* Hospitals in the top two quintiles for both quality and efficiency.
Source: Authors’ analysis.
Figure ES-2. Percent of High-Efficiency Hospitals* over Time

* Hospitals whose risk-adjusted average length of stay is in the lowest two quintiles. 
Source: Authors’ analysis.
Figure ES-3. Quality Improvement* over Time in Case Study Hospitals

Quality percentile

Beth Israel Medical Center

Legacy Good Samaritan Hospital

Rankin Medical Center

St. Mary’s Health Care System

Case Study Hospital

* Trend in percentile ranking (percent of hospitals with a lower quality score).
Source: Authors’ analysis.
**Figure 1. Five Performance Categories Based on CareScience Select Practice**

(higher quality)  

(higher effic)  

Efficiency  

(lower effic)  

(lower quality)  

- **High Efficiency & Low Quality**
- **Select Practice (High)**
- **Average Performance (Middle)**
- **Poor Performance (Low)**
- **High—High Quality & Low Efficiency**

Select Practice is a trademark of CareScience, a division of Quovadx, Inc.
Figure 2. Mean Risk-Adjusted Mortality by Database

Risk-adjusted mortality rate

- State All-Payer
- MedPAR
- CareScience Private

Year

2001 2002 2003 2004 2005
Figure 3. Mean Risk-Adjusted Length of Stay by Database

Risk-adjusted LOS (days)

- State All-Payer
- MedPAR
- CareScience Private

Year

2001 2002 2003 2004 2005
Figure 4. Mean Risk-Adjusted Complication Rate by Database

Risk-adjusted complication rate

- State All-Payer
- MedPAR
- CareScience Private


%: 32, 34, 36, 38, 40, 42, 44
Figure 5. Mean Risk-Adjusted Morbidity Rate by Database

Risk-adjusted morbidity rate

- State All-Payer
- MedPAR
- CareScience Private

Year

2001 2002 2003 2004 2005
Figure 6. Dispersion in Risk-Adjusted Mortality Rates over Time

MedPAR risk-adjusted mortality rate

- ▲ Bottom quintile (highest rate)
- ■ Median
- ○ Top quintile (lowest rate)
Figure 7. Dispersion in Risk-Adjusted Complication Rates over Time

MedPAR risk-adjusted complication rate

- ▲ Bottom quintile (highest rate)
- ■ Median
- ▼ Top quintile (lowest rate)
Figure 8. Dispersion in Risk-Adjusted Morbidity Rates over Time

MedPAR risk-adjusted morbidity rate

- **Bottom quintile (highest rate)**
- **Median**
- **Top quintile (lowest rate)**

Year

2001 2002 2003 2004 2005
Figure 9. Dispersion in Risk-Adjusted Length of Stay over Time

MedPAR risk-adjusted LOS (days)

- ▲ Bottom quintile (highest rate)
- ■ Median
- ○ Top quintile (lowest rate)
Figure 10. Starting Point Distribution for 100 Most-Improving Hospitals

Starting percentile

- >90
- 80–90
- 70–80
- 60–70
- 50–60
- 40–50
- 30–40
- 20–30
- 10–20
- <10

Percent of 100 Most-Improving Hospitals

- MedPAR—Efficiency
- State All-Payer—Efficiency
- MedPAR—Quality
- State All-Payer—Quality
Figure 11. Starting Point Distribution for 100 Most-Deteriorating Hospitals

Starting percentile

- >90
- 80–90
- 70–80
- 60–70
- 50–60
- 40–50
- 30–40
- 20–30
- 10–20
- <10

Percent of 100 Most-Deteriorating Hospitals

- MedPAR—Efficiency
- State All-Payer—Efficiency
- MedPAR—Quality
- State All-Payer—Quality
Figure 12. Hospital Size by Performance Level

Discharges per year

- **100 most-improving hospitals**
- **All hospitals**
- **100 most-deteriorating hospitals**

Quality/Efficiency by Database
Figure 13. Hospital Teaching Status by Performance Level

Percent major teaching institution

- 100 most-improving hospitals
- All hospitals
- 100 most-deteriorating hospitals

Quality/Efficiency by Database
Figure 14. Raw Mortality and Mortality Risk Trends

Quarterly mortality—case-weighted means

Risks

Raw

Source: CareScience private data.
Figure 15. Discharge Disposition Trend

Percent of total discharges

Source: CareScience private data.
Figure 16. Secondary Diagnosis Trend

Number of secondary diagnoses per case

Source: CareScience private data.
Figure 17. Private Data: Readmission Rate by Quarter

Source: CareScience private data.