100 Top Hospitals, 2017
A National Benchmarks Report

Prepared For:
Sample Hospital
City, ST
Medicare ID: 999999
REPORT METHODOLOGY NOTES

COMPARISON GROUPS
So that we can compare your hospital with others most like it, we assign each hospital to one of five comparison groups according to size, teaching status, and residency/fellowship program involvement. Classification details are in the Study Overview.

<table>
<thead>
<tr>
<th>Comparison Group</th>
<th>Number of Winners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Teaching Hospital</td>
<td>15</td>
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<tr>
<td>Teaching Hospital</td>
<td>25</td>
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<tr>
<td>Large Community Hospital</td>
<td>20</td>
</tr>
<tr>
<td>Medium Community Hospital</td>
<td>20</td>
</tr>
<tr>
<td>Small Community Hospital</td>
<td>20</td>
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</tbody>
</table>

BENCHMARK AND PEER GROUPS
In the Truven Health Analytics 100 Top study, we select 100 Benchmark hospitals (winners) based on overall performance in the most recent year of data available. Winners are selected by comparison group, as indicated in the table above.

Peer group hospitals include all U.S. hospitals in our study database, excluding benchmark hospitals.

In this custom report, we provide two types of comparisons for current performance and for multi-year trend performance:
- Profiled hospital versus comparison group Benchmark hospitals
- Profiled hospital versus comparison group Peer hospitals

METHODOLOGY NOTES
Present on Admission (POA) coding was used in the risk models for mortality, complications and average length of stay. In addition, due to increasing numbers of diagnoses with missing POA coding, we made the following adjustments to the MEDPAR data in processing the study:
1) We treated all diagnosis codes on the CMS exempt list as 'exempt', regardless of POA coding
2) We treated all principal diagnoses as 'present on admission'
3) We treated secondary diagnoses where POA code 'Y' or 'W' appeared more than 50 percent of the time in Truven's all-payer database, as 'present on admission'.

RANK WEIGHTS AND PUBLIC DATA SOURCES

<table>
<thead>
<tr>
<th>Measures</th>
<th>Rank Wt</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk-Adjusted Inpatient Mortality</td>
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<td>MEDPAR FFY(^1) 2010-2015</td>
</tr>
<tr>
<td>Risk-Adjusted Complications</td>
<td>1</td>
<td>MEDPAR FFY(^1) 2010-2015</td>
</tr>
<tr>
<td>Core Measures Mean Percent(^2)</td>
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<td>CMS Hospital Compare CY 2015</td>
</tr>
<tr>
<td>30-Day Mortality(^3) (AMI, Heart Failure, Pneumonia, COPD, Stroke)</td>
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<td>CMS Hospital Compare 3 yr data sets ending June 30 in 2011, 2012, 2013, 2014, 2015</td>
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<tr>
<td>Severity-Adjusted Average Length of Stay</td>
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<td>MEDPAR FFY(^1) 2011-2015</td>
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<tr>
<td>Emergency Department Throughput</td>
<td>1</td>
<td>CMS Hospital Compare CY 2012, 2014, 2015; FY2013</td>
</tr>
<tr>
<td>Adjusted Inpatient Expense per Discharge</td>
<td>1/2</td>
<td>HCRIS 2016 Q3 2011-2015 cost reports</td>
</tr>
<tr>
<td>Medicare Spend Per Beneficiary</td>
<td>1/2</td>
<td>CMS Hospital Compare CY 2012-2015</td>
</tr>
<tr>
<td>Adjusted Operating Profit Margin</td>
<td>1</td>
<td>HCRIS 2016 Q3 2011-2015 cost reports</td>
</tr>
<tr>
<td>HCAHPS</td>
<td>1</td>
<td>CMS Hospital Compare CY 2011-2015</td>
</tr>
</tbody>
</table>

\(^1\)Federal Fiscal year is Oct 1 through Sep 30.
\(^2\)No trend data for Core Measures.
\(^3\)No trend data available for COPD and Stroke 30-day mortality rates.
\(^4\)No trend data available for Hip/Knee, COPD and Stroke 30-day readmission rates.

FOR MORE INFORMATION
For a Study Overview, with full details on performance measures, methods used, and winner list, visit [www.100tophospitals.com](http://www.100tophospitals.com).
INTEGRATED HOSPITAL PERFORMANCE COMPARISON

The 100 Top Hospitals® Performance Matrix, in a single view, compares your hospital’s current level of achievement and 5 year rate of improvement in percentiles. These percentiles are based on your hospital’s rank, overall and by measure, within your comparison group. This integrated performance comparison provides insight into the success of hospital performance improvement strategies relative to other similar hospitals.

INTERPRETING HOSPITAL PERFORMANCE

Overall hospital performance is a composite score based on the sum of the ranks of individual measures. This sum is used to rank your hospital within your comparison group. The matrix “Overall” dot integrates your national rank percentile for current overall performance with your national rank percentile for multi-year overall rate of improvement. Rank percentiles for each individual measure are also graphed. Measures may fall into any one of four quadrants: Declining (lower left), Improving (upper left), Leading (upper right), or At-Risk (lower right).

100 Top Hospitals award winners are selected based on highest overall current performance. Winners fall into either the “Leading” or “At Risk” quadrants, depending on their multi-year rate of improvement performance. Those with a high rate of improvement will be “Leading” performers and those who have fallen behind their comparison group mean are “At Risk”.

Everest award winners fall into the right upper-most corner of the “Leading” performance quadrant. Everest winners are both a 100 Top Hospitals current performance winner and one of the 100 most improved hospitals on their multi-year trended performance. They are the best of the best.

PERFORMANCE MATRIX NOTES

Missing Matrix Graph

The matrix graph will be missing if your hospital was excluded from the study or did not have enough years of data to be trended. If trend analysis could not be done, there also will be no Trend Profile section in this report. Exclusion notes are found at the end of the current and trend graphs section of this report.

Missing Measure Dots

A measure dot will be missing from the matrix if your hospital had too few useable data points (after outlier exclusions) to calculate a multi-year trend t-statistic, which is the ranked variable. In this case, the overall performance dot will also be missing. We cannot rank the hospital overall if one or more measures are missing. Notes on excluded data points are in the Appendix following the Performance Matrix graph.
100 TOP HOSPITALS PERFORMANCE COMPARISON GROUP

Profiled Hospital compared to Major Teaching Hospitals
2015 PERFORMANCE AND 5-YEAR RATE OF IMPROVEMENT MATRIX

DATA POINTS
1 OVERALL
2 Inpatient Mortality
3 Complications
4 30-Day Mortality
5 30-Day Readmit
6 ALOS
7 ED Measures
8 IP Expense/Disch
9 MSPB
10 Oper Profit Marg
11 HCAHPS

PROFILED HOSPITAL compared to:
2015 Major Teaching: n = 204
2011-2015 Major Teaching: n = 204
UNDERSTANDING THE GRAPHS

2011-2015 Rate of Improvement Rank Percentiles

This bar graph shows your hospital’s rate of improvement on each measure, and overall, reported as rank percentiles. Individual measure percentiles are calculated by dividing your measure rank within your comparison group by the number of hospitals in the group and multiplying by 100. The overall rank percentile is based on the sum of your individual measure ranks, re-ranked by comparison group. The overall rank sum is then converted into a percentile. The overall rank percentile is not the average of the individual measure percentiles.

Measures with rank percentiles above the median are likely to move ahead of peers on performance in the future, if those rates of improvement have continued.

Hospitals with overall and measure-specific rank percentiles below the median are likely to fall behind peers on performance in the future, if those low rates of improvement have continued. And winners with a low overall rate of improvement are at risk for dropping out of the winner circle entirely.

2015 Performance Rank Percentiles

This bar graph shows your hospital’s performance on each measure, in the most current year of data we analyzed, reported as rank percentiles. Individual measure percentiles are calculated by dividing your measure rank within your comparison group by the number of hospitals in the group and multiplying by 100.

The 100 Top benchmark hospitals (winners) are selected based only on 2015 Performance.
2011-2015 RATE OF IMPROVEMENT RANK PERCENTILES

Profiled hospital compared to Major Teaching hospitals: n = 204

2015 PERFORMANCE RANK PERCENTILES

Profiled hospital compared to Major Teaching hospitals: n = 204
100 TOP HOSPITALS CURRENT PROFILE NOTES

CURRENT PROFILE
The 100 Top Hospitals® Current Profile analyzes your hospital’s performance in the most recent year available, using a national balanced scorecard of critical performance metrics:

- Risk-Adjusted Inpatient Mortality Index
- Risk-Adjusted Complications Index
- Core Measures Mean Percent
- Mean 30-Day Mortality rate (AMI, HF, PN, COPD, Stroke)
- Mean 30-Day Readmission rate (AMI, HF, PN, HipKnee, COPD, Stroke)
- Severity-Adjusted Average Length of Stay
- Mean Emergency Department Throughput
- Inpatient Expense per Discharge (wage- and casemix-adjusted)
- Medicare Spend Per Beneficiary Index
- Adjusted Operating Profit Margin
- HCAHPS Score (Patient Overall Hospital Rating)

Using this Profile, you can identify your hospital’s level of performance achievement by individual measure and overall, and target higher performance. In addition, the Profile shows the level of achievement of national award-winning (benchmark) hospitals and the median performance of non-winning (peer) hospitals in your comparison group.

UNDERSTANDING THE GRAPHS

Profiled Hospital Compared with Benchmark and Peer
The hospital’s current performance is represented by individual bar graphs for each of the performance measures included in the 100 Top Hospitals national balanced scorecard. Each bar graph shows performance achievement levels for three groups: your hospital, the benchmark group median, and the peer group median.

Binomial Measures
The graphs for the binomial measures – in-hospital mortality and complications – also have a statistical significance note that indicates whether your hospital’s performance is better than expected, as expected, or worse than expected (99% confidence).

For binomial measures, we rank your hospital on the z-score calculated from your observed and normalized expected values. Z-scores take statistical significance into account. If your graph note indicates your performance is “as expected”, your performance is average regardless of how high or low the index value.

Core Measures, 30-Day Rates, Emergency Department Measures and HCAHPS Detail
This section contains bar graphs for the individual measures that make up the composite ranked measures: core measures mean percent, 30-day mortality, and 30-day readmissions and emergency department throughput. Performance on each HCAHPS question is included for information. Only the Overall Hospital Rating question (an outcome metric) is ranked.
100 TOP HOSPITALS CURRENT PROFILE NOTES

USE OF MEDIAN VALUES
When individual measures are missing or the reported value is insufficiently precise (patient count too low), we substitute class median values so your hospital can be ranked. This was done for the following measures:

- Individual core measures
- 30-day mortality rates (AMI, HF, Pneumonia, COPD, Stroke)
- 30-day readmission rates (AMI, HF, Pneumonia, Hip/Knee, COPD, Stroke)
- Emergency Department measures

Because CMS does not publish Medicare spending per beneficiary data for Maryland hospitals, we substitute class median values so Maryland hospitals can be included in the study. These hospitals are not eligible to be 100 Top benchmark hospitals.

MISSING OR INCALCULABLE DATA POINTS

- No bar is displayed for your hospital if values were not reported or are incalculable.
- If a hospital was excluded from the study for missing or incalculable performance measures, the details are noted at the end of the current and trend graphs section.
- If a hospital was not eligible to be a winner due to statistically poor performance in mortality or complications (99% confidence), the details are noted at the end of the current and trend graphs section.
- If a hospital was not eligible to be a winner because it had one or more outliers (interquartile range methodology) for expense or profit, the details are noted at the end of the current and trend graphs section.

EXCLUDED MEASURES
Due to low patient counts for some measures, small and medium community hospitals are excluded from analysis. Small and medium community hospitals rarely report the measures listed below. These measures are excluded from the analysis of these comparison groups.

Small Community Hospitals
- Thrombolytic therapy (STK-4)
- Discharged on Statin medication (STK-6)
- Stroke education (STK-8)
- Venous thromboembolism patients with anticoagulation overlap therapy (VTE-3)
- Venous thromboembolism Warfarin therapy discharge instructions (VTE-5)
- Hospital-acquired potentially-preventable venous thromboembolism (VTE-6)
- 30-day mortality rate for AMI patients
- 30-day readmission rate for AMI patients

Medium Community Hospitals
- Thrombolytic therapy (STK-4)
- Hospital-acquired potentially-preventable venous thromboembolism (VTE-6)

Note: See Study Overview for a full list of included core measures.

NEW MEASURES FOR INFORMATION ONLY

We are including a number of new measures in this report, to allow you to compare your performance relative to your peer and benchmark groups. These measures are not included in your overall performance rating and are not used to select the 100 Top award-winning hospitals. You will find these measures in a separate section at the end of the report.

MORE INFORMATION ON METHODOLOGIES

The methodology section of the 100 Top Hospitals Study Overview provides more details on the calculation of each performance measure and an indication of whether higher or lower values are favorable. It also describes the methodologies for calculating confidence limits and outliers, and for determining statistically poor performance on the mortality and complications measures.

100 TOP HOSPITALS TREND PROFILE NOTES

TREND PROFILE OVERVIEW
The 100 Top Hospitals® Trend Profile analyzes your hospital’s rate of improvement over five years, using a balanced scorecard of critical performance metrics:

- Risk-Adjusted Inpatient Mortality
- Risk-Adjusted Complications
- 30-Day Mortality Rate (AMI, heart failure, pneumonia)
- 30-Day Readmission Rate (AMI, heart failure, pneumonia)
- Severity-Adjusted Average Length of Stay
- Mean Emergency Department Throughput
- Inpatient Expense per Discharge (casemix- and wage-adjusted)
- Medicare Spend Per Beneficiary Index
- Adjusted Operating Profit Margin
- HCAHPS Score (Patient Overall Hospital Rating)

Minimum Data Requirements for Ranking
We require a minimum of four (4) valid data points for each measure (including the most current year) to include a hospital in the Trend Profile ranking. This year, for the newer measures (ED Throughput and MSPB) we required only three (3) data points, due to the fact that there is only four (4) years of trend data available.

UNDERSTANDING THE GRAPHS
Improvement Trends Versus Comparison Group Quintiles (Color Quintile Graphs)
This section of the Profile contains graphs for each individual performance measure showing your hospital’s actual data points for each year. These data points are displayed against a background of quintile ranges for the data points of all hospitals in your comparison group. Each range is color-coded to indicate rate of improvement level, from dark green (best quintile) to red (worst quintile). You can use these graphs to see whether you are moving ahead of or falling behind other similar hospitals.

A statistical significance note is displayed for each graph, indicating whether your performance is improving, not changing, or worsening over the five years we analyzed (99% confidence for mortality and complications; 95%, all other measures). We rank each measure using the t-statistic of the regression line through the data points (slope/S.E.).

Use of Median Values
For each data year, when individual 30-day measures are missing or the reported value is insufficiently precise (patient count too low) to be included, the median value of your comparison group is substituted. Median values are not displayed on the Color Quintile Graphs.

Missing Data Points
Individual data points are missing on the Color Quintile Graphs when values are not reported, or your comparison group median value has been substituted in a specific year.

Data Point Time Periods
RISK-ADJUSTED INPATIENT MORTALITY INDEX

2015 PERFORMANCE

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>PERCENTILE POINTS</th>
<th>HOSPITAL COMPARISON GROUP</th>
<th>PROFILED HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20th</td>
<td>40th</td>
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<tr>
<td>YEARS</td>
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<tr>
<td>2011</td>
<td>1.03</td>
<td>1.15</td>
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<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>0.83</td>
<td>0.91</td>
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<tr>
<td>2014</td>
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<td>0.89</td>
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<td>2015</td>
<td>0.79</td>
<td>0.87</td>
</tr>
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</table>

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RISK-ADJUSTED COMPLICATIONS INDEX

2015 PERFORMANCE

Profiled hospital is statistically BETTER THAN expected. (99% confidence)

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

Profiled hospital is IMPROVING (99% confidence)

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>YEARS</th>
<th>20th</th>
<th>40th</th>
<th>60th</th>
<th>80th</th>
<th>Value</th>
<th>Upper C.I.</th>
<th>Lower C.I.</th>
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</thead>
<tbody>
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<td>1.03</td>
<td>1.16</td>
<td>1.32</td>
<td>0.89</td>
<td>1.00</td>
<td>0.79</td>
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<td>2012</td>
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<td>1.12</td>
<td>1.24</td>
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<td>0.93</td>
<td>1.09</td>
<td>0.72</td>
<td>0.80</td>
<td>0.64</td>
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</tbody>
</table>
CORE MEASURES MEAN PERCENT

2015 PERFORMANCE

Benchmark Hospitals are the winners in the comparison group: n = 15
Peer Hospitals are the non-winners in the comparison group: n = 189
30-DAY MORTALITY RATE *

2015 PERFORMANCE

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

* 30-Day Mortality Rate for 2015 performance includes AMI, HF, PNEU, COPD and Stroke patient groups

2011-2015 RATE OF IMPROVEMENT

Hospital performance compared to Peer Hospitals Quintiles: n = 204

* 30-Day Mortality Rate for 2011-2015 rate of improvement includes AMI, HF and PNEU patient groups

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**30-DAY READMISSION RATE**

**2015 PERFORMANCE**

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

**2011-2015 RATE OF IMPROVEMENT**

Hospital performance compared to Peer Hospitals Quintiles: n = 204

* 30-Day Readmission Rate for 2015 performance includes AMI, HF, PNEU, Hip/Knee, COPD and Stroke patient groups

* 30-Day Readmission Rate for 2011-2015 rate of improvement includes AMI, HF and PNEU patient groups

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SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY

2015 PERFORMANCE

<table>
<thead>
<tr>
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<th>Days</th>
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<tr>
<td>Profiled Hospital</td>
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<tr>
<td>Benchmark Median</td>
<td>4.69</td>
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<tr>
<td>Peer Median</td>
<td>5.02</td>
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</table>

ր▼ DESIRED DIRECTION

Benchmark Hospitals are the winners in the comparison group: n = 15
Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>PERCENTILE POINTS</th>
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<th>40th</th>
<th>60th</th>
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<td>4.55</td>
<td>4.80</td>
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<td>5.53</td>
<td>5.11</td>
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</table>
**MEAN EMERGENCY DEPARTMENT THROUGHPUT**

2015 PERFORMANCE

- **Profiled Hospital:** 209 minutes
- **Benchmark Median:** 197 minutes
- **Peer Median:** 225 minutes

Benchmark Hospitals are the winners in the comparison group: *n = 15*

Peer Hospitals are the non-winners in the comparison group: *n = 189*

2012-2015 RATE OF IMPROVEMENT

- Profiled hospital is NOT CHANGING (95% confidence)

<table>
<thead>
<tr>
<th>YEARS</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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</table>

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ADJUSTED INPATIENT EXPENSE PER DISCHARGE

2015 PERFORMANCE

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>YEARS</th>
<th>2011</th>
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<th>2013</th>
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MEDICARE SPEND PER BENEFICIARY INDEX

2015 PERFORMANCE

Benchmark Hospitals are the winners in the comparison group: n = 15
Peer Hospitals are the non-winners in the comparison group: n = 189

2012-2015 RATE OF IMPROVEMENT

Profiled hospital is IMPROVING (95% confidence)

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>YEARS</th>
<th>20th</th>
<th>40th</th>
<th>60th</th>
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<td>0.99</td>
<td>1.01</td>
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<tr>
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<td>0.97</td>
<td>0.99</td>
<td>1.01</td>
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<td>0.97</td>
<td>0.99</td>
<td>1.02</td>
<td>1.04</td>
<td>1.03</td>
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</table>
**ADJUSTED OPERATING PROFIT MARGIN**

**2015 PERFORMANCE**

- **Profiled Hospital**: 14.1%
- **Benchmark Median**: 9.4%
- **Peer Median**: 4.0%

Profiled hospital is **NOT CHANGING** (95% confidence)

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

**2011-2015 RATE OF IMPROVEMENT**

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>YEARS</th>
<th>20th</th>
<th>40th</th>
<th>60th</th>
<th>80th</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>-1.50</td>
<td>2.82</td>
<td>5.20</td>
<td>9.30</td>
<td>10.27</td>
</tr>
<tr>
<td>2012</td>
<td>-1.27</td>
<td>2.53</td>
<td>5.79</td>
<td>9.41</td>
<td>10.79</td>
</tr>
<tr>
<td>2013</td>
<td>-2.15</td>
<td>2.23</td>
<td>5.29</td>
<td>9.49</td>
<td>9.23</td>
</tr>
<tr>
<td>2014</td>
<td>-1.26</td>
<td>2.75</td>
<td>4.98</td>
<td>8.60</td>
<td>11.22</td>
</tr>
<tr>
<td>2015</td>
<td>-0.65</td>
<td>3.50</td>
<td>6.47</td>
<td>10.51</td>
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</tr>
</tbody>
</table>
HCAHPS QUESTION: OVERALL RATING

2015 PERFORMANCE

- Profiled Hospital: 272
- Benchmark Median: 270
- Peer Median: 261

**QUESTION KEY:**
Overall rating: How do patients rate the hospital overall?

*Highest possible score is 300*

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

2011-2015 RATE OF IMPROVEMENT

- Profiled hospital is NOT CHANGING (95% confidence)

Hospital performance compared to Peer Hospitals Quintiles: n = 204

<table>
<thead>
<tr>
<th>YEARS</th>
<th>20th</th>
<th>40th</th>
<th>60th</th>
<th>80th</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>248</td>
<td>256</td>
<td>261</td>
<td>267</td>
<td>262</td>
</tr>
<tr>
<td>2012</td>
<td>249</td>
<td>257</td>
<td>263</td>
<td>268</td>
<td>261</td>
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<tr>
<td>2013</td>
<td>251</td>
<td>259</td>
<td>264</td>
<td>270</td>
<td>268</td>
</tr>
<tr>
<td>2014</td>
<td>251</td>
<td>258</td>
<td>264</td>
<td>269</td>
<td>264</td>
</tr>
<tr>
<td>2015</td>
<td>253</td>
<td>259</td>
<td>265</td>
<td>270</td>
<td>272</td>
</tr>
</tbody>
</table>
2015 HOSPITAL PERFORMANCE – DETAIL GRAPHS

This section of your report contains the detail graphs of those measures that are ranked based on a composite of individual measures. These include:

- Core Measures (stroke and blood clot prevention)
- 30-Day Mortality (AMI, HF, Pneumonia, COPD and Stroke)
- 30-Day Readmission (AMI, HF, Pneumonia, Hip/Knee, COPD and Stroke)
- Emergency Department Throughput (Avg Min to Adm, Avg Min to ED D/C, Avg Min to Pain Med)
- HCAHPS – NOTE: we do not rank on the composite of the individual measures, the ranked measure is for the Overall Rating Question. The individual measures are displayed for information only.
STROKE CARE AND BLOOD CLOT PREVENTION MEASURE DETAIL

2015 PERFORMANCE

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189
30-DAY RATES BY PATIENT CONDITION

2015 PERFORMANCE FOR 30-DAY MORTALITY

2015 PERFORMANCE FOR 30-DAY READMISSIONS

Benchmark Hospitals are the winners in the comparison group: n = 15
Peer Hospitals are the non-winners in the comparison group: n = 189
EMERGENCY DEPARTMENT THROUGHPUT MEASURE DETAIL

2015 PERFORMANCE

EMERGENCY DEPARTMENT ABBREVIATION KEY:
- Avg Min: Average time patients spent in the ED, before they were admitted to the hospital as an inpatient
- Inp Adm: Average time patients spent in the ED before being sent home
- Avg Min Disch: Average time patients who came to the ED with broken bones had to wait before receiving pain medication

Profiled Hospital
Benchmark Median
Peer Median

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**HCAHPS QUESTIONS – ONLY OVERALL RATING USED IN RANKING**

**2015 PERFORMANCE**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>WEIGHTED SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drs comm well</td>
<td>271 275 274</td>
</tr>
<tr>
<td>Nurses comm well</td>
<td>275 275 273</td>
</tr>
<tr>
<td>Quick help</td>
<td>254 254 250</td>
</tr>
<tr>
<td>Meds explained</td>
<td>244 244 242</td>
</tr>
<tr>
<td>Pain well controlled</td>
<td>261 262 261</td>
</tr>
<tr>
<td>Room area quiet</td>
<td>260 252 239</td>
</tr>
<tr>
<td>Room/bath clean</td>
<td>268 263 256</td>
</tr>
<tr>
<td>Info for home</td>
<td>270 272 272</td>
</tr>
<tr>
<td>Understood Care</td>
<td>252 249 246</td>
</tr>
<tr>
<td>Would recommend</td>
<td>277 276 267</td>
</tr>
<tr>
<td>Overall rating</td>
<td>272 270 261</td>
</tr>
</tbody>
</table>

**QUESTION KEY:**
- Drs comm well: How often did doctors communicate well with patients?
- Nurses comm well: How often did nurses communicate well with patients?
- Quick help: How often did patients receive help quickly from hospital staff?
- Meds explained: How often did staff explain about medicines before giving them to patients?
- Pain well controlled: How often was patients pain well controlled?
- Room area quiet: How often was the area around patients rooms kept quiet at night?
- Room/bath clean: How often were the patients rooms and bathrooms kept clean?
- Info for home: Were patients given information about what to do during their recovery at home?
- Understood care: How often did patients understand their care at discharge?
- Would recommend: Would patients recommend the hospital to friends and family?
- Overall rating: How do patients rate the hospital overall?

**Profiled Hospital**
- Benchmark Hospitals are the winners in the comparison group: n = 15
- Peer Hospitals are the non-winners in the comparison group: n = 189
NEW METRICS UNDER CONSIDERATION

This section of your report contains new measures that we are considering for future inclusion in the study. Some of the measures move outside the inpatient acute care setting and look at extended care from a clinical standpoint and others from a cost efficiency perspective. Other new measures focus on inpatient outcomes.

We welcome your comments and feedback on the usefulness and relevance of these measures in assessing leadership’s ability to drive high level balanced performance.
HEALTHCARE ASSOCIATED INFECTION MEASURES

2015 PERFORMANCE

HEALTHCARE ASSOCIATED INFECTIONS
ABBREVIATION KEY:

CLABSI  Central line-associated blood stream infections
CAUTI  Catheter-associated urinary tract infections
SSI:COLON  Surgical site infection from colon surgery
SSI:HYSTER  Surgical site infection from abdominal hysterectomy
MRSA  Methicillin-resistant staphylococcus aureus blood laboratory-identified events
C.DIFF  Clostridium difficile laboratory-identified events

Benchmark Hospitals are the winners in the comparison group: n = 15
Peer Hospitals are the non-winners in the comparison group: n = 189
**30-DAY RATES BY PATIENT CONDITION**

**2015 PERFORMANCE FOR 30-DAY MORTALITY**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Profiled Hospital</th>
<th>Benchmark Median</th>
<th>Peer Median</th>
<th>Desired Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABG</td>
<td>2.6</td>
<td>2.7</td>
<td>2.9</td>
<td>▼</td>
</tr>
</tbody>
</table>

**2015 PERFORMANCE FOR 30-DAY READMISSIONS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Profiled Hospital</th>
<th>Benchmark Median</th>
<th>Peer Median</th>
<th>Desired Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABG</td>
<td>14.0</td>
<td>14.1</td>
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<tr>
<td>HOSP-WIDE</td>
<td>16.2</td>
<td>16.2</td>
<td>16.5</td>
<td>▼</td>
</tr>
</tbody>
</table>

*Benchmark Hospitals are the winners in the comparison group: n = 15*

*Peer Hospitals are the non-winners in the comparison group: n = 189*
30-DAY EPISODE OF PAYMENT MEASURES BY PATIENT CONDITION

2015 PERFORMANCE FOR AMI

<table>
<thead>
<tr>
<th></th>
<th>Profiled Hospital</th>
<th>Benchmark Median</th>
<th>Peer Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOLLARS</td>
<td>$24,629</td>
<td>$23,104</td>
<td>$23,062</td>
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</table>

↓ DESIRED DIRECTION

2015 PERFORMANCE FOR PNEUMONIA

<table>
<thead>
<tr>
<th></th>
<th>Profiled Hospital</th>
<th>Benchmark Median</th>
<th>Peer Median</th>
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</thead>
<tbody>
<tr>
<td>DOLLARS</td>
<td>$14,380</td>
<td>$14,708</td>
<td>$14,785</td>
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</table>

↓ DESIRED DIRECTION

2015 PERFORMANCE FOR HF

<table>
<thead>
<tr>
<th></th>
<th>Profiled Hospital</th>
<th>Benchmark Median</th>
<th>Peer Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOLLARS</td>
<td>$17,587</td>
<td>$16,779</td>
<td>$16,402</td>
</tr>
</tbody>
</table>

↓ DESIRED DIRECTION

Benchmark Hospitals are the winners in the comparison group: n = 15

Peer Hospitals are the non-winners in the comparison group: n = 189

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