



American Hospital
Association



America's Hospitals:

A New Era of Care, Quality and Accountability

Published by the American Hospital Association

What do newspapers and hospitals have in common? Ben Franklin was a driving force behind each. He published one of the nation's early newspapers, *The Pennsylvania Gazette*, and he's credited with getting America's first hospital, Pennsylvania Hospital, off the ground. More importantly, newspapers and hospitals share a deeply rooted commitment to their communities. Residents in cities and towns throughout America depend on their local *Gazette*, *Times* and *Post* to keep abreast of what's happening in their community. Likewise, people turn to their hospital for care and compassion in their time of need. And both newspapers and hospitals are accountable to their communities and are constantly trying to do a better job for them.

Hospitals are an essential cornerstone of our communities. They treat illness and injury with the most advanced technology they can afford. They work to improve the health of their community with education and action. They are part of the public safety team we turn to in times of emergencies. They often are

a community's largest employer and a major reason why new businesses choose to locate in a community. Today, however, the mission of many hospitals is being threatened by workforce shortages and increasing number of uninsured patients and government underpayment, and soaring costs of everything from insurance to pharmaceuticals. Hospitals are tackling these challenges head on by working with community leaders, patients and lawmakers to find solutions.

With this special report, we headline several initiatives hospitals and the American Hospital Association are undertaking to make their communities better, stronger and healthier. Let us remember that hospitals are points of pride, sources of strength and places we rely on at the most critical times in our life.



Dick Davidson, President

Hospital Factoids

The American Hospital Association receives numerous media calls each day. Based on the majority of calls received, we've provided a quick glimpse of hospital trends. To learn more about hospital facts and figures, visit www.aha.org under "Studies and Statistics."

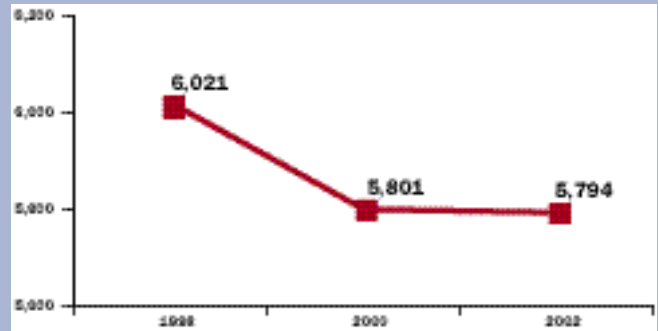
Did you know?...

- ▶ Hospitals employ 4.7 million people, making them the 2nd largest private employer behind restaurants.
- ▶ More than 3.8 million babies are born in hospitals each year.
- ▶ Hospital emergency departments treat more than 100 million people for emergencies annually.
- ▶ More than 34 million patients are admitted each year to America's hospitals.
- ▶ Liability premiums are skyrocketing: about one-third of hospitals in 2002 experienced increases of 100 percent or more in their medical liability insurance premiums.
- ▶ One in three hospitals in America is operating in the red overall. More than half of hospitals lose money serving Medicare patients.
- ▶ Hospitals are experiencing a severe workforce shortage with more than 168,000 unfilled positions - primarily registered nurses.
- ▶ Hospital care is drowning in a sea of paperwork. Regulatory paperwork burdens require at least 30 minutes - often as much as an hour - for every hour of care provided.

Based on 2001, 2002 data

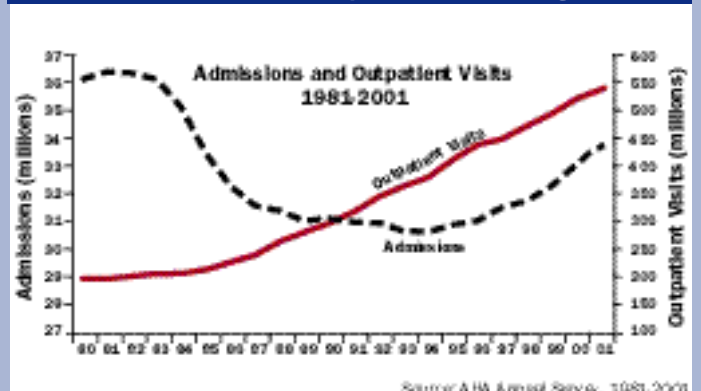
Taking the Pulse: Supply vs. Demand = Challenges

Total Number of U.S. Hospitals is Decreasing



Source: AHA Annual Survey of Hospitals

The Demand for Hospital Care is Soaring

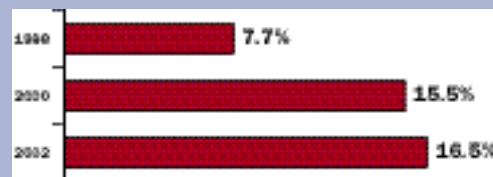


Source: AHA Annual Survey, 1981-2001

More hospitals offering complementary & alternative medicine

A growing number of hospitals are providing complementary and alternative medicine (CAM) services, such as, massage therapy, pastoral counseling, stress management, and yoga.

% of hospitals offering CAM services



Source: AHA Annual Survey of Hospitals



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Investment in Health Care Yields a Healthy Return

Newspapers today teem with headlines decrying rising health care costs – “Patients fear rising costs.” “U.S. health care costs reach \$1.6 trillion.” Most lawmakers and political candidates are eager to discuss their plans for reigning in health care costs. Think tanks and policy analysts offer up varying explanations for the increase in spending.

Much tougher, though, is finding a prominent story on the many health care advances and medical breakthroughs of the past two decades...stories highlighting patients like “Susan,” a 54-year-old woman who survived breast cancer after minimally invasive surgery and outpatient radiation therapy.

But the AHA and six other health care organizations hope to redirect the nation’s focus on health care spending through a report quantifying the dramatic gains Americans have reaped as a result of health care spending over the past two decades. The report, “The Value of Investment in Health Care: Better Care, Better Lives,” confirms that the benefits of health care spending far outweigh the costs: While per capita health spending increased by \$2,254 from 1980 to 2000, mortality rates fell 16%, disability rates for people over 65 declined by 25% and life expectancies rose 3.2 years over the same period. Hospital days also plunged 56%, a sign not only of a healthier population, but also of more efficient, cost-effective health care delivery, say the authors of the report.

Ultimately every dollar spent on health care services during the past 20 years has yielded \$2.40 to \$3 in health gains, due to the increase in life expectancy alone, the report concludes. “The Value of Investment in Health Care: Better Care, Better Lives” was produced by the AHA, Advanced Medical Technology Association, American College of Cardiology, Federation of American Hospitals, Healthcare Leadership Council, National Pharmaceutical Council, and Pharmaceutical Research and Manufacturers of America.

“The United States spends more on health care than any other country in the world,” said AHA President Dick Davidson. “[This] report quantifies what many of us have known for years: this is a worthy investment. The health benefits we receive as a nation far outweigh dollars spent.”

In addition to quantifying health gains of \$2.40 to \$3 from

overall improvements in care, the report also identifies gains due to improvements in the treatment of heart attack, stroke, type 2 diabetes and breast cancer: Every extra dollar spent on breakthrough treatments for these common diseases – such as the use of beta-blockers for acute heart attack patients and stereotactic core needle biopsy to diagnose breast cancer – is producing health gains valued as high as \$38.44.

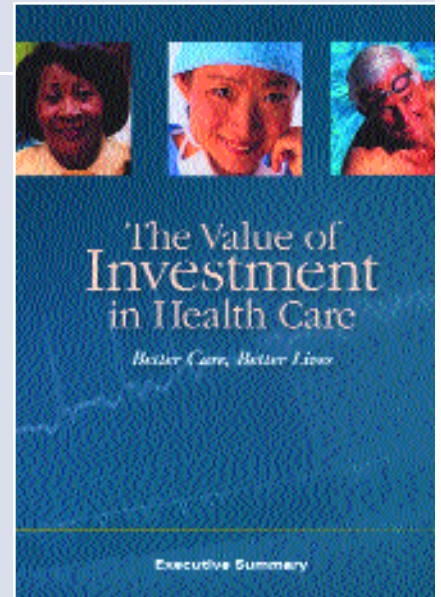
Because of medical advances and innovations in care, Americans today are enjoying faster recoveries and longer, healthier, more productive lives. To demonstrate these improvements in real, human terms, the report highlights case studies of fictional, yet typical patients affected by common diseases

such as type 2 diabetes and breast cancer: patients like

“Thomas,” a 68-year old stroke survivor who is able to resume a normal, active life within three months of his stroke due to new drug therapy, cutting-edge brain imaging equipment and care by a dedicated stroke team. Had Thomas suffered a stroke in 1970, when caregivers could do little more than monitor stroke patients, he might have been left with permanent speech impairment and severe physical disabilities.

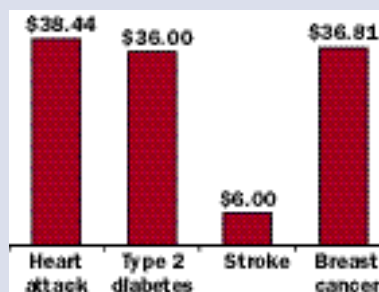
In fact, death rates due to stroke have fallen by more than one-third in the past two decades, the report points out. And millions of women today are enjoying longer lives due to advances in breast cancer treatment.

“Oftentimes, policymakers only look at the cost side of the equation,” said Davidson. “We hope [the] report will broaden the view to consider what we get from our spending in health care services. The bottom line is better care and better lives for millions of Americans.”



**Is our investment in health care a wise one?
The answer is a resounding “yes.”**

Every \$1 spent on breakthrough treatments can provide health gains as much as...



Health Care Takes Center Stage as Campaign 2004 Hits High Gear

Affordable health care has emerged as the country's leading concern after the economy and jobs, tied with terrorism and national security, according to a recent public opinion survey conducted for the AHA by Republican pollster Bill McInturff and Democratic pollster Stan Greenberg.

Leading national concerns

"Affordable health care" has emerged as the country's leading concern after the economy and jobs

The economy and jobs	45%
Affordable health care	27%
Terrorism and national security	27%
Social Security and Medicare	23%
Education	22%
The situation in Iraq	20%
Moral values	10%
The federal deficit	9%
Taxes	8%

More than 90% of the 2,000 Americans polled expect to vote in the November elections.

"It's essential that people have access to the care they need, when they need it and these survey results demonstrate how widely held that belief is," said AHA President Dick Davidson. Nearly seven in 10 respondents go so far as to say they would be willing to pay more in federal taxes to

assure that every American citizen has health care coverage.

In releasing its poll, the AHA also unveiled seven guiding principles – "building blocks" to affordable, equitable coverage for everyone's basic health care needs. The poll found that voters felt strongly about access and coverage, with a majority of respondents advocating that every citizen have access to health care, children have health coverage and Americans have access to preventive care services.

Seven Steps to a Healthier America
Campaign 2004

1. No child should be without health care.
2. No American should become impoverished due to a major illness or injury.
3. Every American deserves access to emergency medical services regardless of ability to pay.
4. Poor and older Americans must be ensured continued access to high quality hospital care.
5. Remove barriers to coordinating health care for all Americans, especially the chronically ill.
6. All Americans deserve high quality health care.
7. Every American should have access to important preventive care.

To keep health care part of the electoral dialogue, the AHA and its members, through a grassroots campaign, are asking all candidates for president, the U.S. Senate and House of Representatives to support these "Seven Steps to a Healthier America." More details about these efforts can be found at www.aha.org.

Covering the Uninsured... 44 Million Need Action

Nearly 44 million people in America are without health insurance – including 8.5 million children. But these staggering statistics don't tell the full story.

According to a 2003 report by the Robert Wood Johnson Foundation (RWJF), nearly 75 million people under the age of 65 lacked coverage at some time during 2001 and 2002.

"This issue affects all Americans," said Risa Lavizzo-Mourey, M.D., president of RWJF. "We know all too well that the uninsured are often forced to delay

care and suffer with illness."

The people of America's hospitals see first-hand how a

lack of health insurance leads to poorer health. The uninsured are more likely to be sicker and die sooner than those with insurance. According to the Institute of Medicine, about 18,000 unnecessary deaths occur each year because of a lack

of health insurance.

In 2000, the AHA joined a diverse group – physicians, consumer advocates, health insurers, business and labor representatives – for a policy forum to raise public awareness of what it means to be without health coverage. While these organizations may have differing opinions on a range of issues, all agreed that finding a way to get health insurance coverage to uninsured people should be a national priority.

That first policy forum evolved into the RWJF-led initiative called Cover the Uninsured Week (CTUW). In 2003, more than 900 events were held nationwide, with more than 500 health fairs – many of which were hosted all or in part by hospitals. This year, CTUW is May 10-16. And again hospitals will play a significant role in hosting or helping with community health fairs that will feature health screenings, public coverage program enrollment information and tips for healthy living.



Hospital Performance Data Goes Public

For a patient about to undergo major surgery, selecting a hospital can be daunting. How does one go about picking the right hospital? Family, friends and co-workers are quick to offer recommendations – but are they equipped to provide the right advice? A myriad of report cards and rating systems promise to be the ultimate source on hospital quality – but many offer very different pictures of the same hospital. Which should one trust? Government agencies and accrediting bodies collect reams of data on hospital care – but can a patient access it, and more importantly, interpret that information?

Soon, millions of Americans will have a clear window into the quality of care their community hospitals provide. More than 3,000 of the nation's approximately 4,200 general hospitals have volunteered to share with the public key data on their care, through a national effort initiated by the American Hospital Association (AHA), Federation of American Hospitals and Association of American Medical Colleges.

After coordinating closely with government agencies, accreditation organizations, consumer groups and others, the AHA and its partners unveiled *The Quality Initiative: A Public Resource on Hospital Performance* in 2002. The initiative would begin by using 10 clinical measures of care to gauge how well hospitals treat three common, potentially life-threatening conditions: heart attack, heart failure and pneumonia. Hospitals' performance on these measures – including how frequently aspirin is given to heart attack patients and how soon pneumonia patients receive their first dose of antibiotics – would be displayed for the first time on a public Web site. Such an effort would not only arm consumers with the information they need to make the most appropriate decisions about their care, but also enable caregivers to track and improve their performance.

"The 10 measures are just a small step," said AHA President Dick Davidson. "But what makes them significant is that, for the first time, the government and health care groups are collaborating around a set of uniform measures that streamline reporting efforts and provide simpler, more concise national information."

The initiative enjoyed immediate, widespread support. At the announcement of the initiative, Health and Human Services Secretary Tommy Thompson called it a "breakthrough." Carolyn Clancy, M.D., director of the Agency for Healthcare Research and Quality (AHRQ), deemed it

"a very important first step forward."

But more importantly, hospitals swiftly embraced the Quality Initiative, seizing the opportunity to demonstrate their commitment to openness and accountability. More than

500 hospitals agreed to take part in the initiative within the first month, and as of March 1st, close to 3,100 hospitals had volunteered to participate in the initiative. The initiative also garnered official endorsements from U.S. Chamber of

Commerce and several other national organizations.

In May, the initiative's partners will update the data of participating hospitals on the first public Web site, www.cms.org/quality/hospital, to display hospital performance. This site is intended primarily as a "test site," valuable mainly for researchers and clinicians; however, a comprehensive, user-friendly consumer site is slated for late 2004/early 2005.

Future Steps

In addition, Quality Initiative partners are working to develop an expanded set of clinical measures that will provide a snapshot of hospitals' treatment of stroke, diabetes, childbirth and pregnancy, depression and other conditions deemed "priority areas" by the Institute of Medicine. And later phases of the initiative will include psychiatric, children's and rehabilitation hospitals.

Besides providing clinical data, the AHA and other hospital groups, hospitals, and survey vendors are working with the Centers for Medicare & Medicaid Services and AHRQ to develop a national survey gauging patients' perceptions of the hospital care they receive.

Ultimately, the AHA and its Quality Initiative partners say

they envision an initiative that will empower consumers to make the best health care decisions. Said the AHA's Davidson: "High-quality care demands that patients be informed partners in decisions about their care. Providing helpful information can only enhance a patient's experience, and that is something hospitals strive to do every day."

Hospitals and the government collaborate on groundbreaking initiative to give the public what it wants: reliable data to make health care choices easier



Privacy Primer

April 16 marked the one-year anniversary of the federal medical privacy laws. Enacted as part of the Health Insurance Portability and Accountability Act (HIPAA), the new privacy rules give patients greater control over who has access to their medical information.

Hospitals have a strong tradition as guardians of patients' medical records. The nation's hospitals also are committed to working with the media to ensure they have accurate and timely information while still protecting patients' privacy. The HIPAA rules provide a new framework for sharing information, and hospitals have taken the opportunity to reach out to local reporters to educate them about the new rules and discuss new ways to work together for the good of their communities.

Let's review the frequently asked questions hospitals receive from the press.

FAQs

Note: This information is from the national perspective. Health care facilities must comply with state privacy laws that may impose additional requirements.

Who determines whether patient information is released to the press?

Under HIPAA regulations, patients are given the opportunity to object to or restrict the use or disclosure of information contained in the hospital directory. Hospitals may maintain a directory that only includes a patient's name, location in the hospital, general condition, and religious affiliation.

If a patient does not object to this information being included in a hospital directory, a reporter asking for the patient by name can be informed of the general condition of the patient. If the media does not ask for the patient by name, no information about the patient may be disclosed.

What type of information can be released to the media?

If someone calls and asks about a patient by name and the patient has chosen not to restrict their information, the hospital may disclose general information about the patient's condition. Information on religious affiliation is released only to clergy members.*

Definitions of Patient Conditions

Undetermined - Patient is awaiting physician and/or assessment.

Good - Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.

Fair - Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.

Serious - Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Critical - Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Treated and Released - Patient received treatment but was not admitted.

Treated and Transferred - Patient received treatment and was transferred to a different facility.

A hospital may not release information regarding the date of release or where the patient went upon transfer without patient authorization.

Location*

For purposes of the media, information about a patient's location is generally limited to inpatient, outpatient or emergency room. As a matter of policy, the patient's room number and department are not released to the media.





If a reporter is covering a traffic accident and calls the hospital asking for information about the condition of a vehicle's occupants, citing the location of the accident but not the victims' names, can the hospital provide a condition report?

No. Information in the directory (i.e. general condition) may be released only if the media or the public asks for the patient by name and only if the patient has not objected to or restricted the release of such information. If a patient is unable to communicate for the purpose of objecting to or restricting the use of directory information, such information can be released only if consistent with past known preferences and disclosure is in the best interests of the patient, in the professional judgment of the provider.

Can the hospital tell the media a patient has died without getting the family's permission?

If a patient has not asked that his or her information be kept out of the hospital's directory, the hospital may disclose if a patient is deceased to anyone who asks for the patient by name, according to Guidance from the Department of Health and Human Services Office of Civil Rights. A hospital may not disclose information regarding the date, time, or cause of death.

Still Caring When Curing Ends

More than 30 years ago, Dr. Cicely Saunders, a British pioneer in hospice care, told her patients, "You matter because you are you. You matter to the last moment of your life, and we will do all we can not only to help you die peacefully, but also to live until you die."

Over the past three decades, as new technologies have improved our ability to keep people alive and healthy longer, we may have gotten away from Dr. Saunders' message.

Subsequently, with our focus on life, we have blurred our focus on how to help people die a more dignified and comfortable death.

More than 75 percent of people die away from home, often undergoing hopeless tests and procedures. But policies and attitudes are changing. More and more hospitals are taking the lead in moving away from the traditional patterns of care and embracing new approaches that can better serve patients at the end of life.

They understand that good end-of-life care does not try to cure people of disease, but does everything possible to make them comfortable and promote quality of life, however short.

Through the AHA's annual Circle of Life Award, we recognize health care organizations that change the way death is viewed in creative and profound ways. The award presents \$25,000 prizes annually to exemplary end-of-life programs. The award is funded by the Robert Wood Johnson Foundation and co-sponsored by the American Medical Association, the National Hospice and Palliative Care Organization, and the American Association of Homes and Services for the Aging.

Since 2000, the Circle of Life Award has recognized more than 30 organizations for their innovative programs that help patients and families cope with death and dying in communities across America. Honored hospitals, hospices, and nursing homes are working to bring palliative care support earlier and to more people. They are serving patients with cancer, heart failure, lung disease, renal disease, and other terminal or life-threatening illnesses.

"These programs find new ways to expand the reach of palliative and hospice services and to help mesh traditional medical care with good end-of-life care," said Don Nielsen, MD, senior vice president of quality at the AHA. "Honorees provide excellent models any community can adapt."

Last year, top honors went to the University of California Davis Health System in Sacramento, California; Providence Health System in Portland, Oregon; and the Hospice & Palliative CareCenter in Winston-Salem, North Carolina. Honorees for 2004 will be announced in July.



Media Contact List

Nothing makes a story come alive more than real-world examples from your own backyard. Tap into the media contacts at the AHA or our state hospital association partners for assistance.

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