April 7th, 2011
Project Review
Project Objectives:

1. Identify differences in patient demographics
2. Compare patient satisfaction results
3. Compare hospital administration and resource structures

Rush University Medical Center
Iroquois Memorial Hospital
Chicago, IL
Watseka, IL
Patient Demographics

- White: 44.9%
- Black/African American: 36.5%
- Hispanic/Latino: 14.1%
- American Indian/Native American: .4%
- Asian: .2%
- Unknown: 18.1%

• International presence (complex medical problems)
Patient Demographics

- Private Insurance: 39%
- Medicare: 33%
- Medicaid: 21%
- Charity care: 5%
- Private Payment: 2%
- 8,260 (45-64 year old age group)
- Average number of days=3.5
Patient Demographics

- White: 97% or greater
- Persons 65 years and up: ~ 19% (Illinois= 12.4%)
- Medicare: 51.7%
- Medicaid: 15.4%
Patients are now informed consumers of healthcare. Patient satisfaction scores for hospitals are public information. Both hospitals emphasized process improvement to improve the quality of patient care. In the near future, patient satisfaction scores will determine how hospitals are reimbursed by Medicare. Incentive for hospitals to reach their goals in patient satisfaction.
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- About 33% return rate (Rush)

- Allows consumers of healthcare to compare scores between hospitals and to the state and national benchmarks
10 Measures used by HCAHPS

- Nurse Communication
- Physician Communication
- Availability of help
- Pain Control
- Explanation of Medicines
- Cleanliness
- Noise Levels
- Discharge Information
- Overall Rating (1-10)
- Recommendations
Ways to Improve Patient Satisfaction

- Outpatient Access
- Welcoming Environment
- Way finding
- Pain Control
- Physician Communication
- Noise
- Universal Service Standards
- Intentional Rounding
Resources for Patient Satisfaction
Hospital Administration and Resource Allocation

• 1 Board of Trustees

• Services Offered:

• Contracts with nearby tertiary care facility
Hospital Administration and Resource Allocation

- Specialized--orthopedic, ED, etc.
Both have developed strong community ties through programs and educational opportunities. IMH relies more heavily on community support, volunteers (auxiliary), fund raising, etc.
Benefits of Urban

- Wider variety of resources available because of the breadth of services
- Very specialized jobs
- More diversity
Benefits of Rural

- Sense of pride and community in work
- Board of trustees very personally invested
- Employee empowerment
- Very strong community support
Common Challenges

- Both have similar resources structures, IMH is just on a smaller scale, so they face many of the same challenges
- Patient Transport
- IMH building is older and more complicated due to lack of funds to update
- Rush campus is large (and expanding) and can be confusing for a patient
- Older buildings → patient perception of cleanliness
Urban and Rural Challenges

- Rural
  - HIPAA
  - Funding
  - Physician recruitment
  - Multi-faceted roles

- Urban
  - Constant demand to improve (it is expected)
  - Funding
  - Increased demand for diversity
  - Very specific roles
Discussion/Evaluation
Thank you!