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How to cover your local hospital

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If hospitals had their way, reporters and the public would have very little data to make comparisons among facilities and to help guide their health-care decisions. Hospitals are all different, they contend, and don't lend themselves to head-to-head ratings. Many hospitals maintain that their patients are sicker, so naturally they require more services and their costs are higher. Hospitals argue that they shouldn't be forced to disclose their mistakes publicly because that would discourage employees from reporting problems internally and increase malpractice lawsuits against them.

So, we have to dig around a bit to examine the quality of local hospitals. Here are some suggestions on how to use publicly available resources, as well as the drawbacks to each of them:

SOURCE: Your state health department

WHAT IT DOES: Licenses and inspects public and private hospitals and nursing homes; investigates complaints involving deficiencies of safety and health standards.

WHAT IT DOES NOT DO: Examine the care provided by doctors.

RECORDS: State inspectors do both full institutional reviews (in some cases) and narrow investigations based on complaints. Once an inspection is complete, the hospital or nursing home is given a report detailing the problems found. The institution then files a "plan of correction," which often is as interesting as the inspection findings. Make sure the copy you get includes the hospital's response. The report, called a 2567 form, encompasses everything from nursing shortages and broken chairs to negligent death. A review of several years can show patterns of medication errors or nursing lapses etc. or highlight one horrific case.

HOW THEY'RE KEPT: The inspection reports are generally kept in regional offices by the name of the institution. You can look through them there (and make copies with your personal copier) or request a specific copy via public records request. Also, if you find a report that interests you, file a request for the back-up investigative notes, an often blunt and detailed account of what went wrong. For a list of state or regional contacts, go to [http://www.cms.hhs.gov/SurveyCertificationGenInfo/03>Contact Information.asp](http://www.cms.hhs.gov/SurveyCertificationGenInfo/03>Contact%20Information.asp).

DRAWBACKS: At least in California, state inspectors don't distinguish between citations that involve patient deaths and those in which no one was injured. In fact, if a patient dies, these reports sometimes irritatingly leave it out. Because fines are not levied, it can be hard to determine if a particular citation is worth reporting.

SUGGESTION: Try to make an arrangement with your local health department to receive copies of all inspection reports quarterly. This way you can look for trends and spot problems quickly.

SOURCE: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (www.cms.hhs.gov)

WHAT YOU CAN FIND: CMS certifies that hospitals and nursing homes meet standards to receive Medicare and Medicaid funding; uses state health inspectors to investigate more substantive complaints; also investigates whether hospitals illegally dump (uninsured) emergency room patients on other hospitals before they're stabilized (these are EMTALA violations). If CMS finds a hospital out of compliance, it can threaten to withhold funding—but that almost never happens.

RECORDS: Inspection reports similar to state reports. Reports of EMTALA violations. Threats to cut off Medicare funding.

HOW THEY'RE KEPT: You'll typically need to file a Freedom of Information request to the regional office that encompasses your facility. The state regional offices also often have copies. If a hospital has been fined for patient dumping, that information can be found on the website of the HHS Office of Inspector General (<http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmp.html>), then click on patient dumping).

SUGGESTION: Once a year, put in a request for all EMTALA violations and look for patterns. Does one particular hospital stand out? Is patient dumping on the rise?

SOURCE: Hospital Compare (www.hospitalcompare.hhs.gov/)

WHAT YOU CAN FIND: Hospitals voluntarily provide data on the care they provide patients in four areas: heart attacks, heart failure, pneumonia and preventing surgical infections. The site displays the rates achieved by the top 10% and top 50% of hospitals that submitted data. Hospital data are updated quarterly.

WHY THIS IS HELPFUL: You can download data for all hospitals in your region and find the best and worst. Be aware, though, that these are process measures and not outcome measures. They do not tell you whether a hospital had more deaths than expected in these four areas. Rather the data will tell you whether hospitals administered appropriate medications to patients and whether they provided proper discharge instructions, among other things.

IN THE FUTURE?: CMS offers a website that lists deficiencies at nursing homes, but the same cannot be found for hospitals. This could be in the works one day soon. CMS also plans to add other measures to the hospital website, including patient satisfaction information.

SOURCE: Accreditation Council for Graduate Medical Education (www.acgme.org/adspublic)

WHAT YOU CAN FIND: This organization accredits doctor-training programs run by hospitals. The ACGME monitors a hospital for compliance with resident work rules, examines residents' scores on board certification exams and looks at the academic credentials of faculty. The ACGME determines the status of individual programs, as well as the institution as a whole.

RECORDS: You can find limited information from the ACGME. Its website tells you the status of each program at the hospital, but sanctions are only listed after an organization's appeals are exhausted (which can take time.) In addition, the group won't tell you why a program has been placed on probation or had its accreditation revoked. The website has a link for withdrawn programs, which should be checked regularly.

WHY THIS MAY BE HELPFUL: If your hospital has several programs with sanctions, it could point to a lack of oversight and deeper problems. You may also ask the hospital for the ACGME report or seek a copy from one of your sources. Finally, ACGME keeps aggregate figures for programs on probation and programs that lose accreditation. If your hospital argues that these actions are common, the data can refute that.

FOR MORE INFORMATION: ACGME spokeswoman Julie Jacob at (312) 755-7133 or just troll through their website, which explains everything about the organization.

DATA ON RESIDENCY PROGRAMS: Some specialty groups release data on how many residents pass their certification exams, broken down by individual residency programs. This can be another measure of the

quality of a training program. These groups include the American Board of Internal Medicine (www.abim.org) and the American Board of Pediatrics (www.abp.org).

SOURCE: Joint Commission on Accreditation of Healthcare Organizations (www.jcaho.org and www.qualitycheck.org)

WHAT YOU CAN FIND: Every three years, JCAHO does a routine inspection of participating hospitals to ensure they meet the standards required for accreditation. Until 2004, the group gave hospitals a score and also released statistics on how all hospitals in the nation performed. Such scores are no longer available, but you can get a sense of how well a hospital performed based on the number of standards it did not meet during the inspection. This information is still public. JCAHO also places hospitals in different accreditation tiers—and if a hospital has an overwhelming number of problems, it can lose its seal of approval altogether. If your hospital fared poorly on, say, medication management, you might want to inquire with hospital officials about what happened and how the hospital corrected the problem.

WHY THIS MAY BE HELPFUL: JCAHO compiles public reports on each hospital, which are available on the qualitycheck website. These reports include the hospital's accreditation status, as well as some data on hospital outcomes and practices. (Some of this data is similar to what you can find on the government's Hospital Compare website.)

LIMITATIONS: JCAHO does not release its detailed inspection reports to the public, and many states' open records laws specifically exempt the reports from public disclosure. Often, their inspections are not surprises, as they contend, and they are not likely to take any harsh action against hospitals (extensively covered by the Chicago Tribune and Washington Post.) Also, JCAHO rarely takes punitive steps against hospitals, preferring to work with them to improve.

FOR MORE INFORMATION: JCAHO spokespeople Charlene Hill at (630) 792-5175 or Mark Forstneger at (630) 792-5914.

SOURCE: California HealthCare Foundation (www.chcf.org)

WHAT YOU CAN FIND: In 2004, the foundation published an updated guide for the public called "What Patients Think of California Hospitals," which includes patient satisfaction measures for 200 California hospitals that voluntarily participated—about half of all eligible hospitals in the state. The guide can be found online at www.calhospitals.org.

LIMITATIONS: Hospitals are not required to participate, so the one you're looking for may not be there. In addition, each hospital is graded on a star system (one to three stars). Raw scores for each hospital are not provided. Because the data isn't updated annually, it can get old.

HOW IT HELPS: If a hospital has low patient satisfaction scores, it is worth asking officials what they are doing to improve the care they provide. You may also want to look at whether low patient satisfaction scores are causing hospitals to lose business.

FOR MORE INFORMATION: CHCF spokesman Steven Birenbaum at 510.238.1040 or sbirenbaum@chcf.org.

SOURCE: California Office of Statewide Health Planning and Development (www.oshpd.cahwnet.gov)

WHAT YOU CAN FIND: OSHPD is a data repository and an important resource for reporters. On the quality side, the agency has analyzed data on mortality rates from heart attacks, coronary artery bypass surgery and community-acquired pneumonia. Hospitals also must report data on their finances and utilization to OSHPD. That information is also available to the public.

Heart attack data can be found at:

<http://www.oshpd.cahwnet.gov/HQAD/Outcomes/Studies/HeartAttacks/index.htm>

Bypass surgery data can be found at:

<http://www.oshpd.cahwnet.gov/HQAD/Outcomes/Studies/cabg/CCMRP99.htm>

Pneumonia data can be found at:

<http://www.oshpd.cahwnet.gov/HQAD/Outcomes/Studies/CAP/index.htm>

Financial and utilization data can be found at:

<http://www.oshpd.cahwnet.gov/oshpdKEY/FindData.htm>

Additional financial and utilization data can be found at:

<http://www.alirts.oshpd.ca.gov/advsearch.aspx>

LIMITATIONS: Some of the quality data is out of date, so their usefulness is in question. For instance, I'm sure that any hospital that had a high mortality rate in the past is going to tell you that it has improved. As it stands, though, you have no way of knowing if they're telling the truth or not.

As for financial data, you have to spend time learning how to use it. If you are doing a story on a hospital, you should check here. But make sure you run any data by the hospital. They may say something is incorrect, even though they submitted the data. Ask about any inconsistencies.

The following sources may be useful to add texture to stories on a local hospital but they may not help you generate ideas.

SOURCE: HealthGrades Inc. (www.healthgrades.com)

WHAT YOU CAN FIND: Using proprietary formulas, this website ranks hospitals in various categories, from women's health services to coronary bypass surgery. The site uses a five-star system (with five being the best) to rank hospitals, but hospitals can only earn one, three or five stars.

LIMITATIONS: Some of the data the company use to arrive at its rankings are up to four years old (and they are from the Medicare data set—which does not provide a full view of the patients treated at any hospital). Finally, a review by a Yale University professor found that while hospitals rated highly by HealthGrades performed better, on the whole, than lower-rated hospitals, ratings on individual hospitals were often misleading. Several reporters have looked into HealthGrades and written insightful pieces about how hospitals pay HealthGrades to use their information as promotion and what the weaknesses of the data are.

WHY IT MAY BE HELPFUL: Another indicator of hospital quality, particularly if your local hospital treats a lot of Medicare patients.

FOR MORE INFORMATION: HealthGrades vice president Scott Shapiro at (720) 963-6584 or media@healthgrades.com.

SOURCE: HealthScope (www.healthscope.org), a service of the Pacific Business Group on Health.

WHAT YOU CAN FIND: Allows you to look up information on health plans, hospitals and medical groups in California. Some of it is repetitive of other sources mentioned above. One of the more helpful hospital categories (Get Good Results) allows you to look at how many specialized procedures your hospital performs.

DRAWBACKS: Data is not available on every hospital, and the site only lists information about five specialty procedures.

FOR MORE INFORMATION: Pacific Business Group on Health spokesman Scott Patton at (415) 615-6321 or spatton@pbgh.org.

SOURCE: Leapfrog Group (www.leapfroggroup.org)

WHAT YOU CAN FIND: This group was formed by large employers seeking to improve hospital safety following the 1999 Institute of Medicine Report ("To Err is Human"). For now, the group asks all hospitals to meet three standards: use of computer physician-order entry systems for prescription drugs; use physicians specially trained to care for critically ill patients in ICUs; and report how many high-risk procedures they perform. Leapfrog's website lets you know which hospitals are participating in its patient-safety program and how far along they are in complying. Again, perhaps not a story in itself, but could help fill out your portrait of a facility. For specific results, go to <http://leapfroggroupdata.org/>.

SOURCE: Dartmouth Atlas of Health Care (www.dartmouthatlas.org/)

WHAT YOU CAN FIND: This report looks at health care nationwide and shows that the kind of care doctors give can vary dramatically across regions. Doctors in your area, for example, may favor full breast removal for breast cancer even though studies show a partial removal is equally effective. You can use this site to see if your area has any unusual medical practices. This site is especially useful if you cover one hospital in a large area.

At the end of last year, the Atlas team released data on individual California hospitals and how they treat patients with chronic illnesses and at the end of life. It found that hospitals in Los Angeles spent far more than hospitals in other parts of the state and provided more treatments for patients during their dying days.

FOR MORE INFORMATION OR FOR CUSTOM REPORTS: Contact Megan McAndrew Cooper, Center for the Evaluative Clinical Sciences at (603) 650-1971 or megan.cooper@dartmouth.edu.

Finally, here are some other potential sources of information, but they may not be available in your state:

PacifiCare Health Systems Inc. compiles a large hospital report card based on cost and consumer satisfaction information. So does the Buyers Health Care Action Group in Minneapolis. You will see more of these from health insurers as time goes on. Words of caution: Consider the source. Also, because health insurers are rating hospitals on their data alone, the sample size may be somewhat small.

List of hospital report cards, by state:

http://www.delmarvafoundation.org/html/public_reporting_summit_052604/WebSummariesFinal9.2.04.pdf and at <http://www.hospitalcompare.hhs.gov> under the resources section (state specific resources).

For VA hospitals: Check out audits done by the U.S. Department of Veterans Affairs Office of Inspector General. They can be found at: <http://www.va.gov/oig/53/reports/monthly.htm>

Information on hospital transplants: If your hospital performs transplants, find out characteristics of patients at <http://www.optn.org/organDatasource/>. This site allows you to look at regional survival rates, but not at hospital-specific numbers. Hospital specific numbers can be found at <http://www.ustransplant.org/>.

Radioactive materials: Most hospitals use radioactive materials (radiation for cancer patients, for example). If so, they are subject to oversight of the Nuclear Regulatory Commission. Penalties can be found at: <http://www.nrc.gov/reading-rm/doc-collections/enforcement/actions/>.

Defaulted doctors: Did your doctor fail to pay back his/her student loans? Find out at: <http://defaulteddocs.dhhs.gov/>.

For research violations: If your hospital has violated the rights of research subjects, you can find out what they did at the Office of Human Research Protections: <http://www.hhs.gov/ohrp/compliance/letters/index.html>.