

UC Patient Care WATCH

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www.UCPatientCareWatch.org

Are UC's Medical Centers Really the "Best"?

U.S. News and World Report ranked the University of California Medical Centers among the "Best Hospitals" in 2007. But what does *U.S. News* take into account when they define "best"?

U.S. News DOES NOT take into account the conditions facing patient care staff:

UC workers believe that below-market wages, a high stress environment and increasing benefit costs cause UC to lose experienced workers and create the need to rely on temporary staff in certain departments.

We believe that all these factors can adversely affect the quality of patient care, including the possibility that they may, along with other factors, contribute to elevated complication rates.

UC Davis: Major Complication Rates for Kidney Disease-related Lines of Service⁴

45%

Percent of lines of service where UCD performed **worse than expected.**

72%

Percent of lines of service where UCD performed **worse than or equal to at least one peer group.**

U.S. News DOES NOT take into account complication rates:

An analysis of 2005 data¹ that UC submitted to the State indicates that for some lines of service that are associated with specialty areas where *U.S. News* found UC to be "among the best," major complication rates² were higher than expected *and/or* higher than at peer institutions.³ For example, *U.S. News* ranks UC Davis #49 in the nation for Kidney Disease, yet UC Davis Medical Center performed worse than expected in 45% of Kidney Disease-related lines of service, and worse than or equal to at least one of its peer groups in 72% of Kidney Disease-related lines of service⁴.

It is time for UC's Medical Centers to stand up and really be the BEST — for workers *and* for our patients!

NEXT WEEK: ... A summary of what we know so far ...

Brought to you by the 11,000 UC Patient Care Technical Employees at UC's Medical Centers represented by AFSCME Local 3299. AFSCME is currently in contract negotiations with UC. We are fighting for wages, benefits and working conditions which would close the gap with other medical centers. Please support us!

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No request to cease services or stop deliveries.

Footnotes: 1 - Based on an analysis of 2005 Office of Statewide Health Planning & Development (OSHPD) Inpatient Discharge Data Set commissioned by the union. UC attests under penalty of perjury that the data they submit to OSHPD is accurate and complete. Data has been risk-adjusted. 2 - Rates calculated as actual / expected. 3 - To account for variations of patient mix, a peer group was defined that included 16 private medical centers and 10 county medical centers that also operate academic programs on their campuses. A list of the peer group can be found at www.ucpatientcarewatch.org/peergroup. 4 - Of the 11 kidney disease-related lines of service at UC Davis in 2005, UCD's actual major complication rate was higher than expected in 5/11. UCD had a higher rate of complications than one or both peers in 5 lines of service, was equal to one or both of its peer groups in 3 lines of service and out-performed both peer groups in 3 lines of service.