

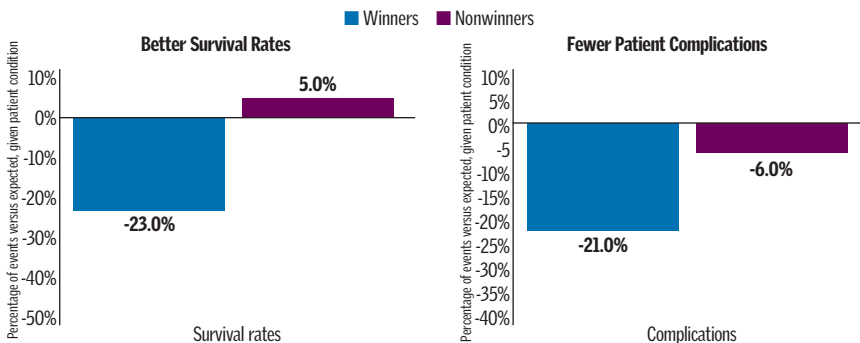
FACTFILE

Hospital Performance

The annual Truven Health Analytics™ 100 Top Hospitals® identifies U.S. hospitals with the best overall performance across multiple organizational metrics, including clinical, operational, and financial. The ability of some hospitals to adapt as the industry is changing demonstrates leadership as the winners set the standards their peers seek to achieve. The study revealed that the nation's best hospitals had a lower mortality index, considering patient severity; had fewer patient complications; followed accepted care protocols; had lower 30-day mortality and 30-day readmission rates; sent patients home sooner; provided more timely emergency care; kept expenses low, both in-hospital and through the aftercare process; and scored better on patient surveys of hospital experience. 📊

BETTER PATIENT OUTCOMES

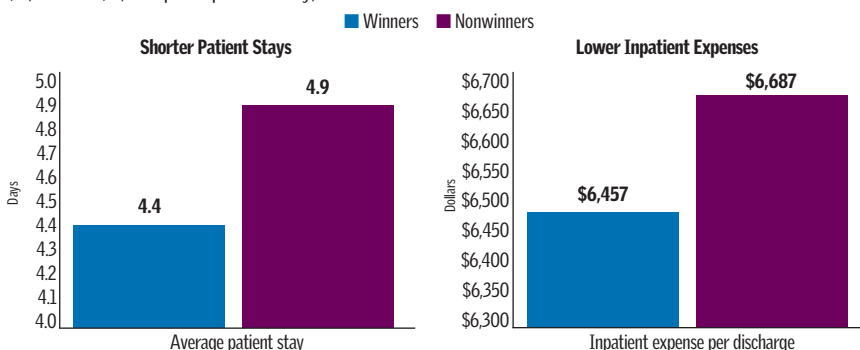
The 100 Top Hospital winners posted better patient survival rates and fewer patient complications. Overall, winners had 23% fewer deaths and 21% fewer complications than expected, considering patient severity, while their nonwinning peers had 5% more deaths as would be expected and only 6% fewer complications than expected.



SOURCE: Truven Health 100 Top Hospitals® 2016.

BETTER EFFICIENCY

Patients treated at 100 Top Hospitals returned home sooner and at lower costs. Winning hospitals had a median-adjusted average length of stay that was a half day shorter than their peers' median, 4.4 days compared to 4.9 days. Similarly, the expense per discharge averaged \$230 lower at winning hospitals, \$6,457 vs. \$6,687 per inpatient stay, a difference of 3.4%.



SOURCE: Truven Health 100 Top Hospitals® 2016.

ABOUT THE DATA: As with all of the 100 Top Hospitals awards, the methodology is objective, and all data come from trusted public sources. Truven Health Analytics builds a database of short-term, acute care, nonfederal U.S. hospitals that treat a broad spectrum of patients. The primary data sources are the Medicare Provider Analysis and Review (MEDPAR) patient claims data set, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare hospital performance data set, and the Hospital Cost Report Information System (HCRIS) Medicare cost report file. The most recent five years of data available are used for trending and the most current year for selection of winners. But hospital inpatient mortality and complications are based on two years of data combined for each study year data point. For more information, visit 100tophospitals.com or email 100tophospitals@truvenhealth.com.

Medicare Service Use: Hospital Inpatient Services

The total number of days of care for Medicare beneficiaries discharged from short-stay hospitals is 59 million in the United States. By state, the total number of days of care range from a high of more than 4 million in New York to a low of 76,408 in Alaska.

Location	Total Number Days of Care	Total Days of Care per 1,000 Part A Enrollees
United States	59,246,016	1,634
Alabama	1,272,695	1,823
Alaska	76,408	1,061
Arizona	777,693	1,236
Arkansas	750,537	1,611
California	4,432,910	1,415
Colorado	499,065	1,124
Connecticut	834,467	1,800
Delaware	229,777	1,509
District of Columbia	159,251	2,210
Florida	4,303,334	1,803
Georgia	1,621,455	1,602
Hawaii	146,046	1,194
Idaho	148,772	853
Illinois	2,968,865	1,738
Indiana	1,437,877	1,677
Iowa	585,659	1,267
Kansas	551,329	1,388
Kentucky	1,168,830	1,777
Louisiana	1,001,765	1,845
Maine	277,613	1,178
Maryland	1,318,064	1,713
Massachusetts	1,493,841	1,624
Michigan	2,417,686	1,857
Minnesota	781,319	1,762
Mississippi	904,626	1,952
Missouri	1,334,256	1,646
Montana	140,913	926
Nebraska	313,963	1,235
Nevada	402,797	1,497
New Hampshire	268,250	1,181
New Jersey	2,192,603	1,868
New Mexico	268,764	1,125
New York	4,601,690	2,199
North Carolina	2,047,609	1,582
North Dakota	127,970	1,304
Ohio	2,279,807	1,788
Oklahoma	885,618	1,659
Oregon	355,238	902
Pennsylvania	2,679,785	1,828
Rhode Island	195,204	1,598
South Carolina	1,088,414	1,592
South Dakota	161,645	1,296
Tennessee	1,439,432	1,757
Texas	4,081,082	1,629
Utah	193,196	982
Vermont	112,618	1,010
Virginia	1,595,935	1,542
Washington	832,770	1,099
West Virginia	558,214	1,842
Wisconsin	843,421	1,288
Wyoming	84,938	1,052

NOTES: Data are for calendar year 2012. Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates. Medicare Part A refers to hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home healthcare.

SOURCE: Kaiser State Health Facts, Medicare Service Use: Hospital Inpatient Services, <http://kff.org/medicare/state-indicator/medicare-service-use-hospital-inpatient-services/>; Table 5.4 Medicare and Medicaid Statistical Supplement, 2013 Centers for Medicare & Medicaid Services, Office of Information Services; Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information. Available at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSupp/2013.html>.

Upcoming Topic:

> Trends in Physician Practice

FACT FILE PARTNER:



LIMITED PERFORMANCE IMPROVEMENT OVER TIME

In recent years, U.S. hospitals overall (winners and nonwinners) have not been able to significantly improve performance across the entire balanced scorecard. However, over the years studied (2010–2014), there were a few noteworthy performance improvements for specific measures. Almost 74% of hospitals significantly improved their 30-day readmission rates, likely a result of the attention these measures are getting in payment systems. Nearly 30% of hospitals significantly improved their inpatient mortality rates, and 21% had significantly improved their 30-day mortality rates. On the operating efficiency front, 22% of hospitals had a significant increase in expense per discharge (declining performance). For the remainder of the measures, the majority of hospitals in the study had no statistically significant change in performance.

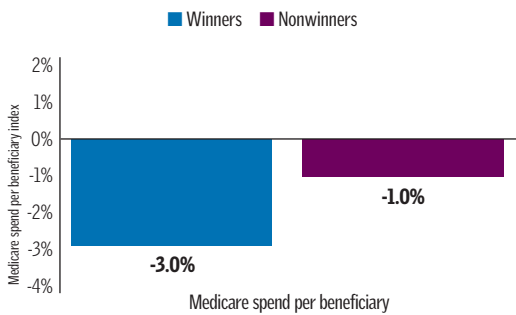
Performance measure	Significantly improving performance		No statistically significant change in performance		Significantly declining performance	
	Count of hospitals	Percent of hospitals	Count of hospitals	Percent of hospitals	Count of hospitals	Percent of hospitals
Risk-adjusted mortality index	804	29.5%	1,916	70.3%	4	0.1%
Risk-adjusted complication index	217	8.0%	2,455	90.1%	52	1.9%
30-day mortality rate	576	21.1%	2,024	74.3%	124	4.6%
30-day readmission rate	2,003	73.5%	720	26.4%	1	0.0%
Severity-adjusted average length of stay	620	22.8%	1,990	73.1%	114	4.2%
Adjusted inpatient expense per discharge	49	1.8%	2,062	76.1%	598	22.1%
Operating margin	212	7.8%	2,333	86.0%	168	6.2%
HCAHPS score	435	16.0%	2,202	80.8%	87	3.2%

NOTES: *Count of hospitals* refers to the number of in-study hospitals whose performance fell into the highlighted category on the measure. Total number of hospitals included in the analysis will vary by measure due to exclusion of interquartile range outlier data points. Inpatient expense and operating margin are affected. Some in-study hospitals had too few data points remaining to calculate trend. Percent of hospitals is of the total in-study hospitals across all peer groups.

SOURCE: Truven Health 100 Top Hospitals® 2016.

LOWER MEDICARE COST PER EPISODE

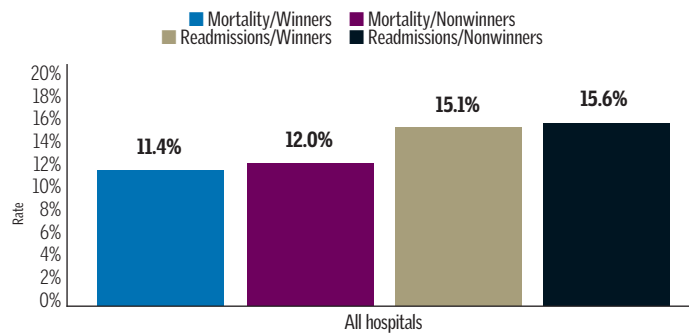
Medicare spend per beneficiary (MSPB) is the measure of the expenses associated with an admission episode, including three days prior through 30 days postadmission. Winning hospitals had an MSPB index 2 percentage points lower than nonwinning hospitals, -3% compared to -1%.



SOURCE: Truven Health 100 Top Hospitals® 2016.

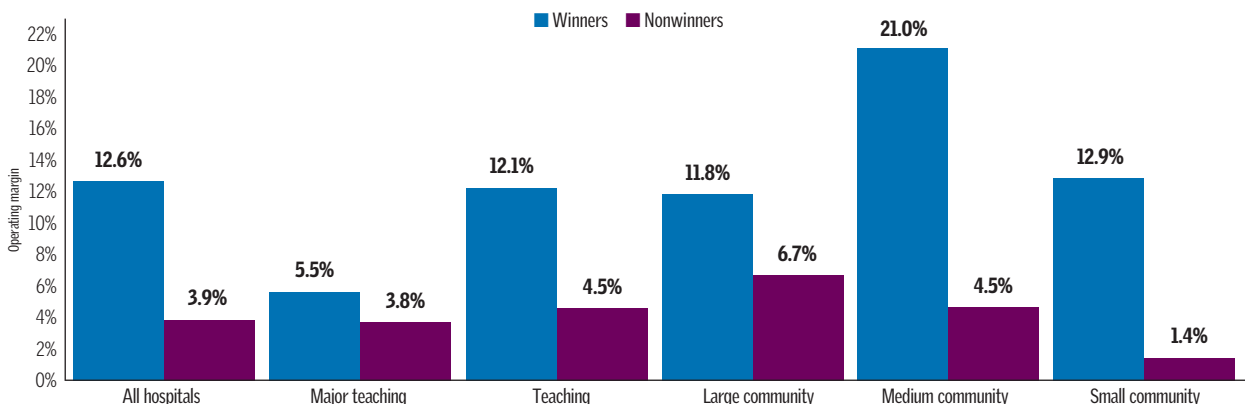
LOWER 30-DAY MORTALITY AND READMISSIONS RATES

Winning hospitals had lower 30-day readmission rates for heart attack, heart failure, pneumonia, hip/knee arthroplasty, COPD, and stroke patient groups. Mean 30-day mortality and readmission rates were lower at the winning hospitals than nonwinning hospitals, across all comparison groups.



HEALTHIER OPERATING MARGINS

Overall, winning hospitals had a median operating margin that was nearly 9 percentage points higher than nonwinning hospitals (12.6% vs 3.9%). This positive fiscal performance was the most dramatic in the medium and small community hospital groups, where winners had margins that were 16.5 and 11.5 percentage points higher than nonwinners, respectively. Major teaching hospital winners had the lowest median operating margin of any winning group at 5.5%.



SOURCE: Truven Health 100 Top Hospitals® 2016.

