

# 100 Top Hospitals, 2019

## A National Benchmarks Report

Prepared for:  
Sample Hospital  
City, ST  
Medicare ID: 999999

# Report Methodology 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 operating bed 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 Watson Health™ 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. Due to increasing numbers of diagnoses with invalid POA code ‘0’, we made the following adjustments to the MEDPAR data:

- 1) Original, valid (Y,N,U,W or 1) POA codes assigned to diagnoses were retained
- 2) Where a POA code of ‘0’ appeared, we took the next four steps:
  - a) We treated all principal diagnoses (dx) as ‘present on admission’
  - b) We treated all secondary dx on the CMS exempt list as ‘exempt’
  - c) We treated secondary dx for which the POA code ‘Y’ or ‘W’ appeared more than 50 percent of the time in Watson Health’s all-payer database as ‘present on admission’

d) All others were treated as ‘not present’

## RANK WEIGHTS AND PUBLIC DATA SOURCES

Measures	Rank Wt	Source
Risk-Adjusted Inpatient Mortality	1 <sup>3</sup>	MEDPAR FFY <sup>1</sup> 2012-2017
Risk-Adjusted Complications	1 <sup>3</sup>	MEDPAR FFY <sup>1</sup> 2012-2017
Healthcare-Associated Infections <sup>2</sup>	1	CMS Hospital Compare CY 2017
30-Day Mortality (AMI, Heart Failure, Pneumonia, COPD, Stroke)	1 <sup>3</sup>	CMS Hospital Compare 3-yr data sets ending June 30 in 2013, 2014, 2015, 2016, 2017
30-Day Readmissions (AMI, Heart Failure, Pneumonia, THA/TKA, COPD, Stroke)	1 <sup>3</sup>	CMS Hospital Compare 3-yr data sets ending June 30 in 2013, 2014, 2015, 2016, 2017
Severity-Adjusted Average Length of Stay	1	MEDPAR FFY <sup>1</sup> 2013-2017
Emergency Department Throughput	1	CMS Hospital Compare CY 2014, 2015, 2016, 2017; FY2013
Adjusted Inpatient Expense per Discharge	1	HCRIS 2018 Q3 2013-2017 cost reports
Adjusted Operating Profit Margin	1	HCRIS 2018 Q3 2013-2017 cost reports
HCAHPS	1	CMS Hospital Compare CY 2013-2017

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

<sup>2</sup>No trend data for Healthcare-Associated Infections (“HAI”).

<sup>3</sup>Small community hospitals' rank weights for these measures are increased to 1.25 to balance quality and operational group weights, due to exclusion of the HAI measure from this comparison group.

## 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 (lower left), Improving (upper left), Leading (upper right), or At Risk (lower right).

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 median may be "At Risk" for falling behind peers in the future, if low rates of improvement continue.

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 in the same study year.

## 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 graphs in this report. Exclusion notes are found at the end of the graphs section of this report.

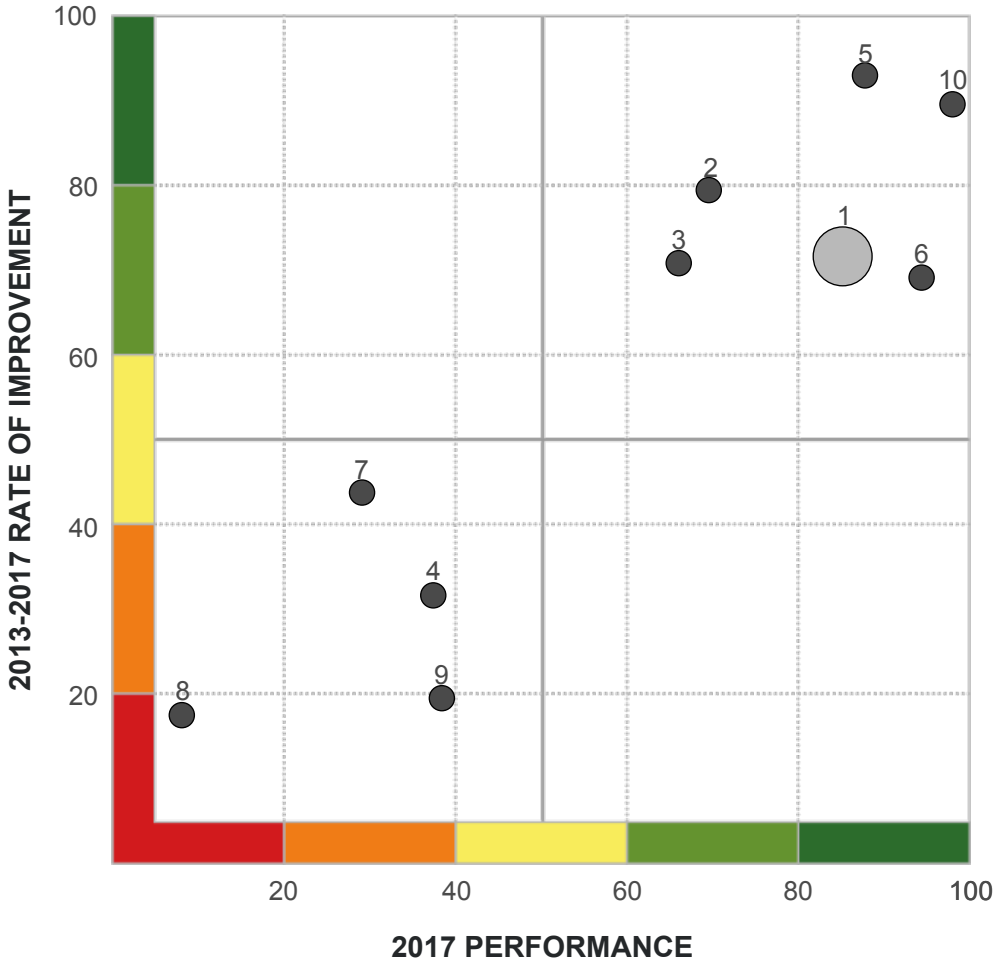
### Missing Measure Dots

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 Comparison Group

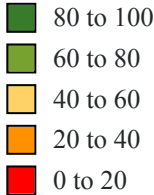
**Profiled hospital compared to large community hospitals**

# 2017 Performance and Five-Year Rate of Improvement Matrix



**DATA POINT KEY**

- 1 **OVERALL**
- 2 Inpatient Mortality
- 3 Complications
- 4 30-Day Mortality
- 5 30-Day Readmit
- 6 ALOS
- 7 ED Measures
- 8 IP Expense/Disch
- 9 Oper Profit Margin
- 10 HCAHPS



**PROFILED HOSPITAL compared to:**

2017 large community hospitals: n = 290  
2013-2017 large community hospitals: n = 289

# Performance and Improvement – Rank Percentiles Graphs

## UNDERSTANDING THE GRAPHS

### 2017 Performance Rank Percentiles

This bar graph shows your hospital's performance on each measure, in the most current year of data we analyzed, reported as rank percentiles.

Individual measure percentiles are calculated by dividing your measure rank within your comparison group by the number of hospitals in the group and multiplying by 100.

**The 2019 100 Top Hospitals benchmark hospitals (winners) were selected based only on 2017 performance.**

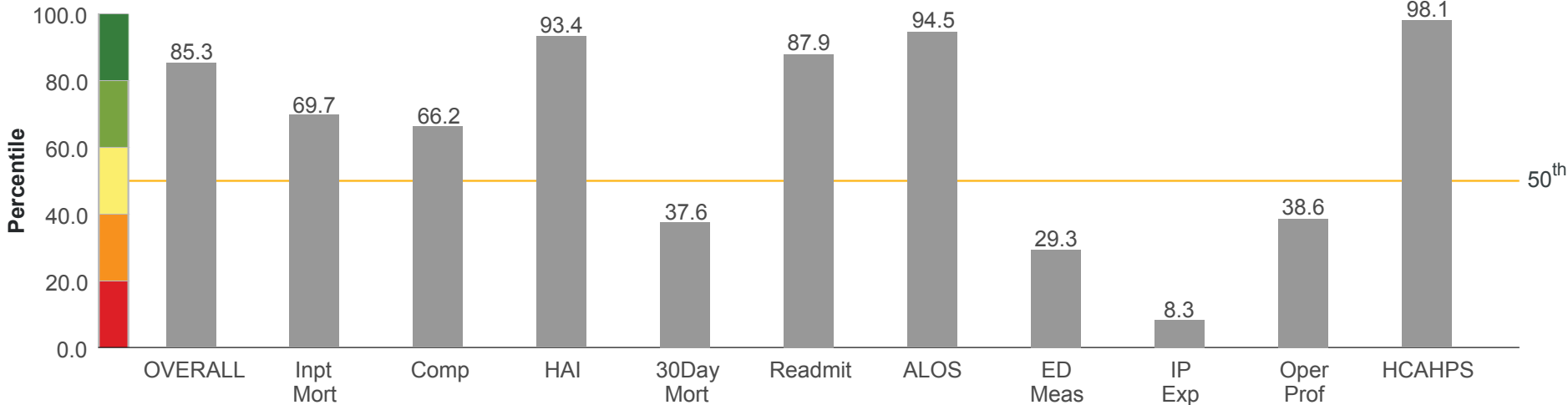
### 2013-2017 Rate of Improvement Rank Percentiles

This bar graph shows your hospital's rate of improvement on each measure, and overall, reported as rank percentiles. Individual measure percentiles are calculated by dividing your measure rank within your comparison group by the number of hospitals in the group and multiplying by 100. The overall rank percentile is based on the sum of your individual measure ranks, re-ranked by comparison group. The overall rank sum is then converted into a percentile. The overall rank percentile is not the average of the individual measure percentiles.

Measures with rank percentiles above the median are likely to move ahead of peers on performance in the future, if those rates of improvement have continued.

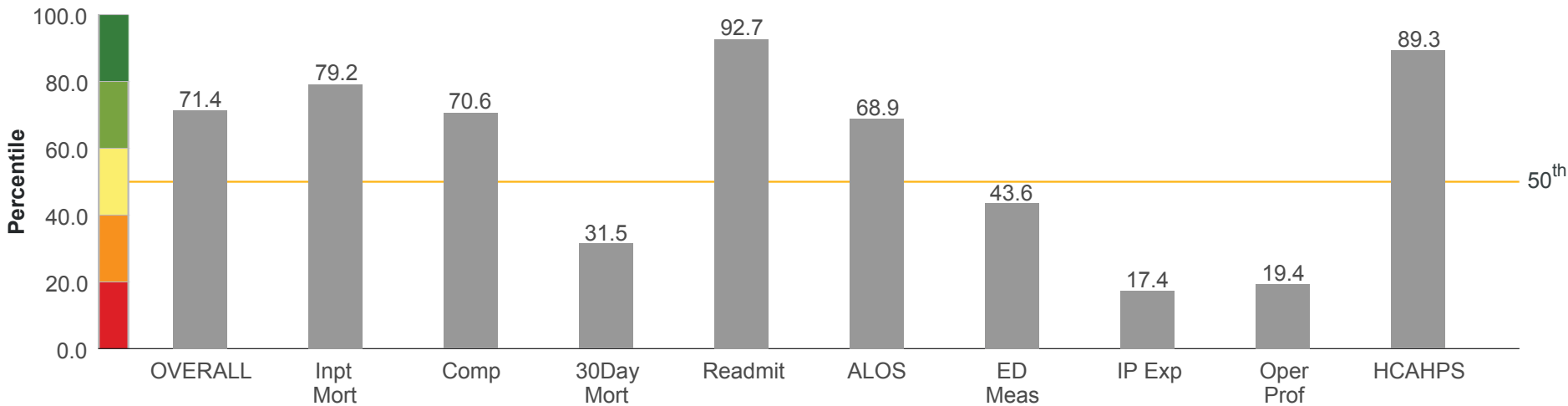
Hospitals with overall and measure-specific rank percentiles below the median are likely to fall behind peers on performance in the future, if those low rates of improvement have continued. And winners with a low overall rate of improvement are at risk for dropping out of the winner circle entirely.

## 2017 Performance Rank Percentiles



Profiled hospital compared to large community hospitals: n = 290

## 2013-2017 Rate of Improvement Rank Percentiles



Profiled hospital compared to large community hospitals: n = 289

# 100 Top Hospitals Current Profile Notes

## 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 Inpatient Mortality Index
- Risk-Adjusted Complications Index
- Mean Healthcare-Associated Infection Index
- Mean 30-Day Mortality Rate (AMI, heart failure, pneumonia, COPD, stroke)
- Mean 30-Day Readmission Rate (AMI, heart failure, pneumonia, THA/TKA, COPD, stroke)
- Severity-Adjusted Average Length of Stay
- Mean Emergency Department Throughput
- Inpatient Expense per Discharge (casemix- and wage-adjusted)
- 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

### Profiled Hospital Compared with Benchmark and Peer

The hospital's current performance is represented by 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.

### Healthcare-Associated Infections, 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: healthcare-associated infections, 30-day mortality, and 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.



# 100 Top Hospitals Current Profile Notes

## USE OF MEDIAN VALUES

When 30-day individual measures are missing, we substitute class median values so your hospital can be ranked. This was done for the following measures:

- 30-day mortality rates (AMI, HF, pneumonia, COPD, stroke)
- 30-day readmission rates (AMI, HF, pneumonia, THA/TKA, COPD, stroke)

*Note: If all individual measures are missing for either the 30-day mortality or 30-day readmission measure, class medians are not used and the hospital was excluded from the study.*

## 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 graphs section.
- If a hospital was not eligible to be a winner due to statistically poor performance on inpatient mortality or complications (99% confidence), the details are noted at the end of the graphs 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 graphs section.
- If a hospital, assigned to the medium community hospital comparison group was not eligible to be a winner because it did not have at least two (2) of the three (3) individual healthcare-associated infection measures required for this comparison group, the details are noted at the end of the graphs section.

## EXCLUDED MEASURES

Due to low patient counts for some measures, the below comparison groups exclude the listed measures from analysis.

## Small Community Hospitals

- Healthcare-associated infections for all measures (HAI-1 – HAI-6)
- 30-day mortality rate for AMI patients
- 30-day readmission rate for AMI patients

## Medium Community Hospitals

- Surgical site infection from colon surgery (HAI-3)
- Surgical site infection from abdominal hysterectomy (HAI-4)
- Methicillin-resistant Staphylococcus aureus blood laboratory-identified events (HAI-5)

## Large Community Hospitals

- Surgical site infection from abdominal hysterectomy (HAI-4)

## Teaching Hospitals

- Surgical site infection from abdominal hysterectomy (HAI-4)

*Note: See Study Overview for a full list of included HAI measures.*

## 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 at the end of the report.

## 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)

# 100 Top Hospitals Trend Profile Notes

## TREND PROFILE OVERVIEW

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

- Risk-Adjusted Inpatient Mortality Index
- Risk-Adjusted Complications Index
- Mean 30-Day Mortality Rate (AMI, heart failure, pneumonia, COPD, stroke)
- Mean 30-Day Readmission Rate (AMI, heart failure, pneumonia, THA/TKA, COPD, stroke)
- Severity-Adjusted Average Length of Stay
- Mean Emergency Department Throughput
- Inpatient Expense per Discharge (casemix- and wage-adjusted)
- Adjusted Operating Profit Margin
- HCAHPS Score (patient overall hospital rating)

## Minimum Data Requirements for Ranking

We require a minimum of four (4) valid data points for each measure (including the most current year) to include a hospital in the Trend Profile ranking.

## UNDERSTANDING THE GRAPHS

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

The hospital's rate of improvement for each of the individual performance measures is represented by graphs 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 rate of improvement level,

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.

A statistical significance note is displayed for each graph, indicating whether your performance is **improving, not changing, or worsening** over the five years we analyzed (99% confidence for mortality and complications; 95%, all other measures). We rank each measure using the t-statistic of the regression line through the data points (slope/S.E.).

## Use of Median Values

For each data year, when individual 30-day measures are missing, the median value of your comparison group is substituted in order to calculate and display the composite mean 30-day value. However, if ALL individual 30-day measures are missing for either the 30-day mortality or 30-day readmission measure for that data year, then median values are not used to calculate the composite mean and the data point will not be displayed on the Color Quintile Graphs.

## Missing Data Points

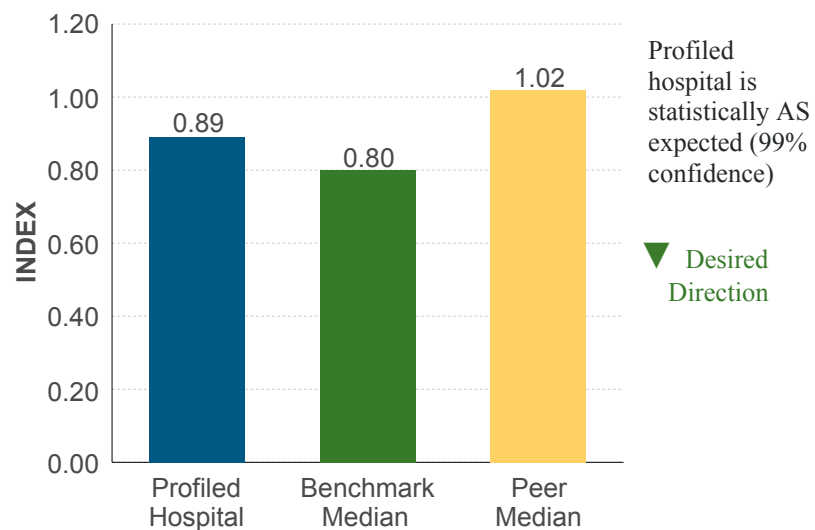
Individual data points are missing on the Color Quintile Graphs when values are not reported, or your comparison group median value has been substituted in a specific year.

## Data Point Time Periods

Data points on the graphs – labeled 2013, 2014, 2015, 2016, 2017 – represent various data periods. See Report Methodology Notes page, Rank Weights and Public Data Sources table for more details.

# Risk-adjusted inpatient mortality index

## 2017 IP MORTALITY PERFORMANCE

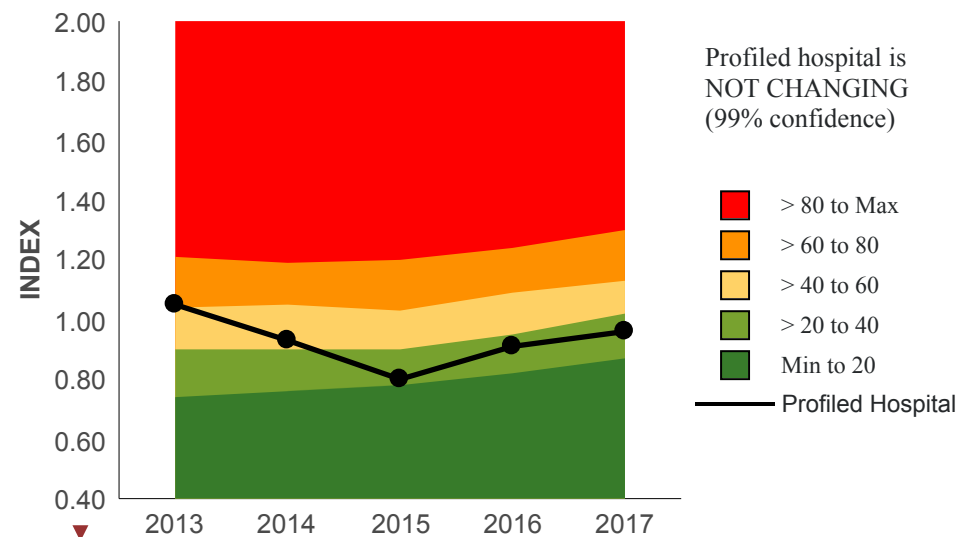


Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

Note: 2017 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

## 2013-2017 IP MORTALITY RATE OF IMPROVEMENT

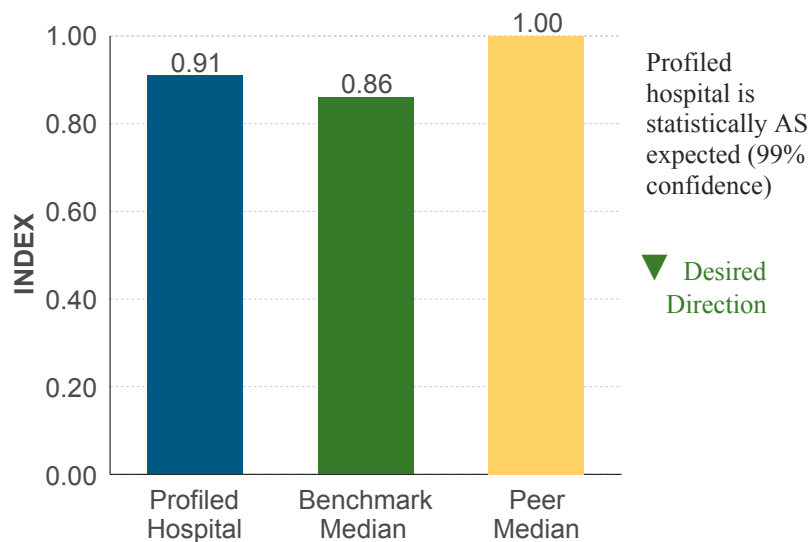


Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2013	0.74	0.90	1.04	1.21	1.05	1.19	0.92
	2014	0.76	0.90	1.05	1.19	0.93	1.07	0.80
	2015	0.78	0.90	1.03	1.20	0.80	0.93	0.69
	2016	0.82	0.95	1.09	1.24	0.91	1.05	0.79
	2017	0.87	1.02	1.13	1.30	0.96	1.11	0.83

# Risk-adjusted complications index

## 2017 COMPLICATIONS PERFORMANCE

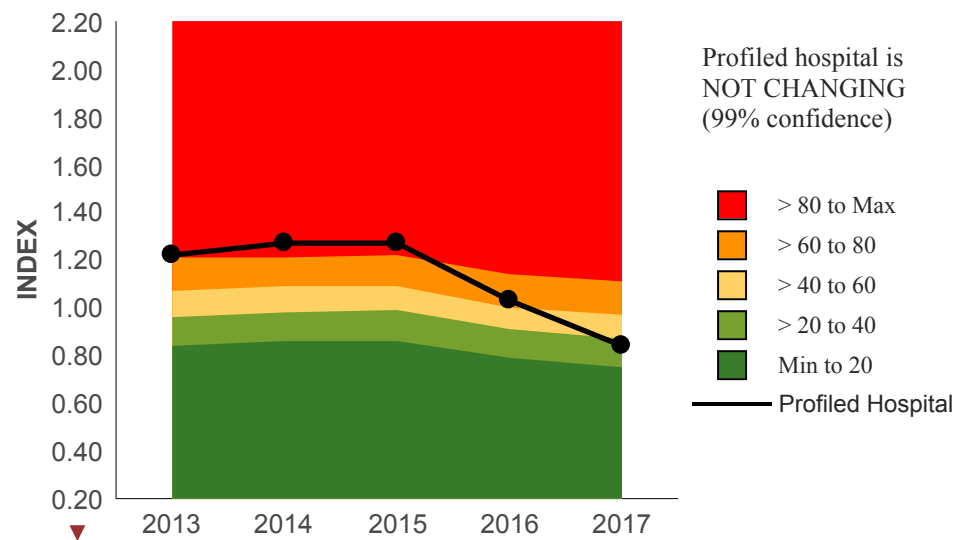


Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

Note: 2017 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

## 2013-2017 COMPLICATIONS RATE OF IMPROVEMENT

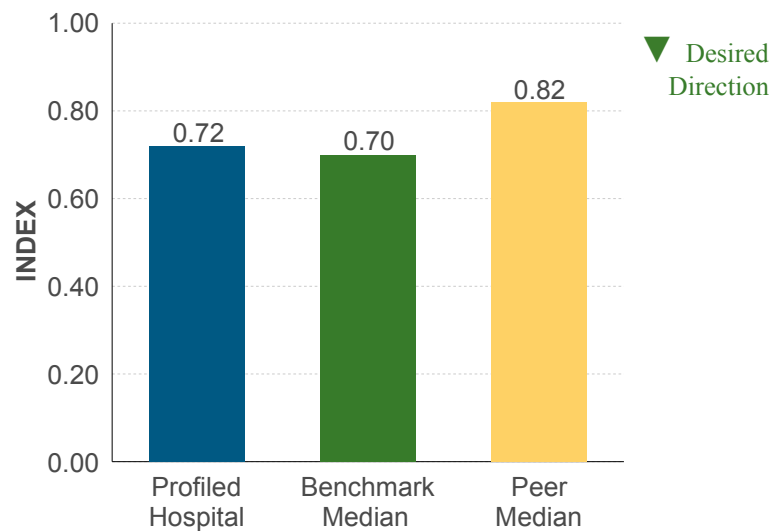


Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2013	0.84	0.96	1.07	1.21	1.22	1.43	1.03
	2014	0.86	0.98	1.09	1.21	1.27	1.50	1.07
	2015	0.86	0.99	1.09	1.22	1.27	1.48	1.09
	2016	0.79	0.91	1.00	1.14	1.03	1.19	0.87
	2017	0.75	0.87	0.97	1.11	0.84	0.99	0.71

# Mean HAI standardized infection ratio

## 2017 HAI SIR PERFORMANCE



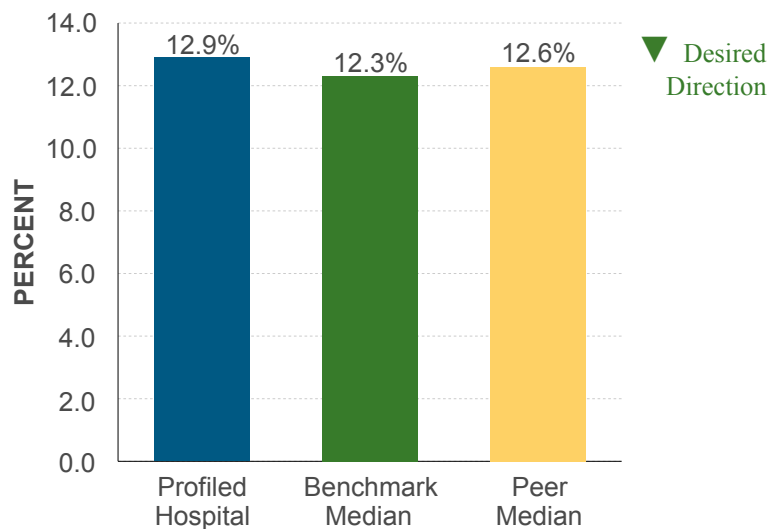
NO TREND GRAPH, TOO FEW DATA YEARS AVAILABLE

*Benchmark hospitals are the winners in the comparison group: n = 20*

*Peer hospitals are the non-winners in the comparison group: n = 270*

# Mean 30-day mortality rate

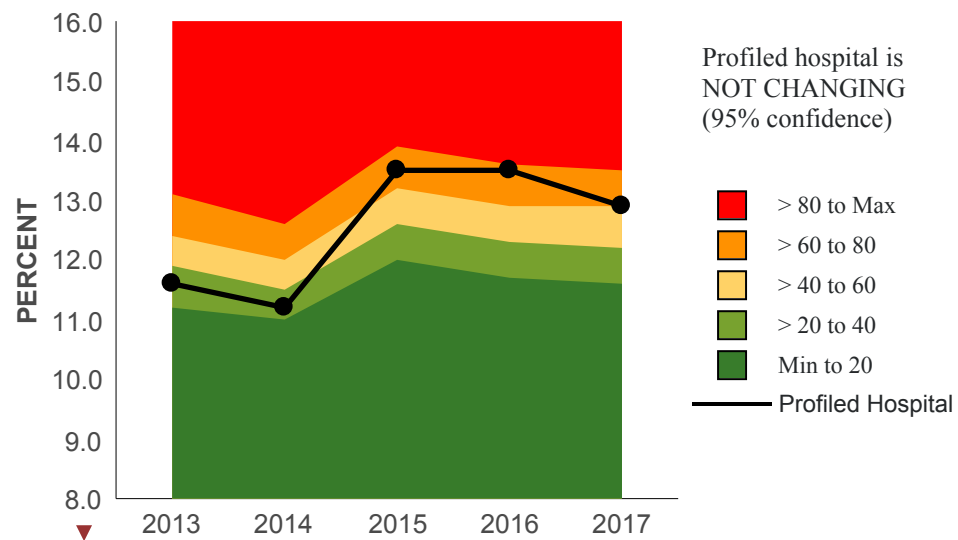
## 2017 30D MORTALITY PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 2013-2017 30D MORTALITY RATE OF IMPROVEMENT

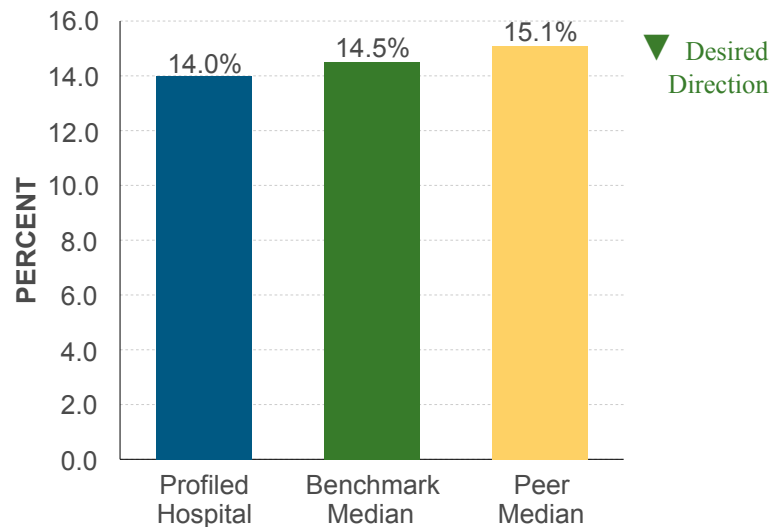


Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	11.2	11.9	12.4	13.1	11.6
	2014	11.0	11.5	12.0	12.6	11.2
	2015	12.0	12.6	13.2	13.9	13.5
	2016	11.7	12.3	12.9	13.6	13.5
	2017	11.6	12.2	12.9	13.5	12.9

# Mean 30-day readmission rate

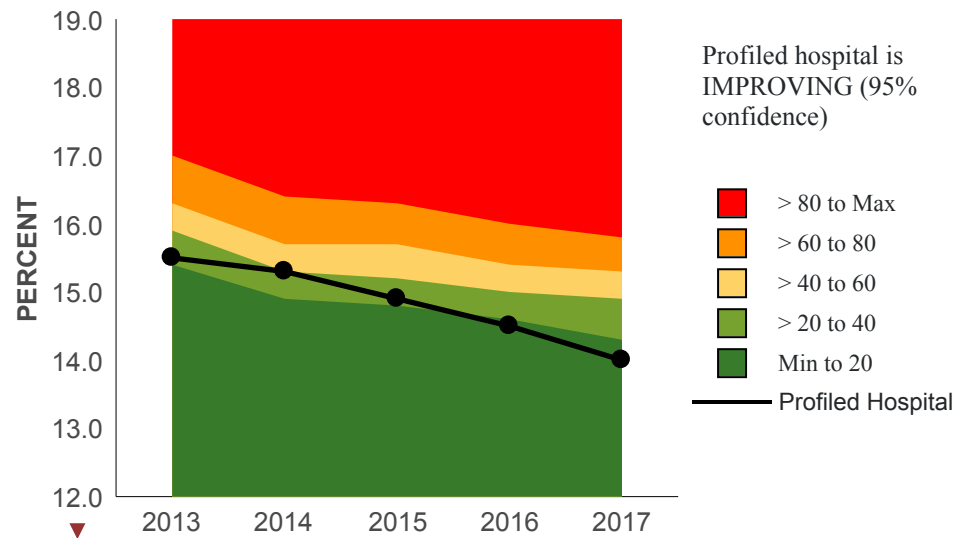
## 2017 30D READMISSION PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 2013-2017 30D READMISSION RATE OF IMPROVEMENT

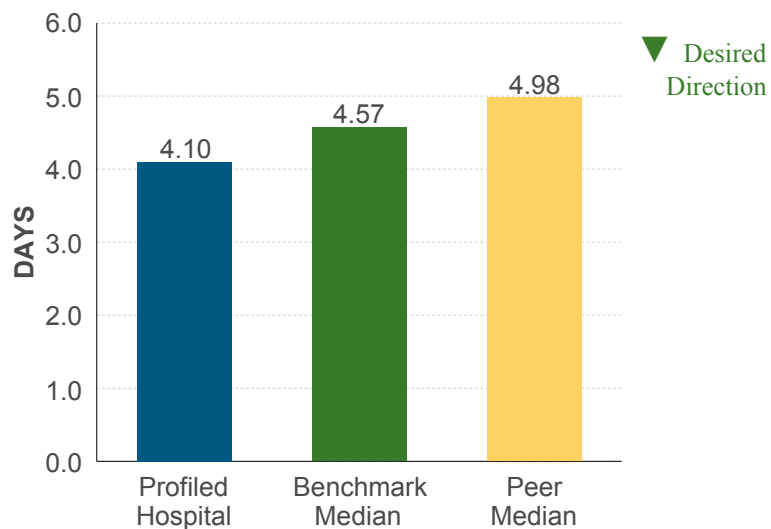


Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	15.4	15.9	16.3	17.0	15.5
	2014	14.9	15.3	15.7	16.4	15.3
	2015	14.8	15.2	15.7	16.3	14.9
	2016	14.6	15.0	15.4	16.0	14.5
	2017	14.3	14.9	15.3	15.8	14.0

# Severity-adjusted average length of stay

## 2017 ALOS PERFORMANCE

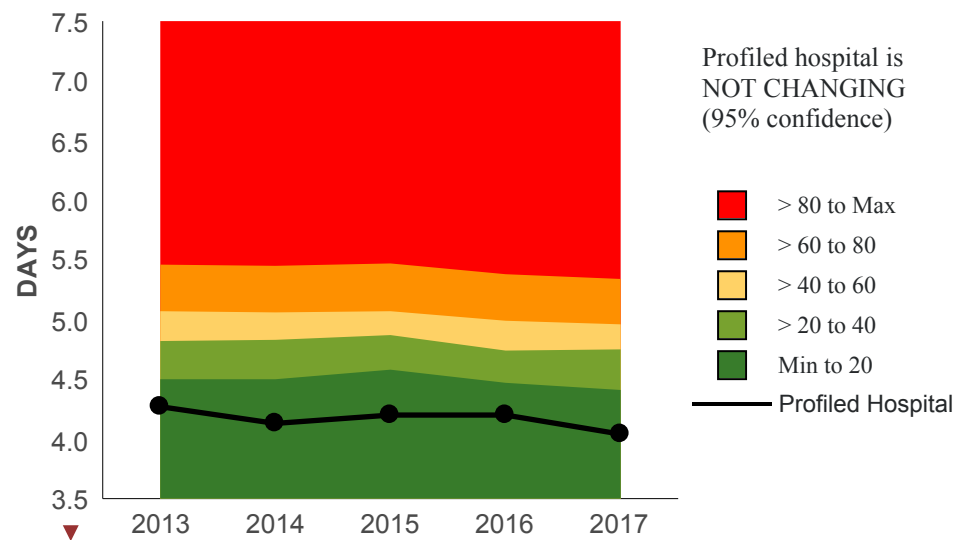


Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

Note: 2017 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

## 2013-2017 ALOS RATE OF IMPROVEMENT



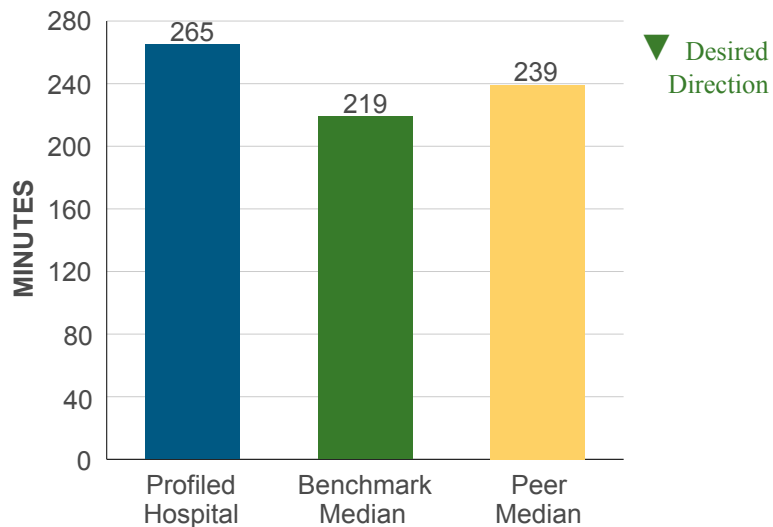
Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	4.50	4.82	5.07	5.46	4.27
	2014	4.50	4.83	5.06	5.45	4.13
	2015	4.58	4.87	5.07	5.47	4.20
	2016	4.47	4.74	4.99	5.38	4.20
	2017	4.41	4.75	4.96	5.34	4.04



# Mean emergency department throughput

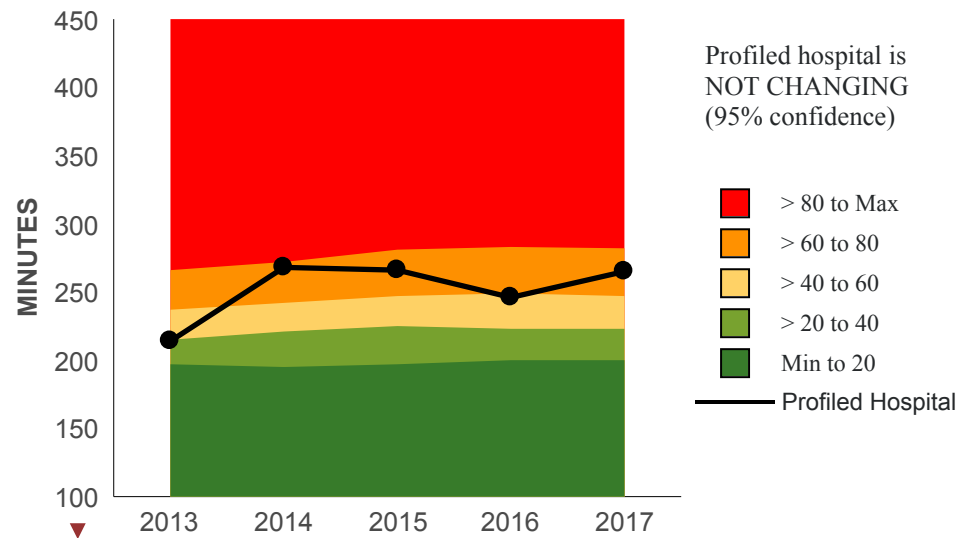
## 2017 ED PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 2013-2017 ED RATE OF IMPROVEMENT

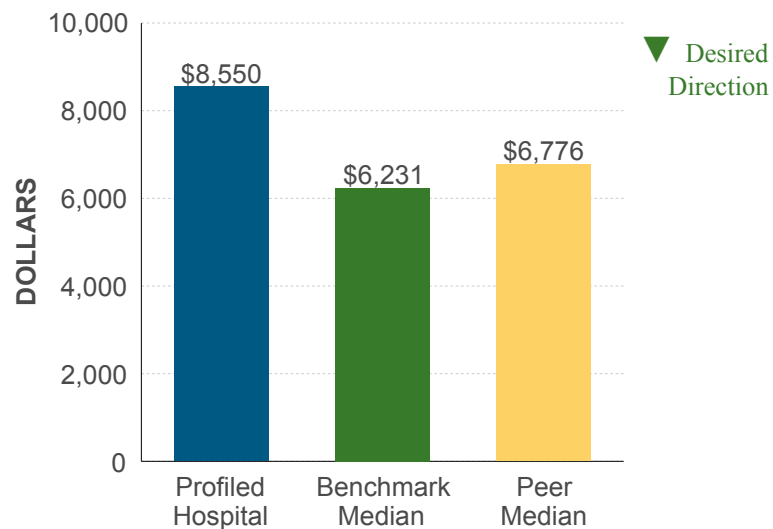


Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	197	215	237	266	214
	2014	195	221	242	272	268
	2015	197	225	247	281	266
	2016	200	223	249	283	246
	2017	200	223	247	282	265

# Adjusted inpatient expense per discharge

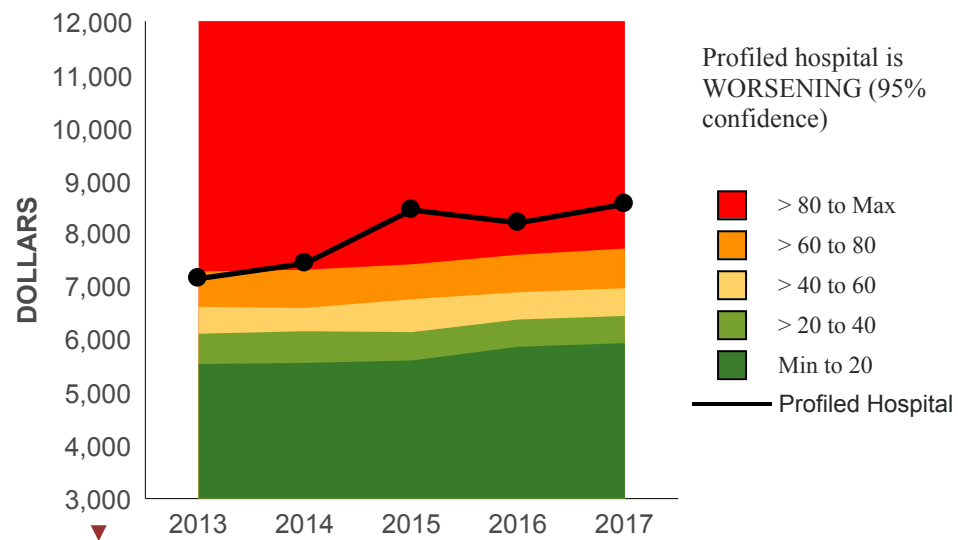
## 2017 INPT EXPENSE PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 2013-2017 INPT EXPENSE RATE OF IMPROVEMENT

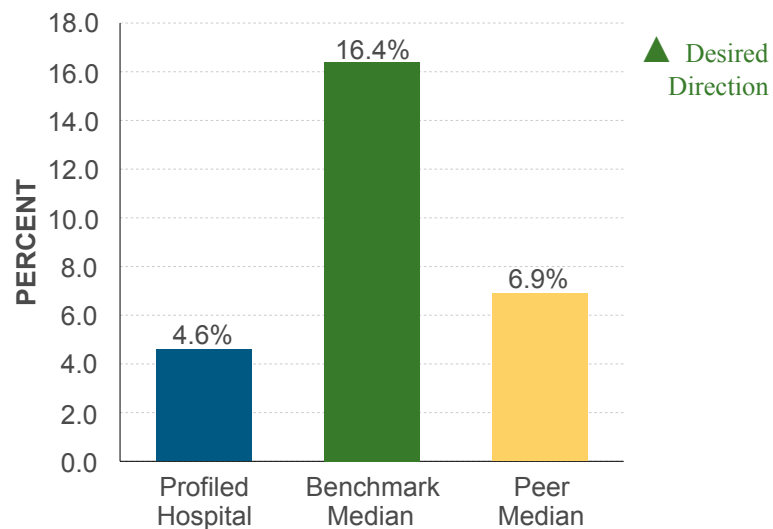


Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	5,537	6,108	6,615	7,281	7,146
	2014	5,558	6,155	6,594	7,314	7,432
	2015	5,604	6,138	6,758	7,417	8,440
	2016	5,862	6,376	6,890	7,597	8,197
	2017	5,931	6,443	6,965	7,713	8,550

# Adjusted operating profit margin

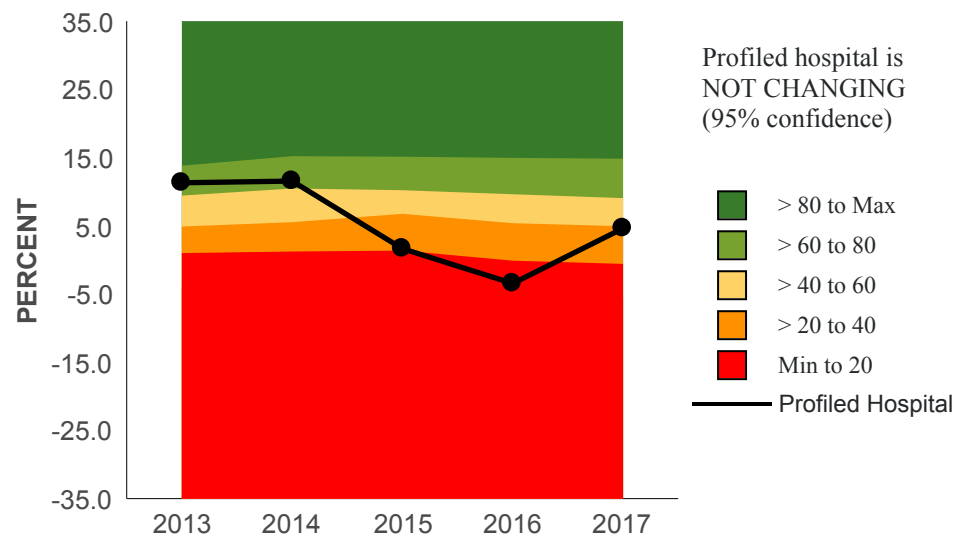
## 2017 PROFIT PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 2013-2017 PROFIT RATE OF IMPROVEMENT

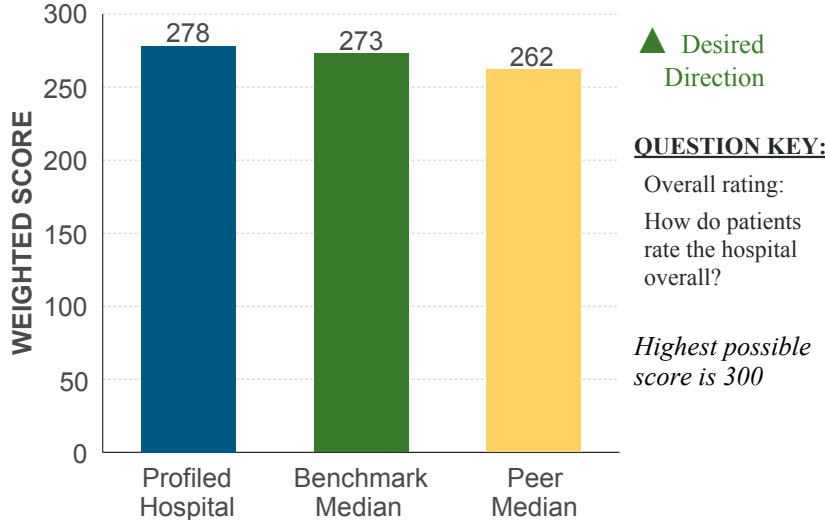


Hospital performance compared to peer hospitals quintiles: n = 289

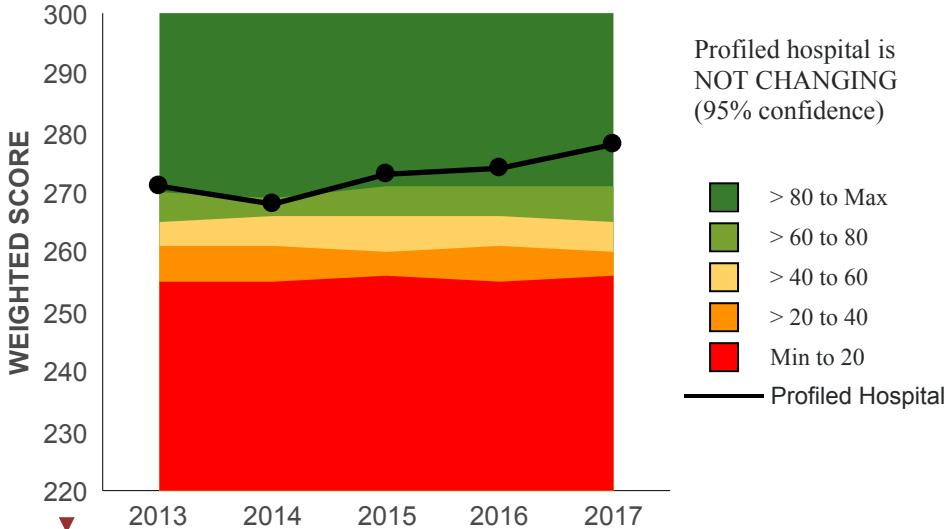
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	0.99	4.89	9.42	13.80	11.30
	2014	1.22	5.52	10.46	15.20	11.55
	2015	1.36	6.75	10.21	15.12	1.64
	2016	-0.12	5.38	9.62	14.95	-3.46
	2017	-0.59	4.93	9.05	14.83	4.62

# HCAHPS score: overall rating question

## 2017 HCAHPS PERFORMANCE



## 2013-2017 HCAHPS RATE OF IMPROVEMENT



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

Hospital performance compared to peer hospitals quintiles: n = 289

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2013	255	261	265	270	271
	2014	255	261	266	269	268
	2015	256	260	266	271	273
	2016	255	261	266	271	274
	2017	256	260	265	271	278

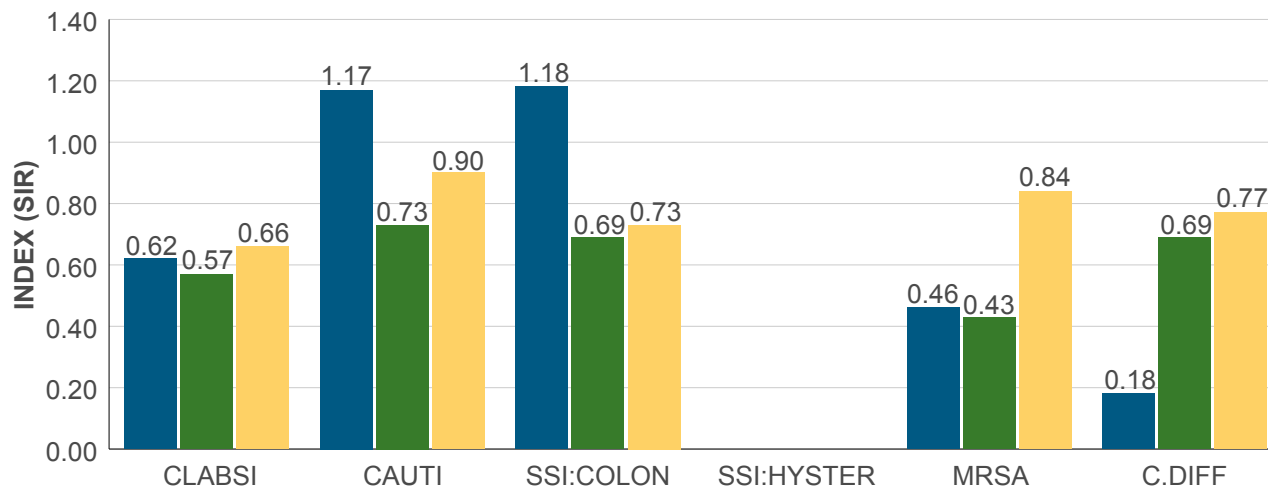
## 2017 Hospital performance – detail graphs

This section of your report contains the detail graphs of those measures that are ranked based on a composite of individual measures. These include:

- Healthcare-associated infections
- 30-day mortality (AMI, HF, Pneumonia, COPD and Stroke)
- 30-day readmission (AMI, HF, Pneumonia, THA/TKA, COPD and Stroke)
- Emergency department throughput (avg min to adm; avg min to ED d/c)
- HCAHPS – Note: We do not rank on the composite of the individual measures; the ranked measure is for the overall rating question. The individual detailed survey questions are displayed for information only.

# Healthcare-associated infections SIR measure detail

## 2017 HAI PERFORMANCE



### 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

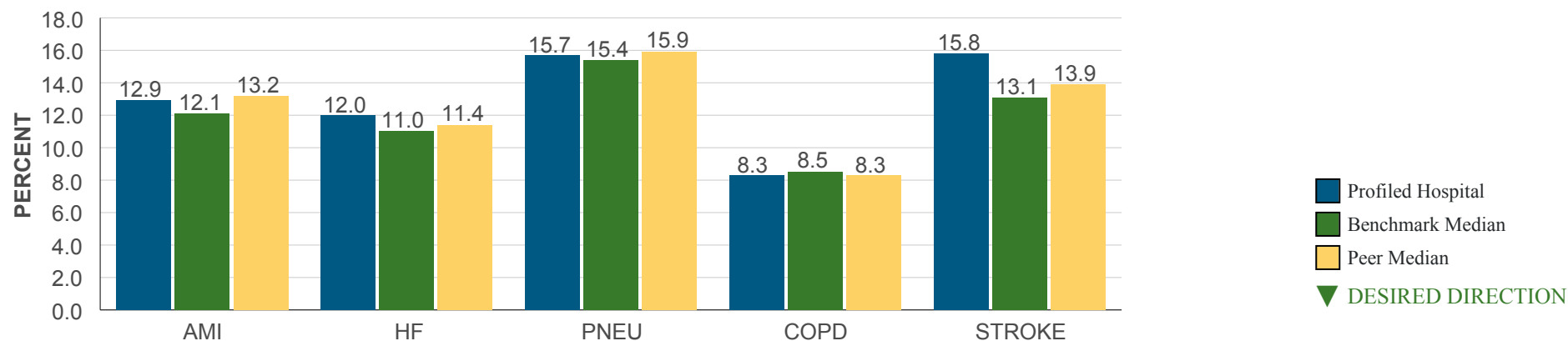
- Profiled Hospital
- Benchmark Median
- Peer Median
- ▼ DESIRED DIRECTION

Benchmark hospitals are the winners in the comparison group: n = 20

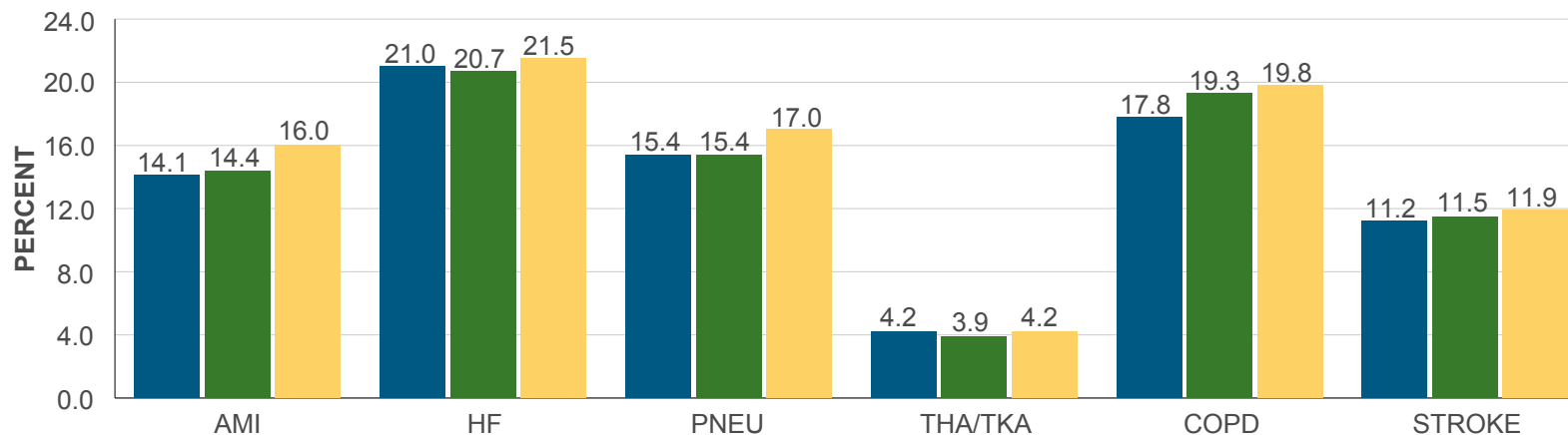
Peer hospitals are the non-winners in the comparison group: n = 270

## 30-day rates by patient condition

### 2017 PERFORMANCE FOR 30D MORTALITY



### 2017 PERFORMANCE FOR 30D READMISSIONS

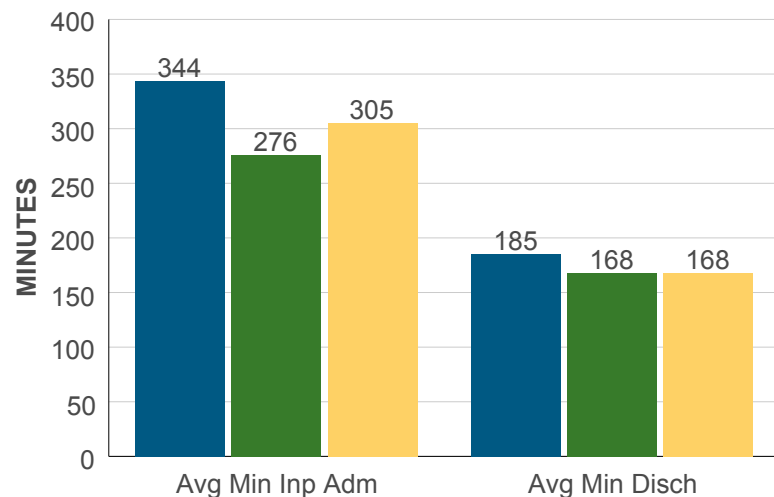


Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

# Emergency department throughput measure detail

## 2017 ED PERFORMANCE



**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

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

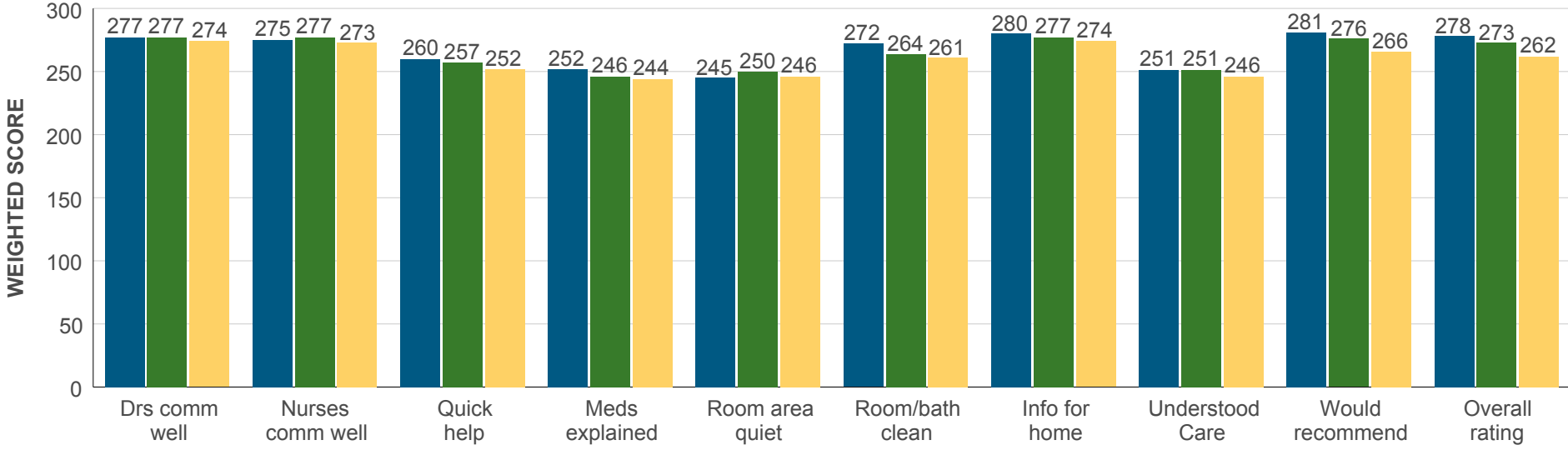
Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270



# HCAHPS questions – only overall rating used in ranking

## 2017 HCAHPS PERFORMANCE



**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?
- 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

Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

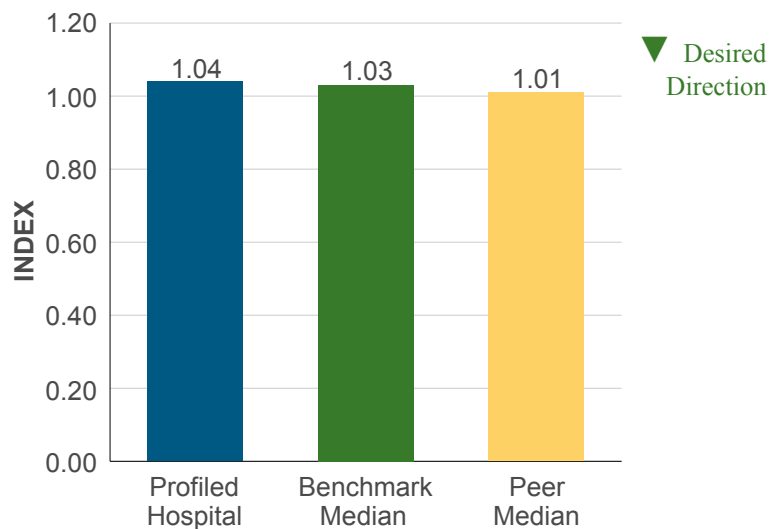
## Supplemental information-only measures

This section of your report contains measures that we are profiling only for informational purposes; they were not included in ranking or determination of winners. 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.

- Medicare spend per beneficiary (MSPB)
  - Metric not ranked this year due to unavailable new data set (CY 2017)
  - Graphs shown for information only, using last year's data (CY 2016)
- Medicare episode of payment measures
  - 30-day payment for AMI / HF / PN patients
  - 90-day payment for THA/TKA patients
- Excess days in acute care (EDAC) measures
  - 30-day excess days in acute care for AMI / HF / Pneumonia patients
- Readmission measure
  - 30-day readmission rate, hospital-wide
- Complication measure
  - 90-day complication rate for THA/TKA patients
- Outpatient imaging efficiency measures
  - Abdomen CT use of contrast material (OP-10)
  - Thorax CT use of contrast material (OP-11)
  - Mammography follow-up rates (OP-9)
- Process of care measure
  - Rate of appropriate care given for patients with severe sepsis or septic shock (SEP-1)

# Medicare spend per beneficiary index

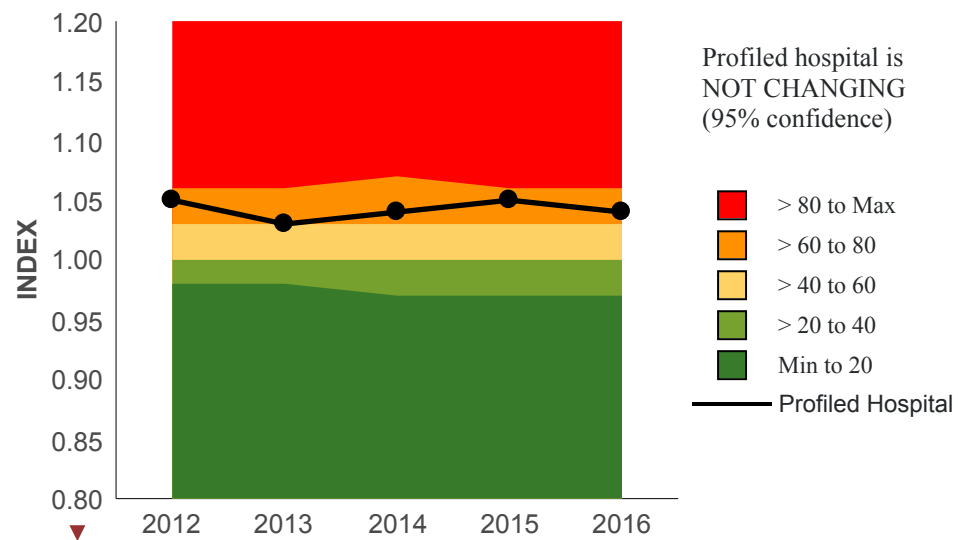
## 2016 MSPB PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 2012-2016 MSPB RATE OF IMPROVEMENT

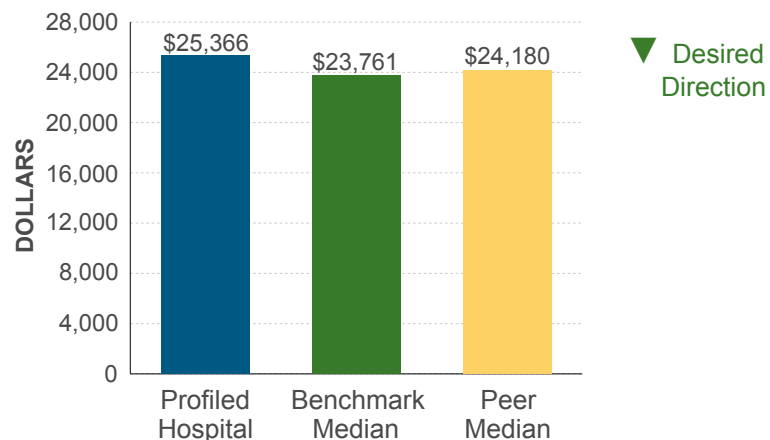


Hospital performance compared to peer hospitals quintiles: n = 289

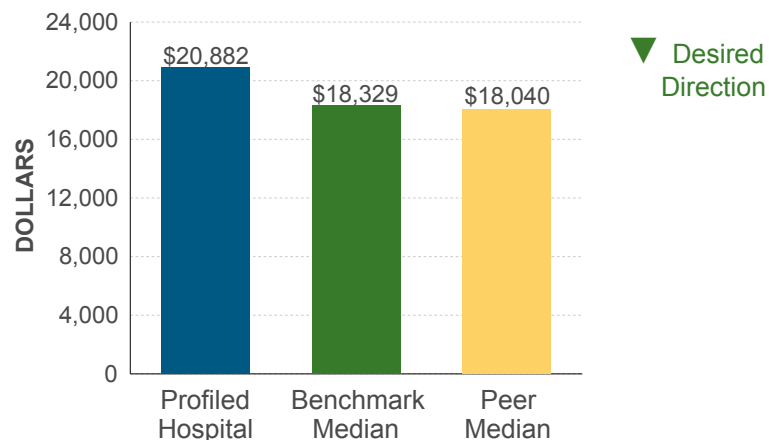
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2012	0.98	1.00	1.03	1.06	1.05
	2013	0.98	1.00	1.03	1.06	1.03
	2014	0.97	1.00	1.03	1.07	1.04
	2015	0.97	1.00	1.03	1.06	1.05
	2016	0.97	1.00	1.03	1.06	1.04

## 30-day episode of payment measures by patient condition

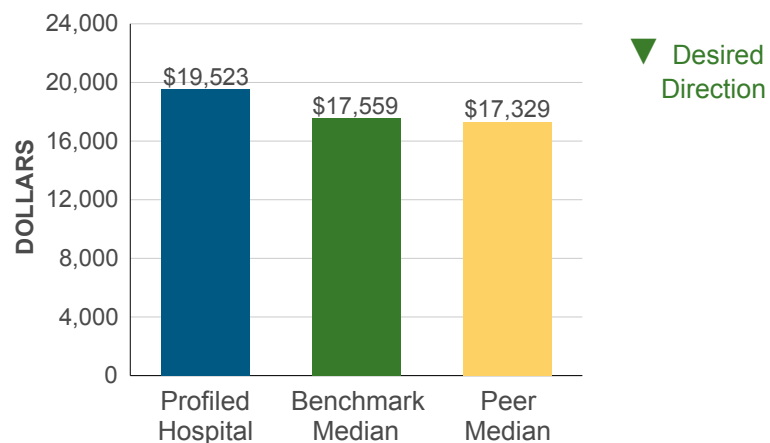
2017 30D PAYMENT PERFORMANCE FOR AMI



2017 30D PAYMENT PERFORMANCE FOR PNEUMONIA



2017 30D PAYMENT PERFORMANCE FOR HF

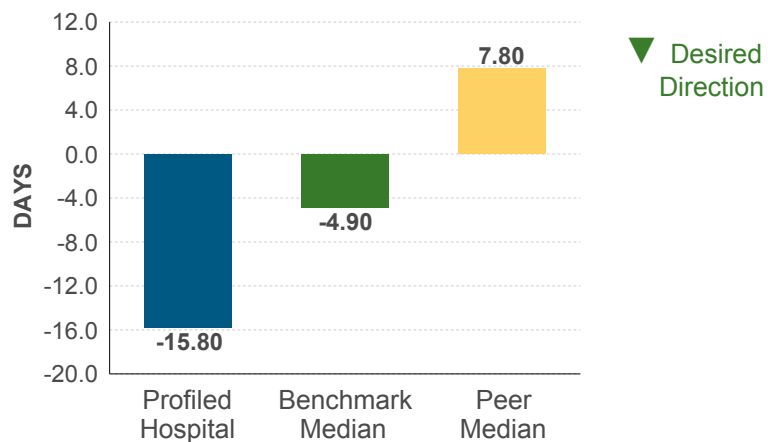


Benchmark hospitals are the winners in the comparison group: n = 20

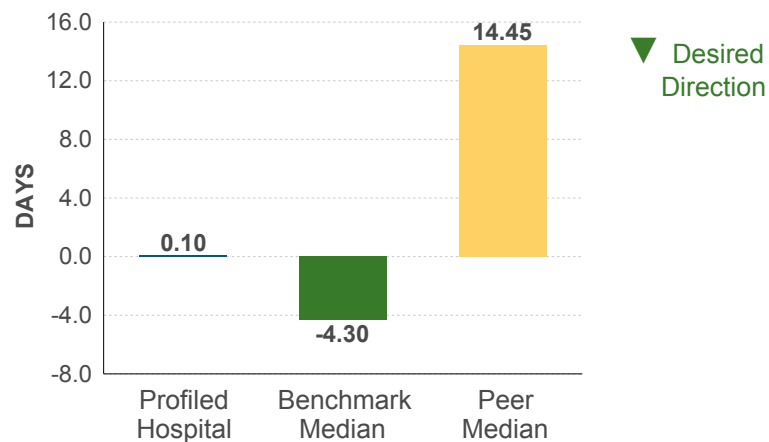
Peer hospitals are the non-winners in the comparison group: n = 270

## 30-day excess days in acute care measures by patient condition

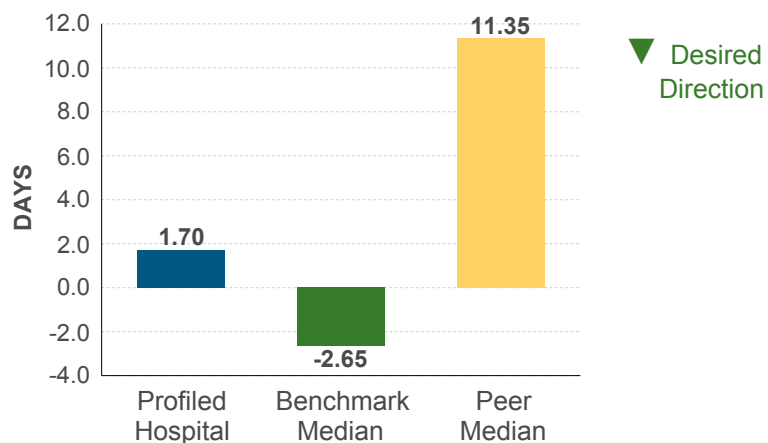
2017 30D EDAC PERFORMANCE FOR AMI



2017 30D EDAC PERFORMANCE FOR PNEUMONIA



2017 30D EDAC PERFORMANCE FOR HF

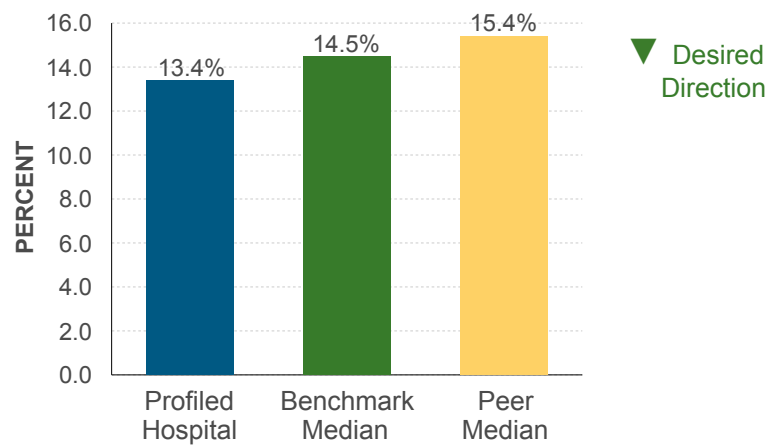


Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

## 30-day readmission rate hospital-wide

### 2017 30D READMISSION PERFORMANCE FOR ANY CAUSE

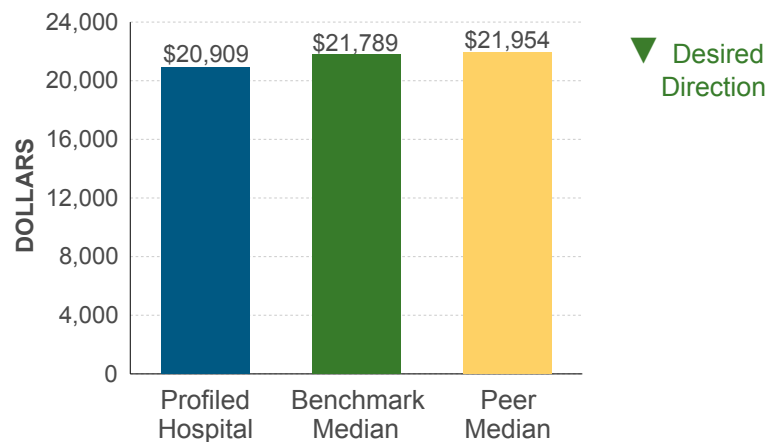


*Benchmark hospitals are the winners in the comparison group: n = 20*

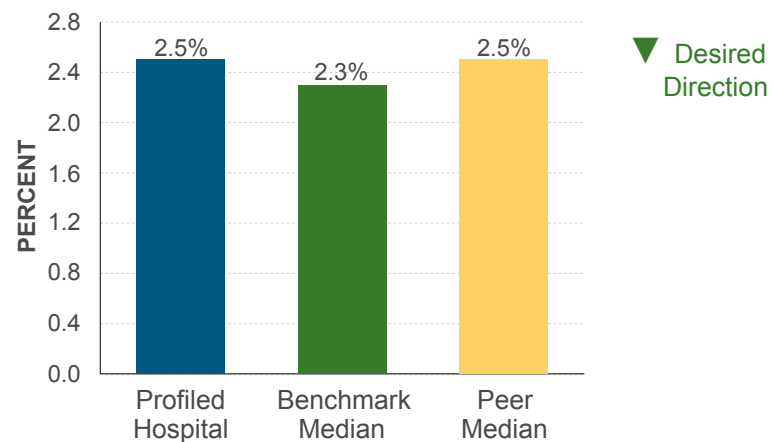
*Peer hospitals are the non-winners in the comparison group: n = 270*

## 90-day episode payment and complication rate for THA/TKA

2017 90D PAYMENT PERFORMANCE FOR THA/TKA



2017 90D COMPLICATIONS PERFORMANCE FOR THA/TKA

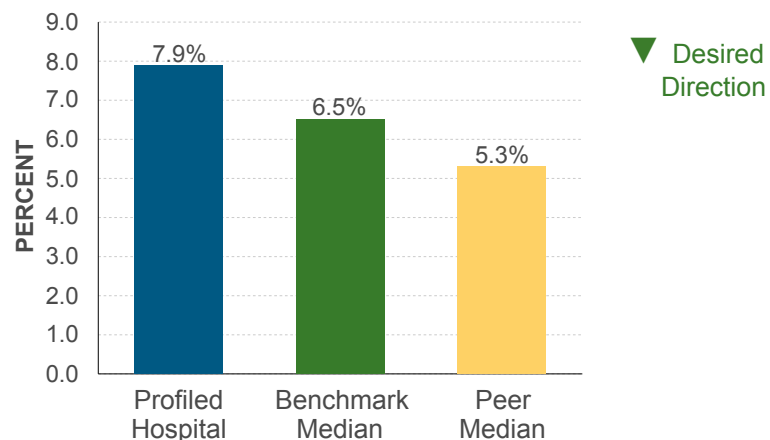


Benchmark hospitals are the winners in the comparison group: n = 20

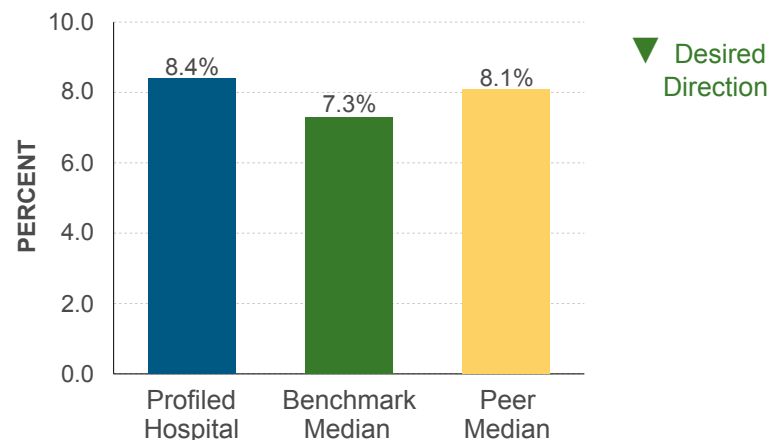
Peer hospitals are the non-winners in the comparison group: n = 270

## Outpatient imaging efficiency measures

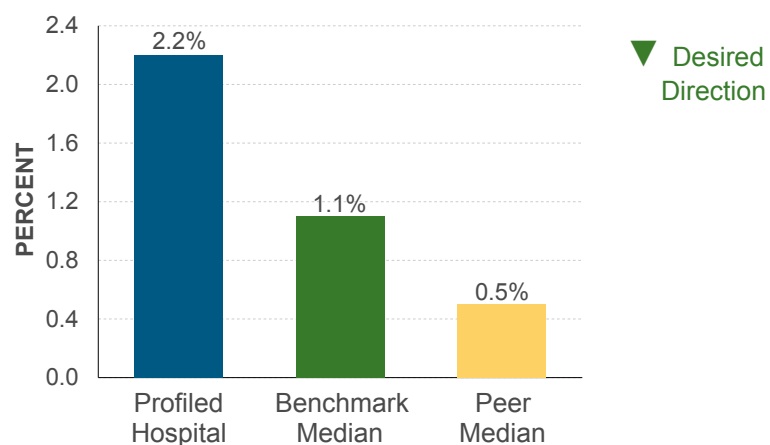
2017 ABDOMEN CT USE OF CONTRAST PERFORMANCE



2017 MAMMOGRAPHY FOLLOW-UP PERFORMANCE



2017 THORAX CT USE OF CONTRAST PERFORMANCE



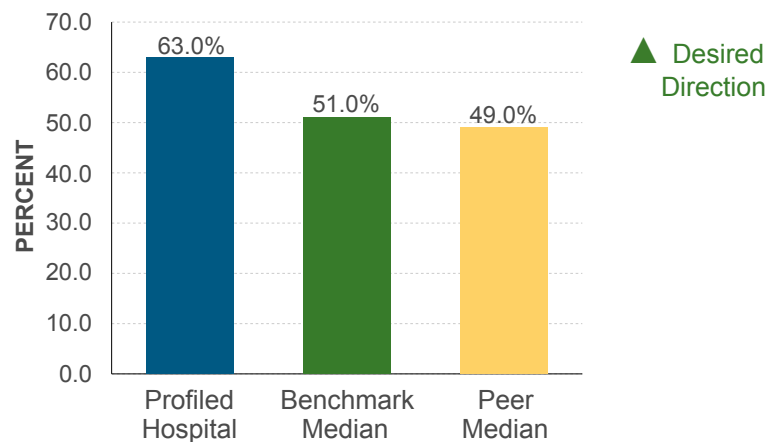
Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270



## SEP-1: Appropriate care for severe sepsis and septic shock

### 2017 SEPSIS PROCESS OF CARE PERFORMANCE



Benchmark hospitals are the winners in the comparison group: n = 20

Peer hospitals are the non-winners in the comparison group: n = 270

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