



Clinical Process Measures- Core Measures

Effectiveness: Clinical Process Measures- Core Measures									
Source: Outcomes- Get With the Guideline Database & Vizient Core Measure database									
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile	UH Weighted YTD Performance*			
STK-1 Venous Thromboembolism Prophylaxis	95.5	100.0	100.0	91.1	100.0	97.4	★		
STK-2 Discharged on Antithrombotic Therapy	100.0	98.5	100.0	100.0	100.0	99.5	★		
STK-3 Anticoagulation therapy for atrial Fib/Flutter	100.0	100.0	100.0	100.0	100.0	100.0	★		
STK-4 Thrombolytic Therapy	100.0	100.0	100.0	100.0	100.0	100.0	★		
STK-5 Antithrombotic therapy by end of Hosp Day 2	100.0	96.2	97.9	91.3	100.0	97.0	★		
STK-6 Discharged on Statin Medication	100.0	100.0	100.0	96.9	100.0	99.5	★		
STK-8 Stroke Education	100.0	97.1	100.0	100.0	100.0	99.2	★		
STK-10 Assessed for Rehabilitation	100.0	98.8	98.8	100.0	100.0	99.3	★		
IMM-2 Influenza Vaccination	90.9	NA	NA	80.1	95.1	86.3	★		
VTE-5 VTE Discharge Instructions	100.0	93.3	93.8	71.4	100.0	90.2	★		
VTE-6 Incidence of Potentially-Preventable Venous Thromboembolism (Lower is better)	0.0	0.0	0.0	0.0	0.0	0.0	★		
ED-1b Median time from ED Arrival to ED Departure for admitted ED patients (Lower is better)	660 min	553 min	520 min	600 min	340 min	579 min	★		
ED-2b Admit Decision time to ED Departure time for admitted patients (Lower is better)	255 min	158 min	111 min	148 min	134 min	172 min	★		
PCM-01 Elective Delivery (Lower is better)	0.0	0.0	0.0	0.0	0.0	0.0	★		
PCM-02 Cesarean Section (Lower is better)	25.0	23.5	30.4	16.7	28.0	25.0	★		
PCM-03 Antenatal Steroids (Higher is better)	100.0	100.0	100.0	100.0	100.0	100.0	★		
SEP-1^ Early Management Bundle, Severe Sepsis/Septic Shock			0.0	0.0	33.3	0.0	★		
Targets		Below Threshold	Threshold	Target					
Source: Vizient UHC Q4 2015 Core Measure Comparison Report									
Core Measures		Below Vizient-UHC 50%ile	Between Vizient-UHC 50%ile - top decile	Meets or exceeds Vizient-UHC top decile					

^ SEP-1 Measure criteria changed starting for July 2016 discharges

* The target is set at 100% compliance for STK, IMM, & VTE core measures



CMS: Clinical Process Measures- Core Measures

CMS Hospital Compare Report - Clinical Process Measures				
Source: Hospital Compare Preview Report (Discharges Q3 2015 - Q2 2016)				
	Q3 2015 - Q2 2016 Discharges	CMS National Performance*	CMS Top Decile Performance^	UH Performance
STK-1 , 2, 3, 5, 6, 8, & 10 are no longer publicly reported				
STK-4 Thrombolytic Therapy	100.0%	87.0%	100.0%	★
IMM-2 Influenza Vaccination	87.0%	94.0%	100.0%	★
VTE-5 VTE Discharge Instructions	98.0%	93.0%	100.0%	★
VTE-6 Incidence of Potentially-Preventable Venous Thromboembolism (Lower is better)	0.0%	2.0%	0.0%	★
ED-1b Median time from ED Arrival to ED Departure for admitted ED patients (Lower is better)	559 min	335 min	176 min	★
ED-2b Admit Decision time to ED Departure time for admitted patients (Lower is better)	191 min	134 min	39 min	★
PCM-01 Elective Delivery (Lower is better)	5.0%	2.0%	2.0%	★
Target		Below Threshold	Threshold	Target
Source: CMS Hospital Compare Preview Report				
Clinical Process Measures		Below National Rate	Meets or exceeds National Rate	Top decile (100% Compliance)

* CMS National Benchmarks for ED Measures are compared with similar Emergency Departments that have "very high" volume

^ CMS Top Decile Benchmarks for ED Measures include all volume Emergency Departments (Incl Low, Medium, High, & Very High volumes)



Safety- Hospital Acquired Infection (PSI & HAC)

Safety: Hospital Acquired Infection*								
Patient Safety Indicator (PSI) and Hospital Acquired Condition (HAC) Vizient- UHC Clinical Database								
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile	UH YTD Weighted Performance		
PSI 90 Composite	1.35	1.34	1.25	1.44	0.83	1.54	★	
PSI 3 Pressure Ulcer	0.00	1.20	1.15	3.48	0.43	1.27	★	
PSI 4 Death Among Surg IP	196.72	150.94	120.00	104.17	138.07	143.46	★	
PSI 6 Iatrogenic Pneumothorax	0.37	0.00	0.36	0.54	0.25	0.30	★	
PSI 7 CVC-BSI	0.43	0.86	0.82	1.91	0.26	0.93	★	
PSI 8 Postop Hip Fracture	0.00	0.00	0.00	0.00	0.00	0.00	★	
PSI 9 Postop Hemorrhage	4.45	2.33	5.22	0.00	2.98	3.36	★	
PSI11 Postop Resp Failure	10.53	7.02	3.12	15.08	6.04	8.26	★	
PSI12 PE/DVT	15.05	7.18	10.06	17.61	5.21	12.06	★	
PSI13 Postop Sepsis	17.80	25.07	7.81	3.92	5.82	14.23	★	
PSI14 Wound Dehiscence	0.00	0.00	0.00	0.00	0.48	0.00	★	
PSI15 Accidental Puncture/Lac	0.00	1.74	1.72	2.58	0.63	1.43	★	
HAC Foreign Object retained	1	0	0	0	NA	1	★	
HAC Blood Incompatibility	0	0	0	0	NA	0	★	
HAC Falls and Trauma	2	3	0	1	NA	6	★	
Total Inpatient Falls	33	43	51	20	NA	147		
UH Targets		Below Threshold	Threshold	Target				
Source: UHC-CDB AMC (FY2016 rates)								
PSI and HAC		Below Vizient-UHC 50%ile	Between Vizient-UHC 50%ile - top decile	Meets or exceeds Vizient-UHC top decile				

* PSIs are calculate by rate per 1,000 and HACs are by rate per 10,000. UH and Vizient rates have been updated to reflect Vizient's 2016 Risk Model



Safety- Hospital Acquired Infection (NHSN)*

Safety: Hospital Acquired Infection								
Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN)								
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile*	UH YTD Weighted Performance		
CLABSI ICU+Med/Surg	2.726	2.331	3.457	6.956	0.530	2.326	★	
CAUTI ICU+Med/Surg	0.884	1.515	2.388	3.373	0.600	5.787	★	
SSI: Colon	0.000	0.000	0.000	0.000	NA	0.000	★	
SSI: CABG	0.000	0.000	0.000	0.000	NA	0.000	★	
SSI: Hysterectomy	0.000	0.000	0.000	0.000	NA	0.000	★	
SSI: KPRO	0.000	0.000	0.000	0.000	NA	0.000	★	
MRSA Bacteremia	1.775	2.699	1.637	No data	NA	1.481		
Clostridium Difficile (C.Diff)	0.552	0.443	0.619	No data	0.988	0.648	★	
UH Targets		Below Threshold	Threshold	Target				
Source: Hospital Compare Preview Report								
CLABSI, CAUTI, SSI, MRSA & C.Diff Threshold established using Vizient's 2016 Q&A report		Below 50%ile	50th%ile - Top decile	Meets or Exceeds Top Decile or zero infections				

* Vizient All SSI 50th percentile SIR ratio score is 1.150 (Not available by procedures)

CDC-NHSN quarterly data is continuously changing up to 3 month



CMS: Safety- Patient Safety Indicator (PSI) & Hospital Acquired Infection (NHSN)


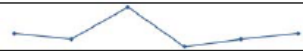
CMS Hospital Compare Report - AHRQ Patient Safety Indicators (PSI) & Healthcare Associated Infection Measures			
Source: CMS Hospital Compare Preview Report			
	Q3 2013 - Q2 2015 Discharges (per 1,000)	CMS National Performance	UH Performance
PSI 90 Composite	1.52	0.90	★
PSI 3 Pressure Ulcer	0.16	0.48	★
PSI 4 Death Among Surg IP	152.84	136.48	★
PSI 6 Iatrogenic Pneumothorax	0.42	0.41	★
PSI 7 CVC-BSI	0.19	0.17	★
PSI 8 Postop Hip Fx	0.06	0.06	★
PSI12 PE/DVT	13.88	5.31	★
PSI13 Postop Sepsis	8.29	10.21	★
PSI14 Wound Dehiscence	2.68	2.32	★
PSI15 Accidental Puncture/Laceration	1.95	1.43	★
Source: Hospital Compare Preview Report- NHSN data (Discharges Q3 2015 - Q2 2016)			
	Q13 2015 - Q2 2016 Discharges	CMS National*	UH Performance
CLABSI ICU+Med/Surg	3.136	0.980	★
CAUTI ICU+Med/Surg	1.299	0.965	★
SSI: Colon	2.021	0.971	★
SSI: Hysterectomy	Results were not calculated (CMS)	0.990	
MRSA Bacteremia	1.299	1.308	★
Clostridium Difficile (C.Diff)	0.831	0.997	★
UH Targets	Below Threshold	Threshold	Target
Source: CMS Hospital Compare Report			
CLABSI, CAUTI, SSI, MRSA & C.DIFF	Below National Rate	Meets or exceeds National Rate	Top decile (0.00 Infection Rate)






* National CLABSI, CAUTI, & SSI based on Hospital Compare Report Q3'15-Q2'16 discharges. Standardized Infection Ratio (SIR)- Risk-Adjusted

* CMS National Top Decile data is not available for Patient safety Indicator measures and NHSN data





Mortality

Risk Adjusted Mortality Index (Obs/Exp)						
Vizient- UHC Clinical Database 2016 Risk-Adjusted Mortality - All Inpatients						
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile	UH Weighted YTD Performance
Mortality Index	1.08	0.87	0.91	0.94	0.95	0.94  
Target Source: UHC-CDB FY2016 AMC hospital percentiles			Below Threshold	Threshold	Target	
Mortality Index (O/E)			Below 50%ile	50th%ile - top decile	Meets or Exceeds Top Decile	
(Targets have been adjusted based on Vizient's 2016 Risk Adj Model)			> 0.95	0.95 - 0.74	< 0.74	

CMS 30-Day Mortality Condition-Specific and Procedure-Based Measures			
	Q3 2012 - Q2 2015 Discharges	CMS National Performance	UH Performance
30-Day AMI	13.2%	14.1%	
30-Day COPD	7.3%	8.0%	
30-Day HF	10.0%	12.1%	
30-Day PN	17.5%	16.3%	
30-Day STK	16.2%	14.9%	
30-Day CABG	Number of cases too small	3.2%	NA
Target Source: CMS Hospital Compare Report	Below Threshold	Threshold	Target
30-Day Risk Standardized Mortality	Worse than the National Rate	No Different than the National Rate	Better than the National Rate






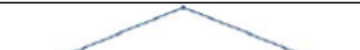
Length of Stay (LOS)

Efficiency: Risk Adjusted Length of Stay (LOS) Index (Obs/Exp)						
Vizient- UHC Clinical Database 2016 Risk-Adjusted LOS - All Inpatients						
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile	UH Weighted YTD Performance
LOS Index	1.19	1.11	1.12	1.16	1.04	1.14  
Target Source: UHC-CDB FY2016 AMC hospital percentiles			Below Threshold	Threshold	Target	
LOS Index (O/E)			Below 50%ile	50th%ile - top decile	Meets or Exceeds Top Decile	
(Targets have been adjusted based on Vizient's 2016 Risk Adj Model)			> 1.04	1.04 - 0.94	< 0.94	





Finance: CMI and MSBP

Case Mix Index (CMI)						
Vizient- UHC Clinical Database 2016 Risk-Adjusted CMI - All Inpatients						
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile	UH Weighted YTD Performance
Case Mix Index	1.674	1.704	1.711	1.700	1.459	1.697  
Target Source: UHC-CDB FY2016 AMC hospital percentiles			Below Threshold	Threshold	Target	
CMI (higher is better)			Below 50%ile	50th%ile - top decile	Meets or Exceeds Top Decile	
(Targets have been adjusted based on Vizient's 2016 Risk Adj Model)			< 1.459	1.459 - 1.859	> 1.859	

VBP - Medicare Spending per Beneficiary (MSPB)					
CMS's Hospital Value-Based Percentage Payment Summary Report - Efficiency Measure Detail Report					
	FY 2015 (May 2013 - Dec 2013)	FY 2016 (Jan 2014 - Dec 2014)	FY 2017 (Jan 2015 - Dec 2015)	Threshold CMS - National Benchmark	UH Current Fiscal Year Performance
MSPB (Medicare Spending per Beneficiary)	1.09	1.71	1.10	0.83	 
Target Source: CMS HVBP-VBP Summary Report (FY 2017)			Below Threshold	Threshold	Target
MSPB (Lower is better)			Below 50%ile	50th%ile - top decile	Meets or Exceeds Top Decile
			> 0.99	0.99 - 0.83	< 0.83



30-Day Readmission

Effectiveness: All-Cause 30-Day Readmission Rate*						
Vizient- UHC Clinical Database 2016 Risk-Adjusted - All Inpatients						
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Threshold Vizient AAMC 50%ile	UH Weighted YTD Performance
All-Cause 30 Day Readmission	12.11	13.87	13.70	12.96	12.90	13.21  
Target Source: UHC-CDB FY2016 AMC hospital percentiles			Below Threshold	Threshold	Target	
All-Cause 30 Day Readmission			Below 50%ile	50th%ile - top decile	Meets or Exceeds Top Decile	
			> 12.90	12.90 - 10.24	< 10.24	

* The 30-day all cause readmission rate for adult, non-OB patients is the percentage of patients who return to the hospital for any reason within 30 days of discharge from the prior (index) admission. Expected readmissions for chemotherapy, radiation therapy, routine inpatient dialysis, obstetrics, and rehabilitation were excluded from the numerator



CMS: 30-Day Readmission

CMS 30-Day Risk-Standardized Hospital-Wide Readmission Measures			
	Q3 2012 - Q2 2015 Discharges	CMS National	UH Performance
30-Day AMI	16.8%	16.8%	★
30-Day COPD	19.7%	20.0%	★
30-Day HF	23.7%	21.9%	★
30-Day PN	18.7%	17.1%	★
30-Day STK	14.3%	12.5%	★
30-Day CABG	Number of cases too small	14.4%	NA
30-Day HIP-KNEE	Number of cases too small	4.6%	NA
30-Day HOSPWIDE	16.0%	15.6%	★
Target Source: CMS Hospital Compare Report	Below Threshold	Threshold	Target
30-Day Risk Standardized Readmission Rate	Worse than the National Rate	No Different than the National Rate	Better than the National Rate



Patient Centeredness- HCAHPS

Patient Centeredness: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)									
Vizient- UHC HCAHPS database									
	Final Q1 2016	Final Q2 2016	Final Q3 2016	Preliminary Q4 2016	Target Vizient AAMC 26th Percentile	CMS National Scores	UH YTD Weighted Performance		
Rate the Hospital (0-10)	55.8	56.0	52.4	45.8	69.0	72.0	53.9	★	
Recommend the Hospital	62.1	57.5	51.3	52.9	73.0	72.0	56.1	★	
Cleanliness of Hospital Environment	55.4	59.0	52.3	50.3	65.0	74.0	54.7	★	
Quietness of Hospital Environment	57.4	61.4	48.9	45.8	50.0	63.0	53.8	★	
Communication w Nurses	67.1	65.6	64.0	64.2	76.0	80.0	66.2	★	
Response of Hospital Staff	59.3	47.3	42.8	48.9	60.0	69.0	49.2	★	
Communication w Doctors	80.8	78.7	73.8	81.6	78.0	82.0	78.6	★	
Pain Management	68.4	65.1	61.0	64.3	67.0	71.0	64.3	★	
Communication about Medicines	56.6	56.3	49.7	51.9	61.0	65.0	54.1	★	
Discharge Information	81.5	79.6	78.3	79.7	85.0	87.0	80.4	★	
Care Transitions	51.1	44.3	41.8	39.7	51.0	52.0	45.3	★	
UH Targets		Below Threshold	Threshold	Target					
Source: Vizient-UHC AAMC Hospitals									
HCAHPS		Greater than 5% points below Target	5% points below Target	3rd quartile of UHC AMC Scores					

* CMS National Benchmark is from Hospital Compare Preview Report HCAHPS for Q3 2015 - Q2 2016 discharges

** Targets were established using UHC Academic Center's 26th percentile scores.