



# Establishing the Relevance Between the Healthgrades Distinguished Hospital Award for Clinical Excellence and Other External Performance Measures

2015 Healthgrades  
Distinguished Hospital Award for  
Clinical Excellence  
Analysis and White Paper

**This year's analysis uncovers a relationship between  
risk-adjusted mortality, core process measures, and patient experience  
—exploring what truly differentiates these hospitals.**

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# Exploring What Differentiates Clinical Excellence Hospitals

For the 2015 Distinguished Hospital Award for Clinical Excellence (DHA-CE), Healthgrades conducted an analysis to determine what truly differentiates recipient hospitals from non-recipient hospitals.

The analysis of Distinguished Hospital Award recipients reveals those achieving this distinction performed better, not only in risk-adjusted mortality outcomes, but also in HCAHPS patient experience measures and process measure compliance. All of these measures are used in some form as part of the value-based purchasing program and are considered attributes of high-performing hospitals.

## Identifying 2015 DHA-CE Hospitals

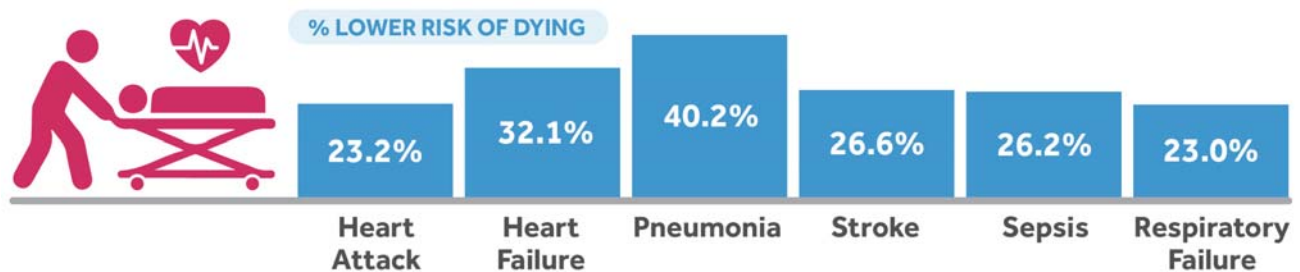
To be considered for the Healthgrades Distinguished Hospital Award for Clinical Excellence, a hospital had to have been evaluated in at least 21 of the 32 Healthgrades procedures and conditions consisting of Medicare inpatient data from the Medicare Provider Analysis and Review (MedPAR) database from the Centers for Medicare and Medicaid Services (CMS).

- This year's analysis uses 2011–2013 MedPAR data.
- There are **261 recipients** from an eligible 1,503 hospitals.

## Award Recipients Outperform in Six Key Cohorts

Hospitals receiving the DHA-CE outperformed non-recipients in six key cohorts measuring in-hospital mortality. These six cohorts account for 80.9% of the mortalities across all 19 mortality cohorts evaluated by Healthgrades.

From 2011-2013, patients treated in hospitals receiving the DHA-CE have, on average, a lower risk of dying than if they were treated in hospitals which did not receive DHA-CE designation.






Patients treated for these conditions, as a group, had a lower risk of dying during their patient stays at DHA-CE recipient hospitals.

## DHA-CE Related to Patient Experience

When comparing 2015 DHA-CE recipients to other non-recipient hospitals who were eligible for the award, award recipients performed statistically significantly better on HCAHPS responses for three patient experience measures.

DHA-CE Recipients tend to perform better on: \*

	DHA-CE Recipient	Non-Recipient Eligible	National Average
 Percent of Patients Reporting "YES" They Did Receive Information About Recovery	85.9	85.4	84.1
 Percent of Patients Who Gave Their Hospitals an Overall Satisfaction Rating of 9 or 10 with 10 being the highest	72.1	70.1	69.3
 Percent of Patients Who Reported "YES" They Would Definitely Recommend the Hospital	75.3	70.7	71.5

\*All above findings were statistically significant at the  $\alpha < 0.05$  level.

## DHA-CE Related to Process Measures

Hospitals who are 2015 DHA-CE recipients performed better than non-recipient, eligible hospitals in core process measures that address **Stroke** and **Blood Clotting**.

DHA-CE recipients tend to perform better on: \*

	DHA-CE Recipient	Non-Recipient Eligible	National Average
Stroke patients who received treatment to keep blood clots from forming	95.2	93.3	91.0
Stroke patients who received medication to break up a blood clot within 3 hours	78.9	74.4	71.9
Stroke patients given medication to lower cholesterol before discharge	96.2	94.3	91.6
Stroke patients who received written educational materials about stroke care	88.9	87.2	84.0
Patients receiving treatment for blood clot after being admitted to ICU	94.4	92.6	91.1
Patients with blood clots who got recommended treatment	94.6	92.4	91.5

\*All above findings were statistically significant at the  $\alpha < 0.05$  level.

# New DHA-CE Recipients Performed Better in Heart Failure

Hospitals who received the DHA-CE for the first time in 2015 performed better than all evaluated hospitals in core process measures related to **Heart Failure**.

New recipients of the DHA-CE tend to perform better on: \*

	New Recipients	All Hospitals	National Average
Heart failure patients given discharge instructions	<b>95.7</b>	<b>92.9</b>	<b>92.9</b>
Heart failure patients given an LVS evaluation	<b>99.8</b>	<b>97.6</b>	<b>97.6</b>
Surgery patients on beta blockers, kept on beta blockers before/after surgery	<b>98.4</b>	<b>96.8</b>	<b>96.8</b>
Stroke patients given medication to lower cholesterol before discharge	<b>96.6</b>	<b>91.5</b>	<b>91.5</b>
Stroke patients who received written educational materials about stroke care	<b>88.6</b>	<b>84.2</b>	<b>84.2</b>
Patients receiving treatment for blood clot after being admitted to ICU	<b>95.4</b>	<b>90.9</b>	<b>91.0</b>

\*All above findings were statistically significant at the  $\alpha < 0.05$  level.

## Conclusion

This analysis illustrates that a relationship exists between specific core process measures and clinical outcomes performance. In observing the process measure performance between Distinguished Hospital Award for Clinical Excellence recipients and non-recipient but eligible hospitals, a relationship exists where **seemingly small differences in core process measure performance are associated with significantly larger differences in mortality rates**.

In addition to their superior performance in clinical outcomes and process measures, recipient hospitals also outperform in patient experience, further delineating themselves as high-performing hospitals. The combination of performance across **clinical outcomes, core process measures, and patient experience** within the recipient group is further validation for those hospitals that they are on the right path to achieving the goal of providing comprehensive high-quality performance care.

Ultimately, this analysis shows that the Healthgrades Distinguished Award for Clinical Excellence emphasizes the **relevance of the award as a measure of performance** in areas that most affect a hospital's clinical, reputational, and financial excellence.

*\*Analysis for infographics is based on Medicare data collected from 2011-2013 and used for clinical quality analysis and production of Healthgrades 2015 ratings. Process Measures and Patient Experience scores taken from 2012 through 2013 representing past performance, current performance, and performance improvement across the newest year of data added to the Healthgrades clinical quality analysis.*