


FACTFILE

Health System Performance

The Truven Health 15 Top Health Systems® in the United States outperform their peers by demonstrating balanced excellence—operating effectively across all functional areas of their organizations. Investigating the winner and nonwinner data from this study is a useful way to see how the nation’s health and the industry’s bottom lines could be improved. For apples-to-apples comparisons, the 15 Top Health Systems were placed into size categories by total operating expense: large (>\$1.5 billion), medium (\$750 million–\$1.5 billion), and small (<\$750 million). 

HEALTH SYSTEM PERFORMANCE

The winners of the 15 Top Health Systems award outperformed their peers in a number of ways. They saved more lives and caused fewer patient complications, followed industry-recommended standards of care more closely, made fewer patient safety errors, released patients half a day sooner, and scored better on overall patient satisfaction surveys.

Performance measure	Winning health systems (median)	Peer group of U.S. health systems (median)	Difference	Impact
Mortality index ¹	0.98	1.00	-0.02	Lower mortality
Complications index ¹	0.97	1.00	-0.03	Lower complications
Patient safety index ²	0.92	1.00	-0.08	Better patient safety
Core measures mean percent ³	98.4	97.3	1.0	Better core measure performance
30-day mortality rate for heart attack (acute myocardial infarction) (%) ⁴	14.8	14.8	0.0	No difference
30-day mortality rate for heart failure (%) ⁴	12.1	11.6	0.5	Higher 30-day mortality for heart failure
30-day mortality rate for pneumonia (%) ⁴	11.5	11.8	-0.3	Lower 30-day mortality for pneumonia
30-day readmission rate for heart attack (acute myocardial infarction) (%) ⁴	17.4	18.4	-1.0	Lower 30-day readmissions for heart attack
30-day readmission rate for heart failure (%) ⁴	21.4	23.0	-1.5	Lower 30-day readmissions for heart failure
30-day readmission rate for pneumonia (%) ⁴	17.0	17.7	-0.7	Lower 30-day readmissions for pneumonia
Average length of stay (days) ⁵	4.5	5.0	-0.5	Shorter average length of stay
HCAHPS score ⁶	269.3	261.3	8.0	Better patient rating of hospital care

NOTES: Measure values are rounded for reporting, which may cause calculated differences to appear off. **1:** Based on Present on Admission–enabled risk models applied to MedPAR 2011 and 2012 data. **2:** Based on AHRQ POA–enabled risk models applied to MedPAR 2011 and 2012 data. Ten patient safety indicators (PSIs) included; for list, see *100 Top Hospitals: Study Overview*, March 2014, Appendix C. **3:** Data from CMS Hospital Compare 2013 Q2 release: Oct. 1, 2011–Sep 30, 2012, dataset. For included core measures, see *100 Top Hospitals: Study Overview*, March 2014, Appendix C. **4:** From CMS Hospital Compare dataset, July 1, 2009–June 30, 2012. **5:** Based on POA–enabled risk models applied to MedPAR 2012 data. **6:** Data from CMS Hospital Compare 2013 Q3 release: January 1, 2012–December 31, 2012, dataset.

SOURCE: Truven Health 15 Top Health Systems 2014.

ABOUT THE DATA: The Truven Health 15 Top Health Systems study identifies the 15 best health systems in the nation. This annual, quantitative study uses objective, independent research and public data sources—2012 and 2011 Medicare Provider Analysis and Review (MedPAR) data, Medicare cost reports, and Centers for Medicare & Medicaid Services Hospital Compare data. For more on the study, visit 100tophospitals.com. For more information, email 100tophospitals@truvenhealth.com, call 1-800-366-7526, or visit 100tophospitals.com.

Deaths Caused by Influenza and Pneumonia

Healthcare providers regularly deal with pneumonia and influenza, which, while common, can be deadly. The death rate in the United States for these conditions is 15.1 per 100,000, although the rate does vary on a state-by-state basis: Vermont has the lowest rate, 7.9, and Kentucky has the highest, 21.0.

Location	Death rate per 100,000 population
United States	15.1
1. Kentucky	21.0
2. New York	20.6
3. Tennessee	20.5
4. Louisiana	20.2
5. Arkansas	19.9
6. Nevada	19.8
7. Oklahoma	19.7
8. Wyoming	19.5
9. Mississippi	19.2
10. West Virginia	19.0
11. Alabama	18.7
12. Georgia	18.3
13. North Carolina	17.7
14. Missouri	17.4
15. Utah	17.1
16. Hawaii	17.0
17. Indiana	16.8
18. California	16.4
19. Kansas	16.4
20. Illinois	16.1
21. Massachusetts	16.0
22. South Carolina	15.9
23. Alaska	15.8
24. South Dakota	15.8
25. Maryland	15.7
26. Virginia	15.5
27. Ohio	14.6
28. Texas	14.6
29. New Mexico	14.2
30. North Dakota	13.9
31. Delaware	13.8
32. Rhode Island	13.8
33. Iowa	13.7
34. Michigan	13.6
35. Montana	13.6
36. Pennsylvania	13.6
37. District of Columbia	13.5
38. Idaho	13.5
39. Maine	13.4
40. Wisconsin	13.3
41. New Hampshire	12.6
42. Colorado	12.3
43. Connecticut	12.1
44. Nebraska	11.9
45. Arizona	11.4
46. New Jersey	11.0
47. Minnesota	9.7
48. Oregon	9.2
49. Florida	8.9
50. Washington	8.3
51. Vermont	7.9

NOTES: Age-adjusted rates per 100,000 U.S. standard population. Rates are based on populations enumerated in the 2010 census. Because death rates are affected by the population composition of a given area, age-adjusted death rates should be used for comparisons between areas because they control for differences in population composition. Causes of death attributable to flu and pneumonia include ICD-10 Codes J09–J18.

SOURCES: Kaiser State Health Facts, *Number of Deaths per 100,000 Population Caused by Influenza and Pneumonia*, <http://kff.org/other/state-indicator/influenza-and-pneumonia-death-rate/#note-1>; the Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, *National Vital Statistics Reports (NVSr)* Volume 61, Number 4, Table 19, May 8, 2013; http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.

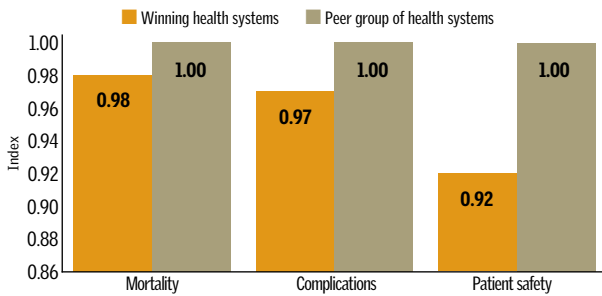
Upcoming Topic:
 > Employed Physician Trends

FACT FILE PARTNER:



BETTER PATIENT OUTCOMES

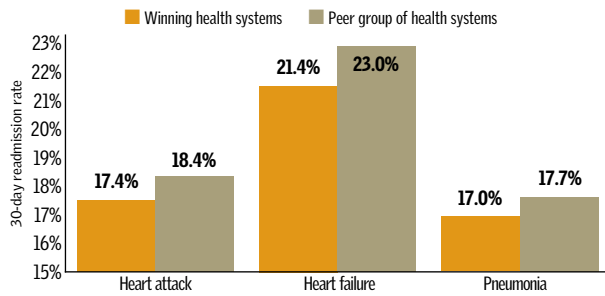
The top health systems have better outcomes for survival rates, complications, and patient safety. The winners had 2% fewer deaths than expected, considering patient severity, while their nonwinning peers had as many deaths as expected. Patients treated at the winning systems had complication rates 3% lower than nonwinning systems. The top health systems also do a better job avoiding adverse patient safety events: A patient safety index of 0.92 tells us that winning systems had 8% fewer adverse patient safety events than expected; their peers had as many adverse events as expected.



SOURCE: Truven Health 15 Top Health Systems 2014.

BETTER 30-DAY READMISSION RATES

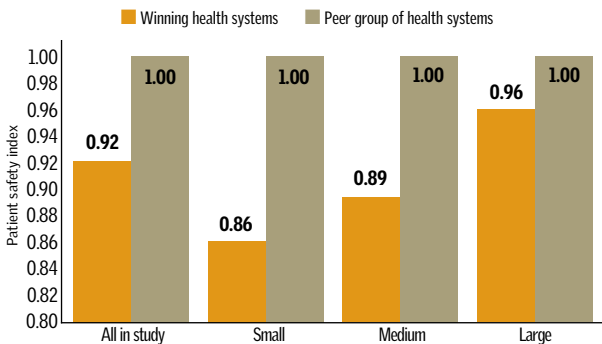
The hospitals at the 15 top-performing health systems have better 30-day readmission rates for several important conditions. For heart attack patients, winning health systems have a 17.4% readmission rate, a full point better than peer organizations (18.4%). For heart failure, winning systems have a 21.4% readmission rate, well below their nonwinning peers' 23.0%. The winners (17.0%) and nonwinners (17.7%) are closer on pneumonia readmission rates, separated by about two-thirds of a percentage point. Hospitals that score well may be better prepared for a pay-for-performance structure.



SOURCE: Truven Health 15 Top Health Systems 2014.

BETTER PATIENT SAFETY

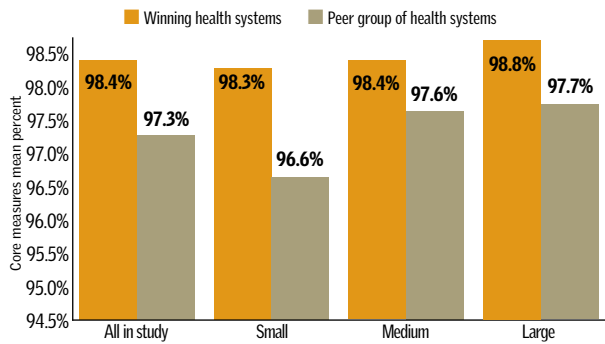
Patients treated at the winning systems' member hospitals had fewer patient safety issues, and that holds true regardless of organization size (as defined by total operating expense). Winning medium and small systems had the best patient safety index scores, 0.89 and 0.86, respectively. Lower scores indicate that the hospitals in these systems had fewer adverse patient safety events, as measured by the Agency for Healthcare Research and Quality patient safety indicators.



SOURCE: Truven Health 15 Top Health Systems 2014.

BETTER CARE PROTOCOL

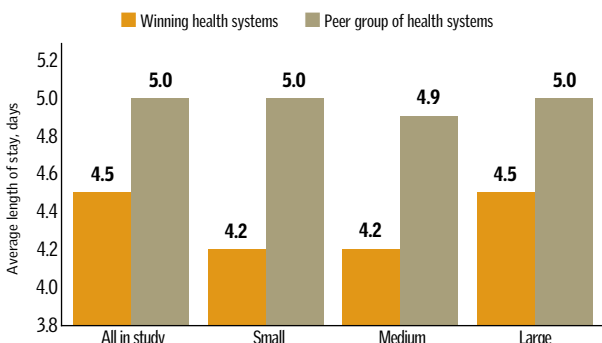
The winning systems' higher core measures mean percentage of 98.4% (compared with 97.3% for nonwinning systems) tells us that they used recommended core measures of care more consistently. The largest systems (those with total operating expense exceeding \$1.5 billion) had the highest core measures rates. Their rate of 98.8% tells us that these winning hospitals follow the recommended measures in nearly all applicable cases. Of course, even small and medium winners exceeded 98%.



SOURCE: Truven Health 15 Top Health Systems 2014.

SHORTER LENGTHS OF STAY

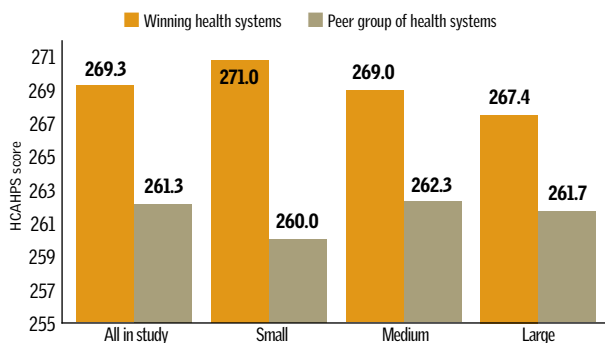
The best health systems achieve better clinical outcomes without compromising efficiencies: Patients treated at hospitals in the winning systems return home sooner. Winning systems have a median average length of stay of 4.5 days, half a day shorter than their peers' median of 5 days. The winning small and medium systems had the shortest ALOS of 4.2 days. A lower severity-adjusted average length of stay generally indicates more efficient consumption of hospital resources and reduced risk to patients.



SOURCE: Truven Health 15 Top Health Systems 2014.

BETTER PATIENT EXPERIENCE

The winners' higher median Hospital Consumer Assessment of Healthcare Providers and Systems score tells us that patients treated by top health systems are reporting a better hospital experience than those treated in peer hospitals. The small winning systems outperformed nonwinners by the widest margin—11 points—although medium winners outperformed nonwinning peers by about 7 points, and large winning organizations maintained an edge of nearly 6 points.



SOURCE: Truven Health 15 Top Health Systems 2014.

