



Thomson Reuters Research Identifies Top U.S. Health Systems

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Unprecedented Study Finds Wide Disparity in Health System's Clinical Quality
and Efficiency

ANN ARBOR, Mich., Aug. 10 /PRNewswire/ -- Thomson Reuters today released an unprecedented study identifying the top 10 U.S. health systems based on their hospitals' clinical performance. They are:

- Advocate Health Care -- Oak Brook, IL
- Catholic Healthcare Partners -- Cincinnati, OH
- Health Alliance of Greater Cincinnati -- Cincinnati, OH
- HealthEast Care System -- Saint Paul, MN
- Henry Ford Health System -- Detroit, MI
- Kettering Health Network -- Dayton, OH
- OhioHealth-- Columbus, OH
- Prime Healthcare Services, Inc. -- Victorville, CA
- Trinity Health -- Novi, MI

- University Hospitals Health System -- Cleveland, OH

Researchers from the Thomson Reuters 100 Top Hospitals program analyzed the quality and efficiency of 252 health systems and found statistically significant differences between top and bottom performers in several key areas. Compared with the poorest performers, the best-performing quintile had 25 percent lower mortality, 19 percent fewer medical complications, and 13 percent fewer patient safety incidents - even though their patients were sicker and their average hospital stays were significantly shorter.

"This wide range in performance levels raises potent questions about the mission of many health systems and their effectiveness in achieving goals," said Jean Chenoweth, senior vice president for performance improvement and 100 Top Hospitals programs at Thomson Reuters. "The top 10 include for-profit and not-for-profit health systems, religious and secular organizations, and facilities that differ in size, ownership structure, and geographic distribution of member hospitals. This suggests that every type of health system has the potential to drive higher quality -- and health systems could become a powerful force for rapid improvement in hospital performance as the industry is restructured."

This study, Chenoweth notes, sets national benchmarks for health system quality and efficiency and extends transparency regarding the performance of healthcare organizations from hospitals to health systems.

All U.S. health systems with two or more short-term, general, non-federal hospitals were assessed. Researchers looked at five metrics that gauge clinical quality and efficiency: mortality, medical complications, patient safety, average length of stay, and adherence to clinical standards of care (evidence-based core measures published by the Centers for Medicare and Medicaid Services).

The study relied on public data from the 2006 and 2007 Medicare Provider Analysis and Review (MedPAR) data and the CMS Hospital Compare data sets.

"The development of national benchmarks provides health system boards and executives with an objective assessment of the care they provided to their communities and patients, relative to others across the nation," Chenoweth said. "This provides the basis for a serious discussion about the role and responsibility of the health system in assuring quality and efficiency to each community in which a hospital carries the health system brand."

Researchers from the Thomson Reuters 100 Top Hospitals program have analyzed and reported on the performance of individual hospitals since 1993. Today's study marks the first time they have assessed the relative quality and efficiency of inpatient care by health systems as single entities.

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