

# American Hospital Outcomes 2014: Report to the Nation

## Fast Facts:

### 1. Your choice of health plan can influence your outcome when having hospital care.

Since healthcare networks identify what care providers you can access it's important to evaluate those doctors and the hospitals where they provide care.

### 2. Not all hospitals perform equally—variations in clinical outcomes exist, even within the same city.

For example, in Atlanta, 33 hospitals were evaluated for Stroke and although these hospitals are within minutes of each other, risk-adjusted in-hospital mortality rates ranged from 0.8% on the low end to 13.4% on the high end, which is a 17x higher risk of death.

### 3. Higher complication and mortality rates not only have a personal impact to those patients, they have a financial impact to the healthcare organization.

Our findings were the direct costs of caring for a patient who experiences a complication will, on average, increase to nearly 2x the cost than those for patients who did not experience complications. Direct costs increase 3x for mortalities.

### 4. Minimally invasive procedures, if appropriate, can lower mortality rates and direct costs.

Our findings show that for colon resection/excision surgeries, mortality rates were 2.5x lower when performed using laparoscopic methods as compared to open surgery methods.

### 5. Every healthcare stakeholder has a role to play in improving outcomes and lowering costs:

- Hospitals can improve outcomes and lower direct costs by focusing on the causes and reducing complication and mortality rates.
- Physicians can consider and offer minimally invasive procedures when clinically appropriate.
- Patients can take charge of their healthcare by researching hospital performance for the procedures they are considering.

## Additional Fast Facts

- Healthgrades evaluates over 4,500 acute care hospitals in the U.S. annually.
- 31 of the most commonly provided procedures and conditions were evaluated (19 are evaluated for mortality and 12 for complications).
- 3 years of Medicare data (2010-2012) representing 40 million patient records were analyzed.

## Why Quality Matters

From 2010-2012, if all hospitals, as a group, performed similarly to hospitals receiving 5-stars, as a group, on average:

- 234,252 lives could potentially have been saved\*
- 157,418 complications could potentially have been avoided\*

\*Statistics are based on Healthgrades analysis of MedPAR data for years 2010 through 2012 and represent 3-year estimates for Medicare patients only.

The data shows the difference in the risk of dying between a hospital receiving 5-stars versus 1-star for the six mortality-based procedures and conditions:

- Heart Attack: 48.1% lower risk
- COPD: 81.0% lower risk
- Pneumonia: 65.9% lower risk
- Stroke: 54.6% lower risk
- Colorectal Surgeries: 70.4% lower risk
- Sepsis: 41.9% lower risk

The data shows the difference in risk of experiencing a complication between a hospital receiving 5-stars versus 1-star for the four primary complication-based procedures and conditions:

- Total Knee Replacement: 63.4% lower risk
- Hip Replacement: 69.1% lower risk
- Carotid Surgery: 66.9% lower risk
- Gallbladder Removal Surgery: 52.5% lower risk

Additional data and examples are available within the full report, as published on Healthgrades.com.