

100 TOP HOSPITALS® NATIONAL BENCHMARKS REPORT, 2011

PREPARED FOR:
Sample Hospital
Any Town, US
MEDICARE ID: 000000



THOMSON REUTERS

PERFORMANCE REPORT 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 abstract.

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 Thomson Reuters 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 custom report, we provide two types of comparisons for current performance and for five 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, AHRQ Patient Safety Indicators (PSIs) and average length of stay. POA coding was only available in the 2009 MedPAR data set, so risk-models without POA were used for trending.

Some individual core measures were excluded from the study due to very limited reporting. See CURRENT PROFILE NOTES preceeding the CURRENT PROFILE section of this report for details.

RANK WEIGHTS AND PUBLIC DATA SOURCES

Measures	Rank Wt	Source
Risk-Adjusted Mortality	1	MedPAR 2004-2009
Risk-Adjusted Complications	1	MedPAR 2004-2009
Risk-Adjusted Patient Safety ¹	1	MedPAR 2004-2009
Core Measures Mean Percent	1	CMS Hospital Compare Calendar Years 2005-2009
30-Day Mortality ² (AMI, Heart Failure, Pneumonia)	1/2	CMS Hospital Compare July 1, 2006-June 30, 2009
30-Day Readmissions ² (AMI, Heart Failure, Pneumonia)	1/2	CMS Hospital Compare July 1, 2006-June 30, 2009
Severity-Adjusted Average Length of Stay	1	MedPAR 2005-2009
Adjusted Inpatient Expense per Discharge	1	HCRIS Q3 2005-2009 cost reports
Adjusted Operating Profit Margin	1	HCRIS Q3 2005-2009 cost reports
HCAHPS ¹	1	CMS Hospital Compare Calendar Year 2009

¹AHRQ PSI risk models used POA coding in 2009 and imputed POA in 2008 data. Two years of data were combined for each study year.

²Five year trend data not available for 30-Day Mortality rates, 30-Day Readmission rates and Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) data.

FOR MORE INFORMATION

For a study abstract, with full details on performance measures, methods used, and winners, visit www.100tophospitals.com.

100 TOP HOSPITALS PERFORMANCE MATRIX

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, versus 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 versus your comparison group. The matrix "Overall" dot integrates your national rank percentile for current overall performance with your national rank percentile for five-year overall rate of improvement. Rank percentiles for each individual measure are also graphed. Measures may fall into any one of four quadrants: Declining, Improving, Leading, or At Risk.

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 five-year rate of improvement. 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 five-year trended performance. They are the best of the best.

PERFORMANCE MATRIX NOTES

Missing Matrix

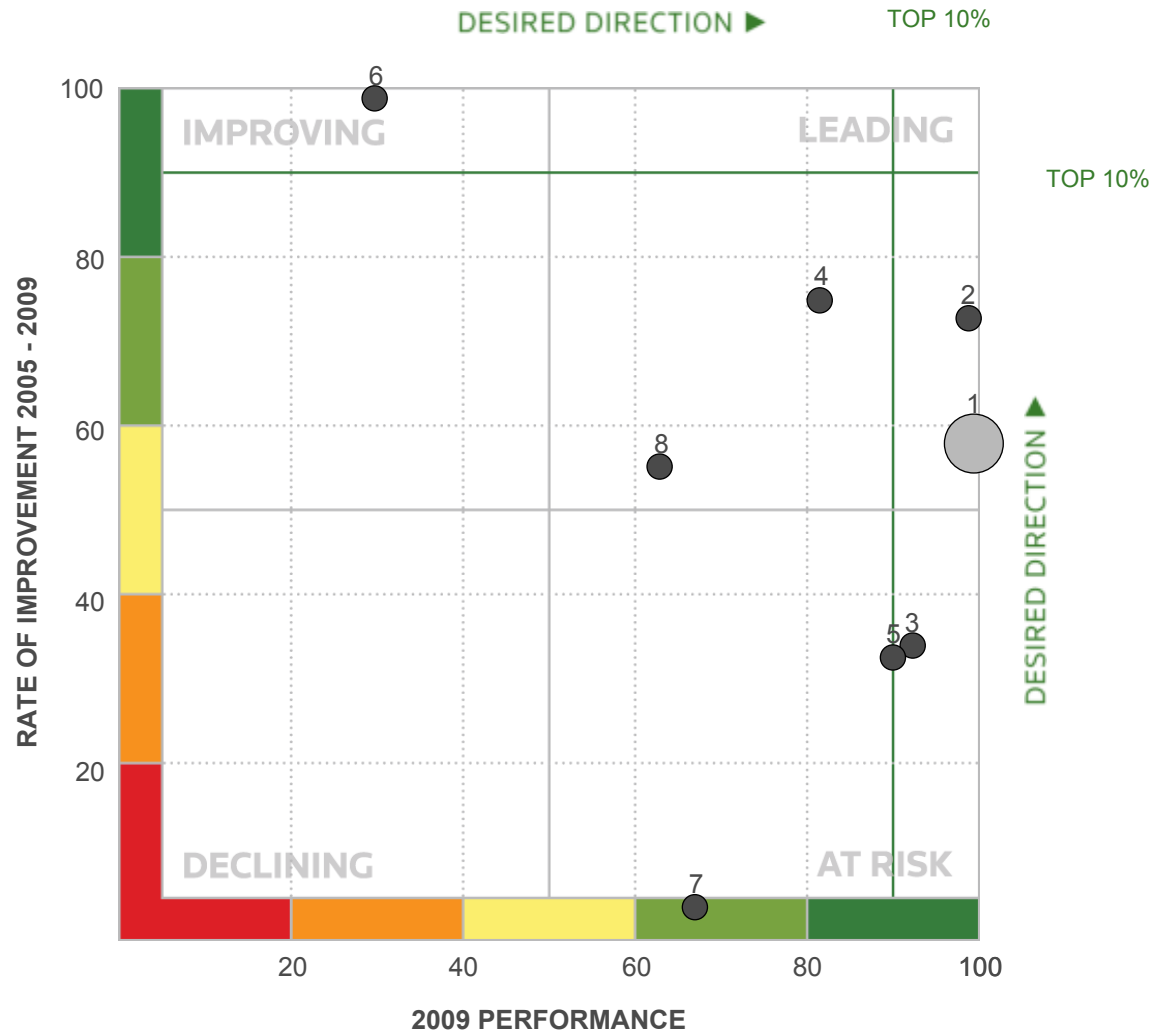
The matrix graph will be missing if your hospital was excluded from the study or did not have enough years of data to be trended. If trend analysis could not be done, there also will be no Trend Profile section in this report. Exclusion notes are found at the end of the Trend Profile and Current Profile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

100 TOP HOSPITALS PERFORMANCE MATRIX

HOSPITAL 2009 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: IP Expense/Disch

8: Op Profit Margin

• QUINTILES •

80 TO 100

60 TO 80

40 TO 60

20 TO 40

0 TO 20

PROFILED HOSPITAL:

2009 Comparison Group: n = 435

2005 - 2009 Comparison Group: n = 427

100 TOP HOSPITALS TREND PROFILE

TREND PROFILE

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

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

UNDERSTANDING THE GRAPHS

Trend Percentiles Overall and by Measure

This bar graph shows your hospital's performance on each measure, and overall, reported as percentiles. Individual measure percentiles are based on your measure rank versus your comparison group. The overall rank percentile is based on the sum of your individual measure ranks, re-ranked by comparison group. It is not the average of the individual measure percentiles.

Performance Trends by Measure (Regression Line Graphs)

This section of the profile contains graphs for each performance measure. Regression lines, calculated from five years of data, are displayed for your hospital and the benchmark and peer hospitals of your comparison group.

A statistical significance note is also displayed for each graph, indicating whether your performance is **improving, not changing, or worsening** (95% confidence) over the five years. You can easily identify the consistency of your rates of improvement across all measures from these notes. In addition, you can compare your rates of performance improvement to benchmark rates to identify areas of greatest opportunity.

Performance Trends Versus Comparison Group Quintiles (Color Quintile Graphs)

This section of the profile contains graphs for each 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 level of performance, 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 hospitals in your comparison group.

REPORT NOTES

Use of Median Values

When individual core measures are missing or the reported value is insufficiently precise (patient count too low) to be included, we substitute class median values to allow your hospital to be ranked.

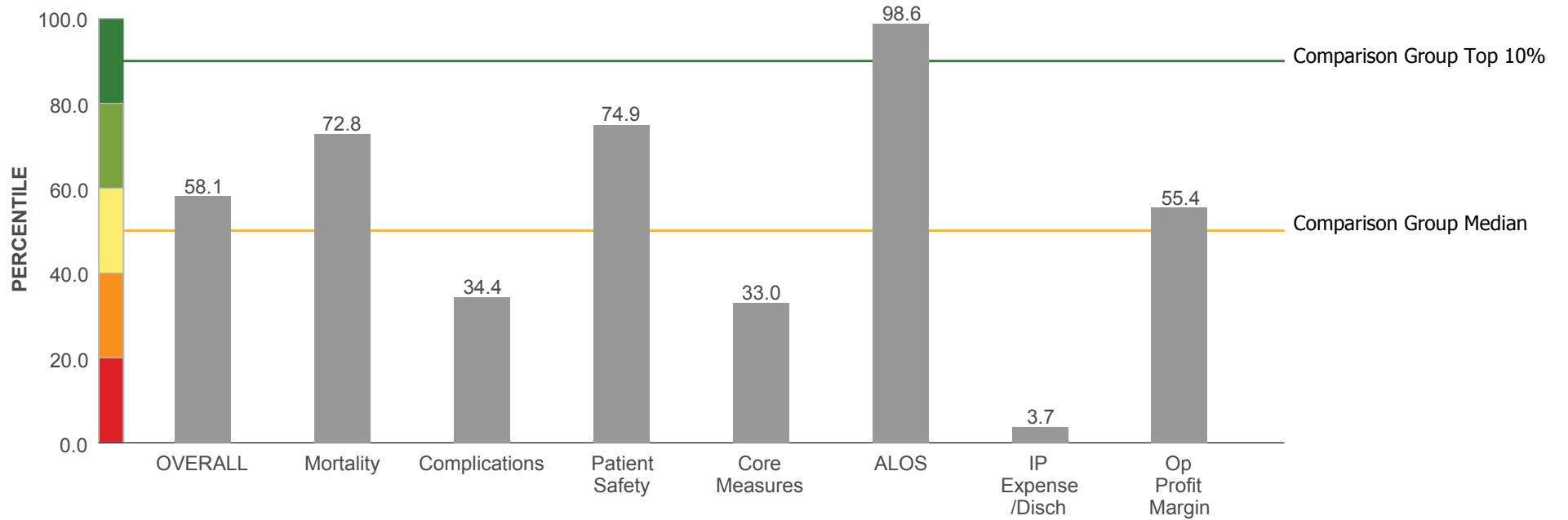
Insufficient Data Points

No hospital trend line is displayed on the Regression Line Graphs if fewer than three data points are available. Benchmark and peer median values for the comparison group will still be displayed.

Missing or Incalculable Data Points

- Individual data points are missing on the Color Quintile Graphs when values are not reported, are incalculable in a specific 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.

HOSPITAL 2005 - 2009 TREND PERCENTILES OVERALL AND BY MEASURE COMPARED WITH TEACHING HOSPITALS (n=427)



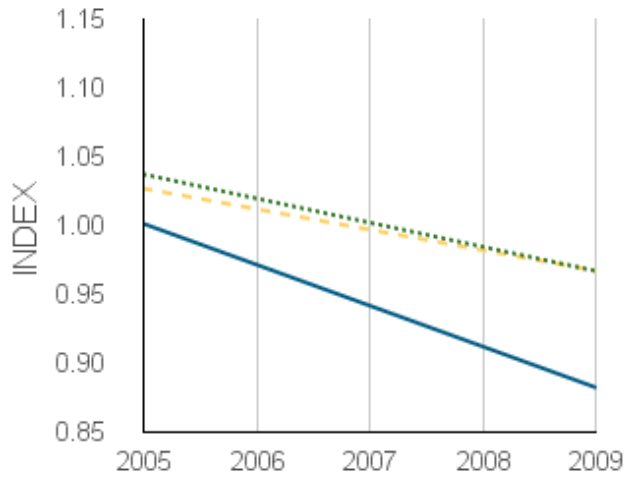
PROFILED HOSPITAL :

Upper C.I.	62.6	76.8	38.7	78.8	37.2	99.6	5.3	59.9
Lower C.I.	53.2	68.4	29.7	70.6	28.3	97.2	1.8	50.5

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

HOSPITAL PERFORMANCE TRENDS 2005 - 2009 COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS

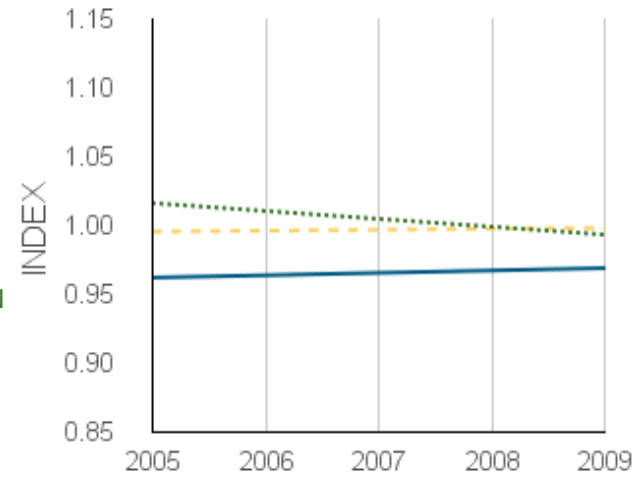
RISK-ADJUSTED MORTALITY INDEX



Profiled hospital is IMPROVING (95% confidence)

▼ DESIRED DIRECTION

RISK-ADJUSTED COMPLICATIONS INDEX

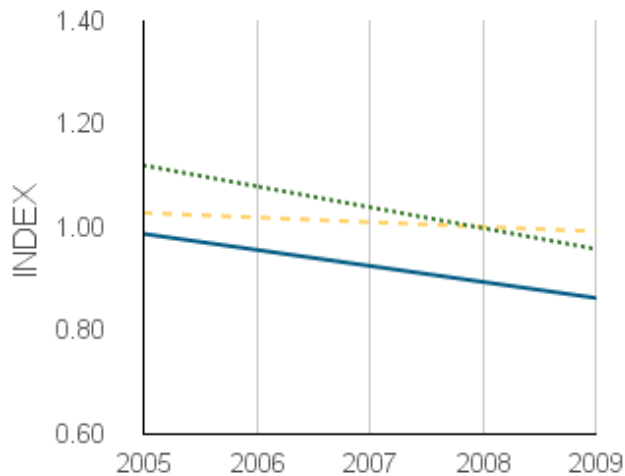


Profiled Hospital
Benchmark Median
Peer Median

Profiled hospital is NOT CHANGING (95% confidence)

▼ DESIRED DIRECTION

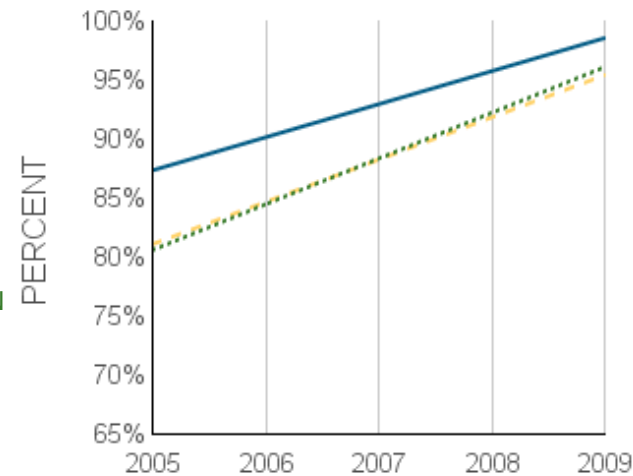
RISK-ADJUSTED PATIENT SAFETY INDEX



Profiled hospital is NOT CHANGING (95% confidence)

▼ DESIRED DIRECTION

CORE MEASURES MEAN PERCENT



Profiled hospital is IMPROVING (95% confidence)

▲ DESIRED DIRECTION

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

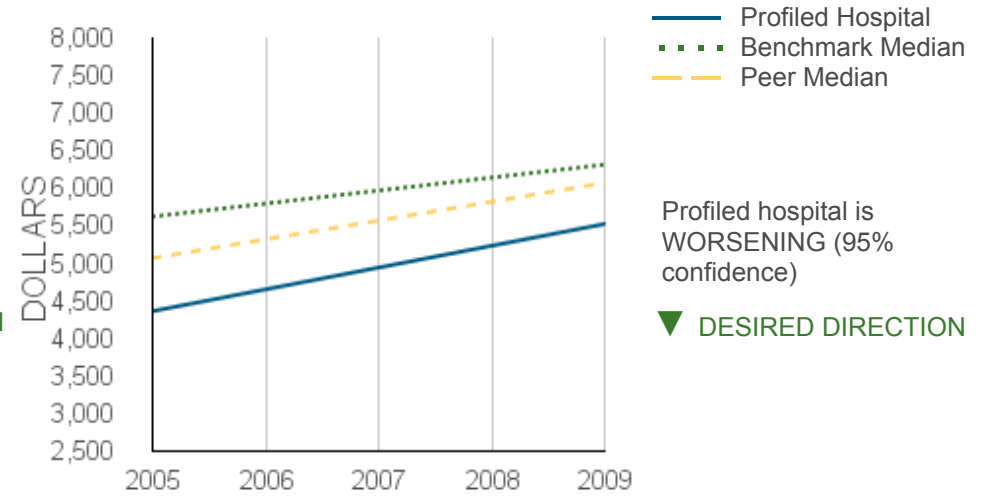
² Peer Hospitals are non-benchmark in the comparison group: n=402

HOSPITAL PERFORMANCE TRENDS 2005 - 2009 COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS

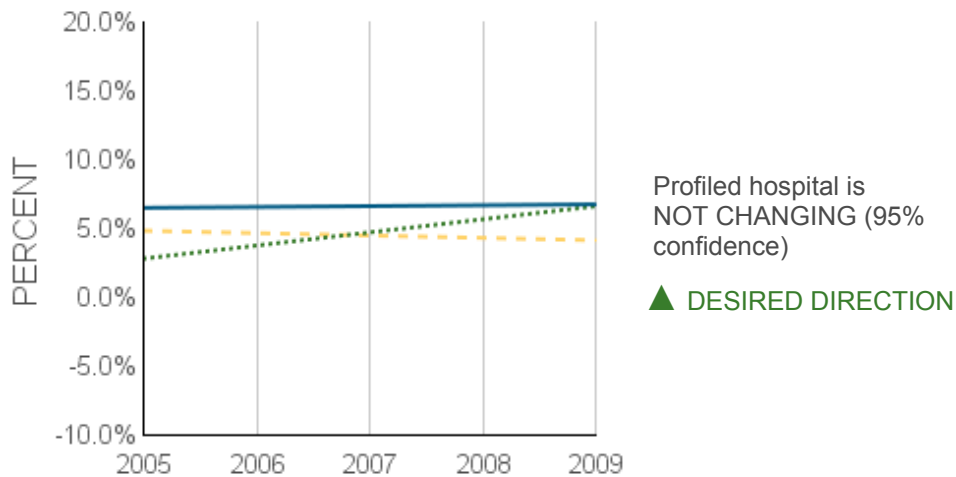
SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



ADJUSTED INPATIENT EXPENSE PER DISCHARGE



ADJUSTED OPERATING PROFIT MARGIN

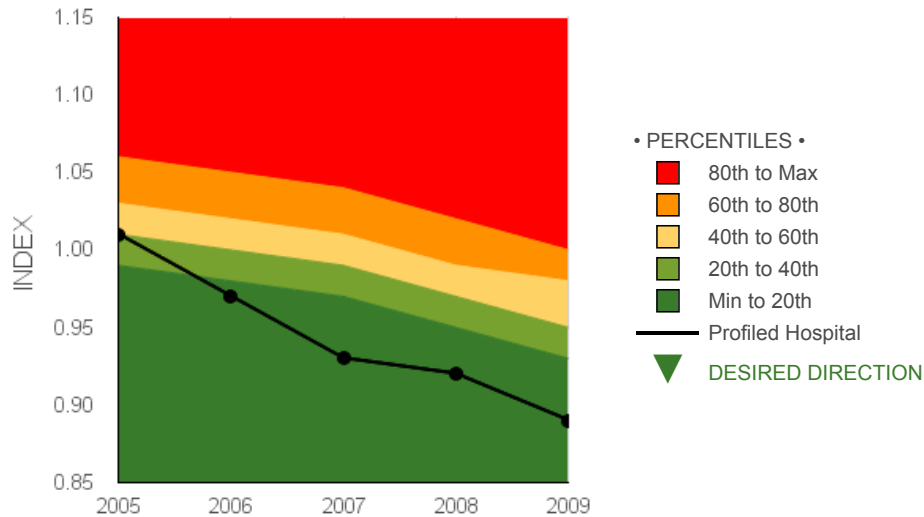


¹ Benchmark Hospitals are top performers in the comparison group: n=25

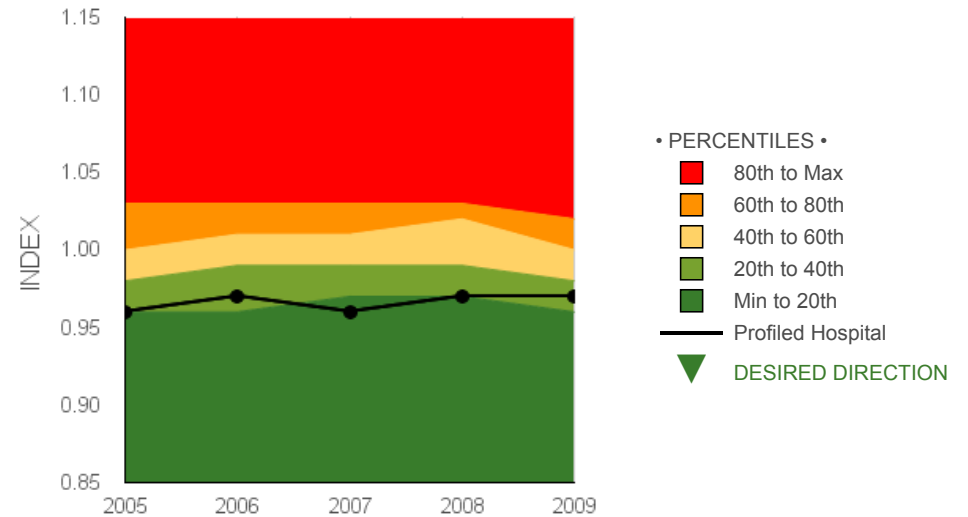
² Peer Hospitals are non-benchmark in the comparison group: n=402

HOSPITAL 2005 - 2009 PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=427)

RISK-ADJUSTED MORTALITY INDEX



RISK-ADJUSTED COMPLICATIONS INDEX

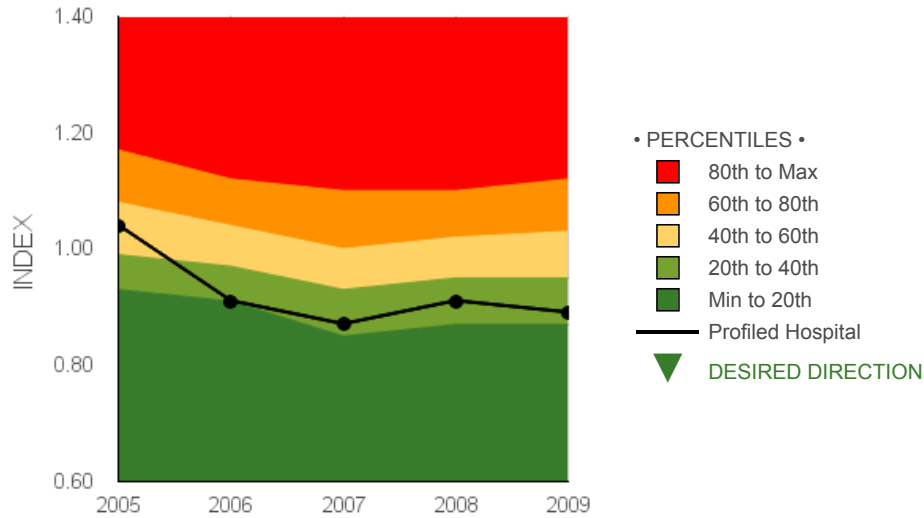


PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2005	0.99	1.01	1.03	1.06	1.01	1.09	0.93
	2006	0.98	1.00	1.02	1.05	0.97	1.06	0.88
	2007	0.97	0.99	1.01	1.04	0.93	1.03	0.83
	2008	0.95	0.97	0.99	1.02	0.92	1.02	0.82
	2009	0.93	0.95	0.98	1.00	0.89	0.99	0.79

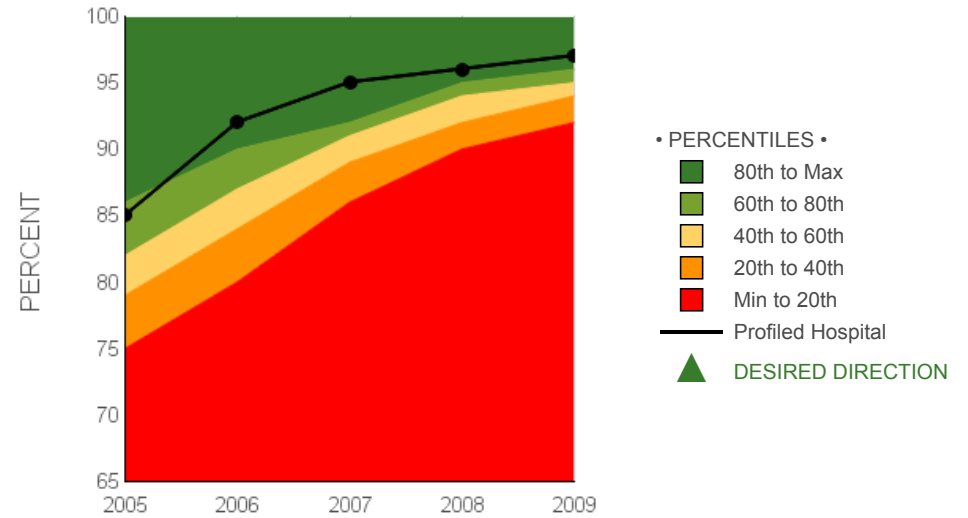
PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL		
		20th	40th	60th	80th	Value	Upper C.I.	Lower C.I.
YEARS	2005	0.96	0.98	1.00	1.03	0.96	1.03	0.90
	2006	0.96	0.99	1.01	1.03	0.97	1.03	0.91
	2007	0.97	0.99	1.01	1.03	0.96	1.02	0.89
	2008	0.97	0.99	1.02	1.03	0.97	1.03	0.90
	2009	0.96	0.98	1.00	1.02	0.97	1.04	0.91

HOSPITAL 2005 - 2009 PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=427)

RISK-ADJUSTED PATIENT SAFETY INDEX



CORE MEASURES MEAN PERCENT



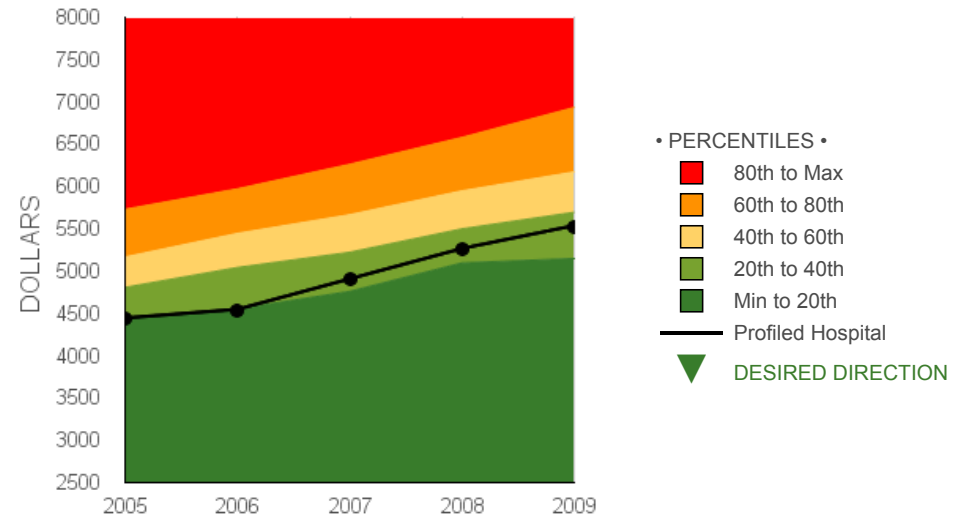
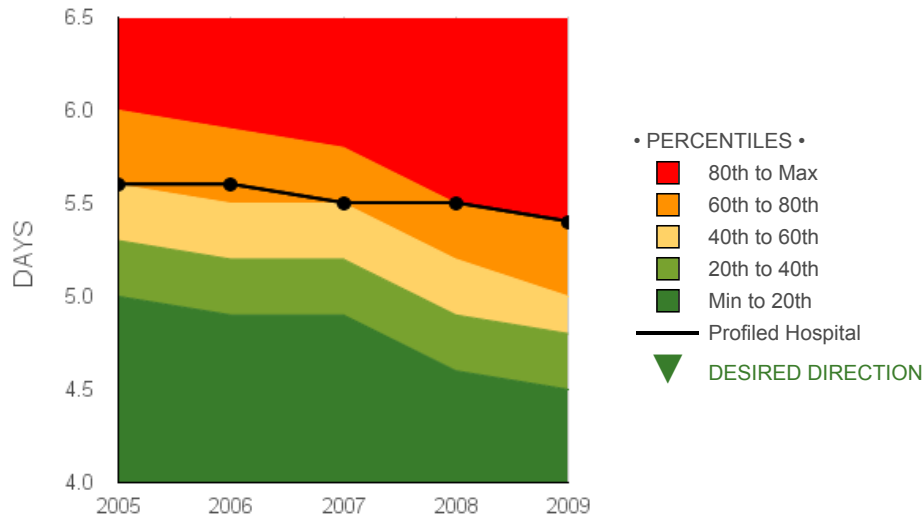
PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2005	0.93	0.99	1.08	1.17	1.04
	2006	0.91	0.97	1.04	1.12	0.91
	2007	0.85	0.93	1.00	1.10	0.87
	2008	0.87	0.95	1.02	1.10	0.91
	2009	0.87	0.95	1.03	1.12	0.89

PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2005	74.72	78.50	82.37	85.52	85.20
	2006	80.18	83.53	86.59	89.71	91.59
	2007	85.84	88.68	90.58	92.42	94.84
	2008	89.95	92.43	93.62	95.10	95.57
	2009	92.41	94.18	95.23	96.36	97.23

HOSPITAL 2005 - 2009 PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=427)

SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY

ADJUSTED INPATIENT EXPENSE PER DISCHARGE

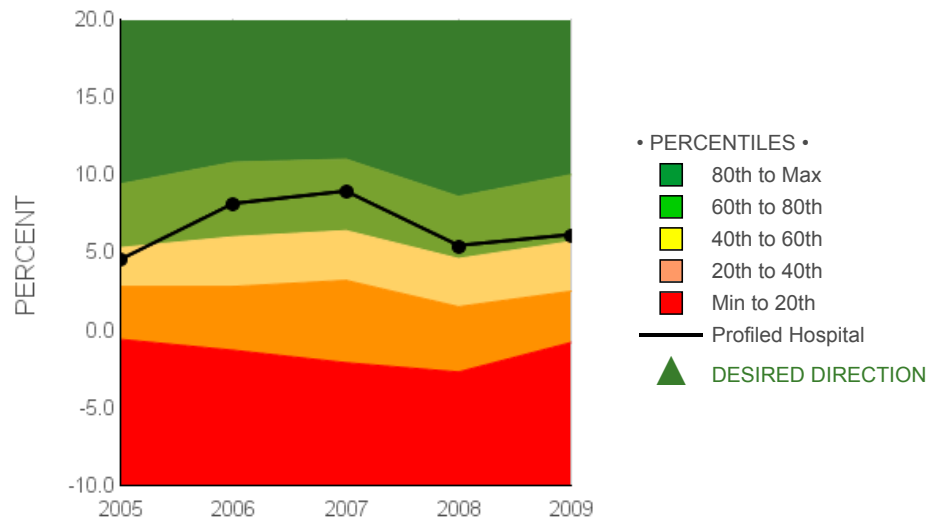


PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2005	4.99	5.27	5.56	5.96	5.61
	2006	4.91	5.19	5.48	5.87	5.58
	2007	4.90	5.18	5.46	5.81	5.55
	2008	4.63	4.92	5.20	5.54	5.48
	2009	4.47	4.76	5.01	5.39	5.42

PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2005	4,441	4,807	5,166	5,730	4,437
	2006	4,553	5,042	5,445	5,972	4,539
	2007	4,759	5,222	5,666	6,262	4,899
	2008	5,096	5,499	5,948	6,580	5,258
	2009	5,148	5,695	6,172	6,934	5,529

HOSPITAL 2005 - 2009 PERFORMANCE TRENDS COMPARED WITH TEACHING HOSPITAL QUINTILES (n=427)

ADJUSTED OPERATING PROFIT MARGIN



PERCENTILE POINTS ►		TEACHING HOSPITAL COMPARISON GROUP				PROFILED HOSPITAL
		20th	40th	60th	80th	Value
YEARS	2005	-0.57	2.76	5.35	9.41	4.45
	2006	-1.32	2.84	5.98	10.84	8.07
	2007	-2.10	3.15	6.41	10.98	8.85
	2008	-2.74	1.50	4.62	8.57	5.36
	2009	-0.80	2.50	5.65	10.04	6.12

100 TOP HOSPITALS CURRENT PROFILE

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

Using this Profile, you can identify your hospital's level of performance achievement overall and by individual measure 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 hospitals in your comparison group.

UNDERSTANDING THE GRAPHS

Percent Difference from Comparison Group Benchmark Medians

This bar graph shows the percentage by which your hospital either exceeded or fell behind the median performance of the winning hospitals in your comparison group. Green bars signify better performance; red bars signify worse performance.

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

Profiled Hospital Compared with Benchmark and Peer

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: your 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 your hospital's performance is better than expected, as expected, or worse than expected (95% confidence).

Patient Safety Indicators, Core Measures and HCAHPS Detail

This section contains bar graphs for the individual measures that make up the composite ranked measures for Patient Safety Index and Core Measures Mean Percent. In addition, performance on each HCAHPS question is included for information. Only the Overall Hospital Rating question (an HCAHPS outcome metric) is ranked.

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 rate measures (AMI, HF, Pneumonia)
- 30-day readmission rate measures (AMI, HF, Pneumonia)

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 National Benchmarks Profile section.
- If a hospital was not eligible to be a winner due to statistically poor performance in mortality or complications (95% 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.

Excluded Core Measures

We excluded three core measures from the study because they lacked discriminatory power due to minimal variance in the data:

- Heart attack patients given aspirin at arrival (AMI-1)
- Heart attack patients given smoking cessation advice/counseling (AMI-4)
- Heart attack patients given fibrinolytic medication within 30 minutes of arrival (AMI-7)

We also excluded additional core measures for the small community hospitals comparison group, due to very limited reporting:

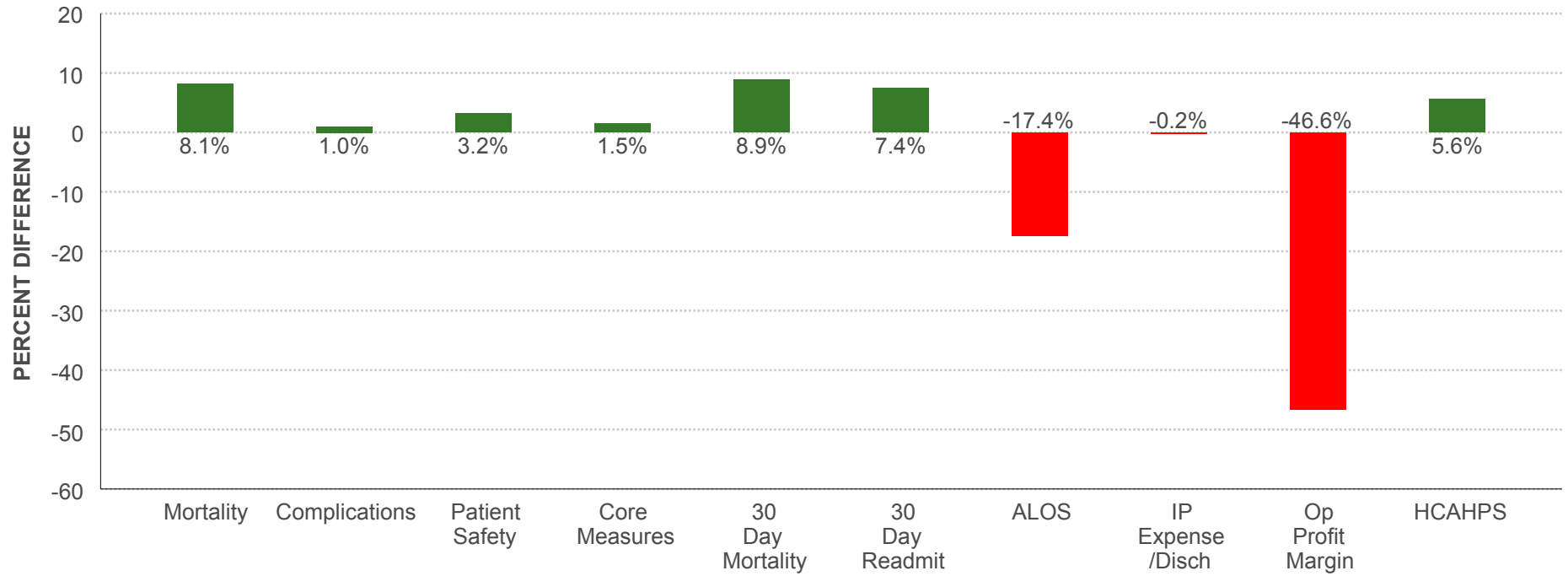
- All AMI core measures
- Heart failure patients given smoking cessation advice/ counseling (HF-4)
- Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery (SCIP-INF-6)

Note: A full list of included core measures can be found in the study abstract.

More Information on Methodologies

The methodology section of the 100 Top Hospitals 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.

HOSPITAL PERCENT DIFFERENCE FROM TEACHING HOSPITAL BENCHMARK MEDIAN¹ 2009



PROFILED HOSPITAL:

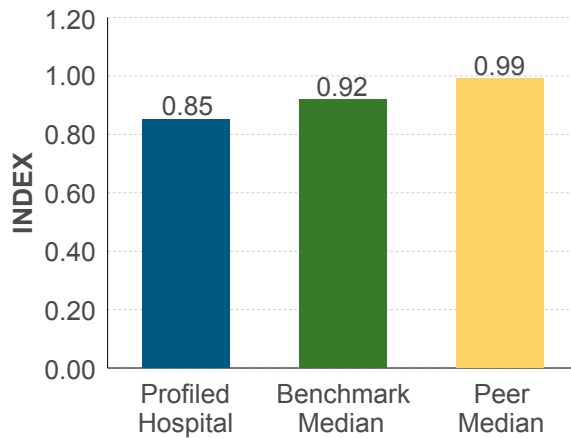
Upper C.I.	22.3%	10.5%
Lower C.I.	-8.0%	-9.3%

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

¹Median value based on 25 benchmark hospitals

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

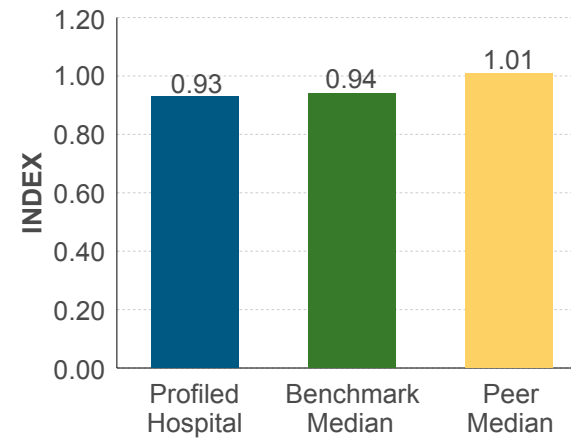
RISK-ADJUSTED MORTALITY INDEX



Profiled hospital is statistically **BETTER** THAN expected. (95% confidence)

▼ DESIRED DIRECTION

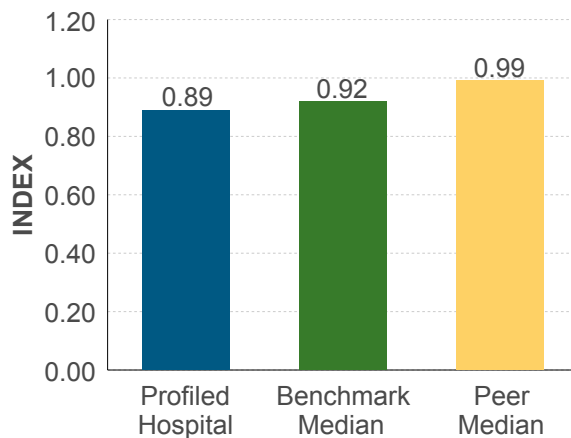
RISK-ADJUSTED COMPLICATIONS INDEX



Profiled hospital is statistically **AS** expected. (95% confidence)

▼ DESIRED DIRECTION

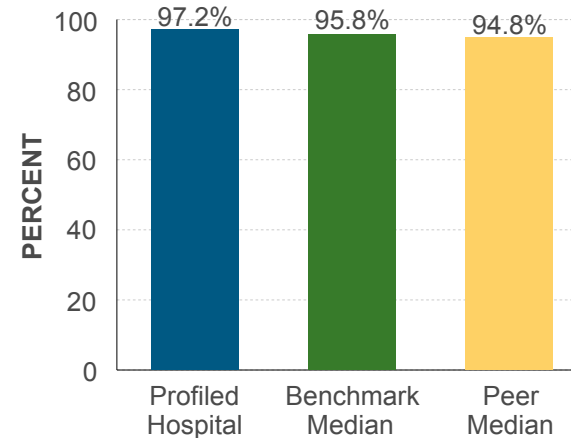
RISK-ADJUSTED PATIENT SAFETY INDEX



Profiled hospital is statistically **AS** expected. (95% confidence)

▼ DESIRED DIRECTION

CORE MEASURES MEAN PERCENT



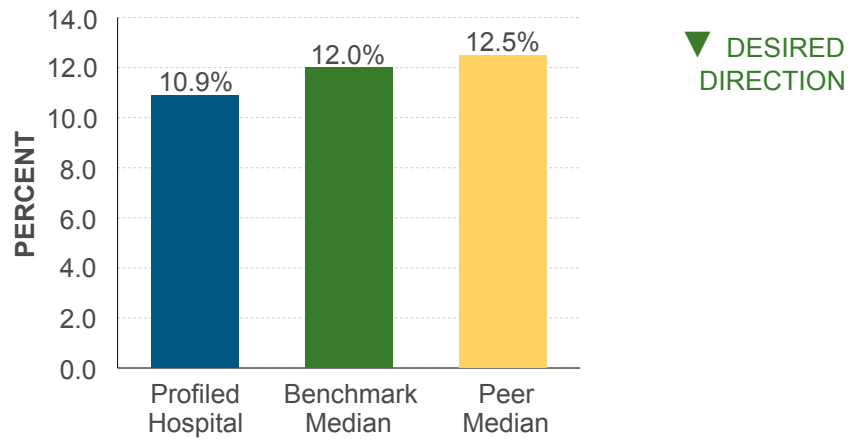
▲ DESIRED DIRECTION

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

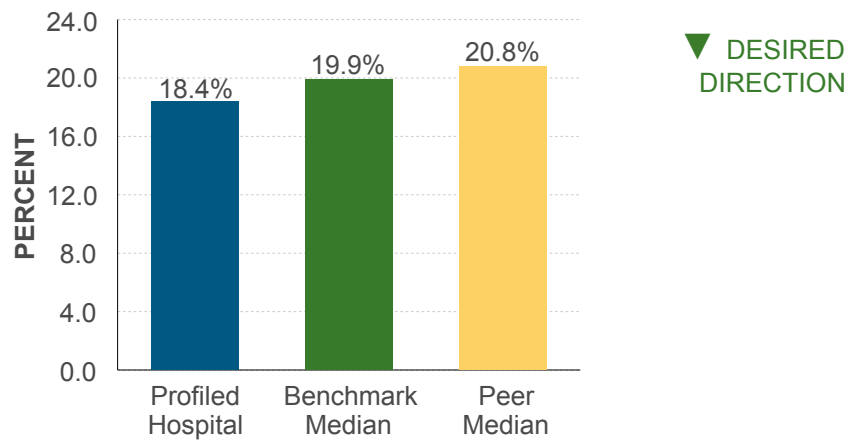
² Peer Hospitals are the non-winners in the comparison group: n=410

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

30-DAY MORTALITY RATE (AMI, HF, PNEU)



30-DAY READMISSION RATE (AMI, HF, PNEU)

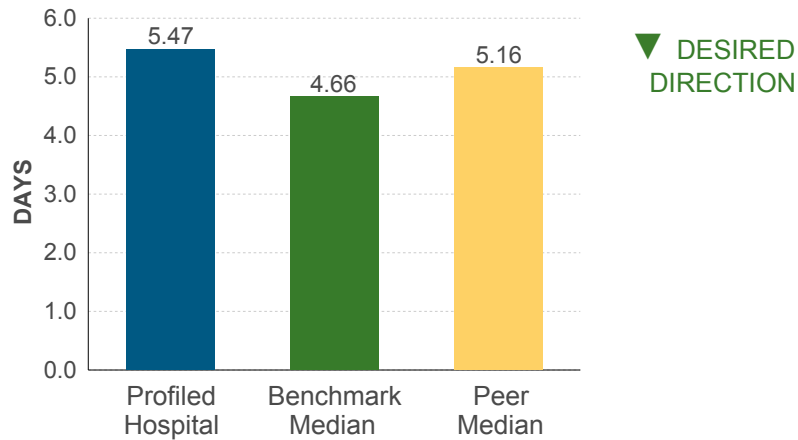


¹ Benchmark Hospitals are the winners in the comparison group: n=25

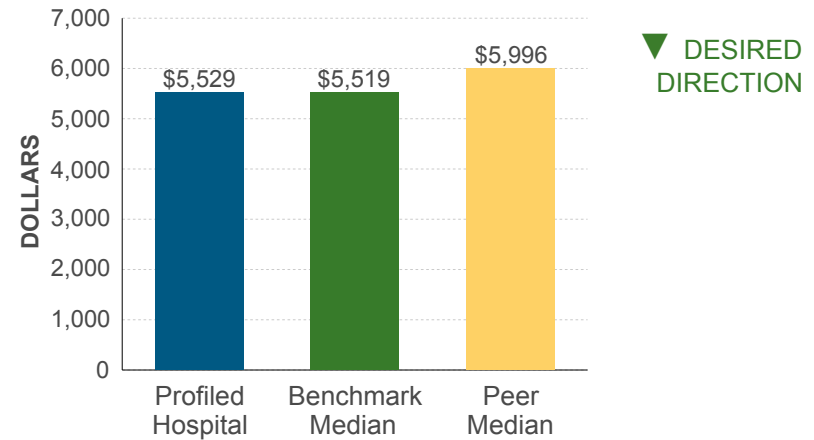
² Peer Hospitals are the non-winners in the comparison group: n=410

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

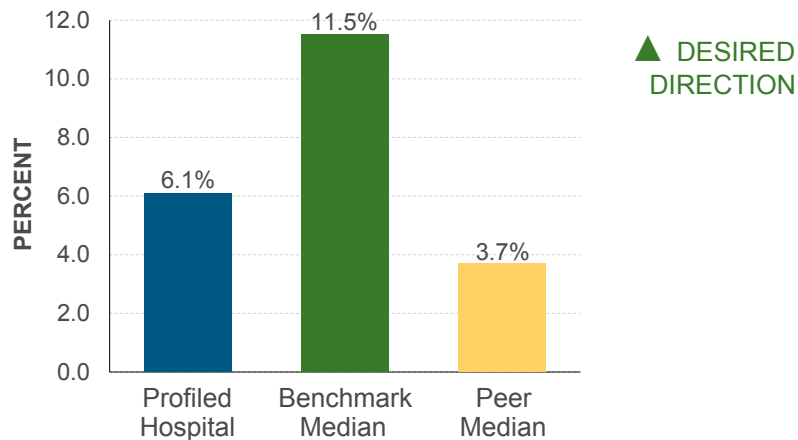
SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY



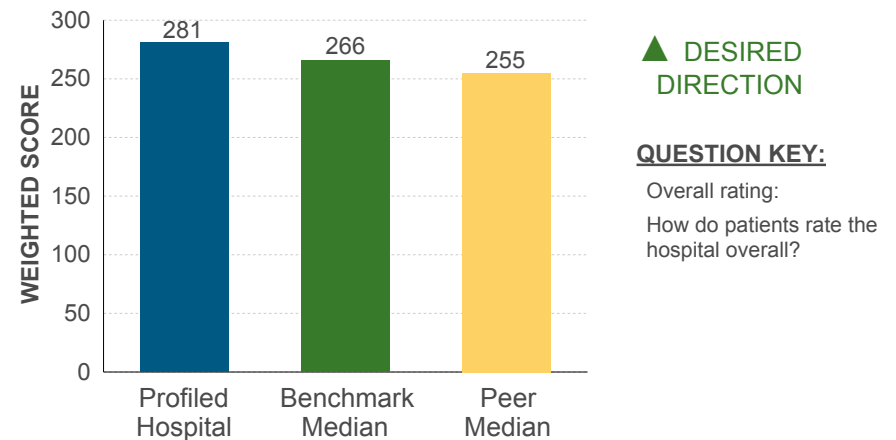
ADJUSTED INPATIENT EXPENSE PER DISCHARGE



ADJUSTED OPERATING PROFIT MARGIN



HCAHPS QUESTION: OVERALL RATING

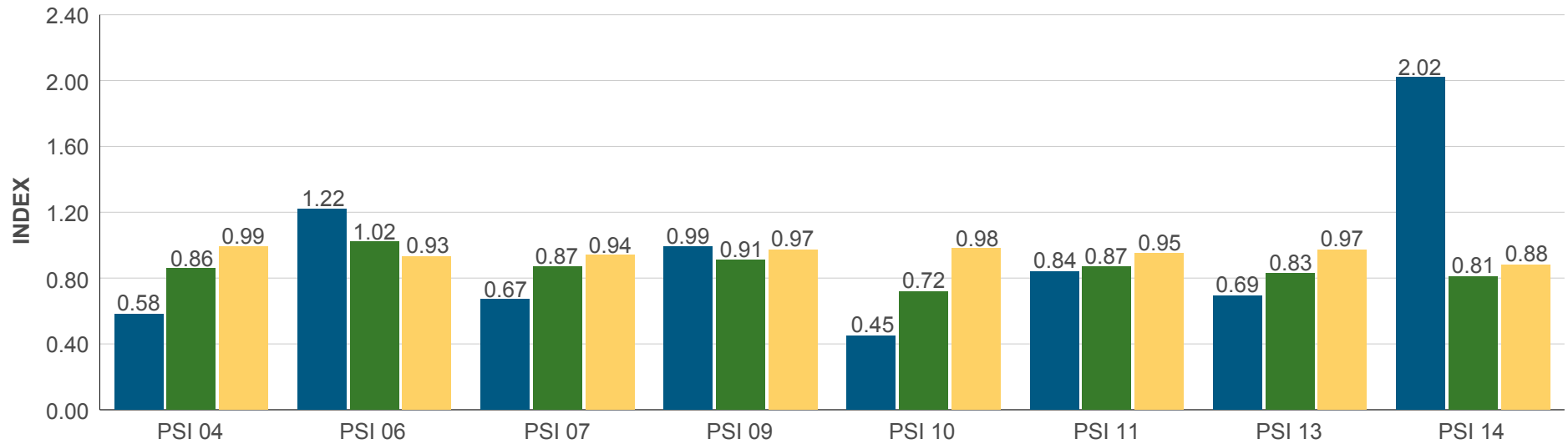


¹ Benchmark Hospitals are the winners in the comparison group: n=25

² Peer Hospitals are the non-winners in the comparison group: n=410

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

PATIENT SAFETY INDICATORS



PSI KEY:

- PSI 04 Failure to rescue
- PSI 06 Iatrogenic pneumothorax
- PSI 07 Selected infections due to medical care
- PSI 09 Postoperative hemorrhage or hematoma
- PSI 10 Postoperative physiologic and metabolic derangements
- PSI 11 Postoperative respiratory failure
- PSI 13 Postoperative sepsis
- PSI 14 Postoperative wound dehiscence in abdominopelvic surgical patients

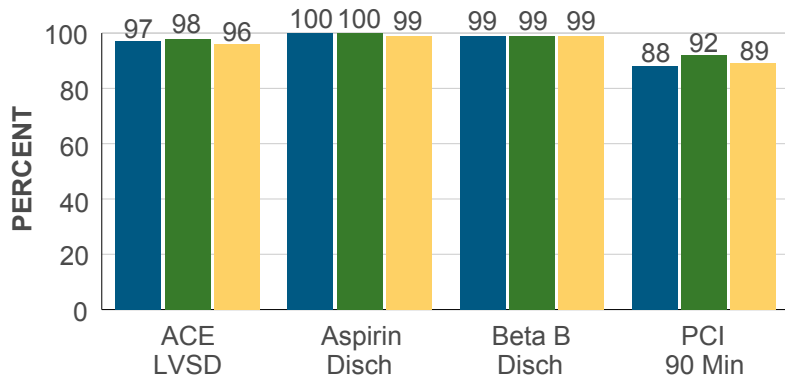
- Profiled Hospital
- Benchmark Median
- Peer Median
- ▼ DESIRED DIRECTION

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

² Peer Hospitals are the non-winners in the comparison group: n=410

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

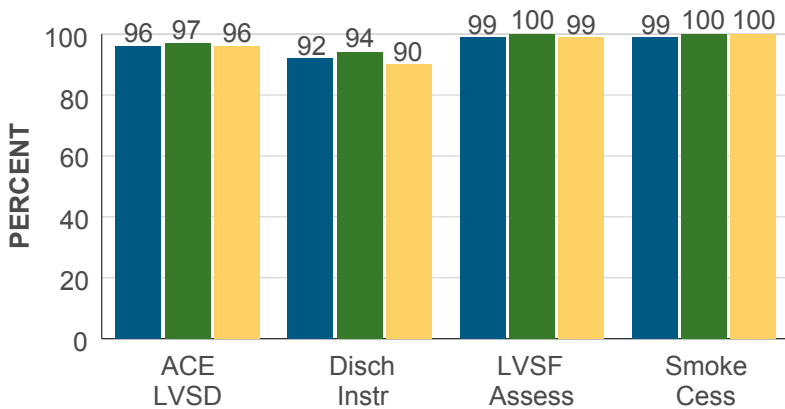
AMI CORE MEASURES



AMI ABBREVIATION KEY:

- ACE LVSD Heart attack patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD)
- 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

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 (LVS) function
- Smoke Cess Heart failure patients given smoking cessation advice/counseling

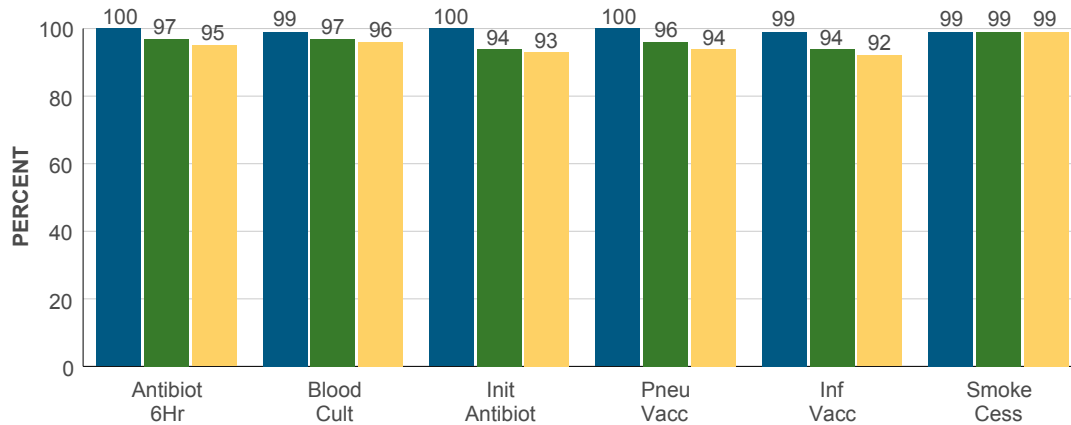
- Profiled Hospital
- Benchmark Median
- Peer Median
- ▲ DESIRED DIRECTION

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

² Peer Hospitals are the non-winners in the comparison group: n=410

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

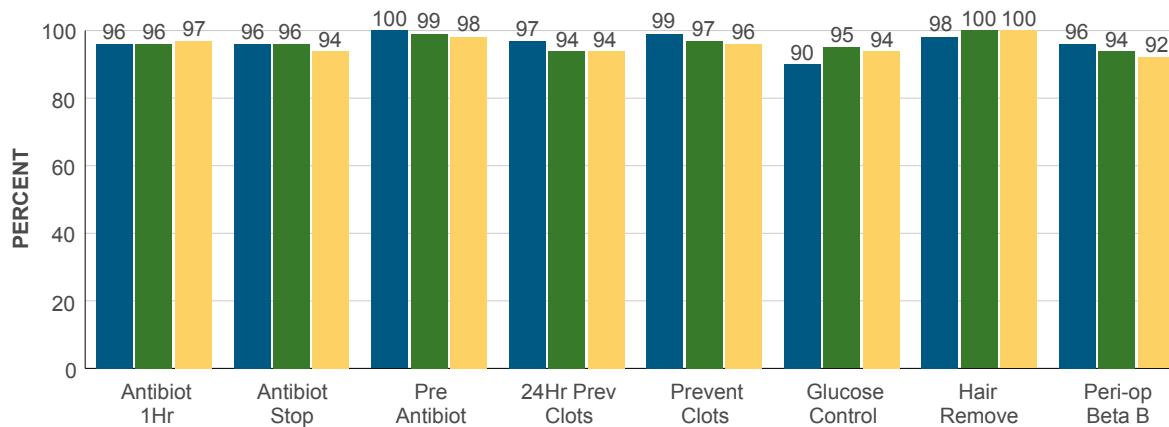
PNEUMONIA CORE MEASURES



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)
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	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)
Peri-op Beta B	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery

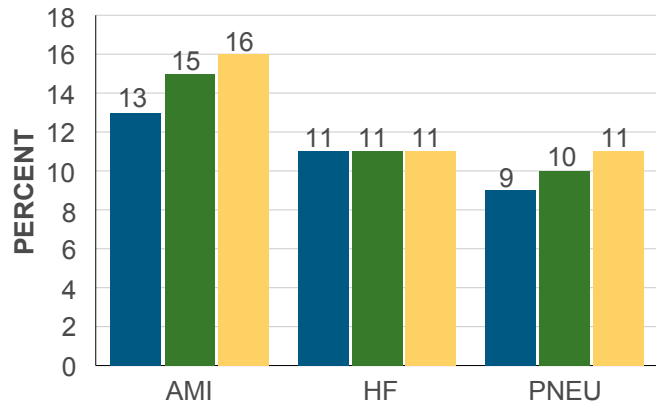
■ Profiled Hospital
 ■ Benchmark Median
 ■ Peer Median
 ▲ DESIRED DIRECTION

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

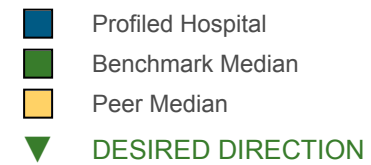
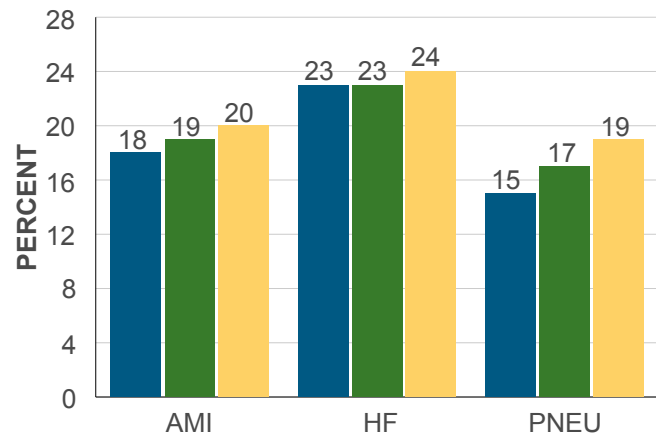
² Peer Hospitals are the non-winners in the comparison group: n=410

HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

30-DAY MORTALITY RATES BY PATIENT CONDITION



30-DAY READMISSION RATES BY PATIENT CONDITION

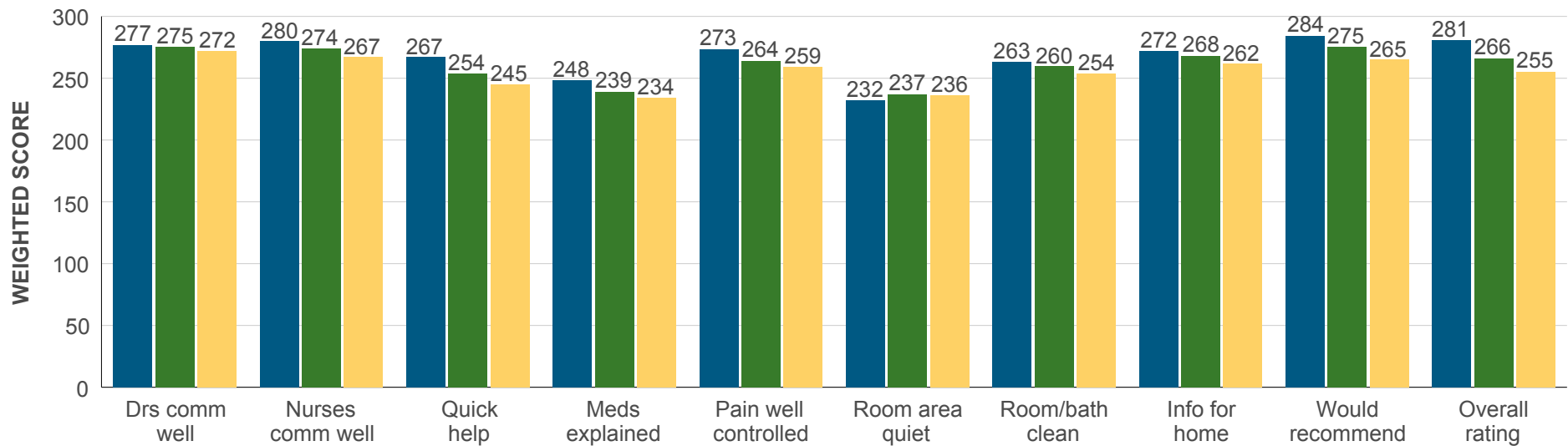


¹ Benchmark Hospitals are the winners in the comparison group: n=25

² Peer Hospitals are the non-winners in the comparison group: n=410

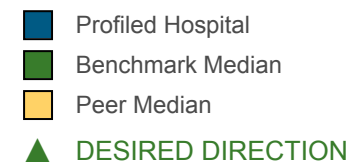
HOSPITAL COMPARED WITH TEACHING BENCHMARK¹ AND PEER² HOSPITALS 2009

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 patients recommend the hospital to friends and family?
Overall rating	How do patients rate the hospital overall?



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

² Peer Hospitals are the non-winners in the comparison group: n=410