

100 TOP HOSPITALS[®]: NATIONAL BENCHMARKS STUDY 2009

A NATIONAL BALANCED SCORECARD

PERFORMANCE REPORT PREPARED FOR:

General Hospital

Any Town, US

MEDICARE ID: 000000



INTRODUCTION

THOMSON REUTERS 100 TOP HOSPITALS® : NATIONAL BENCHMARKS STUDY – A NATIONAL BALANCED SCORECARD

The 2009 100 Top Hospitals: National Benchmarks study has raised the bar in management intelligence for hospital leaders to improve performance. The 100 Top Hospitals is unique - the only national balanced scorecard for hospital leaders that ***integrates national benchmarks for highest achievement with national benchmarks for fastest long-term improvement***. These integrated data enable hospital leaders to gauge progress on the journey to excellence and make smarter decisions. Leaders making critical decisions in an economic downturn and an increasingly transparent environment must have more sophisticated information for clearer insight into the complexity of changing organizational performance. They must also balance short- and long-term goals to drive continuous gains in performance and value. We show a hospital the path it has taken to improved performance and its successes against national benchmarks. We provide ***unique insight for making more effective decisions*** so that a hospital can achieve its mission and increase value to the community.

VALUE TO HOSPITALS AND HEALTH SYSTEMS

Integrating national benchmarks for highest achievement with national benchmarks for fastest long-term improvement radically increases the value of objective management information available for strategy development and decision-making. Comparing hospital or health system performance to these integrated benchmarks

allows leaders to review the effectiveness of long-term strategies that led to current performance. This integrated information enables boards and CEOs to better answer multi-dimensional questions such as:

- Did our long-term strategies result in a stronger hospital across all performance areas?
- Did our strategies drive improvement in some areas but cause deterioration of performance in others?
- What strategies will help us increase the rate of improvement in the right areas, to come closer to national performance levels?
- What incentives do we set for management to achieve the desired improvement more quickly?
- Will the investments we're considering help us achieve improvement goals for the hospital or health system?
- Can we quantify the long- and short-term increases in value our hospital has provided to our community?

REPORT OVERVIEW

The National Benchmarks Hospital Performance Report contains three main sections:

- Hospital Performance Matrix (Level of performance achieved versus rate of improvement)
- 100 Top Hospitals Performance Improvement Profile (5-year trend)
- 100 Top Hospitals National Benchmarks Profile (Detailed analysis of level of performance achieved to date)

Note: The Hospital Performance Matrix will be missing if there were not enough data years to produce the five year trend.

Each set of graphs begins with an introductory section. Notes related to missing data and other methodological issues can be found in this section, as well as information helpful to interpreting the data graphs.

COMPARISON GROUPS AND BENCHMARKS

On the following pages, we compare your hospital's performance with that of the hospitals that operate most like it in terms of bed size, teaching status, and residency program involvement (your comparison group or class). Two types of comparisons are made:

- Profiled hospital versus all hospitals in the same class
- Profiled hospital versus benchmark hospitals and peer hospitals in the same class

Hospital Classes

We assigned each hospital to one of five comparison groups or classes according to its size and teaching status:

- Major teaching hospitals
- Teaching hospitals
- Large community hospitals
- Medium community hospitals
- Small community hospitals

For full details about the comparison groups, please see the "Methodology" section of the study abstract.

For the National Benchmarks study award, we select **Benchmark hospitals** in each class, based on their overall performance achievement in the most recent year of data available. In addition, we identify hospitals with the highest rates of improvement over five years, to set benchmarks for performance improvement.

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

STUDY ABSTRACT

For full details about the 2009 Thomson Reuters 100 Top Hospitals: National Benchmarks study, please see the study abstract, included as a separate PDF document with this report. The abstract publication contains information on the following:

- The research behind and validity of the study—with insight into how we keep our criteria and methods current.
- Methodology details, including data sources, performance measure definitions, and ranking techniques.
- Compelling findings on the winning hospitals.
- Lists of all past and present winning hospitals.

FOR MORE INFORMATION

For more information, including lists of winners, details about other 100 Top Hospitals studies, and the latest published study abstracts, visit www.100tophospitals.com

ABOUT THOMSON REUTERS

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100 TOP HOSPITALS PERFORMANCE MATRIX

INTEGRATED HOSPITAL PERFORMANCE COMPARISON PROFILE

The 100 Top Hospitals Performance Matrix, in a single view, compares your hospital's current level of achievement and long-term improvement to the new ***integrated national benchmarks for highest achievement and fastest long-term improvement***. We report hospital data in percentiles and analyze performance against the national quintile scores set by your hospital's comparison group. We present these data on a quadrant graph with corners representing Leading, Improving, At-Risk, and Declining hospital performance.

OVERALL HOSPITAL PERFORMANCE

The "overall" hospital performance score is a composite score integrating your national percentile rank for current overall performance with your national percentile rank for five-year rate of improvement overall. Everest award winners will fall into the right upper-most corner of the "Leading" performance quadrant. National Benchmark award winners will fall into either the "Leading" or "At Risk" quadrants, depending on their five-year rate of performance improvement.

IMPROVING PERFORMANCE (Upper Left)

The upper left quadrant is a critical target for the early and middle stages of the journey to excellence. For performance measures that fall into this quadrant, the hospital has a high or above-median

five-year rate of improvement but low or below-median performance achievement to date, compared with similar hospitals. The hospital's performance is improving but it is not yet where it should be. The more measures a hospital has in this quadrant, the more important it is for the hospital to continue its coordinated efforts toward improvement, until benchmark levels have been achieved.

LEADING PERFORMANCE (Upper Right)

Hospitals with scores in the upper right corner of this quadrant have succeeded in the journey to excellence in many areas and have achieved national benchmark performance in balanced, highly reliable care. For performance measures that fall into this quadrant, the hospital has achieved both better current performance ***and*** a five-year rate of improvement that is better than the median of hospitals in its comparison group. The more measures a hospital has in this quadrant, the more consistent performance has been overall.

You can interpret scores in this quadrant as meaning that the hospital's performance is not only high compared with the national comparison group, but also is improving faster. Scores of Everest award-winning hospitals typically fall into the right upper-most corner of this quadrant. Further improvement in these hospitals often requires innovation to maintain this very high performance level.

AT-RISK PERFORMANCE (Lower Right)

Hospitals with performance in this quadrant have journeyed to levels of excellence, but are at risk of leveling off or experiencing seriously declining performance. For performance measures that fall into this quadrant, the hospital has achieved high or above-median current performance but is experiencing low or below-median five-year rates of performance improvement compared with its comparison group. A hospital with most of its measures in this quadrant can be congratulated for achieving good to excellent performance, but this hospital is also at significant risk for falling behind the healthcare industry as the performance bar rises. It is important for a hospital in this quadrant to accelerate its performance improvement efforts so that ground is not lost, as the below-median improvement is likely to cause a decline in comparative performance in the next year.

DECLINING PERFORMANCE (Lower Left)

Hospitals in this quadrant have not yet started the journey to excellence or are in the very early stages. For performance measures that fall into this quadrant, the hospital has low or below-median performance achievement to date **and** a five-year rate of improvement that is worse than the median of hospitals in its comparison group. The challenge for a hospital in this quadrant is to

identify best opportunities for making real change — both to accelerate performance improvement initiatives and to achieve significant change in performance.

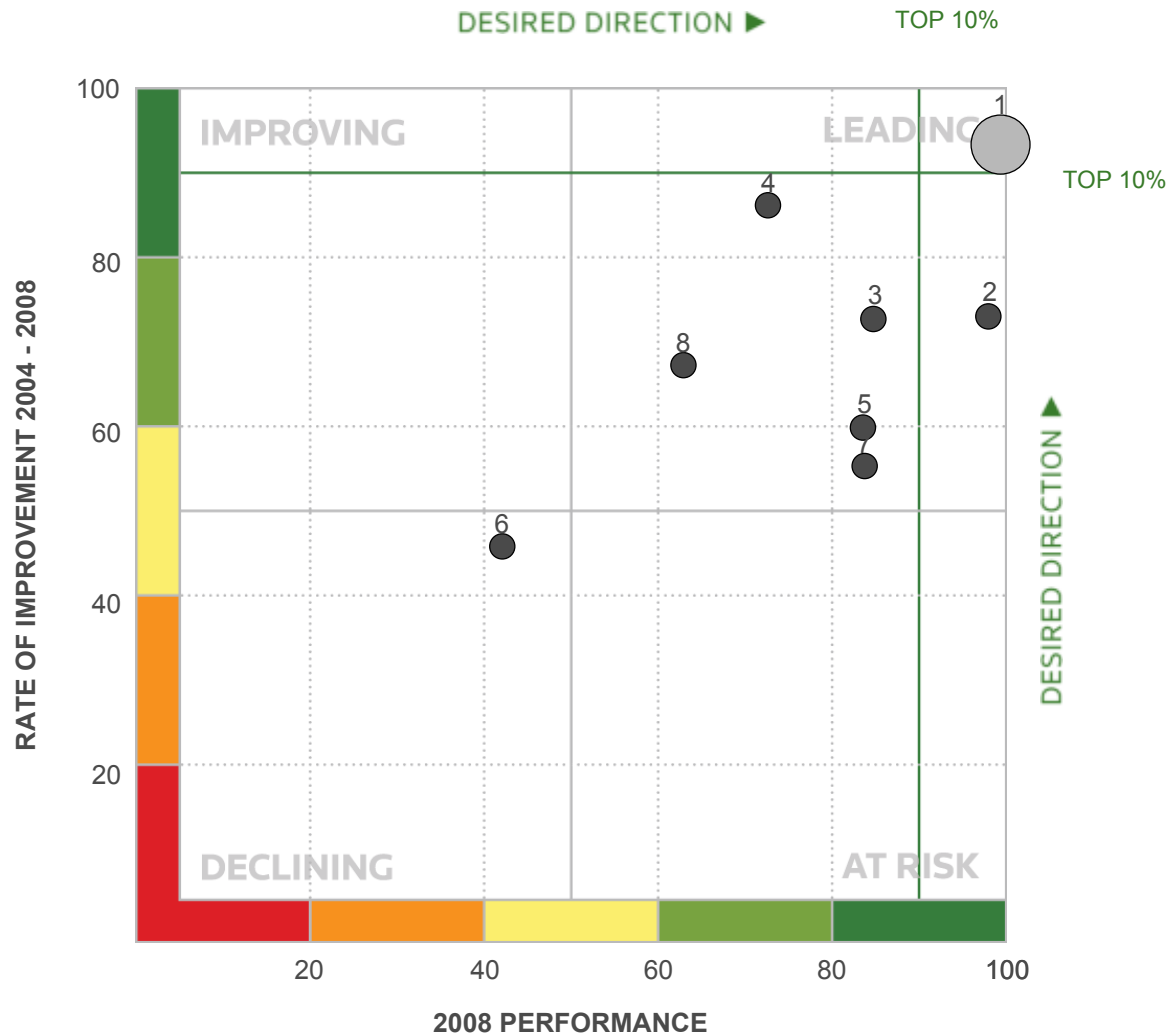
PERFORMANCE MATRIX NOTES

Missing Measures

- A measure dot will be missing from the performance matrix when the hospital had three or more data points that were trimmed as outliers. This results in fewer than three usable data points. We cannot calculate the ranking statistics (t-statistic) with fewer than three data points.
- The overall performance dot will be missing when one or more individual measures are missing. We cannot rank the hospital overall if one or more measures are missing.

100 TOP HOSPITALS PERFORMANCE MATRIX

PROFILED HOSPITAL 2008 PERFORMANCE AND 5-YEAR RATE OF IMPROVEMENT COMPARED WITH TEACHING HOSPITAL QUINTILES



• DATA POINTS •

- 1: **OVERALL**
- 2: Mortality
- 3: Complications
- 4: Patient Safety
- 5: Core Measures
- 6: ALOS
- 7: Expense
- 8: Op Profit Margin

• QUINTILES •

- 80 TO 100
- 60 TO 80
- 40 TO 60
- 20 TO 40
- 0 TO 20

PROFILED HOSPITAL:

2008 Comparison Group: n = 423

2004 - 2008 Comparison Group: n = 416

100 TOP HOSPITALS PERFORMANCE IMPROVEMENT PROFILE 2004 - 2008

PERFORMANCE IMPROVEMENT PROFILE

The 100 Top Hospitals Performance Improvement Profile analyzes your hospital's performance improvement over five years, using a balanced scorecard of critical performance metrics:

- Risk-Adjusted Mortality Index (in-hospital)
- Risk-Adjusted Complications Index
- Risk-Adjusted Patient Safety Index
- Core Measures Mean Percent
- Severity-Adjusted Average Length of Stay
- Expense per Adjusted Discharge (case mix- and wage-adjusted)
- Adjusted Operating Profit Margin

Using this Profile, you can observe and compare the rate of performance improvement of your hospital as a whole and by individual performance measure. The profile also shows how consistent your improvement has been in different areas. This report helps hospital CEOs and boards of trustees to:

- Appraise the likelihood of success in value-based purchasing programs
- Assess the effectiveness of performance improvement programs
- Understand how the hospital's performance compares with other hospitals in its class — from the standpoint of the organization overall and its individual functional areas
- Identify areas in the organization in which performance improvement has not yet taken hold

UNDERSTANDING THE GRAPHS

Profiled Hospital 5-Year Rate of Improvement Overall and by Measure

This bar graph shows the profiled hospital's performance on each measure, and overall, reported as percentiles based on the profiled hospital's comparison group or class. The number of hospitals in the class is displayed in the graph title (n).

The 95% confidence interval limits are also displayed in the table below the graph. We calculate these values using the binomial proportion confidence interval method applied to the percentiles for each measure.

Note: The overall percentile is based on the hospital's overall rank compared with its class. It is not the average of the individual measure percentiles.

Profiled Hospital Rate and Consistency of Performance Improvement Compared with Class Hospitals (Slope Graphs)

This section of the Profile contains graphs for each individual performance measure. The regression line calculated from the five years of data is displayed for the profiled hospital, the class benchmark hospitals, and the class peer hospitals.

A statistical significance note is also displayed for each graph, indicating whether the profiled hospital's performance is **improving, not changing, or worsening** (95% confidence) over the five years.

You can easily assess the consistency of the profiled hospital's rates of improvement across all measures from these notes. In addition, the profiled hospital can compare its rates of performance improvement to benchmark rates in its class to identify areas of greatest opportunity.

Profiled Hospital Rate of Improvement Compared with Class Hospital Quintiles (Color Quintile Graphs)

This section of the Profile contains graphs for each individual performance measure, showing the profiled hospital's actual data points for each year. These data points are displayed against a background showing the quintile ranges for the data points of all hospitals in the profiled hospital's class. Each range is color coded to indicate level of performance, from dark green (best quintile) to red (worst quintile).

The profiled hospital can use these graphs to see how its performance tracks over time against the rate of improvement of all other hospitals in its class. Hospital metrics dropping behind the comparison group will fall from better quintiles into worse quintiles; those improving faster than the comparison group will move up in the quintile ranges.

REPORT NOTES

Use of Median Values

- When individual core measures are missing or the reported value is insufficiently precise (patient count too low), we substitute class median values for the hospital value(s) to

neutralize the missing or unusable value(s) and allow overall ranking of the hospital.

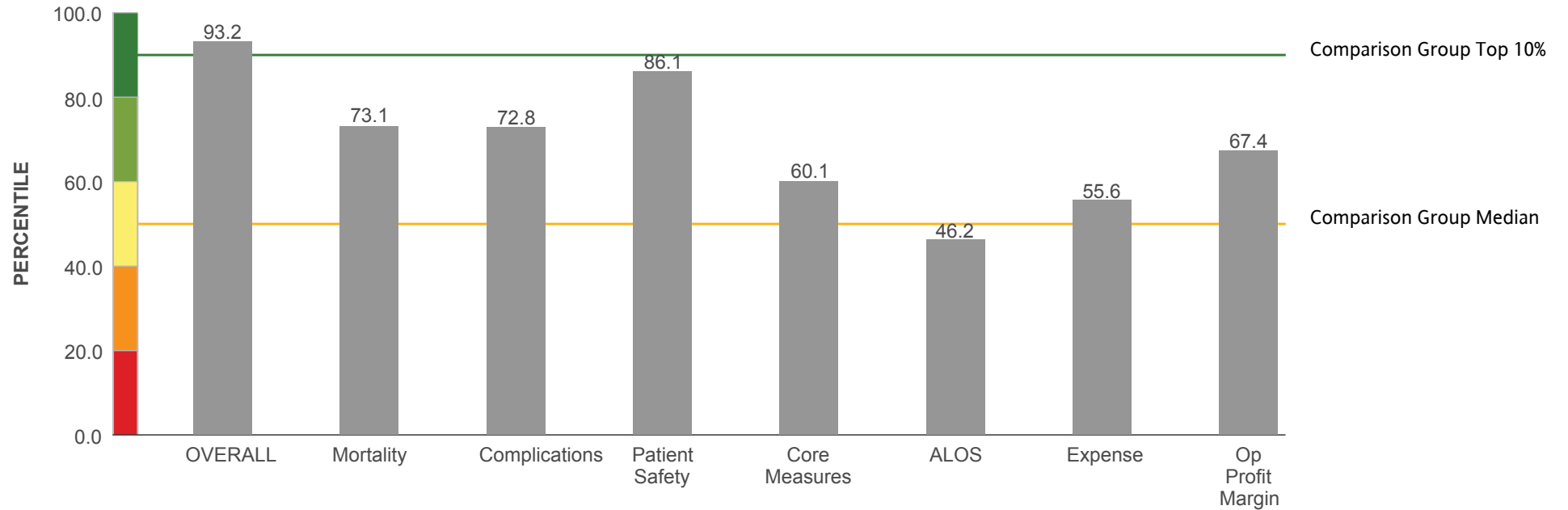
Insufficient Data Points

- No hospital trend line is displayed on the Slope Graphs if fewer than the required number of data points are reported. In the 2009 study, four data points are required, including the most current year. Only the benchmark and peer median values for the comparison group are displayed.

Missing or Incalculable Data Points

- Individual data points are missing on the Color Quintile Graphs when values are not reported or are incalculable in a specific data year, or are outlier trimmed.
- If a hospital was excluded from the study for missing or incalculable performance measures, the details are noted at the end of the Performance Improvement Profile section.

PROFILED HOSPITAL RATE OF IMPROVEMENT 2004 - 2008 OVERALL AND BY MEASURE COMPARED WITH TEACHING HOSPITAL QUINTILES (n=416)



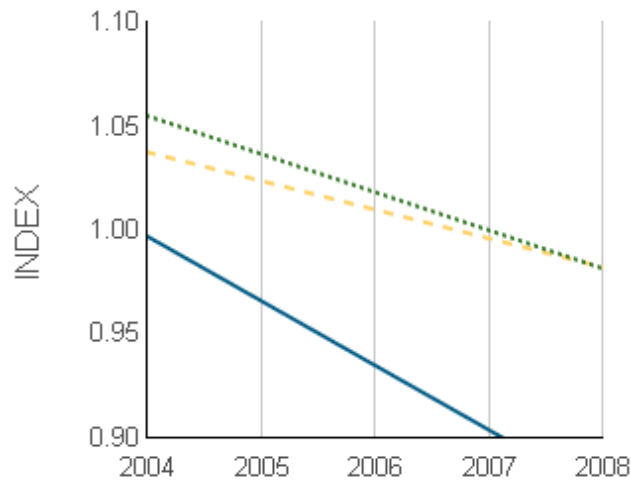
PROFILED HOSPITAL :

Upper C.I.	95.6	77.3	77.1	89.4	64.8	50.9	60.3	71.9
Lower C.I.	90.7	68.8	68.6	82.7	55.4	41.4	50.8	62.9

Note : 95% confidence interval is calculated using the binomial proportion confidence interval method applied to the percentiles for each measure and overall.

PROFILED HOSPITAL RATE AND CONSISTENCY OF PERFORMANCE IMPROVEMENT 2004 - 2008 COMPARED WITH TEACHING HOSPITALS (n=416)

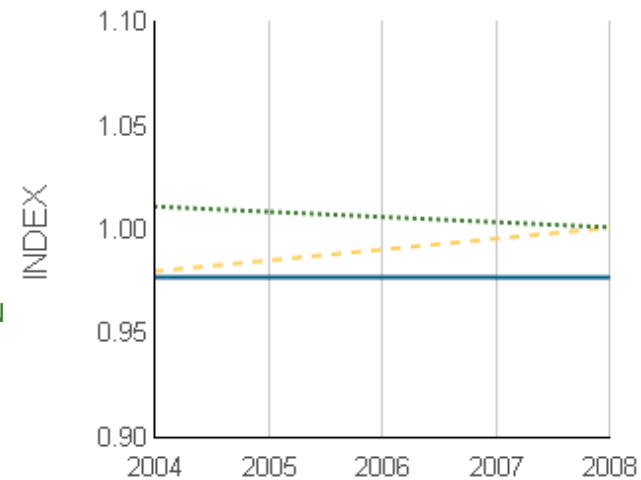
RISK-ADJUSTED MORTALITY INDEX



Profiled Hospital is
IMPROVING
(95% confidence)

▼ DESIRED DIRECTION

RISK-ADJUSTED COMPLICATIONS INDEX

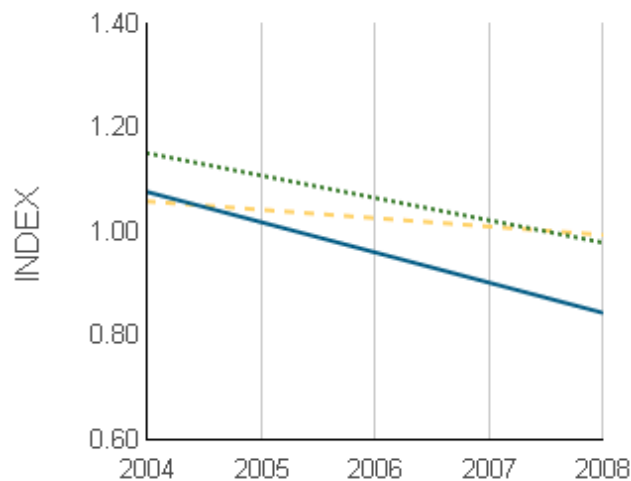


— Profiled Hospital
- - - Benchmark Median
- - - Peer Median

Profiled Hospital is
NOT CHANGING
(95% confidence)

▼ DESIRED DIRECTION

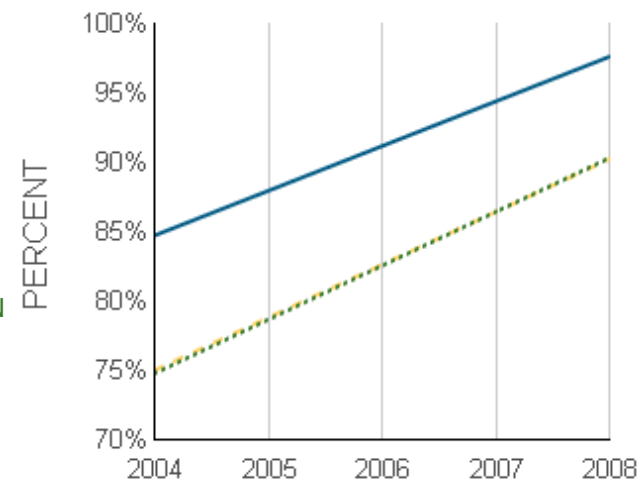
RISK-ADJUSTED PATIENT SAFETY INDEX



Profiled Hospital is
IMPROVING
(95% confidence)

▼ DESIRED DIRECTION

CORE MEASURES MEAN PERCENT

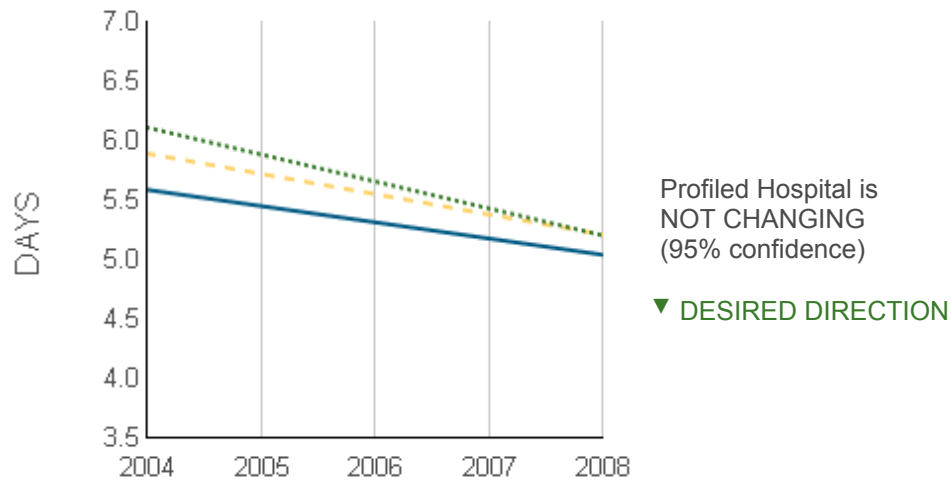


Profiled Hospital is
IMPROVING
(95% confidence)

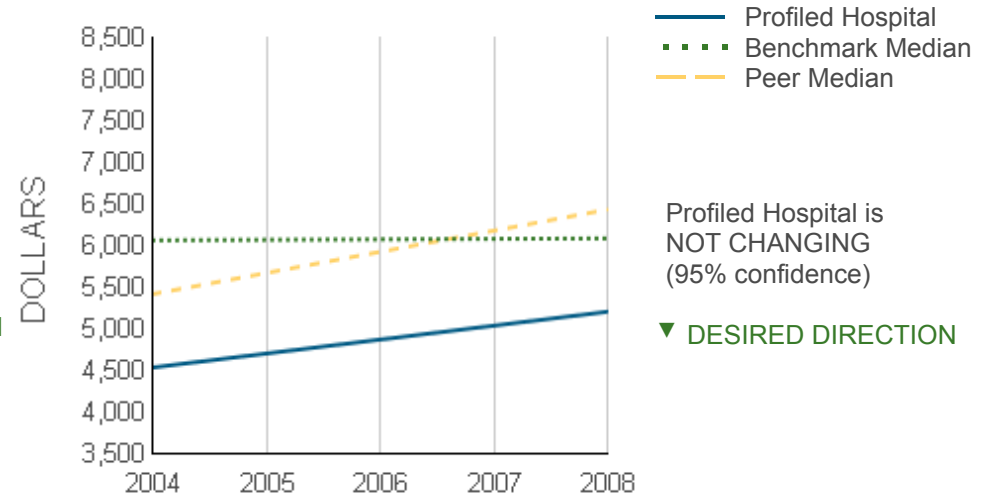
▲ DESIRED DIRECTION

PROFILED HOSPITAL RATE AND CONSISTENCY OF PERFORMANCE IMPROVEMENT 2004 - 2008 COMPARED WITH TEACHING HOSPITALS (n=416)

SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



EXPENSE PER ADJUSTED DISCHARGE

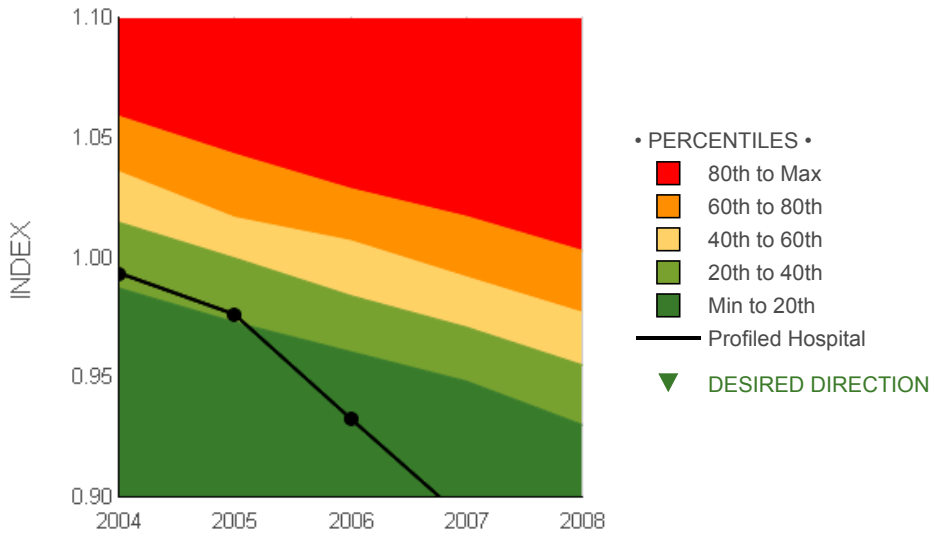


ADJUSTED OPERATING PROFIT MARGIN

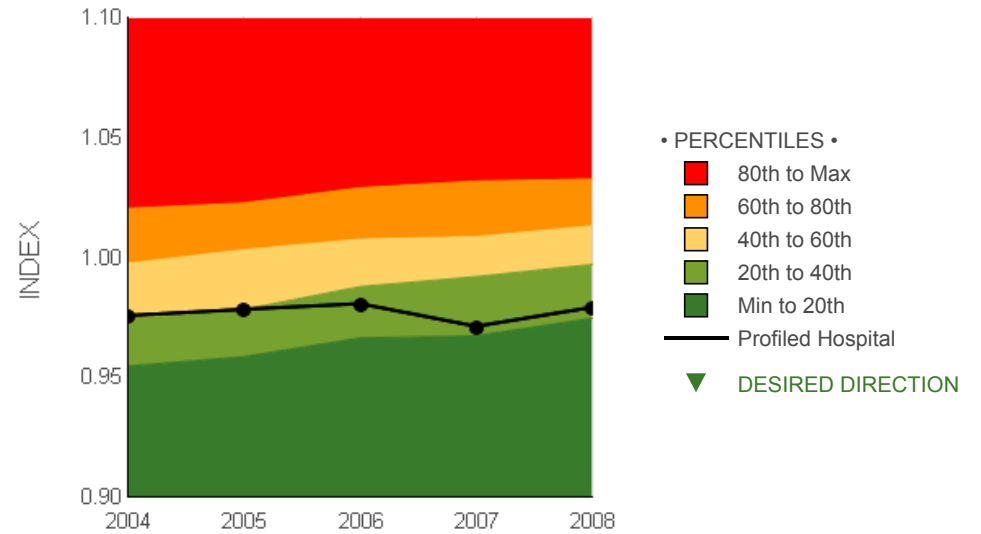


PROFILED HOSPITAL 2004 - 2008 RATE OF IMPROVEMENT COMPARED WITH TEACHING HOSPITAL QUINTILES (n=416)

RISK-ADJUSTED MORTALITY INDEX



RISK-ADJUSTED COMPLICATIONS INDEX

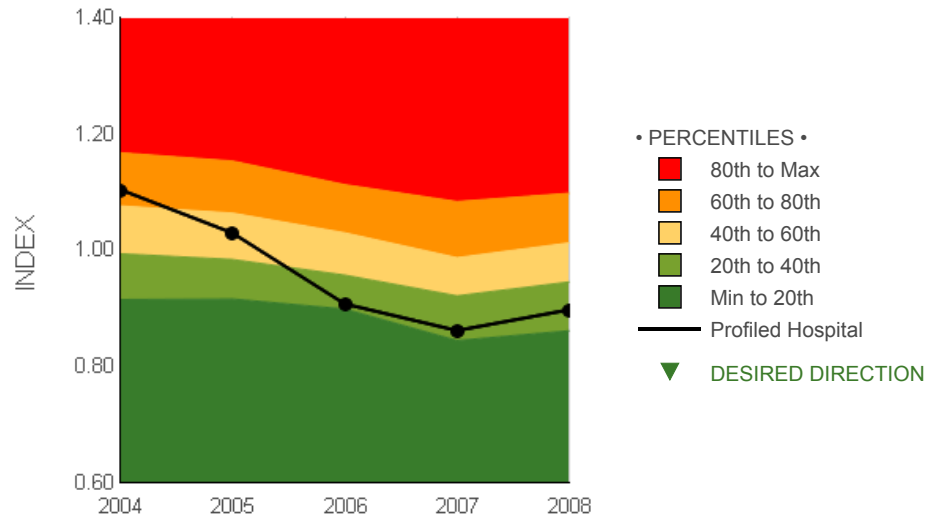


PERCENTILE POINTS ▶		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2004	0.99	1.01	1.04	1.06	0.99	1.07	0.92
	2005	0.97	1.00	1.02	1.04	0.98	1.06	0.90
	2006	0.96	0.98	1.01	1.03	0.93	1.02	0.85
	2007	0.95	0.97	0.99	1.02	0.89	0.99	0.80
	2008	0.93	0.95	0.98	1.00	0.88	0.98	0.79

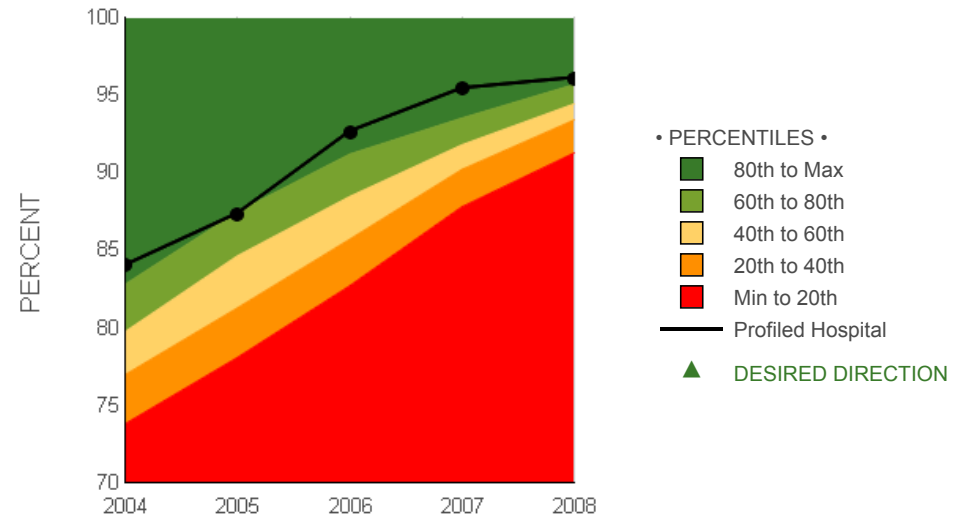
PERCENTILE POINTS ▶		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2004	0.95	0.97	1.00	1.02	0.98	1.04	0.91
	2005	0.96	0.98	1.00	1.02	0.98	1.04	0.91
	2006	0.97	0.99	1.01	1.03	0.98	1.05	0.92
	2007	0.97	0.99	1.01	1.03	0.97	1.04	0.91
	2008	0.97	1.00	1.01	1.03	0.98	1.05	0.91

PROFILED HOSPITAL 2004 - 2008 RATE OF IMPROVEMENT COMPARED WITH TEACHING HOSPITAL QUINTILES (n=416)

RISK-ADJUSTED PATIENT SAFETY INDEX



CORE MEASURES MEAN PERCENT

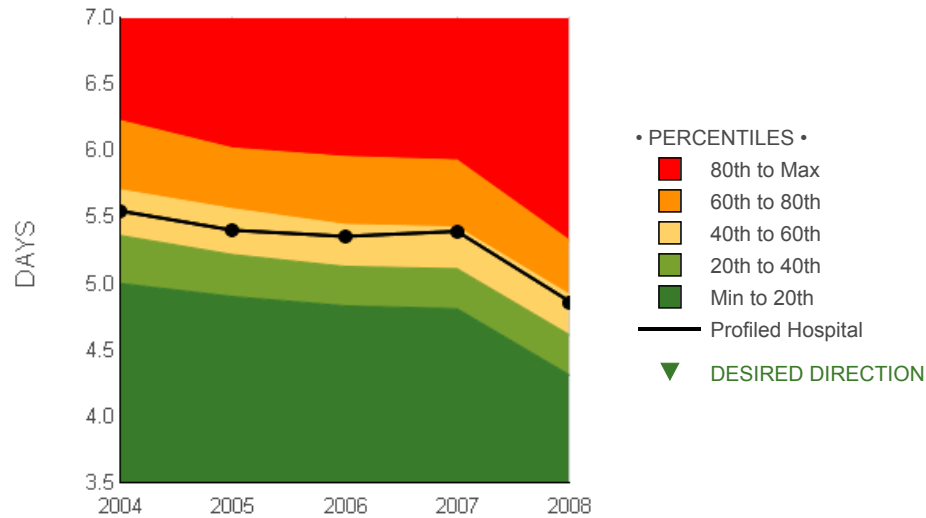


PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2004	0.91	0.99	1.08	1.17	1.10
	2005	0.92	0.98	1.06	1.15	1.03
	2006	0.90	0.96	1.03	1.11	0.91
	2007	0.84	0.92	0.99	1.08	0.86
	2008	0.86	0.94	1.01	1.10	0.90

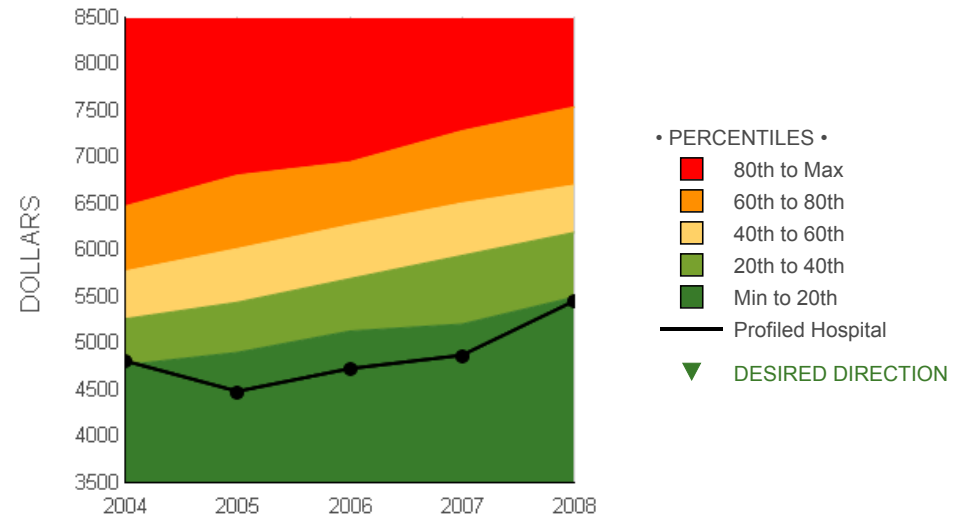
PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2004	73.78	76.94	79.72	82.78	84.00
	2005	78.06	81.25	84.61	87.44	87.33
	2006	82.68	85.68	88.44	91.18	92.62
	2007	87.77	90.18	91.77	93.50	95.41
	2008	91.25	93.38	94.42	95.67	96.08

PROFILED HOSPITAL 2004 - 2008 RATE OF IMPROVEMENT COMPARED WITH TEACHING HOSPITAL QUINTILES (n=416)

SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



EXPENSE PER ADJUSTED DISCHARGE

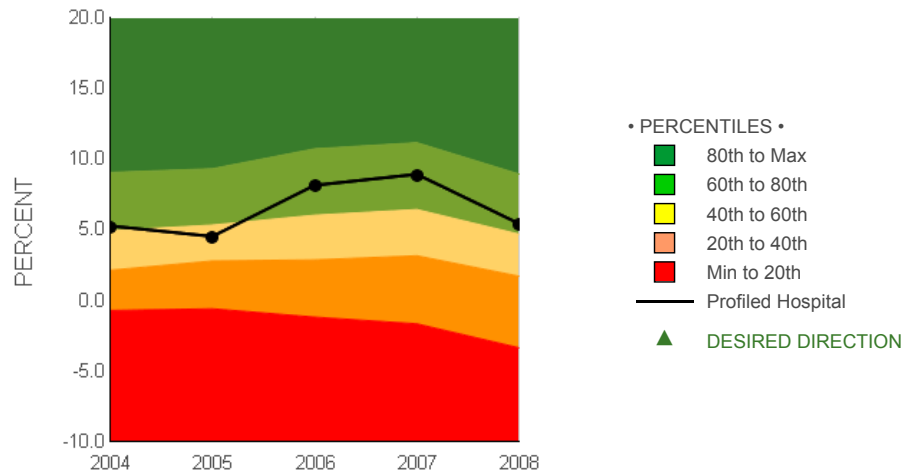


PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2004	5.00	5.36	5.70	6.22	5.54
	2005	4.90	5.21	5.56	6.02	5.39
	2006	4.83	5.13	5.44	5.95	5.35
	2007	4.81	5.11	5.42	5.93	5.38
	2008	4.31	4.61	4.91	5.32	4.86

PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2004	4,763	5,259	5,771	6,470	4,799
	2005	4,898	5,437	6,013	6,803	4,472
	2006	5,127	5,690	6,267	6,945	4,716
	2007	5,202	5,939	6,503	7,280	4,860
	2008	5,493	6,188	6,696	7,536	5,443

PROFILED HOSPITAL 2004 - 2008 RATE OF IMPROVEMENT COMPARED WITH TEACHING HOSPITAL QUINTILES (n=416)

ADJUSTED OPERATING PROFIT MARGIN



PERCENTILE POINTS ▶		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2004	-0.74	2.11	4.91	9.03	5.20
	2005	-0.62	2.76	5.31	9.29	4.45
	2006	-1.21	2.84	6.01	10.70	8.07
	2007	-1.68	3.14	6.41	11.14	8.85
	2008	-3.38	1.69	4.66	8.92	5.36

100 TOP HOSPITALS NATIONAL BENCHMARKS PROFILE 2008

NATIONAL BENCHMARKS PROFILE

The 100 Top Hospitals National Benchmarks Profile analyzes your hospital's performance in the most recent year available, using a balanced scorecard of critical performance metrics:

- Risk-Adjusted Mortality Index (in-hospital)
- Risk-Adjusted Complications Index
- Risk-Adjusted Patient Safety Index
- Core Measures Mean Percent
- 30 Day Mortality Rate
- 30 Day Readmission Rate
- Severity-Adjusted Average Length of Stay
- Expense per Adjusted Discharge (case mix and wage-adjusted)
- Adjusted Operating Profit Margin
- HCAHPS Score (Patient Overall Hospital Rating)

Using this Profile, you can identify the hospital's level of performance achievement overall and by individual performance measure and target higher performance. In addition, the Profile shows the level of achievement of national award-winning (benchmark) hospitals, as well as the achievement of all other non-winning hospitals, in your class.

UNDERSTANDING THE GRAPHS

Profiled Hospital Compared with Class Top (Winner) Hospitals

This bar graph shows the percentage by which the profiled hospital either exceeded or fell behind the median performance of the

winning hospitals in the comparison group of similar hospitals (class). The number of winners in the profiled hospital's class is indicated in the graph title (n).

The 95% confidence interval limits are also displayed in the table below the graph for the binomial measures – mortality and complications – measures for which there is an observed and an expected value.

Green bars above the graph signify that the profiled hospital's performance was above that of the benchmark hospitals. Red bars below the graph signify that the profiled hospital's performance was below that of the benchmark hospitals.

Profiled Hospital Compared with Class Benchmark and Peer Hospitals

This section contains 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: the profiled hospital, the benchmark group median, and the peer group median.

The graphs for the binomial measures – in-hospital mortality, complications and patient safety – also have a statistical significance note that indicates whether the profiled hospital's performance is better than expected, as expected, or worse than expected (95% confidence). These measures are normalized by class, so performance that is "as expected" will have an index value very close to 1.0.

Core Measures and HCAHPS Detail

This section contains bar graphs for each core measure included in developing the composite Core Measures Mean Percent (22 for small community hospitals; 24 for all others). In addition, bar graphs profiling performance on each HCAHPS question are included for information and comparison. Only the Overall Hospital Rating question (an HCAHPS outcome metric) was used in the balanced scorecard ranking process.

REPORT 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 for the hospital value(s) to neutralize the missing or unusable value(s) and allow overall ranking of the hospital. This was done for the following measures:
 - core measures (24 individual core measures)
 - 30 day mortality rate measures (AMI, HF, Pneumonia)
 - 30 day readmission rate measures (AMI, HF, Pneumonia)

Missing or Incalculable Data Points

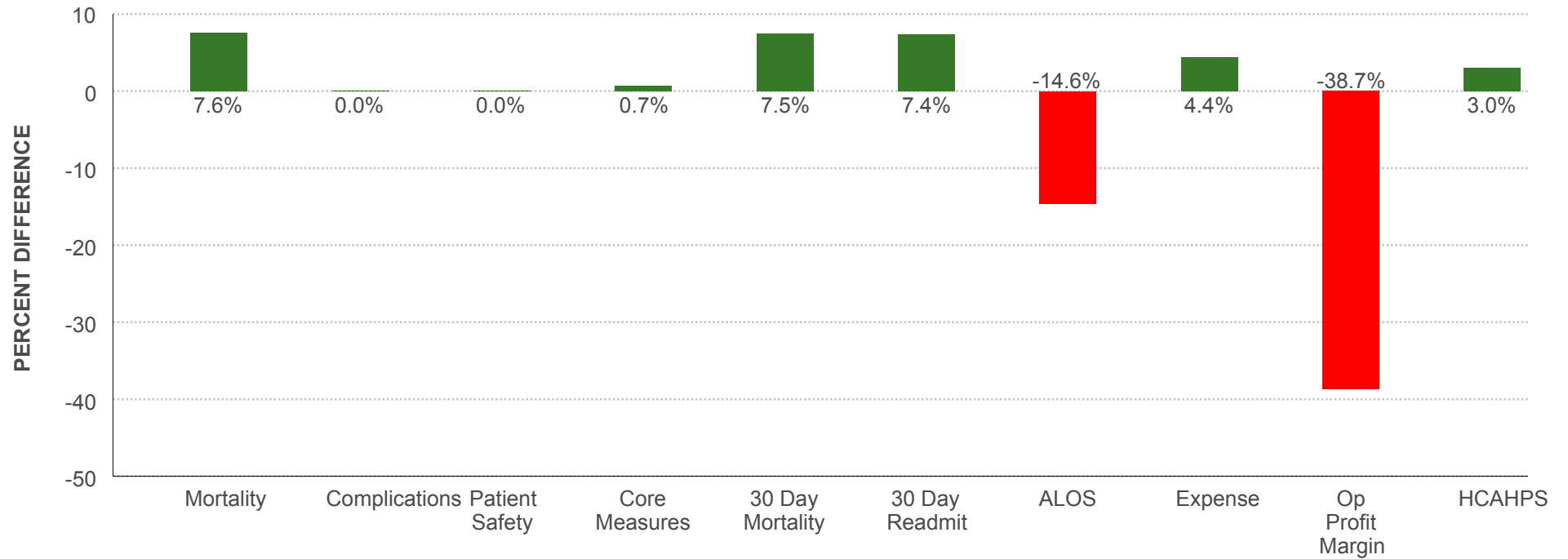
- We excluded the following two core measures when calculating the Core Measures Mean Percent for the Small Community Hospitals comparison group. This was done due to very limited reporting by that group.
 - Heart Attack Patients Given PCI Within 90 Minutes Of Arrival
 - All heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery

- No bar is displayed for the profiled 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 National Benchmarks Profile section.
- If a hospital was not eligible to be a winner due to statistically poor performance in mortality or complications (90% confidence), the details are noted at the end of the National Benchmarks Profile section.
- If a hospital was not eligible to be a winner because it had one or more outliers (interquartile range methodology) for patient safety, expense, or profit, the details are noted at the end of the National Benchmarks Profile section.

More Information on Methodologies

The Methodology section of the 2009 100 Top Hospitals: National Benchmarks study abstract 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.

PROFILED HOSPITAL COMPARED WITH TOP 25 TEACHING HOSPITALS¹ 2008



PROFILED HOSPITAL :

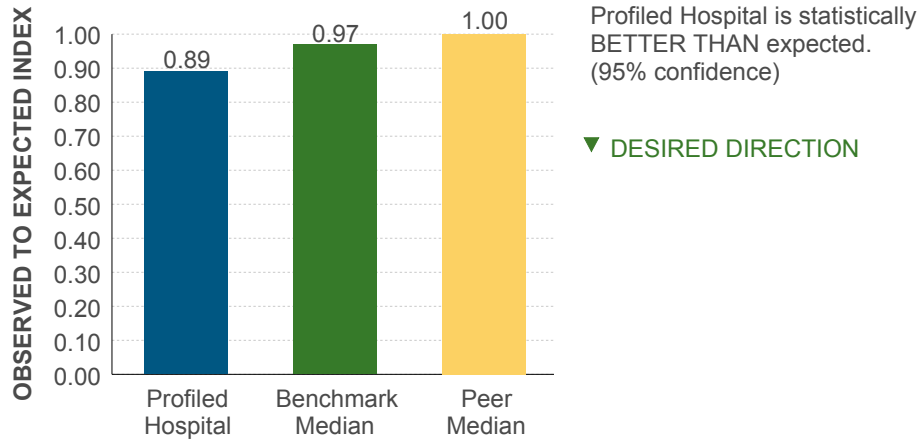
Upper C.I.	17.5%	6.7%
Lower C.I.	-3.1%	-7.1%

Note: 95% confidence interval for the binomial measures: Mortality and Complications.

¹Percent difference between the profiled hospital value and the median value of the winners in the hospital comparison group.

PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

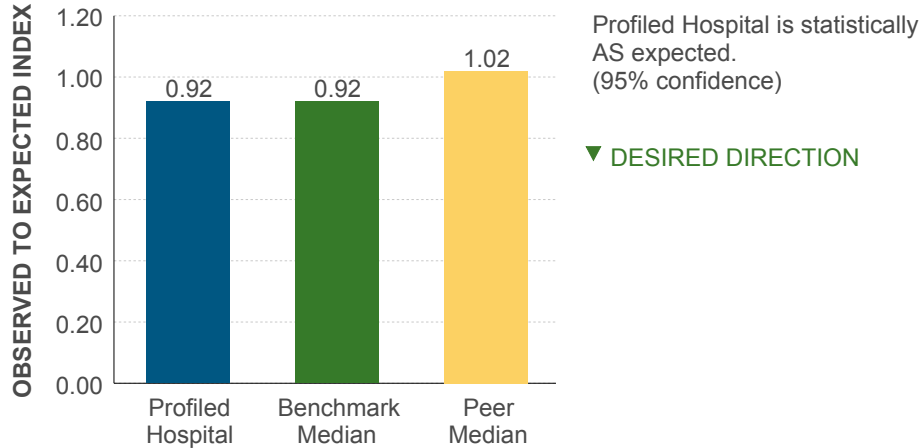
RISK-ADJUSTED MORTALITY INDEX



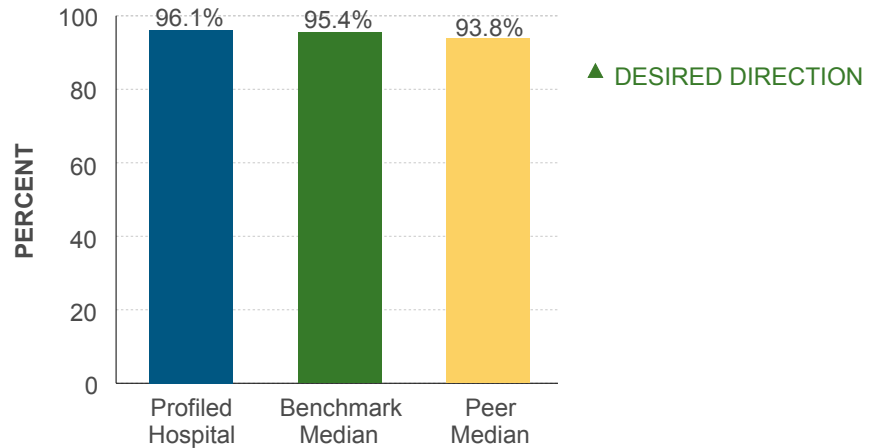
RISK-ADJUSTED COMPLICATIONS INDEX



RISK-ADJUSTED PATIENT SAFETY INDEX



CORE MEASURES MEAN PERCENT

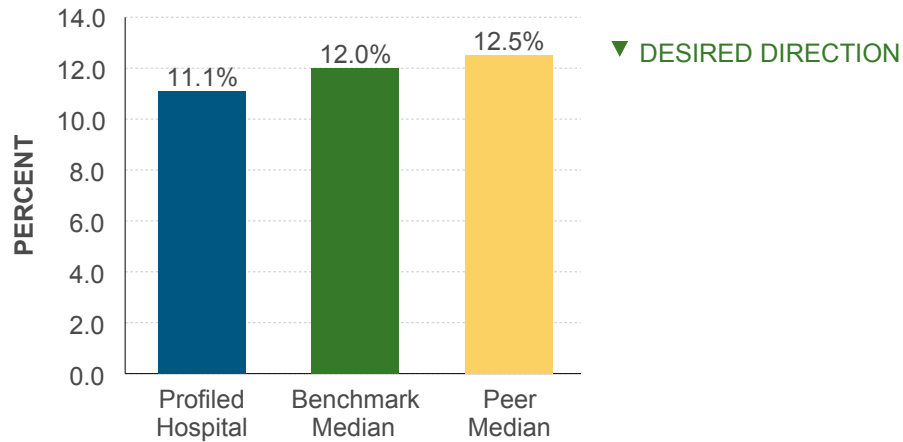


¹ Benchmark Hospitals are the winners in the comparison group: n=25

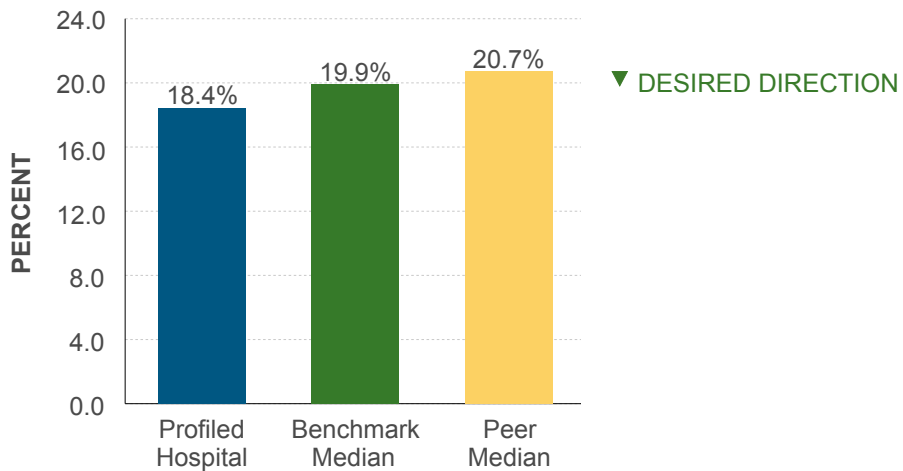
² Peer Hospitals are the non-winners in the comparison group: n=398

PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

30 DAY MORTALITY RATE (AMI, HF, PNEU)



30 DAY READMISSION RATE (AMI, HF, PNEU)

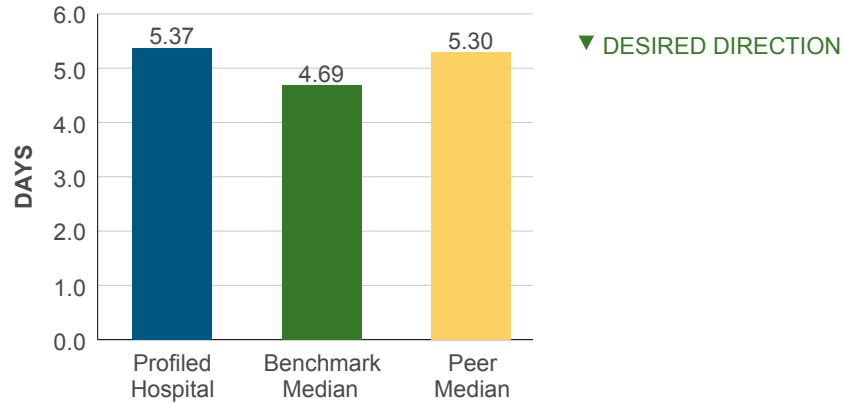


¹ Benchmark Hospitals are the winners in the comparison group: n=25

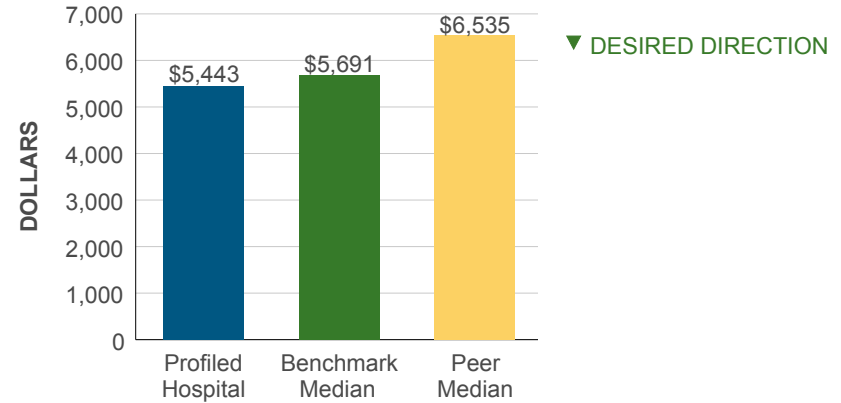
² Peer Hospitals are the non-winners in the comparison group: n=398

PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

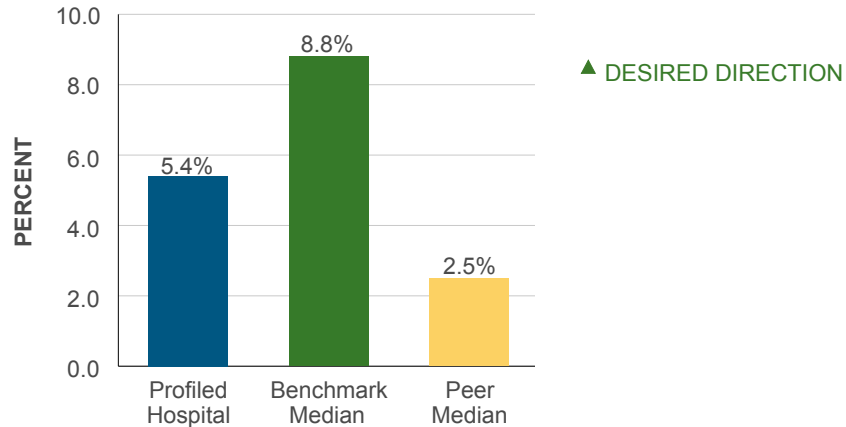
SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



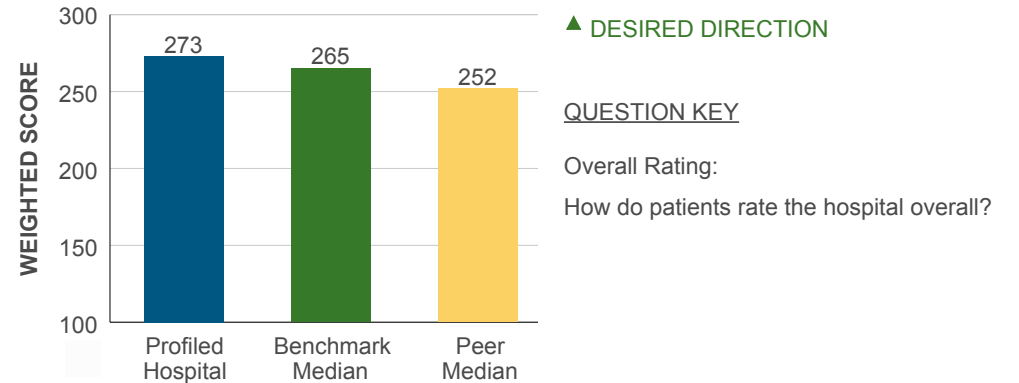
EXPENSE PER ADJUSTED DISCHARGE



ADJUSTED OPERATING PROFIT MARGIN



HCAHPS QUESTION: OVERALL RATING

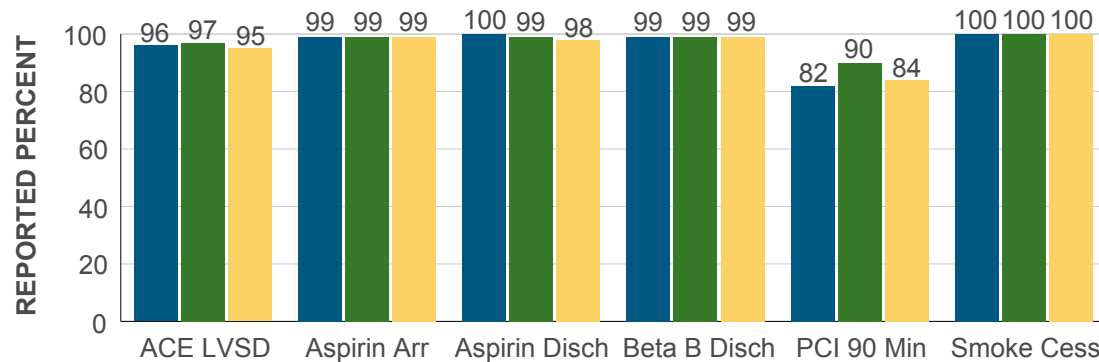


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PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

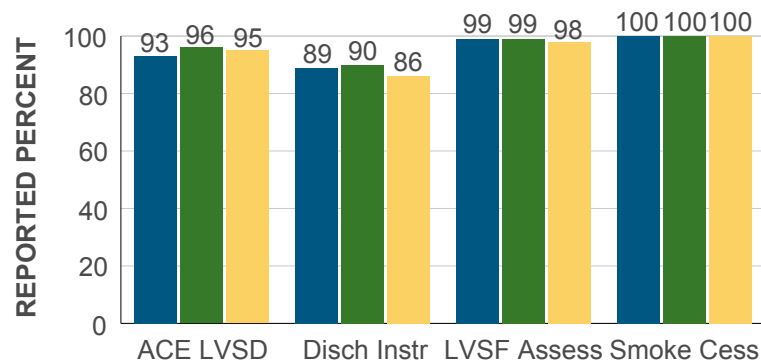
AMI CORE MEASURES



AMI ABBREVIATION KEY:

- ACE LVSD Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
- Aspirin Arr Heart Attack Patients Given Aspirin at Arrival
- Aspirin Disch Heart Attack Patients Given Aspirin at Discharge
- Beta B Disch Heart Attack Patients Given Beta Blocker at Discharge
- PCI 90 Min Heart Attack Patients Given PCI Within 90 Minutes of Arrival
- Smoke Cess Heart Attack Patients Given Smoking Cessation Advice/Counseling

HF CORE MEASURES



HF ABBREVIATION KEY:

- ACE LVSD Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
- Disch Instr Heart Failure Patients Given Discharge Instructions
- LVSF Assess Heart Failure Patients Given an Evaluation of Left Ventricular Systolic Function (LVSF)
- Smoke Cess Heart Failure Patients Given Smoking Cessation Advice/Counseling

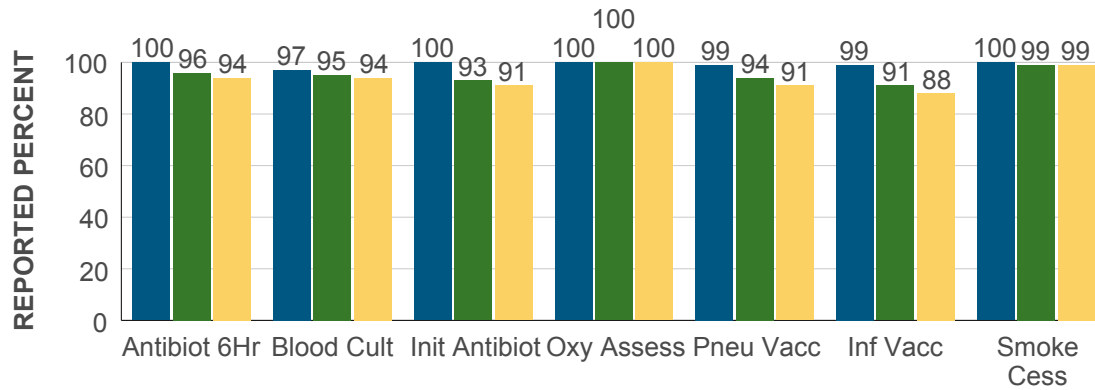
- Profiled Hospital
- Benchmark Median
- Peer Median
- ▲ DESIRED DIRECTION

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PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

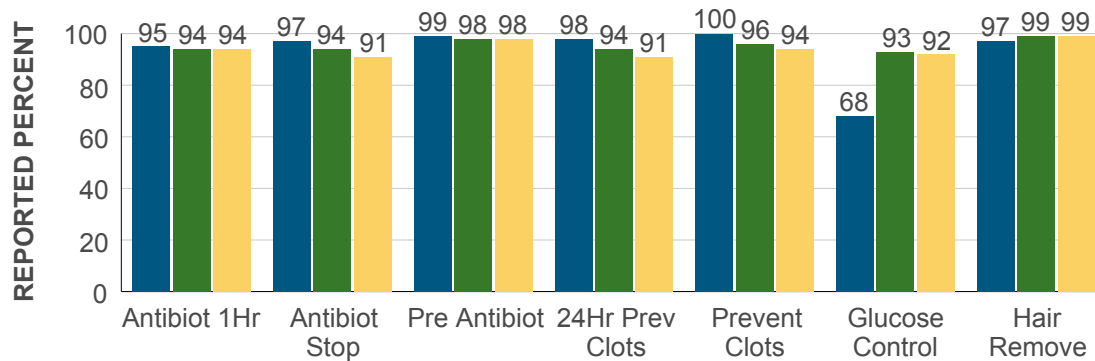
PNEUMONIA CORE MEASURES



PNEUMONIA ABBREVIATION KEY:

Antibiot 6Hr	Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours after Arrival
Blood Cult	Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics
Init Antibiot	Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)
Oxy Assess	Pneumonia Patients Given Oxygenation Assessment
Pneu Vacc	Pneumonia Patients Assessed and Given Pneumococcal Vaccination
Inf Vacc	Pneumonia Patients Assessed and Given Influenza Vaccination
Smoke Cess	Pneumonia Patients Given Smoking Cessation Advice/Counseling

SURGERY CORE MEASURES



SURGERY ABBREVIATION KEY:

Antibiot 1Hr	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection
Antibiot Stop	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)
Pre Antibiot	Surgery patients who were given the right kind of antibiotic to help prevent infection
24Hr Prev Clots	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery
Prevent Clots	Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries
Glucose Control	All heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery
Hair Remove	Surgery patients needing hair removed from the surgical area before surgery who had hair removed using a safer method (electric clippers or hair removal cream - not a razor)

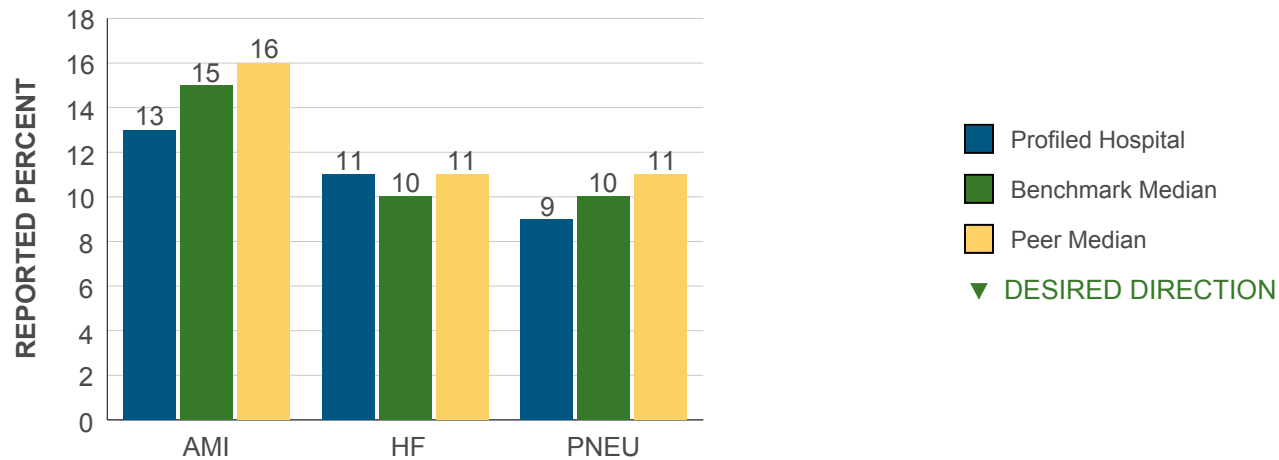
■ Profiled Hospital
 ■ Benchmark Median
 ■ Peer Median
 ▲ DESIRED DIRECTION

¹ Benchmark Hospitals are the winners in the comparison group: n=25

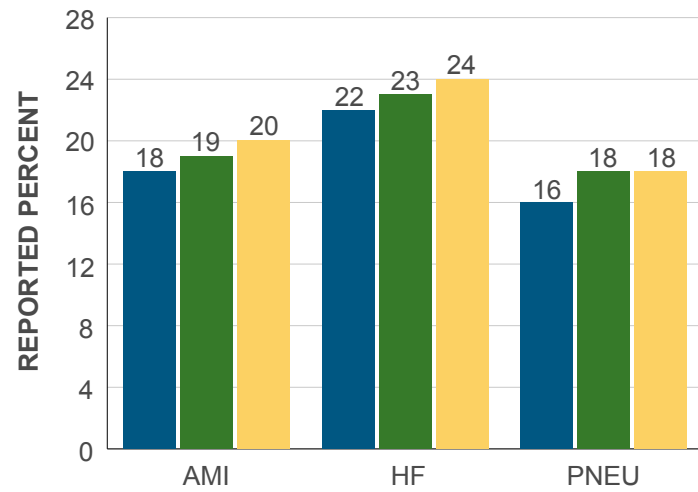
² Peer Hospitals are the non-winners in the comparison group: n=398

PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

30 DAY MORTALITY RATES BY PATIENT CONDITION



30 DAY READMISSION RATES BY PATIENT CONDITION

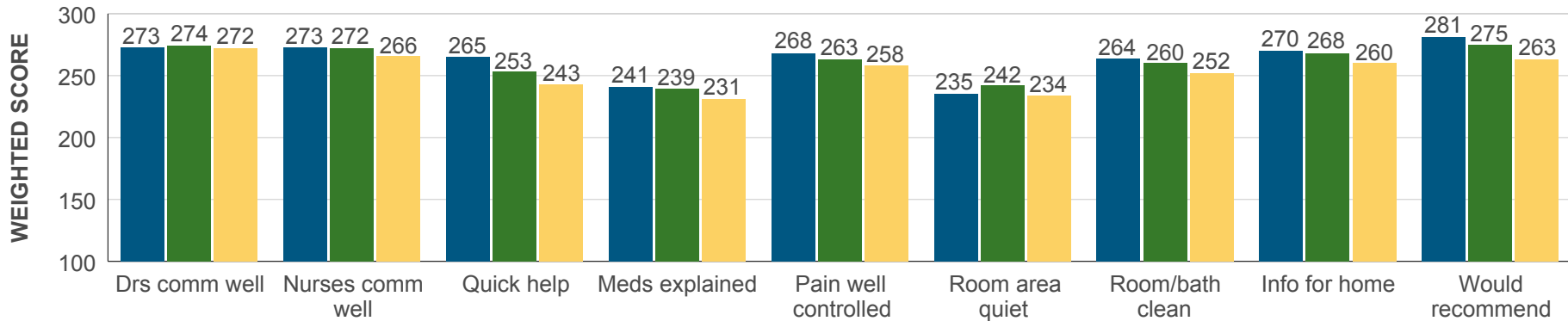


¹ Benchmark Hospitals are the winners in the comparison group: n=25

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PROFILED HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2008

HCAHPS QUESTIONS



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?
- Would recommend Would patient recommend the hospital to friends and family?

- Profiled Hospital
- Benchmark Median
- Peer Median
- ▲ DESIRED DIRECTION

¹ Benchmark Hospitals are the winners in the comparison group: n=25

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