

## Measuring quality of care

Jerry Filteau | Oct. 20, 2010



Dr. Adhi Sharma, director of emergency medicine at Good Samaritan Hospital Medical Center in West Islip, N.Y., chats with Dr. Amy Lazarides in this 2009 file photo. (CNS photo/Gregory A. Shemitz, Long Island Catholic)

Catholic-owned U.S. health systems had significantly better quality performance than investor-owned, for-profit systems, says a national study by Thomson Reuters.

The study found that other church-based systems ranked slightly behind Catholic systems. Secular not-for-profit systems ranked third, and for-profits came in last among the four types of ownership.

Thomson Reuters is a leading analyst of business and leadership practices in health care, science, media, and a wide range of other fields.

Its analysis, "Differences in Health System Quality Performance by Ownership," was based on a study of 255 U.S. health systems, each of which included at least two short-term, general, acute-care hospitals in its system.

Based on public health data, the Catholic hospitals were less likely than their counterparts to have the patients with the same type and severity of illness die or suffer complications in the hospital. Their comparable patients were also less likely to die or have to be rehospitalized within 30 days for heart attack, heart failure or pneumonia. On average, patients with comparably severe illnesses had shorter stays in Catholic hospitals as well as better outcomes.

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The key clinical criteria of an institution's record of patient mortality, safety and complications were all weighted by standard risk adjustment for different kinds of illness and other factors.

In addition, patients in Catholic facilities generally reported higher levels of satisfaction with their hospital's performance.

The report found:

- Catholic and other church-owned systems are significantly more likely to provide higher quality performance and efficiency to the communities served than investor-owned systems. Catholic health systems are also significantly more likely to provide higher-quality performance to the communities served than secular not-for-profit health systems.
- Investor-owned systems have significantly lower performance than all other groups.

According to the study, health systems -- groupings of more than one hospital -- were founded for economic purposes such as better access to capital, economies of scale in purchasing, and increased negotiating power with suppliers and payers.

With economics as the primary driving force, the responsibility for quality of care in most health systems was delegated to local hospital governing boards, the report said.

The findings of the study suggest a changing role for health system governance and leadership, said Jean Chenoweth, senior vice president for performance improvement and 100 Top Hospitals programs at Thomson Reuters.

Our data suggest that the leadership of health systems owned by churches may be the most active in aligning quality goals and monitoring achievement across the system, she said.

Leadership teams of investor-owned systems may be adopting a [quality achievement] responsibility more slowly, she said.

The report suggested that with the Obama health care reform's increased emphasis on rewarding performance and efficiency, Catholic and other church-run health care systems may benefit significantly more than other health care operators, at least initially, because they already have a track record of leadership in those areas.

As the industry reacts to health care reform legislation, including pay-for-performance initiatives and new tax rules that could stress certain ownership types more than others and change the balance of ownership types, the report said, assessing relative alignment of system hospitals with corporate goals will become a critical tool for both system management and governance.

This reporter translates that complex bureaucratic research language into: Catholic and other church-owned health care systems already drive health care performance and quality assurance at the corporate/system level rather than leaving it to local hospital boards. As the health care reform incentives for better performance take effect, the secular nonprofit systems and the investor-owned, for-profit systems are going to have to play catchup to match the already existing performance levels of church-owned systems.

Sr. Carol Keehan, president of the Catholic Health Association, said that for Catholic hospitals quality is a primary commitment flowing from mission. Everyone from the sponsors, boards, clinicians and support staff takes it very seriously.

Keehan, a member of the Daughters of Charity, called the Thomson Reuters study an independent confirmation of the success of our efforts.

Catholic Health Association membership includes more than 600 hospitals and 1,400 long-term or other health facilities. Catholic hospitals serve one out of every six Americans hospitalized each year.

Though other church-owned health systems ranked a bit lower than Catholic systems and a bit above secular not-for-profits, there were only 11 such systems in the study, so the analysis found that group not statistically different from either the Catholic or the secular not-for-profits.

With 36 Catholic systems and 176 secular nonprofit systems studied, the difference between scores in those two forms of ownership was statistically significant. The nonprofit secular systems and the 26 for-profit systems studied scored measurably worse than the Catholic-owned systems.

The researchers, using American Hospital Association ownership categories, could not categorize ownership of six of the systems studied; that "unknown" group's rating was slightly worse than that of secular nonprofits but somewhat better than the for-profits.

On a bar graph in the report, where lowest scores meant best performance, the Catholic-owned hospitals ranked about 85; other church-owned about 122, secular nonprofits 130, and for-profits slightly above 180.

Among the top 10 hospital systems in the country, according to this year's 100 Top Hospitals study by Thomson Reuters, two are faith-based: Catholic Healthcare Partners, headquartered in Cincinnati, and OhioHealth, a Columbus, Ohio-based system of 18 hospitals and 23 other health and surgery centers, including several Methodist institutions and other nondenominational but faith-based centers.

Catholic Healthcare Partners, a four-state system (Ohio, Pennsylvania, Tennessee and Kentucky) of more than two dozen hospitals and scores of other health providers, ranked third on the Thomson Reuters top 10 list. Most of its members are facilities run by the Sisters of Mercy of the Americas, but it also includes a Jewish hospital and several facilities run by the Sisters of the Humility of Mary.

Michael Connelly, president and CEO of Catholic Healthcare Partners, said the system is "the largest health system in the top 10, the only Catholic system and one of only three multistate systems" to make that list.

After adjusting for patient risk and severity of illness, the top 10 systems had 12.3 percent fewer mortalities, 13.2 percent fewer complications and 5.4 percent fewer injuries per patient than their peer hospitals across the country. In addition to the better outcomes, they averaged half a day less of hospitalization per patient.

[Jerry Filteau is *NCR* Washington correspondent.]

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