

TRENDS & Ideas



PHYSICIANS

Money Isn't Everything



Despite the business and financial pressures facing new physicians in the 1990s, most residents base affiliation decisions on factors other than money, according to a recent survey conducted at St. Paul Medical Center, Dallas. This news may be reassuring to the public and to hospitals, both of whom

hope that finding and keeping a good physician will depend on more than the pocketbook.

To better understand the factors that affect medical residents' affiliation decisions, the Physician Relations Department of St. Paul Medical Center, under the direction of Kathleen Smith,

surveyed persons nearing the end of their residencies and former residents who had established practices in the past year. Twenty current and eleven former residents responded to the February 1991 survey.

The survey of residents was not intended to be statistically significant but "to

identify common attitudes and opinions on a variety of recruitment-related issues," reports Carol A. Krebs, St. Paul's practice support coordinator.

St. Paul's Physician Relations Department asked residents about the type of practice they preferred to work in, the importance of

financial incentives, and the qualities they valued in a recruiting hospital.

Of current residents, 67 percent preferred small group practices. The remaining 33 percent was evenly split between those preferring a solo practice and those who were undecided.

Sixty-five percent of current medical residents ranked family considerations as the most important factor influencing where they established their practices; 30 percent ranked geographic location first. "Not one resident placed financial considerations at the top of the priority list when making initial practice decisions," reports Krebs. She adds that former medical residents answered similarly.

"Once general decisions about family and geographic location have been made, residents begin to prioritize factors related to specific hospitals," explains Krebs. Nearly 50 percent of the current medical residents found most important the opportunity to enter an established practice. The reputation of the hospital and its medical staff was most important to 35 percent of the current residents. Fewer than 10 percent found research or medical school positions important. The remaining 5 percent ranked financial considerations first.

INFANT CARE

Pictures of Compassion

Parents of at-risk infants being treated at St. Marys Hospital Medical Center, Madison, WI, can follow their babies' progress on videotapes taken by the Infant Intensive Care Unit (IICU) nursing staff.

According to a story in the St. Marys *New Life News*, the use of videos in the IICU began 10 years ago. But the practice did not become part of the unit routine until fall 1989—just after the opening of a new IICU—when unit

supervisor Diane Buss and her staff decided to actively develop the video service.

At first, staff concentrated on making videos available to families of babies who had been transferred to St. Marys from outlying areas. The goal was to help ease their anxiety until they could rejoin their newborn. But staff soon found that parents whose babies were born at St. Marys were also grateful for the videos.

To facilitate taping, a maintenance department staff member created a cart on which nurses could mount a videocassette recorder and a video camera, which allows nurses to use the camera without disrupting IICU routines. For parents who are separated from their babies, nurses videotape the children from head to toe. They update the tape to document changes

in the baby's condition until parents and child are reunited.

"Videos chronicle a baby's life in a way that photos can't," noted IICU staff nurse Laura Robison. "Parents can see their baby breathing and moving."

According to *New Life News*, parents' response to the videos soon led to an expansion of the service. "Staff members were taping many infants in the unit and teaching parents how to run the camera themselves." A grant from the Evjue Foundation, Inc., has allowed the IICU to purchase additional cameras to keep up with increased demand. The contribution also helped fund a switcher that allows nurses to send live or taped videos to mothers in the hospital's labor and delivery suite, surgical intensive care unit, and elsewhere.

The enthusiasm the service has generated has surprised many at the hospital, including some early skeptics. "At first I wondered if this was an appropriate use of video for the hospital," admitted St. Marys media specialist Vicky Padway. "But now that I know it has consistently helped people get through a rough time, my ideas have changed."



In and Out of Poverty

There is reason for hope, but also for concern, about the ability of various groups of people to escape from poverty, according to a recently released study from the U.S. Bureau of the Census.

Transitions in Income and Poverty Status: 1987-88 reveals that 25.7 percent of those who lived in poverty in 1987 (6.4 million persons) were no longer poor in 1988. Over the same period, 4.5 million persons who had been above the poverty line fell below it.

However, because most of those who moved into or out of poverty during the period studied had been just above or below the poverty level in 1987, the net decrease in the number of poor in 1988 may be misleading. A more revealing picture of income movement emerges when the focus shifts to persons whose income level had to change significantly in order to alter their poverty level status. Between 1987 and 1988, 1.4 million persons whose income had been less than 75 percent of the poverty level managed to rise out of poverty, while 1.5 million who had had incomes more than 25 percent above the poverty level fell into the ranks of the poor.

Shifting focus to persons with incomes below 75 percent of the poverty level also reveals some important differences between populations. For example, in 1987, 13.5 percent of children under six fell into this category of severe poverty, compared with 6.8 percent of the general population. To put these numbers in perspective, a family of four living at this poverty level had an annual income of less than \$8,708. Moreover, only 12.5 percent of children under six who fell in this category managed to rise out of poverty in 1988. For the general population, the figure was 16.1 percent.

Blacks were also more likely than other populations to remain locked into severe poverty. Of the 8.8 million whites with incomes below 75 percent of the poverty level in 1987

EMERGENCY ROOMS

Perceiving Quality of Care



Sim Gellman

The quality of care patients receive in a hospital's emergency room influences whether they would choose that facility again and whether they would recommend the facility to others. One of a hospital's highest priorities, therefore, should be to improve the quality of care in the emergency room, reports Park Ridge, IL-based Parkside Associates, Inc., in *Quality of Care Monitor: National Emergency Room Survey 1991*.

In June 1991 Parkside Associates researchers surveyed 17,271 patients one week after treatment in the emergency room of 235 hospitals in 43 states. They found that eight characteristics affect how patients perceive their quality of care: physician courtesy, comfort of the waiting room, nurse courtesy, satisfactory answers

to patient questions, protection of privacy, acceptable waiting time for treatment, cleanliness of treatment area, and satisfaction with pain control.

In addition to assessing these characteristics, hospital emergency rooms can use seven general factors to evaluate their quality improvement efforts: nursing care, physician care, facility characteristics, testing services, waiting time, medical outcome, and registration process. These, the researchers say, provide "stable and reliable measures with which to determine a patient's perception of quality."

"Despite the steadily increasing pressures many emergency rooms face today, eight of every ten patients report being completely satisfied with the outcome of their medical treat-

ment," write Parkside Associates researchers. More than half the patients surveyed described their care as excellent, while 85 percent said they would recommend the facility to others.

However, young parents, aged 26 to 35, are less likely to rate emergency room care as excellent. "Since this group is responsible for their own care and their children's, this study indicates an important market segment for quality improvement efforts," the researchers assert.

How can hospitals ensure that patients believe they are receiving high-quality care in the emergency room? Parkside Associates recommends monitoring patient satisfaction on a regular basis and comparing the findings with those of similar facilities that use the same measures.



(4.5 percent), 19.3 percent increased income enough to escape poverty. Only 11 percent of the 6.1 million blacks in the same category (22 percent of the black population) were able to rise above the poverty level. Meanwhile, 3.7 percent of blacks whose incomes had been more than 25 percent above the poverty line in 1987 became poor in 1988, while only 1.1 percent of whites suffered a similar fate.