



The pulse of Lincoln hospitals

By MARK ANDERSEN / Lincoln Journal Star | Posted: Saturday, November 14, 2009 11:45 pm

Not long ago, the best way to compare hospitals was to ask a neighbor.

My, how the world has changed.

Or has it?

The Internet opened the door to thousands of expert opinions -- and yet, like before, expert opinions are like ... (insert punch line here).

Hospital quality measures range from those that compile real data to those that repackage it for marketing.

Lincoln's hospital directors and quality control advocates tend to emphasize three federal rankings: mortality and readmission rates; processes of care measures; and patient satisfaction surveys.

On these three, at least, everyone follows the same standards, answers the same questions.

Mortality and readmission, because deaths and unplanned return trips to a hospital say something about the care provided.

Processes of care, because the consistency to which hospital staff adhere to scientifically proven methods speaks to outcomes.

And patient satisfaction, because patients can weigh in on hospital cleanliness, whether their pain was controlled, staff responsiveness, communication with doctors.

The three measures reside at www.hospitalcompare.hhs.gov.

That reduces the number of opinions to something almost useful, because there's still a lot of information on the site. Hospital experts further suggest ways to highlight the most telling statistics.

Using these, Lincoln's hospitals come away from the three measures with scores of excellent, very good, and a little better than average.

Some hospitals do better than others.

Hospital officials universally say they use these numbers to identify where they can improve. Some argue that while it's the best comparison tool available, it's not fair to consider the Lincoln scores without context.



Lincoln hospitals: Comparisons not always fair, but area hospitals score well

By MARK ANDERSEN / Lincoln Journal Star | Posted: Sunday, November 15, 2009 12:05 am

Lincoln Surgical Hospital can take pride in how it fared in its first head-to-head federal comparison of patient experiences.

In six of 10 categories, Lincoln Surgical Hospital was Nebraska's No. 1 facility. Three of those scores placed Lincoln Surgical in the top 1 percent of hospitals in the country, said CEO Robb Linafelter.

Patient satisfaction is reported [here](#) alongside ratings on mortality/ readmission and processes of care.

Hospital officials also will direct you to other quality measures. Some have received numerous accolades from the entities listed in the Web site box on this page.

But all concede that at least the federal data measures all on the standards, follow the same rules.

On the patient satisfaction portion, Lincoln Surgical also scored well on a measure important to its physician owners: "Would you recommend this hospital?"

Ninety-nine percent of patients surveyed for the Centers for Medicare and Medicaid Services said they'd definitely or probably recommend it, and 84 percent were definite.

The Nebraska Heart Institute Heart Hospital had 97 percent probable or definite, with 85 percent definite.

Saint Elizabeth Regional Medical Center had 97 percent probable or definite, with 80 percent definite.

BryanLGH Medical Center also had 97 percent probable or definite, with 75 percent definite.

The comparisons are for data collected in 2008.

Lincoln Surgical won the patient experience contest in categories of communicating with nurses and doctors, responsiveness of staff, pain management, cleanliness, quietness, providing discharge information and overall hospital rating.

Officials consider the "Would you recommend?" question on the survey the bottom line because it transcends descriptive categories: A hospital might be noisy, but would you recommend it?

A close reading of the scores gives second place to Nebraska Heart, with Saint Elizabeth and BryanLGH not far behind. Nationally, all four Lincoln hospitals fared excellently.

Linafelter credits competition for the local success.

"Because these four entities are pushing and measuring each other, people in Lincoln, Nebraska, are getting great health care," he said.

All Lincoln hospital officials took pride in the ratings, but those at Saint Elizabeth and BryanLGH said comparing them with a surgical hospital wasn't truly meaningful.

All patients are surveyed equally, but not all hospitals treat the same types of patients. Surgical hospital patients often go home the same day or the next, while those at general hospitals stay three or more days.

Patients arrive at a surgical hospital with a suitcase instead of by ambulance. They come with one problem, not multiple. They deal with one doctor instead of many.

The patient mix at Nebraska Heart, said Pat Hoidal, Saint Elizabeth director of performance improvement, places it between Lincoln Surgical and general hospitals.

"I totally believe in the scores," Hoidal said. "Our ability to reach those scores is different," she said of the general hospitals.

Doctors direct patients to general hospitals, said Kathy Campbell, BryanLGH chief nursing officer, when they may need the extra services there.

Added Dr. Carolyn Cody, BryanLGH chief medical officer, "We will get (patients with) complications from both Lincoln Surgical and Nebraska Heart delivered by ambulance to our hospital."

Hoidal said patient surveys for Saint Elizabeth's outpatient services look as good as those for Lincoln Surgical. Campbell said the same for BryanLGH.

Processes of care

Cookbook medicine shouldn't govern the delivery of care, but science has proven that some processes result in better outcomes.

Quality initiatives have been evolving for a decade, trying to better tease apart the science from the art.

The current standards look at proven procedures for four common hospital cases -- heart attacks, heart failure, pneumonia and surgical infection prevention. Consistency here reflects fairly on the overall ability of the hospital, most officials agree.

These standards include such things as how often patients are given antibiotics for surgery or aspirin for a heart attack, and they exclude cases with complicating circumstances.

On the bulk of 24 measures for these conditions, Lincoln's hospitals outperform the national average.

Lincoln Surgical is measured only on surgical infection prevention. It did well on all of those measures.

The results for the other three are good, but difficult to rank.

BryanLGH scored above average on 23 of 24 process measures.

Saint Elizabeth and Nebraska Heart fell below average on three measures, but both also scored higher than BryanLGH on many of the others.

BryanLGH scored equal to or better than the others on six measures.

Nebraska Heart scored equal to or better than the other hospitals on 15 measures.

Saint Elizabeth scored equal to or better than the others on eight measures.

At Nebraska Heart, said Becca Eckert of quality improvement, initiatives have been under way to improve its lower scores. In some cases, she said, there are medical reasons to not follow the prescribed process, but then those reasons must be documented, she said.

Hospital software also has been updated to prompt staff at certain points of patient care, she said, adding the data for 2009 show improvement.

Similar initiatives are ongoing at BryanLGH and Saint Elizabeth.

Death-readmission

If there were one measure that patients would likely want to see their hospital excel at, it would be death/hospital readmission rates.

The measure is published only for larger hospitals. The Centers for Medicare and Medicaid Services rates hospitals as above average, average or below average for pneumonia, heart failure and heart attack (acute myocardial infarction).

Two Lincoln hospitals -- Nebraska Heart and BryanLGH - performed better than average on rates of readmission for heart failure patients. No Lincoln hospitals rated anything other than average on death rates.

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Web sites to compare hospitals

Posted: Friday, November 13, 2009 4:55 pm

To see the full list, click on the blue link above.

www.hospitalcompare.hhs.gov -- Includes mortality and readmission rates, patient surveys, processes of care. Data from the Centers for Medicare and Medicaid Services and the Joint Commission.

Praise: Standardized and uniform comparisons of things that reflect overall quality.

Complaint: Hospitals of different types held to same standard, and an overabundance of information.

www.healthgrades.com -- This is a commercial ratings program that bases its annual analysis on roughly 40 million Medicare hospital records.

Praise: Five-star ratings system easily understood.

Complaint: Hospitals must pay for the right to market their ratings. This year, according to HealthGrades, patients at its highly rated hospitals have a 52 percent lower chance of dying compared with the U.S. hospital average.

www.100tophospitals.com -- The 16-year-old ratings system of Thomson Reuters uses a proprietary recipe and federal data to evaluate the quality and efficiency of mostly larger hospitals.

Praise: Combines many measures over a longer term.

Complaint: Older data and black-box methodology.

Other useful tools:

Advice on [choosing a hospital](#) from AARP

American Heart Association, [Get With The Guidelines awards](#)

USA Today [maps](#) using Hospital Compare data

American Nursing Association Nurse Magnet [program](#)

Association for [Healthcare](#) Research and Quality

Mortality and readmission — Nebraska's best and worst

What percentage of patients die or are readmitted within 30 days of being hospitalized for heart attacks, heart failure or pneumonia? The answer hints at the quality of care they first received. In five cases, Nebraska hospitals did better than the national average (two from Lincoln), six did worse (none from Lincoln). There were 293 scores (not shown) that equaled the national average and in 193 there were too few patients to calculate a rate. The graph includes only those 11 scores that were better or worse.

Hospital Name	Condition	Measure	Lower estimate	Upper estimate	No. patients	Better or worse than U.S.
The Nebraska Methodist Hospital, Omaha	Heart attack	30 day death rates for heart attack	10.3	16.3	243	Better
Regional West Medical Center, Scottsbluff	Pneumonia	30 day readmission rates for pneumonia	11.9	17.7	338	Better
Alegent Health Bergan Mercy Med. Cent., Omaha	Pneumonia	30 day readmission rates for pneumonia	13.2	18.1	509	Better
Nebraska Heart Hospital, Lincoln	Heart failure	30 day readmission rates for heart failure	16.7	22.1	698	Better
BryanLGH Medical Center, Lincoln	Heart failure	30 day readmission rates for heart failure	19.5	24.4	889	Better
Chadron Comm. Hospital and Health Services	Pneumonia	30 day death rates for pneumonia	11.8	21.8	79	Worse
Memorial Community Hospital, Blair	Pneumonia	30 day death rates for pneumonia	13	21	127	Worse
Faith Regional Health Services, Norfolk	Heart failure	30 day death rates for heart failure	13.5	20.5	233	Worse
Alegent Health Immanuel Medical Center, Omaha	Pneumonia	30 day death rates for pneumonia	12.2	17.9	311	Worse
Good Samaritan Hospital, Kearney	Heart failure	30 day death rates for heart failure	11.5	17.8	327	Worse
Regional West Medical Center, Scottsbluff	Pneumonia	30 day death rates for pneumonia	14.9	22.5	339	Worse

Source: Medicare data collected between July 1, 2005, and June 30, 2008.

Would you recommend this hospital?

Most Nebraska patients would recommend the hospital where they were treated during 2008. Most would recommend them highly. Hospitals are sorted by the combined percentage they earned from patients who said yes and those who also said they would probably recommend them.

City	Hospital name	No	Yes	Prob.
Omaha	Nebraska Orthopaedic Hospital	0	89	1.1
Auburn	Nemaha County Hospital	0	80	2.0
Superior	Brodstone Memorial Hospital	1	88	1.1
Wahoo	Saunders Medical Center	1	86	1.3
Lincoln	Lincoln Surgical Hospital	1	84	1.5
West Point	St. Francis Memorial Hospital	1	74	2.5
O'Neill	Avera St. Anthony's Hospital	1	74	2.5
Creighton	Creighton Area Health Services	2	78	2.0
Kearney	Good Samaritan Hospital	2	77	2.1
Cambridge	Tri Valley Health System	2	77	2.1
Holdrege	Phelps Memorial Health Center	2	74	2.4
Lincoln	Nebraska Heart Hospital	3	85	1.2
Omaha	Alegent Health Lakeside Hospital	3	83	1.4
Pender	Pender Community Hospital	3	82	1.5
Lincoln	St. Elizabeth Regional Med. Center	3	80	1.7
Lincoln	BryanLGH Medical Center	3	75	2.2
Grand Island	St. Francis Medical Center	3	71	2.6
Ogallala	Ogallala Community Hospital	3	71	2.6
Columbus	Columbus Community Hospital	3	69	2.8
McCook	Community Hospital	3	69	2.8
Fremont	Fremont Area Medical Center	3	68	2.9
Hastings	Mary Lanning Memorial Hospital	3	65	3.2
Norfolk	Faith Regional Health Services	3	65	3.2
Alliance	Box Butte General Hospital	3	65	3.2
Omaha	The Nebraska Medical Center	4	74	2.2
Omaha	Alegent Health Immanuel Med. Center	4	71	2.5
Papillion	Alegent Health Midlands Hospital	4	70	2.6
Crete	Crete Area Medical Center	4	68	2.8
Scottsbluff	Regional West Medical Center	4	65	3.1
Omaha	The Nebraska Methodist Hospital	5	73	2.2
Omaha	Creighton Univ. Med. Center	5	69	2.6
Omaha	Alegent Health Bergan Mercy Med. Center	6	71	2.3
Lexington	Tri County Area Hospital District	6	62	3.2
North Platte	Great Plains Regional Medical Center	7	61	3.2
Beatrice	Beatrice Comm. Hospital & Health Center	8	52	4.0

Source: Hospital Consumer Assessment of Healthcare Providers and Systems survey

Processes of care

Processes of care are a measure of how consistently hospitals do the right things for patients. The measures in this chart are for surgical care only so they can include four Lincoln hospitals. Higher scores are better. On most scores, Lincoln hospitals outperformed the national average. Percentage includes only patients whose history and condition indicate the treatment is appropriate. Lincoln hospitals indicated the data is based on a sample.

Hospital process of care measure	U.S. average	Nebraska Average	BryanLGH Medical Center	Lincoln Surgical Hospital	St. Elizabeth Regional Medical Center	Nebraska Heart Hospital
Percent of surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	89%	91%	96% of 841 patients	97% of 317 patients	93% of 364 patients	98% of 210 patients
Percent of surgery patients who were given the right kind of antibiotic to help prevent infection	94%	95%	98% of 857 patients	100% of 317 patients	97% of 369 patients	99% of 215 patients
Percent of surgery patients whose preventive antibiotics were stopped at the right time (with in 24 hours after surgery)	87%	93%	90% of 744 patients	97% of 317 patients	91% of 339 patients	94% of 207 patients
Percent of all heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	85%	96%	98% of 272 patients	0 patients*	96% of 52 patients	93% of 193 patients
Percent of surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clip pers or hair removal cream – not a razor)	96%	94%	100% of 1,262 patients	100% of 370 patients	100% of 584 patients	100% of 318 patients
Percent of surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	87%	88%	93% of 577 patients	98% of 251 patients	84% of 331 patients	78% of 18 patients**
Percent of patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	84%	87%	92% of 576 patients	98% of 251 patients	82% of 331 patients	72% of 18 patients**

Footnotes: * 0 patients – This hospital treated patients in this condition, but no patients met the criteria for inclusion in the measure calculation.
** The number of cases is less than 25, too small to tell how a hospital is doing.

Source: Centers for Medicare and Medicaid Services during 2008.



Shopping for a place to have a heart attack?

By MARK ANDERSEN / Lincoln Journal Star | Posted: Friday, November 13, 2009 5:10 pm

The states with the greatest percentage of patients treated in hospitals with favorable death rates were Connecticut, Minnesota, Massachusetts, Montana and South Dakota. A whopping two-thirds of South Dakota heart attack patients were seen in hospitals with superior readmission rates.

In terms of death rates for heart attacks, consider avoiding most hospitals in Guam, Arkansas, Puerto Rico and Washington state.

Nebraska ranks near the middle.

Bear in mind that the Centers for Medicare and Medicaid Services rates only larger hospitals for mortality and readmission.

Shopping for a hospital to visit for heart failure?

Consider trips to the District of Columbia, plus the states of Delaware, Illinois, Massachusetts and New York.

Avoid Vermont, Oregon, Arkansas, Washington and New Mexico.

Nebraska ranks around the bottom third of states for heart failure mortality.

Thinking about being hospitalized for pneumonia?

Survival odds are best if you get sick in Delaware, Massachusetts, Connecticut, Kentucky and New Jersey.

Steer clear of most hospitals in Guam, the Virgin Islands, Puerto Rico, Vermont and New Hampshire.

Nebraska ranks around the middle.

Nebraskans love their hospitals

Nebraska ranks among the top five in average state scores for the patient survey question of Would You Recommend This Hospital?

Nevadans, Floridians and Hawaiians complain about their hospitals at three times the rate of Huskers.

That's partly because of the care provided here and partly the culture.

In the Midwest, said Saint Elizabeth's Pat Hoidal, director of performance improvement, hospitals are seen as part of the community. In metropolitan areas, hospitals are not seen as part of the larger community by patients or staff.

"That's important to patient satisfaction," Hoidal said.

Welcome, I'll be treating your ...

It's hard for general hospitals to compete with surgical hospitals in areas of communication. Patients tend to stay at general hospitals longer, have complicating medical issues, take numerous medications.

They're likely to see multiple doctors, each focusing on different parts of the problem. They're likely to see far more nurses on different shift rotations.

To counter that, Bryan-LGH has taken a page from restaurants, emphasizing introductions: Hi, I'm so and so, I'll be taking care of this problem for you today.

Kick the tires

Patients know within 30 seconds of walking into a hospital whether they'll be comfortable there, said Nebraska Heart's Becca Eckert, quality and safety team leader.

Visit a hospital, sit in the cafeteria, she suggested. Talk to the people. Do they seem to care about you as a person?

More measures

The coming generations are savvy in seeking information from the Internet. They're careful health care consumers, said Nebraska Heart's Becca Eckert, quality and safety team leader. She predicts individuals will increasingly play larger roles in decisions of where they receive care.

A silent struggle

Improving patient care sometimes conflicts with improving patient experiences.

At Nebraska Heart, patients are clustered around nursing stations for quick response. Doctors and nurses want patient alarms set on hair triggers.

That makes it difficult to address patient perceptions of noise.

To address that, the hospital has begun speaking with patients about their expectations upon admission. It's a hospital, not a motel.



Hospitals benefit from comparison

Posted: Sunday, November 22, 2009 11:55 pm

There was a time not long ago when little information was available on the quality of care at hospitals. Thankfully those days are behind us.

Now there is so much information available that sometimes it's possible to miss the obvious because of the wealth of detail.

So let us emphasize a takeaway message from last week's Sunday Special, "The pulse of Lincoln hospitals."

That message is that the overall quality of care here is remarkable. Lincoln hospitals rank highly when compared with national averages and other hospitals across the state.

Take, for example, the extraordinary percentage of patients who said they probably would recommend a local hospital after a stay there. The percentages were: Lincoln Surgical, 99 percent; Nebraska Heart Institute, 97 percent; Saint Elizabeth Regional Medical Center, 97 percent; and BryanLGH, 97 percent.

Or take the percentage of patients who die or are readmitted after hospitalization for a heart attack, heart failure to pneumonia. No Lincoln hospitals fell below the national average. The Nebraska Heart Hospital and BryanLGH Medical Center ranked above average.

As the Sunday special pointed out, consumers now can find an amazing amount of information about the quality of care at hospitals. Some organizations that attempt to measure hospital quality collect their own data. Others repackage data from other sources.

Local medical experts told Journal Star reporter Mark Andersen they emphasize three federal rankings for which the standards and questions are the same for all hospitals.

Background information is helpful in interpreting the data. For example, speciality hospitals are more likely to score a few points better on some measurements than general hospitals. Speciality hospitals usually handle cases that are more straightforward.

Patients with multiple medical problems or complications usually are treated more at general hospitals, rather than at speciality or surgical hospitals. That's because they need the extra services that are provided at the general hospital.

That difference should be taken into account when a consumer is comparing hospitals.

As local medical authorities said, there's little doubt that the current system allowing consumers to compare hospitals provides strong, continued motivation to improve.

And the system continues to evolve and improve, providing measurement and feedback that is more valuable to both medical authorities and consumers.

Local consumers can be appreciative that the system is doing what it is supposed to, and that so far Lincoln hospitals are comparing well with their peers.