 2018 Pinellas County Community Health Assessment^{vi} survey indicated the percentage of individuals who answered that they had been treated worse, hassled, or made to feel inferior in medical care “sometimes”, “often”, or “all or most of the time” was consistently greater among Hispanics.

Pinellas County has approximately 961,253 people. Approximately 83% of Pinellas County residents are white, approximately 10.9%^{vii} are black or African American, and approximately 9.3%^{viii} are Hispanic or Latino. There are several racial and ethnic disparities or inequalities both in social determinants of health and health outcomes in Pinellas County.

For instance, there are disparities or inequality in poverty, unemployment, and chronic disease in Pinellas County. The 2012-2016 median household income in Pinellas County was \$47,090; while the median household income was \$31,796 for African Americans, \$39,232 for Hispanics, and \$49,007 for whites in the county.^{ix} Additionally, African Americans in Pinellas County experienced a higher level of unemployment (12.2%) as did Hispanics (8.3%) than did whites (6.7%), according to data (2012-2016) from Florida CHARTS.^{xi xii}

CLINICAL CARE

The Robert Wood Johnson Foundation County Health Rankings^{xiii} use three separate measures to report health care quality for each county:

- 1. PREVENTABLE HOSPITAL STAYS** - The hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees.
- 2. DIABETIC MONITORING** - The percentage of diabetic fee-for-service Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their glycated hemoglobin (HbA1c) levels.
- 3. MAMMOGRAPHY SCREENING** - The percentage of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period.

The statistics for these measures in Pinellas County are below:^{xiv}

- 55 preventable hospital stays
- 87% receive diabetes monitoring
- 66% receive mammography screening

While the measures above are for the entire county, regardless of race and ethnicity, the table below highlights disease disparities and differences in quality indicators, in Pinellas.^{xv xvi}

DISEASE DISPARITIES IN PINELLAS COUNTY					
INDICATOR	YEAR(S)	MEASURE	BLACK	HISPANIC	WHITE
Fetal deaths	2015-2017	Per 1,000 deliveries	12.3	5.3	5.5
Infant deaths (0-364 days)	2015-2017	Per 1,000 births	11.5	8.3	5.2
Emergency room visits due to asthma	2015-2017	Per 100,000 population	1505.1	506.5	241.1
Adults who have ever been told they had a stroke	2016	Percent	5.7%	3.6%	2.8%
Age adjusted hospitalization rate for congestive heart failure	2015-2017	Per 100,000 population	292.9	68.6	108.4
Cancer cases diagnosed at advanced stage	2013-2015	Percent	54.4%	52.3%	47.1%
Age-adjusted incidence rate of colorectal cancer	2013-2015	Per 100,000 population	42.5	24.5	34.9
Emergency room visits due to diabetes	2015-2017	Per 100,000 population	500.0	210.5	168.5

ABOUT THE FOUNDATION FOR A HEALTHY ST. PETERSBURG

The Foundation for a Healthy St. Petersburg (FHSP) is a private foundation formed in 2013 following the sale of the nonprofit Bayfront Health St. Petersburg. It is the steward of almost \$180 million in assets to support health equity in Pinellas County. Our mission is to end differences in health due to social or structural disadvantages to improve population health. We do this by inspiring and empowering people, ideas, information exchange, organizations and relationships.

Not everyone in Pinellas County is able to attain their highest level of health and well-being. Too often, the place where a person is born, grows, lives, works, learns, or ages contains impediments stemming from entrenched social or demographic factors such as race, gender, personal attribute, income, or geography. This is unacceptable and ultimately unsustainable. The Foundation for a Healthy St. Petersburg seeks to address health disparities, advance population health, and achieve health equity in Pinellas County.

The Foundation is focused on social factors, which directly impact health outcomes, such as housing, income, education, transit, and many others as listed in the Social Determinants of Health Framework below.



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PLEASE NOTE:

This series of Pinellas Highlights is intended to illustrate the Foundation's definitions of the Social Determinants of Health framework and to provide specific data related to the Foundation's geographic focus area. The data presented is not comprehensive.