



# 100 Top Hospitals, 2016

## A National Benchmarks Report

Prepared For:  
Sample Hospital  
Any Town, US  
Medicare ID: 999999

## PERFORMANCE REPORT NOTES

### COMPARISON GROUPS

So that we can compare your hospital with others most like it, we assign each hospital to one of five comparison groups according to size, teaching status, and residency/fellowship program involvement. Classification details are in the Study Overview.

Comparison Group	Number of Winners
Major Teaching Hospital	15
Teaching Hospital	25
Large Community Hospital	20
Medium Community Hospital	20
Small Community Hospital	20

### BENCHMARK AND PEER GROUPS

In the Truven Health Analytics 100 Top study, we select 100 **Benchmark hospitals** (winners) based on overall performance in the most recent year of data available. Winners are selected by comparison group, as indicated in the table above.

**Peer group hospitals** include all U.S. hospitals in our study database, *excluding* benchmark hospitals.

In this custom report, we provide two types of comparisons for current performance and for multi-year trend performance:

- Profiled hospital versus comparison group Benchmark hospitals
- Profiled hospital versus comparison group Peer hospitals

### METHODOLOGY NOTES

Present on Admission (POA) coding was used in the risk models for mortality, complications and average length of stay. In addition, due to increasing numbers of diagnoses with missing POA coding, we made the following adjustments to the MEDPAR data in processing the study:

- 1) We treated all diagnosis codes on the CMS exempt list as 'exempt', regardless of POA coding
- 2) We treated all principal diagnoses as 'present on admission'
- 3) We treated secondary diagnoses where POA code 'Y' or 'W' appeared more than 50 percent of the time in Truven's all-payer database, as 'present on admission'.

### RANK WEIGHTS AND PUBLIC DATA SOURCES

Measures	Rank Wt	Source
Risk-Adjusted Mortality	1	MedPAR FFY <sup>1</sup> 2009-2014
Risk-Adjusted Complications	1	MedPAR FFY <sup>1</sup> 2009-2014
Core Measures Mean Percent	1	CMS Hospital Compare FFY <sup>1</sup> 2014
30-Day Mortality <sup>2</sup> (AMI, Heart Failure, Pneumonia, COPD, Stroke)	1	CMS Hospital Compare 3 yr data sets ending June 30 in 2010, 2011, 2012, 2013, 2014
30-Day Readmissions <sup>3</sup> (AMI, Heart Failure, Pneumonia, Hip/Knee, COPD, Stroke)	1	CMS Hospital Compare 3 yr data sets ending June 30 in 2010, 2011, 2012, 2013, 2014
Severity-Adjusted Average Length of Stay	1	MedPAR FFY <sup>1</sup> 2010-2014
Emergency Department Throughput	1	CMS Hospital Compare CY 2014
Adjusted Inpatient Expense per Discharge	1/2	HCRIS 2015 Q3 2010-2014 cost reports
Medicare Spend Per Beneficiary	1/2	CMS Hospital Compare CY 2014
Adjusted Operating Profit Margin	1	HCRIS 2015 Q3 2010-2014 cost reports
HCAHPS	1	CMS Hospital Compare CY 2010-2014

<sup>1</sup>Federal Fiscal year is Oct 1 through Sep 30.

<sup>2</sup>No trend data available for COPD and Stroke 30-day mortality rates.

<sup>3</sup>No trend data available for Hip/Knee, COPD and Stroke 30-day readmission rates.

### FOR MORE INFORMATION

For a Study Overview, with full details on performance measures, methods used, and winner list, visit [www.100tophospitals.com](http://www.100tophospitals.com).

# 100 TOP HOSPITALS PERFORMANCE MATRIX

## INTEGRATED HOSPITAL PERFORMANCE COMPARISON

The 100 Top Hospitals® Performance Matrix, in a single view, compares your hospital's current level of achievement and 5 year rate of improvement in percentiles. These percentiles are based on your hospital's rank, overall and by measure, within your comparison group. This integrated performance comparison provides insight into the success of hospital performance improvement strategies relative to other similar hospitals.

## INTERPRETING HOSPITAL PERFORMANCE

Overall hospital performance is a composite score based on the sum of the ranks of individual measures. This sum is used to rank your hospital within your comparison group. The matrix "Overall" dot integrates your national rank percentile for current overall performance with your national rank percentile for multi-year overall rate of improvement. Rank percentiles for each individual measure are also graphed. Measures may fall into any one of four quadrants: Declining, Improving, Leading, or At Risk.

100 Top Hospitals award winners are selected based on highest overall **current** performance. Winners fall into either the "Leading" or "At Risk" quadrants, depending on their multi-year rate of improvement performance. Those with a high rate of improvement will be "Leading" performers and those who have fallen behind their comparison group mean are "At Risk".

Everest award winners fall into the right upper-most corner of the "Leading" performance quadrant. Everest winners are both a 100 Top Hospitals current performance winner and one of the 100 most improved hospitals on their multi-year trended performance. They are the best of the best.

## PERFORMANCE MATRIX NOTES

### Missing Matrix Graph

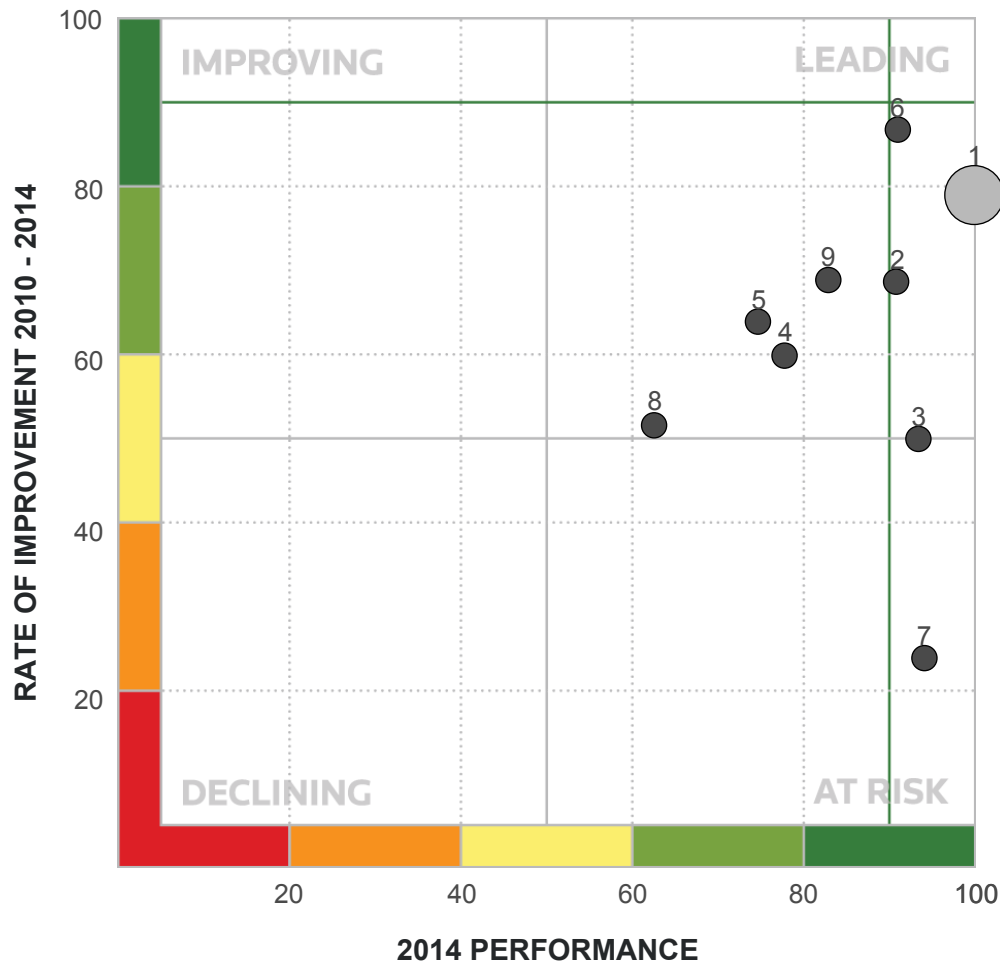
The matrix graph will be missing if your hospital was excluded from the study or did not have enough years of data to be trended. If trend analysis could not be done, there also will be no Trend Profile section in this report. Exclusion notes are found at the end of the Trend Profile and Current Profile sections of this report.

### Missing Measure Dots

A measure dot will be missing from the matrix if your hospital had too few useable data points (after outlier exclusions) to calculate a multi-year trend t-statistic, which is the ranked variable. In this case, the overall performance dot will also be missing. We cannot rank the hospital overall if one or more measures are missing. Notes on excluded data points are in the Appendix following the Performance Matrix graph.

## 100 TOP HOSPITALS PERFORMANCE MATRIX

### HOSPITAL 2014 PERFORMANCE AND RATE OF IMPROVEMENT COMPARED WITH TEACHING HOSPITAL QUINTILES



• **DATA POINTS** •

- 1: **OVERALL**
- 2: Mortality
- 3: Complications
- 4: 30-Day Mortality
- 5: 30-Day Readmit
- 6: ALOS
- 7: IP Expense/Disch
- 8: Op Profit Margin
- 9: HCAHPS

• **QUINTILES** •

- 80 TO 100
- 60 TO 80
- 40 TO 60
- 20 TO 40
- 0 TO 20

**PROFILED HOSPITAL:**

2014 Comparison Group: n = 429

2010 - 2014 Comparison Group: n = 429

# 100 TOP HOSPITALS TREND PROFILE

## TREND PROFILE

The 100 Top Hospitals® Trend Profile analyzes your hospital's rate of performance improvement over five years, using a balanced scorecard of critical performance metrics:

- Risk-Adjusted Mortality (in-hospital)
- Risk-Adjusted Complications
- 30 Day Mortality Rate
- 30 Day Readmission Rate
- Severity-Adjusted Average Length of Stay
- Inpatient Expense per Discharge (casemix- and wage-adjusted)
- Adjusted Operating Profit Margin
- HCAHPS Score (Patient Overall Hospital Rating)

## UNDERSTANDING THE GRAPHS

### Trend Percentiles Overall and by Measure

This bar graph shows your hospital's performance on each measure, and overall, reported as percentiles. Individual measure percentiles are based on your measure rank within your comparison group. The overall rank percentile is based on the sum of your individual measure ranks, re-ranked by comparison group. It is not the average of the individual measure percentiles.

### Performance Trends by Measure (Regression Line Graphs)

This section of the profile contains graphs for each performance measure. Regression lines, calculated from multi-years of data, are displayed for your hospital and the benchmark and peer hospitals in your comparison group.

A statistical significance note is also displayed for each graph, indicating whether your performance is **improving, not changing, or worsening** (99% confidence for mortality and complications; 95%, all other measures) over the five years. The standard error (S.E.) of the slope is also displayed. We rank each measure using the t-statistic (slope/S.E.). **If the S.E. is large and the regression line is "not changing", your ranked performance will be below benchmark regardless of line placement on the graph.**

You can easily identify the consistency of your rates of improvement across all measures from these graphs. In addition, you can compare your rates of performance improvement to benchmark rates to identify areas of greatest opportunity.

### Performance Trends Versus Comparison Group Quintiles (Color Quintile Graphs)

This section of the Profile contains graphs for each individual performance measure showing your hospital's actual data points for each year. These data points are displayed against a background of quintile ranges for the data points of all hospitals in your comparison group. Each range is color coded to indicate level of performance, from dark green (best quintile) to red (worst quintile). You can use these graphs to see whether you are moving ahead of or falling behind other similar hospitals.

## TREND PROFILE NOTES

### **Use of Median Values**

For each data year, when individual core measures or individual 30 day measures are missing or the reported value is insufficiently precise (patient count too low) to be included, the median value of your comparison group is substituted. Median values are not displayed on the Color Quintiles Graphs.

### **Regression Line Graphs - Missing Line**

No hospital trend line is displayed on the Regression Line Graphs if fewer than three data points are available. Benchmark and peer median values will still be displayed.

### **Color Quintiles Graphs - Missing Data Points**

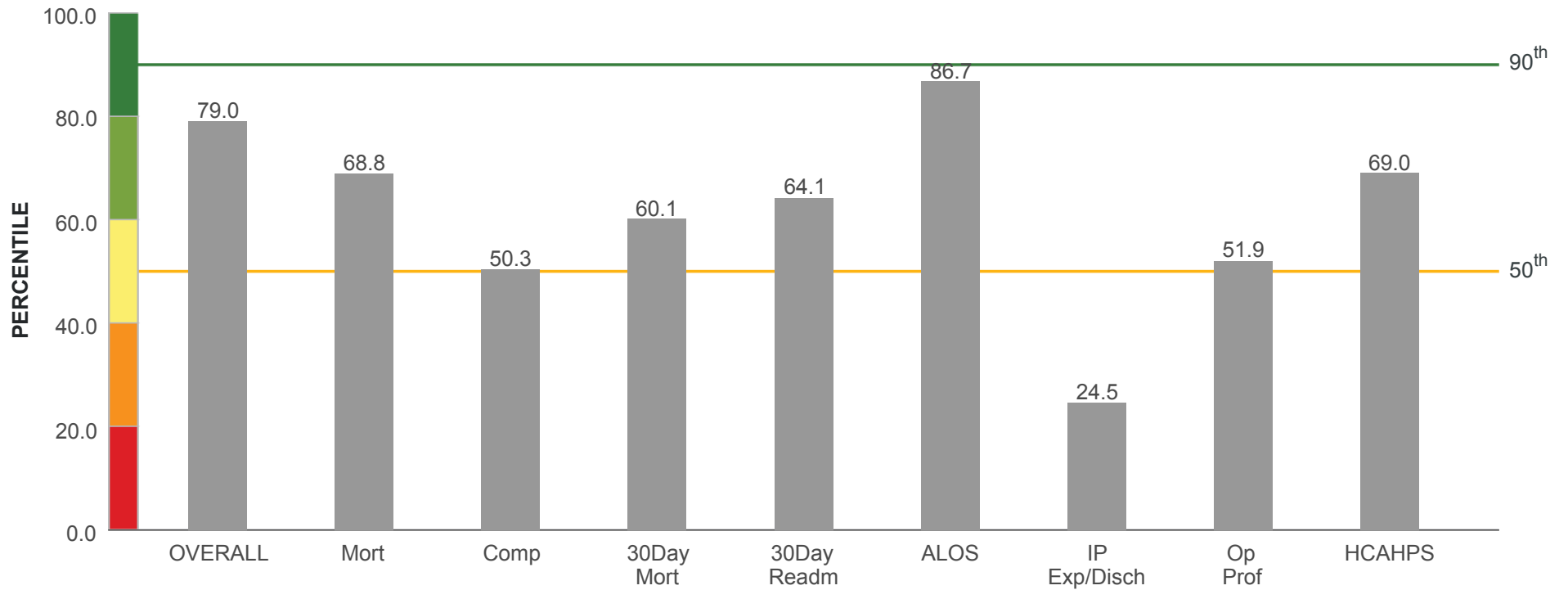
Individual data points are missing on the Color Quintile Graphs when values are not reported, or your comparison group median value has been substituted in a specific year. If a hospital was excluded from trending for missing one or more measures, the details are noted at the end of the Trend Profile section.

### **30 Day Measures – Datapoint Time Periods**

Data points on the 30 Day Measure Graphs represent the following combinations of data years:

2010 = July 1, 2007 – June 30, 2010  
2011 = July 1, 2008 – June 30, 2011  
2012 = July 1, 2009 – June 30, 2012  
2013 = July 1, 2010 – June 30, 2013  
2014 = July 1, 2011 – June 30, 2014

## HOSPITAL TREND PERCENTILES OVERALL AND BY MEASURE COMPARED WITH TEACHING HOSPITALS (n=429)



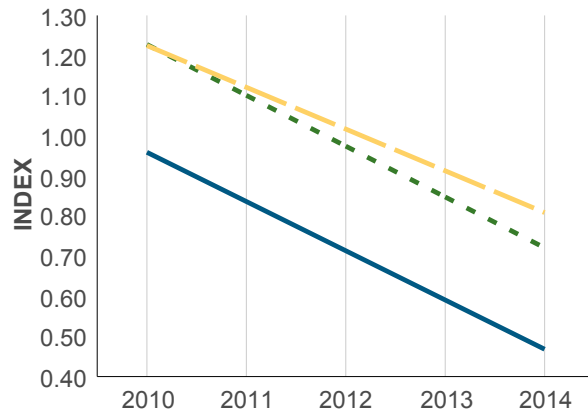
PROFILED HOSPITAL :

Upper C.I.	82.6	72.9	54.8	64.5	68.4	89.7	28.3	56.4	73.2
Lower C.I.	74.9	64.1	45.4	55.3	59.3	83.2	20.2	46.9	64.4

*Mortality and complications measures: 99% confidence interval is calculated using the binomial proportion confidence interval method applied to the percentiles values.  
All other measures: 95% confidence interval is calculated using the binomial proportion confidence interval method applied to the percentiles values.*

## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS

### RISK-ADJUSTED MORTALITY INDEX

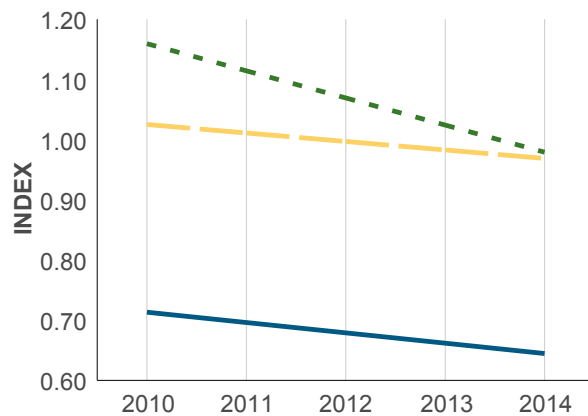


Profiled hospital is  
IMPROVING (99%  
confidence)  
S.E. = 0.019

▼ DESIRED  
DIRECTION

— Profiled Hospital  
- - - Benchmark  
- - - Peer

### RISK-ADJUSTED COMPLICATIONS INDEX



Profiled hospital is  
NOT CHANGING  
(99% confidence)  
S.E. = 0.023

▼ DESIRED  
DIRECTION

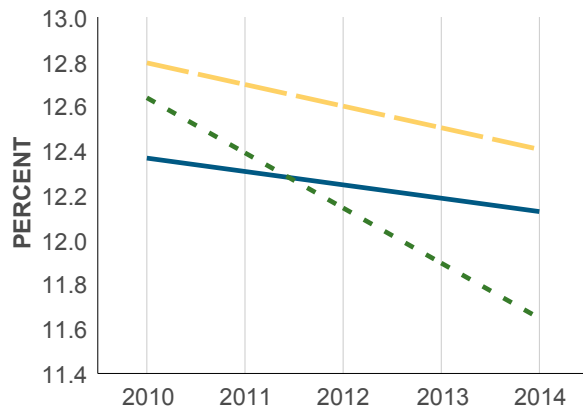
<sup>1</sup>Benchmark Hospitals are top performers in the comparison group n = 25

<sup>2</sup>Peer Hospitals are non-benchmark in the comparison group n = 404



## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS

### 30-DAY MORTALITY RATE (AMI, HF, PNEU)

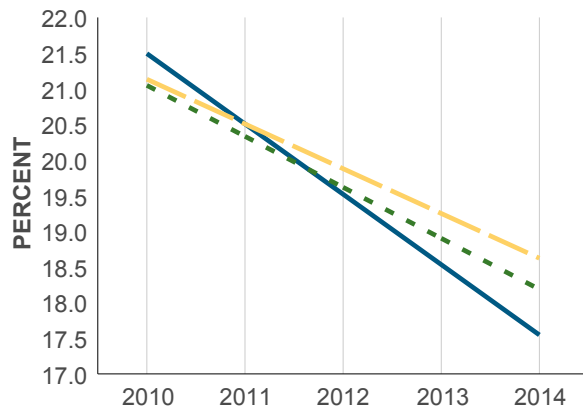


Profiled hospital is  
NOT CHANGING  
(95% confidence)  
S.E. = 0.049

▼ DESIRED  
DIRECTION

— Profiled Hospital  
- - - Benchmark  
- - - Peer

### 30-DAY READMISSION RATE (AMI, HF, PNEU)



Profiled hospital is  
IMPROVING (95%  
confidence)  
S.E. = 0.197

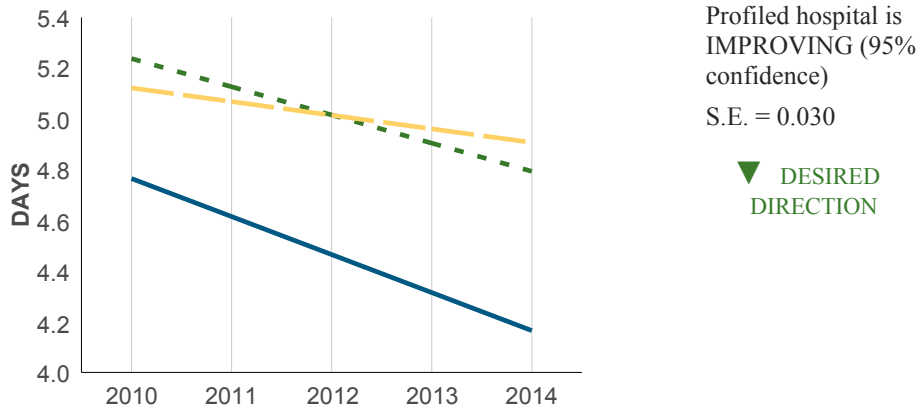
▼ DESIRED  
DIRECTION

<sup>1</sup>Benchmark Hospitals are top performers in the comparison group n = 25

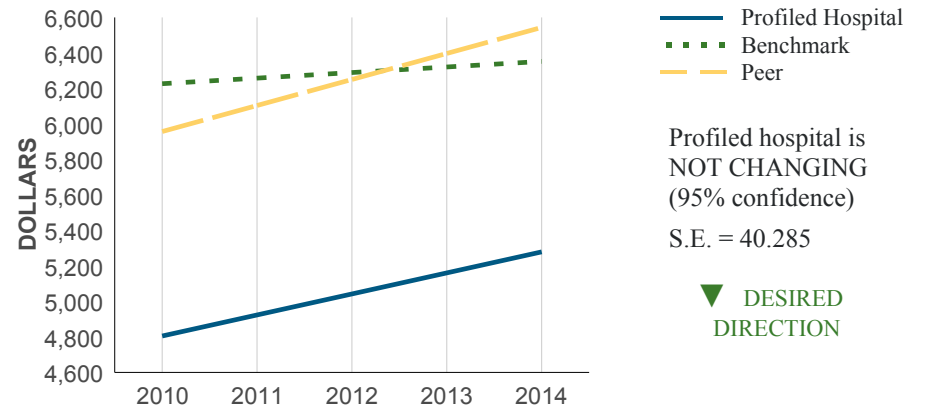
<sup>2</sup>Peer Hospitals are non-benchmark in the comparison group n = 404

## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS

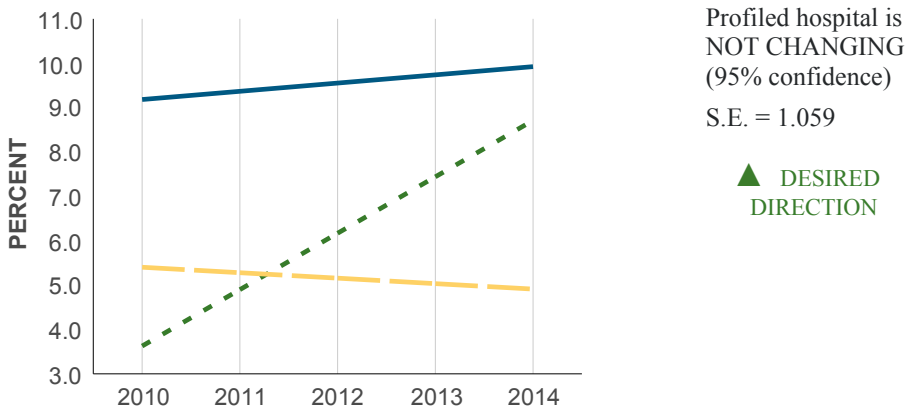
**SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY**



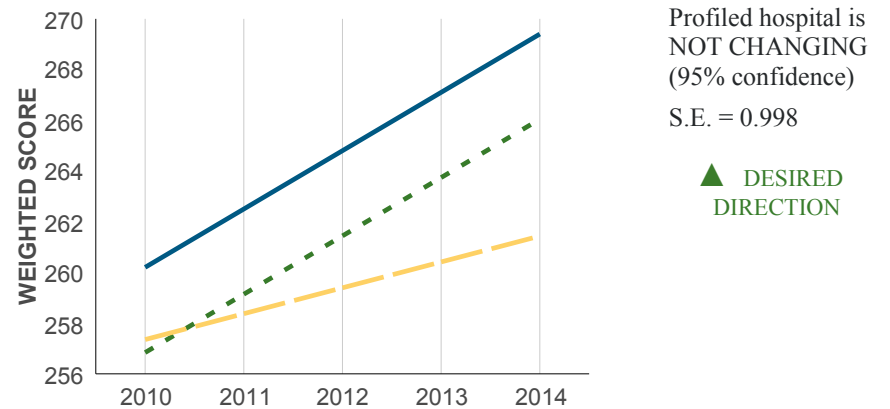
**ADJUSTED INPATIENT EXPENSE PER DISCHARGE**



**ADJUSTED OPERATING PROFIT MARGIN**



**HCAHPS SCORE OVERALL RATING**

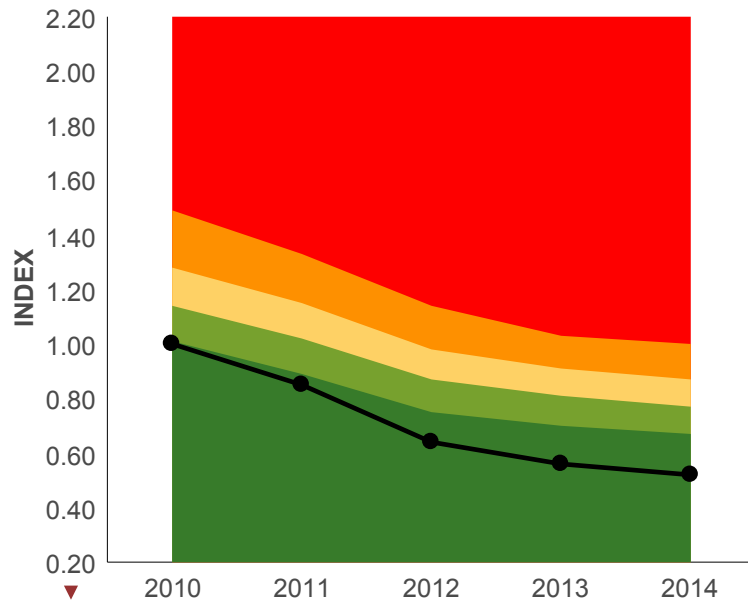


<sup>1</sup>Benchmark Hospitals are top performers in the comparison group n = 25

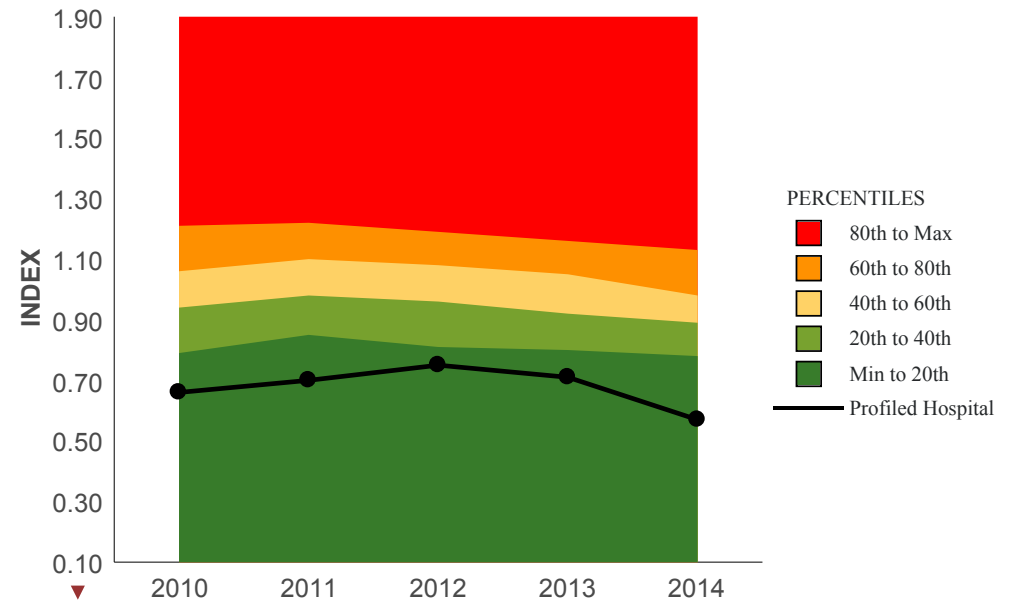
<sup>2</sup>Peer Hospitals are non-benchmark in the comparison group n = 404

## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=429)

**RISK-ADJUSTED MORTALITY INDEX**



**RISK-ADJUSTED COMPLICATIONS INDEX**

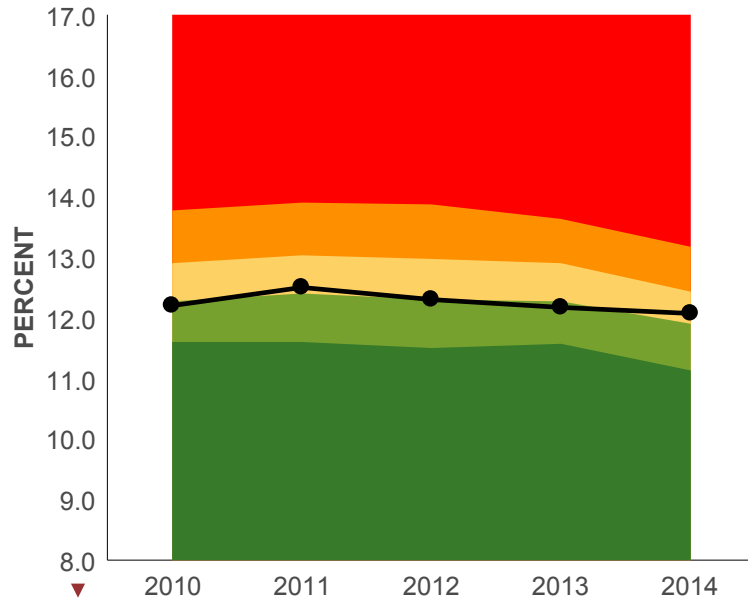


PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2010	1.01	1.14	1.28	1.49	1.00	1.16	0.85
	2011	0.89	1.02	1.15	1.33	0.85	1.00	0.71
	2012	0.75	0.87	0.98	1.14	0.64	0.78	0.52
	2013	0.70	0.81	0.91	1.03	0.56	0.69	0.45
	2014	0.67	0.77	0.87	1.00	0.52	0.65	0.41

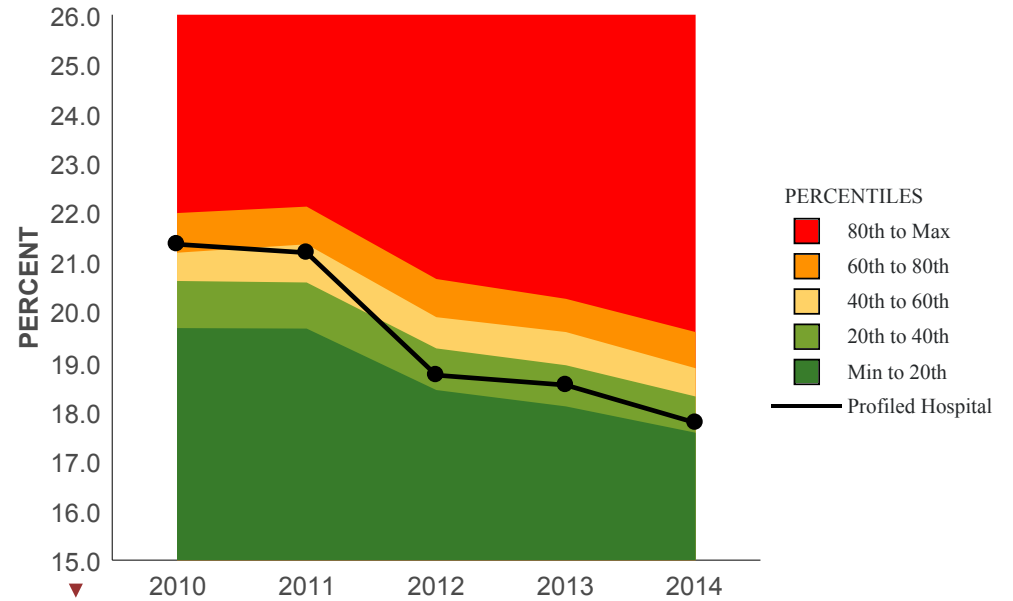
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2010	0.79	0.94	1.06	1.21	0.66	0.82	0.52
	2011	0.85	0.98	1.10	1.22	0.70	0.86	0.57
	2012	0.81	0.96	1.08	1.19	0.75	0.91	0.61
	2013	0.80	0.92	1.05	1.16	0.71	0.87	0.57
	2014	0.78	0.89	0.98	1.13	0.57	0.73	0.44

## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=429)

30-DAY MORTALITY RATE (AMI, HF, PNEU)



30-DAY READMISSION RATE (AMI, HF, PNEU)

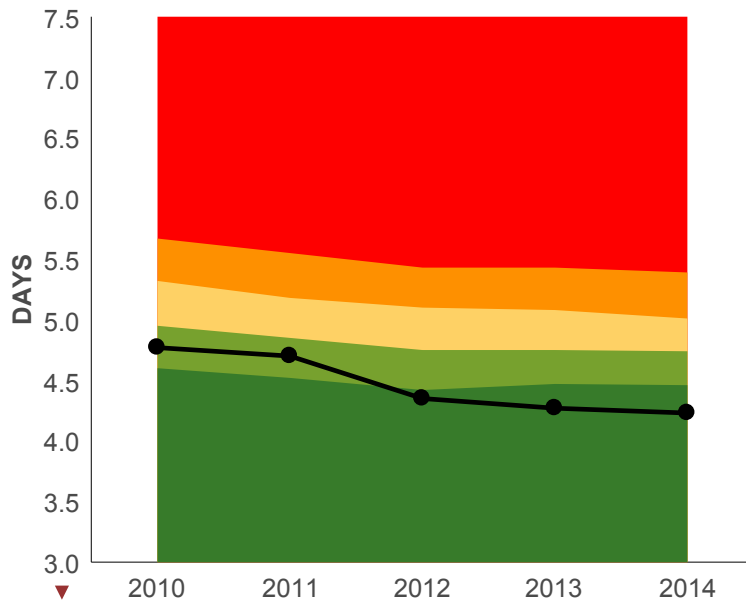


PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2010	11.60	12.27	12.90	13.77	12.20
	2011	11.60	12.40	13.03	13.90	12.50
	2012	11.50	12.30	12.97	13.87	12.30
	2013	11.57	12.27	12.90	13.63	12.17
	2014	11.13	11.90	12.43	13.17	12.07

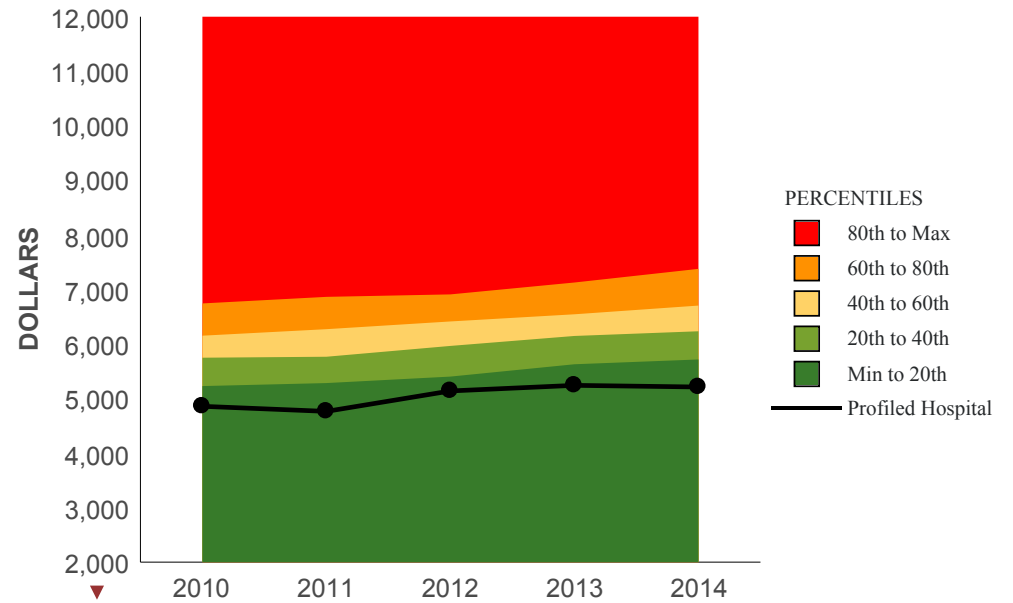
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2010	19.68	20.63	21.20	22.00	21.37
	2011	19.67	20.60	21.37	22.13	21.20
	2012	18.43	19.27	19.90	20.67	18.73
	2013	18.10	18.93	19.60	20.27	18.53
	2014	17.57	18.30	18.87	19.60	17.77

## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=429)

**SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY**



**ADJUSTED INPATIENT EXPENSE PER DISCHARGE**

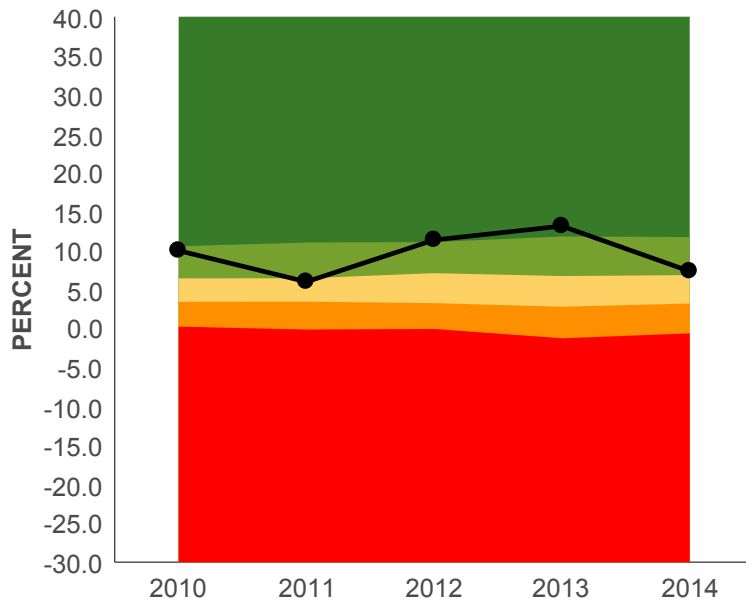


PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2010	4.60	4.95	5.32	5.67	4.77
	2011	4.52	4.85	5.18	5.55	4.70
	2012	4.42	4.75	5.10	5.43	4.35
	2013	4.47	4.75	5.08	5.43	4.27
	2014	4.46	4.74	5.01	5.39	4.23

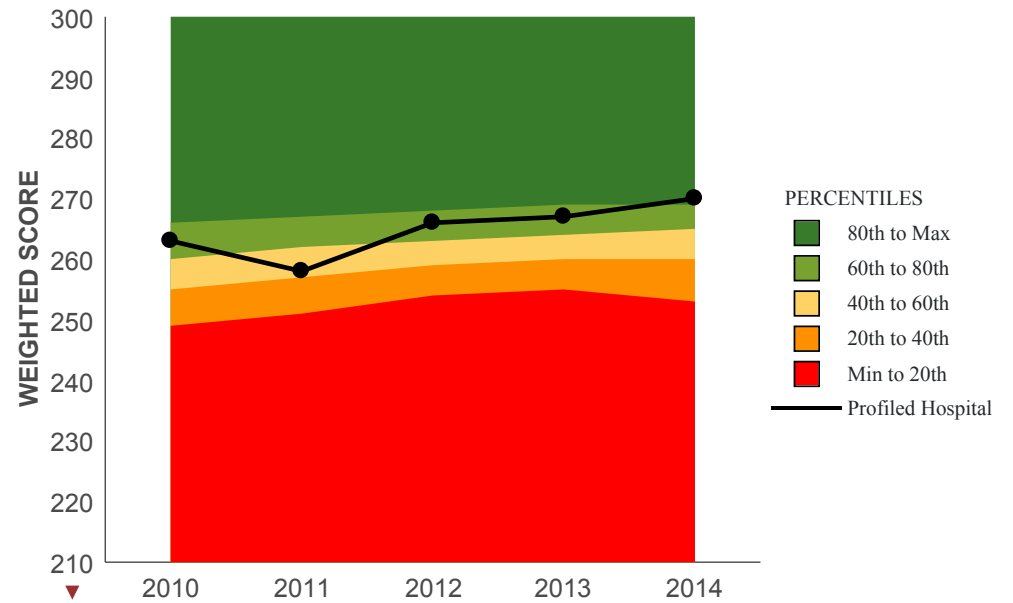
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2010	5,228	5,748	6,152	6,743	4,857
	2011	5,283	5,766	6,271	6,864	4,764
	2012	5,402	5,964	6,413	6,909	5,139
	2013	5,628	6,147	6,544	7,127	5,241
	2014	5,716	6,233	6,704	7,377	5,211

## HOSPITAL PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=429)

**ADJUSTED OPERATING PROFIT MARGIN**



**HCAHPS SCORE OVERALL RATING**



PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2010	0.23	3.41	6.42	10.54	9.98
	2011	-0.15	3.43	6.43	11.02	5.98
	2012	-0.07	3.24	7.09	11.08	11.35
	2013	-1.27	2.78	6.72	11.80	13.13
	2014	-0.64	3.19	6.84	11.72	7.33

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2010	249.0	255.0	260.0	266.0	263.0
	2011	251.0	257.0	262.0	267.0	258.0
	2012	254.0	259.0	263.0	268.0	266.0
	2013	255.0	260.0	264.0	269.0	267.0
	2014	253.0	260.0	265.0	269.0	270.0

# 100 TOP HOSPITALS CURRENT PROFILE

## CURRENT PROFILE

The 100 Top Hospitals® Current Profile analyzes your hospital's performance in the most recent year available, using a national balanced scorecard of critical performance metrics:

- Risk-Adjusted Mortality Index (in-hospital)
- Risk-Adjusted Complications Index
- Core Measures Mean Percent
- Mean 30-Day Mortality rate (AMI, HF, PN, COPD, Stroke)
- Mean 30-Day Readmission rate (AMI, HF, PN, HipKnee, COPD, Stroke)
- Severity-Adjusted Average Length of Stay
- Mean Emergency Department Throughput
- Inpatient Expense per Discharge (wage- and casemix-adjusted)
- Medicare Spend Per Beneficiary Index
- Adjusted Operating Profit Margin
- HCAHPS Score (Patient Overall Hospital Rating)

Using this Profile, you can identify your hospital's level of performance achievement by individual measure and overall, and target higher performance. In addition, the Profile shows the level of achievement of national award-winning (benchmark) hospitals and the median performance of non-winning (peer) hospitals in your comparison group.

## UNDERSTANDING THE GRAPHS

### Percent Difference from Comparison Group Benchmark Medians

This bar graph shows the percentage by which your hospital either exceeded or fell behind the median performance of the winning hospitals in your comparison group. Green bars signify better performance; red bars signify worse performance.

The 99% confidence interval limits are also displayed in the table below the graphs of the simple binomial measures – mortality and complications – measures for which there is an observed and an expected value.

### Profiled Hospital Compared with Benchmark and Peer

This section contains individual bar graphs for each of the performance measures included in the 100 Top Hospitals national balanced scorecard. Each bar graph shows performance achievement levels for three groups: your hospital, the benchmark group median, and the peer group median.

### Binomial Measures

The graphs for the binomial measures – in-hospital mortality and complications – also have a statistical significance note that indicates whether your hospital's performance is better than expected, as expected, or worse than expected (99% confidence).

For binomial measures, we rank your hospital on the z-score calculated from your observed and normalized expected values. Z-scores take statistical significance into account. If your graph note indicates your performance is "as expected", your performance is average regardless of how high or low the index value.

### Core Measures, 30-Day Rates, Emergency Department Measures and HCAHPS Detail

This section contains bar graphs for the individual measures that make up the composite ranked measures: core measures mean percent, 30-day mortality, 30-day readmissions and emergency department throughput. Performance on each HCAHPS question is included for information. Only the Overall Hospital Rating question (an outcome metric) is ranked.

## CURRENT PROFILE NOTES

### Use of Median Values

When individual measures are missing or the reported value is insufficiently precise (patient count too low), we substitute class median values so your hospital can be ranked. This was done for the following measures:

- Individual core measures
- 30-day mortality rates (AMI, HF, Pneumonia, COPD, Stroke)
- 30-day readmission rates (AMI, HF, Pneumonia, Hip/Knee, COPD, Stroke)
- Emergency Department measures

Because CMS does not publish Medicare spending per beneficiary data for Maryland hospitals, we substitute class median values so Maryland hospitals can be included in the study. These hospitals are not eligible to be 100 Top benchmark hospitals.

### Missing or Incalculable Data Points

- No bar is displayed for your hospital if values were not reported or are incalculable.
- If a hospital was excluded from the study for missing or incalculable performance measures, the details are noted at the end of the Current Profile section.
- If a hospital was not eligible to be a winner due to statistically poor performance in mortality or complications (99% confidence), the details are noted at the end of the Current Profile section.
- If a hospital was not eligible to be a winner because it had one or more outliers (interquartile range methodology) for expense or profit, the details are noted at the end of the Current Profile section.

### Excluded Core Measures

Small and medium community hospitals rarely report the core measures listed below, due to low patient count. These core measures are excluded from the analysis of these comparison groups.

### Small Community Hospitals

- Thrombolytic therapy (STK-4)
- Stroke education (STK-8)
- Venous thromboembolism Warfarin therapy discharge instructions (VTE-5)
- Hospital-acquired potentially-preventable venous thromboembolism (VTE-6)

### Medium Community Hospitals

- Thrombolytic therapy (STK-4)
- Hospital-acquired potentially-preventable venous thromboembolism (VTE-6)

*Note: A full list of included core measures can be found in the Study Overview.*

### New Measures for Information Only

We are including a number of new measures in this report, to allow you to compare your performance relative to your peer and benchmark groups. These measures are **not** included in your overall performance rating and are not used to select the 100 Top award-winning hospitals. You will find these measures in a separate section of this Current Profile.

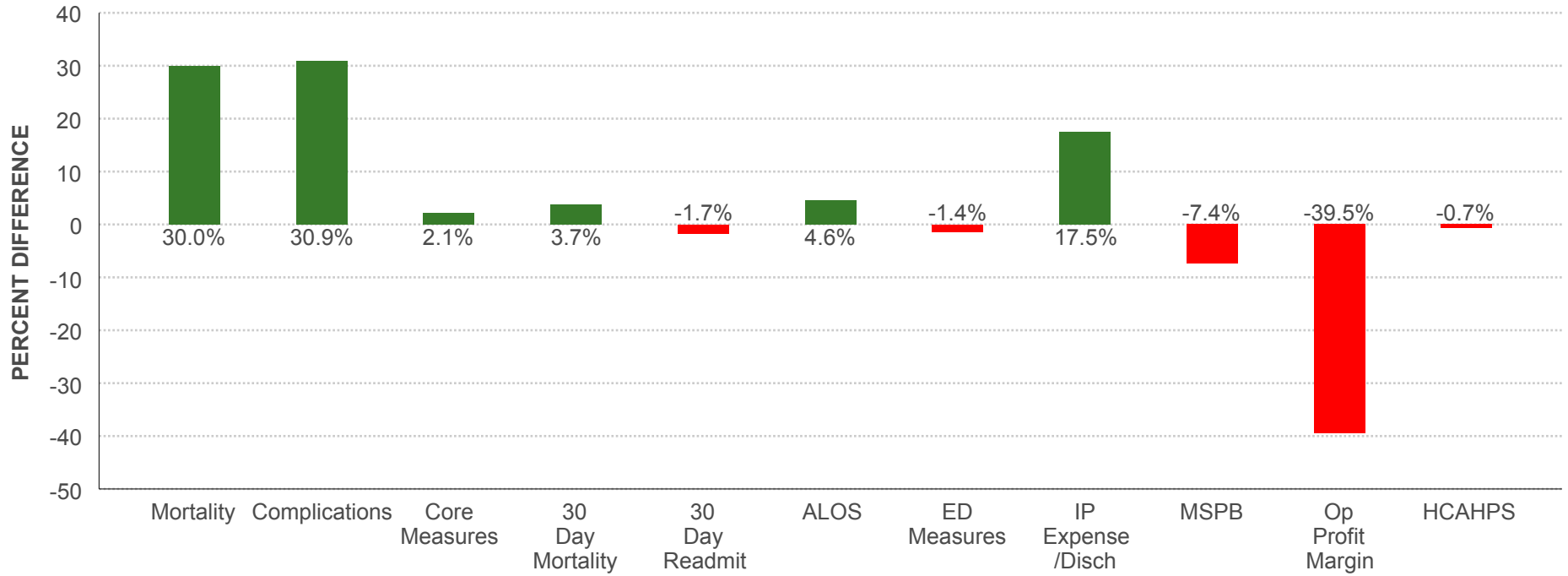
### More Information on Methodologies

The methodology section of the 100 Top Hospitals Study Overview provides more details on the calculation of each performance measure and an indication of whether higher or lower values are favorable. It also describes the methodologies for calculating confidence limits and outliers, and for determining statistically poor performance on the mortality and complications measures.

See Study Overview for more details. Visit [www.100tophospitals.com](http://www.100tophospitals.com).



## HOSPITAL PERCENT DIFFERENCE FROM TEACHING HOSPITAL BENCHMARK MEDIAN<sup>1</sup> 2014



PROFILED HOSPITAL:

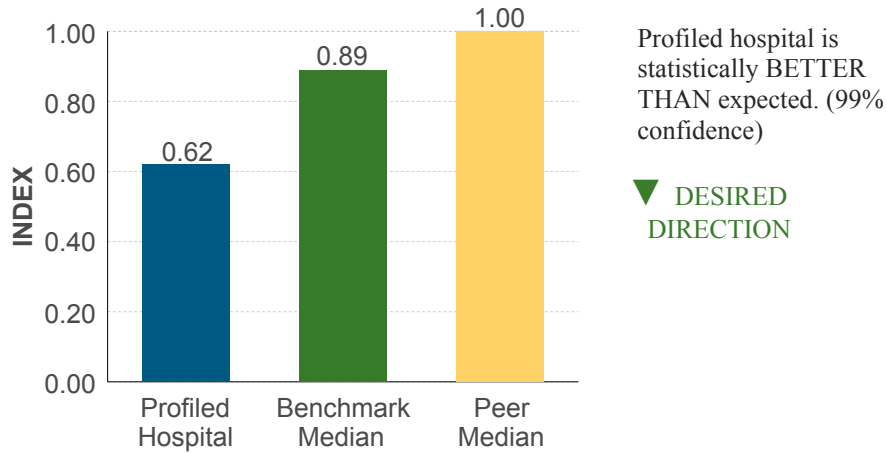
Upper C.I.	45.0%	46.4%
Lower C.I.	12.3%	12.4%

*Note: 99% confidence interval is calculated for the binomial measures: Mortality and Complications.*

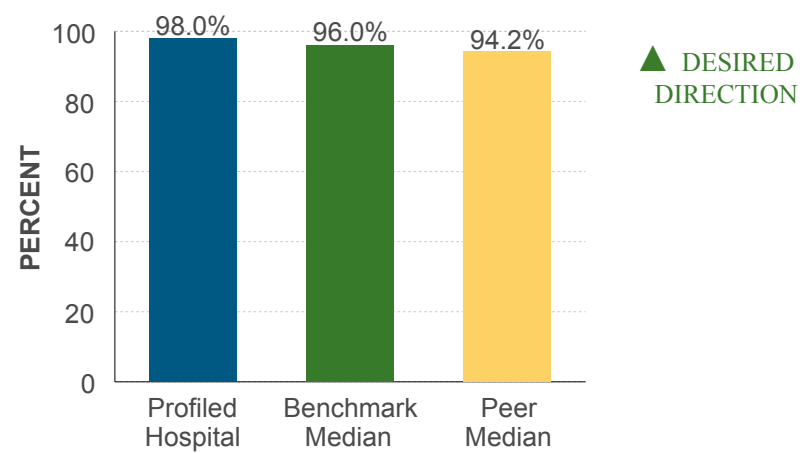
<sup>1</sup>Median value based on 25 benchmark hospitals

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

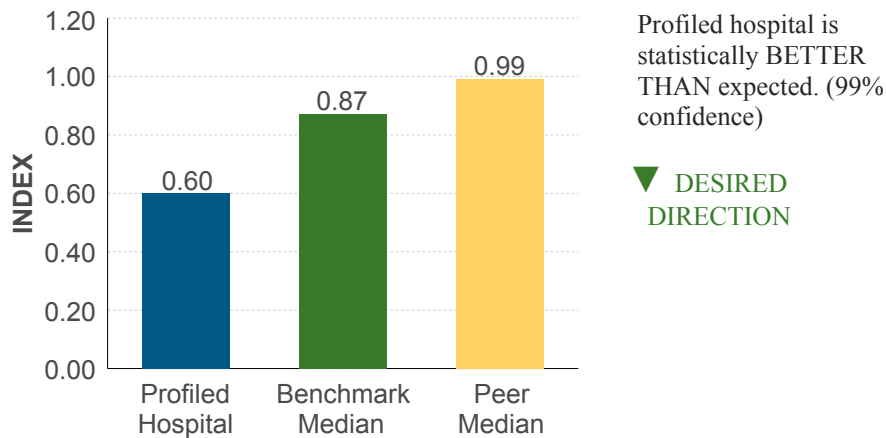
### RISK-ADJUSTED MORTALITY INDEX



### CORE MEASURES MEAN PERCENT



### RISK-ADJUSTED COMPLICATIONS INDEX

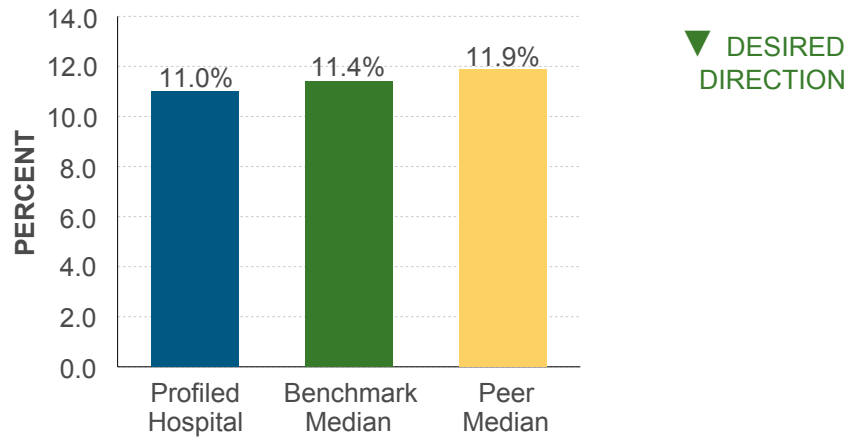


<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

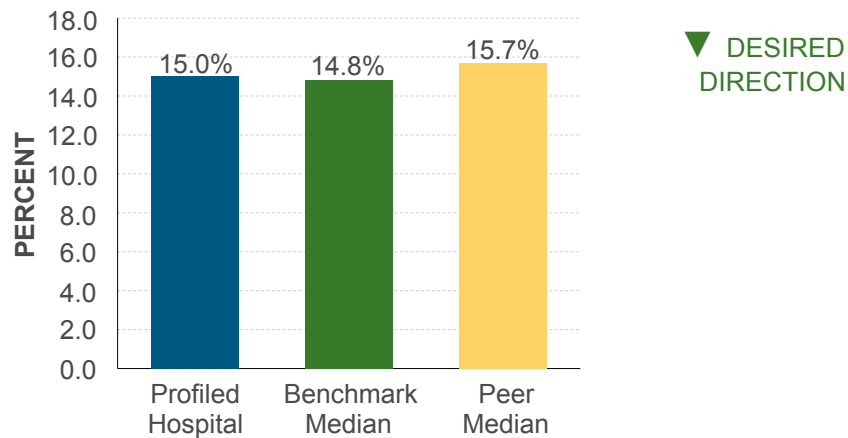
<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### 30-DAY MORTALITY RATE (AMI, HF, PNEU, COPD, STROKE)



### 30-DAY READMISSION RATE (AMI, HF, PNEU, HIP/KNEE, COPD, STROKE)

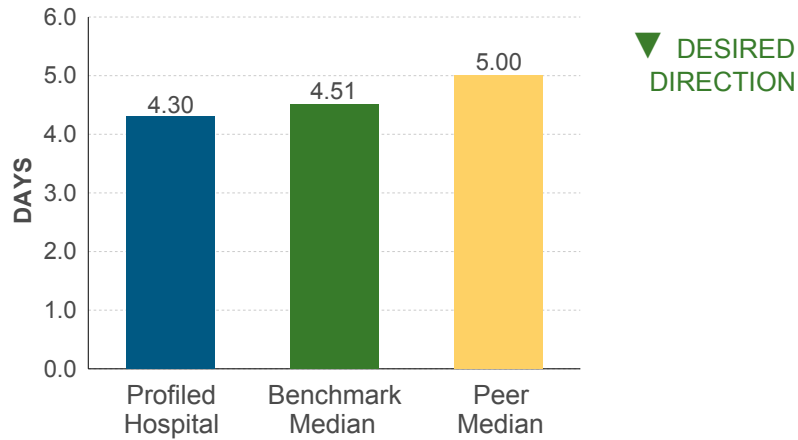


<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

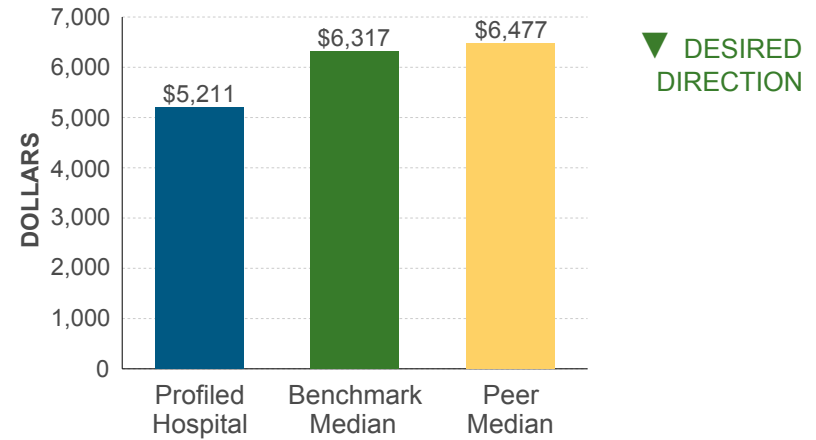
<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

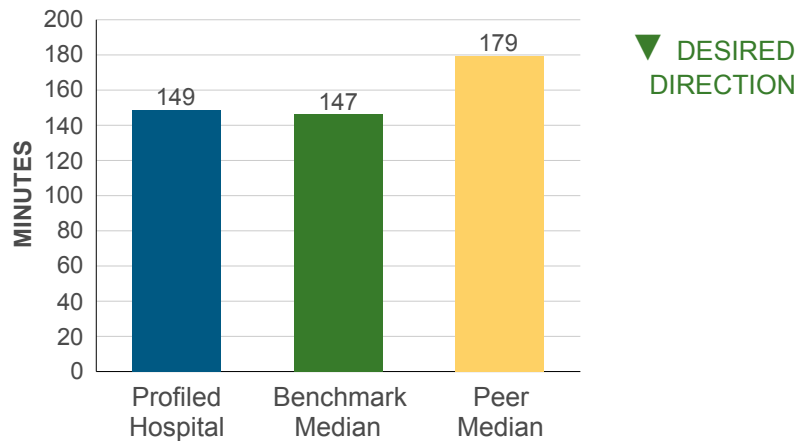
**SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY**



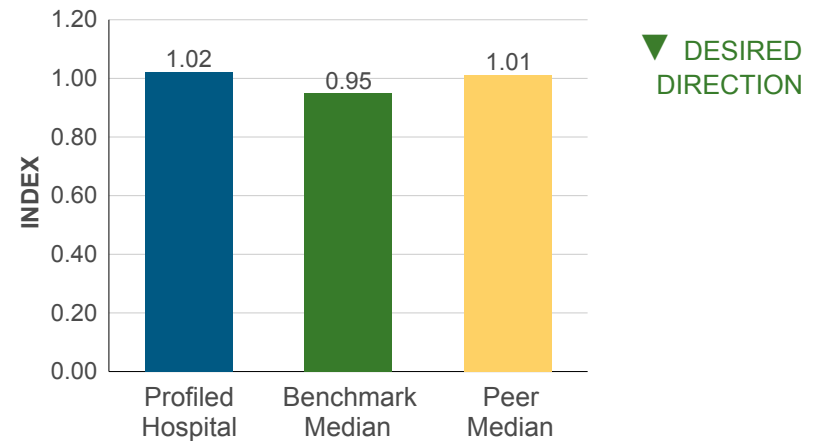
**ADJUSTED INPATIENT EXPENSE PER DISCHARGE**



**EMERGENCY DEPARTMENT MEASURES**



**MEDICARE SPEND PER BENEFICIARY INDEX**

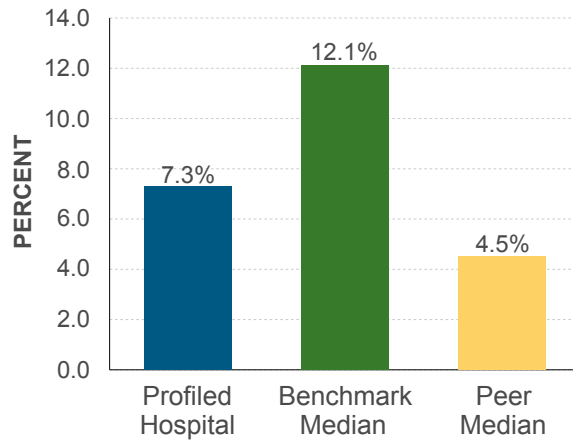


<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### ADJUSTED OPERATING PROFIT MARGIN



▲ DESIRED DIRECTION

### HCAHPS QUESTION: OVERALL RATING<sup>3</sup>



▲ DESIRED DIRECTION

**QUESTION KEY:**

Overall rating:  
How do patients rate the hospital overall?

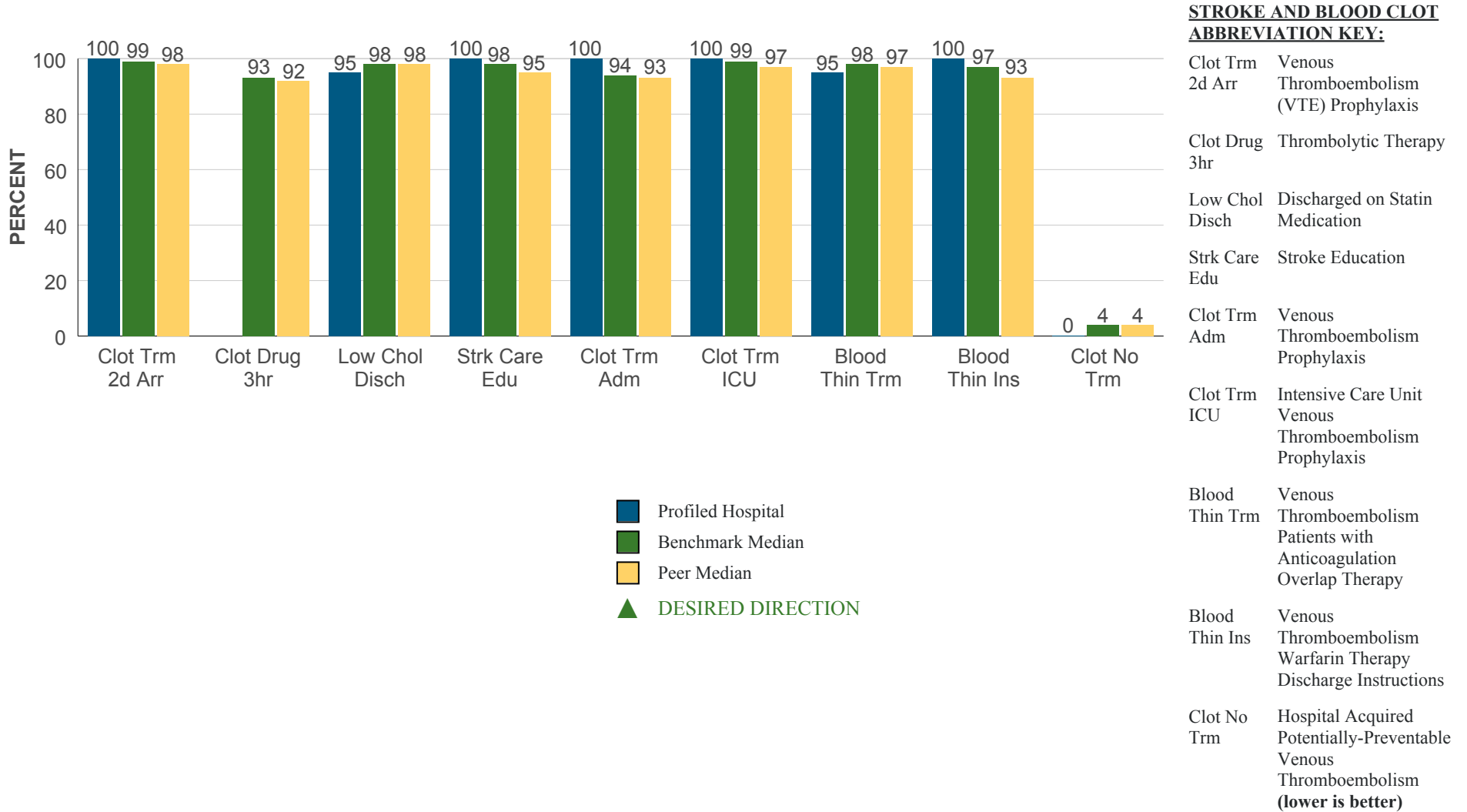
<sup>3</sup> Highest possible score is 300

<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### STROKE CARE AND BLOOD CLOT PREVENTION MEASURES

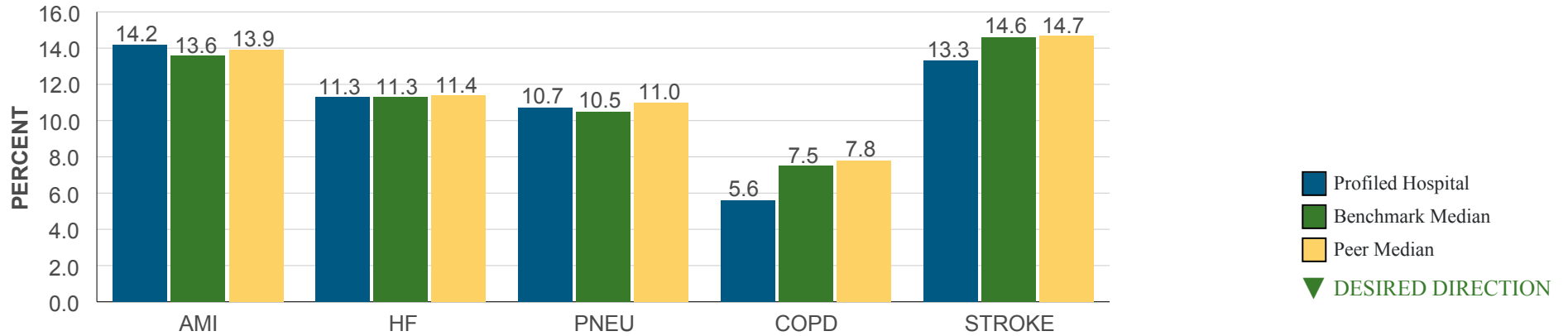


<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

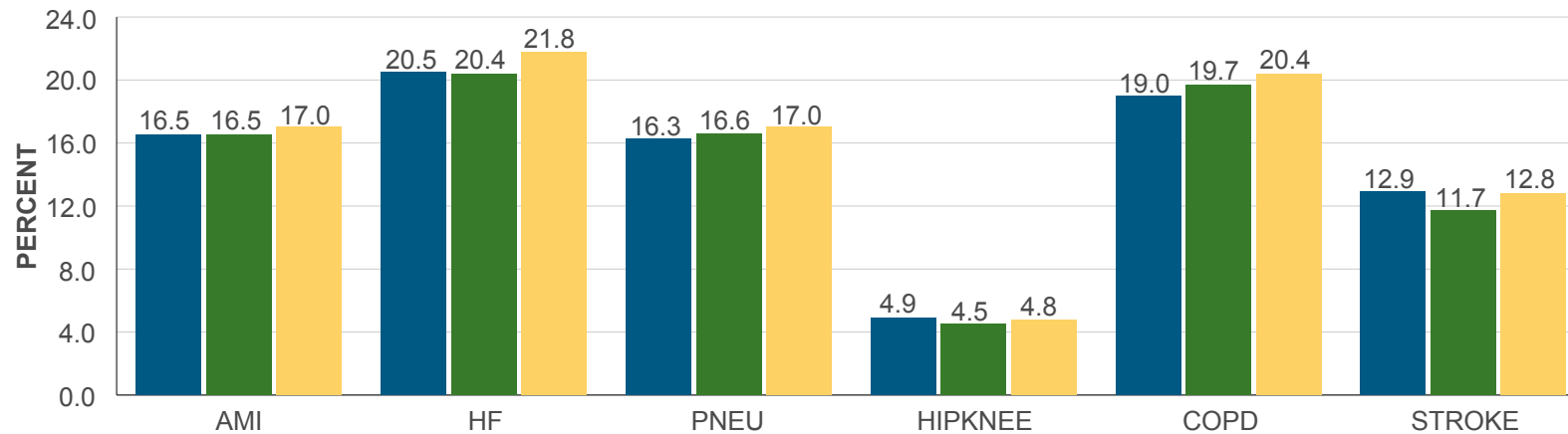
<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### 30-DAY MORTALITY RATES BY PATIENT CONDITION



### 30-DAY READMISSION RATES BY PATIENT CONDITION

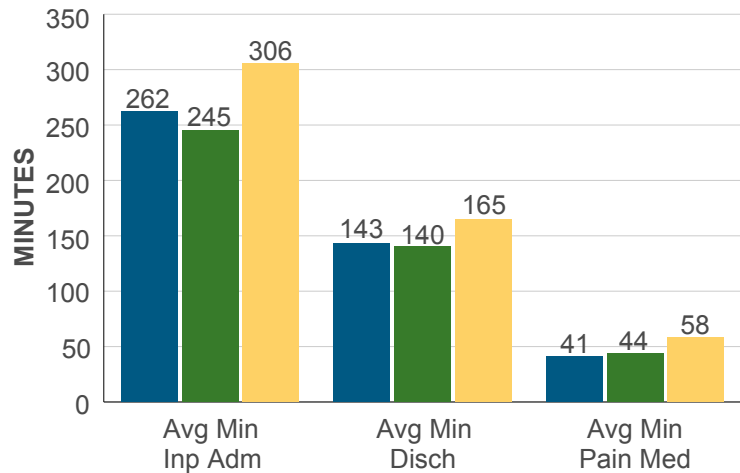


<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### EMERGENCY DEPARTMENT MEASURES



#### EMERGENCY DEPARTMENT ABBREVIATION KEY:

- Avg Min Inp Adm: Average time patients spent in the ED, before they were admitted to the hospital as an inpatient
- Avg Min Disch: Average time patients spent in the ED before being sent home
- Avg Min Pain Med: Average time patients who came to the ED with broken bones had to wait before receiving pain medication

- Profiled Hospital
- Benchmark Median
- Peer Median

▼ DESIRED DIRECTION

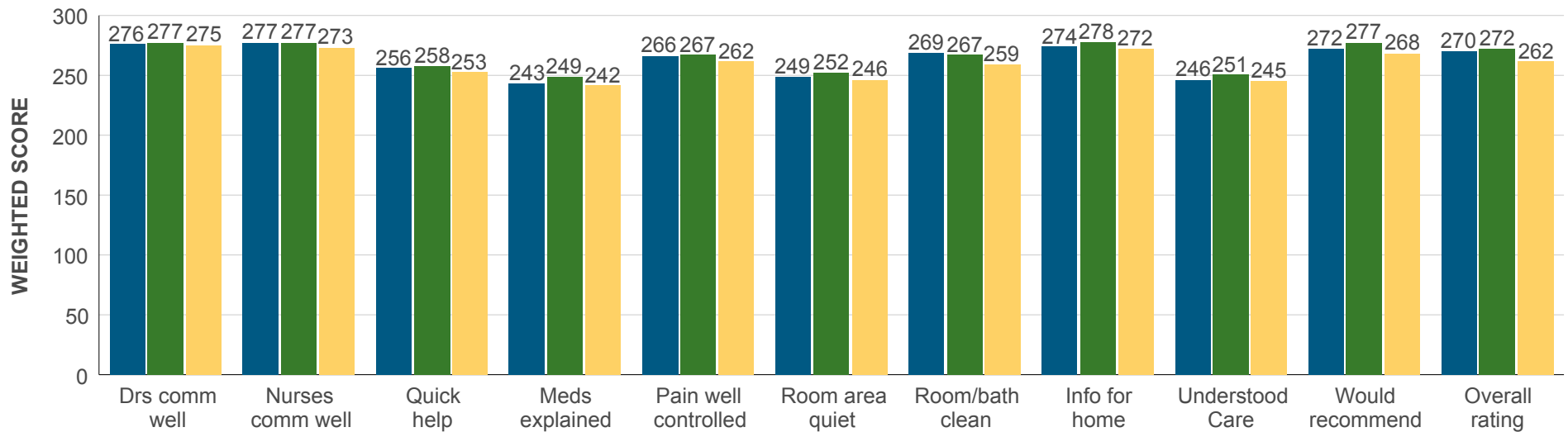
<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404



## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### HCAHPS QUESTIONS



**QUESTION KEY:**

- Drs comm well How often did doctors communicate well with patients?
- Nurses comm well How often did nurses communicate well with patients?
- Quick help How often did patients receive help quickly from hospital staff?
- Meds explained How often did staff explain about medicines before giving them to patients?
- Pain well controlled How often was patients pain well controlled?
- Room area quiet How often was the area around patients rooms kept quiet at night?
- Room/bath clean How often were the patients rooms and bathrooms kept clean?
- Info for home Were patients given information about what to do during their recovery at home?
- Understood care How often did patients understand their care at discharge?
- Would recommend Would patients recommend the hospital to friends and family?
- Overall rating How do patients rate the hospital overall?

- Profiled Hospital
- Benchmark Median
- Peer Median
- ▲ DESIRED DIRECTION

<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

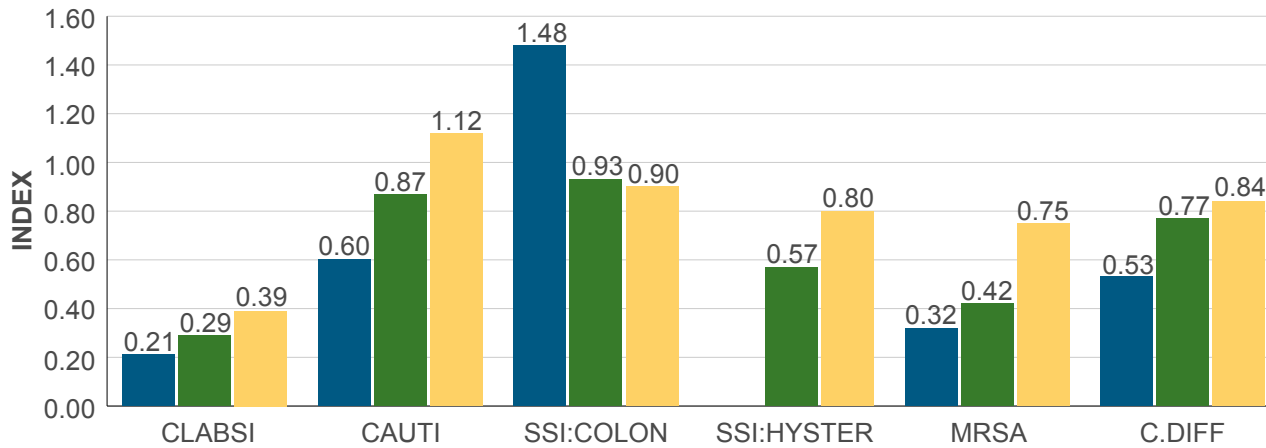
## NEW METRICS UNDER CONSIDERATION

- This section of your report contains new measures that we are considering for future inclusion in the study. Some of the measures move outside the inpatient acute care setting and look at extended care from a clinical standpoint and others from a cost efficiency perspective. Other new measures focus on inpatient outcomes.
- We welcome your comments and feedback on the usefulness and relevance of these measures in assessing leadership's ability to drive high level balanced performance.

# HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

## Metrics Under Consideration

### HEALTHCARE ASSOCIATED INFECTION MEASURES



**HEALTHCARE ASSOCIATED INFECTIONS**  
**ABBREVIATION KEY:**

- CLABSI Central line-associated blood stream infections
- CAUTI Catheter-associated urinary tract infections
- SSI:COLON Surgical site infection from colon surgery
- SSI:HYSTER Surgical site infection from abdominal hysterectomy
- MRSA Methicillin-resistant staphylococcus aureus blood laboratory-identified events
- C.DIFF Clostridium difficile laboratory identified events



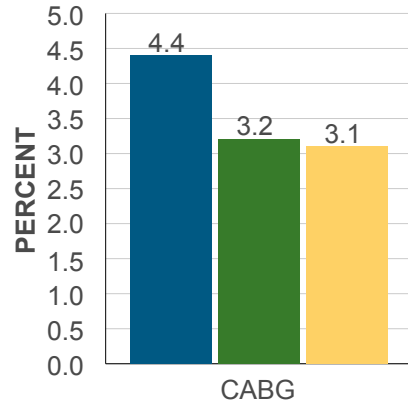
<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

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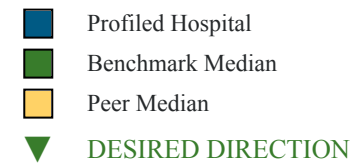
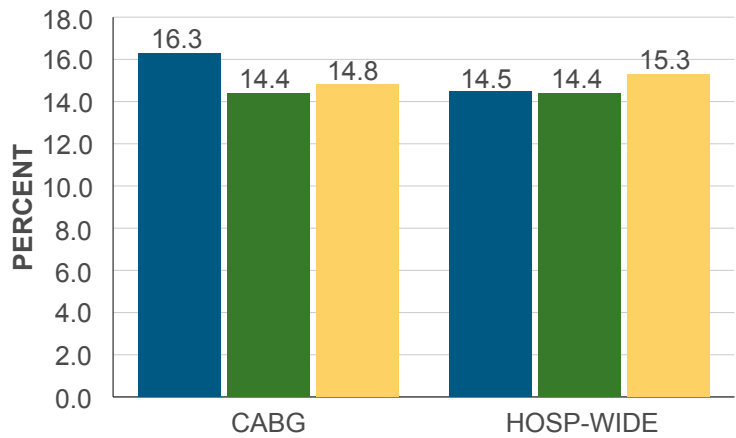
## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### Metrics Under Consideration

#### 30-DAY MORTALITY (CABG)



#### 30-DAY READMISSION (CABG, HOSP-WIDE)



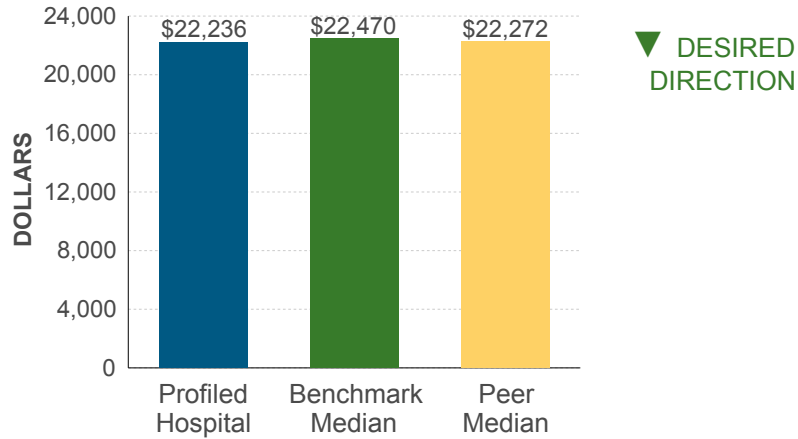
<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404

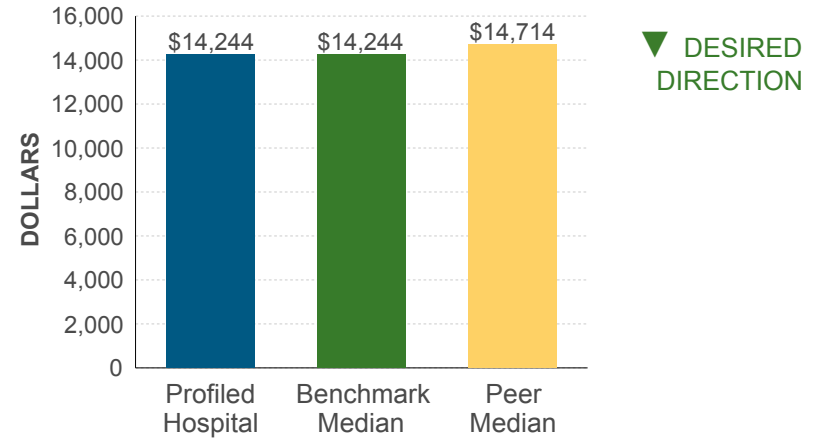
## HOSPITAL COMPARED WITH TEACHING BENCHMARK<sup>1</sup> AND PEER<sup>2</sup> HOSPITALS 2014

### Metrics Under Consideration

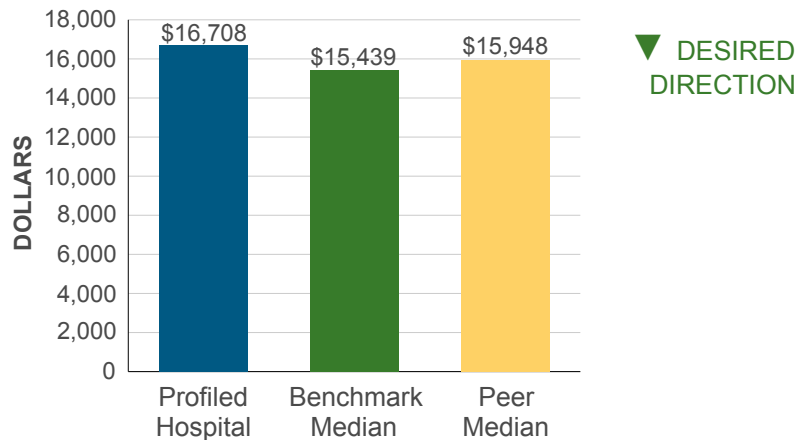
**AMI 30-DAY EPISODE PAYMENT**



**PNEUMONIA 30-DAY EPISODE PAYMENT**



**HF 30-DAY EPISODE PAYMENT**



<sup>1</sup> Benchmark Hospitals are the winners in the comparison group: n=25

<sup>2</sup> Peer Hospitals are the non-winners in the comparison group: n=404