



100 Top Hospitals, 2017

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 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 Inpatient Mortality	1	MEDPAR FFY ¹ 2010-2015
Risk-Adjusted Complications	1	MEDPAR FFY ¹ 2010-2015
Core Measures Mean Percent ²	1	CMS Hospital Compare CY 2015
30-Day Mortality ³ (AMI, Heart Failure, Pneumonia, COPD, Stroke)	1	CMS Hospital Compare 3 yr data sets ending June 30 in 2011, 2012, 2013, 2014, 2015
30-Day Readmissions ⁴ (AMI, Heart Failure, Pneumonia, Hip/Knee, COPD, Stroke)	1	CMS Hospital Compare 3 yr data sets ending June 30 in 2011, 2012, 2013, 2014, 2015
Severity-Adjusted Average Length of Stay	1	MEDPAR FFY ¹ 2011-2015
Emergency Department Throughput	1	CMS Hospital Compare CY 2012, 2014, 2015; FY2013
Adjusted Inpatient Expense per Discharge	1/2	HCRIS 2016 Q3 2011-2015 cost reports
Medicare Spend Per Beneficiary	1/2	CMS Hospital Compare CY 2012-2015
Adjusted Operating Profit Margin	1	HCRIS 2016 Q3 2011-2015 cost reports
HCAHPS	1	CMS Hospital Compare CY 2011-2015

¹Federal Fiscal year is Oct 1 through Sep 30.

²No trend data for Core Measures.

³No trend data available for COPD and Stroke 30-day mortality rates.

⁴No 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.

100 TOP HOSPITALS IMPROVEMENT AND 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 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 current and trend graphs section of this report.

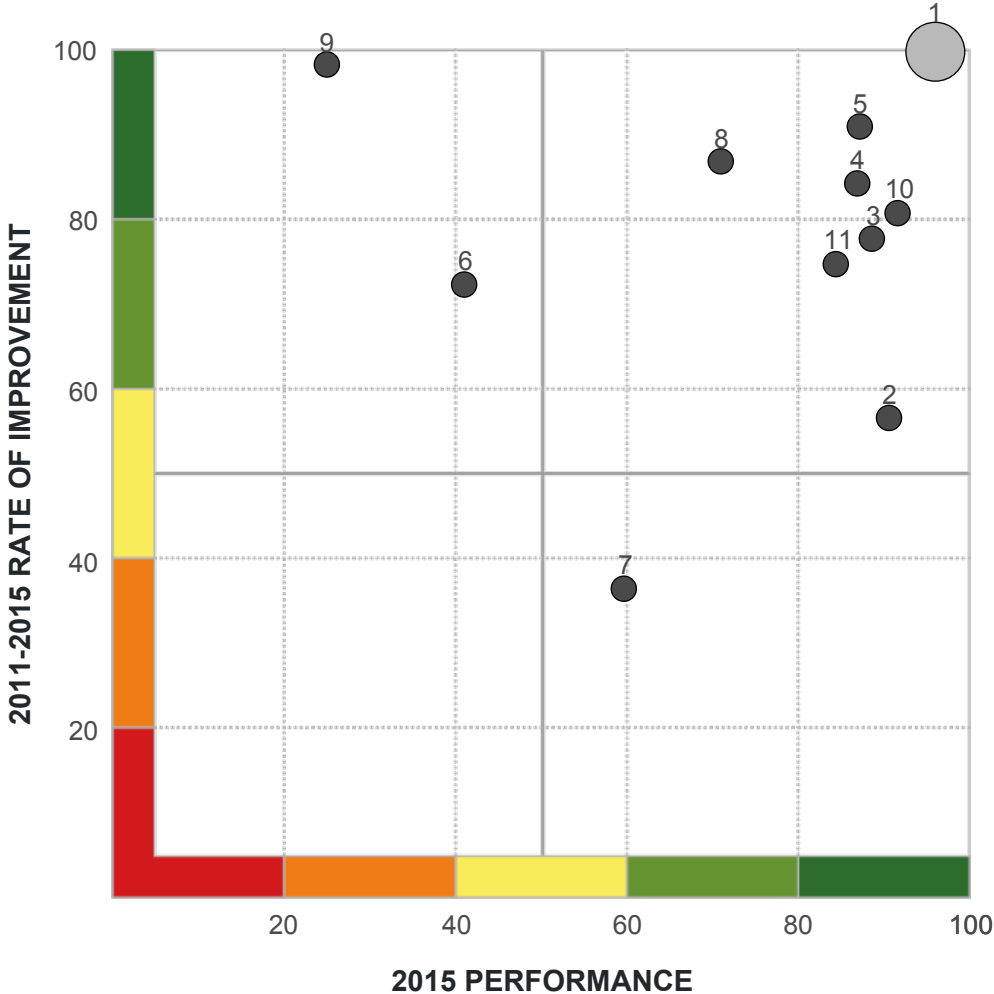
Missing Measure Dots

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 Major Teaching Hospitals

2015 PERFORMANCE AND 5-YEAR RATE OF IMPROVEMENT MATRIX



DATA POINTS

- 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 MSPB
- 10 Oper Profit Marg
- 11 HCAHPS

- > 80 to 100
- > 60 to 80
- > 40 to 60
- > 20 to 40
- > 0 to 20

PROFILED HOSPITAL compared to:

2015 Major Teaching: n = 204
2011-2015 Major Teaching: n = 204

IMPROVEMENT AND PERFORMANCE – RANK PERCENTILES GRAPHS

UNDERSTANDING THE GRAPHS

2011-2015 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.

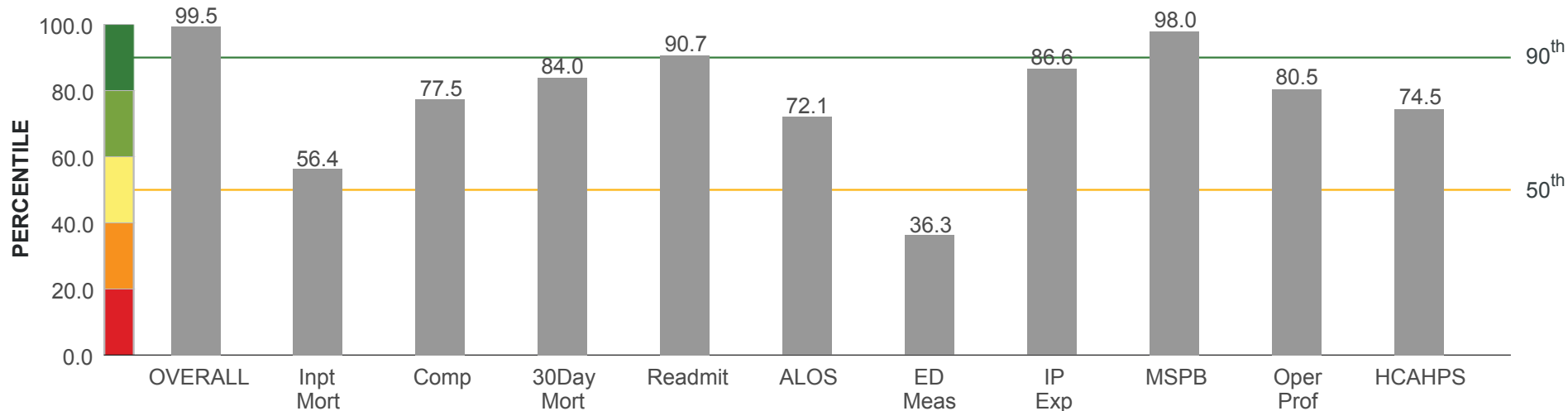
Hospitals with overall and measure-specific rank percentiles below the median are likely to fall behind peers on performance in the future, if those low rates of improvement have continued. And winners with a low overall rate of improvement are at risk for dropping out of the winner circle entirely.

2015 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.

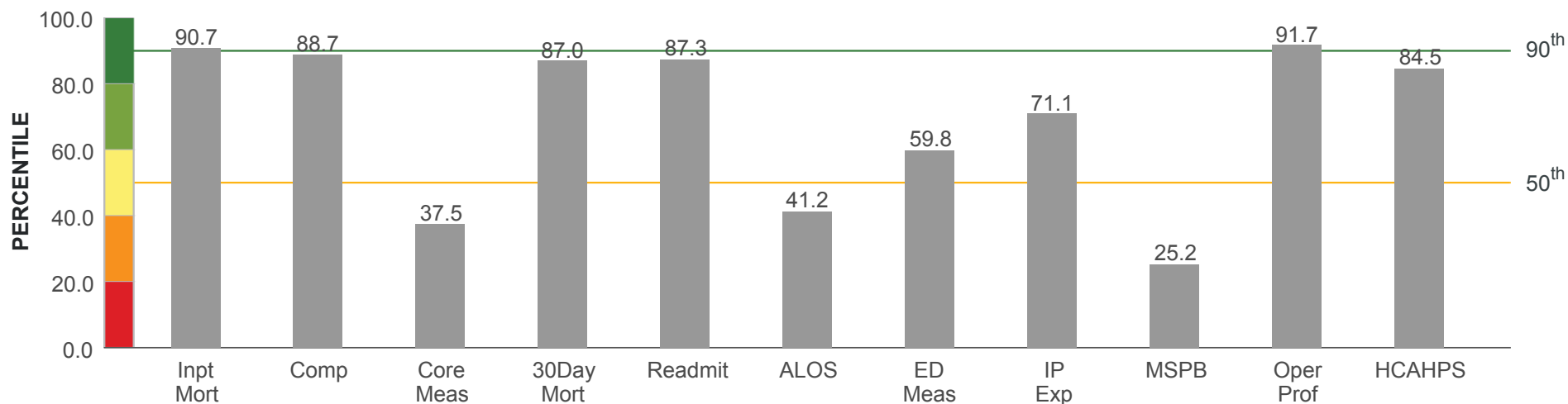
The 100 Top benchmark hospitals (winners) are selected based only on 2015 Performance.

2011-2015 RATE OF IMPROVEMENT RANK PERCENTILES



Profiled hospital compared to Major Teaching hospitals: n = 204

2015 PERFORMANCE RANK PERCENTILES



Profiled hospital compared to Major Teaching hospitals: n = 204

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
- 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

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.

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, 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 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 and trend graphs 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 and trend 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 current and trend graphs section.

EXCLUDED MEASURES

Due to low patient counts for some measures, small and medium community hospitals are excluded from analysis. Small and medium community hospitals rarely report the measures listed below. These measures are excluded from the analysis of these comparison groups.

Small Community Hospitals

- Thrombolytic therapy (STK-4)
- Discharged on Statin medication (STK-6)
- Stroke education (STK-8)
- Venous thromboembolism patients with anticoagulation overlap therapy (VTE-3)
- Venous thromboembolism Warfarin therapy discharge instructions (VTE-5)
- Hospital-acquired potentially-preventable venous thromboembolism (VTE-6)
- 30-day mortality rate for AMI patients
- 30-day readmission rate for AMI patients

Medium Community Hospitals

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

Note: See Study Overview for a full list of included core 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.

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
- Risk-Adjusted Complications
- 30-Day Mortality Rate (AMI, heart failure, pneumonia)
- 30-Day Readmission Rate (AMI, heart failure, pneumonia)
- Severity-Adjusted Average Length of Stay
- Mean Emergency Department Throughput
- Inpatient Expense per Discharge (casemix- and wage-adjusted)
- Medicare Spend Per Beneficiary Index
- 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. This year, for the newer measures (ED Throughput and MSPB) we required only three (3) data points, due to the fact that there is only four (4) years of trend data available.

UNDERSTANDING THE GRAPHS

Improvement 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 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 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 Quintile Graphs.

Missing Data Points

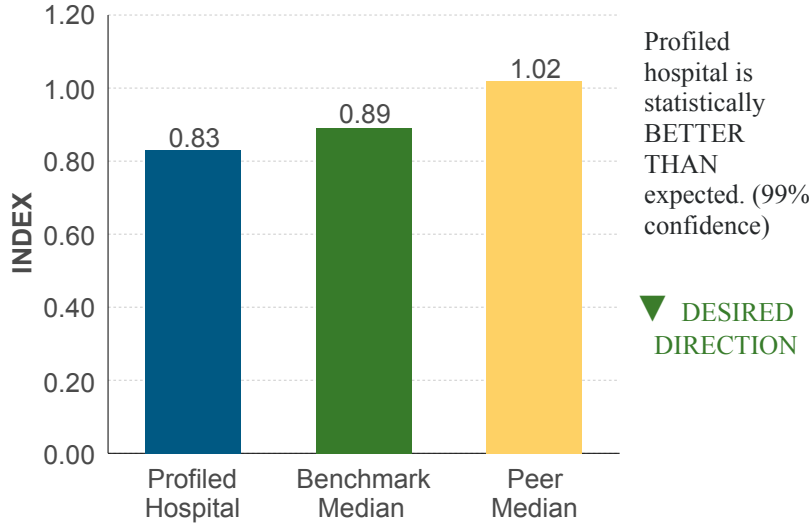
Individual data points are missing on the Color Quintile Graphs when values are not reported, or your comparison group median value has been substituted in a specific year.

Data Point Time Periods

Data points on the graphs – labeled 2011, 2012, 2013, 2014, 2015 – represent various data periods. See Report Methodology Notes page, Rank Weights and Public Data Sources table for more details.

RISK-ADJUSTED INPATIENT MORTALITY INDEX

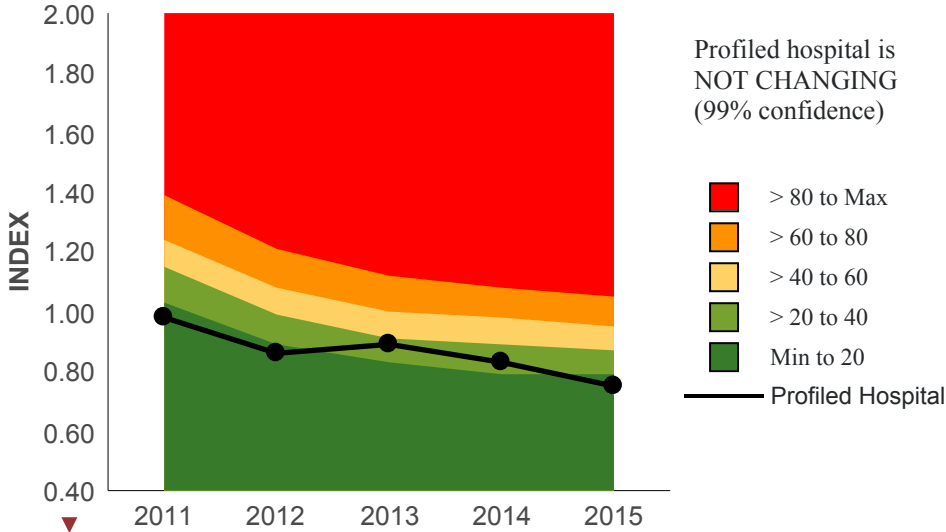
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

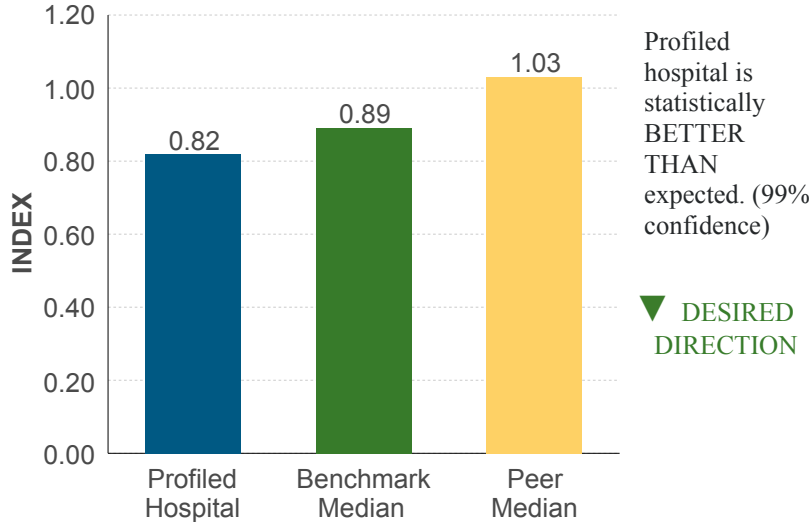


Hospital performance compared to Peer Hospitals Quintiles: n = 204

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2011	1.03	1.15	1.24	1.39	0.98	1.09	0.87
	2012	0.89	0.99	1.08	1.21	0.86	0.97	0.75
	2013	0.83	0.91	1.00	1.12	0.89	1.00	0.79
	2014	0.79	0.89	0.98	1.08	0.83	0.93	0.74
	2015	0.79	0.87	0.95	1.05	0.75	0.83	0.67

RISK-ADJUSTED COMPLICATIONS INDEX

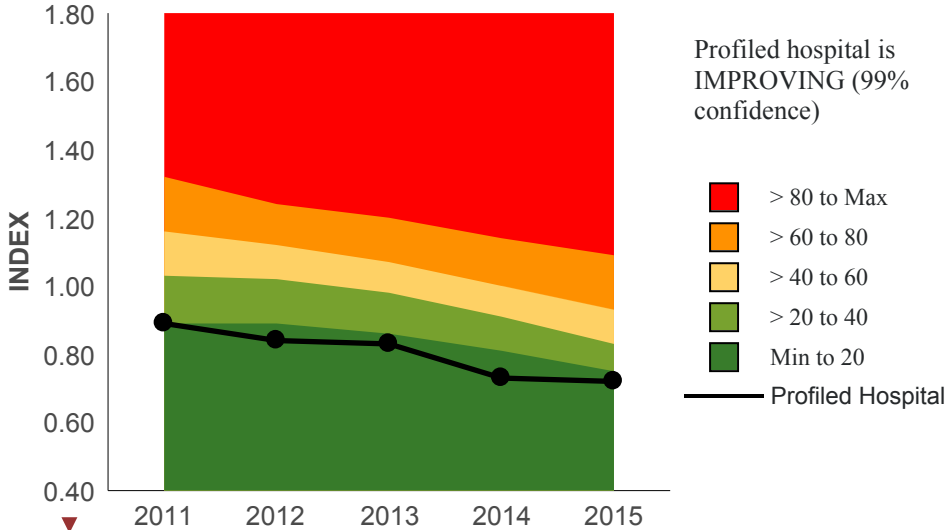
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

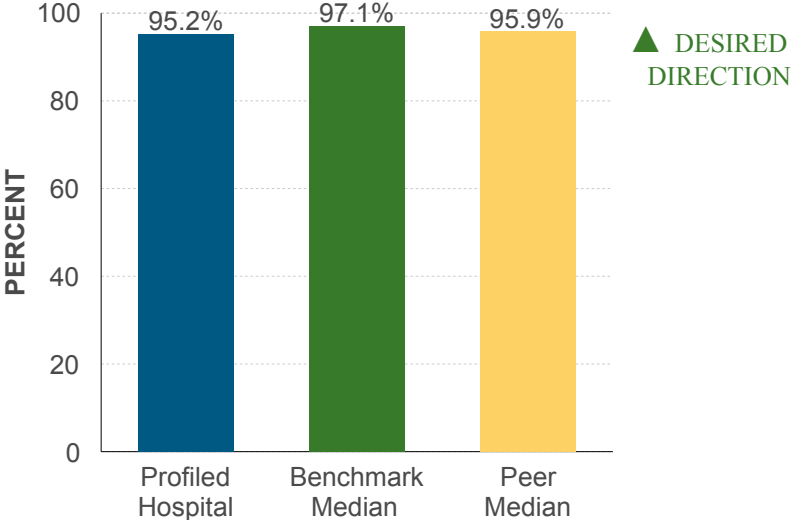


Hospital performance compared to Peer Hospitals Quintiles: n = 204

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2011	0.89	1.03	1.16	1.32	0.89	1.00	0.79
	2012	0.89	1.02	1.12	1.24	0.84	0.95	0.75
	2013	0.86	0.98	1.07	1.20	0.83	0.93	0.73
	2014	0.81	0.91	1.00	1.14	0.73	0.82	0.64
	2015	0.75	0.83	0.93	1.09	0.72	0.80	0.64

CORE MEASURES MEAN PERCENT

2015 PERFORMANCE



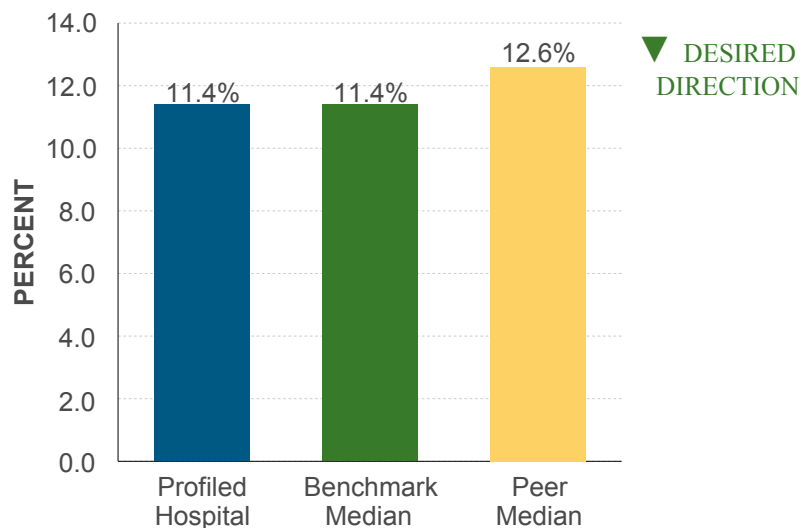
NO TREND GRAPH, TOO FEW DATA YEARS AVAILABLE

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

30-DAY MORTALITY RATE *

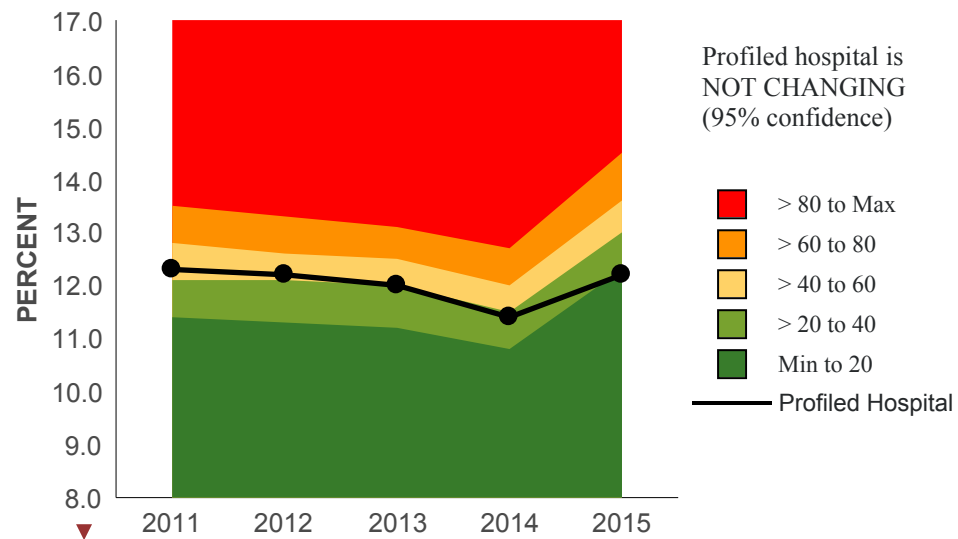
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT



Hospital performance compared to Peer Hospitals Quintiles: n = 204

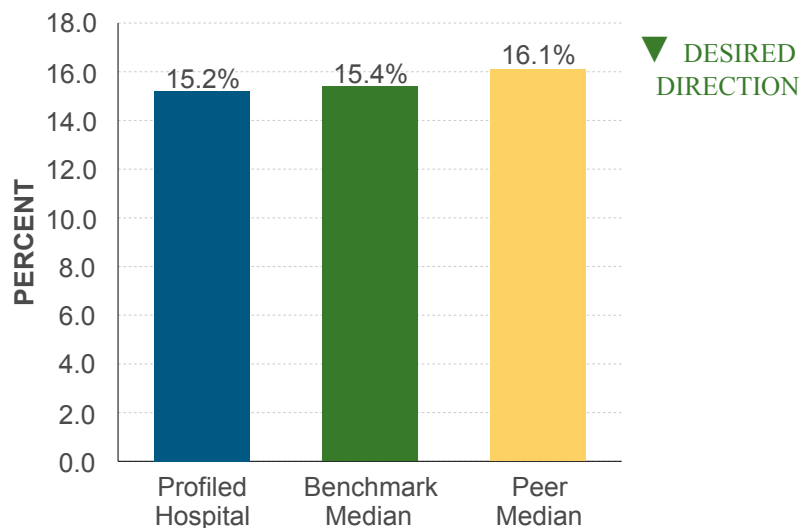
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2011	11.4	12.1	12.8	13.5	12.3
	2012	11.3	12.1	12.6	13.3	12.2
	2013	11.2	12.0	12.5	13.1	12.0
	2014	10.8	11.5	12.0	12.7	11.4
	2015	12.3	13.0	13.6	14.5	12.2

* 30-Day Mortality Rate for 2015 performance includes AMI, HF, PNEU, COPD and Stroke patient groups

* 30-Day Mortality Rate for 2011-2015 rate of improvement includes AMI, HF and PNEU patient groups

30-DAY READMISSION RATE *

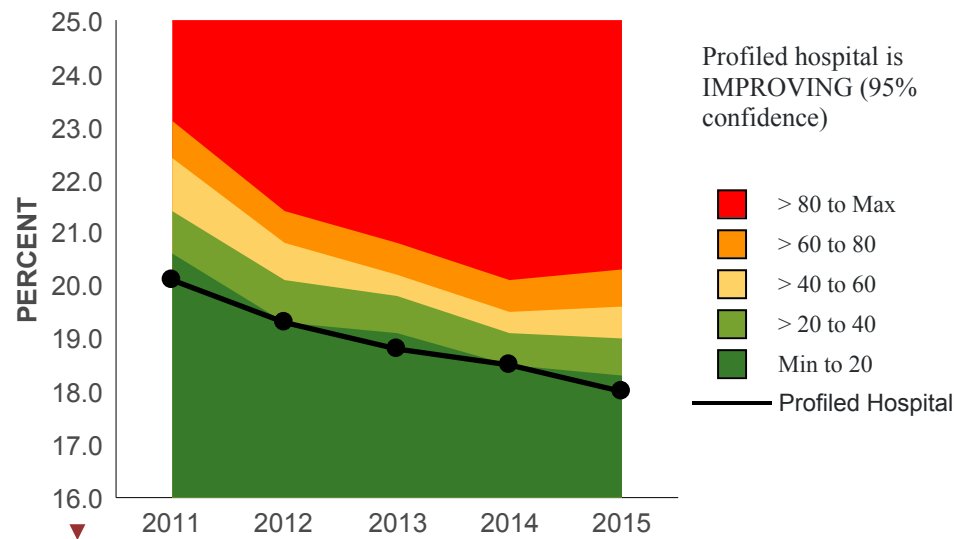
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT



Hospital performance compared to Peer Hospitals Quintiles: n = 204

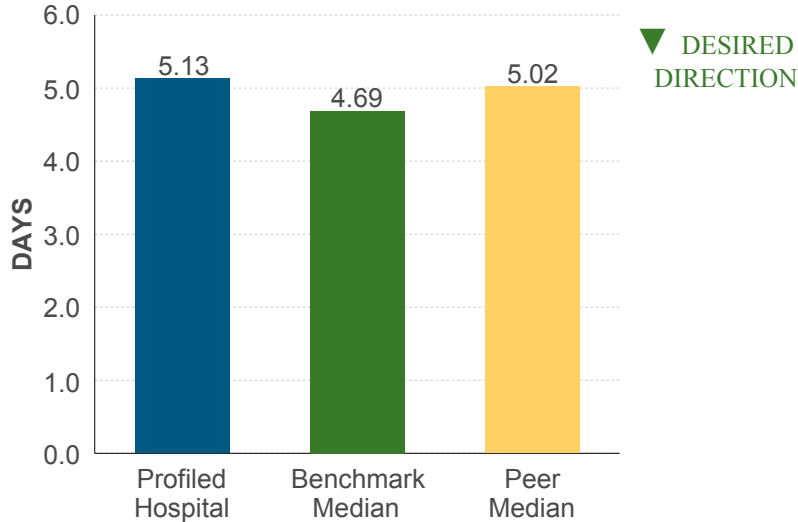
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2011	20.6	21.4	22.4	23.1	20.1
	2012	19.3	20.1	20.8	21.4	19.3
	2013	19.1	19.8	20.2	20.8	18.8
	2014	18.5	19.1	19.5	20.1	18.5
	2015	18.3	19.0	19.6	20.3	18.0

* 30-Day Readmission Rate for 2015 performance includes AMI, HF, PNEU, Hip/Knee, COPD and Stroke patient groups

* 30-Day Readmission Rate for 2011-2015 rate of improvement includes AMI, HF and PNEU patient groups

SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY

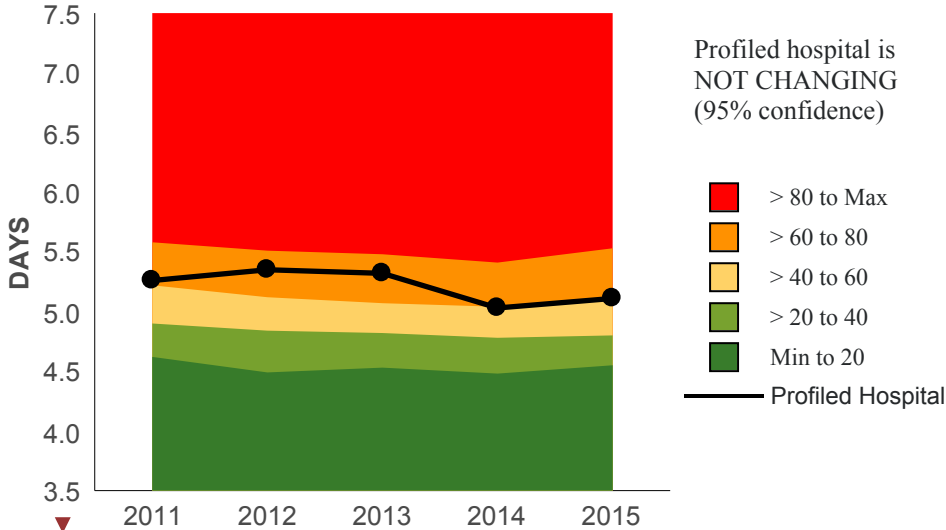
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

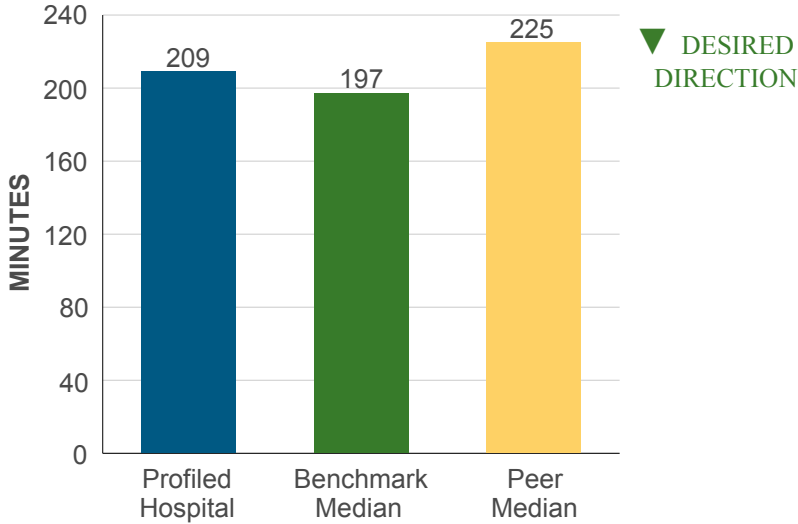


Hospital performance compared to Peer Hospitals Quintiles: n = 204

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2011	4.62	4.90	5.22	5.58	5.26
	2012	4.49	4.84	5.12	5.51	5.35
	2013	4.53	4.82	5.07	5.48	5.32
	2014	4.48	4.78	5.04	5.41	5.03
	2015	4.55	4.80	5.11	5.53	5.11

MEAN EMERGENCY DEPARTMENT THROUGHPUT

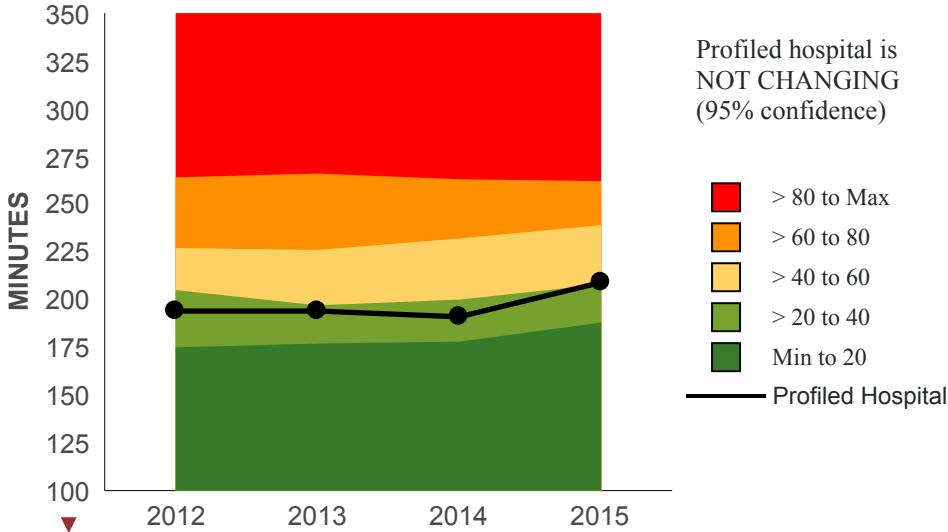
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2012-2015 RATE OF IMPROVEMENT

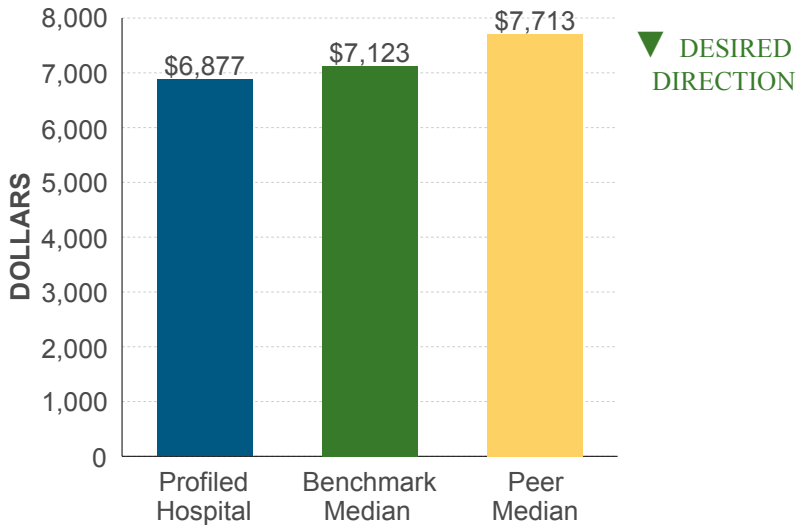


Hospital performance compared to Peer Hospitals Quintiles: n = 204

		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
PERCENTILE POINTS ►		20th	40th	60th	80th	Value
YEARS	2012	175	205	227	264	194
	2013	177	197	226	266	194
	2014	178	200	232	263	191
	2015	188	208	239	262	209

ADJUSTED INPATIENT EXPENSE PER DISCHARGE

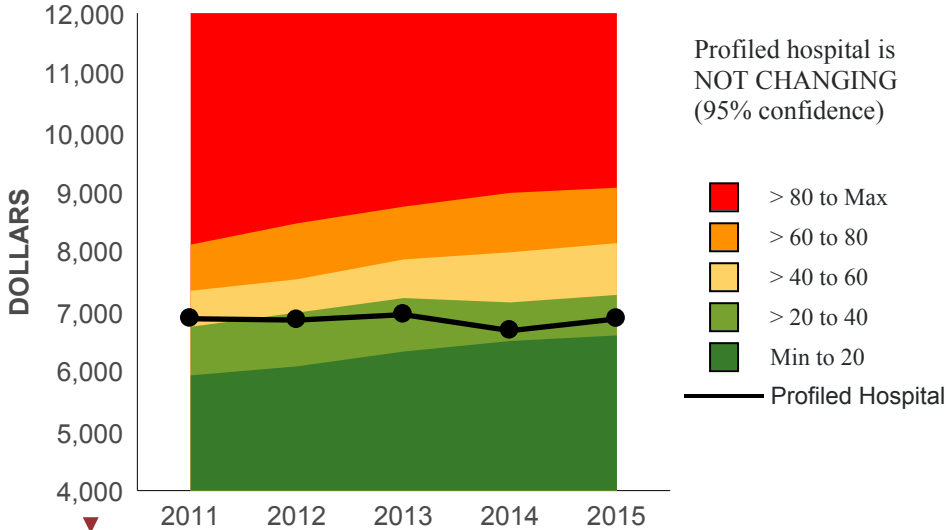
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

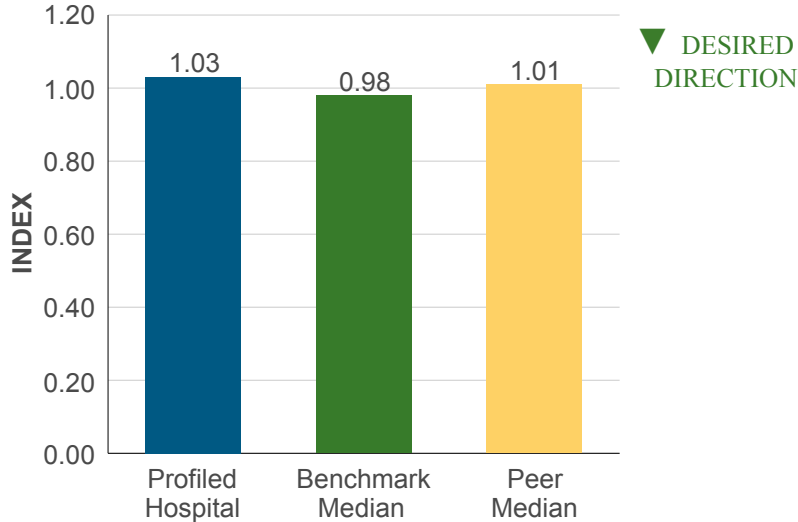


Hospital performance compared to Peer Hospitals Quintiles: n = 204

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2011	5,930	6,745	7,348	8,121	6,879
	2012	6,082	6,982	7,541	8,478	6,857
	2013	6,330	7,226	7,873	8,758	6,948
	2014	6,506	7,153	7,993	8,988	6,680
	2015	6,601	7,279	8,147	9,075	6,877

MEDICARE SPEND PER BENEFICIARY INDEX

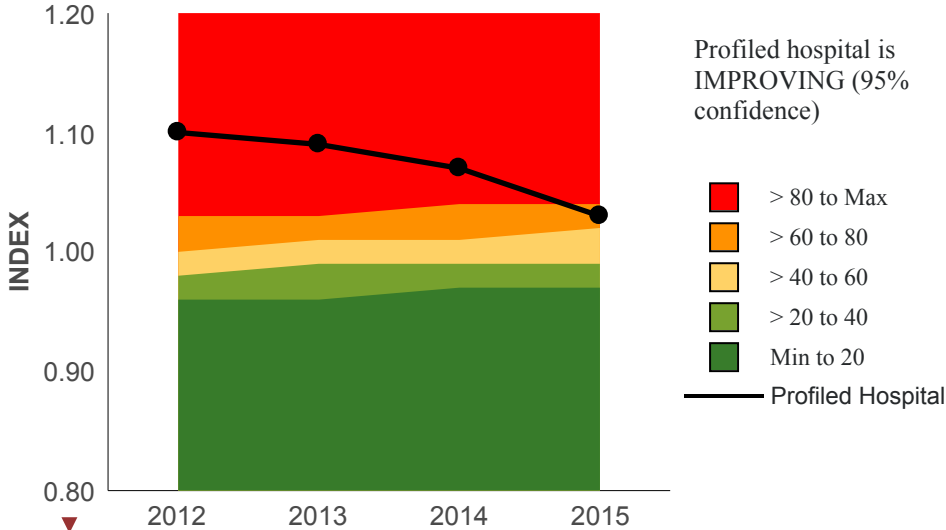
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2012-2015 RATE OF IMPROVEMENT

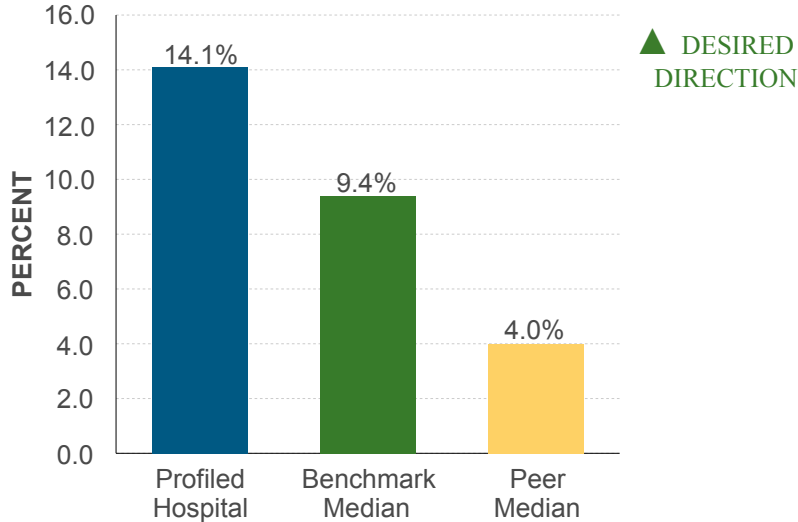


Hospital performance compared to Peer Hospitals Quintiles: n = 204

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2012	0.96	0.98	1.00	1.03	1.10
	2013	0.96	0.99	1.01	1.03	1.09
	2014	0.97	0.99	1.01	1.04	1.07
	2015	0.97	0.99	1.02	1.04	1.03

ADJUSTED OPERATING PROFIT MARGIN

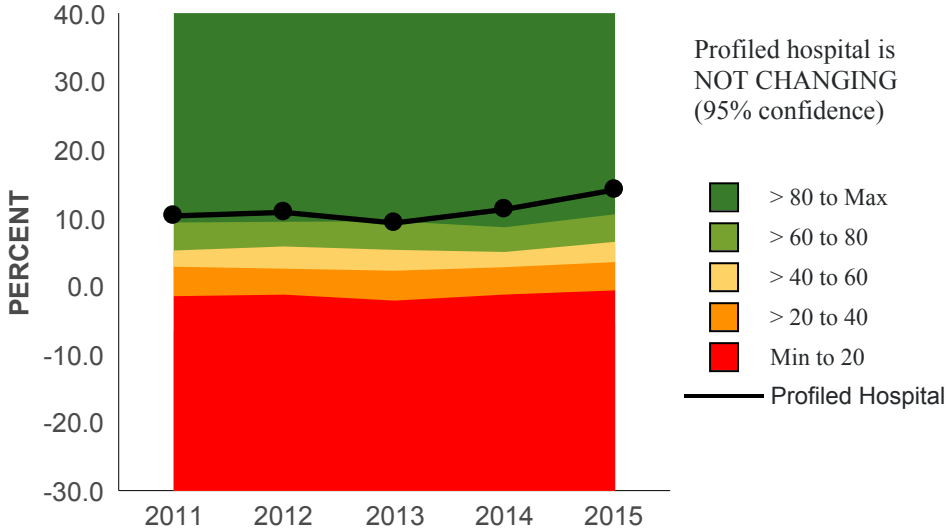
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

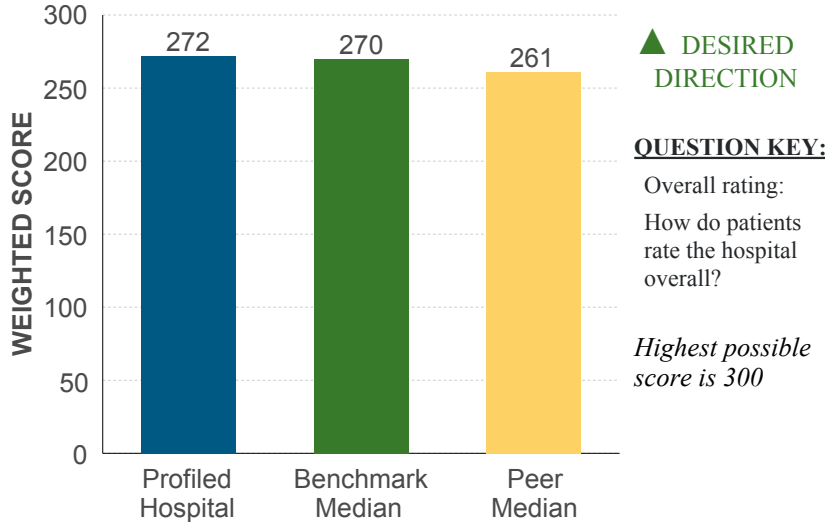


Hospital performance compared to Peer Hospitals Quintiles: n = 204

		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
PERCENTILE POINTS ►		20th	40th	60th	80th	Value
YEARS	2011	-1.50	2.82	5.20	9.30	10.27
	2012	-1.27	2.53	5.79	9.41	10.79
	2013	-2.15	2.23	5.29	9.49	9.23
	2014	-1.26	2.75	4.98	8.60	11.22
	2015	-0.65	3.50	6.47	10.51	14.09

HCAHPS QUESTION: OVERALL RATING

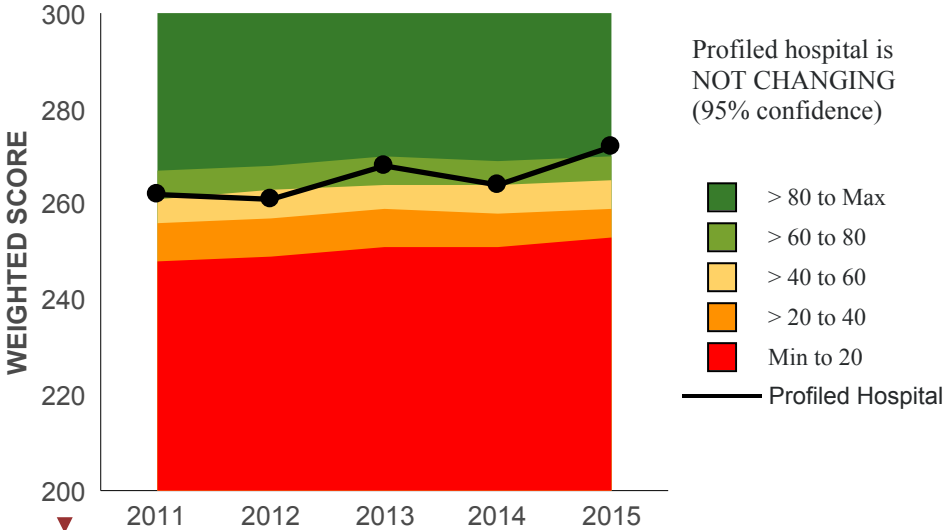
2015 PERFORMANCE



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT



Hospital performance compared to Peer Hospitals Quintiles: n = 204

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2011	248	256	261	267	262
	2012	249	257	263	268	261
	2013	251	259	264	270	268
	2014	251	258	264	269	264
	2015	253	259	265	270	272

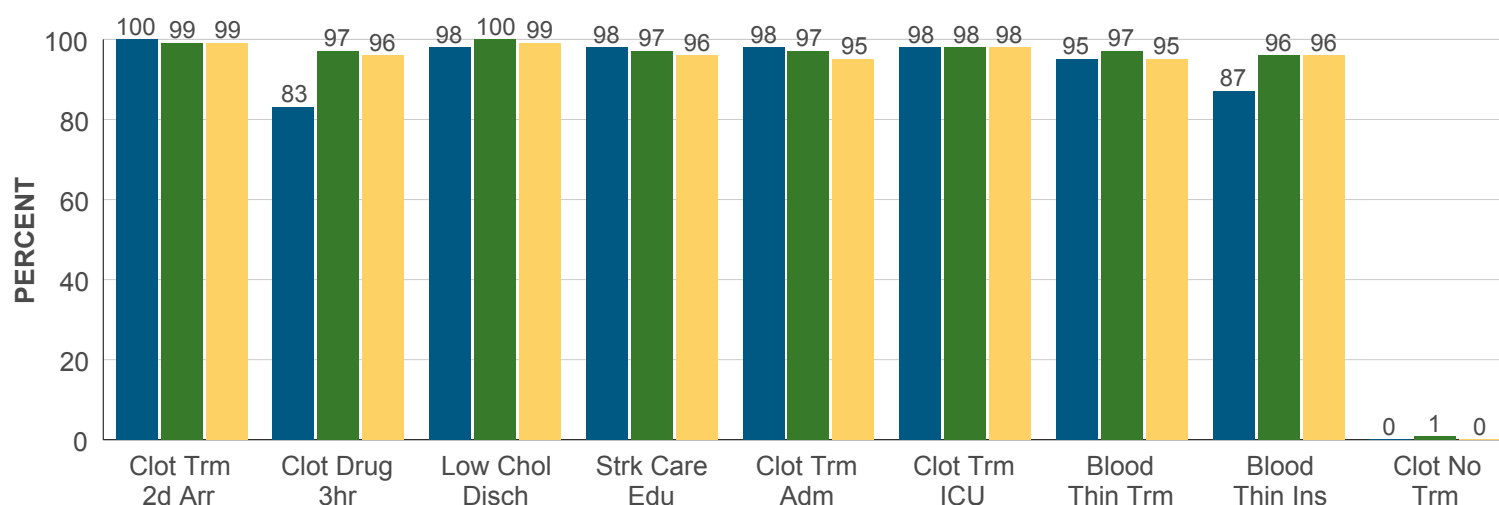
2015 HOSPITAL PERFORMANCE – DETAIL GRAPHS

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

- Core Measures (stroke and blood clot prevention)
- 30-Day Mortality (AMI, HF, Pneumonia, COPD and Stroke)
- 30-Day Readmission (AMI, HF, Pneumonia, Hip/Knee, COPD and Stroke)
- Emergency Department Throughput (Avg Min to Adm, Avg Min to ED D/C, Avg Min to Pain Med)
- HCAHPS – NOTE: we do not rank on the composite of the individual measures, the ranked measure is for the Overall Rating Question. The individual measures are displayed for information only.

STROKE CARE AND BLOOD CLOT PREVENTION MEASURE DETAIL

2015 PERFORMANCE



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

STROKE AND BLOOD CLOT ABBREVIATION KEY:

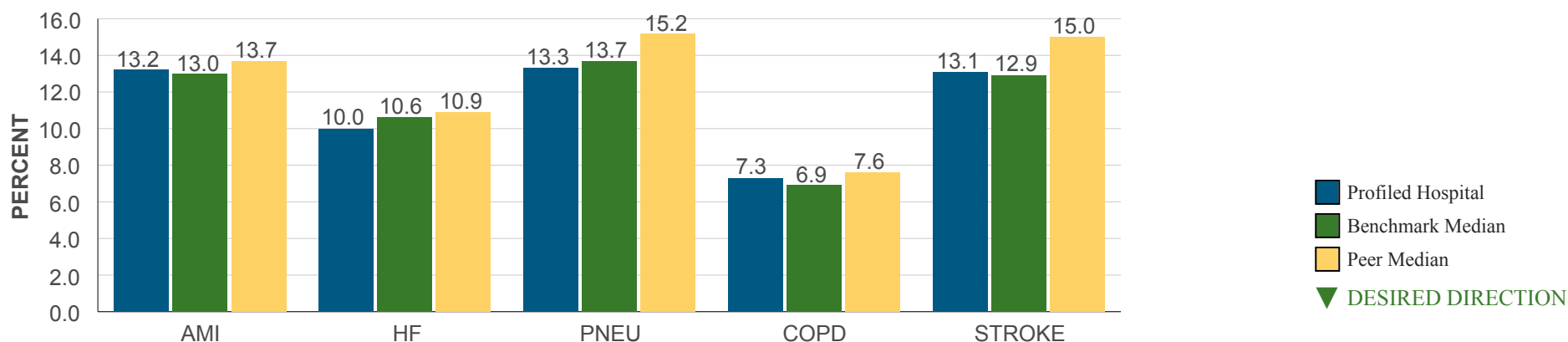
- Clot Trm Venous
- 2d Arr Thromboembolism (VTE) Prophylaxis
- Clot Drug Thrombolytic Therapy
- 3hr
- Low Chol Disch Discharged on Statin Medication
- Strk Care Edu Stroke Education
- Clot Trm Venous
- Adm Thromboembolism Prophylaxis
- Clot Trm Intensive Care Unit
- ICU Venous Thromboembolism Prophylaxis
- Blood Venous
- Thin Trm Thromboembolism Patients with Anticoagulation Overlap Therapy
- Blood Venous
- Thin Ins Thromboembolism Warfarin Therapy Discharge Instructions
- Clot No Hospital Acquired
- Trm Potentially-Preventable Venous Thromboembolism **(lower is better)**

Benchmark Hospitals are the winners in the comparison group: n = 15

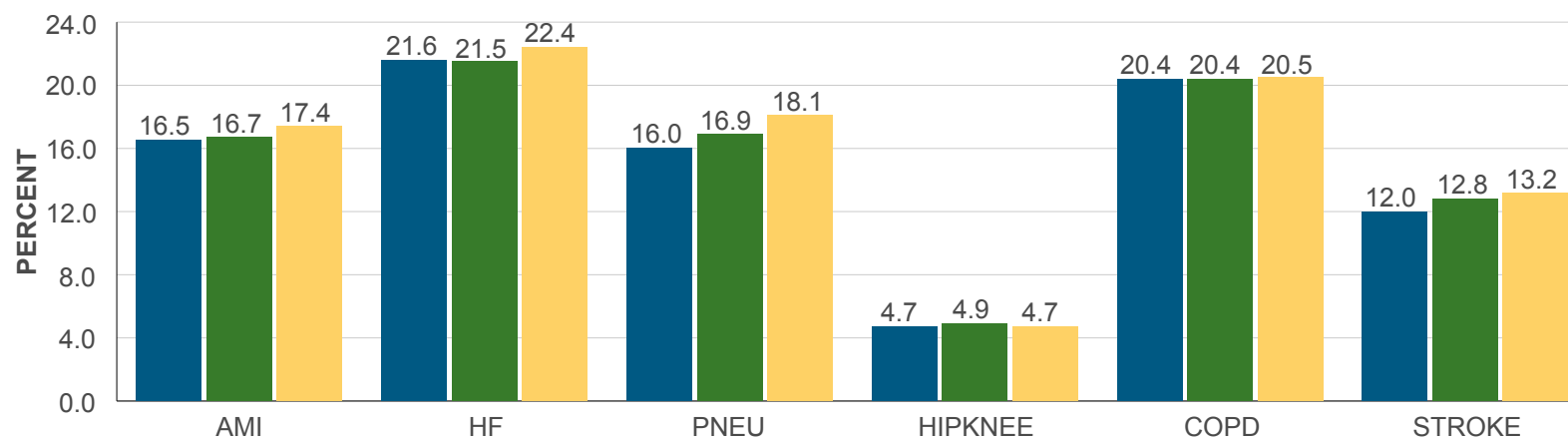
Peer Hospitals are the non-winners in the comparison group: n = 189

30-DAY RATES BY PATIENT CONDITION

2015 PERFORMANCE FOR 30-DAY MORTALITY



2015 PERFORMANCE FOR 30-DAY READMISSIONS

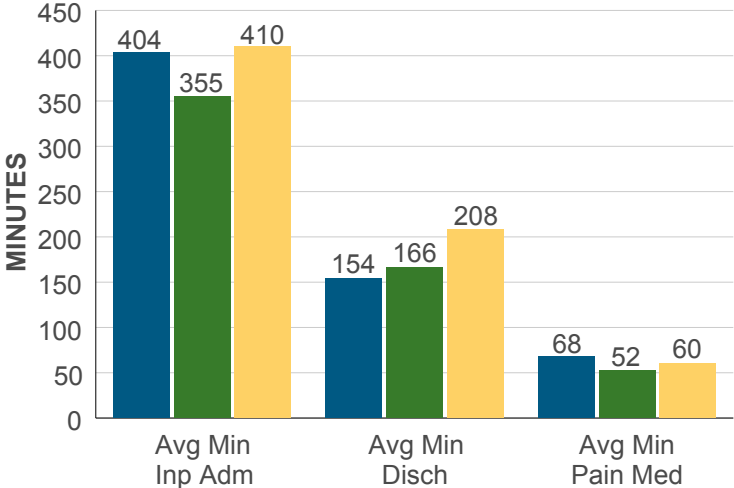


Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

EMERGENCY DEPARTMENT THROUGHPUT MEASURE DETAIL

2015 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
- Avg Min Pain Med: Average time patients who came to the ED with broken bones had to wait before receiving pain medication

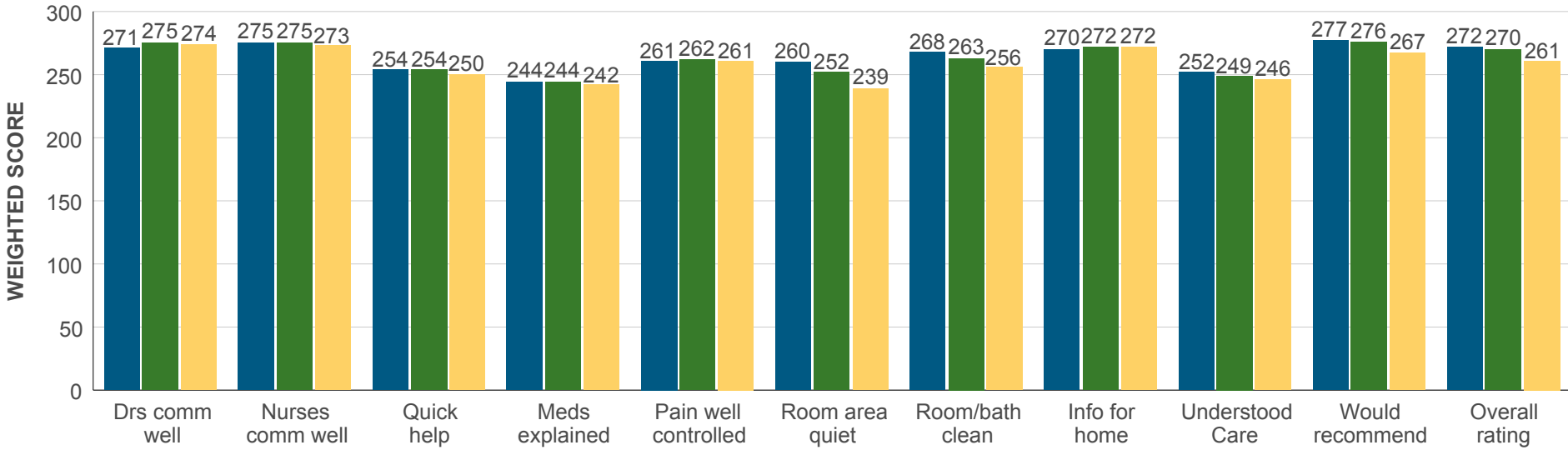
■ Profiled Hospital
■ Benchmark Median
■ Peer Median
▼ DESIRED DIRECTION

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

HCAHPS QUESTIONS – ONLY OVERALL RATING USED IN RANKING

2015 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?
- 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

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

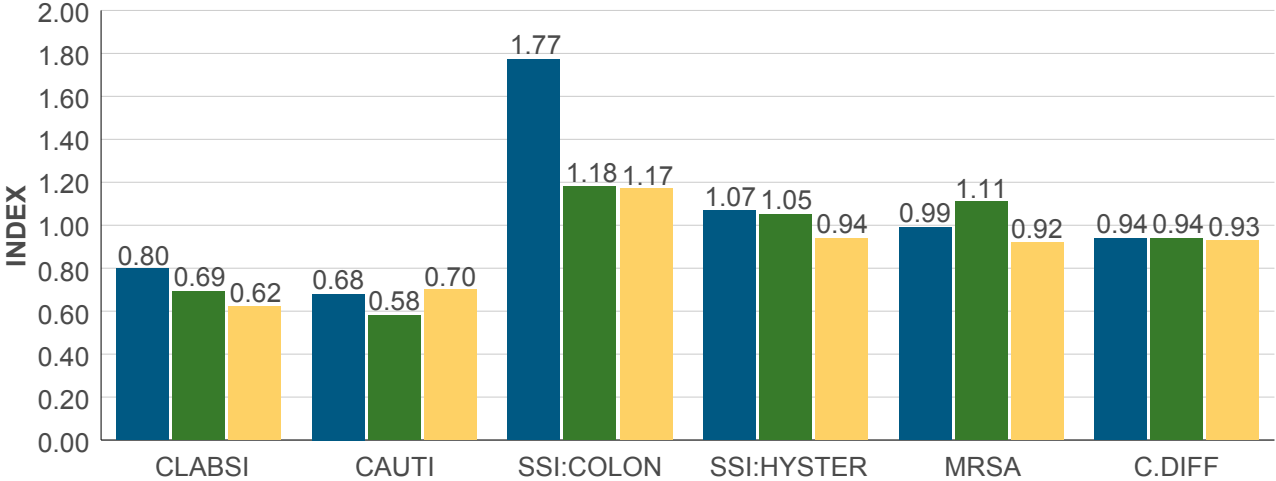
NEW METRICS UNDER CONSIDERATION

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.

HEALTHCARE ASSOCIATED INFECTION MEASURES

2015 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 = 15

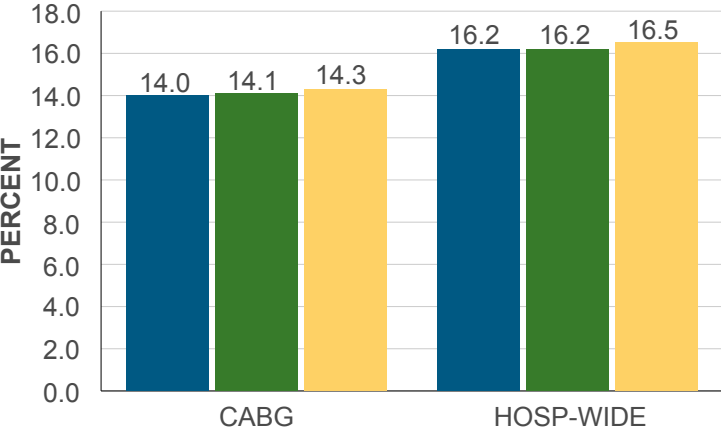
Peer Hospitals are the non-winners in the comparison group: n = 189

30-DAY RATES BY PATIENT CONDITION

2015 PERFORMANCE FOR 30-DAY MORTALITY



2015 PERFORMANCE FOR 30-DAY READMISSIONS

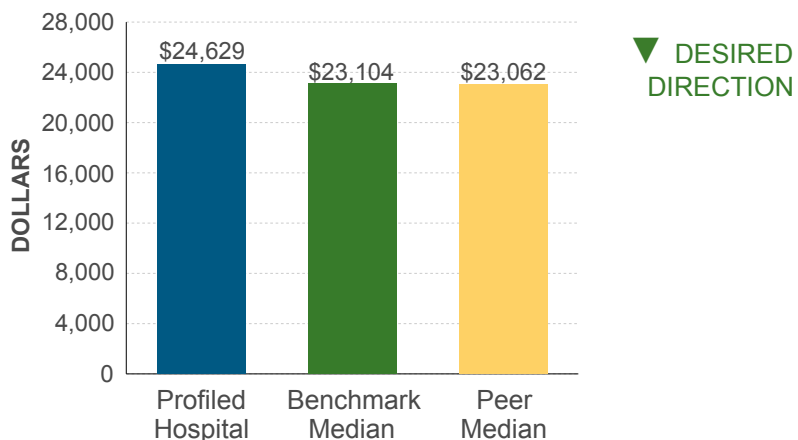


Benchmark Hospitals are the winners in the comparison group: n = 15

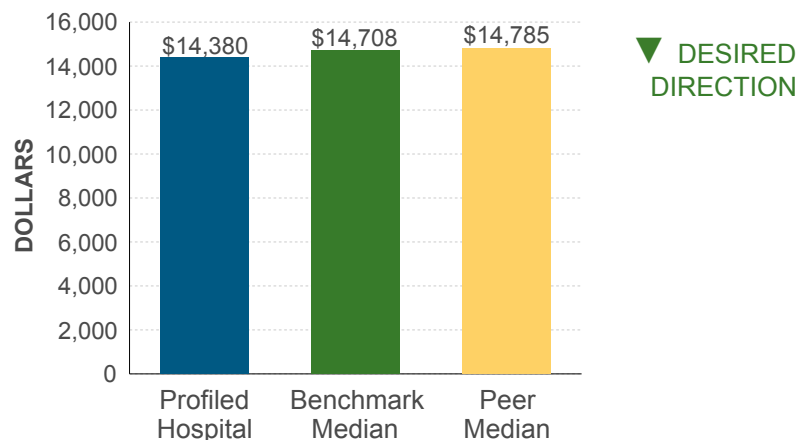
Peer Hospitals are the non-winners in the comparison group: n = 189

30-DAY EPISODE OF PAYMENT MEASURES BY PATIENT CONDITION

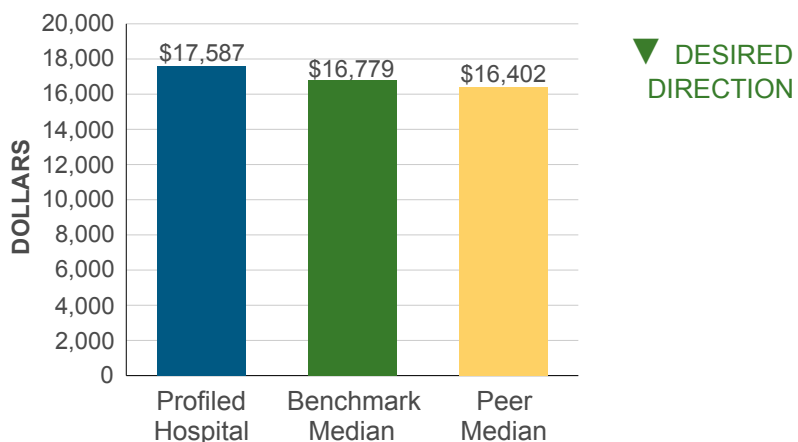
2015 PERFORMANCE FOR AMI



2015 PERFORMANCE FOR PNEUMONIA



2015 PERFORMANCE FOR HF



Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189