**Analyze Team Data**

**Introduction**

The comparison of the statistics from six hospitals in Illinois reveals underlying problems that need redress if quality healthcare is to be achieved. This analysis paper has used statistics obtained from Carle Foundation Hospital, Rush Oak Park Hospital, Northwest Community Healthcare Hospital, Unity Point Health Methodist, Loyola University Medical Centre and OSF Saint James-John W Albrecht Medical Centre. In this comparative analysis, the concerns and the problems will be identified, the obvious differences will be highlighted and their redress will be addressed built on researched based evidence.

**Problems Identified**

1. Insurance Coverage

There is a huge disparity in terms of insurance coverage on the catchment areas that the six hospitals are serving. Northwest Community Healthcare Hospital with a catchment size of 75,926 has an insurance coverage of 97.07 percent while the insurance coverage of OSF Saint James-John W Albrecht Medical Centre is the least with only 37.31 percent. It is a huge disparity given heart related conditions form huge disease burden for the population making it hard to provide health care’s services for the individuals that use out of pocket money. The other hospitals also have high number of the uninsured patients. Carle Foundation Hospital is so much dependent on the charity organization when compared with the rest.

1. Quality Rating

The overall care rating in all of the six hospitals is at 4.78 percent which is lower considering the sensitivity of cardiologic condition and their mortality rate. The care rate should be optimal if mortality rate is to be lowered.

Communication and rapport between staff and the patients also raises some alarms. Northwest Community Healthcare Hospital had widest variance from the national coverage of-6 indicating good communication skills between doctors and the patients. Loyola University Medical Centre had the poorest rating on communication between doctors and patients. Poor rating in communication could lead to distortion of message that has weight on the therapeutic effect of the patients especially on medication.

Response time of the health care workers to patients requested need indicated some delays in some of the hospitals. Unity Point Health Methodist had the least rating with a variance of 8 when compared with national average. OSF Saint James-John W Albrecht Medical Centre also had a slower response rate on the needs requested by the patients. On the other hand, Northwest Community Healthcare Hospital had a better response time rating showing variance of -3 from the national average. Some of the cardiologic condition may need instant response if the care administered has to be effective.

1. Staffing of the Facilities

Carle Foundation Hospital had registered nurses working for longer hours while Rush Oak Park Hospital which had least working hours with a variance of 0.33 above that national average. The other hospitals statistics that were similar to that of Carle Foundation Hospital of long working hours. It implies that most of the hospitals are understaffed.

Turnover of nurses in the hospital was highest in almost all hospital with variance of above -16. High turnover is indicative of lack of motivation. Skill mix among the employed nurses was least in Rush Oak Park Hospital at 64.89 percent while Northwest Community Healthcare Hospital had the highest at 70.39 percent rating of Nurse skills.

**Similarities and Differences**

The most notable difference from the statistics provided is the disparity between the insured population and those that are uninsured. From the hospitals statistics, Northwest Community Healthcare Hospital had 97.07 percent of the patients being on an insurance plan while OSF Saint James-John W Albrecht Medical Centre had the least with only 37.31 percent of its catchment population having insurance program. In the overall care rating, there was similarities a cross the hospitals with five of the hospitals having 4.78 percent while Northwest Community Healthcare Hospital having only 8.17 probably because of different disease component used in rating.

**Northwest Community Healthcare Hospital Performance**

Northwest Community Healthcare Hospital has a better review compared with other hospitals. Better ratings were mostly on the insurance coverage where more than 97 percent were on at least one of the insurance program. The reviews on communication between healthcare workers and the patients was -6 which is better than the other hospital indicating that good skills that were interpersonal were used. Therapeutic effect of regimen of patients were rated well compared with other hospitals getting variance of -5 when compared with the national average.

**Illinois Action**

On the uninsured population across the state, Illinois plans to look for the individuals that qualifies getting an insurance programs and tap them especially the Medicaid. This will reduce the uninsured population (Schorschã‚2015). Illinois is also providing consumer of health services with information so that it can help them make informed decision such as on insurances.

**Redress to the Problems Identified**

Quality of Care

The doctors and nurses need to be taken through communication skills lessons and customer care services to ensure message is well communicated to the patients. Communicating well is an important aspect since it improves on medication adherence and the outcome. This will reduce the chances of readmission.

**Satisfaction Threshold**

The healthcare workers also need to be motivated in order to be goal and objective oriented in their service delivery. The work load should be reduced by employing more registered nurses. This will make it possible for the hospitals like Carle Foundation Hospital that have nurses working longer hours reducing their working hours. Nurses should also be provided with holidays so as improve their satisfaction at job place (PR,2016).

**Advantage of Comparative Analysis**

Comparative analysis provides a wider view and a better scope of understanding the underlying issues in the hospital within a given catchment area. The disparities that comes out of comparing hospital provides a lead of the issues that need redress. The same concerns in hospitals is good in setting trend and extrapolating into a possible cause of even problem (Morse and Bottorff, 2016). More so, comparative analysis of several hospitals make it easy in dealing with the bias of haste generalization. Some of the concerns in the hospital are localized and cannot be assumed to be the case in the entire state.

**References**

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