

Botsford criticizes data collection

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The nine Michigan hospitals account for 4.7 percent of the state's medical facilities.

The other hospitals are Doctors Hospital in Detroit, Detroit Receiving Hospital, Grace Hospital's Northwest Unit in Detroit, Heritage Hospital in Taylor, Garden City Osteopathic Hospital, Riverside Osteopathic Hospital in Trenton, Pontiac Osteopathic and Beyer Memorial Hospital in Ypsilanti.

Gilner said Botsford fell within the predictable range in all 16 categories listed on the report.

"Yet when they summarized the overall range, we fell just outside,"

he said. "Our mortality rate dropped by 1 percent last year. There appears to be a miscellaneous category that they group a lot of deaths in, which they give you no information. "All we can guess is that there must be some statistical anomaly that can allow us to be within the range for all 16 categories, yet when they total them all up, we fall just outside the total."

"WE'RE NOT even 1 percent (outside)," Gilner said. "I calculated it. It was .5 or .7. It was just rounded off to 1 percent. I figured it out, if we had had two less deaths during the whole year, it would have been

rounded off to 16 percent instead of 17 percent."

Gilner maintains that several variables were not taken into account in developing this data. They were:

• The severity of illness, the most significant factor, was not taken into account.

• Of 339 reported Medicare deaths last year, 121 or 36 percent of these patients were transferred from an Extended Care Facility. Botsford receives patients from at least 21 area nursing homes in Livonia, Southfield, Redford, Plymouth, Westland, Brighton and Detroit. Zieger Health Care Corp., which operates Botsford, also owns Farmington Nursing Home and sends patients to Botsford, said Gilner.

• 35 percent (119) of Botsford's mortalities were 65 years of age or older. The average patient age was 80 years.

The Health Care Financing Administration, which oversees Medicare, said it calculated the death rates based on patients' age, sex, illness and condition at the time of hospital admission.

• On an average, each of Botsford's 339 Medicare patients who died last year had two additional major organ systems involved in disease in addition to the primary disorder that necessitated admission to the hospital.

• 65 percent or 235 of Botsford Medicare-reported deaths had an order on the medical record that no resuscitative measures be instituted. This means that a physician has determined that the patient's condition is such that death is imminent and the family has indicated that no



Dr. Kenneth Gilner, Botsford medical director, does not think the Health Care Financing Administration portrayed the real picture in listing Botsford General Hospital's mortality rate.

resuscitative measures be taken. This is called do not resuscitate or no-code orders. "This suggests that a significant proportion of our Medicare deaths occurred in patients who were considered to be in the terminal phase of their disease process," said Gilner.

• HCFA's mortality information is based on the last hospital admission of the year for all Medicare patients admitted during 1987. All had multiple hospitalizations, had been admitted through the emergency department and had multiple problems.

THE SOUTHEAST Michigan Hospital Council of the Michigan Hospital Association, a trade association, said the data cannot be fairly used to measure the quality of care in a given hospital, and a hospital should not use the data to compare performance with other hospitals.

Limitations also include the fact that the cause of death is not taken

into consideration, the categories are too broad and hospitals are unable to verify the data because patients who die outside the hospital up to 30 days after admission are included in the report.

Steven Simmons, press relations spokesman for the council, added that admission data was used. "Cause of death was irrelevant," Simmons said.

He explained that if a person was admitted under a cardiac code, but died three weeks later in an auto accident, the report would list him under the cardiac category.

Also, socioeconomic factors are not taken into consideration.

The council said the information can be used for quality review by outside organizations, investigation by hospital medical staffs and the development of questions by health care patients.

The Associated Press contributed to this story.

Training burn policy getting council heat

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burn leaves not allowed to get permits for Halloween night bonfires in subdivisions. One caller asked Fox whether the city charged developers for burning houses when the property will be used for future development.

Developers are not charged for the burns, which give firefighters actual building fire experience. Fire Chief Richard Marinucci said his people cannot get that experience any other way.

"We just can't simulate this on a chalkboard or out in a field," he said. "We feel while there are some pros and cons, the pros outweigh it. We feel it is very valuable to our people."

Marinucci likened a department without training burns to a driver training student who is not allowed behind the wheel of a car, then is sent out to drive in rush-hour traffic.

"I guess our opinion is that these are very beneficial for our type of community and our type of department," he added.

Mayor Jody Soroosen was one council member who spoke in support of the department. "We do not do this to benefit developers," he said. "The benefit is the practice the fire department gets. I certainly want my fire department to have as much practice as they can possibly have."

Mayor-elect Terry Sever, who attended the Dec. 11 burn, agreed. "I was quite impressed by the way things went," he said. "Would they like to have a fire department respond... who had no experience? I do feel very strongly the exercise benefited the city. They benefited a great deal."

No action was taken on Fox's comments, which came toward the end of the agenda, during the time designated for "council comment."

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