Cardiac Hospital Performance

The Truven Health Analytics 50 Top Cardiovascular Hospitals study identifies U.S. hospitals that have achieved the best performance on a balanced scorecard of performance measures. Based on comparisons between study winners and a peer group of similar hospitals that were not winners, winners are achieving better outcomes while operating more efficiently and at a lower cost. If all cardiovascular procedures were performed at the same level of this year’s winners, almost 8,000 additional lives could be saved; nearly 3,500 heart patients could be complication free; and more than $1.3 billion could be saved.

FEWER COMPLICATIONS

The median complications index is the ratio of observed complications to what was expected, given patient illness severity. Top cardiovascular hospitals were 0.08 and 0.11 percentage points lower for bypass surgeries and angioplasties than peer hospitals.

![Complications Index](chart)

LOWE3R 30-DAY MORTALITY RATES

Top cardiovascular hospitals were nearly one percentage point lower than peers for heart attack patients and more than a half of a percentage point lower for heart failure patients.

![Mortality Rates](chart)

ABOUT THE DATA: The Truven Health 50 Top Cardiovascular Hospitals study is based on quantitative research that uses a balanced scorecard approach, based on publicly available data, to identify the top cardiovascular hospitals in the United States. This study focuses on short-term, acute care, nonfederal U.S. hospitals that treat a broad spectrum of cardiology patients. It includes patients requiring medical management, as well as those who receive invasive or surgical procedures. Because multiple measures are used, a hospital must provide all forms of cardiovascular care, including open-heart surgery, to be included in the study. Only objective, public data sources are used for calculating study metrics. This eliminates bias, ensures inclusion of as many health systems as possible, and facilitates uniformity of definitions and data.

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LOWER COST PER CASE
The winning hospitals achieved superior clinical performance while keeping costs lower. Compared to nonwinning hospitals, the typical winning hospital spent $6,151 less per bypass surgery patient (16%) and $1,946 less per heart attack patient (19%).

SHORTER LENGTH OF STAY
Winning hospitals released their bypass surgery patients more than a day sooner than their peers, and their heart attack, heart failure, and angioplasty patients were released roughly one-half day sooner. Study winners had average lengths of stay that were 10%–16% shorter than nonwinners.

BETTER CARE PROTOCOL
A median core measures score of 98.1% for all winning hospitals means they are following recommended treatment protocols for all but 1.9% of all heart patients. Core measure use is consistent across the hospital types studied, ranging from 0.2–0.5 percentage points higher.

LOWER MORTALITY
Survival rates are better at Top Cardiovascular Hospitals, especially for patients receiving bypass surgeries, where the median risk-adjusted mortality index was 0.60, meaning 40% fewer deaths than would be expected, given patient illness severity. Study winners had significantly better inpatient survival than nonwinning cardiovascular hospitals, as much as 20%–33% higher.

BETTER USE OF INTERNAL MAMMARY ARTERY
Winning hospitals were more likely than nonwinning hospitals to use internal mammary artery graft in bypass surgery in all the hospital groups studied, with the greatest difference of 2.6 points in teaching hospitals without CV residency programs.

BETTER 30-DAY READMISSION RATES
The 50 Top Cardiovascular Hospitals had lower 30-day readmission rates for heart attacks and heart failure. Winning hospitals performed a full percentage point better than nonwinners.