**D**on’t **C**ome **H**ere: The numbers behind the reputation of DCH Health System

By Sophia Surrett

DCH Health System is known to many around its home in Tuscaloosa as well as the communities across West Alabama as “Don’t Come Here.”

The long wait times in the crowded emergency room, the imbalance between nurse and patient ratio and medications ordered wrong are just some of the complaints patients have shared. Reflecting the complaints against DCH are the Leapfrog Hospital Safety Grade reports that are released bi-annually.

From spring 2020 to spring 2022, DCH Regional Medical Center received a “D” from the Leapfrog report for hospital and patient safety. This November, Leapfrog released its fall 2022 report showing DCH receiving a “C” grade, which hasn’t happened since the fall of 2019.

Medicare, which gives reviews of different hospitals across the nation, gave DCH Regional an overall star rating of two out of five stars updated in October 2022.

The fall 2022 safety grade improvement from D to C reflects some of CEO Katrina Keefer’s progress in trying to make DCH a safer hospital.

Keefer was inducted as the CEO of DCH Health Systems on Aug. 1, 2022, and said she wants to establish a more efficient hospital.

Keefer said she is aware of the past Leapfrog Hospital Safety Grade reports and has wanted to improve that score but emphasized that it takes time.

“We will be working hard to improve that grade, but realize that it takes us a little time,” she said. “It takes a while for the changes we make now to catch up with the scores.”

Keefer is not satisfied with the score but is happy to show improvement, she said.

“We still have some ways to go, and a ‘C’ is not our favorite grade, but it is certainly better than the ‘D’,” Keefer said.

HISTORY

Originally Druid City Hospital until 1984, DCH Health System (DCH) has been in Tuscaloosa for almost 100 years. DCH does not serve just the Tuscaloosa community, but all of West Alabama. DCH Health System consists of three hospitals: DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center.

DCH facilities are owned by the public but are run and operated by the nine-member DCH Health System Board of Directors. The board members serve six-year terms and are appointed by different local groups. Two are appointed by the Tuscaloosa County Commission, two by the Tuscaloosa City Council, two by the medical staff of DCH Regional Medical Center and Northport Medical Center, two by the board itself and one by the Northport City Council.

LEAPFROG SAFETY

Leapfrog Hospital Safety Grade reports rate general hospitals around the U.S. The data used to calculate the safety grade for each hospital are collected mainly from the Centers for Medicare and Medicaid Services (CMS).

The grade is calculated based on five different problem areas:

* Infections
* Problems with Surgery
* Safety Problems
* Practices to Prevent Errors
* Doctors, Nurses & Hospital Staff

Within each problem area are subsections with specifics for the grade report to measure such as specific infections, specific safety protocols and more that dive deeper into each area.

The Leapfrog report is published twice a year for hospitals all over the country.

Out of the 29 available data measurements in the fall 2022 safety report, 16 sections for DCH were below average, 12 were above average and one section met the average. This is an improvement from the spring 2022 safety report when out of the 27 available measurements, 19 were below average and nine were above average.

In the state of Alabama, Leapfrog has graded 63 hospitals. Among the 63 hospitals, eight received an “A,” 16 received a “B,” 30 received a “C” and nine received a “D.” DCH Regional Medical Center was placed 30th out of 63 hospitals. This is a significant improvement from the spring 2022 state rankings as DCH was the 57th-ranked hospital out of 63.

Leapfrog ranked the 51 states by the number of “A” grade hospitals in each. For fall 2022, Alabama was ranked 39 with an average of 12.7% of hospitals that scored an “A.” In the spring 2022 rankings, Alabama was ranked 44 out of 51, but with a higher percentage of “A” grade hospitals with 14.3%.

Leapfrog’s suggested top three important measurements to look at when deciding on a hospital are employee’s “Handwashing,” “Infection in the blood” and “Patient falls and injuries.”

When looking at DCH Regional Medical Center’s report, the “Handwashing” and “Infection in the blood” scores were worse than average compared to the rest of the U.S., and the “Patient falls and injuries” score was better.

DCH scored better than average on the “Patient fall and injuries” section with a 0.290 score as the average was 0.41. This score represents the number of falls or injuries experienced for every 1,000 patients discharged; 290 out of 1,000 patients at DCH experienced a fall or injury, according to Leapfrog.

DCH was reported to have had a 96.8% increase in the score of infections in the blood between the spring 2022 and fall 2022 reports. The fall 2022 score is worse than the national average score by 44.5%. However, this score is reflected on the 2022 Leapfrog Hospital survey which analyzed the 2021 year.

The “Handwashing” score was first reported in the fall 2022 report, scoring a 40 out of 100. DCH scored worse than average as the nation’s average score is 69.5.

PATIENT TREATMENT

Casey Jones can attest to the “Infection of the blood” score.

Jones’s mother experienced an infection in the blood when she stayed at DCH for three weeks in August of 2022. Her mother was originally there for an overnight stay following a partial liver removal surgery, but had a stroke that night, Jones said.

Jones, anurse practitioner at DCH from 2008 to 2014, said she knew what an IV is supposed to look like and how long IVs can be left in the vein.

Infection was induced by an IV left in Jones’s mother’s arm for 10 days straight, causing infiltration, Jones said. Infiltration is when the IV comes out of the vein and starts to push the medicine into the surrounding tissue into the arm which, in her mom’s case, led to phlebitis, she said. Phlebitis is inflammation of the vein from trauma, which can cause an infection.

“Two more of her IVs did this. All the time it wasn’t like the nurse looked at the IV and said it needed to be changed. It was me looking at the IV and saying it looked bad and needed to be changed,” Jones said.

Throughout their stay, Jones said, multiple things went wrong. One was a dangerous bed sore.

DCH’s Leapfrog score for “Dangerous bed sores” was worse than average with 800 patients experiencing bed sores for every 1,000 discharged. The average was 580 patients for every 1,000 discharged.

A dressing was placed on Jones’s mother’s bottom to prevent wound breakdown. According to the National Library of Medicine, wound breakdown, or [wound dehiscence](https://www.ncbi.nlm.nih.gov/books/NBK551712/), is “a partial or total separation of previously approximated wound edges, due to a failure of proper wound healing.”

According to Jones, dressings are supposed to be changed every three days. The dressing placed on her mother’s bottom was left for over a week where “no one looked at it, nobody took it off, nobody changed it,” Jones said.

As a nurse practitioner, Jones knew the nurses were supposed to be on rounds during the even hours, and the patient care assistants (PCAs) on the odd hours. Throughout their stay, she said, Jones and her mom sometimes went hours without seeing anyone.

She said her mother went five days without a bath.

“I’m thankful I was there with her. Think about the people who don’t have someone who is a nurse. It’s horrible,” Jones said. “I did not feel comfortable when I could not be there to leave her alone. We paid $15 an hour on top of a $57,000 hospital bill to pay for sitters to sit with her so I could work and sleep.”

Even with the sitter, Jones said she and her mother still experienced trouble, including standard medication distribution.

MEDICATION

Leapfrog’s safety grade report in fall 2022 shows a 50 out of a possible 100 score for “Safe medication administration” at DCH. The average hospital score for the U.S. is 87.03. Another section of medicine administration is DCH’s “Communication about medicines” section, scoring 72 out of 100, worse than the average by roughly 3 points.

Jones said due to her mother’s difficulty in swallowing, she has to take her pills one at a time. When this was communicated to the nighttime registered nurse (RN), the RN handed the pills to the paid sitter, who is not medical personnel, to distribute them to her mother, Jones said.

“She had no idea what was in that cup. There could have been a narcotic in there. What if the paid sitter took the medication? That is unacceptable,” Jones said.

Jones and her mother were not the only families to experience frustrations with medication administration.

Elizabeth “Buffy” Challenger and her mother had difficulties getting medicine among other frustrations at DCH when her mother was admitted in August with severe stomach pain.

Challenger’s mother has diabetes, and the hospital staff was supposed to give her a restricted diet. Challenger said they gave her mother a non-restricted diet which made her mother’s blood sugar spike as a consequence. To combat the spike, the nurses would give her extra insulin, then her blood sugar would go too low. This rollercoaster of medicines started to make her mom frustrated, Challenger said. As a result, the staff gave her a sedative to calm her down.

Challenger said the doctor sent her mother home with no pain medication but sent home the sedatives. Challenger filled the prescription, but when she gave her mother the medication, it put her to sleep for over 15 hours, Challenger said.

EMERGENCY ROOM

One of the visitors' biggest complaints about DCH is the Emergency Department, including long wait times, crowded areas and limited staff.

Part of the DCH Leapfrog rating is due to the emergency department wait time. The Medicare review of DCH Regional found an average of 229 minutes patients spent in the ER before leaving the visit. That’s about 3.8 hours. In the nation, the average is 155 minutes or about 2.6 hours. Alabama’s average time spent in ER is 144 minutes or 2.4 hours.

Challenger said she spent upwards of 13 hours with her mom in the ER sandwiched in a bay area beside a COVID-19 patient. Her mom had no signs or symptoms of COVID-19, Challenger said.

Some patients, like Tuscaloosa citizen BriAna Burrell, feel the triage system at DCH isn’t as efficient or organized as it should be. Triage is the sorting of patients according to the urgency of their need for care.

Burrell was taken to the emergency department at DCH Regional Medical Center by her mother in September 2022. She was experiencing severe pain and said she felt as if she was dying.

“I was experiencing severe pains, and pains I have never experienced before in my life. I felt like something was about to burst or explode on the inside,” Burrell said. “When I say this is the worst pain, I’m like talking about compared to labor. I’m not even kidding.”

After checking in and explaining her symptoms, the nurses told her to take a seat. She felt they showed no urgency to her case even though she felt her symptoms required immediate attention.

“They have no hurry. No hustle and bustle. Just ‘Okay, another trauma, another situation,” Burrell said. “There was no genuine concern, no rush or anything, just business as usual.”

As Burrell looked around the emergency room waiting area, she knew it was going to take a long time as she said it was “super packed.” Burrell knew that they couldn’t take care of this many people.

Burrell said she prayed that she would be seen or helped to alleviate some of the pain.

“I am walking around in a circle just in tears like I can't even sit down. It hurt to breathe,” Burrell said. “I wasn’t offered any type of comfort; they were just like ‘go take a seat.’”

Burrell said she had to do something, so she called 911. But 911 told Burrell since she was already at the hospital, there was nothing they could do. So, she drove across the street to the gas station and called back. The ambulance came but had to take her back across the street and into the same waiting room, losing her place in the queue.

Instead, Burrell said, she chose the second closest hospital which happened to be the Northport Medical Center, a hospital within DCH Health System.

Burrell said she was hopeful when she walked into the waiting room as it was “significantly less crowded.” But she would spend the next eight hours there while other patients who arrived after Burrell were seen first because one of the nurses had mistakenly logged her out of the system, Burrell said.

“They have no sense of urgency. They’re not thorough,” Burrell said.” They’re just out there. It is really sad.”

At the end of the night, Burrell found out she had a major medical issue and had to be referred to a specialist.

PATIENT CARE

Challenger described her mother's “room” as a pod with two rooms and two bays in the back. The patient across the room from her, separated only by a curtain, was a COVid-19 patient, Challenger said.

The first doctor ordered tests for her mother to see what was going on, Challenger said. After the tests were complete, she said, there was a shift change and all the tests previously ordered had to be retaken. According to Challenger, the doctor, nurses or staff never logged in the tests or the results onto the computer.

After the second tests were run, the diagnosis was her mother had pancreatitis, a swollen gallbladder and a urinary tract infection, Challenger said.

Challenger said when they were finally led to an actual hospital room, there were multiple empty rooms that they passed by. Yet the room chosen for her mother was dirty, the bed didn’t work and there was no accommodation for seating other than a rolly stool for Challenger to spend the night on, Challenger said.

Challenger said she had to help her mother by fetching the bedpan and getting the urine sample for the staff.

After five hours with a non-working bed, the staff came to switch a new bed into Challenger’s mother’s room. The staff person threw a connecting port off the bed and accidentally hit her mother in the face, Challenger said.

After getting Challenger’s mother's infection stable, her mother was discharged.

Yet, within three days, her mother had to go back.

This time Challenger said, her mom received a different physician, and her mother was kept in the ER. The doctor sent her home with medication and a surgery referral for gallstones.

Challenger and her mother are representations of a statistic listed in the Medicare review of DCH Regional.

The section in the Medicare review called “Rate of readmissions after discharge from hospital” showed the rate being 15.90% out of 3,722 patients surveyed, which is approximately 592 patients.

NEGATIVE EXPERIENCES

Along with West Alabama and the Tuscaloosa community, UA students often turn to DCH when needing immediate medical attention.

A University of Alabama junior studying mechanical engineering, Emiyah Twietmeyer, had to ride in an ambulance to DCH in October 2021, after being hit by a car when riding her bike across a UA crosswalk.

When Twietmeyer arrived in the ambulance bay at DCH, she never left the stretcher she was originally put on. Twietmeyer was wedged in a bay hallway for four hours without being put into a room even though she was promised one, she said.

An assisting doctor and a medical student spoke with her about what happened, and they ordered tests for her head and wrist.

Two hours after she got there, the tests were performed. An additional two hours later, the medical student stopped by to ask how she was. With blood dripping down her face from the open wound on her head, Twietmeyer replied: “One, I have to pee because I have not been able to get out of here. Two, what’s going on? Why am I still here? Can you please clean up my face? I have an open wound on my head!”

Twietmeyer, who was diagnosed with a concussion and a broken bone in a wrist, said the scene was “chaotic.”

“There were a lot of nurses in and out of there, just none of them came to see me.”

Twietmeyer had been to DCH three times previously for allergic reactions, so she knew what to expect.

“DCH is a very busy hospital. There have been multiple times when I have not gotten a room, just literally in a hallway, just a lack of privacy and, I guess, attention,” Twietmeyer said.

Arielle Lindas is a UA senior studying psychology, but from August 2021 to February 2022, she worked as a phlebotomist at DCH Regional Medical Center. As a phlebotomist, Lindas would do blood draws around the hospital on the in-patient side.

DCH wasn’t the best experience for Lindas because of the lack of staff, the packed ER with patients lining the halls, and a lot of hectic activity, she said. With the ER constantly crowded, Lindas has seen people wait for three days for a room, she said.

“Hospitals shouldn’t be labeled ‘Don’t Come Here’,” Lindas said. “I don’t know anyone who has had a good experience there.”

Lindas worked a 3 a.m. to 11 a.m. shift. These were called the “witching hours'' due to the dark hallways, and depending on the units, patients would act up, she said.

While working the “witching hours” shift one night, she had to do a blood draw for one person.

Upon walking into the room, the patient said, “Thank God, I’ve been trying to get someone in here for hours. I can’t move my arms.”

The patient couldn’t reach the nurse's light.

Lindas called the nursing station, but no one came, she said. She later saw one of the nurses, who according to Lindas said: “What does she want? She doesn’t like me; I don’t want to go in there.”

Lindas also complained that some workers would frequently arrive for their shifts late, but management took no action. “No call, no show has no penalization, no punishment.”

Lindas did have good experiences and memories while at DCH, even if they were scarce, such as appreciation from patients, good coworkers, and the reward of getting IV ports in for hard-to-stick patients.

“(But) DCH would be better if they had more staff. People are human. It’s higher-up issues and miscommunication. Management will not come and help. This trickles down to patient care,” Lindas said.

POSITIVE EXPERIENCES

Although DCH has acquired a nickname, many still have good things to say about their DCH experience.

This is true for Anna Peacock’s father-in-law’s recent visit to DCH, where he went while having a heart attack.

“Thankfully, my father-in-law had a really good experience recently,” Peacock said.

In November 2022, Peacock’s father-in-law began having a heart attack and 911 was called. Peacock said the paramedics arrived quickly and took him to DCH by ambulance. Her father-in-law was put through the ER for surgery in the Cardiac Catheterization lab “pretty quickly” to inflate the part of the heart that malfunctioned. After he was out of surgery, he was immediately put onto the hospital floor.

Peacock said when her father-in-law arrived at DCH, the hospital load in the emergency room was “not extremely high” so they were able to get him in quickly as with a heart attack “time is of the essence.”

The doctors also found an underlying heart condition that they are now treating Peacock’s father-in-law for. Peacock said she was impressed with their diligence and efficiency.

After Peacock’s father-in-law was discharged a few days before Thanksgiving, Peacock said, she suggested perhaps getting a second opinion as this was his second heart attack in the past seven or eight years. However, her mother-in-law was pleased with the care given at DCH and was comfortable with the doctors there.

“He’s been doing very well since,” Peacock said. “The doctor has been very diligent following up with him.”

Peacock herself had been to DCH when she was a student at the University of Alabamafrom 2012 to 2016 and experienced another bout of her lifelong migraines.

As a student at UA, Peacock had heard the term “Don’t Come Here,” and she and her mother were “certainly hesitant” when deciding to go to DCH over UAB.

“Historically, DCH has not had a good reputation,” Peacock said. “I don’t know if that’s still the case, but when I was there, it was always a ‘super do not come here.’”

However, her experience overall was fine.

“Overall, it was probably a 7 out of 10. They did what they needed to do,” Peacock said. “We walked out of there and knew that I was on a better track than when I walked in.”

Some University of Alabama students also had a decent experience at the DCH Emergency Department.

Jennifer Edelman, a UA sophomore studying marketing, went to DCH in September 2022, after she had tripped over a chain while walking home from class.

Edelman said she waited 30 minutes before she had her vitals taken and was placed in a room.

She had several tests performed on her head and an x-ray of her arm. The diagnosis was that she had a broken nose, a concussion and a fractured arm.

Edelman said the doctor gave her around 20 pages of paper that explained what to do and not to do with a concussion. She thought this was strange as “with a concussion, I probably shouldn’t be reading.”

One complaint Edelman had was that the hospital staff never cleaned her face. When she asked if someone could clean her bloody nose, the response was that she could do it herself at home, she said.

But throughout her overall three-hour stay, Edelman said, “it was a pretty pleasant experience.”

CEO’S RESPONSE

As many complaints have been about the emergency room, Keefer has focused on the emergency department. It is one of Keefer’s priorities because the emergency room is DCH’s front door, she said. The emergency department is trying to improve efficiencies and organization, Keefer said.

Keefer introduced two major initiatives: the intensivists and the Meditech system upgrade.

“The intensivists [that we] partnered with [are] a group that specializes in critical care and intensive care to increase those performance measures. They are specially trained physicians that care for patients in our ICU,” Keefer said.

In the Leapfrog report for DCH Regional, the category of “Specially trained doctors care for ICU patients” scored 100 out of 100.

The second initiative is an electronic medical record upgrade with the Meditech system.

“I think that has really been an opportunity for us to capture better data and for the physician-medication order entry,” Keefer said.

In the fall 2022 safety grade report, the category “Doctors order medications through a computer” scored a perfect 100 whereas it was a 70 out of 100 in spring 2022.

Another area of the Leapfrog report that has shown improvement since Keefer’s induction is the nurse-staffing ratio to improve the lack of staffing and shorten wait times.

The “Enough qualified nurses” section scored 82.35 out of 100 in the spring of 2022, but in the fall of 2022, DCH scored a perfect 100 in the Leapfrog safety grade report.

“It’s not just about nurse-staffing ratios but getting additional hands and clinical hands on the floors to ensure that we are improving the care and providing that optimal patient experience for patients and their families,” Keefer said.

In the “Effective leadership to prevent errors'' section, DCH scored 92.31 out of 120 whereas, in the last term, DCH scored 83.08. The “Communication with doctors” and “Communication with nurses” sections for the fall and spring of 2022 stayed at 89 out of 100 with doctors and 88 out of 100 with nurses. The “Responsiveness of hospital staff” scored 75 out of 100, with the average hospital in the U.S. scoring 81.91.

An area that has priority to Keefer is communication with patients and staff.

“One of the things is just encouraging communication among caregivers, to ensure that we don’t let patients be missed,” Keefer said. “Creating a space where [employees] can be heard has paid big dividends.”

DCH holds monthly meetings with most DCH hospital-based physicians to make sure they are communicating with each other and making sure patients are having the right level of care, Keefer said.

“My approach has been to be very visible and to be very transparent. Those are really my themes, visibility and transparency, and within the walls of our hospital, accountability,” Keefer said.

Keefer knows that some Tuscaloosa and West Alabama visitors might not want to come back to DCH after their previous experiences. But Keefer asks that patients who had bad experiences at DCH come back to “give us another shot.”

Keefer said it has taken “a complete shift in mentality and approach” to get on the track of improvement and potentially earn back community trust.

“We are going to have to earn that. That’s trust that will come from the community. If we want to change that narrative, then we will have to give great care with every encounter, every time,” Keefer said. “And, we’re going to have to do that for quite some time in order for that byline to go away. It certainly is a part of the DCH history, but I’m looking forward to our being able to eliminate that from the narrative. DCH should stand for Do Come Here.”

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