



# Grading the Hospitals

BY GENEVIÈVE M. CLAVREUL, RN, PHD

**I AM A FIRM BELIEVER THAT HOSPITALS** should strive to deliver the best possible care at all times, to all patients. I also think that finding some way to quantify the level of care patients can expect to receive from their local hospital is a good step towards helping people to make informed choices. However, in my opinion, “report cards” on hospitals may not be completely accurate. They don’t always reflect the perceptions of the nurses, other healthcare workers, or even the public, of those same hospitals.

I learned this early in my nursing career when I accepted a position at our local Catholic hospital that was considered the pride and jewel of the city—not like that “horrible” county hospital where I had worked for many years.

While at the county hospital, I opened our first PICU unit and continued to work full time while pursuing an advanced degree. My years working at the bedside of both the Pediatric Unit and then later PICU exposed me to a wide variety of cases. Often our patients came to us as the hospital

After nearly three decades spent at the bedside and in nursing administration, I have learned to read between the lines when presented with indicators of quality of care.

of last resort since we were a county facility and many of our patients could not afford care at any other hospital. As I neared the completion of my master's degree I began to realize that my tenure at the county facility might need to come to an end. Why? Because I would soon have more education than the Director of Nursing (DON). Not wanting to be perceived as a competitor for the DON's job, and wanting to seek a new nursing challenge, I resigned and took a position at what was heralded as the best hospital in town.

A few shifts into my new job, I was dumfounded at the reputation of the Catholic hospital. Certainly it was a good hospital, but not necessarily better or worse than county, yet the patients raved about the care. It wasn't long before I realized why. What pleased the patients and their families was the action of a small cadre of Sisters whose primary function was to spend time with each patient and sometimes the families as well. Every afternoon, the nurses could find the Sisters busily moving from room to room, asking the patients what they could do to make their stay more pleasant.

This experience was eye-opening to say the least. The patients' "grading" of the hospital was not just about the medical care, but about the individual attention they received daily from the Sisters. Was this a fair grading of the hospital's performance? On one hand, no; but on the other, yes. When someone takes the time to sit down at the patient's bedside and spend a few minutes asking how they feel or if there's something that can be done, like removing the bouquet of expiring flowers, then our patients are left with the feeling that they're not just a number assigned to a hospital bed.

Most of us don't work in hospitals where a cadre of nuns visit with patients. However, if you, a busy nurse, took the time to share a few precious moments with them, it would be extremely meaningful. Though I recognize that we are sometimes spread thin, we mustn't forget that taking those few moments not only benefits the patient but can have a profound impact on us. Most of us come to our profession not just to deliver care but to do our jobs with care.

While at the Catholic hospital, headhunters contacted me to offer a position as Director of Nursing for Maternal/Child in another city. I knew this position would jumpstart my nursing management career, so my daughters and I sold the house and packed our belongings and moved. That hospital was very much on the cutting edge, at least as it delivered care for Maternal/Child. The hospital, and my position, oversaw the administration of a three-state program that provided high-risk maternal childcare to all in our jurisdiction. We even had a helicopter, a plane and specialized nursing team that ensured that the Native American Reservations in our jurisdiction received prompt response. However, even with


this exceptional program our Maternal/Child program could not compete with the other local hospital. My CEO and DON were frustrated that despite all their efforts, our hospital continually seemed to fall short in the public's eye. I was charged with the task of figuring out why.

In the end the answer turned out to be rather simple. Our competing hospital had a well-advertised program offering expectant mothers and their husbands a steak dinner complete with champagne to celebrate the birth of their child. I couldn't believe people would go for flash over substance, but they did. Perhaps the greatest irony was that this other hospital often transferred their neonates to our unit when they became too ill because their NICU wasn't up to our standards.

After nearly three decades spent at the bedside and in nursing administration I have learned to read between the lines when presented with indicators of quality of care. Many nurses have shared with me the focus in many Southland hospitals to have patients "grade" the nursing care they receive. I often wonder if patients are grading on subjective or objective criteria. How do the evaluators integrate this information into the overall evaluation, while assigning appropriate weight to the input?

The following are grading systems that are available in the public domain. Each has its own criteria, which can prove helpful when trying to ferret out how quality of care is quantified by the reporting agencies.

- Hospital Compare [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- The Agency for Healthcare Research and Quality [www.qualityindicators.ahrq.gov](http://www.qualityindicators.ahrq.gov)
- The Leapfrog Group [www.leapfroggroup.org](http://www.leapfroggroup.org)
- The Joint Commission's Quality Check [www.qualitycheck.org](http://www.qualitycheck.org)
- Healthgrades [www.healthgrades.com](http://www.healthgrades.com)

How the community and patients grade the hospital is equally important as how our hospital scores on the various "quality of care" indicators, because without their confidence, all the seals of approval, *Newsweek* covers, and so on, won't help assuage their concerns as they or their loved ones come to our hospitals for care. So, the next time you find yourself speaking to someone who has a less than stellar opinion of the hospital you hold in high regard, ask yourself, what did this person experience during their stay that they have used as their "quality of care" gauge? Was it flash or was it substance? 



*Genevieve M. Clavreuil, RN, PhD, is a healthcare management who has experience as a director of nursing and as teacher of nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA, 921102-867; gmc@solutions-outsidethebox.net; (626) 844-7812.*