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### How does your hospital stack up? Ratings can be used to check infection rates and more

By Elizabeth Simpson  
The Virginian-Pilot  
Jan 7, 2017



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When was the last time you Googled hospital ratings before deciding where to get your surgery, MRI or medical procedure?

It's probably not the first thing on your list. Usually you go where your doctor has privileges, or wherever the ambulance takes you.

There's a lot to be gleaned from the rating systems, and in this world of big data instantly available on the internet, health care statistics are hard to ignore. A [study](#) released last month by the Boston Consulting Group, for instance, found people in low-performing hospitals across the country were three times more likely to die and 13 times more likely to experience complications than those in high-performing hospitals.

Ratings can shed light on differences in hospitals' practices that could have an effect on hospital-acquired infections and surgical complications. The data can also spur hospitals to address and improve what's being rated.

Hospital administrators say they track the data to gauge what they need to work on, but by the time consumers see the numbers released in rating systems by organizations, the numbers often have changed direction.

At Sentara, for instance, the hospital system zeroed in recently on blood clots. Officials developed workflow charts for all their hospitals that incorporated getting people out of bed sooner after surgeries, making sure particular clot-preventing medications were used, along with devices that automatically compress legs. Those work processes not only reduced clots by 31 percent, which likely saved lives, but they also saved dollars.

At Chesapeake Regional Healthcare, spokeswoman Pamela Cox said that system has recently made a change in how officials collect patient satisfaction surveys, along with creating a "patient experience team" that addresses patient feedback.

But hospital officials also say the rating systems can be misleading, and difficult for

consumers to interpret. And there's not much evidence out there to suggest consumers are using it to make health care decisions.

"Trying to fit a simple rating system to a vast array of specialties and complex patient populations is difficult," Cox said in an email. "While ratings are useful starting points for reviewing hospital performance, an overall score won't tell patients what they really want to know – how well a hospital performs on a specific service or procedure. To get the best picture of a hospital's quality and safety performance, consumers should speak to their physician and learn more about the particular clinical service of interest."

Dr. Gene Burke, vice president and executive medical director for clinical effectiveness at Sentara Healthcare, echoed that concern, saying that hospital systems use data in real time to make changes long before they show up in a rating system. The numbers also can vary just in terms of how thorough a doctor is in documenting a case, and also how a data person analyzes the statistics.

At Bon Secours Hampton Roads, Dr. Raymond McCue, regional vice president, said the information is valuable to hospital officials and consumers, and transparency is increasingly important in the health care world. However, he recommends also pulling your doctor into the conversation to help guide you through the morass of numbers.

Survey officials say the ratings help increase transparency, and give patients more information on making health care decisions in a world where they are paying higher deductibles and acting more like consumers.

That's something Burke agrees with: "Transparency drives improvement. When you look at data you will discover opportunities to improve, you'll see places where you are not as good as you thought you were."

He believes that is also a driver in hospital consolidation: "Hospitals are consolidating not because they want to save money on toilet paper, but because they want access to quality and safety experts."

Shanikka Richardson, a communications and social media assistant at Virginia Health Information, said people who are having elective treatments also can use the data to see which hospitals do the most of a particular procedure, because quantity often is a measure o

quality.

We looked at two hospital ranking systems, one federal and one state, to see how people can eyeball their hospitals.

First some of the “buyer beware” caveats. The data is dated, a snapshot in time. A hospital in low socioeconomic area or a teaching hospital that accepts more low-income patients may get lower scores because they treat sicker patients with more complex problems. Also, independent hospitals may suffer lower scores because they don’t have the economies of scale that hospitals in a large system enjoy.

At the same time, financial stability can have an impact on quality, so you wouldn’t want to ignore that. Plus, if you have the patience to check ratings over time, you will note patterns of success or of falling short.

The image shows a search interface for homes for sale in Hampton Roads. At the top, it says "Search here for all homes for sale in Hampton Roads" and features the Berkshire Hathaway HomeServices logo. Below the logo, there are several filter options: "CITY:" with a dropdown menu showing "---- Select ----", "BED:" with a dropdown menu showing "0", "BATH:" with a dropdown menu showing "0", "PRICE MIN:" with a dropdown menu showing "---- Select ----", "MAX:" with a dropdown menu showing "---- Select ----", and "TYPE:" with a dropdown menu showing "---- Select Type----". A green "FIND HOMES" button is located at the bottom right of the filter section.

## Medicare.gov Hospital Compare

**Website:** [www.medicare.gov/hospitalcompare/](http://www.medicare.gov/hospitalcompare/)

**Who gathers this data:** Centers for Medicare and Medicaid Services, a federal agency that administers Medicare, Medicaid, the Children’s Health Insurance Program and the Affordable Care Act’s federal health insurance exchange. The hospital comparison tool includes data on 4,000 Medicare-certified hospitals.

**What they look at:** Thirty-day readmission rates, deaths, surgical complications, hospital-acquired infections, patient satisfaction scores, timely and effective care. Some critics of this

rating system say that it penalizes hospitals that take sicker patients in lower socioeconomic areas.

**What stands out:** The hospital with the lowest number of stars in the region is Chesapeake Regional Medical Center, which earned two out of five stars. Highest in the area is four out of five stars, rankings earned by Sentara Princess Anne in Virginia Beach, Sentara Leigh Hospital in Norfolk, Sentara Obici in Suffolk.

Patient satisfaction ranged from two stars at Chesapeake Regional and at Bon Secours Maryview Medical Center in Portsmouth to four stars: Sentara Norfolk General and Leigh in Norfolk; Princess Anne and Virginia Beach General in the Beach; and Sentara Careplex Hospital in Hampton, and Obici in Suffolk got four stars.

**Response:** Darlene Stephenson, CEO for Bon Secours Mary Immaculate Hospital in Newport News, said the star system has been criticized as unfairly penalizing hospitals in low socioeconomic areas that have patients with complex illnesses: “We have very sick patients due to the service area we’re located in.”

Burke said the measures are tracked carefully by hospital officials, especially the CMS data, but the system has a wide diversity of hospitals. Norfolk General, which has the region’s only Level 1 trauma center, is going to have a different population base than a hospital in a more rural area, such as Suffolk.

## Virginia Health Information

**Website:** [www.vhi.org](http://www.vhi.org)

**Who gathers this data:** A nonprofit health data organization created by the state legislature to collect and make available a wide variety of health information to help businesses, consumers and health care providers.

**What they look at:** Hospitals report data to VHI, which is verified by a certified public accountant using financial statements. The information was originally aimed at large companies so they could negotiate employee health care coverage.

**What stands out:** Patient satisfaction rankings (patients who gave their hospital a 9 or 10 on

0-to-10 scale, according to 2015 survey results) range from 82 at Princess Anne Hospital to 60 percent at Maryview.

The agency also tracks financial stability of hospitals, using a variety of indicators, including staffed bed occupancy rates. These figures are for the fiscal year ending in 2015: Riverside Regional Medical Center in Newport News topped the regional chart at 99 percent, and Southampton Memorial Hospital in Franklin had a 19 percent rate. Chesapeake Regional came in at 61 percent and DePaul at 40 percent.

Robust rates of over 80 percent included Norfolk General at 85 percent and Princess Anne at 81 percent.

Financial viability also includes a total margin percentage indicator that ranged from a high of 12 percent at Sentara Leigh and Virginia Beach General, and a low of negative 14 percent at Southampton Memorial, when looking at the 2015 financial year. DePaul had a negative 5 percent total margin, and Chesapeake Regional a 2.2 percent total margin.

**Response:** Bon Secours DePaul Medical Center representatives say that the reduction of federal “disproportionate share hospital” payments, which used to be given to hospitals with higher proportions of charity care, has hurt the hospital’s bottom line, along with the lack of Medicaid expansion to offset those reductions. Also, federal penalties for readmissions. Additionally, DePaul has been investing in expanding access to primary care and cancer care

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