

FACTFILE

JUNE 2011

Delivery LOS Changes

There has been considerable change over the years in terms of length of stay associated with childbirth. This data shows the percentage breakdown for days per delivery, as well as the overall LOS for delivery types, for the years 1985, 1995, and 2006.

Length of stay	1985	1995	2006
	Percent distribution		
All deliveries	100.0	100.0	100.0
Less than 1 day	0.9	1.0	0.3
1 day	9.7	36.3	11.4
2 days	26.9	37.7	46.7
3 days	29.6	16.1	27.7
4 days	15.2	5.1	9.0
5-7 days	15.5	2.7	3.8
8 days or more	2.2	1.2	1.2
Vaginal deliveries	100.0	100.0	100.0
Less than 1 day	1.1	1.1	0.3
1 day	12.5	45.7	16.3
2 days	34.6	42.6	58.9
3 days	35.4	7.6	21.0
4 days	11.4	1.3	2.0
5-7 days	4.2	0.9	1.1
8 days or more	0.9	0.7	0.4
Cesarean deliveries	100.0	100.0	100.0
Less than 1 day	*	*	*
1 day	*	*0.8	*0.8
2 days	*	18.7	19.9
3 days	9.8	48.3	42.4
4 days	28.4	19.6	24.3
5-7 days	53.9	9.3	9.6
8 days or more	6.8	3.2	2.8
Average length of stay in days			
All deliveries	3.3	2.1	2.6
Vaginal deliveries	2.7	1.7	2.2
Cesarean deliveries	5.2	3.6	3.6

*Figure does not meet standards of reliability or precision.

SOURCE: *National Hospital Discharge Survey: 2006 Annual Summary*, National Center for Health Statistics, December 2010, Table 37. Number and percent distribution of females with deliveries discharged from short-stay hospitals, by length of stay and type of delivery: United States, selected years 1980-2006; www.cdc.gov/nchs/data/series/sr_13/sr13_168.pdf.

Upcoming Topic:
 > Supply-Chain Costs

Hospital Performance

The healthcare industry is in an era of change, as leaders look for ways to deliver care in more efficient, effective, and economical ways. But even before the healthcare reform law, hospitals demonstrated positive performance in key areas, such as mortality, core measures, and length of stay. And the *Thomson Reuters 100 Top Hospitals*® outperform the industry overall.

PERFORMANCE BY KEY METRICS OVER TIME

From 2005 to 2009, of more than 2,900 hospitals studied, more than half lowered their mortality rates, more than a third reduced their average patient stay, and about 86% improved their core measures score.*

Performance measure	Significantly improving performance		No statistically significant change in performance		Significantly declining performance	
	Count of hospitals ¹	Percent of hospitals ²	Count of hospitals ¹	Percent of hospitals ²	Count of hospitals ¹	Percent of hospitals ²
Risk-adjusted mortality index	1,582	55.4%	1,245	43.6%	27	0.9%
Risk-adjusted complications index	257	9.0%	2,194	76.9%	403	14.1%
Patient safety index	293	10.4%	2,343	83.0%	187	6.6%
Core measures mean percent	2,442	85.6%	412	14.4%	0	0.0%
Severity-adjusted average length of stay	1,175	41.2%	1,652	57.9%	27	0.9%
Adjusted inpatient expense per discharge	16	0.6%	1,682	59.1%	1,150	40.4%
Operating profit margin	184	6.5%	2,478	87.3%	176	6.2%

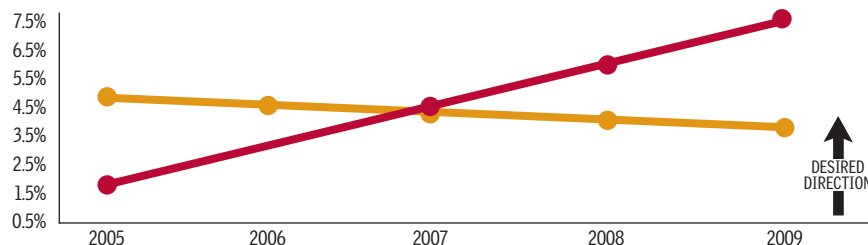
NOTES: 1. Count refers to the number of hospitals in the study whose performance fell into the highlighted category on the measure. 2. Percent is of total in-study hospitals across all peer groups.

*All calculations exclude outlier values. Differences may occur due to rounding.

SOURCE: *Thomson Reuters 100 Top Hospitals*, 2011.

OPERATING MARGIN GAINS

The top performers (Benchmark) turned in remarkable improvement in operating profit margin between 2005 and 2009, jumping to 7.46% from 1.75%, while the rest of the group (Peers) actually saw a decline to 3.87% from 4.68%, but stayed in positive territory.



SOURCE: *Thomson Reuters 100 Top Hospitals*, 2011.

ABOUT THIS RESEARCH

The *Thomson Reuters 100 Top Hospitals* study identifies the best U.S. hospitals using public data and objective methodologies. Hospitals are evaluated on organizationwide performance using a balanced scorecard that includes measures of clinical quality, efficiency, financial performance, and patient satisfaction. The study also analyzes five-year performance trends to assess the direction of performance changes in all hospitals.

SOURCE: *Thomson Reuters 100 Top Hospitals*, 2011.

FACT FILE PARTNER:



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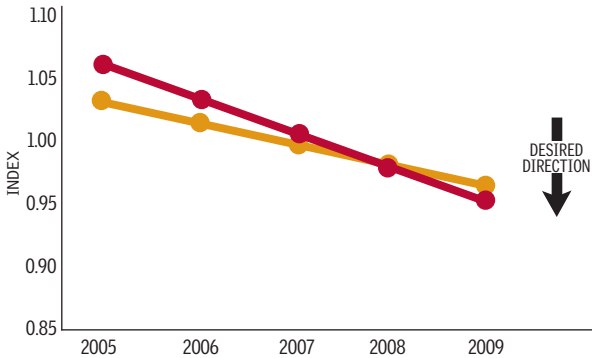
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RISK-ADJUSTED MORTALITY INDEX

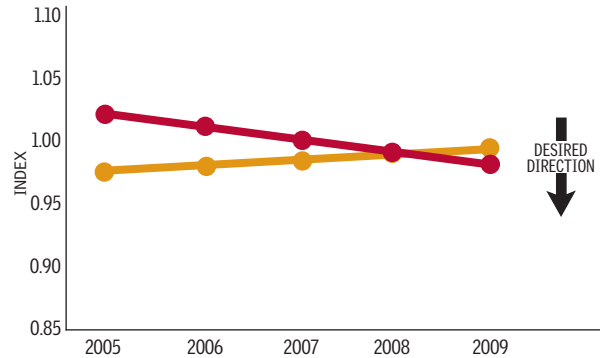
Hospitals in the Benchmark group demonstrated the best performance improvement for risk-adjusted mortality rates, reducing the index to 0.95 in 2009 from 1.06 in 2005. The Peer group also improved, to 0.96 in 2009, but had started a bit better with an index of 1.03 in 2005.



SOURCE: Thomson Reuters 100 Top Hospitals, 2011. ■ Peer ■ Benchmark

RISK-ADJUSTED COMPLICATIONS INDEX

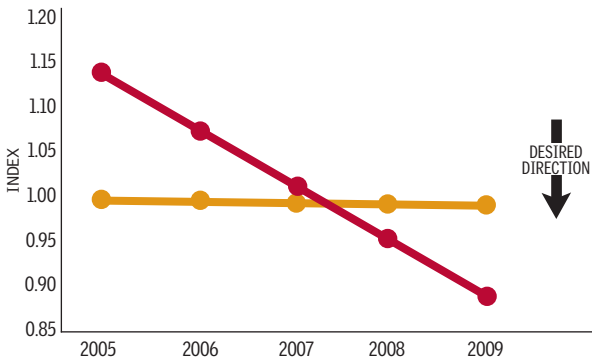
While both the Benchmark and Peer groups ended 2009 with nearly identical risk-adjusted complications rates (0.989 and 0.982, respectively), the top performers were bringing the rate down from 1.022 in 2005, while the Peers headed in the wrong direction, climbing from 0.975.



SOURCE: Thomson Reuters 100 Top Hospitals, 2011. ■ Peer ■ Benchmark

RISK-ADJUSTED PATIENT SAFETY INDEX

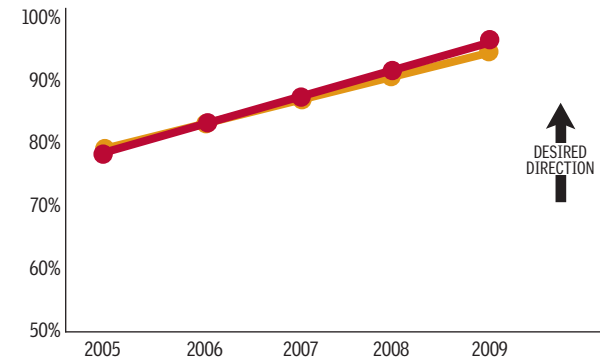
The Peer group maintained a consistent risk-adjusted patient safety index between 2005 and 2009, improving slightly by trimming the index to 0.988 from 0.996. Meanwhile, the Benchmark group made significant improvements, cutting the rate to 0.885 in 2009 from 1.131 in 2005.



SOURCE: Thomson Reuters 100 Top Hospitals, 2011. ■ Peer ■ Benchmark

CORE MEASURES MEAN PERCENT

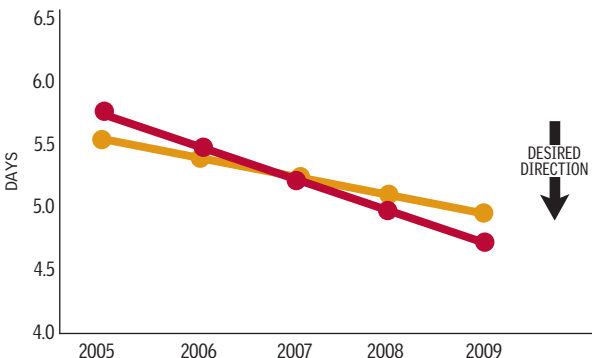
Both groups trended well between 2005 and 2009 based on core measures mean percent. The Peer group improved 15.5 percentage points to 94.68% from 79.18%, while the Benchmark group rose 17.5 percentage points to 95.49% from 78% over the same period.



SOURCE: Thomson Reuters 100 Top Hospitals, 2011. ■ Peer ■ Benchmark

SEVERITY-ADJUSTED AVERAGE LENGTH OF STAY

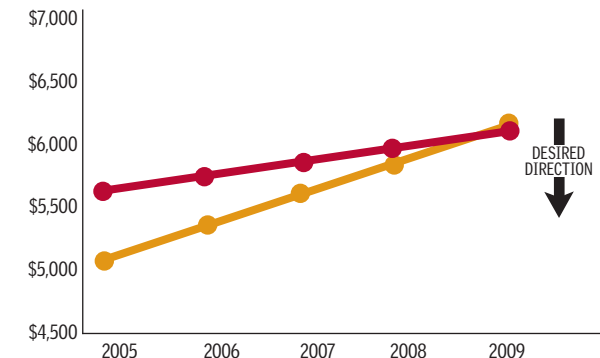
Both groups made gains in reducing the severity-adjusted average length of stay between 2005 and 2009. The top-performing Benchmark group cut nearly a full day, improving to 4.77 from 5.67 days, while the Peer group shaved a half day off the hospital stay, improving to 4.97 from 5.53 days.



SOURCE: Thomson Reuters 100 Top Hospitals, 2011. ■ Peer ■ Benchmark

INPATIENT EXPENSE PER ADJUSTED DISCHARGE

Neither group headed in the desired direction regarding inpatient expense per adjusted discharge between 2005 and 2009, though they ended just about \$20 apart. The Benchmark group saw expenses rise to \$6,088 from \$5,580, up \$508, while the Peer group went to \$6,109 from \$5,062, up \$1,047.



SOURCE: Thomson Reuters 100 Top Hospitals, 2011. ■ Peer ■ Benchmark

