

Preliminary Data (Last updated on 9/11/2024)

Benchmark is Top 10% of Hospitals

			FY 23-24				
Perinatal indicators: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	July-Sept	Oct-Dec	Jan-Mar	Apr-June	FY 23-24 YTD
Patients with elective deliveries (The lower the percentage the better)	0.0%	0%	0.0%	0.0%	0.0%	0.0%	0.0%
Patients with cesarean section (The lower the percentage the better)	25.4%		23.1%	20.0%	14.8%	25.6%	21.3%
Newborns that were fed breast milk only since birth	60.2%	85.0%	56.6%	51.6%	54.0%	53.3%	54.2%
Unexpected complication in term newborns (The lower the percentage the better)	3.0%	0.0%	4.1%	2.4%	4.6%	6.3%	4.4%
Overall Average	60.2%	85.0%	56.6%	51.6%	54.0%	53.3%	54.2%

			FY 23-24				
Outpatient ED Throughput Measures: Goal for 2024:	FY22-23	Top 10% of Hospitals (Goal)	July-Sept	Oct-Dec	Jan-Mar	Apr-June	FY 23-24 YTD
Median Time from ED arrival to ED departure for discharged ED patients. Time in Minutes	142.0	101.0	138.0	138.0	164.0	141.0	145.0

			FY 23-24				
Sepsis Bundle Project: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	July-Sept	Oct-Dec	Jan-Mar	Apr-June	FY 23-24 YTD
Early Management Bundle, Severe Sepsis/Septic Shock	59.3%	82.0%	46.7%	53.7%	55.6%	50.0%	51.7%

			FY 23-24				
Outpatient Stroke: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	July-Sept	Oct-Dec	Jan-Mar	Apr-June	FY 23-24 YTD
Head CT/MRI Scan Results/Interpretation w/in 45 min of ED Arrival for Acute Isch/Hemm STK Pts	41.7%	100%	100%	50.0%	100%	55.6%	70.6%
Overall Average	41.7%	100%	100%	50.0%	100%	55.6%	70.6%

FY 23-24

Psychiatric indicators: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Total number of hours all psych patients maintained in restraint	118.5	0.3	2.6	0.0	0.0	0.0	2.6
Total number of hours all psych patients maintained in seclusion	67.4	0.3	3.7	0.0	0.0	0.0	3.7
All patients discharged on 2 or more routinely scheduled antipsych meds with appropriate justification	61.5%	100%	0.0%	12.9%	retired	retired	11.1%
Overall Average	61.5%	100.0%	0.0%	12.9%	#DIV/0!	#DIV/0!	11.1%

Substance Use Behavioral Health Only: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Alcohol Use Brief Intervention Provided or Offered	94.6%	100%	79.3%	95.8%	93.8%	87.9%	89.0%
Alcohol Use Brief Intervention	100.0%	100%	95.7%	100%	83.9%	72.4%	86.8%
Alcohol and Other Drug Treatment Provided or Offered at Discharge	93.4%	100%	85.7%	71.4%	83.3%	94.7%	86.8%
Alcohol and Other Drug Treatment at Discharge	57.9%	99%	85.7%	14.3%	66.7%	5.3%	29.0%
	86.5%	100%	86.6%	70.4%	81.9%	65.1%	72.9%

Tobacco Treatment Behavioral Health Only: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Tobacco Use Treatment Provided or Offered	93.0%	99%	81.9%	96.4%	retired	retired	89.7%
Tobacco Use Treatment	40.7%	87%	6.8%	82.5%	retired	retired	50.4%
Tobacco Use Treatment Provided or Offered at Discharge	57.3%	98%	56.8%	78.6%	47.3%	30.4%	53.1%
Tobacco Use Treatment at Discharge	0.9%	78%	0.0%	3.6%	7.3%	1.8%	3.3%
	48.0%	91%	36.4%	65.3%	27.3%	16.1%	49.1%

Influenza Immunization Behavioral Health Only: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Influenza Immunization	93.6%	99%	NA	81.9%	83.7%	NA	82.8%

FY 23-24

Transition Record Behavioral Health Only: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Transition Record Rec'd by Discharged Patients	90.7%	99%	81.4%	100%	46.8%	16.9%	58.6%
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Metabolic Disorders Screening Behavioral Health Only: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Metabolic Disorders Screening	98.6%	100%	94.6%	97.8%	98.4%	100%	97.8%

Outpatient GI Indicators: Goal for 2024: 100%	FY22-23	Top 10% of Hospitals (Goal)	FY 23-24				FY 23-24 YTD
			July-Sept	Oct-Dec	Jan-Mar	Apr-June	
Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report	96.9%	100%	97.3%	96.1%	100%	98.8%	98.0%
Overall Average	96.9%	100%	97.3%	96.1%	100%	98.8%	98.0%

Mortality Rates*:	U.S. National Average	
AMI Mortality Rate	12.6%	10.7%
CHF Mortality Rate	11.9%	14.4%
Pneumonia Mortality Rate	17.9%	18.6%
COPD Mortality Rate	9.4%	8.9%
Stroke Mortality Rate	13.9%	13.2%

*The rates displayed in this table were calculated from Medicare and VA data on patients discharged between July 1, 2020 and June 30, 2023. **Data suppressed by CMS for one or more quarters/results not available for this reporting period.

Readmission Rates*:	U.S. National Average	
AMI Readmission Rate	13.7%	12.3%
CHF Readmission Rate	19.8%	18.9%
Pneumonia Readmission Rate	16.4%	15.9%
Total Hip/Total Knee Readmission Rate	4.5%	4.4%
COPD Readmission Rate	18.5%	17.3%

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