

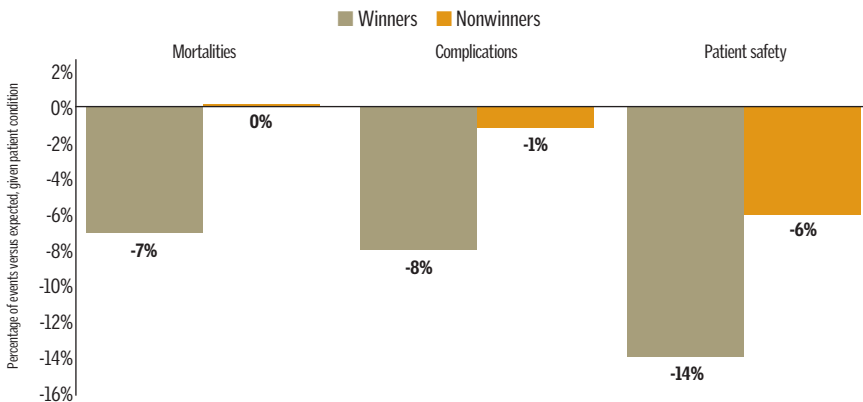
FACTFILE

Hospital Performance

The Truven Health Analytics™ 100 Top Hospitals® outperform their peers by demonstrating balanced excellence—operating effectively across all functional areas of their organizations. The data demonstrates how both patients' health and hospitals' bottom lines could be improved. Based on comparisons between the study winners and a peer group of similar high-volume hospitals that were not winners, the study found that if all hospitals performed at the level of this year's winners, nearly 165,000 additional lives could be saved, more than 90,000 additional patients could be complication-free, \$5.4 billion could be saved, and the typical patient could be released from the hospital half a day sooner.

BETTER PATIENT OUTCOMES

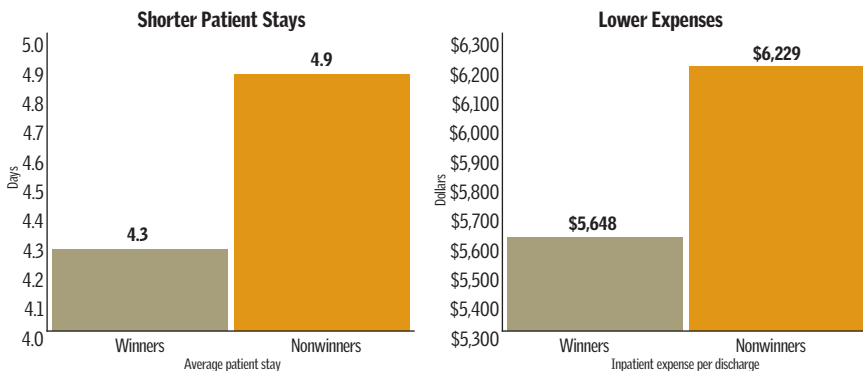
The 100 Top Hospitals award winners had better survival rates and patient outcomes. The winners had 7% fewer deaths and 8% fewer complications than expected, considering patient severity, while their nonwinning peers had about as many as would be expected. A patient safety index of 0.86 indicates that the winning hospitals had 14% fewer adverse patient safety events than expected; their peers had only 6% fewer adverse events than expected.



SOURCE: Truven Health 100 Top Hospitals® 2014.

BETTER EFFICIENCY

The best hospitals achieve better clinical outcomes without compromising efficiencies. They charge less and discharge patients sooner. The typical winning hospital has 9.3% lower expenses, charging \$581 less per discharge than the typical nonwinner. And winning hospitals have an average length of stay of 4.3 days, more than half a day shorter than their peers' average of nearly 5 days.



SOURCE: Truven Health 100 Top Hospitals® 2014.

ABOUT THE DATA: Data are from the Truven Health 100 Top Hospitals® program. Now in its 21st year, the study identifies 100 hospitals that achieved superior outcomes. Researchers analyzed 2012 and 2011 Medicare Provider Analysis and Review data, Medicare cost reports, and Centers for Medicare & Medicaid Services Hospital Compare data to compile the winners. This analysis is based on the Medicare patients included in this study. If the same standards were applied to all inpatients, the impact would be even greater. For more information, visit 100tophospitals.com or email 100tophospitals@truvenhealth.com.

Healthcare Expenditures per Capita

The amount of money spent per person for healthcare in the United States in 2011 was \$6,815. The highest rate of spending was in the nation's capital at \$10,349; the lowest rate was in Utah, at \$5,031.

Location	Health spending per capita
1. District of Columbia	\$10,349
2. Massachusetts	\$9,278
3. Alaska	\$9,128
4. Connecticut	\$8,654
5. Maine	\$8,521
6. Delaware	\$8,480
7. New York	\$8,341
8. Rhode Island	\$8,309
9. New Hampshire	\$7,839
10. North Dakota	\$7,749
11. Pennsylvania	\$7,730
12. West Virginia	\$7,667
13. Vermont	\$7,635
14. New Jersey	\$7,583
15. Maryland	\$7,492
16. Minnesota	\$7,409
17. Wisconsin	\$7,233
18. Florida	\$7,156
19. Ohio	\$7,076
20. South Dakota	\$7,056
21. Nebraska	\$7,048
22. Wyoming	\$7,040
23. Missouri	\$6,967
24. Iowa	\$6,921
25. Hawaii	\$6,856
United States	\$6,815
26. Louisiana	\$6,795
27. Kansas	\$6,782
27. Washington	\$6,782
29. Illinois	\$6,756
30. Indiana	\$6,666
31. New Mexico	\$6,651
32. Montana	\$6,640
33. Michigan	\$6,618
34. Kentucky	\$6,596
35. Oregon	\$6,580
36. Mississippi	\$6,571
37. Oklahoma	\$6,532
38. North Carolina	\$6,444
39. Tennessee	\$6,411
40. South Carolina	\$6,323
41. Virginia	\$6,286
42. Alabama	\$6,272
43. California	\$6,238
44. Arkansas	\$6,167
45. Colorado	\$5,994
46. Texas	\$5,924
47. Nevada	\$5,735
48. Idaho	\$5,658
49. Georgia	\$5,467
50. Arizona	\$5,434
51. Utah	\$5,031

NOTES: Healthcare expenditures measure spending for all privately and publicly funded personal healthcare services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.

SOURCES: Kaiser State Health Facts, *Health Care Expenditures per Capita by State of Residence*; <http://kff.org/other/state-indicator/health-spending-per-capita/>; Centers for Medicare & Medicaid Services (2011). *Health Expenditures by State of Residence*. Retrieved (December 2011) at <http://www.cms.gov/NationalHealthExpendData/downloads/resident-state-estimates.zip>.

Upcoming Topic:

> Hospital Employee Health Risk

FACT FILE PARTNER:



FACTFILE

LONG-TERM PERFORMANCE SNAPSHOT

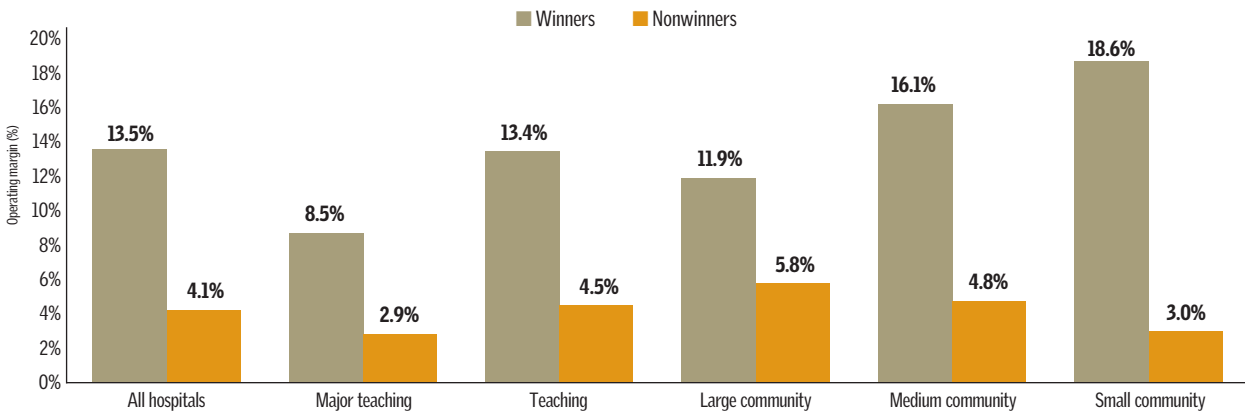
By studying the direction of performance change of all hospitals in the study (winners and nonwinners), we can see that in recent years, U.S. hospitals have not been able to significantly improve overall performance across the entire balanced scorecard. But, over the years studied, there were noteworthy performance improvements in adherence to core measures and overall patient satisfaction: 70% of the hospitals studied improved their core measures score and almost 30% improved their overall Hospital Consumer Assessment of Healthcare Providers and Systems score. For the remainder of the measures, the majority of hospitals in the study had no statistically significant change in performance; however, on the operating efficiency front, nearly 16% of hospitals studied had a significant increase for inpatient expense per discharge.

Performance measure	Significantly improving performance		No statistically significant change in performance		Significantly declining performance	
	Count of hospitals	Percent of hospitals	Count of hospitals	Percent of hospitals	Count of hospitals	Percent of hospitals
Risk-adjusted mortality index*	26	1.0%	2,649	97.0%	55	2.0%
Risk-adjusted complication index*	18	0.7%	2,678	98.1%	34	1.2%
Risk-adjusted patient safety index*	7	0.3%	2,556	98.3%	37	1.4%
Core measures mean percent**	1,921	70.4%	808	29.6%	1	0.0%
Severity-adjusted average length of stay*	61	2.2%	2,629	96.3%	40	1.5%
Adjusted inpatient expense per discharge**	91	3.3%	2,199	80.8%	430	15.8%
Operating margin**	273	10.0%	2,309	84.9%	138	5.1%
HCAHPS score**	790	28.9%	1,893	69.3%	47	1.7%

* 2009–2012 ** 2008–2012
SOURCE: Truven Health 100 Top Hospitals® 2014.

HEALTHIER OPERATING MARGINS

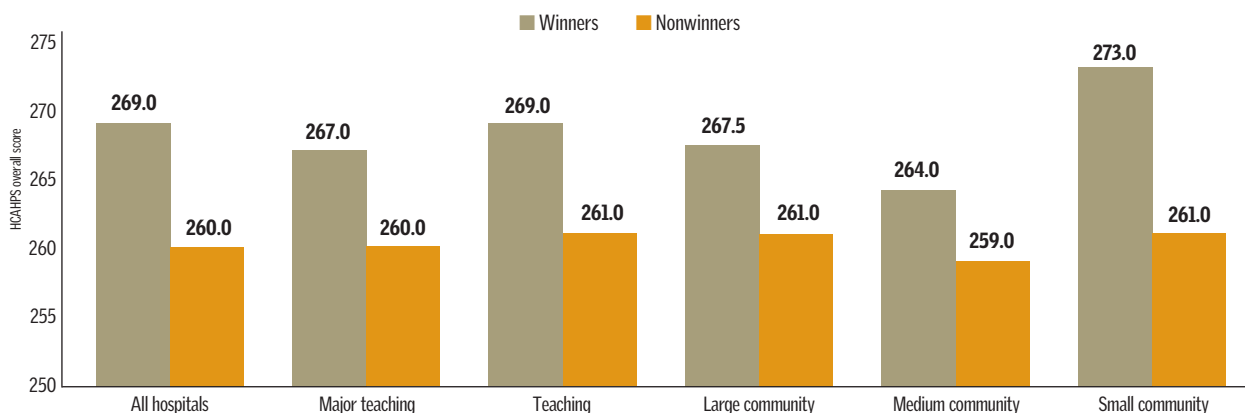
The top-performing hospitals have not let providing better patient outcomes affect their margins. Overall, the winners had a median operating margin of 13.5%, more than three times better than their peers, which posted 4.1% margins. Winning small community hospitals had the highest margins at 18.6%, more than six times better than the 3% posted by their peers.



SOURCE: Truven Health 100 Top Hospitals® 2014.

BETTER PATIENT SATISFACTION SCORES

Patients rate 100 Top Hospitals higher than peer hospitals. The winners' 3.5% higher median Hospital Consumer Assessment of Healthcare Providers and Systems score (269 versus 260) tells us that patients treated at the winning hospitals are reporting a better overall experience than those treated in nonwinning hospitals. The winning small community hospitals had the highest HCAHPS scores at 273, some 12 points higher than the 261 score of the peer group.



SOURCE: Truven Health 100 Top Hospitals® 2014.

