



Response to Dallas Morning News Article

October 14, 2012

To the UT Southwestern Community:

Today's *Dallas Morning News* includes a story that purports to compare patient safety outcomes among large Texas hospitals. The comparison relies on outdated and misleading data that reflects neither actual performance nor current hospital conditions. And, there are serious flaws in the way the newspaper calculated its comparison rankings. We believe they have published an inaccurate and incomplete picture of hospital safety at UT Southwestern and the North Texas region.

Since their comparison casts St. Paul University Hospital in a very negative light, I wanted to provide the UT Southwestern community with this background information.

As noted in the article, *The Dallas Morning News* used software for their analysis that was developed by the Agency for Healthcare Research and Quality (AHRQ) to establish Patient Safety Indicators (PSIs). The experts who developed the software, as well as national leaders in quality measurement, have publically stated that it should not be used as the sole basis for judging patient safety. Other measures, such as mortality and complexity of illness need to be included. The software is known to include arbitrary risk adjustments, giving disproportionate weight to a small number of PSIs.

UT Southwestern, the Dallas-Fort Worth Hospital Council, and other Texas hospitals interacted with the newspaper prior to publication, to provide an understanding of the limitations of the data, as well as the flaws in the methodology *The Dallas Morning News* was utilizing. The newspaper led us to believe we were still discussing these flaws. Today, however, they published this comparison, knowing their analysis was flawed.

UT Southwestern uses, as do most hospitals, PSI data as one of several measures to identify areas of potential concern. For example, using the same monitoring software over time, we noted a seemingly high rate of PSI 15, which measures accidental puncture or laceration rates. Alerted to a possible issue, we examined this "signal" in greater depth. We found that excess cases were not primarily due to safety or quality problems, but rather, to inexact discharge coding. That has since been rectified. And we explained that to *The Dallas Morning*

News. As we informed the newspaper, in the latest quarterly rankings of the University HealthSystem Consortium (UHC), UT Southwestern now ranks in the top third of U.S. academic medical centers for this PSI.

The Dallas Morning News did not note any of the contextual information we had provided and continued to identify accidental punctures and lacerations in surgery as a major reason for our low score. That is a significant injustice to us and serious disservice to the citizens of North Texas.

There are also serious technical flaws in the newspaper's methodology that make the results statistically invalid. Some are obvious; others are not. The billing and coding data used in the calculations are two years old. It does not capture the substantial further improvements achieved through our focus on quality and safety. Because of the limits of the software and data inputs, their analysis failed to account for the fact that our hospital patients are on average among the most acutely ill in the state. Many findings coded as PSIs are already present at the time of admission and do not reflect the quality of care at St. Paul University Hospital.

It is irresponsible to patients and the North Texas region for public assessments of quality and safety to be based on anything other than a comprehensive approach. We firmly believe that hospitals have a duty to be constantly monitoring, analyzing, and improving the quality and safety of the care they deliver. UT Southwestern, like other hospitals, reviews data from multiple sources and takes into account many established measures of patient safety.

UT Southwestern is proud of our commitment to ongoing quality improvement – and to our record of delivering safe, high-quality, compassionate care to our patients.

Your work is critical to the mission of improving the health of our community, and it is important for you to know the full story. I thank each of you for your efforts.

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