Cardiac Hospital Performance

Cardiovascular care affects hundreds of thousands of patients annually and adds billions of dollars to overall U.S. healthcare costs. The Truven Health Top Cardiovascular Hospitals study uses a national scorecard of metrics to identify the nation’s highest-performing cardiovascular services lines. If all cardiovascular providers performed at the level of the study’s 50 top performers, approximately 9,100 additional bypass and PCI, respectively, when compared to their peers.

FEWER COMPLICATIONS

The median complications index is the ratio of observed complications to what was expected, given patient illness severity. The 2017 cardiovascular study top scorers had significantly lower complications indexes for bypass surgery and PCI, respectively, when compared to their peers.

LOWER 30-DAY MORTALITY RATES

Top-scoring hospitals’ 30-day heart failure, heart attack, and CABG mortality rates were lower than their peers, meaning a smaller percentage of patients died, of any cause, 30 days after admission. The difference was particularly dramatic for AMI patients.

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U.S. Heart Disease Deaths per 100,000 Population, by State

Heart disease is a leading cause of death in the United States, but the number of deaths per 100,000 population differs markedly by state. In 2014, 21 states and the District of Columbia had heart disease death rates above the U.S. national average. Of the states with death rates below the national average, Minnesota had the lowest rate of death due to heart disease.

Sources:
- Kaiser State Health Facts, Number of Deaths Due to Heart Disease per 100,000 Population, 2014, https://www.kff.org/other/state-indicators/number-of-deaths-due-to-diseases-of-the-heart-per-100000-population/
- Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Causes of death attributable to heart disease mortality include ICD-10 Codes I00–I09, I10, I13, I20–I51.

About the Data:
The Truven Health Top Cardiovascular Hospitals study is based on quantitative research that uses a balanced scorecard approach based on publicly available data to identify the top-performing 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 considered 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.

For more information, email providersolutions@truvenhealth.com, call 1-800-525-9038, option 4, or visit www.truvenhealth.com.
LOWER COST PER CASE
The 50 Top Cardiovascular Hospitals managed all of these clinical gains while still keeping costs lower. The typical top performer spent more than $6,000 less per CABG patient and nearly $2,000 less per admitted AMI patient than peers.

SOURCE: Truven Health Analytics.

SHORTER LENGTH OF STAY
Top-performing hospitals were more efficient, releasing patients sooner than their peers. The typical 50 Top hospital released CABG patients a full day sooner, and heart attack patients were released a half day sooner than at peer hospitals.

SOURCE: Truven Health Analytics.

BETTER USE OF INTERNAL MAMMARY ARTERY
Top-scoring hospitals were more likely than peer hospitals to use internal mammary artery graft in bypass surgery in all the hospitals groups studied, with the most marked difference of 2.4% in teaching hospitals without CV residency programs.

SOURCE: Truven Health Analytics.

LOWER MORTALITY
Survival rates were better at benchmark (top-scoring) hospitals, particularly for patients receiving CABG surgeries and percutaneous coronary interventions (PCI). The median benchmark hospitals had a risk-adjusted CABG mortality index of 0.44, meaning there were 56% fewer deaths than would be expected, given patient severity.

SOURCE: Truven Health Analytics.

BETTER 30-DAY READMISSION RATES
The top-scoring hospitals had lower readmission rates, with a smaller percentage of patients returning to the hospital, for any cause, within 30 days of discharge. Heart failure patient readmissions showed the biggest difference, with a 30-day readmission rate of 20.5% for top facilities versus 21.7% for others.

SOURCE: Truven Health Analytics.