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How the hospitals rate

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Measuring the quality of care provided by health providers can be difficult, but the federal government provides hospital comparison data based on information collected from Medicare patients.

According to the federal government, both LewisGale Medical Center and Carilion Roanoke Memorial are on par with the national average for most heart care measurements. This includes readmission and death rates among heart patients, as well as a measurement of how often certain proven medications, such as aspirin on arrival, are given to heart attack and chest pain patients.

On one measurement of how heart attack patients are treated, Roanoke Memorial performed worse than the U.S. average.

Of the heart attack patients treated at Roanoke Memorial from July 2010 through June 2011, 83 percent were given one of three established interventions for opening blocked arteries within 90 minutes.

Nationally, heart attack patients received the procedures within that time frame 93 percent of the time. In Virginia the average was 95 percent. At LewisGale, 100 percent of patients were given the intervention within 90 minutes. LewisGale was considered to be among the top 10 percent of hospitals nationwide for that measure.

Roanoke Memorial, however, achieved better-than-average marks in readmission rates among heart attack patients, with 17.1 percent of patients discharged between July 2007 and June 2010 having to return to the hospital within 30 days. The national average was 19.8 percent; LewisGale Medical Center fell within the national average.

Virginia Health Information also has sought to provide insight into how well hospitals are doing with treating patients by analyzing death rates and 30-day readmission rates for certain types of cardiac care.

In its Virginia Cardiac Report, VHI found mixed results from the two hospitals when it came to cardiac care.

LewisGale's 30-day readmission rate for heart failure patients (a different metric than heart attacks) was better than expected, at 12.4 percent of patients. The expected rate for the Salem hospital in that particular area was 17.8 percent. VHI calculates the expected rate by looking at the severity of patients and comparing outcomes with similar patients treated at hospitals across the state,

Carilion's flagship hospital was better than expected in its death rate for patients undergoing various types of coronary angioplasty. Less than 1 percent of all patients died having that procedure at Roanoke Memorial in 2010.

But VHI's calculations also show instances where LewisGale and Carilion heart patients had outcomes that were worse than expected.

More open-heart surgery patients at Roanoke Memorial died than should have, according to VHI's calculations. Of the 623 patients who had open-heart surgery at the hospital in 2010, 22 died. VHI said that fewer than 12 should have died.

Carilion, in a letter to VHI dated Jan. 19, 2012, noted that five of the deaths were coded incorrectly. Had the information been reported properly, Carilion said, its death rate would have been lower.

"We are implementing additional control measures to ensure that our coding processes, which are complex and highly technical, correctly reflect the acuity and classification of our patients," wrote Steve Arner, Carilion's vice president for cardiac services.

VHI found that the three deaths during cardiac catheterizations at LewisGale in 2010 should not have occurred.

Additionally, VHI noted that LewisGale's 30-day readmission rate for patients who underwent cardiac catheterization was too high. Nearly 17 percent of patients were readmitted after being discharged from the hospital, but VHI said by its calculations only 8 percent of patients should have returned.

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