

Online ratings don't help patients compare hospitals

March 19 2014, by Stephanie Stephens



Despite having access to online ratings, patients can't distinguish the quality or performance of one hospital from another, finds a new study in Health Services Research.

"The U.S. Department of Health and Human Services website, Medicare.gov's Hospital Compare, seeks to provide patients with actionable, relevant information regarding the quality of the [health care providers](#) in their own area," said lead study author Kyan Cyrus Safavi, M.D., M.B.A. at Yale University School of Medicine. Safavi and his co-authors wondered whether Hospital Compare's ratings allowed patients to distinguish a top-performing hospital in a local area, and then "to make an intelligent data-driven decision."

"Since it's important to empower patients to make better decisions about where they seek care, we wanted to know more about how that process is really going—and what kind of data they really see," he added.

On the Hospital Compare website, patients have access to data about a collection of surgical process of care measures from the Surgical Care Improvement Project (SCIP), Safavi explained. SCIP is a national partnership of organizations interested in improving [surgical care](#) by significantly reducing surgical complications, in particular, [surgical site infections](#).

The researchers found that the nearly 3,000 hospitals across the U.S that reported SCIP data, generally performed well with little variation, making it difficult for patients to differentiate between hospitals in their region.

"The pattern held across many diverse regional geographic areas nationwide," Safavi said. "Patients use this type of data frequently, especially when making decisions about elective or semi-elective surgeries. There's a missed opportunity to provide those patients with more transparent and reliable information to better influence their decision-making."

Measuring other processes of care, however, can help [patients](#) distinguish between hospitals, he said. "For example, what is the organization and safety of the operating environment, and how much attention is a [hospital](#) paying to post-surgical wound care? Hospital outcomes can also distinguish quality."

Richard P. Dutton, M.D., M.B.A. and executive director of the Anesthesia Quality Institute, agreed that more attention could be paid to the bigger picture.

"This article illustrates a common pitfall with public reporting: measures that can be documented and risk adjusted adequately to support fair publication may represent only a small factor in the patient's outcome," he said. "Things that matter more, such as perioperative mortality [mortality during admission, anesthesia, surgery and recovery], or the actual occurrence of a surgical site infection, are harder to measure fairly and much harder to risk adjust."

What's not emphasized in the article, however, is the benefit of a focused improvement in care in one specific area, Dutton said. "That hospitals nationwide have achieved 98 percent compliance with these SCIP measures likely represents a substantial improvement in systems and safety that is itself a laudable achievement."

More information: Safavi, K. C., Dai, F., Gilbertsen, T. A. and Schonberger, R. B. (2014), "Variation in Surgical Quality Measure Adherence within Hospital Referral Regions: Do Publicly Reported Surgical Quality Measures Distinguish among Hospitals That Patients Are Likely to Compare?" *Health Services Research*.
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