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Lakewood Ranch top area hospital in patient survey



Debra Stillwagner holds 7-pound, 15-ounce Micah Woodrow Hayes Stillwagner on Monday at the Women's Center at Lakewood Ranch Medical Center. STAFF PHOTO / CHIP LITHELAND /

Someday, Micah Woodrow Hayes Stillwagner might say something nice about Lakewood Ranch Medical Center.

For now, his mother is doing the talking.

Micah was born April 2 to Debra Stillwagner, who was thrilled with her care during her fourth son's birth -- all the more important with father Jeremy Sr. serving with the Army in Iraq.

"This was my best experience in labor and delivery of all four," she said. "Every single person I've been in contact with was friendly, checking to see if I

needed anything -- but not to the point where it's a bother."

That sort of care explains, in part, why Southwest Florida's newest hospital outpaced the rest in a Herald-Tribune analysis of the first-ever release of national patient survey data.

In doing so, Lakewood Ranch also bucked a trend: Nonprofit and government-owned hospitals generally outperformed for-profit hospitals, the newspaper found.

Lakewood Ranch points to its three separate internal councils -- for patient, employee and physician satisfaction -- as a reason for its scores.

The 120-bed hospital, which opened in 2004, also doubtless benefits from its small size and modern facilities.

"Some of it has to do with us being a little bit smaller," said Lane Harrington, chief nursing officer. "We have a lot of direct care with our patients and their families."

But that size cuts both ways: "We have to make sure we do everything right, every time," Harrington said. "We mess up on one case, our percentages go down more than if they mess up four or five."

The findings, available on the federal Hospital Compare Web site, come from surveys conducted October 2006 through June 2007.

The Web site allows users to compare hospitals' performance on some medical conditions and on patients' impressions of care.

It resulted from a partnership between government agencies and hospitals, which historically have been reluctant to open a window to their internal workings.

But in the past five years, that attitude has changed, said Nancy Foster, vice president for quality and patient-safety policy at the American Hospital Association.

"It is important to us that this information be out there in the public, because we are responsible to the communities we serve," she said.

Government officials, meanwhile, have pressed for openness as a way to cut health care spending.

Michael Leavitt, secretary of the Department of Health and Human Services, unveiled the new information recently for health care reporters in Washington.

"We hope it will have the impact of driving quality up and costs down," he said.

His theory: If consumers choose hospitals based on quality, all hospitals will try to improve, and quality means better care, fewer errors and less expensive stays.

Patient surveys are crucial. "Patients have the best view, the only real assessment of some critical assessments of quality," Foster said. "Unless we ask them, we have no way of knowing how we are doing on managing their pain, for example."

Top hospitals have used surveys to spot quality issues for years.

For example, at Sarasota Memorial Hospital, employee surveys suggested a need for better communication between staff and doctors.

The hospital improved, and it paid off: Sarasota Memorial was the top local performer on two key measures in the federal survey: how well doctors and nurses communicated with patients.

Recently, the hospital also has focused on "hand-off communication," such as between nurses at shift change and between departments as patients go through procedures. It also points to its accreditation as a "magnet" nursing program, which recognizes nurses being proactive in care.

"The care of the patients isn't going to be successful unless we collaborate," said Judy Milne, director of quality improvement at Sarasota Memorial.

Her hospital faces challenges. Its large size -- with about 10 times the number of employees as Lakewood Ranch -- makes communication more difficult. Sarasota Memorial's aging operations include hundreds of shared rooms, unlike at newer hospitals.

It also handles more complex cases, where patients can be more critical, although the survey is supposed to account for that.

But its nonprofit status conveys an advantage. Sarasota Memorial is free from some cost pressures its for-profit cousins face, meaning it can commit more staff time to each patient.

Sarasota Memorial's patient-to-nurse ratio is about 4-to-1, and lower on units such as intensive care. "You won't see that in the for-profits," Milne said.

That advantage may lead to better results in patient surveys, the newspaper found.

About 65 percent of patients at government hospitals rated their hospital a 9 or 10 for overall care.

That dropped slightly to 64 percent in nonprofit hospitals, which made up about two-thirds of the 2,517 facilities surveyed. It fell to just under 60 percent in for-profits.

In Florida hospitals, the differences were sharper: 62 percent for government-owned hospitals, 60 percent for nonprofits and 51 percent for for-profits.

The percentage of patients giving the lowest scores was about twice as high in for-profit hospitals as in nonprofits: 20 percent to 12 percent.

The pattern repeated for every question except one: how quiet the hospital was at night.

Federal and hospital association officials had no comments on the findings. Foster said her association had yet to analyze the data.

A spokesman for the Agency for Healthcare Research and Quality, which has studied earlier, unpublished data, said the agency was unaware of any studies on the subject.

But patients soon will have more information at hand. By December, virtually all of the nation's 4,000 hospitals will have reported survey results. This summer, officials will add information on pneumonia mortality rates.

Foster expects the site eventually will offer more specific breakdowns of those mortality rates -- for now, it only notes the handful of hospitals that perform much better or worse than national averages.

That clinical data may seem more closely tied to patients' health, but patient survey data in many ways is more relevant, Milne said.

"If I'm coming into a hospital, if I'm going to be in a vulnerable state, it would be great to know that the hospital has a high attentiveness factor -- that if I need nurses, they will be there quickly."
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