



# 100 TOP HOSPITALS®

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2024

## National Benchmarks

Prepared for:  
Sample Hospital  
City, ST  
CCN: 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 operating bed size, teaching status and residency/fellowship program involvement. Classification details are in the Methodology document.

Comparison Group	Number of Winners
Major Teaching Hospital	15
Teaching Hospital	25
Large Community Hospital	20
Medium Community Hospital	20
Small Community Hospital	20

## BENCHMARK AND PEER GROUPS

In the PINC AI™ 100 Top Hospitals® 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 report, we provide two types of comparisons: current year performance and multi-year (trend) performance:

- Current: Profiled hospital versus comparison group Benchmark and Peer hospitals.
- Trend: 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. Due to the increasing number of diagnoses with the invalid POA code '0', we made the following adjustments to the MEDPAR data:

- 1) Original, valid (Y, N, U, W or 1) POA codes assigned to diagnoses were retained.
- 2) Where a POA code of '0' appeared, we took the next four steps:
  - a) We treated all principal diagnoses (dx) as 'present on admission'.
  - b) We treated all secondary dx on the CMS exempt list as 'exempt'.
  - c) We treated secondary dx for which the POA code 'Y' or 'W' appeared more than 50 percent of the time in the all-payer database as 'present on admission'.
  - d) All others were treated as 'not present'.

## RANK WEIGHTS AND PUBLIC DATA SOURCES

Measures	Rank Wt	Source
Risk-Adjusted Inpatient Mortality	1 <sup>2</sup>	MEDPAR FFY <sup>1</sup> 2017-2022
Risk-Adjusted Complications	1 <sup>2</sup>	MEDPAR FFY <sup>1</sup> 2017-2022
Healthcare-Associated Infections	1	CMS Care Compare CY 2018, CY 2019, Jul 1, 2019 – Dec 31, 2020*, CY 2021, CY 2022
30-Day Mortality (AMI, heart failure, pneumonia, COPD, stroke)	1 <sup>2</sup>	CMS Care Compare 3-yr data sets ending June 30 in 2018, 2019**, 2021, 2022
30-Day Hospital-Wide Readmissions	1 <sup>2</sup>	CMS Care Compare 1-yr data sets ending June 30 in 2018, 2019***, 2021, 2022
Severity-Adjusted Average Length of Stay	1	MEDPAR FFY <sup>1</sup> 2018-2022
Adjusted Inpatient Expense per Discharge	1	HCRIS Jan 2024: 2018-2022 cost reports
Medicare Spend Per Beneficiary	1	CMS Care Compare CY 2018, 2019, July 1-Dec 31, 2020, CY 2021, 2022
Adjusted Operating Profit Margin	1	HCRIS Jan 2024: 2018-2022 cost reports
HCAHPS	1	CMS Care Compare CY 2018, 2019, July 1-Dec 31, 2020, CY 2021, 2022

<sup>1</sup> Federal Fiscal year is Oct. 1 through Sept. 30.

<sup>2</sup> Small community hospitals' rank weights for these measures are increased to 1.25 to balance quality and operational domain weights, due to exclusion of the HAI measure from this comparison group.

\* This time period is for the 2020 data point.

\*\* Two measure sets end in 2019 due to CMS removal of Q1 and Q2 2020 data, 2 ½ years of data in 2020 data point.

\*\*\* Two measure sets end in 2019 due to CMS removal of Q1 and Q2 2020 data, 6 months of data in 2020 data point.

## 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).

# 100 Top Hospitals® Performance Matrix

## INTEGRATED HOSPITAL PERFORMANCE COMPARISON

The PINC AI™ 100 Top Hospitals® Performance Matrix, in a single view, compares your hospital’s current level of achievement and five-year rate of improvement (trend) 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 (trend) 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).

PINC AI™ 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 median may be “At Risk” for falling behind peers in the future, if low rates of improvement continue.

Everest award winners are both a PINC AI™ 100 Top Hospitals® current performance winner and one of the 100 most improved hospitals on their multi-year (trend) performance in the same study year.

## 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 graphs in this report. Exclusion notes are found at the end of the graphs section of this report.

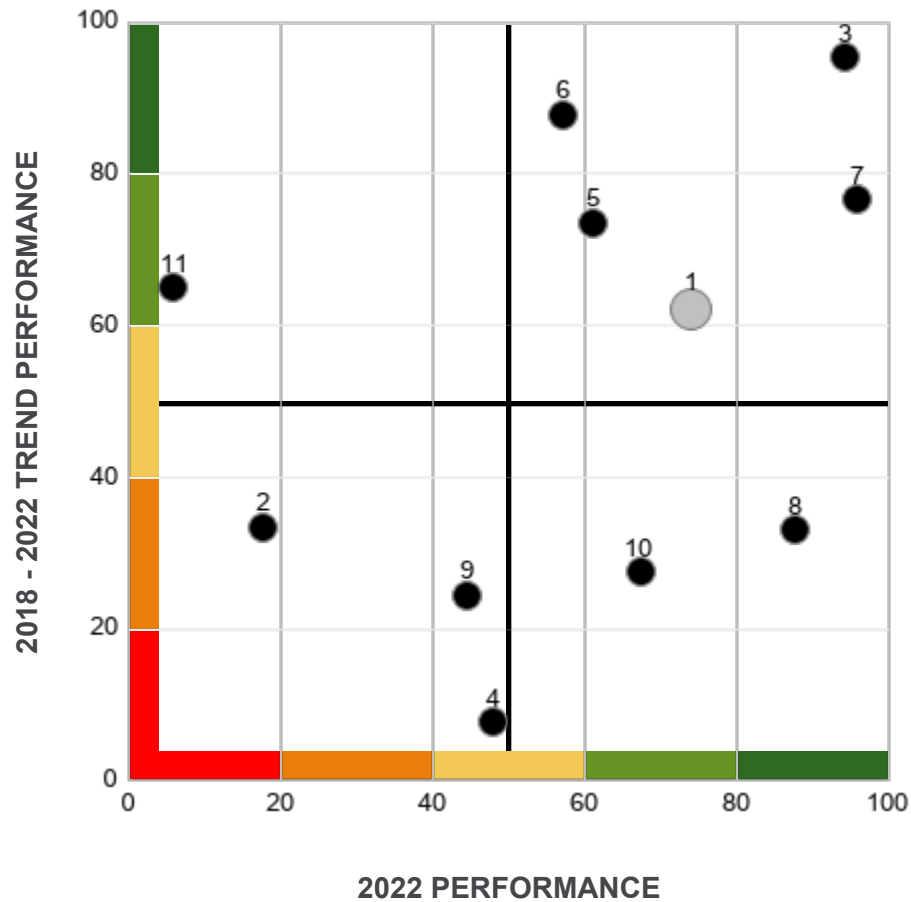
### Missing Measure Dots

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 Teaching hospitals

# 2022 Performance and Five-Year Rate of Improvement Matrix



**DATA POINT KEY**

- 1 **OVERALL**
- 2 Inpatient Mortality
- 3 Complications
- 4 HAI
- 5 30-Day Mortality
- 6 30-Day H-W Readmit
- 7 ALOS
- 8 IP Expense / Disch
- 9 MSPB
- 10 Op Profit Margin
- 11 HCAHPS

**QUINTILES**

- 80 to 100
- 60 to 80
- 40 to 60
- 20 to 40
- 0 to 20

**PROFILED HOSPITAL compared to:**

2022 Teaching hospitals: n = 643  
 2018 - 2022 Teaching hospitals: n = 613

# Performance and Improvement – Rank Percentiles Graphs

## UNDERSTANDING THE GRAPHS

### 2022 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 2024 PINC AI™ 100 Top Hospitals® Benchmark Hospitals (winners) were selected based only on 2022 performance.**

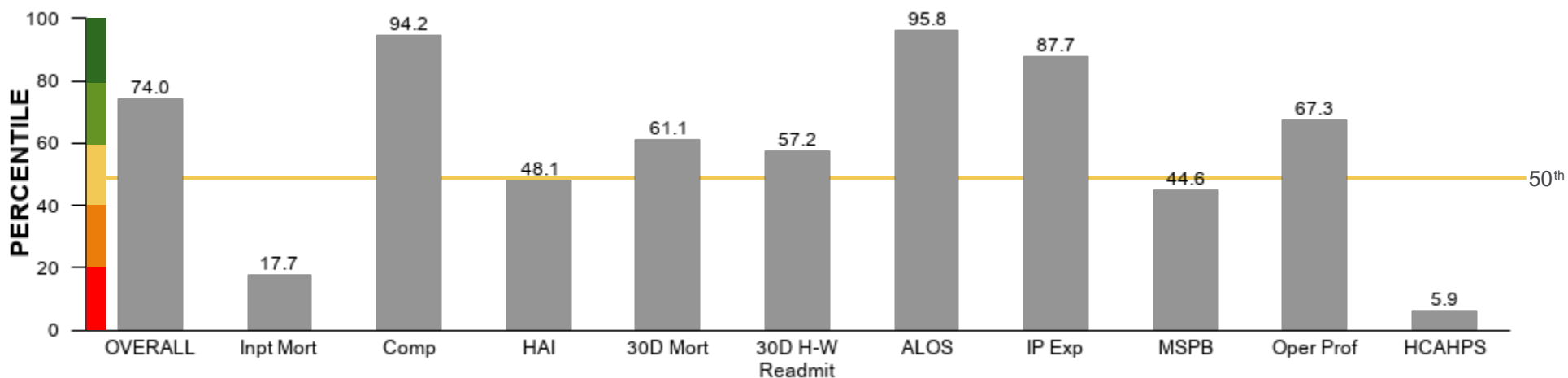
### 2018 - 2022 Rate of Improvement Rank Percentiles

This bar graph shows your hospital's rate of improvement (trend) 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.

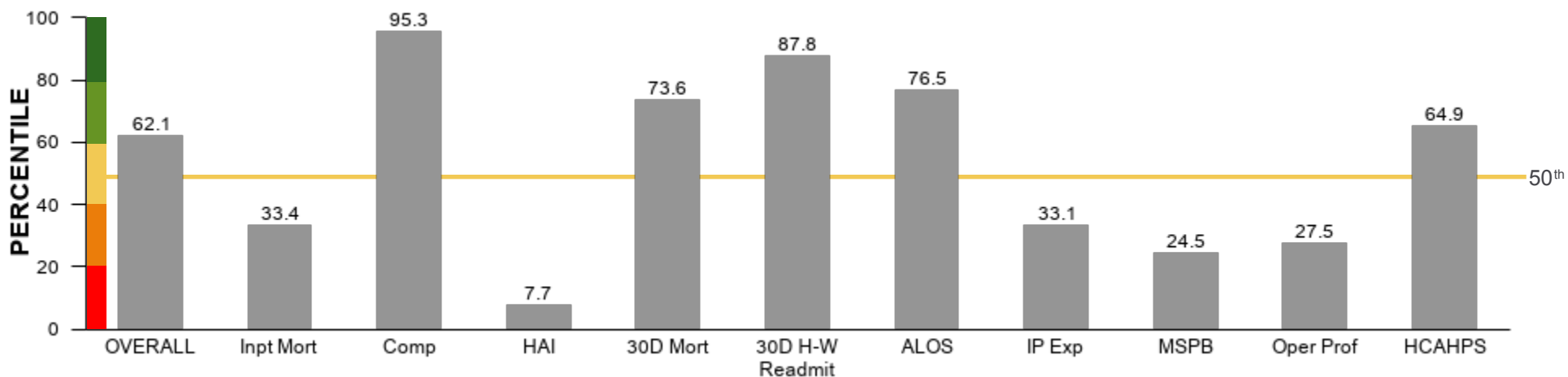
Hospitals with overall and measure-specific rank percentiles below the median are likely to fall behind peers on performance in the future if those low rates of improvement have continued. Winners with a low overall rate of improvement are at risk for dropping out of the winner circle entirely.

## 2022 Performance Rank Percentiles



Profiled hospital compared to Teaching hospitals: n = 643

## 2018 - 2022 Performance Rank Percentiles



Profiled hospital compared to Teaching hospitals: n = 613

# 100 Top Hospitals® Current Profile Notes

## CURRENT PROFILE

The PINC AI™ 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
- Mean Healthcare-Associated Infection Index
- Mean 30-Day Mortality Rate  
(AMI, heart failure, pneumonia, COPD, stroke)
- 30-Day Hospital-Wide Readmission Rate
- Severity-Adjusted Average Length of Stay
- Inpatient Expense per Discharge  
(case mix- and wage-adjusted)
- Medicare Spend Per Beneficiary Index
- Adjusted Operating Profit Margin
- HCAHPS Top-Box Percent (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 PINC AI™ 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 percent 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.

### Healthcare-Associated Infections, 30-Day Rates and HCAHPS Detail

This section contains bar graphs for the individual measures that make up the composite ranked measures: healthcare-associated infections and 30-day mortality. 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 measure(s) are missing, we substitute class median values so your hospital can be ranked. This was done for the following measures:

- 30-day mortality rates (AMI, HF, pneumonia, COPD, stroke)
- Medicare Spend Per Beneficiary (MSPB) index

### Note:

- *If all individual measures are missing for the 30-day mortality measure, class medians are not used, and the hospital is excluded from the study.*
- *If MSPB is missing, the hospital is winner excluded, but not excluded from the study.*

## 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 graphs section.
- If a hospital was not eligible to be a winner due to statistically poor performance on inpatient mortality or complications (99 percent confidence), the details are noted at the end of the 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 graphs section.
- If a hospital, assigned to the medium community hospital comparison group was not eligible to be a winner because it did not have at least two (2) of the three (3) individual healthcare-associated infection measures required for this comparison group, the details are noted at the end of the graphs section.

## EXCLUDED MEASURES

Due to low patient counts for some measures, the below comparison groups exclude the listed measures from analysis.

### Small Community hospitals

- Healthcare-associated infections for all measures (HAI-1 – HAI-6).
- 30-day mortality rate for AMI patients.

### Medium Community hospitals

- Surgical site infection from colon surgery (HAI-3).
- Surgical site infection from abdominal hysterectomy (HAI-4).
- Methicillin-resistant Staphylococcus aureus blood laboratory-identified events (HAI-5).

### Large Community hospitals

- Surgical site infection from abdominal hysterectomy (HAI-4).

### Teaching hospitals

- Surgical site infection from abdominal hysterectomy (HAI-4).

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

## MEASURES FOR INFORMATION ONLY

These measures, whose graphs with peer and benchmark group comparisons are presented in a separate section at the end of the report, are not included in your hospital's overall performance rating and are not used to select the PINC AI™ 100 Top award-winning hospitals.

## MORE INFORMATION ON METHODOLOGIES

The methodology section of the PINC AI™ 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.

See Study Overview for more details. Visit [www.100tophospitals.com](http://www.100tophospitals.com).

# 100 Top Hospitals® Trend Profile Notes

## TREND PROFILE OVERVIEW

The PINC AI™ 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 Index
- Risk-Adjusted Complications Index
- Mean Healthcare-Associated Infection Index
- Mean 30-Day Mortality Rate  
(AMI, heart failure, pneumonia, COPD, stroke)
- 30-Day Hospital-Wide Readmission Rate
- Severity-Adjusted Average Length of Stay
- Inpatient Expense per Discharge (case mix- and wage-adjusted)
- Medicare Spend Per Beneficiary Index
- Adjusted Operating Profit Margin
- HCAHPS Top-Box Percent (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) for a hospital to be ranked in the Trend Profile.

## UNDERSTANDING THE GRAPHS

### Improvement Trends Versus Comparison Group Quintiles (Color Quintile Graphs)

Your hospital’s rate of improvement for each of the individual performance measures is represented by graphs showing your hospital’s actual data points for each year as a set of black dots connected by line segments. 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 your organization’s trajectory over time is mostly flat, moving ahead of or falling behind that of 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 percent confidence for mortality and complications; 95 percent for 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 and Composite Measures

For each data year, when individual 30-day mortality measures are missing, the median value of your comparison group is substituted in order to calculate and display the composite mean 30-day value. However, if ALL individual 30-day mortality measures are missing for that data year, then median values are not used to calculate the composite mean and the data point will not be displayed on the color quintile graphs.

To determine whether your hospital had a valid data point for the mean healthcare-associated infection index measure, we applied the same minimum eligibility requirements and individual HAI measure exclusions by comparison group as the current profile, to each historical year of data.

### Missing Data Points

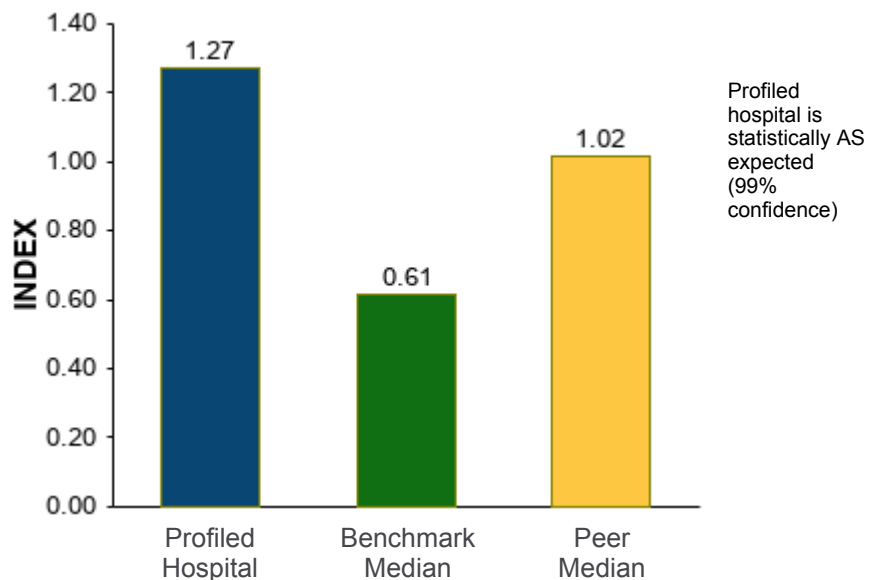
Individual data points are missing on the color quintile graphs when values are not reported, or if your comparison group’s median value has been substituted in a specific year.

### Data Point Time Periods

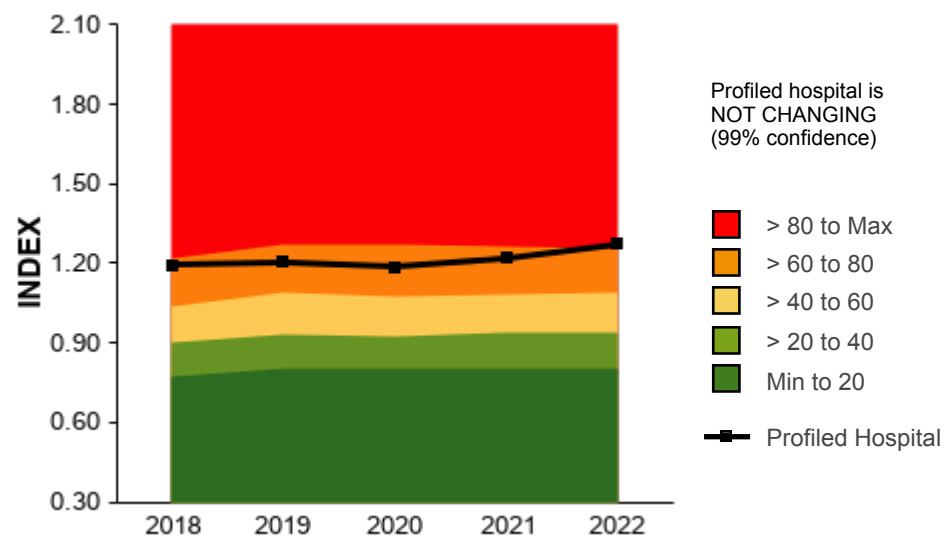
Data points on the graphs – labeled 2018, 2019, 2020, 2021, 2022 – represent various data periods. See Report Methodology Notes page, Rank Weights and Public Data Sources table for more details.

# Risk-Adjusted Inpatient Mortality Index

## 2022 IP MORTALITY PERFORMANCE



## 2018 - 2022 IP MORTALITY TREND



▼ Desired Direction

Hospital performance compared to peer hospital quintiles n = 613

Benchmark hospitals are the winners in the comparison group: n = 25

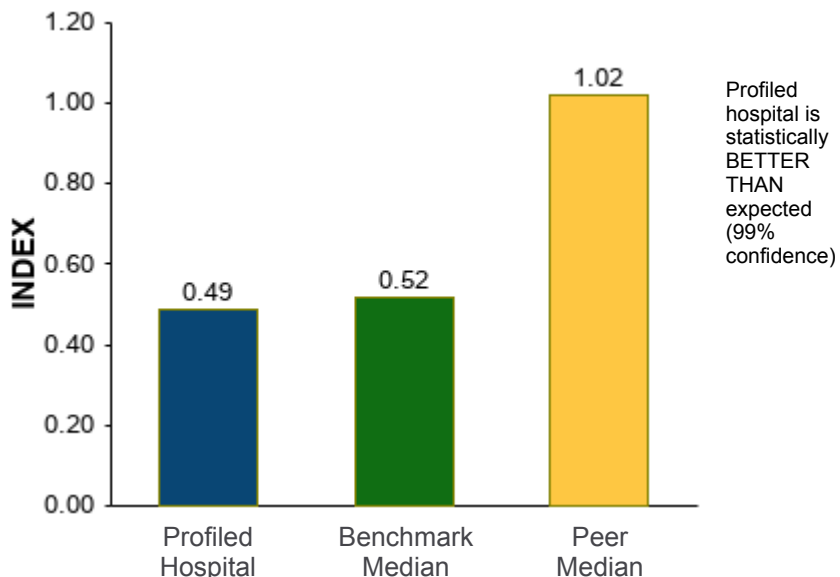
Peer hospitals are the non-winners in the comparison group: n = 618

Note: 2022 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

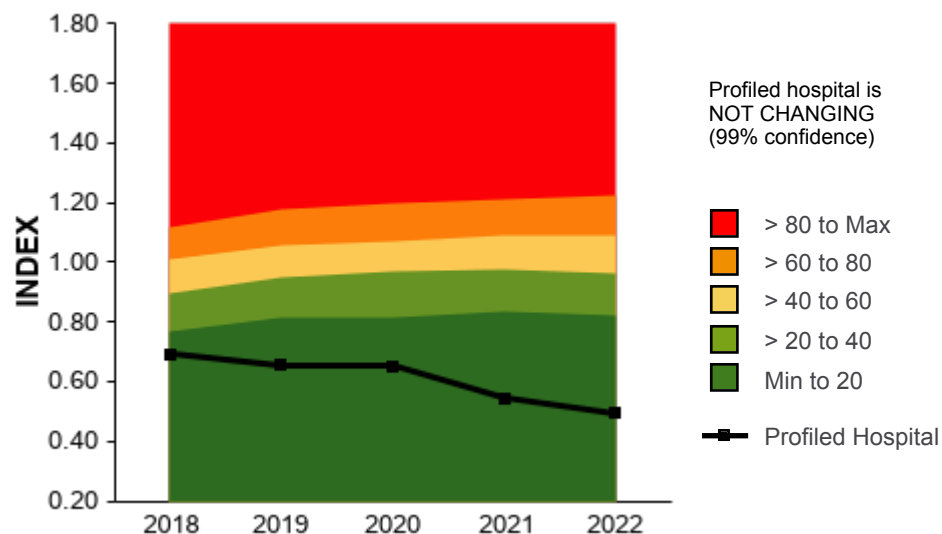
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper CI	Lower CI
YEARS	2018	0.77	0.90	1.04	1.22	1.19	1.33	1.07
	2019	0.80	0.93	1.09	1.27	1.20	1.33	1.08
	2020	0.80	0.92	1.08	1.27	1.19	1.31	1.07
	2021	0.80	0.94	1.09	1.27	1.22	1.34	1.11
	2022	0.80	0.94	1.09	1.26	1.27	1.39	1.16

# Risk-Adjusted Complications Index

## 2022 COMPLICATIONS PERFORMANCE



## 2018 - 2022 COMPLICATIONS TREND



▼ Desired Direction

Hospital performance compared to peer hospital quintiles n = 613

Benchmark hospitals are the winners in the comparison group: n = 25

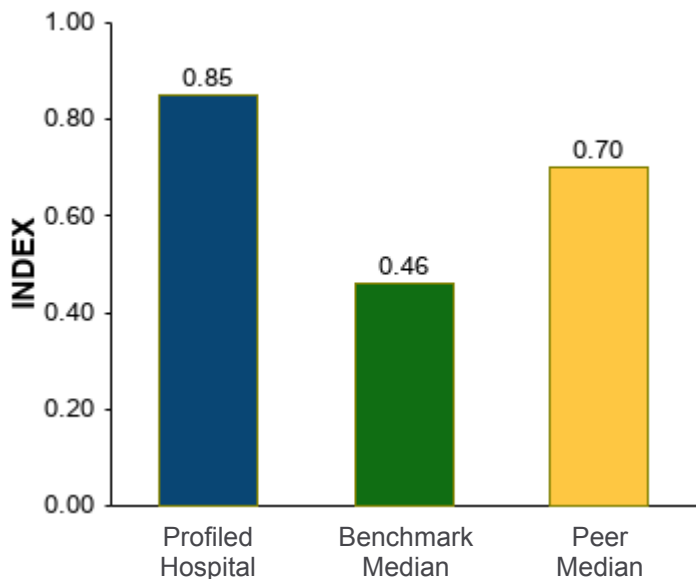
Peer hospitals are the non-winners in the comparison group: n = 618

Note: 2022 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

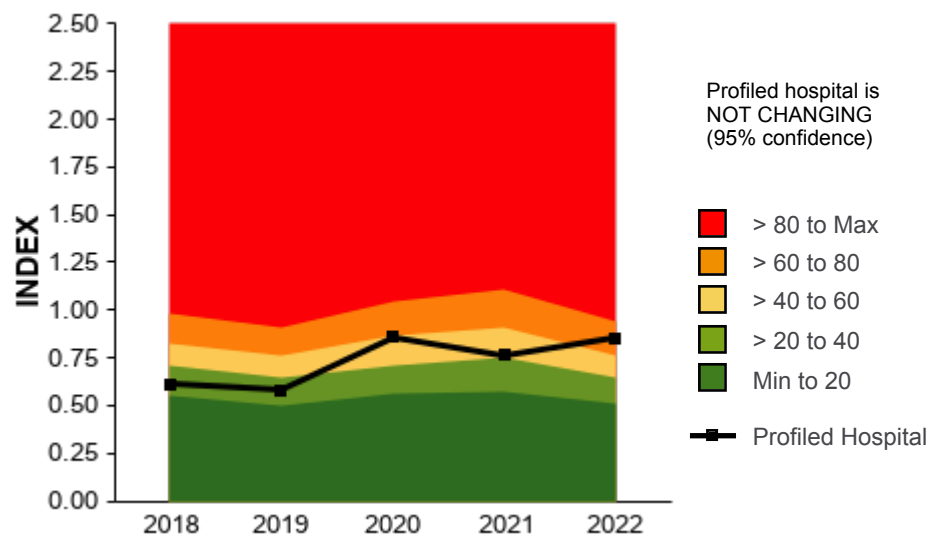
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper CI	Lower CI
YEARS	2018	0.77	0.90	1.01	1.12	0.69	0.76	0.63
	2019	0.81	0.95	1.05	1.18	0.65	0.71	0.60
	2020	0.82	0.97	1.07	1.20	0.65	0.71	0.59
	2021	0.83	0.97	1.09	1.22	0.54	0.60	0.49
	2022	0.82	0.96	1.09	1.23	0.49	0.55	0.44

# Mean Healthcare-Associated Infection (HAI) Standardized Infection Ratio (SIR)

## 2022 HAI PERFORMANCE



## 2018 - 2022 HAI TREND



▼ Desired Direction

Benchmark hospitals are the winners in the comparison group: n = 25

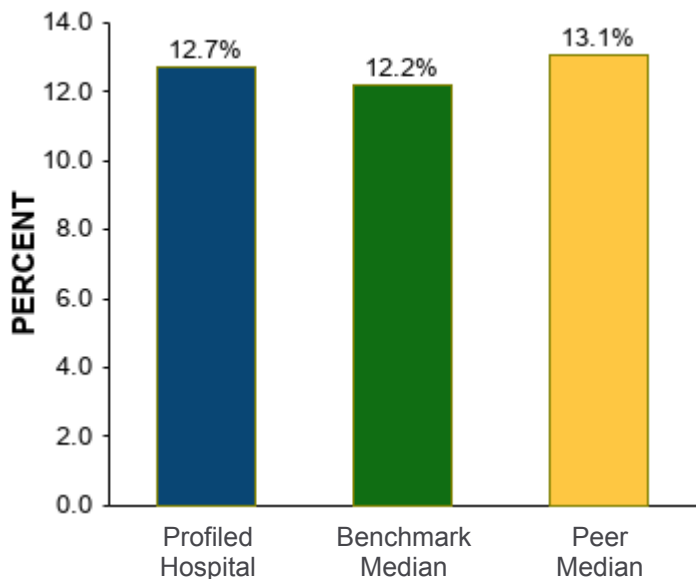
Peer hospitals are the non-winners in the comparison group: n = 618

Hospital performance compared to peer hospital quintiles n = 613

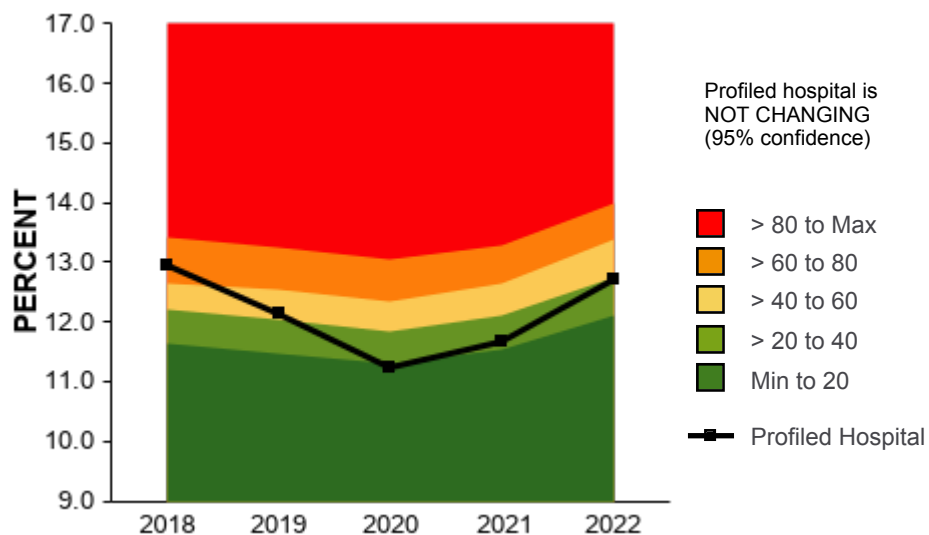
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	0.55	0.70	0.82	0.98	0.61
	2019	0.50	0.64	0.76	0.91	0.58
	2020	0.56	0.71	0.87	1.05	0.85
	2021	0.57	0.75	0.91	1.10	0.76
	2022	0.51	0.64	0.76	0.94	0.85

# Mean 30-Day Mortality Rate

2022 30D MORTALITY PERFORMANCE



2018 - 2022 30D MORTALITY TREND



▼ Desired Direction

Benchmark hospitals are the winners in the comparison group: n = 25

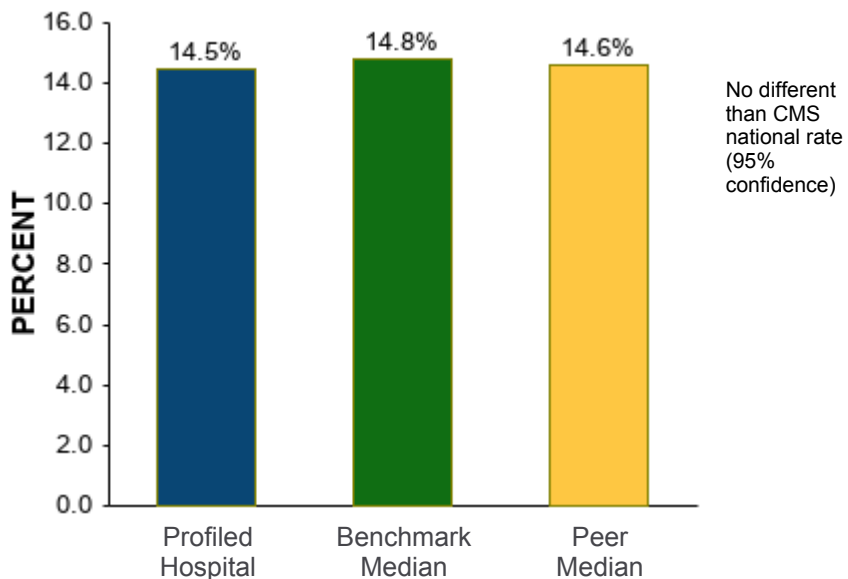
Peer hospitals are the non-winners in the comparison group: n = 618

Hospital performance compared to peer hospital quintiles n = 613

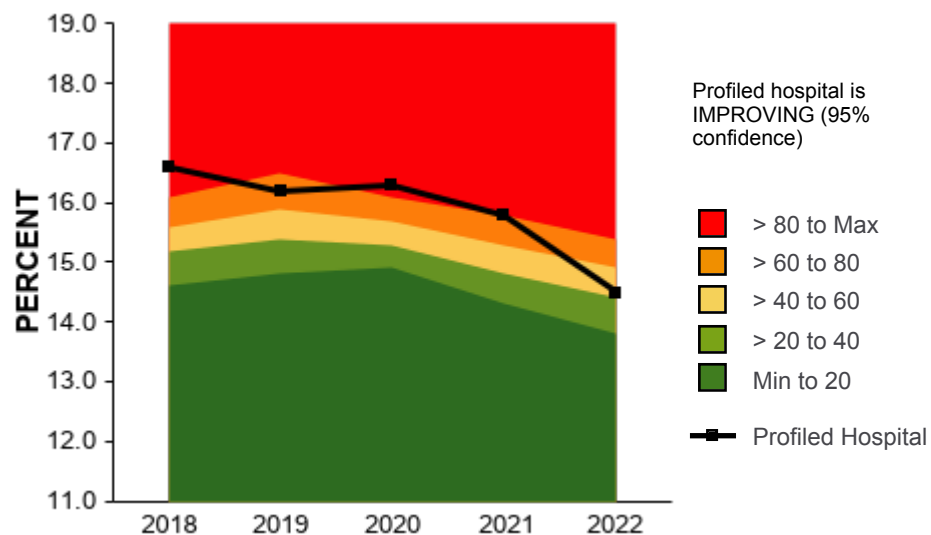
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	11.6	12.2	12.6	13.4	12.9
	2019	11.5	12.0	12.5	13.2	12.1
	2020	11.3	11.8	12.4	13.1	11.2
	2021	11.5	12.1	12.6	13.3	11.7
	2022	12.1	12.7	13.4	14.0	12.7

# 30-Day Hospital-Wide Readmission Rate

2022 30D H-W READMIT PERFORMANCE



2018 - 2022 30D H-W READMIT TREND



▼ Desired Direction

Hospital performance compared to peer hospital quintiles n = 613

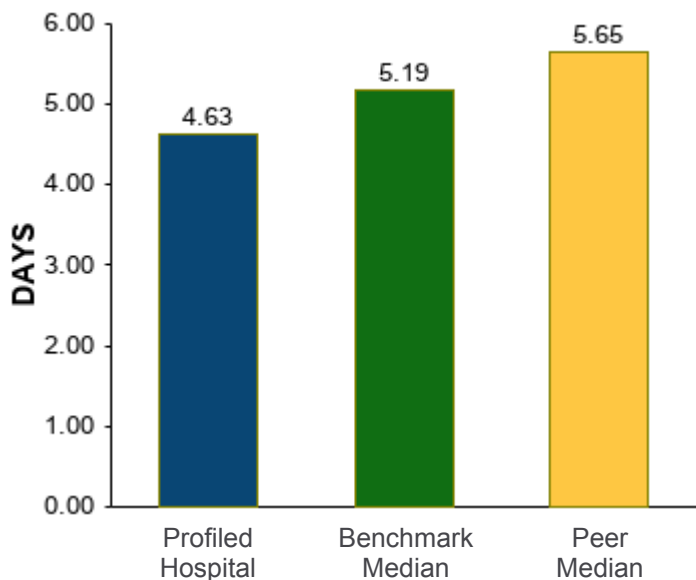
Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

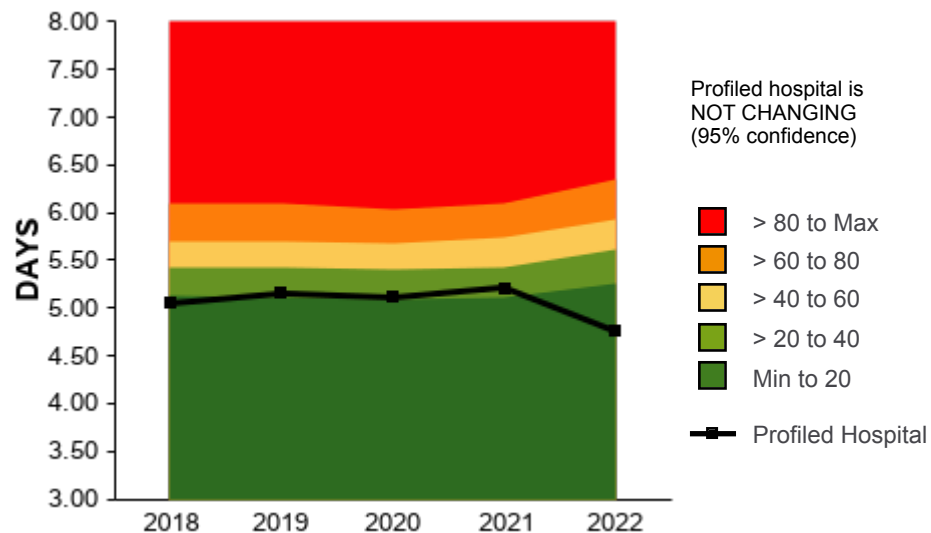
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	14.6	15.2	15.6	16.1	16.6
	2019	14.8	15.4	15.9	16.5	16.2
	2020	14.9	15.3	15.7	16.1	16.3
	2021	14.3	14.8	15.3	15.8	15.8
	2022	13.8	14.4	14.9	15.4	14.5

# Severity-Adjusted Average Length of Stay (ALOS)

## 2022 ALOS PERFORMANCE



## 2018 - 2022 ALOS TREND



▼ Desired Direction

Hospital performance compared to peer hospital quintiles n = 613

Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

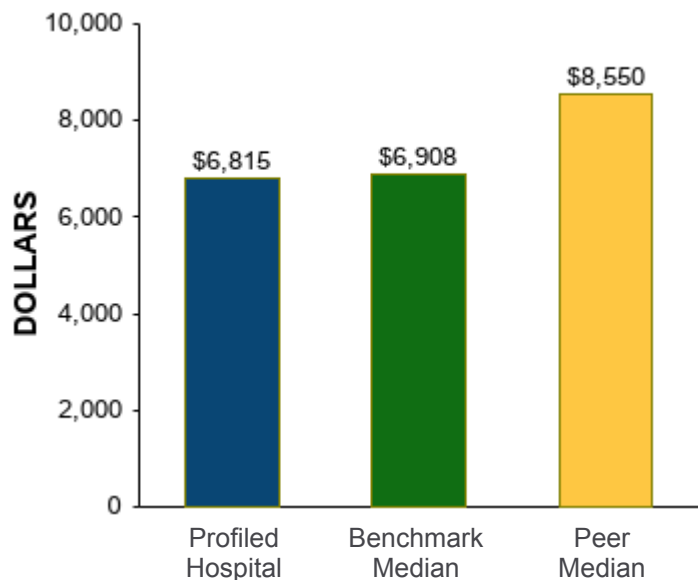
Note: 2022 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	5.14	5.43	5.69	6.09	5.05
	2019	5.12	5.43	5.70	6.09	5.16
	2020	5.08	5.40	5.67	6.03	5.11
	2021	5.11	5.42	5.73	6.11	5.21
	2022	5.26	5.61	5.93	6.35	4.76

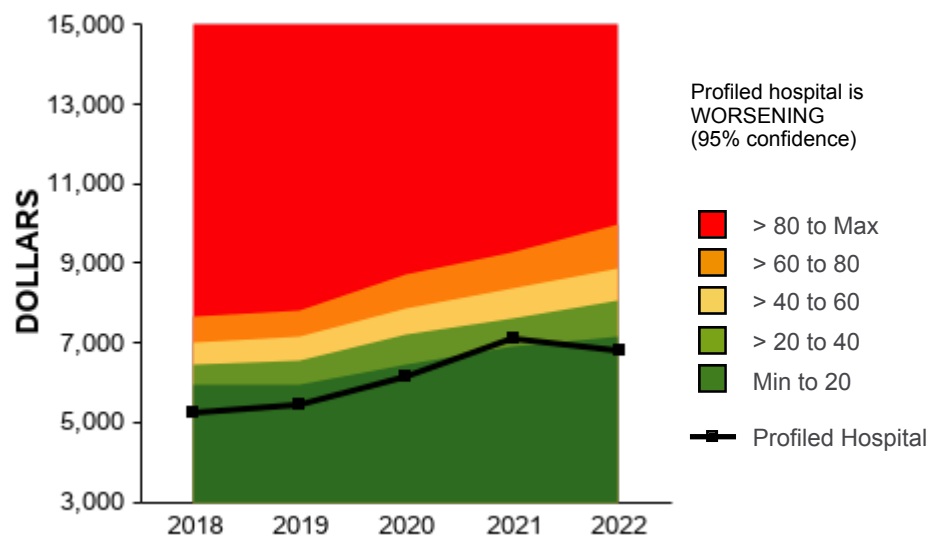


# Adjusted Inpatient Expense Per Discharge

## 2022 INPT EXPENSE PERFORMANCE



## 2018 - 2022 INPT EXPENSE TREND



▼ Desired Direction

Benchmark hospitals are the winners in the comparison group: n = 25

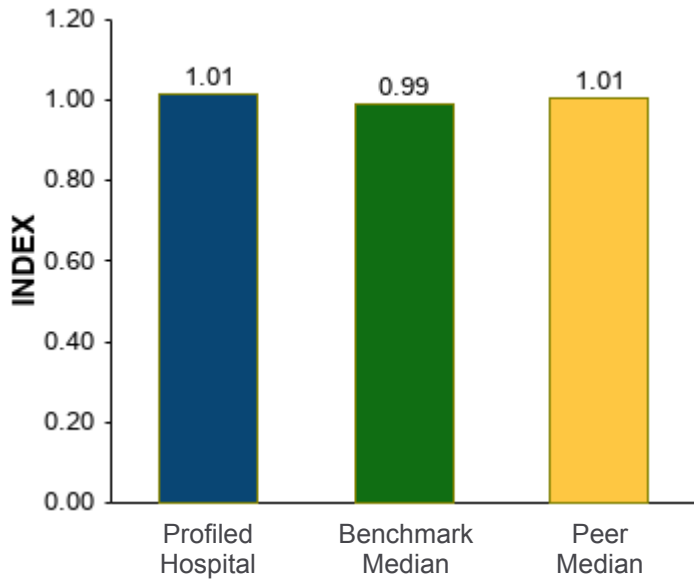
Peer hospitals are the non-winners in the comparison group: n = 618

Hospital performance compared to peer hospital quintiles n = 613

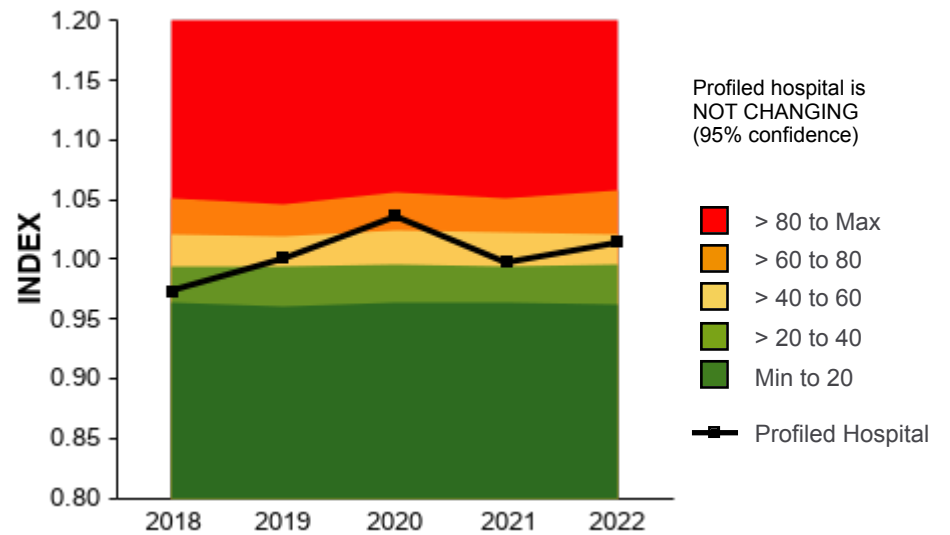
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	5,940	6,435	7,011	7,686	5,250
	2019	5,973	6,548	7,176	7,833	5,458
	2020	6,446	7,203	7,864	8,744	6,150
	2021	6,913	7,614	8,365	9,267	7,112
	2022	7,152	8,053	8,875	9,990	6,815

# Medicare Spend Per Beneficiary Index

## 2022 MSPB PERFORMANCE



## 2018 - 2022 MSPB TREND



▼ Desired Direction

Benchmark hospitals are the winners in the comparison group: n = 25

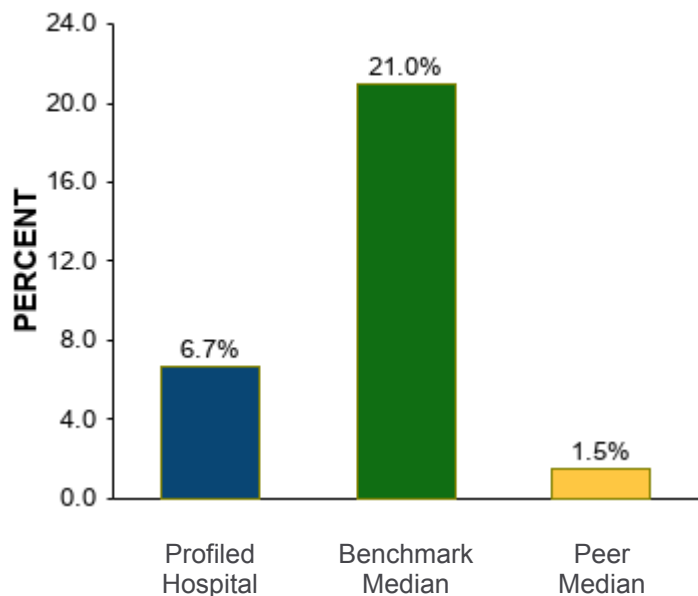
Peer hospitals are the non-winners in the comparison group: n = 618

Hospital performance compared to peer hospital quintiles n = 613

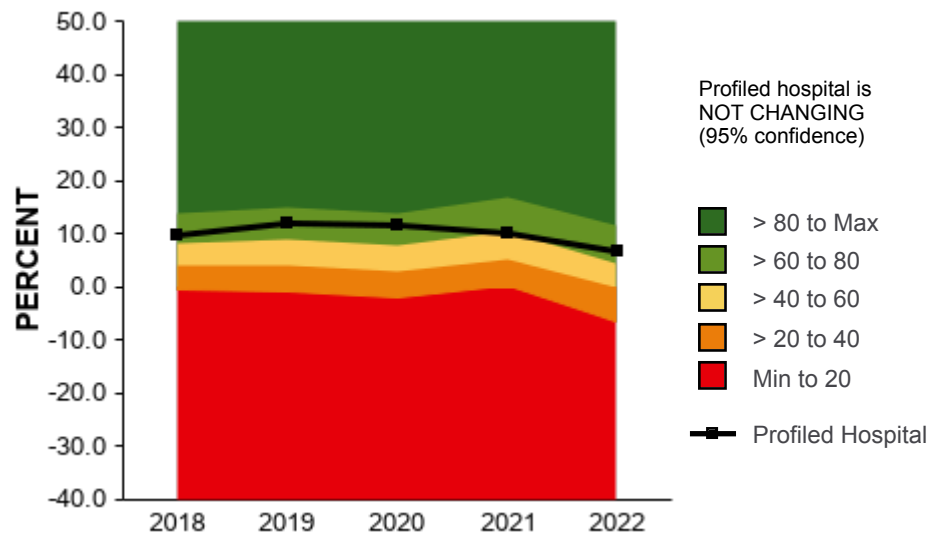
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	0.96	0.99	1.02	1.05	0.97
	2019	0.96	0.99	1.02	1.05	1.00
	2020	0.96	1.00	1.02	1.06	1.04
	2021	0.96	0.99	1.02	1.05	1.00
	2022	0.96	1.00	1.02	1.06	1.01

# Adjusted Operating Profit Margin

## 2022 PROFIT PERFORMANCE



## 2018 - 2022 PROFIT TREND



▲ Desired Direction

Benchmark hospitals are the winners in the comparison group: n = 25

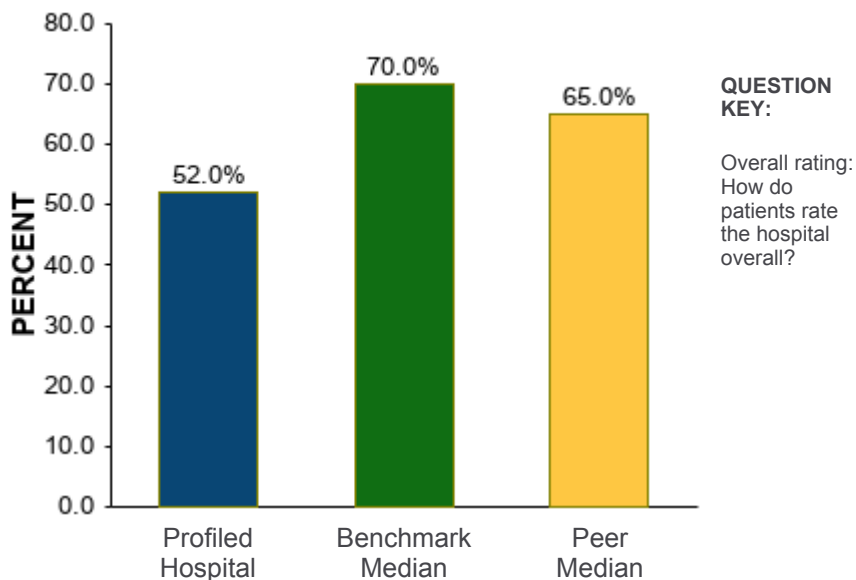
Peer hospitals are the non-winners in the comparison group: n = 618

Hospital performance compared to peer hospital quintiles n = 613

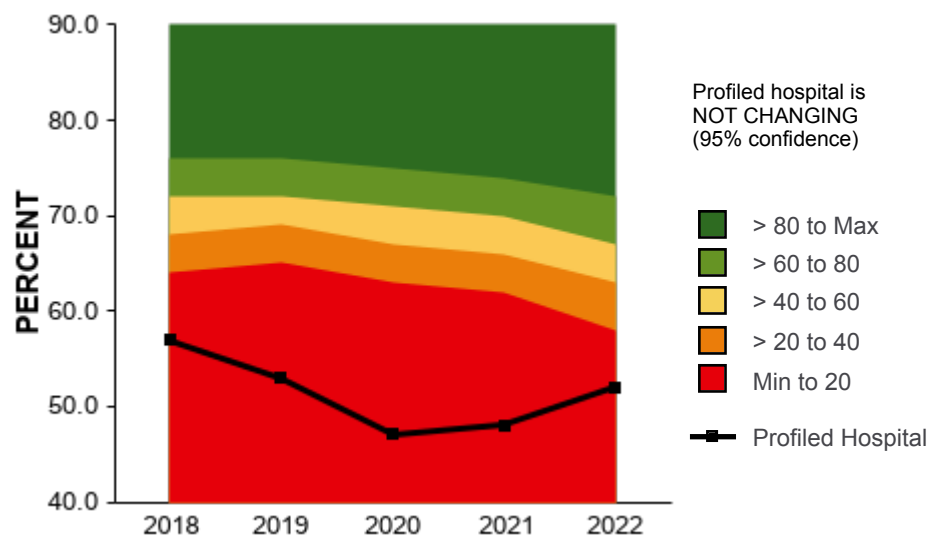
PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	-0.7	4.1	8.3	13.8	9.9
	2019	-0.7	3.9	9.0	14.9	11.9
	2020	-2.0	3.0	7.8	13.9	11.7
	2021	0.4	5.4	10.5	16.9	10.1
	2022	-6.6	-0.2	4.3	11.7	6.7

# HCAHPS: Overall Rating Question

## 2022 HCAHPS TOP-BOX PERFORMANCE



## 2018 - 2022 HCAHPS TOP-BOX TREND



▲ Desired Direction

Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

Hospital performance compared to peer hospital quintiles n = 613

PERCENTILE POINTS ►		HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2018	64.0	68.0	72.0	76.0	57.0
	2019	65.0	69.0	72.0	76.0	53.0
	2020	63.0	67.0	71.0	75.0	47.0
	2021	62.0	66.0	70.0	74.0	48.0
	2022	58.0	63.0	67.0	72.0	52.0

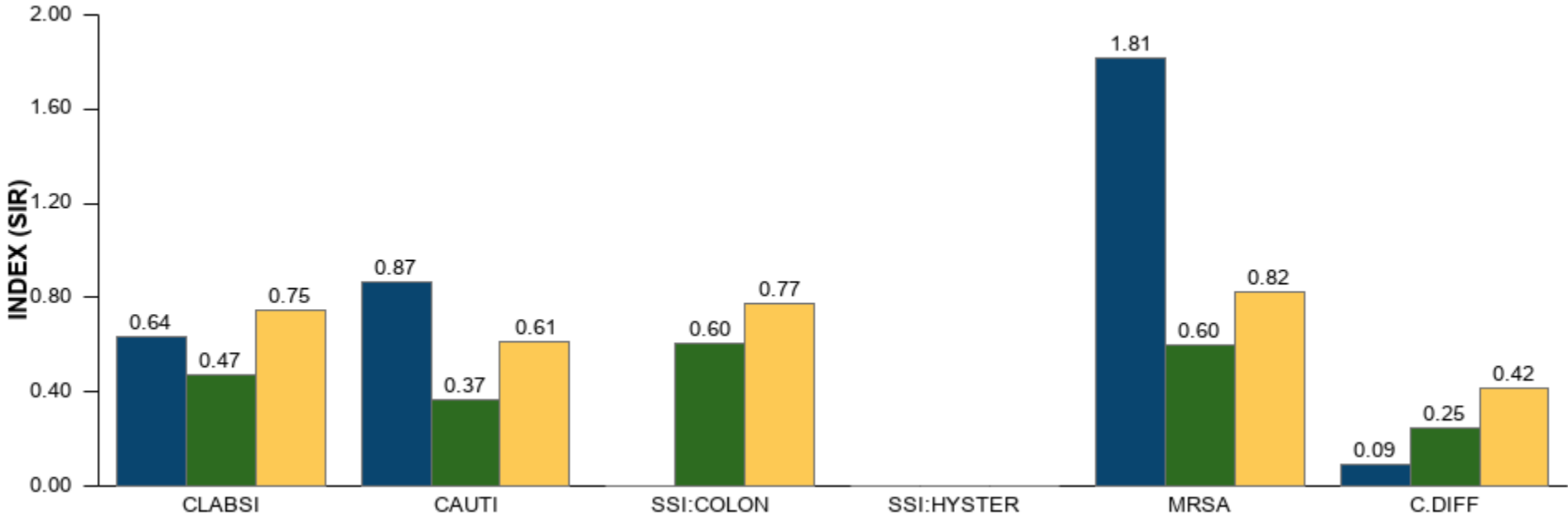
## 2022 Hospital Performance – Detail Graphs

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

- Healthcare-associated infections (HAI)
- 30-day mortality (AMI, HF, pneumonia, COPD and stroke)
- HCAHPS – Note: We do not rank on the composite of the individual measures; the ranked measure is for the overall rating question. The individual detailed survey questions are displayed for information only.

# Healthcare-Associated Infections (HAI) Standardized Infection Ratio (SIR) Measure Detail

## 2022 HAI 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

▼ Desired Direction

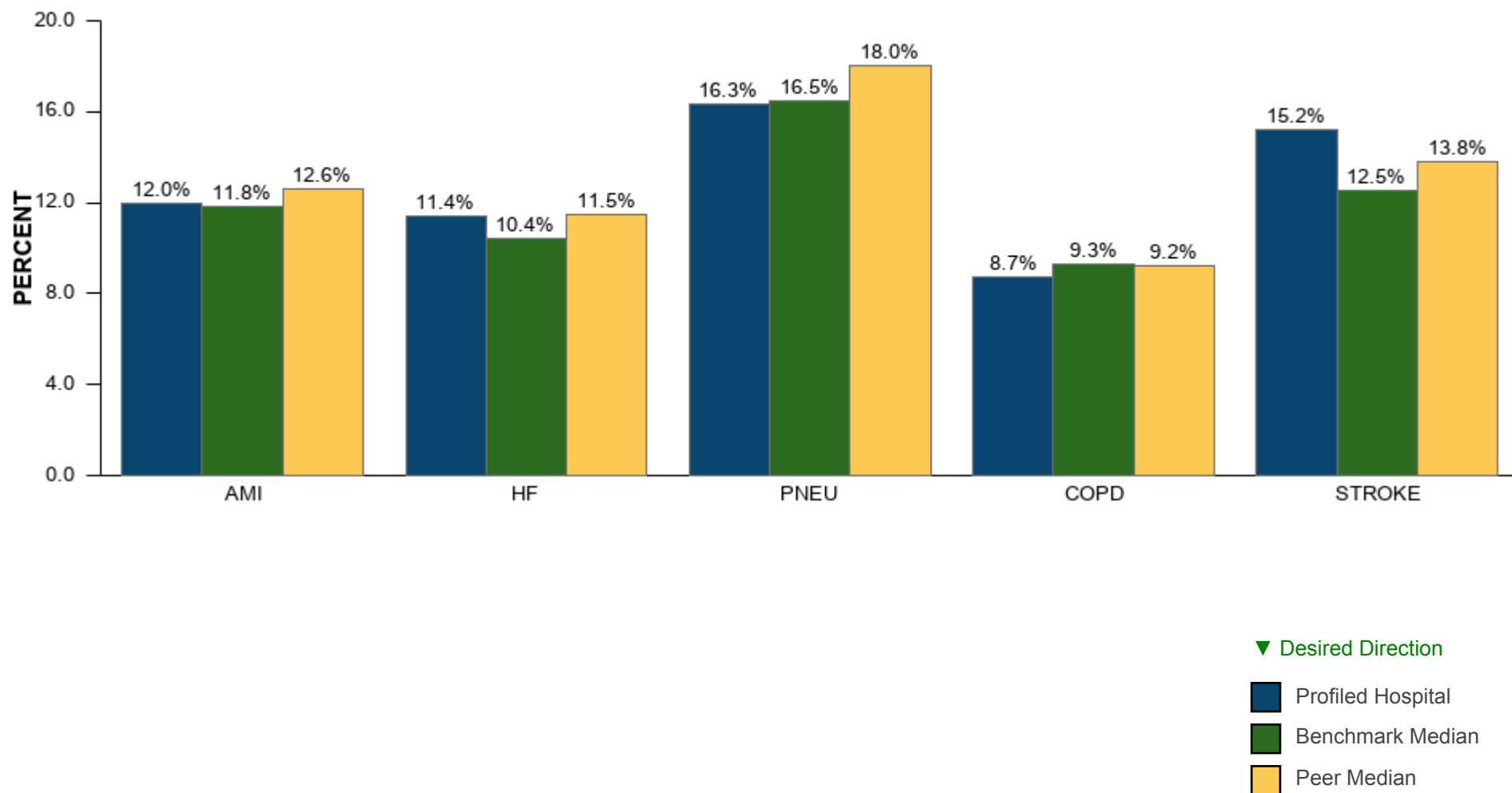
- Profiled Hospital
- Benchmark Median
- Peer Median

Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

# 30-Day Mortality Rates by Patient Condition

## 2022 PERFORMANCE FOR 30D MORTALITY

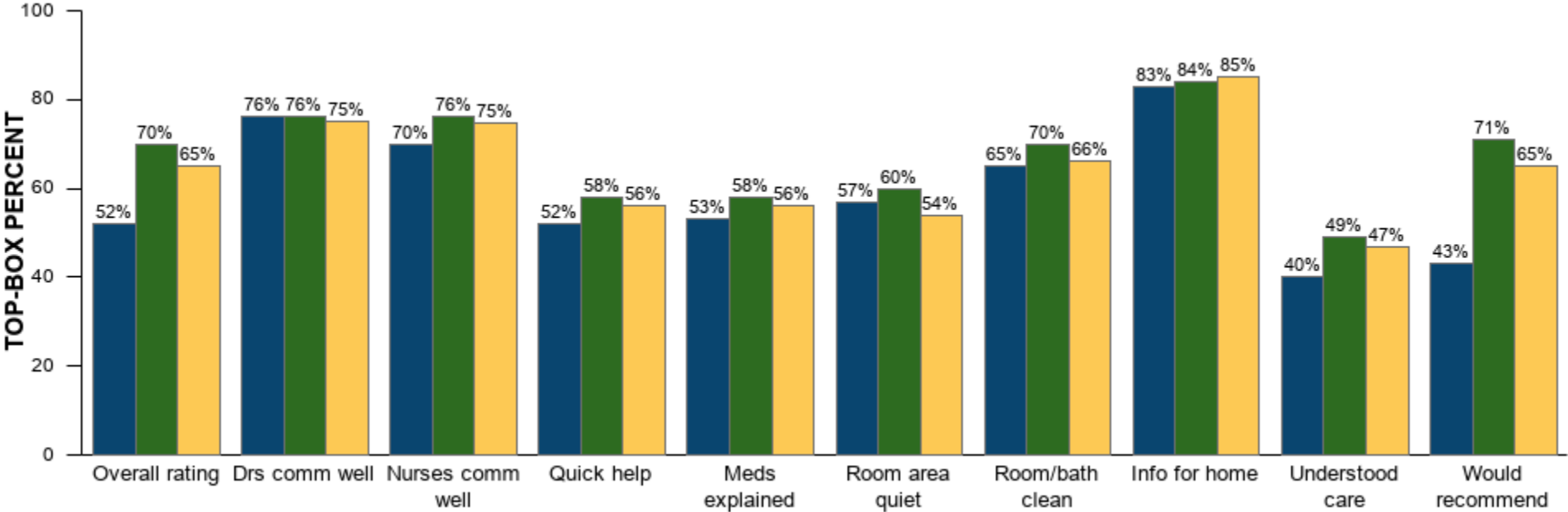


Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

# HCAHPS Questions – Only Overall Rating Used in Ranking

## 2022 HCAHPS PERFORMANCE



**QUESTION KEY**

- Overall rating      How do patients rate the hospital overall?
- 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?

▲ Desired Direction

- Profiled Hospital
- Benchmark Median
- Peer Median

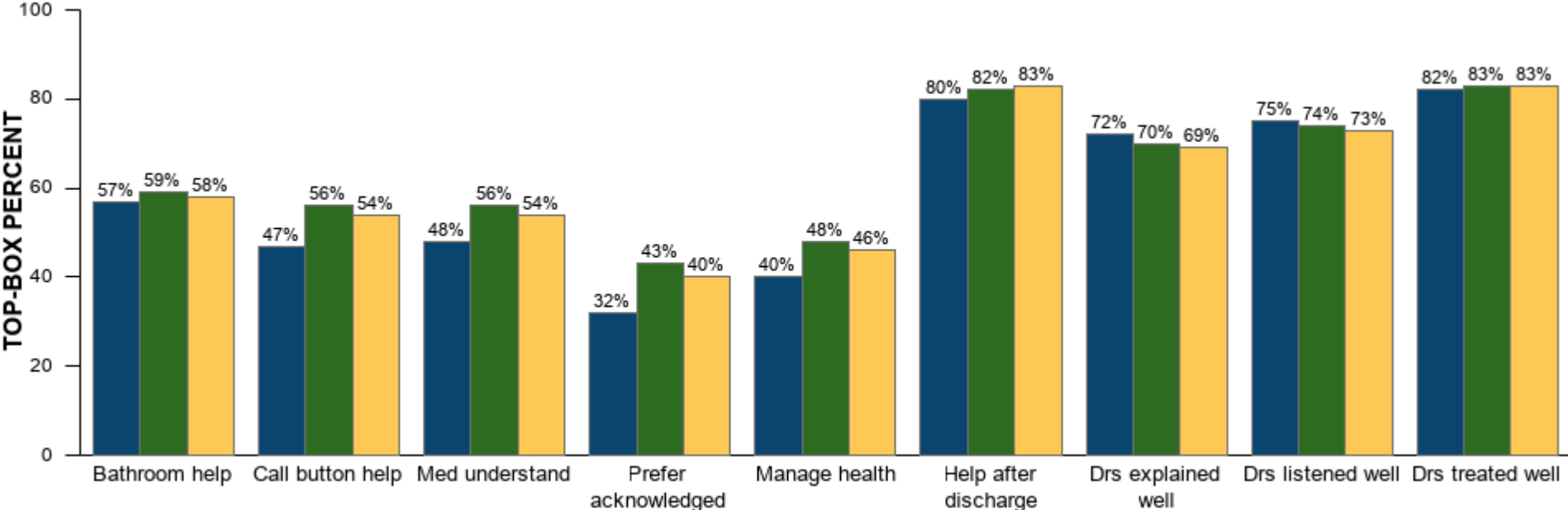
Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618



# HCAHPS Questions, cont.

## 2022 HCAHPS PERFORMANCE



### QUESTION KEY

Bathroom help	How often did patients receive bathroom help as soon as they wanted?
Call button help	How often did patients receive help after using the call button as soon as they wanted?
Med understand	How often did patients understand the purpose of their medications when leaving the hospital?
Prefer acknowledged	How often did the staff take patients' preferences into account when determining health care needs?
Manage health	How often did patients understand their responsibilities in managing their health?
Help after discharge	How often did patients discuss whether they would need help after discharge?
Drs explained well	How often did doctors explain things in a way patients could understand?
Drs listened well	How often did doctors listen carefully to patients?
Drs treated well	How often did doctors treat patients with courtesy and respect?

▲ Desired Direction

■ Profiled Hospital

■ Benchmark Median

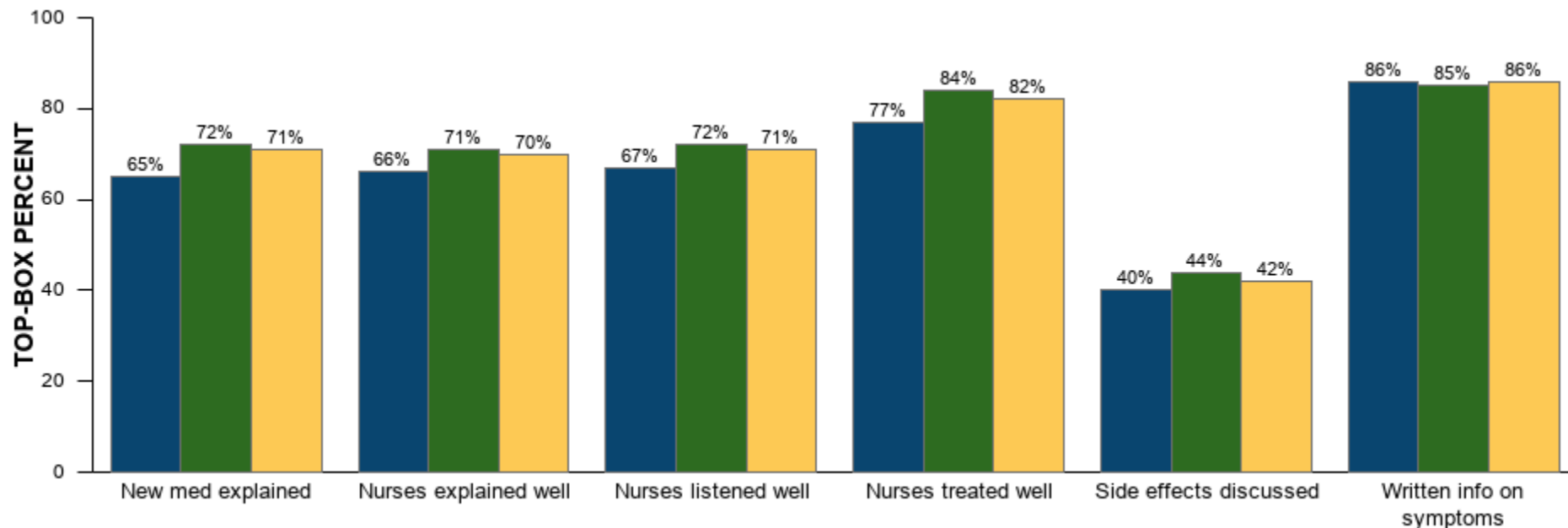
■ Peer Median

Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

# HCAHPS Questions, cont.

## 2022 HCAHPS PERFORMANCE



### QUESTION KEY

- New med explained: How often did staff communicate what the new medication was for?
- Nurses explained well: How often did nurses explain things in a way patients could understand?
- Nurses listened well: How often did nurses listen carefully to patients?
- Nurses treated well: How often did nurses treat patients with courtesy and respect?
- Side effects discussed: How often did staff discuss possible side effects when receiving a new medication?
- Written info on symptoms: Did patients receive written information about possible symptoms to look out for after discharge?

▲ Desired Direction

- Profiled Hospital
- Benchmark Median
- Peer Median

Benchmark hospitals are the winners in the comparison group: n = 25

Peer hospitals are the non-winners in the comparison group: n = 618

## Supplemental Information-Only Measures

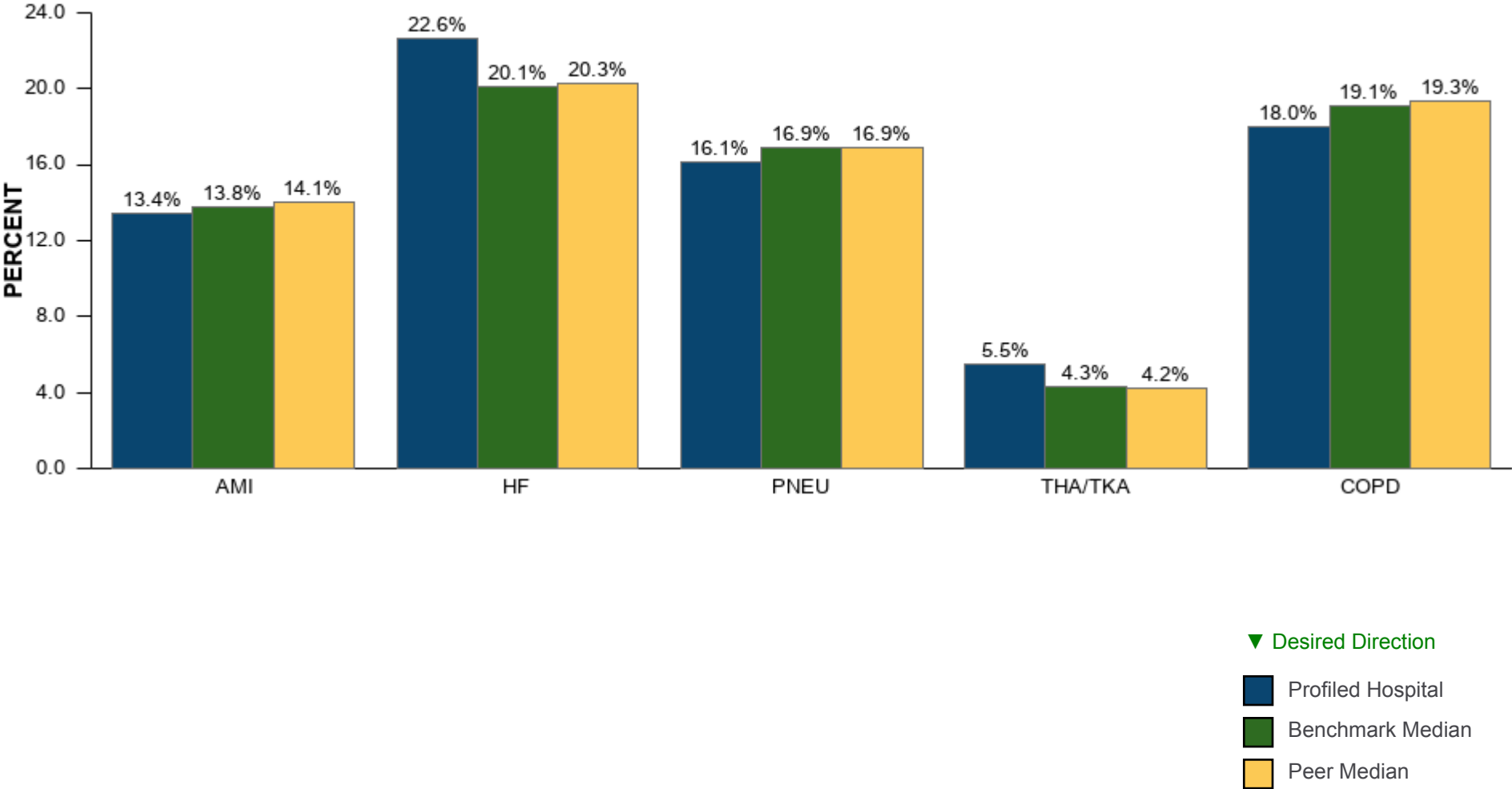
This section of your report contains measures that we are profiling only for informational purposes; they were not included in ranking or determination of winners. We welcome your comments and feedback on the usefulness and relevance of these measures in assessing leadership's ability to drive high-level, balanced performance.

- 30-day readmission rate by patient condition
  - AMI, HF, pneumonia, total hip arthroplasty/total knee arthroplasty (THA/TKA), COPD
- 30-day / 90-day Medicare episode of payment measures by patient condition
  - 30-day payment for AMI/HF/PN patients
  - 90-day payment for THA/TKA patients
- 30-day excess days in acute care (EDAC) measures
  - AMI, HF, pneumonia patients
- 90-day complication measure
  - THA/TKA patients
- Patient safety indicator (PSI) measures
 

<ul style="list-style-type: none"> <li>•PSI-03 Pressure ulcer rate</li> <li>•PSI-06 Iatrogenic pneumothorax rate</li> <li>•PSI-08 In-hospital fall with hip fracture rate</li> <li>•PSI-09 Postoperative hemorrhage or hematoma rate</li> <li>•PSI-10 Postoperative acute kidney injury requiring dialysis rate</li> </ul>	<ul style="list-style-type: none"> <li>•PSI-11 Postoperative respiratory failure rate</li> <li>•PSI-12 Perioperative pulmonary embolism or deep vein thrombosis rate</li> <li>•PSI-13 Postoperative sepsis rate</li> <li>•PSI-14 Postoperative wound dehiscence rate</li> <li>•PSI-15 Abdominopelvic accidental puncture or laceration rate</li> <li>•PSI-90 Patient safety and adverse events composite</li> </ul>
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- Unplanned hospital visits after hospital outpatient surgery (OP-36) measure

# 30-Day Readmission Rates by Patient Condition

## 2022 PERFORMANCE FOR 30D READMISSIONS

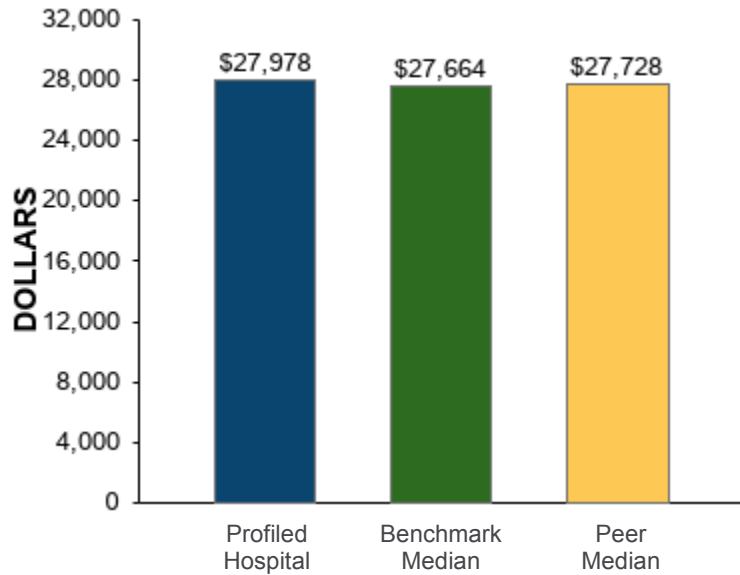


Benchmark hospitals are the winners in the comparison group: n = 25

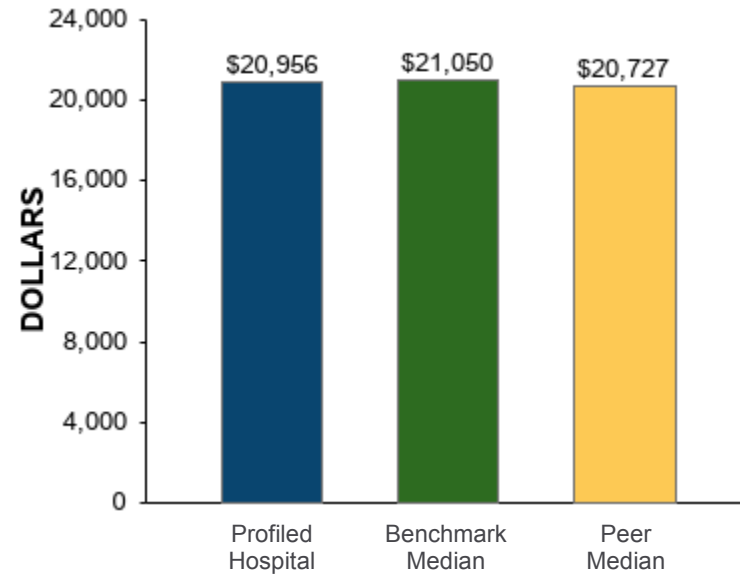
Peer hospitals are the non-winners in the comparison group: n = 618

# 30-Day Episode of Payment Measures by Patient Condition

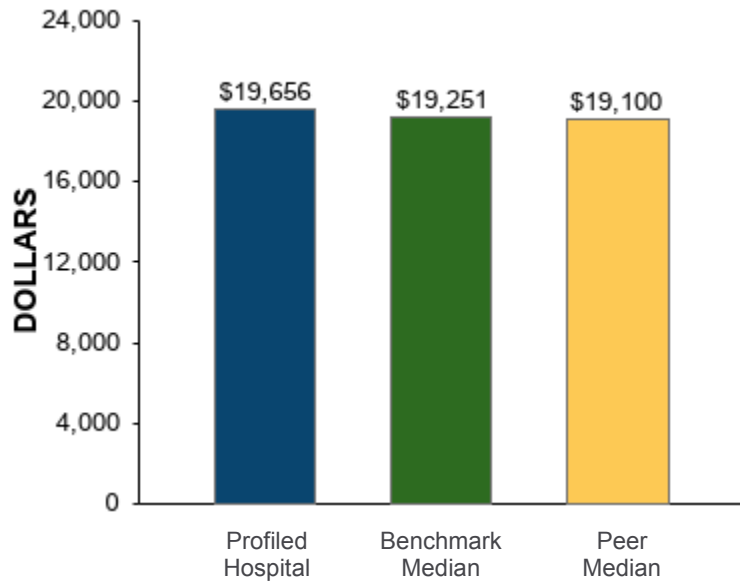
2022 30D PAYMENT PERFORMANCE FOR AMI



2022 30D PAYMENT PERFORMANCE FOR PNEUMONIA



2022 30D PAYMENT PERFORMANCE FOR HF



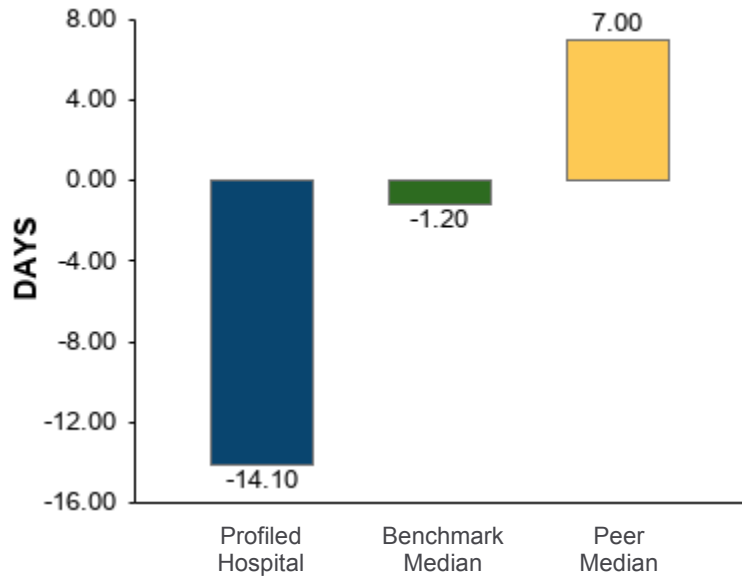
▼ Desired Direction

*Benchmark hospitals are the winners in the comparison group: n = 25*

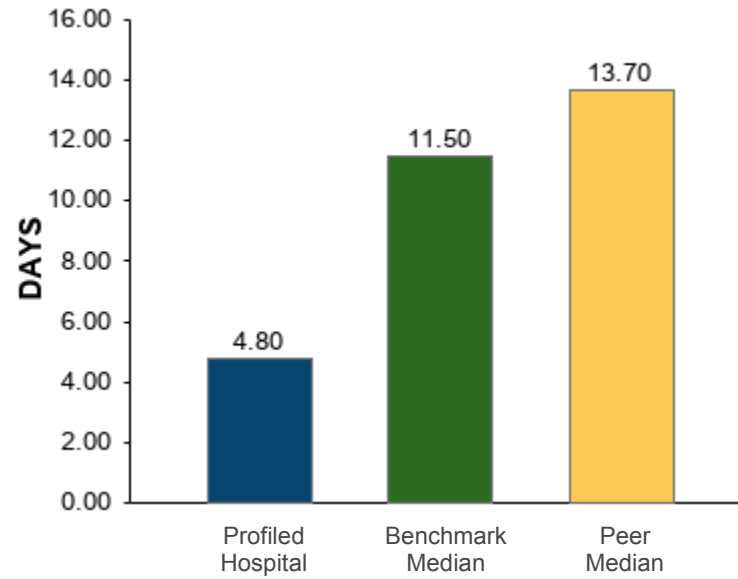
*Peer hospitals are the non-winners in the comparison group: n = 618*

# 30-Day Excess Days in Acute Care Measures by Patient Condition

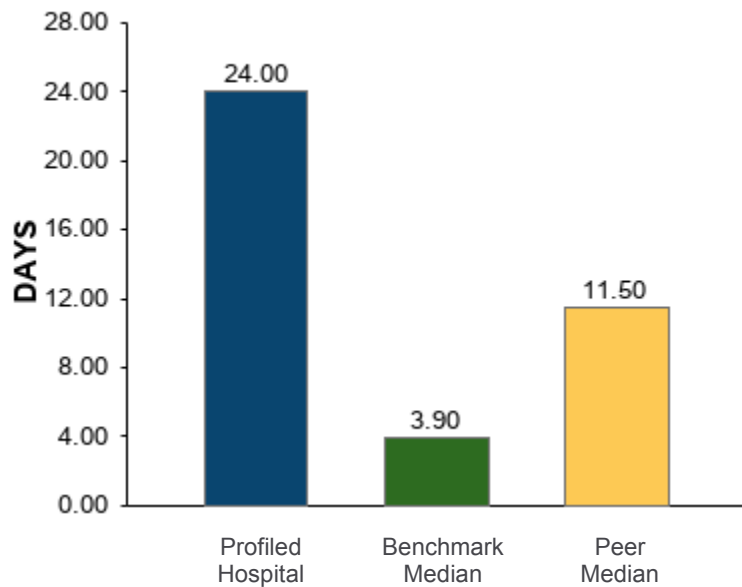
2022 30D EDAC PERFORMANCE FOR AMI



2022 30D EDAC PERFORMANCE FOR PNEUMONIA



2022 30D EDAC PERFORMANCE FOR HF



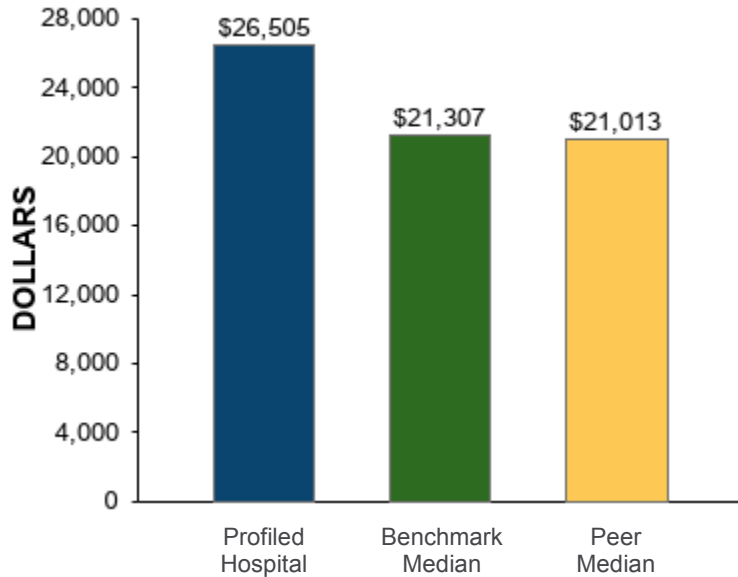
▼ Desired Direction

*Benchmark hospitals are the winners in the comparison group: n = 25*

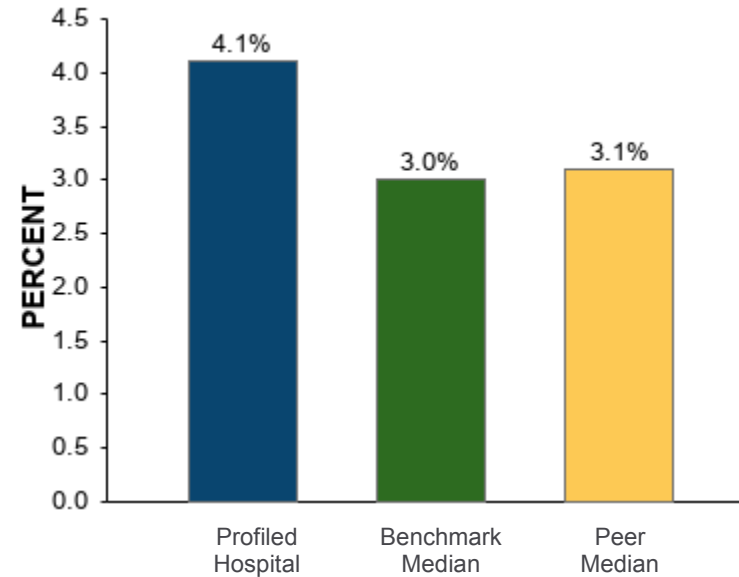
*Peer hospitals are the non-winners in the comparison group: n = 618*

# 90-Day Episode of Payment and Complication Rate for Total Hip Arthroplasty / Total Knee Arthroplasty (THA/TKA)

2022 90D PAYMENT PERFORMANCE FOR THA/TKA



2022 90D COMPLICATIONS PERFORMANCE FOR THA/TKA



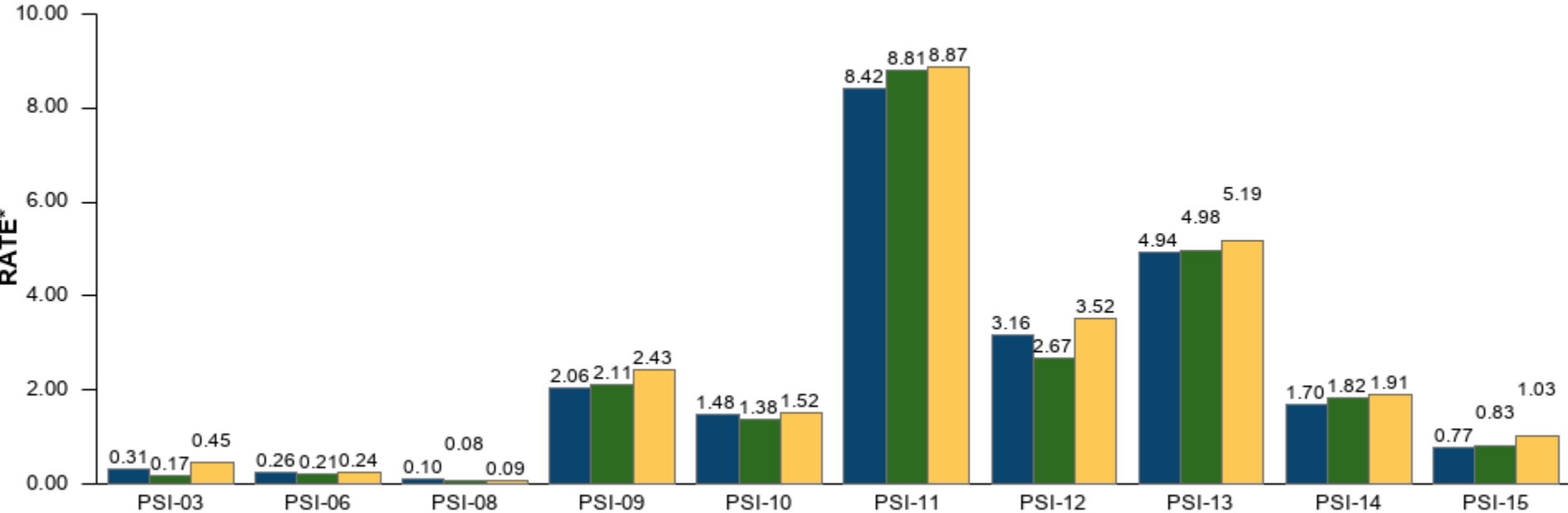
▼ Desired Direction

*Benchmark hospitals are the winners in the comparison group: n = 25*

*Peer hospitals are the non-winners in the comparison group: n = 618*

# Patient Safety Indicator Measures

## 2022 PSI PERFORMANCE



\*Rate per 1000 discharges

### PSI KEY

- PSI-03 Pressure ulcer rate
- PSI-06 Iatrogenic pneumothorax rate
- PSI-08 In-hospital fall with hip fracture rate
- PSI-09 Postoperative hemorrhage or hematoma rate
- PSI-10 Postoperative acute kidney injury requiring dialysis rate
- PSI-11 Postoperative respiratory failure rate
- PSI-12 Perioperative pulmonary embolism or deep vein thrombosis rate
- PSI-13 Postoperative sepsis rate
- PSI-14 Postoperative wound dehiscence rate
- PSI-15 Abdominopelvic accidental puncture or laceration rate

▼ Desired Direction

- Profiled Hospital
- Benchmark Median
- Peer Median

Benchmark hospitals are the winners in the comparison group: n = 25

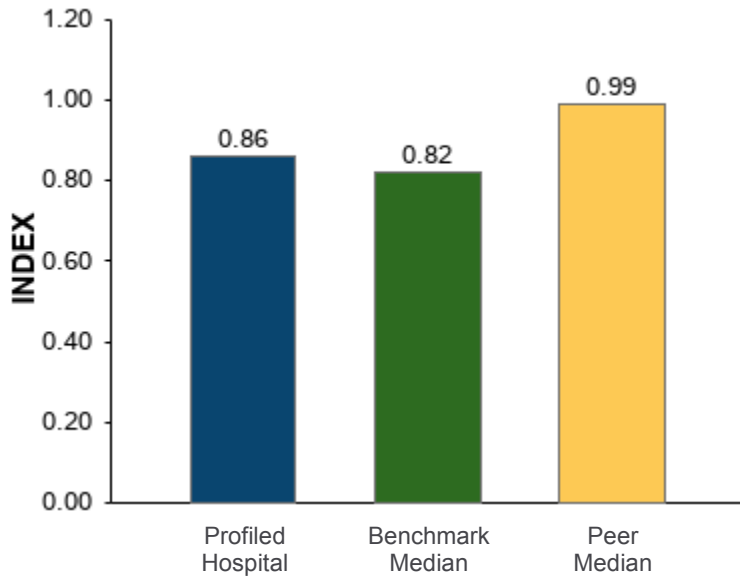
Peer hospitals are the non-winners in the comparison group: n = 618



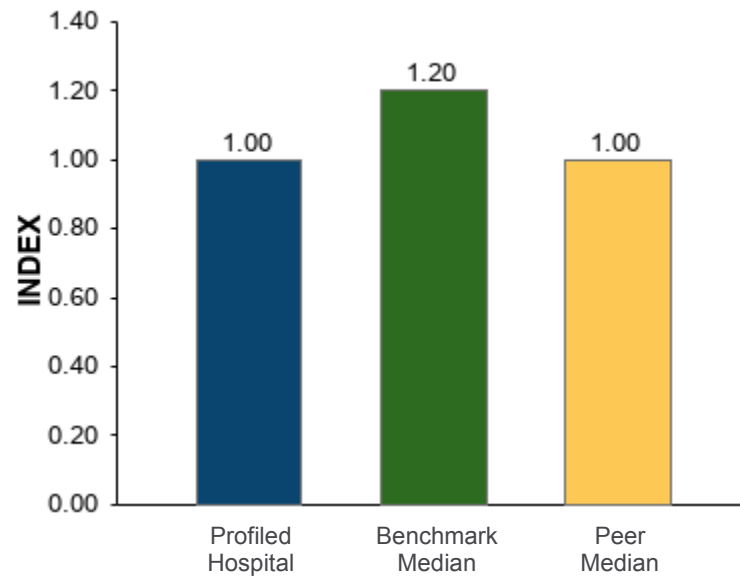
# Patient Safety Indicator 90: Patient Safety and Adverse Events Composite

## OP-36: Unplanned Hospital Visits After Hospital Outpatient Surgery

2022 PSI 90 PERFORMANCE



2022 OP-36 PERFORMANCE



▼ Desired Direction

*Benchmark hospitals are the winners in the comparison group: n = 25*

*Peer hospitals are the non-winners in the comparison group: n = 618*

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