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JULY 19, 1999

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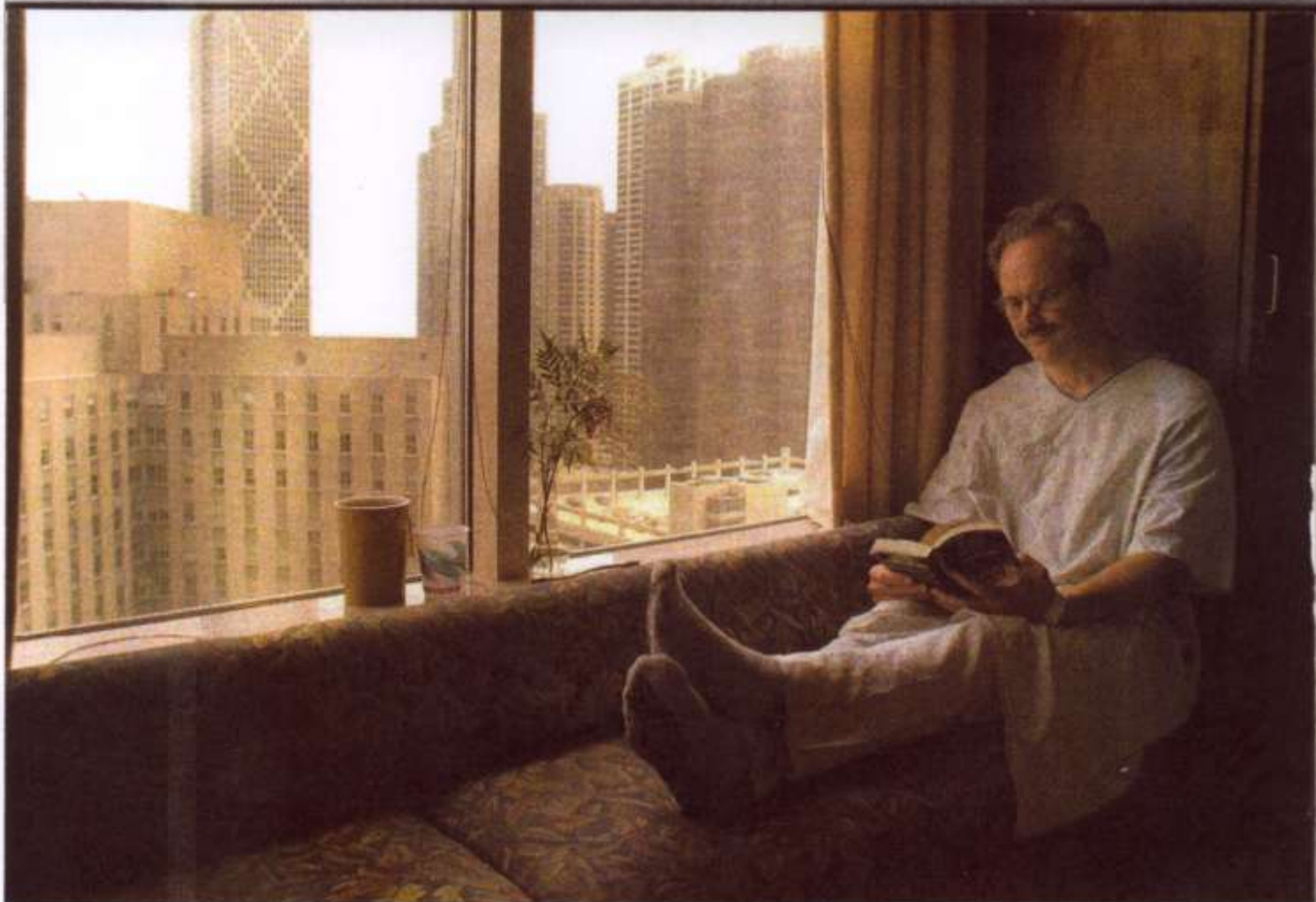


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HOSPITAL PANES. Patient Andy Thomson sees the Windy City skyline from his window. To reduce traffic (and germs), all rooms are private.

The new Chicago hope

Can Northwestern pamper patients—and cut costs?

BY JOSH FISCHMAN

Eighteen thousand tons of freshly forged steel surround the slight, almost frail frame of Annemarie Schuessler as she lies in bed in America's newest major hospital. The metal supports a city-block-wide edifice, holding 10 million feet of electrical wiring, a state-of-the-art medical imaging system, and some rooms that work like air locks to keep germs from circulating. Northwestern Memorial's new medical center cost \$580 million to construct and opened just three months ago in Chicago.

What impresses Schuessler most, however, is the small, low-watt desk lamp near her bed.

"I can sleep through the night," she says

softly. "Nurses can come in and look without turning on the"—she pauses, groping for the right word—"the over the head, the overhead lights. And waking"—another pause—"me up."

A stroke rendered Schuessler speechless 4½ years ago, sending the 48-year-old pianist on an odyssey through hospitals in five states as she struggled to regain her ability to talk and to play music. Her journey has made

Schuessler a reluctant reviewer of medical centers. And she gives Northwestern Memorial, where she landed after suffering a new series of small strokes, nearly five stars. Her reason: It practices high-tech medicine yet places a huge emphasis on patient comfort. Every patient admitted to Northwestern has a private room with windows; less visibly,

the hospital has gathered labs and diagnostic services that were scattered throughout 22 old buildings and placed them near the staff and patients who need them.

The result is a hospital that aims to treat more patients more effectively, making stays shorter and, remarkably, keeping medical bills down.

Caf or decaf? Giving patients a sense of well-being is a crucial part of the plan. "We're trying to give people more control in a situation where you don't have a lot of control," says Julie Creamer, Northwestern Memorial's vice president of patient services, noting that less anxious patients tend to heal more quickly. Hospitals across the country are picking up on the trend. "They did a good job," says Michael



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SCOTT GOLDSMITH FOR USN&WR

AMERICA'S BEST HOSPITALS

Boyle, associate director of Beaumont Hospital outside Detroit, who has visited Northwestern twice because his hospital is planning its own building spree. "It's a much less intimidating environment than most hospitals."

And the Starbucks planned for the lobby hasn't even opened yet.

Besides visions of bedside cappuccino, the first novelty to hit new patients entering the shared base of the hospital's twin skyscrapers comes when they head for the admitting department. It isn't there. Instead, an aide with a laptop computer registers a patient at bedside in his or her own room.

"We knew from talking to patients this was one of the most frustrating parts of the hospital," says Creamer. People would arrive sick and worried, then sit in an office for an hour filling out form after complicated form. Now a doctor calls to tell the hospital that a patient is coming, the room is readied, and aides take the patient right there from the lobby.

"I really wasn't expecting that," says Andy Thomson, 49, who came in last month for a liver exam. "Usually hospitals send you to some kind of waiting room. Here I just reported to the desk, they told me what room to go to, and then someone came in and took down the admitting information. I've spent time

at the University of Chicago hospitals and at the Mayo Clinic, and this was a nice change."

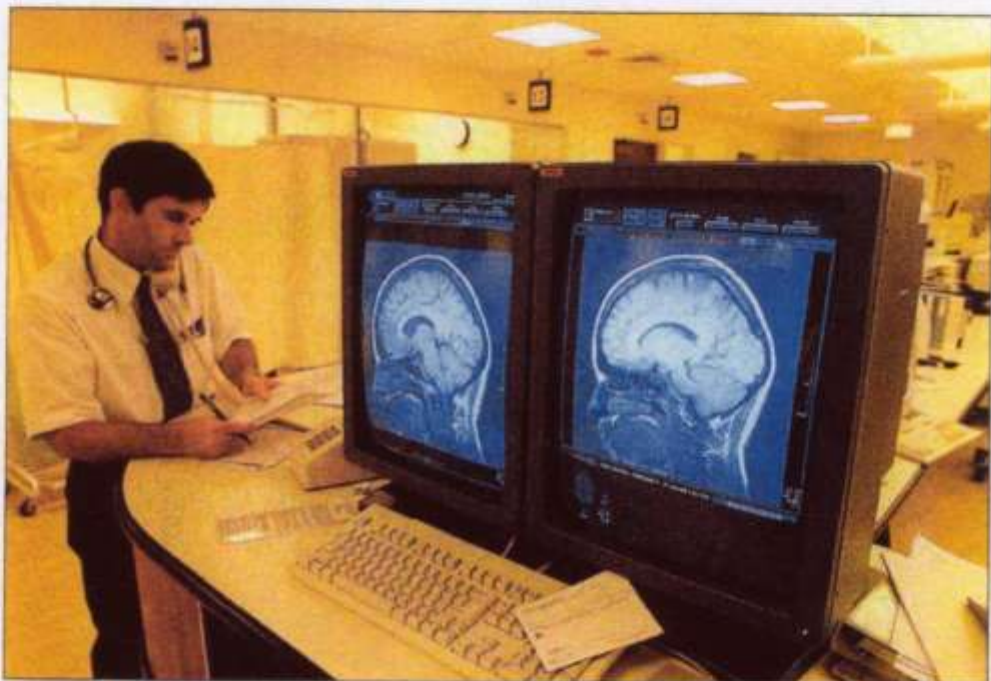
The next surprise is the room itself. For reasons of patient dignity and basic health, every one is private. "I've been in lots of semiprivate rooms," says Schuessler. "They were really zoos." Oncologist Steven Rosen, who directs the hospital cancer center, agrees. "There's nothing worse for an ill person than to be placed next to someone who's just as sick." If your roommate has a bad night, you're kept up too, which slows your recovery, he continues. There's a constant parade of medical equipment in and out of the room, along with a stranger's family and other doctors and nurses. Hospitals save only a small amount of construction money by building double rooms instead of single ones, says Gary Mecklenburg, Northwestern Memorial's CEO. So it hardly seems worth the patient anxiety, now that insurance companies gen-

erally reimburse at the same rate whether a room is private or shared.

"This is really a big change from the old buildings," says Nick Papanicholas, a cancer patient who has been in and out of Northwestern for the past decade and who will admit only to an age of "over 50." He says, "I mean, look at the windows." The big panes do more than give patients a chance to look at the ferris wheel on nearby Navy Pier. They let people know when it's night and day in a place where it is

tient coordinator in the neurology department. "But there are lots of reasons we don't. If the sink is in the patient's bathroom, you feel like you're invading very private space when you go in. So you start going to a central sink down the hall. But two steps there you get paged. Now what are you going to do? Walk another two minutes to wash your hands? Or answer the page?"

Evidently most staff would pick the second option, so Northwestern put in a



QUICK PIX. With the hospital's new digital system, doctors can instantly call up diagnostic images.

all too easy to get disoriented. A banquet built below each window extends to become a cot, so family members can stay overnight. The rooms are carpeted and have wood-grained closets and shelves for a patient's belongings.

No roomies. Private rooms also make it easier to control infections, long the bane of hospitals and a chief reason for long stays and higher costs. Roommates tend to catch one another's colds, or worse. The number of people who march in and out of a shared room can easily spread an undetected case of TB around the hospital. For infectious patients, Northwestern has special rooms where air flows in from the hallways but not out, keeping airborne bacteria from catching a ride.

But the most effective control device is more low tech: a staff sink just inside each room. "We all know we're supposed to wash our hands before we leave the room," says Erma Clark, a nurse and pa-

second sink, and so far the hospital's infection rate is half of the national average.

Hospital décor, on the other hand, seems above average and not just for aesthetic reasons. The art on the walls—paintings of nature, mostly—reflects research showing that landscapes are more relaxing for patients than abstract art or still lifes. (Think of gazing at a Jackson Pollock day after day, through a haze of medication, and you begin to get the idea.)

Where did Northwestern find the money for the art, the spacious rooms, and the furnishings? Successful investments during the past decade, along with private gifts, paid for much of the building. As for keeping down operating costs in a big facility that houses fewer patients than its predecessor, "well, time is money," says Robert Bonow, chief of cardiology. "Our department used to be in three buildings. Patients spent a lot of time being wheeled around, and I used to spend a lot of time running



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around trying to see them. Now everything is on one floor or a short elevator ride away." Bonow can see patient X-rays and other test images instantly on computer monitors instead of running down to a basement room, rummaging through file boxes, and then learning some other doctor has the X-ray he is seeking.

Patients, too, save time because of the new hospital geography. "I didn't have to go to a lot of different places to get different tests done," says Thomson, the liver patient. "Everything was right there. There's nothing like walking around a hospital in one of those gowns, open at the back, to make you feel down."

keep costs down, beds full, and patient stays short, then programs such as cardiology become a profit center, subsidizing other programs that are money losers.

Shorter, healthier stays coincide with what patients want, too: getting better and going home, which Schuessler did five days after checking in, her strokes and related seizures under control. "I'm trying to get better. Sometimes it's frustrating," she says, noting that she seems to take two steps forward and one step back. "I need to be independent and get on with my life, and the hospital is helping."

Unhappily, she will soon receive the one hospital item that Northwestern Memo-



LOGGING IN. The admitting department comes to the patient's bed, even in an ER.

As Northwestern Memorial phased in some of these efficiencies during the past several years, per-patient costs dropped by 30 percent, and officials expect the new hospital to cut costs further. The average inpatient stay is now about four days; Rush-Presbyterian-St. Luke's, a neighboring academic medical center, keeps patients about six days, roughly the national average. The length of a stay becomes important because insurance companies reimburse at a standard rate for procedures—the "usual and customary" lines on the insurance bill. So if hospitals can treat a patient successfully at less than that rate, spending less time and money on room, board, and staff resources per patient, the saving is essentially money in their pockets.

Heart healthy. Northwestern Memorial isn't talkative about its finances. But cardiologist William O'Neill of Beaumont, which just spent \$43 million on a new heart center, notes that if such facilities

rial has failed to improve: the bill. "The patient bill is a source of great concern and irritation to patients," admits CEO Mecklenburg. He blames the complex accounting demanded by the state as well as the nearly infinite variability from health plan to health plan, each with its own requirements and format. The result can be almost an incomprehensible document, at times listing charges for a single aspirin and for an expensive medical device as well as fees for doctors whom patients may never have seen (but who consulted on their cases).

Such confusion won't go away anytime soon, though Mecklenburg's team, as many hospitals have done, has added staff to handle billing inquiries from puzzled and distraught patients. It appears that finding a half-billion dollars to build an accommodating hospital actually might be easier than finding a simple way to bill the patients who use the institution. ■