



2003 Commonwealth Fund International Health Policy Survey of Hospital Executives

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Summary Chartpack

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I. Introduction

The Commonwealth Fund 2003 International Health Policy Survey is the sixth in a series of surveys designed to provide a comparative perspective on health policy issues in Australia, Canada, New Zealand, the United Kingdom, and the United States. The 2003 survey consisted of interviews with a sample of hospital chief operating officers or top administrators of the larger hospitals across the five nations. The survey sought these executives' perspectives regarding current resources and efforts to improve quality of care. Comparative findings from the survey were reported in the May/June 2004 issue of *Health Affairs*.*

This chartpack represents a summary of the survey findings and is divided into the following sections:

- System Overview
- Hospital Finances
- Capacity and Waiting Times
- Improving the Quality of Care
- Staffing Issues
- Information Technology

* R. J. Blendon, C. Schoen, C. M. DesRoches, R. Osborn, K. Zapert, and E. Raleigh, "Confronting Competing Demands to Improve Quality: A Survey of Hospital Executives in Five Nations," *Health Affairs* (May/June 2004): 119–35.

II. Methods

- Telephone survey of hospital executives in Australia, Canada, New Zealand, United Kingdom, and the United States.
- Conducted by Harris Interactive and subcontractors from April to May 2003.
- Sample of largest hospitals in each country:
 - 200+ beds in UK and the US
 - 100+ beds in AUS, CAN, NZ
- Final hospital sample size of:
 - 100 in AUS, 102 in CAN, and 103 in the UK
 - 28 in NZ
 - 205 in the US

III. System Overview

Chart III-1. Satisfaction with the Health Care System

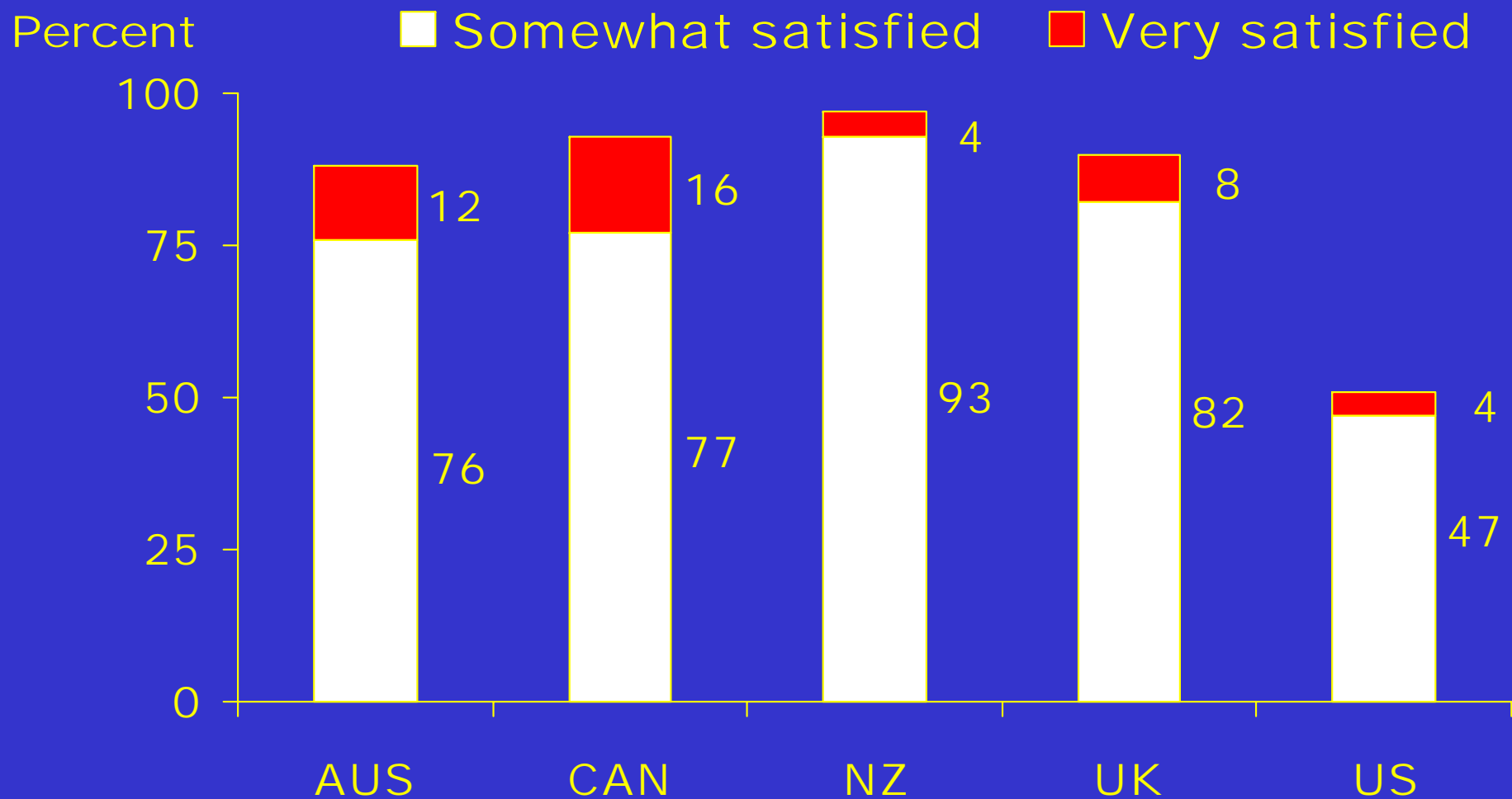


Chart III-2. Two Biggest Problems Faced by Hospitals

Percent naming:	AUS	CAN	NZ	UK	US
Inadequate funding	58%	62%	57%	39%	10%
Inadequate reimbursement	8	—	—	—	60
Staffing shortage	45	60	54	64	47
Inadequate/ overcrowded/ outdated facilities	32	39	54	42	7
Indigent care/ uninsured	—	—	—	—	17
Malpractice costs	6	—	—	—	11

Chart III-3. Quality of Hospital Resources

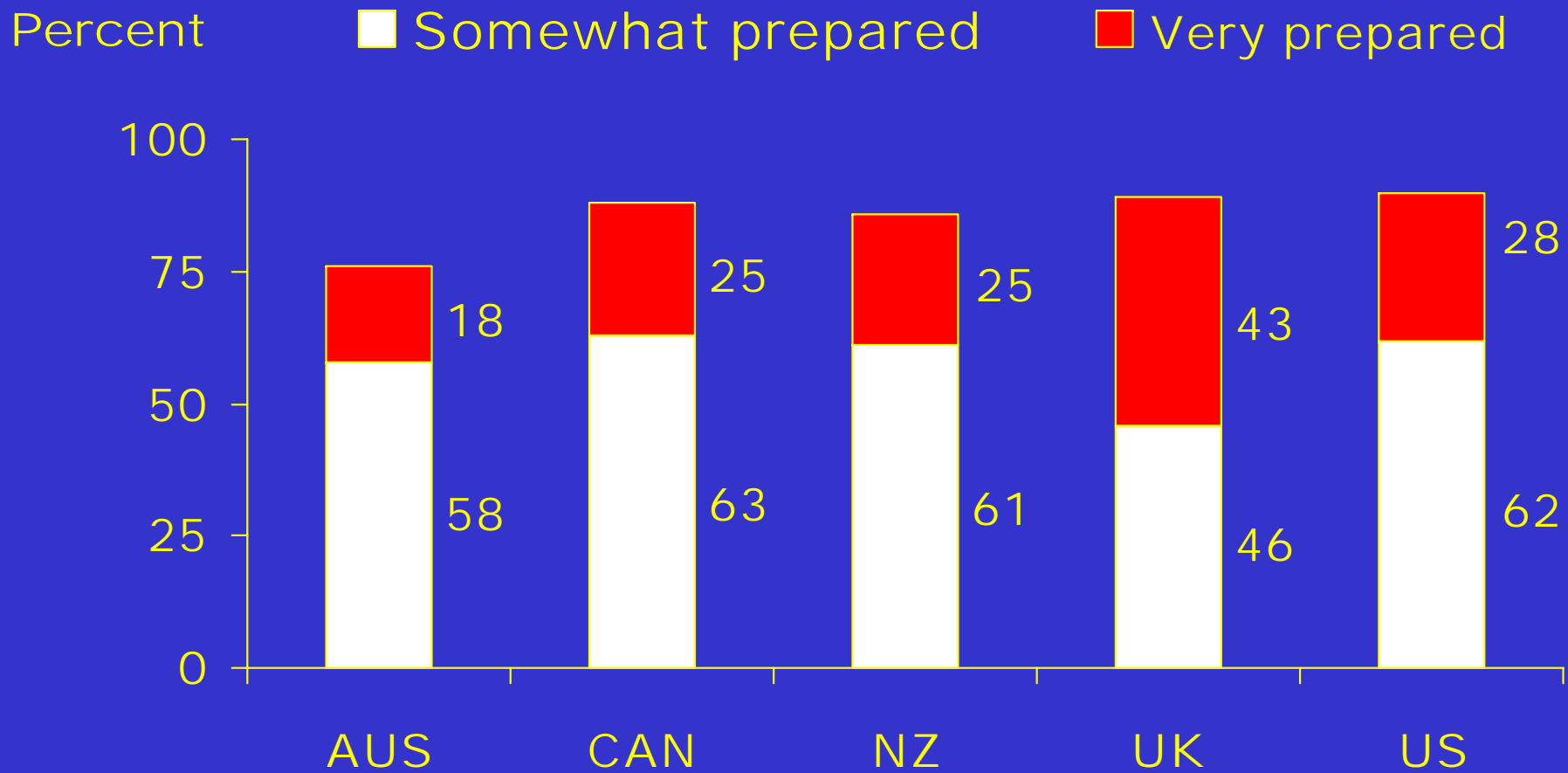
Base: Hospitals that have the facility

Percent rating as "only fair" or "poor":	AUS	CAN	NZ	UK	US
Intensive care unit	9%	13%	10%	11%	5%
Operating rooms or theatres	7	20	13	17	5
Emergency room or department facilities	21	48	30	17	20
Diagnostic imaging equipment or other medical technology	13	19	21	18	3

Chart III-4. Concern About Losing Patients to Competitors

Percent "very concerned" they will lose patients in next two years to:	AUS	CAN	NZ	UK	US
Other hospitals	16%	4%	7%	4%	19%
Free standing diagnostic or treatment centers	6	6	4	4	55
Free standing ambulatory or primary care centers	7	3	0	3	51

Chart III-5. Preparedness for a Terrorist Attack

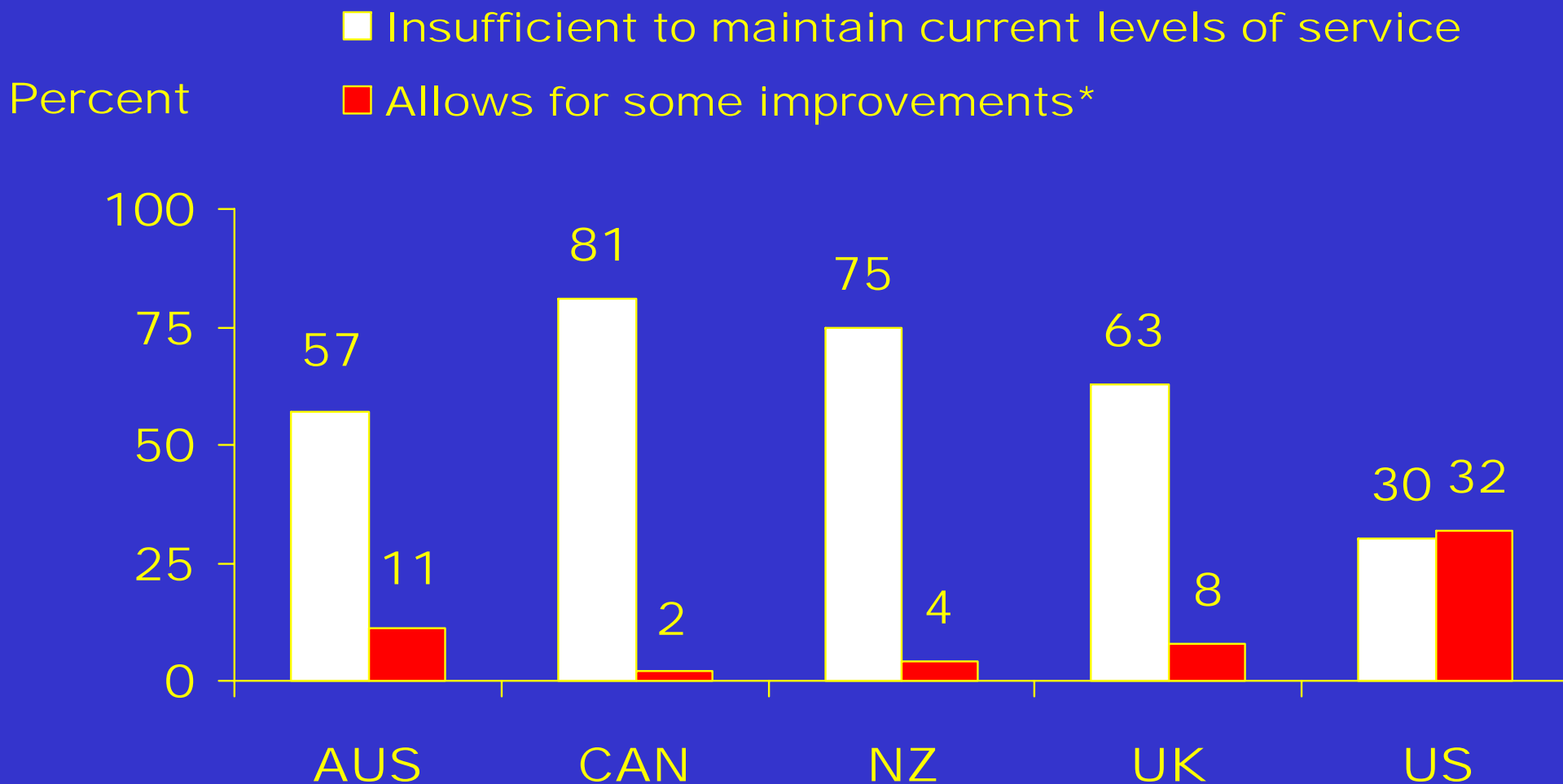


IV. Hospital Finances

Chart IV-1. Hospital Finances

In The Past Year:	AUS	CAN	NZ	UK	US
Had a surplus or profit	35%	9%	11%	7%	71%
Broke even	25	22	7	61	6
Had a loss or deficit	40	70	82	32	23

Chart IV-2. Current Financial Situation in Hospitals



* Does not include percent reporting sufficient to maintain current levels of service.

V. Capacity and Waiting Times

Chart V-1. Patients Wait Six Months or More to Be Admitted for Elective Surgery

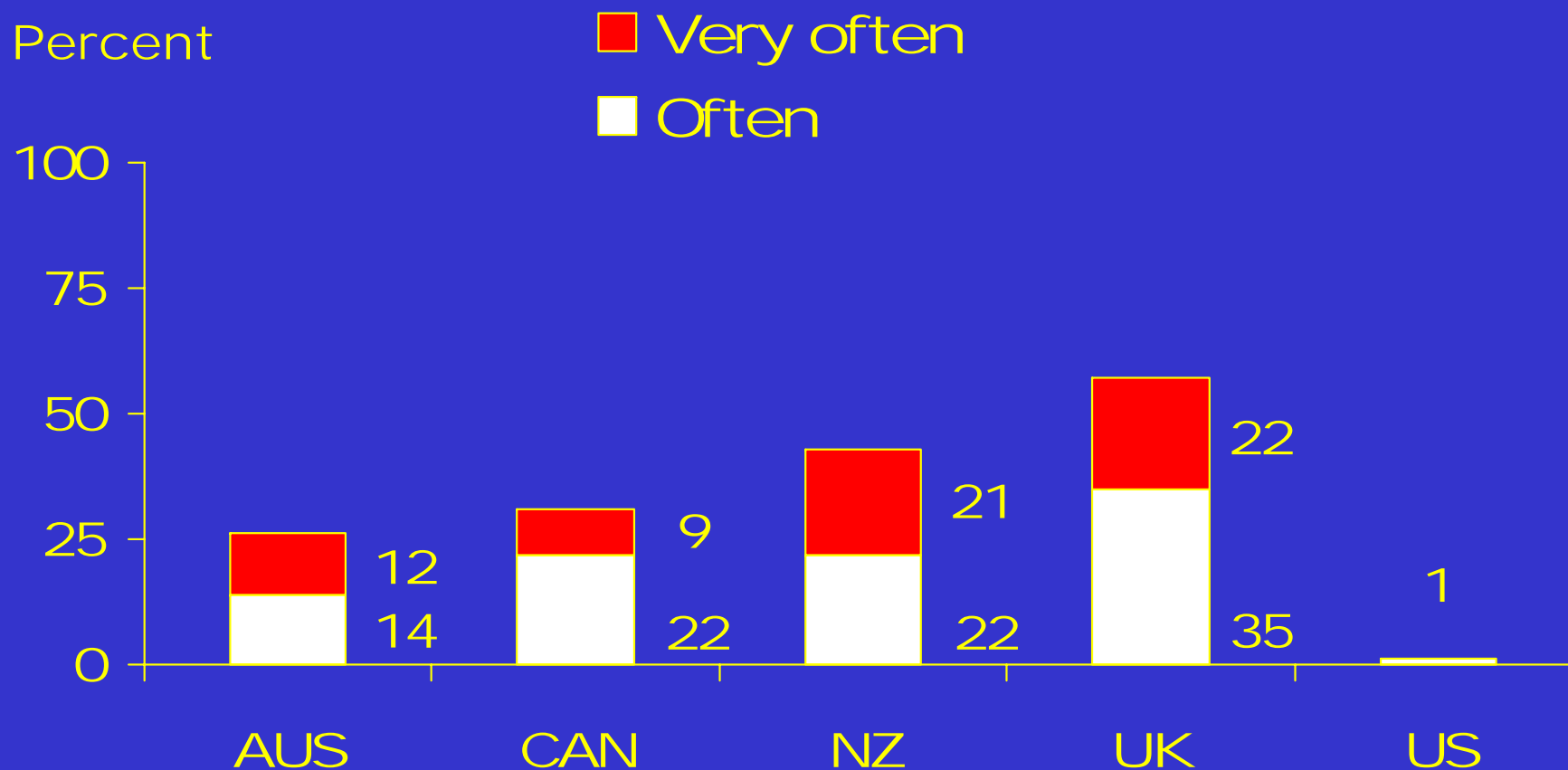


Chart V-2. Average Emergency Room Waiting Time

Base: Hospitals with an emergency room or department

Percent reporting an average wait of two or more hours

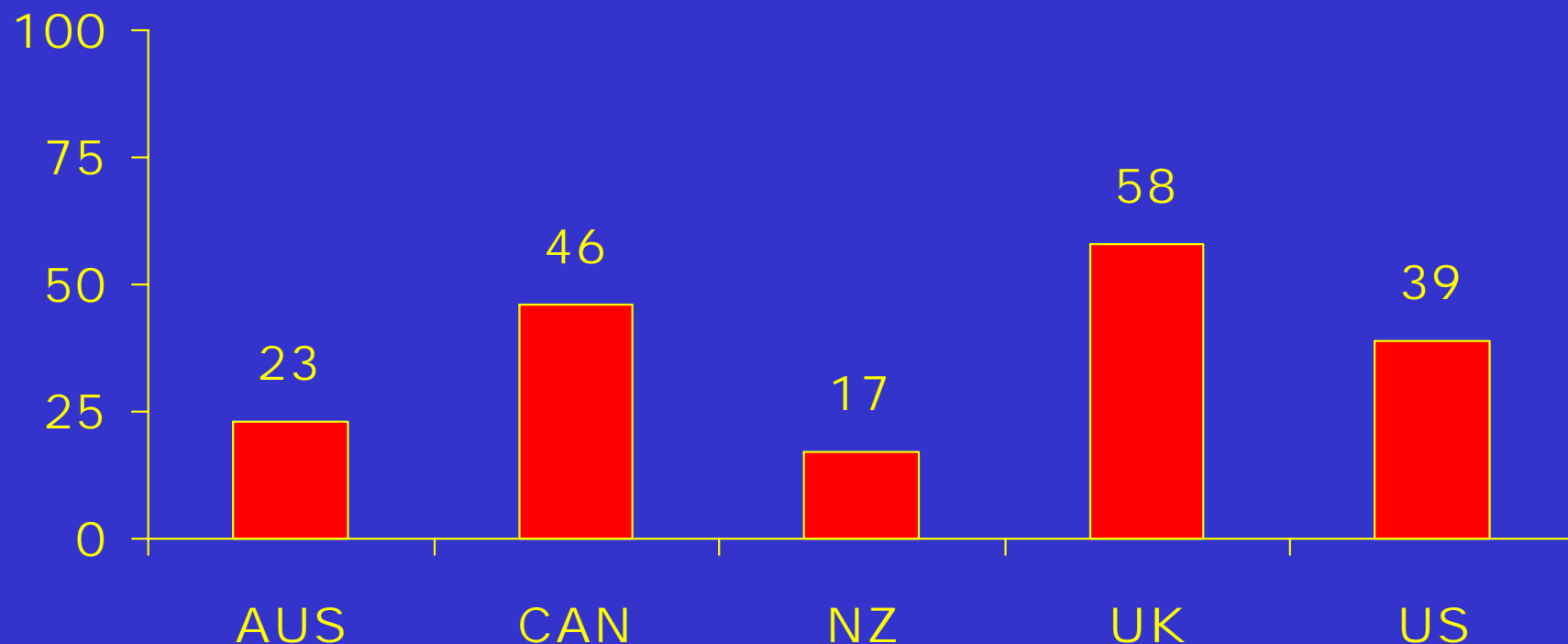


Chart V-3. Average Hospital Waiting Times for...

Base: Hospitals who perform the procedure

A Breast Biopsy for a 50-Year-Old Woman with an Ill-Defined Mass in Her Breast but No Adenopathy					
Percent of patients having to wait:	AUS	CAN	NZ	UK	US
Less than three weeks	74%	70%	48%	73%	93%
Three weeks or more	15	21	44	20	2
A Routine Hip Replacement for a 65-Year-Old Man					
Less than six months	54	43	25	15	92
Six months or more	39	50	65	81	1

Chart V-4. Diversions of Patients to Other Hospitals Due to Lack of Emergency Room or Hospital Capacity

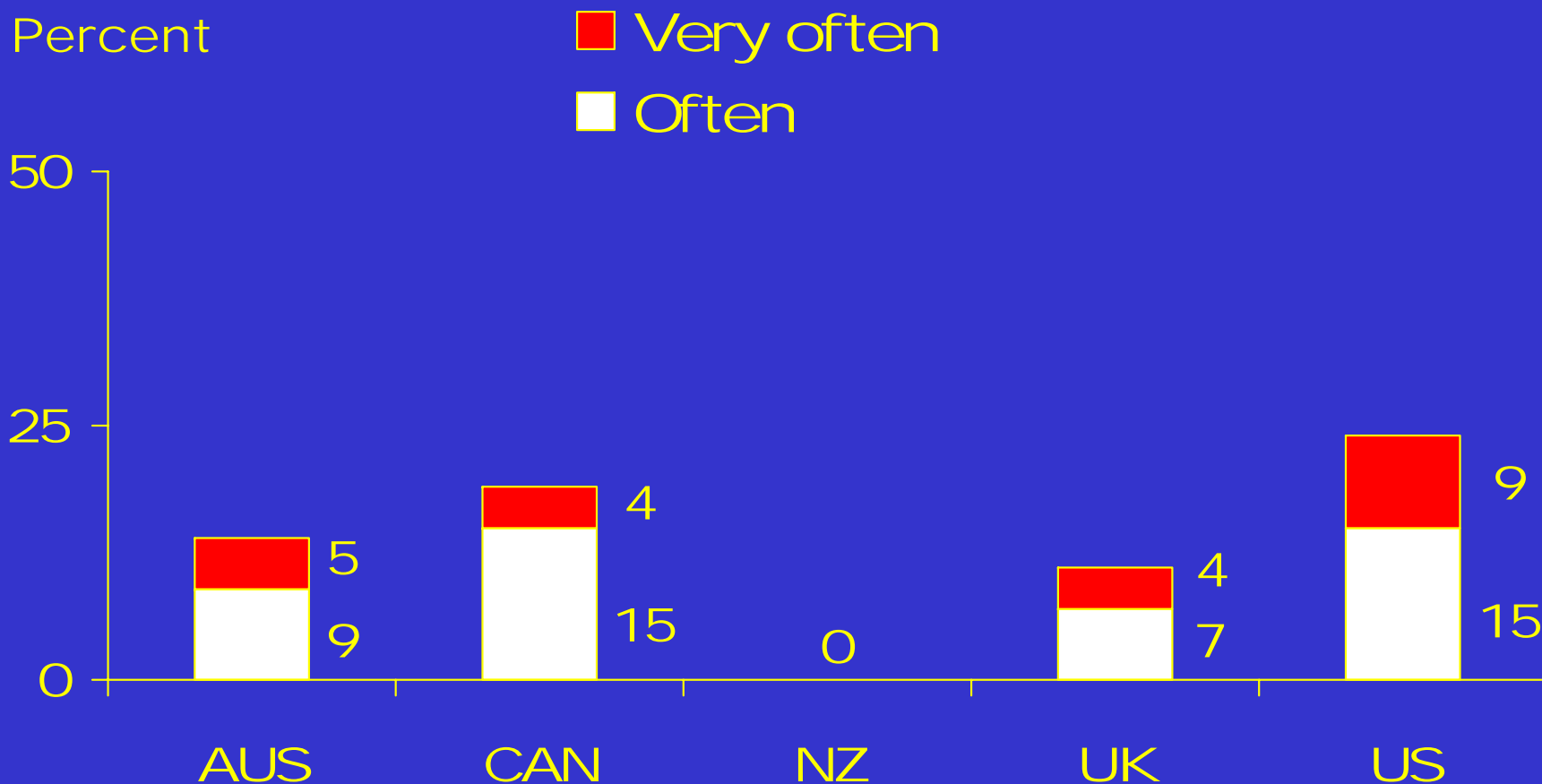


Chart V-5. Delays or Problems with Discharge Because of Limited Availability of Post-Hospital Care

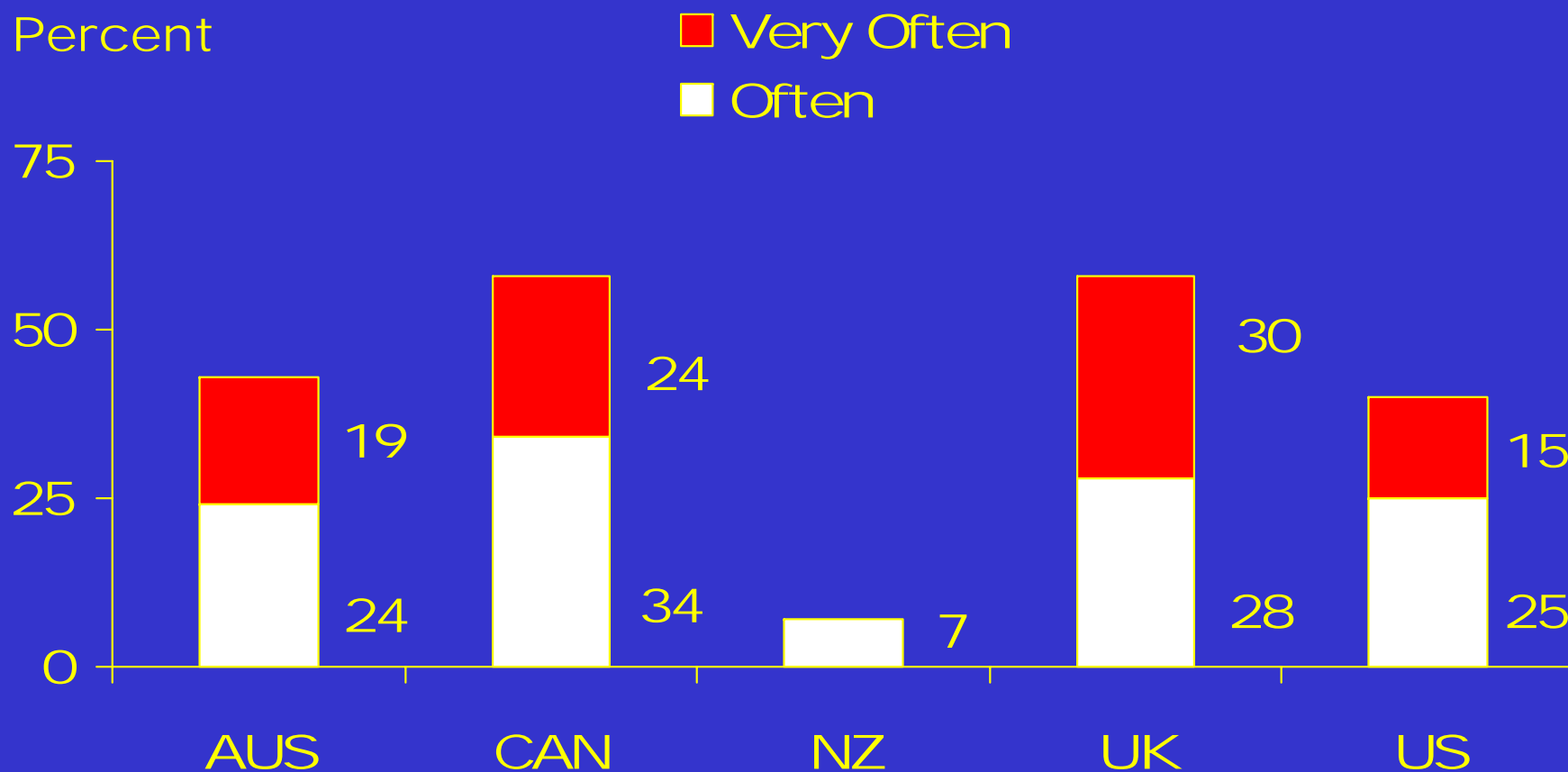
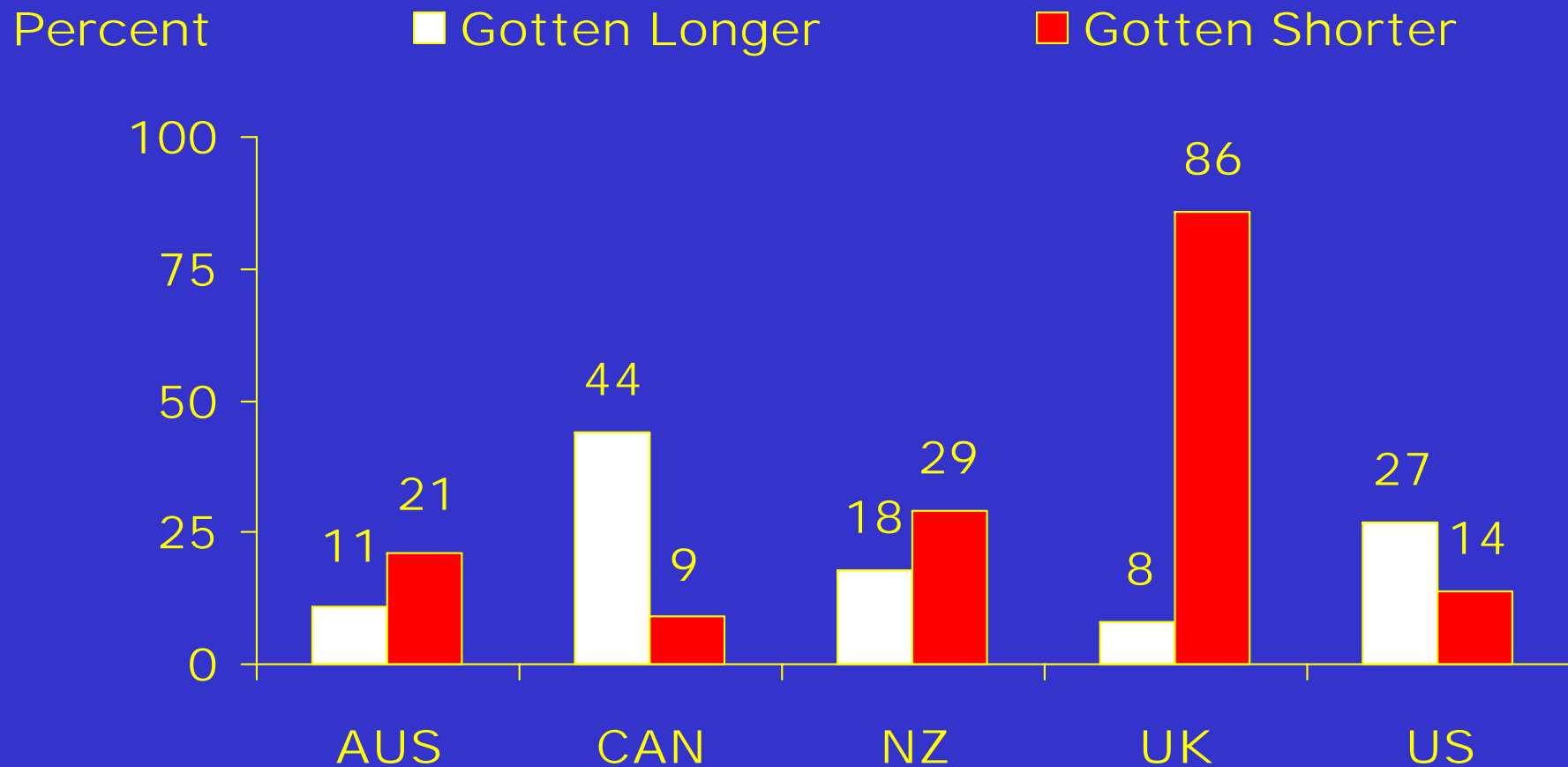


Chart V-6. Waiting Times for Elective Surgery in the Past Two Years



VI. Improving the Quality of Care

Chart VI-1. Hospital Does NOT Have a Written Policy for Informing Patients of a Preventable Medical Error Made in Their Care

Percent saying hospital does NOT have such a policy

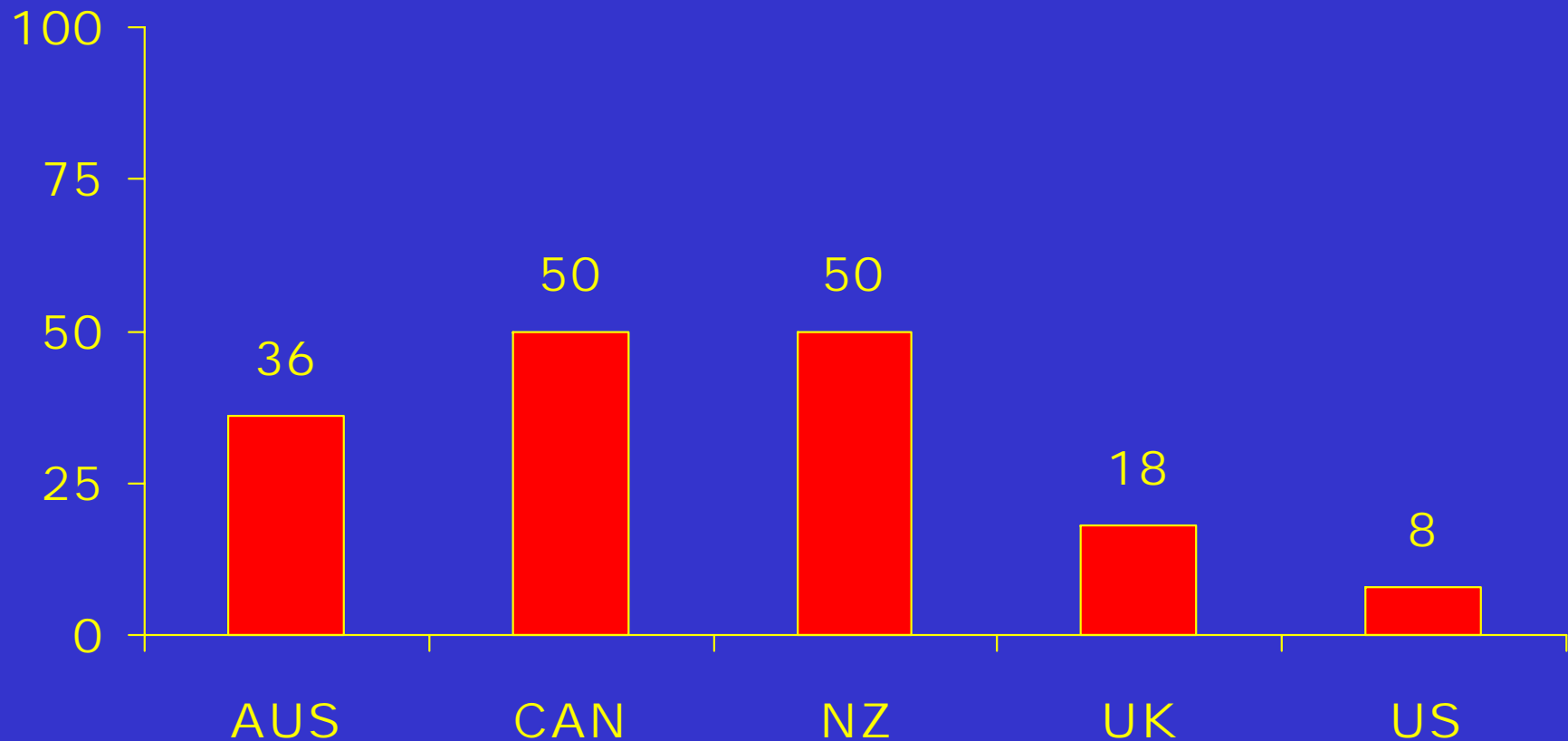


Chart VI-2. Effectiveness of Hospital's Program for Finding and Addressing Preventable Medical Errors

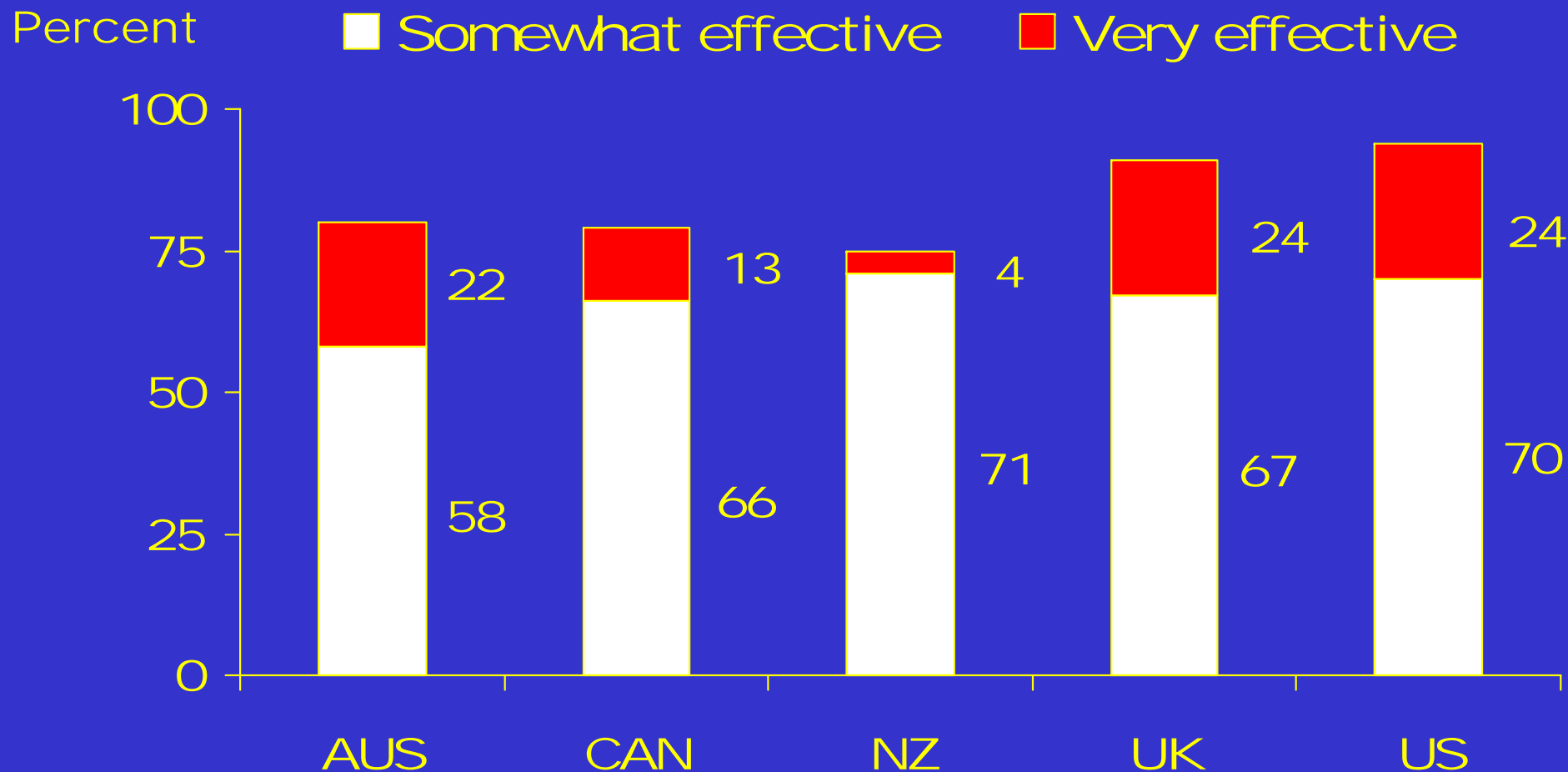


Chart VI-3. Physician Support for Reporting and Addressing Preventable Medical Errors

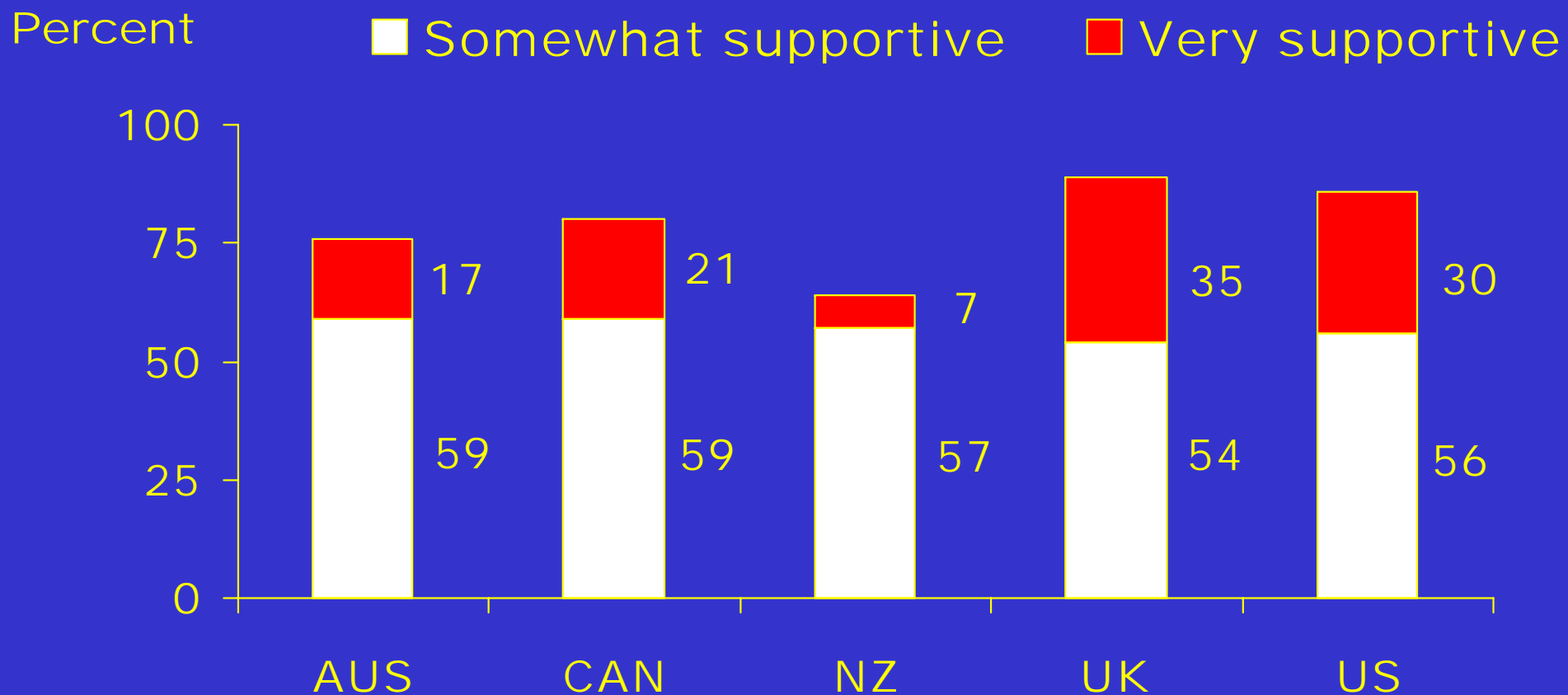


Chart VI-4. How Effective Would Electronic Medical Records Be in Improving Quality of Care?

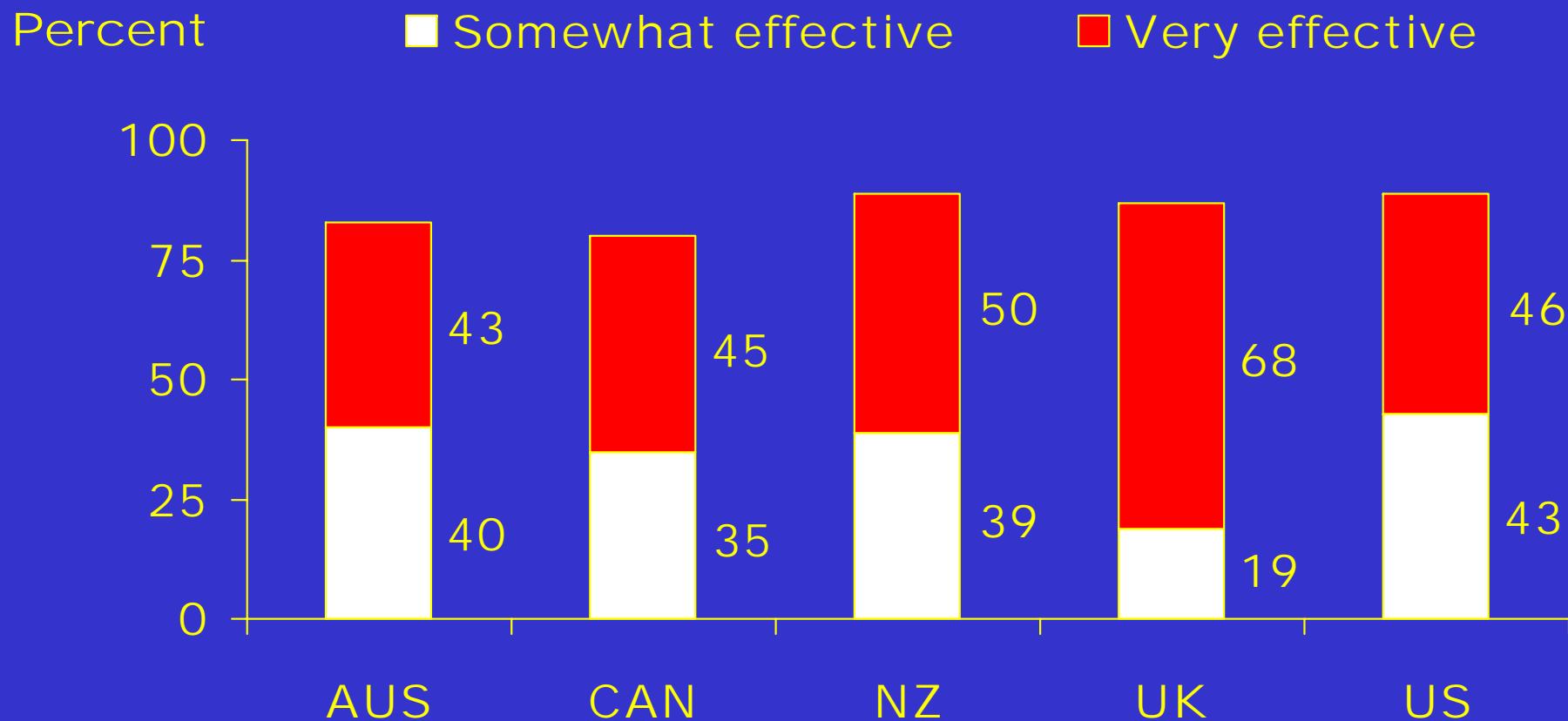


Chart VI-5. How Effective Would Computerized Ordering of Drugs Be in Improving Quality of Care?

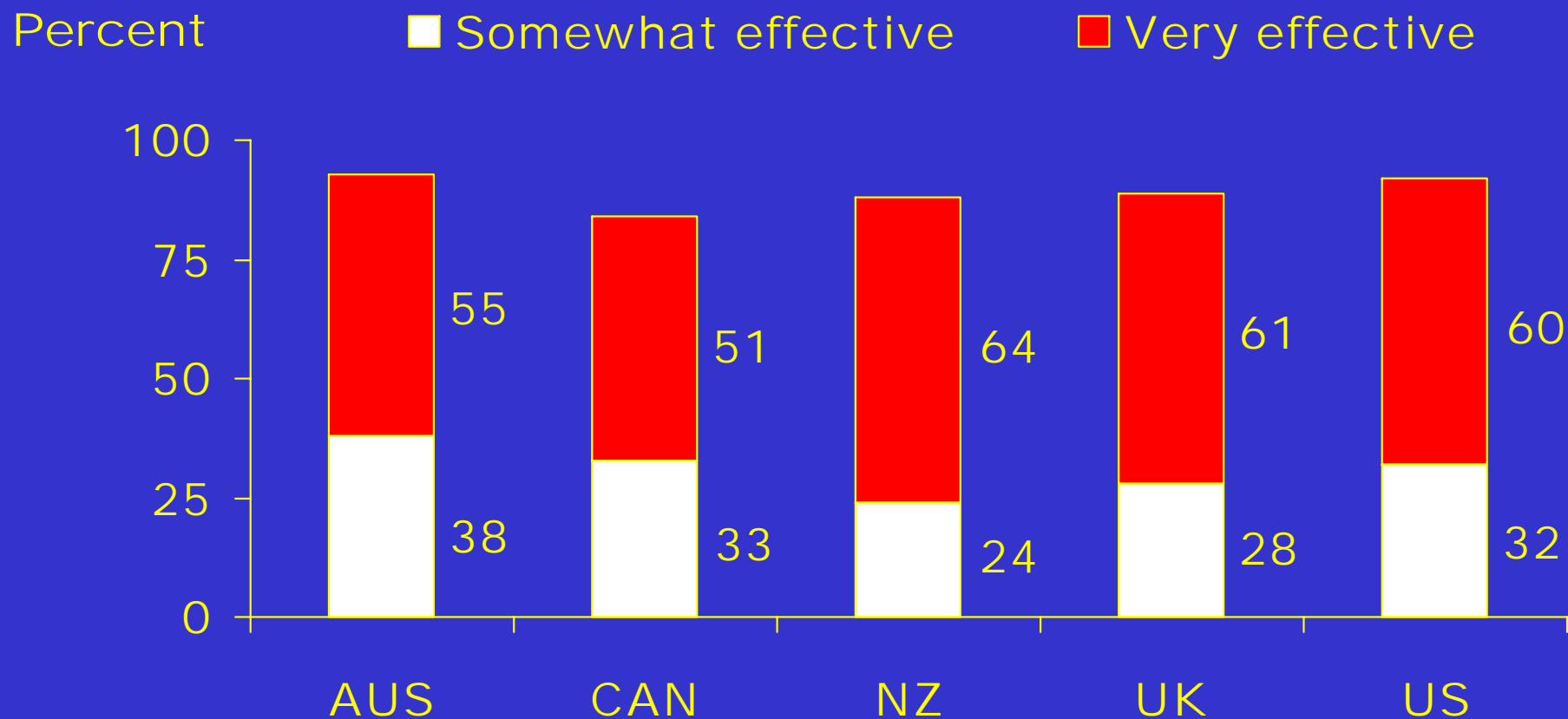


Chart VI-6. How Effective Would Standard Treatment Guidelines Be in Improving Quality of Care?

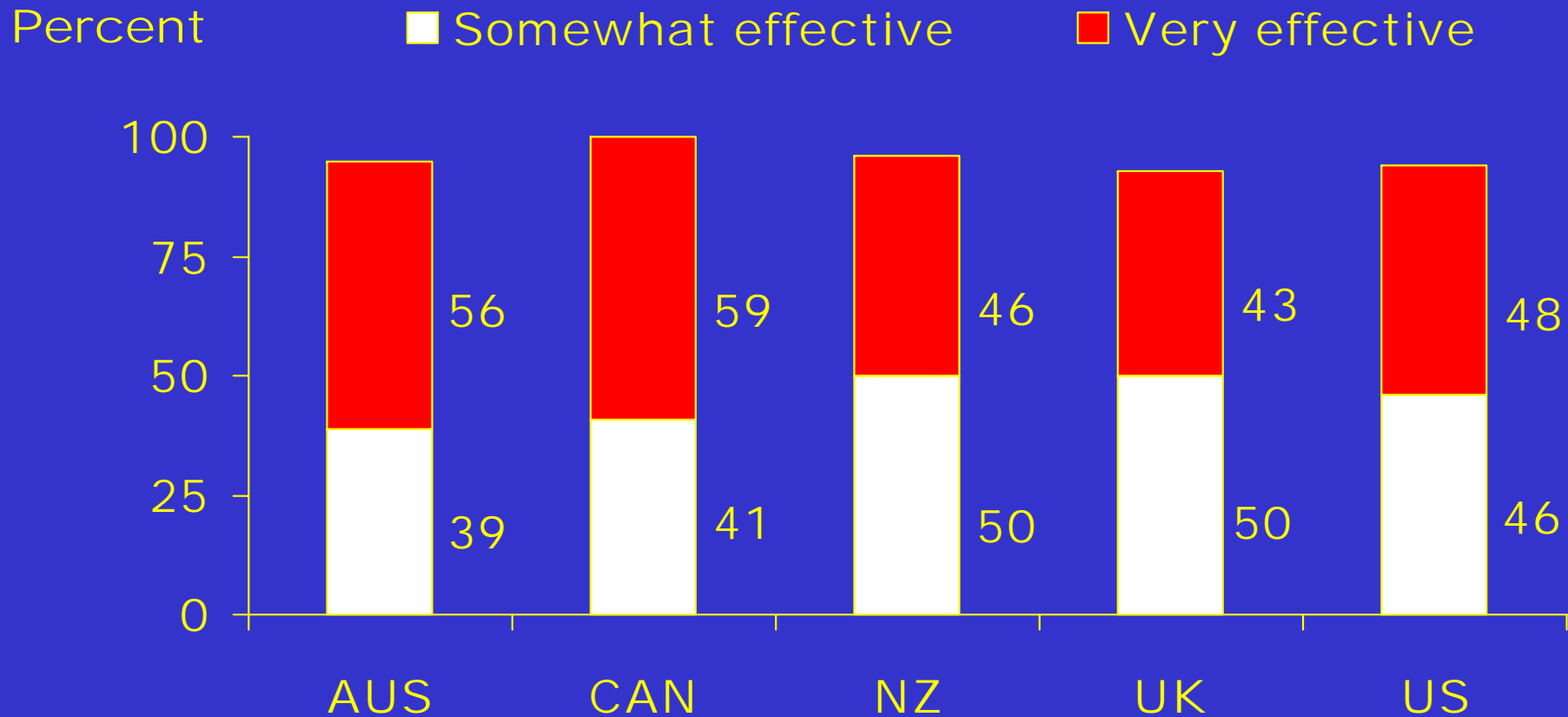


Chart VI-7. How Effective Would Outcome Comparisons with Other Hospitals Be in Improving Quality of Care?

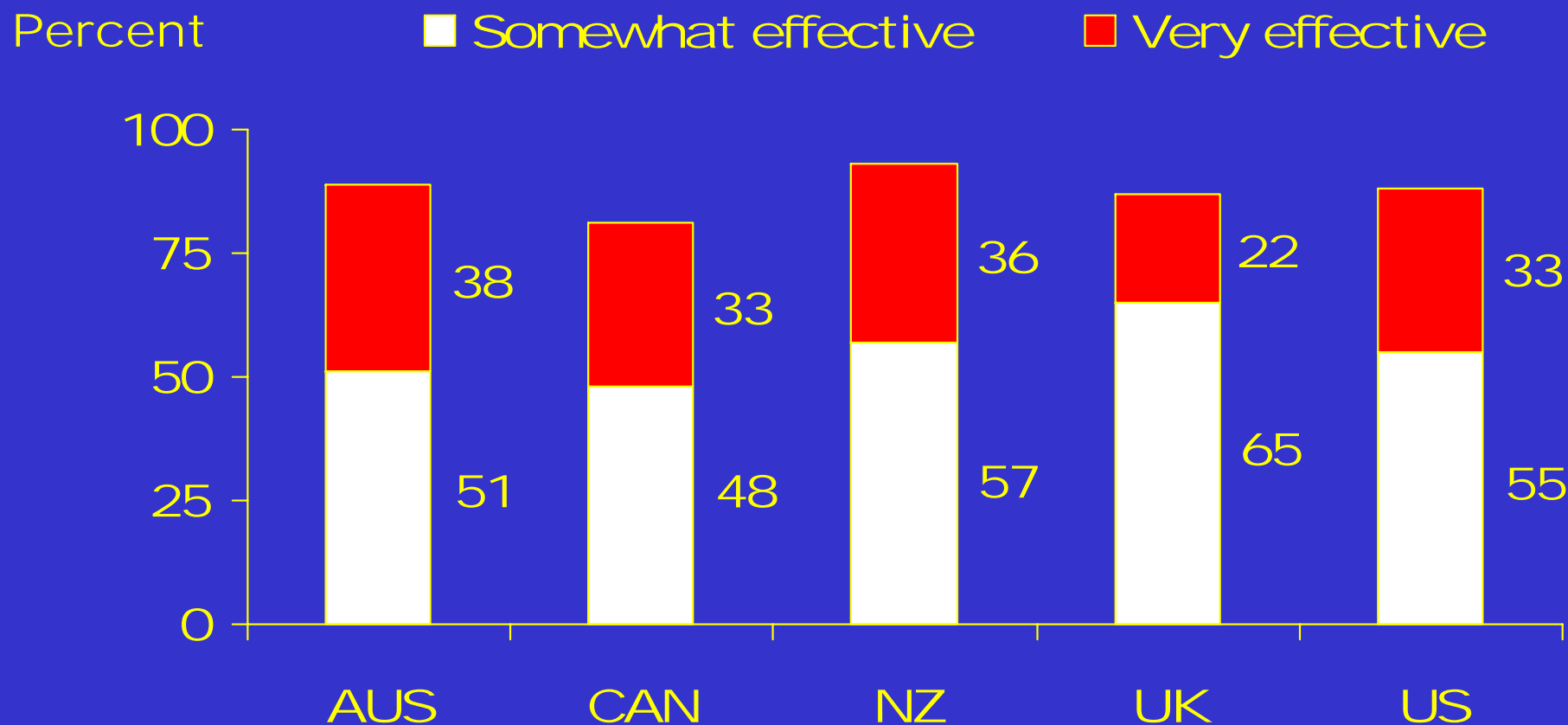


Chart VI-8. How Effective Would Bar Coding of Medications Be in Improving Quality of Care?

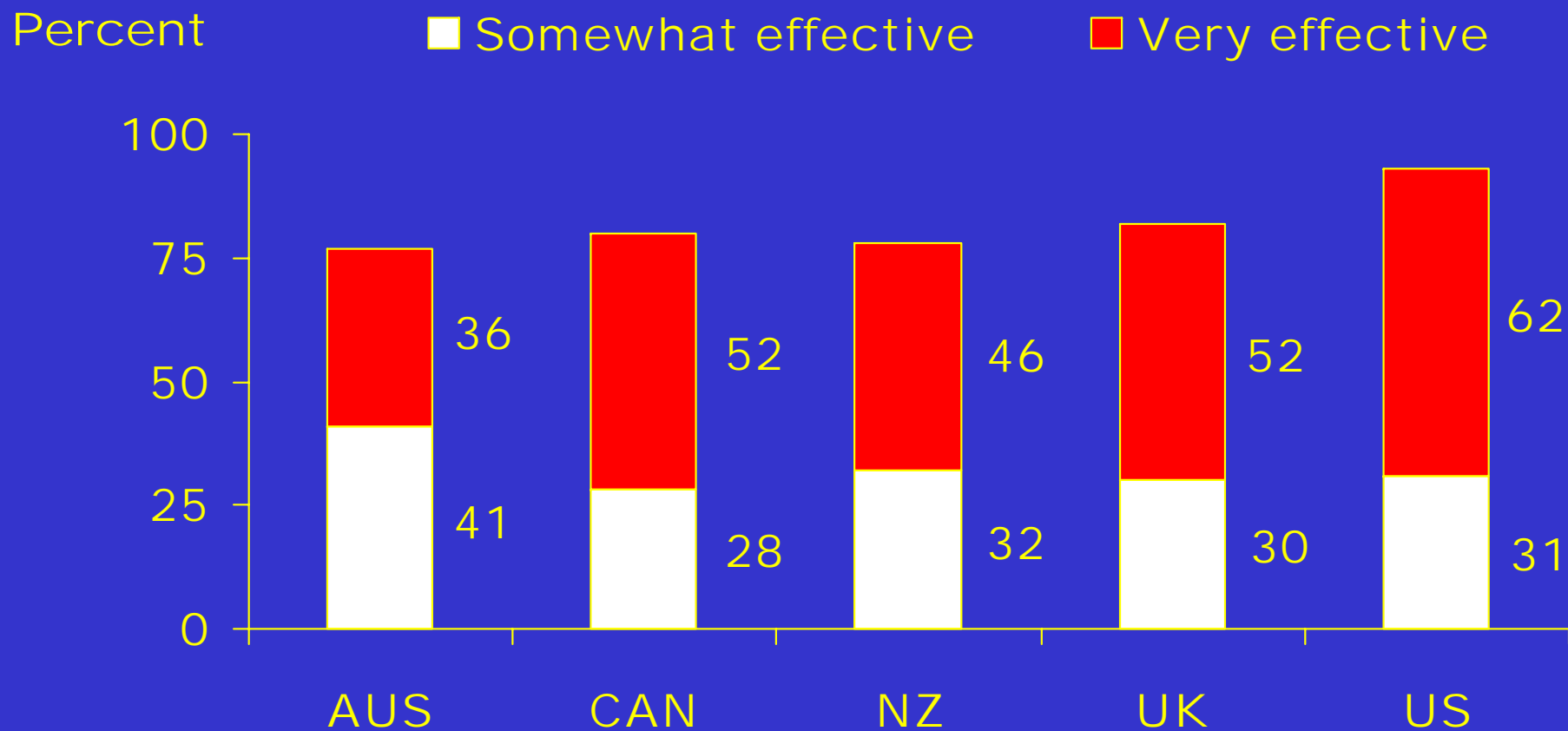


Chart VI-9. Effectiveness of Government Policies and Regulations Designed to Improve Quality of Care

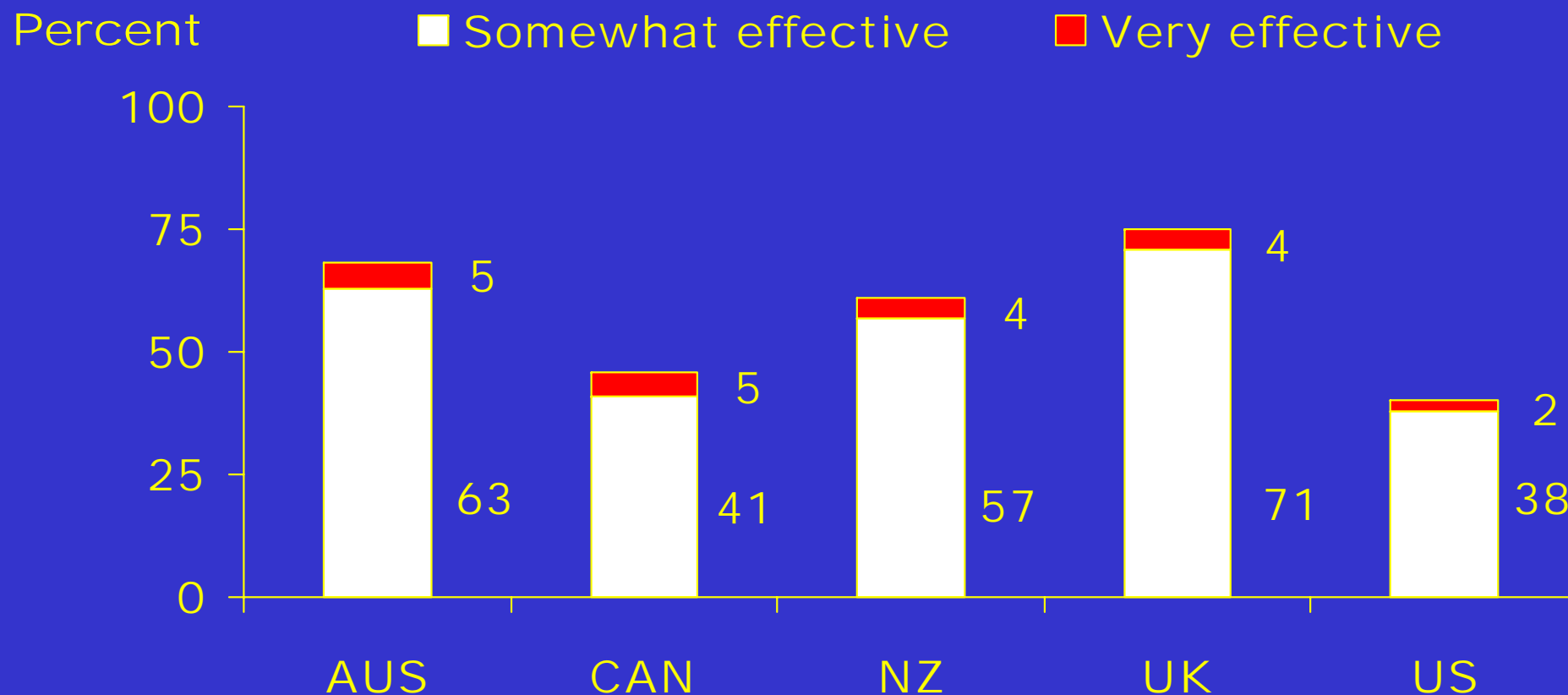


Chart VI-10. Opposition to Disclosure of Quality Information to the Public

Percent saying should NOT be released to the public:	AUS	CAN	NZ	UK	US
Mortality rates for specific conditions	34%	26%	18%	16%	31%
Frequency of specific procedures	16	5	4	13	15
Medical error rate	31	18	25	15	40
Patient satisfaction ratings	5	2	0	1	17
Average waiting times for elective procedures	6	1	0	1	29
Nosocomial infection rates	25	10	25	9	29

VII. Staffing Issues

Chart VII-1. Staffing Shortages

Percent reporting "serious" shortages of:	AUS	CAN	NZ	UK	US
Nurses	23%	30%	11%	22%	31%
Pharmacists	26	33	14	27	14
Specialists or consultant physicians	11	26	7	17	16
Trained managerial staff	5	12	0	6	3
Lab technicians	3	9	0	17	4

Chart VII-2. Canceling or Postponing Scheduled Surgeries Due to Staff Shortages

Percent reporting having to cancel or postpone 10% or more of scheduled surgeries due to staff shortages

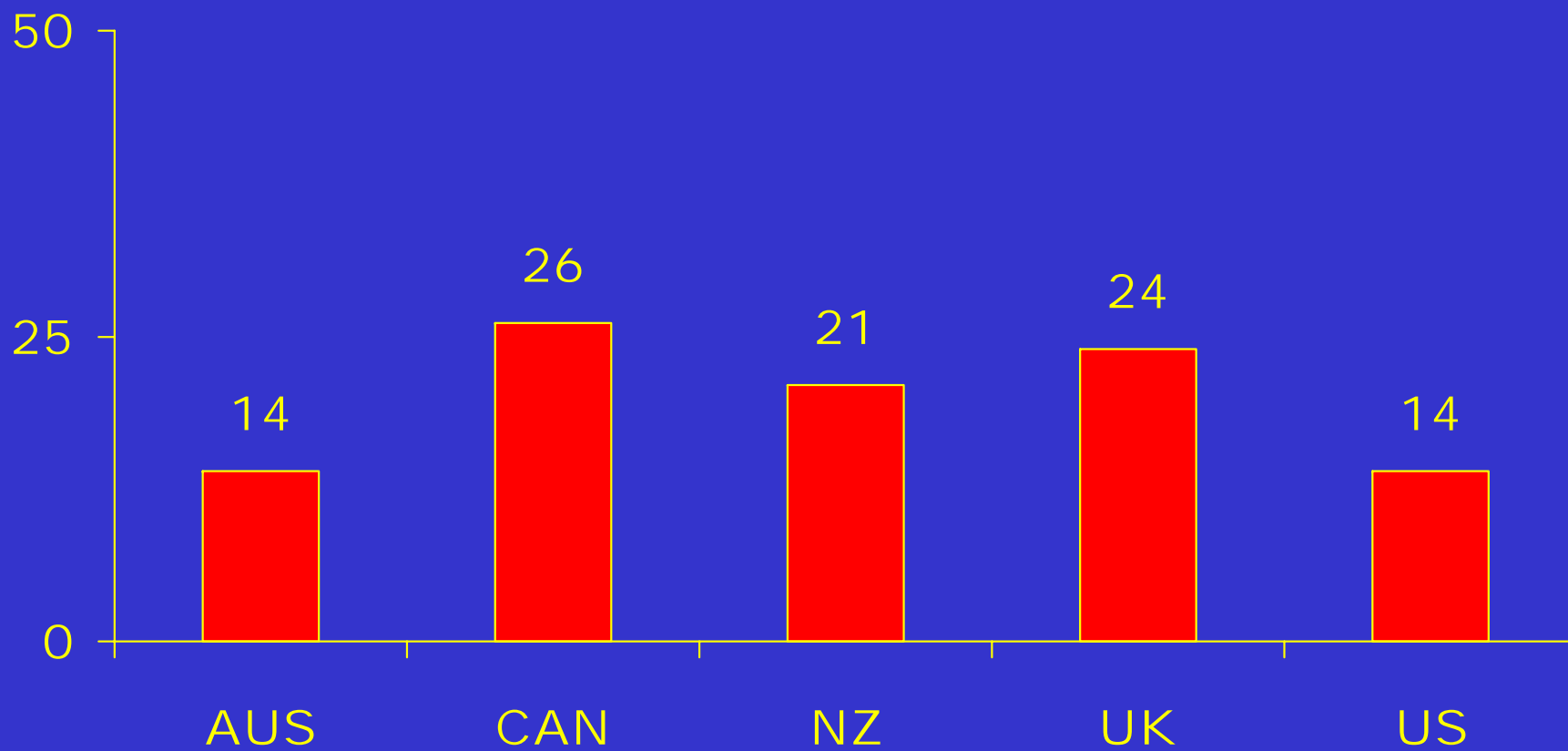


Chart VII-3. Nurse Staffing Levels Compared with Two Years Ago

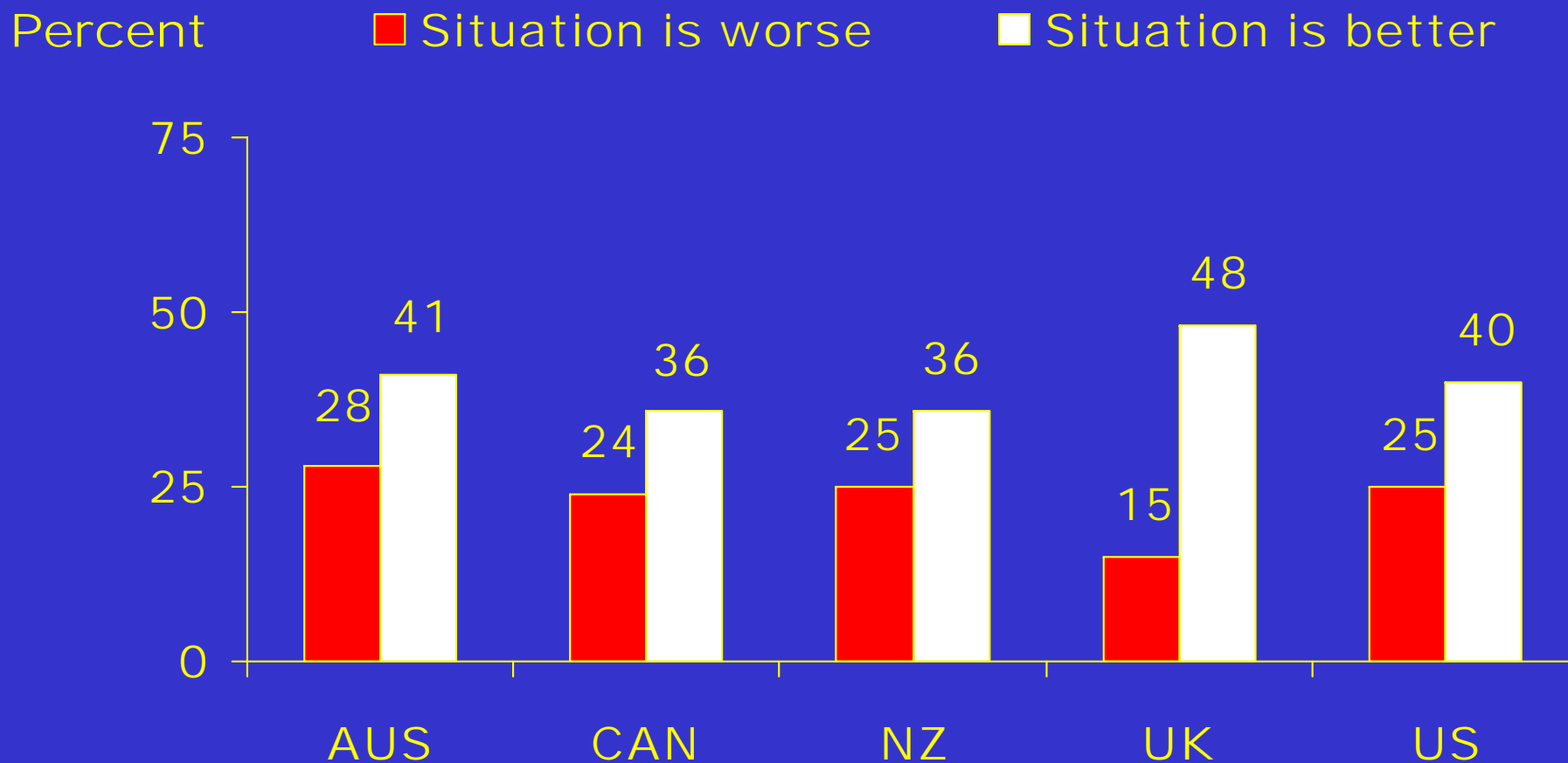
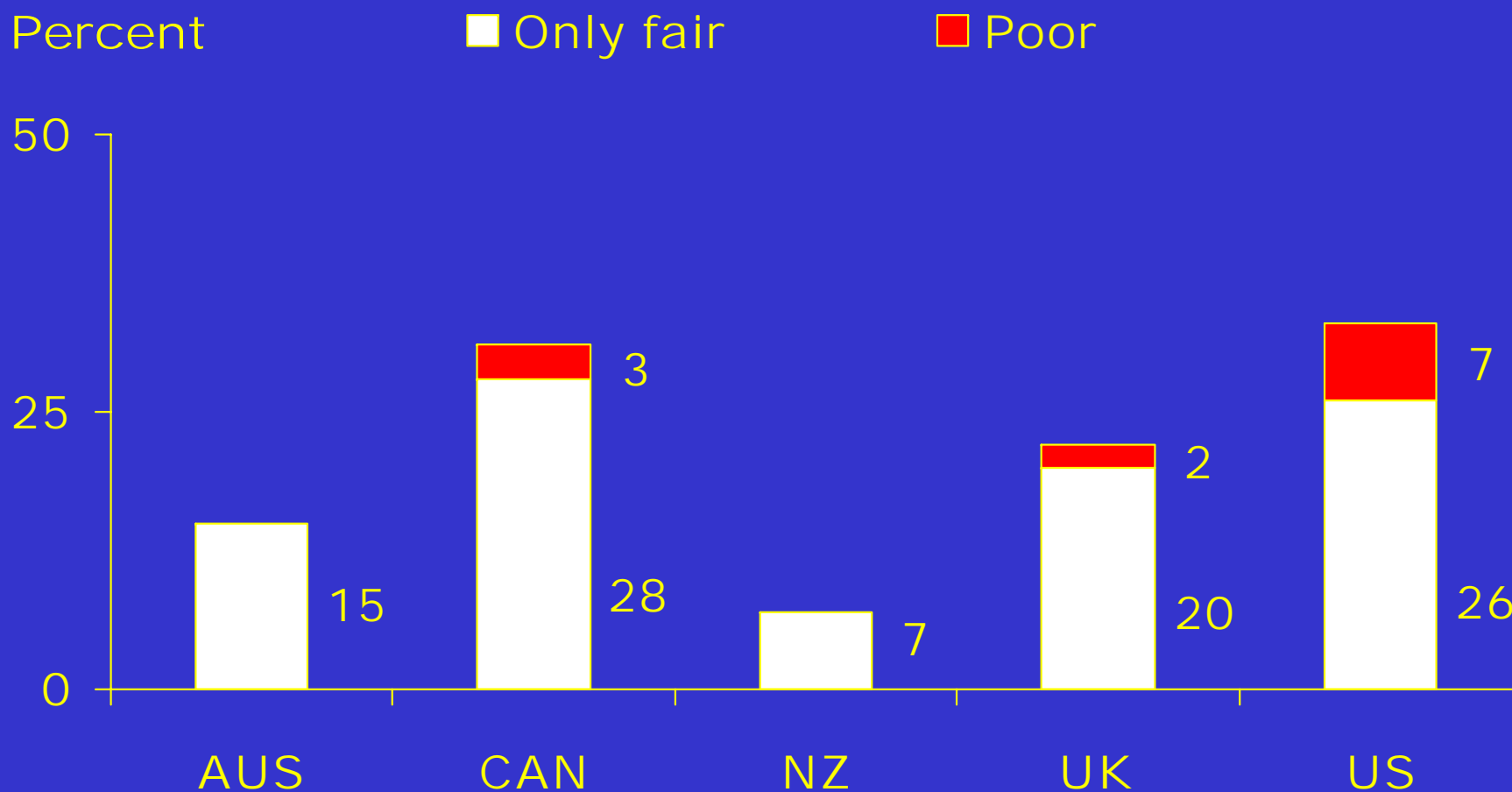


Chart VII-4. Strategies to Recruit and Retain Nurses

Percent saying they use:	AUS	CAN	NZ	UK	US
Sign-up bonuses	16%	24%	4%	8%	60%
Tuition reimbursement	75	51	54	NA	97
Recruiting from other countries	57	30	86	88	35

Chart VII-5. Rating Physician Morale



VIII. Information Technology

Chart VIII-1. If You Had New Funding to Invest in a One-Time Capital Improvement to Improve Quality of Patient Care in One Area of Your Hospital, What Would It Be?

Percent saying:	AUS	CAN	NZ	UK	US
Electronic medical records/IT	35%	47%	46%	38%	62%
Emergency room/OR/ Critical care facility	26	18	4	22	13
Basic hospital/patient facilities	17	14	21	22	3
Diagnostic equipment/ medical technology	9	16	11	10	3

Chart VIII-2. Major Barriers to Greater Use of Computer Technology

Percent saying major barrier:	AUS	CAN	NZ	UK	US
High start-up costs	84%	84%	93%	69%	71%
Projected maintenance costs/insufficient technical staff	49	42	32	52	27
Lack of uniform standards within industry	49	35	50	31	44
Doctors' resistance to change	20	21	18	8	39
Privacy concerns	20	26	7	8	17
Lack of training	11	12	4	9	15

IX. Summary and Policy Implications

- Shared concerns across countries around financial health, waiting times, quality of basic services, staffing shortages.
- Challenge to maintain current levels of service and financial constraints may limit the ability of hospitals to make quality improvements.
- While attention is being given to patient safety, there remains substantial room for improvement.
- Majority of hospital executives endorse public disclosure of quality data and quality initiatives.
- Nurse shortages are a concern but there is guarded optimism that they are not getting worse.
- Information Technology is an investment priority but hospitals cite common barriers to moving forward.
- Cross-cutting issues offer opportunities to learn from varying approaches within different country systems.