



The Seventh Annual
HealthGrades Hospital
Quality in America Study



Is Geography Our Health Destiny?



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HEALTHGRADES®
THE HEALTHCARE QUALITY EXPERTS®



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Executive Summary

Since 1998, HealthGrades has studied the quality of care at the nation's nearly 5,000 hospitals and published the results of its annual research on the Web to assist consumers in choosing a hospital. For the first part of this study, the *Seventh Annual HealthGrades Hospital Quality in America Study* analyzed the most recent three years of risk-adjusted mortality and complication rates available and provides each hospital with a one-, three- or five-star quality rating for each of more than 25 procedures and diagnoses, from heart attack to knee replacement to pneumonia.

This study shows considerable differences in quality among the nation's hospitals. Results of the seventh annual study are available at www.healthgrades.com.

For the second part of this study, HealthGrades analyzed the quality of hospital care for the 25 most heavily populated metropolitan statistical areas (MSAs) [including consolidated metropolitan statistical areas (CMSAs)]¹. This analysis, comparing risk-adjusted mortality rates for Medicare patients from 2000 to 2003, found that inhospital mortality rates have declined significantly, although the degree of quality improvement varied significantly by metropolitan areas across cardiac diagnoses and procedures and the treatment of pneumonia. The diagnoses and procedures covered by this study include:

- Coronary Artery Bypass Graft Surgery (CABG)
- Percutaneous Coronary Intervention (PCI)
- Acute Myocardial Infarction (AMI) - Heart Attack
- Congestive Heart Failure (CHF)
- Community Acquired Pneumonia (CAP)

Key findings of this study include:

1. Consistent with previous findings that processes of care are improving^{2,3}, we found that overall U.S. mortality rates associated with cardiac disease related hospitalizations and community acquired pneumonia hospitalizations decreased significantly from 2000 to 2003, with an average overall U.S. improvement in survival rates of 18.2 percent. Nonetheless, we continue to find substantial differences in outcomes between hospitals and, at an aggregate level, between metropolitan areas. Generally, better overall performance in 2003 was associated with the significant overall performance improvement from 2000 to 2003. See Tables 1 and 2.
2. **All 25 metropolitan areas** experienced statistically significant ($p < 0.05$) reductions in inhospital mortality rates in acute myocardial infarction (AMI)/Heart Attack, congestive

heart failure (CHF) and community acquired pneumonia (CAP). These quality improvements are probably largely attributable to the national focus on implementing and adhering to best-practice clinical processes, such as timely intervention and administration of aspirin and beta-blocker on arrival to the emergency room, and improved medications and technology for the treatment of AMI.

3. The greatest performance improvement across all metropolitan areas combined was associated with coronary artery bypass graft (CABG) surgery. Americans 65 and over now have, on average, a 21 percent better chance of surviving the surgical hospitalization as compared to 2000. This improvement in survival rates varied widely depending on the metropolitan area; the risk-adjusted mortality rate fell significantly in some areas while it actually rose in other metropolitan areas between 2000 and 2003. For example, after appropriate risk-adjustment for patient characteristics such as age and other illnesses, CABG patients in the Cincinnati area had a 34 percent higher mortality rate while CABG patients in the San Diego MSA had a 58 percent lower mortality rate in 2003 compared to 2000. This trend towards poorer quality over time ($p = 0.07$) translated to more than twice the chance of dying from CABG surgery performed in Cincinnati as compared to CABG surgery performed in San Diego in 2003. See Table 1.
4. Most likely because of the focus during the last few years on improving processes of care around AMI patients, this diagnosis was associated with the least variation in outcome across the 25 metropolitan areas studied in 2003. Nonetheless, the degree of in-hospital mortality improvement by areas still varied significantly from three percent improvement in the Sacramento area compared to a 26 percent improvement in the Phoenix area. This notable gap in improvement translates to a **31** percent higher chance of dying during an AMI/Heart Attack hospitalization in the Sacramento area compared to the Phoenix area in 2003. See Table 3.
5. The top five metropolitan areas for overall quality performance – Cleveland, Detroit, Minneapolis, Phoenix, and Tampa – consistently performed in the top two quintiles on all of the procedures and diagnoses studied in 2003. Many 5-star rated hospitals contributed significantly to the aggregate performance of these top metropolitan area performers. A few of these hospitals include, but are not limited to: **University Hospitals of Cleveland, Cleveland Clinic, Henry Ford Hospital, Abbott Northwestern, Mayo Clinic-Phoenix, and Morton Plant Hospital**. The bottom five metropolitan areas for overall quality performance – Portland, Seattle, Philadelphia, San Francisco, and Dallas – consistently performed in the bottom two quintiles on most of the five diagnoses and procedures studied in 2003.
6. The greatest overall performance improvements from 2000 to 2003 among the 25 areas – Phoenix, Detroit, Cleveland, Houston, and St. Louis – were associated with better overall quality performance in 2003, with performances ranking in the top two quintiles across most of the diagnoses and procedures evaluated.

Introduction

During the past six years, HealthGrades' research on hospital quality has consistently found significant variation in the quality of care provided by the nation's hospitals. HealthGrades' star ratings tell consumers whether a particular hospital has performed "best," "as expected" or "poor" on a particular procedure or diagnosis. Hospital ratings are based on patient outcomes, specifically, risk-adjusted mortality or complications. Because no two hospitals or their patients' risk profiles are alike, HealthGrades has developed extensive risk-adjustment algorithms to ensure that it is making fair, apples-to-apples comparisons.

Consumers are becoming increasingly knowledgeable about quality differences among hospitals and are using quality data to make better informed health care choices. In a study conducted by Opinion Research Corporation in 2003, 40% of respondents that were either hospitalized themselves or had a family member hospitalized and did not use an ambulance, said they considered the hospital's quality rating (awards, honors, or recognition for top quality) when making their hospital choice. The primary goal of the study was to give the consumer hospital quality information and to identify broad trends in quality of care nationwide. HealthGrades' Web site has over 1,000,000 unique users per month and provides quality ratings to over 15 million people via its subscription-based sites that are available through over 125 employers and payers.

Several studies have consistently demonstrated persistent hospital quality gaps^{2,3,4,5}, including unexpected mortality and complications from suboptimal processes of care, medical errors and racial disparities. As a result of the identification of this well known and well publicized "quality chasm," national efforts have focused on the substantial opportunity for improvement in the effectiveness of care. These same studies indicate that while medicine still has a long way to go, adherence with standards of practice is improving. To our knowledge, this is the first study to evaluate the improvement in outcomes over a four-year period, a time when public reporting of standards of practice grew significantly.

As a part of HealthGrades' quality information mission, we provided an appendix with multiple quality metrics for each of the 25 metropolitan areas studied. This appendix includes actual mortality rates, risk-adjusted mortality rates, hospital charges and length of stay (LOS), the JCAHO/CMS process of care measures with benchmarks, and The Leapfrog Group measures. Although some of this data was not used in this study analysis, this appendix provides additional quality information for each of the 25 metropolitan areas studied.

Methods

Part I: The Seventh Annual Hospital Quality Ratings Methods

HealthGrades rated nearly 5,000 hospitals in the following categories (ratings available at www.healthgrades.com):

1. Acute Myocardial Infarction
2. Aspiration Pneumonia
3. Atrial Fibrillation
4. Back and Neck Surgery (except Spinal Fusion)
5. Back and Neck Surgery (Spinal Fusion)
6. Bowel Obstruction
7. Carotid Endarterectomy
8. Cholecystectomy (gallbladder surgery)
9. Chronic Obstructive Pulmonary Disease
10. Community Acquired Pneumonia
11. Congestive Heart Failure
12. Coronary Bypass Surgery
13. Gastrointestinal (GI) Bleed
14. GI Procedures and Surgeries
15. Hip Fracture Repair
16. Pancreatitis
17. Partial Hip Replacement
18. Percutaneous Coronary Intervention (PTCA/Angioplasty, Stent, Atherectomy)
19. Peripheral Vascular Bypass
20. Prostatectomy
21. Pulmonary Embolus
22. Respiratory Failure
23. Resection/Replacement of Abdominal Aorta
24. Sepsis
25. Stroke
26. Total Hip Replacement
27. Total Knee Replacement
28. Valve Replacement Surgery

Data Acquisition

HealthGrades used MedPAR data for 2001 – 2003 to perform the first part of this study. The MedPAR data was selected for several reasons. First, it included virtually every hospital in the country, with the exception of military and Veterans Administration hospitals. Second, hospitals were required by law to submit complete and accurate information with substantial penalties for those that report inaccurate or incomplete data. Third, the Medicare population represented a majority of the patients for all of the clinical categories studied, with approximately 55% to 60% of all cardiac patients and 75% to 80% of all joint replacement surgeries, for example.

To preserve the integrity of the ratings, HealthGrades conducted a series of data quality checks. Based on the results of these checks, we excluded a limited number of cases because they were inappropriate for inclusion in the database or miscoded. Examples of excluded patient records were:

- Patients under the age of 65.
- Patients who left the hospital against medical advice or who were transferred to another acute care hospital.
- Patients discharged alive with a length of stay equal to or less than one day for Coronary Artery Bypass Graft Surgery, Valve Replacement Surgery, Aspiration Pneumonia, Stroke, Resection/Replacement of Abdominal Aorta, Hip Fracture Repair (ORIF), Partial Hip Replacement, Total Knee Replacement, Total Hip Replacement, and Sepsis.
- Patients who were still in the hospital when the Medicare claim was filed.
- Patients with an invalid gender.

Data Analysis

All data on the HealthGrades Web site represent three years of patient discharges (2001-2003). In the initial analysis of the data, a separate data set was created for each group of patients having a specific procedure or diagnosis based on ICD-9-CM coding (e.g., coronary bypass surgery, total hip replacement). Each group of patients was defined by using the information on diagnoses and procedures coded in the patient records. Refer to www.healthgrades.com for a full list of the diagnosis and procedure codes that define each patient cohort. The quality measure for some cohorts was mortality; whereas, for other cohorts, the quality measure was major complications.

For each patient cohort, we developed a list of specific procedures (e.g., quadruple bypass surgery), a list of risk factors, and a list of post-surgical complications. These latter two lists were developed in two steps:

- (1) We identified all diagnoses occurring in more than 1% of the patients for the current analysis and the previous analysis.
- (2) We used a team of clinical and coding experts to identify the complications in the list created in Step One.

Some diagnosis codes were merged together (e.g., primary and secondary pulmonary hypertension) to minimize the impact of coding variations.

Outcomes were binary, with documented major/minor complications either present or not, and patients recorded as either alive or expired. Refer to www.healthgrades.com for a list of complications included in the quality measure “Major Complications.” In cohorts where the quality measure is major complications, mortality is considered a major complication.

Risk-Adjustment Methodology

The purpose of risk-adjustment is to obtain fair statistical comparisons between disparate populations or groups. Significant differences in demographic and clinical risk factors are found among patients treated in different hospitals. Risk-adjustment of the data is needed to make accurate and valid comparisons of clinical outcomes at different hospitals.

Fair and valid comparisons between hospital providers can be made only to the extent that the risk-adjustment methodology considers important differences in patient demographic and clinical characteristics. The risk-adjustment methodology used by HealthGrades defines risk factors as those clinical and demographic variables that influence patient outcomes in significant and systematic ways. Risk factors may include age, sex, specific procedure performed, and comorbid conditions such as hypertension, chronic renal failure, congestive heart failure, and diabetes. The methodology is disease-specific and outcome-specific. This means that individual risk models are constructed and tailored for each clinical condition or procedure, and also for each outcome.

Developing the HealthGrades ratings involved four steps for each cohort (e.g., coronary bypass surgery) and quality measure (e.g., in-hospital mortality). First, the predicted value (e.g., predicted mortality) was obtained using logistic regression models discussed in the next section. Second, the predicted value was compared with the actual, or observed, value (e.g., actual mortality). Third, a test was conducted to determine whether the difference between the predicted and actual/observed values was statistically significant. This test was performed to make sure that differences were very unlikely to be caused by chance alone. Fourth, a star rating was assigned based upon the outcome of the statistical test.

Statistical Models

Unique statistical models were developed for each patient cohort and each outcome using multivariate logistic regression.

Comorbid diagnoses (e.g., hypertension, chronic renal failure, anemia, diabetes), demographic characteristics (e.g., age and sex), and specific procedures (where relevant) were classified as potential risk factors. We used multivariate logistic regression to determine which of these were actually risk factors and to what extent they were correlated with the quality measure (e.g., mortality). A risk factor stayed in the model if it had a positive coefficient and was also

statistically significant ($p < 0.05$) in explaining variation. Complications were *not* counted as risk factors as they were considered a result of care received during the admission.

The statistical models were checked for validity and finalized. All of the models were highly significant, with C-statistics ranging from ~ 0.6 to ~ 0.9. These cohort and outcome specific models were then used to estimate the probability of the outcome for each patient in the cohort. Patients were then aggregated for each hospital to obtain the predicted outcome for each hospital. Statistical significance tests were performed to identify, by hospital, whether the actual/observed and predicted rates were significantly different. We used a binomial distribution to establish an approximate 90% confidence interval. To test the fit of a binomial distribution to the data, we performed tests on each model for 20% of the hospitals whereby we included statistical significance, for each hospital individually, as an independent variable in the logistic regression model. We subsequently used a two-tailed z-test to again determine statistical significance. The match between the binomial distribution results and the test sample within the logistic regression models themselves was nearly 100%.

Assignment of Star Ratings

The following rating system was applied to the data for all procedures and diagnoses:

- ★★★★★ Actual performance was better than predicted and the difference was statistically significant.
- ★★★ Actual performance was not significantly different from what was predicted, or “as expected”.
- ★ Actual performance was worse than predicted and the difference was statistically significant.

In general, 70% to 80% of hospitals in each procedure/diagnosis are classified as three stars, with actual results statistically the same as predicted results. Approximately 10% to 15% were one-star hospitals and 10% to 15% were five-star hospitals. The data fell out in a fairly well structured bell shaped curve.

Part II: Metropolitan Statistical Area (MSA)¹ Performance Study Methods

The purpose of the second part of the study was to evaluate the performance of the 25 most heavily populated metropolitan statistical areas (MSA or Consolidated MSA-CMSA) by measuring the outcomes of five key procedures and diagnoses. We used the Office of Management and Budget (OMB) definition of metropolitan and micropolitan statistical areas. Currently defined metropolitan and micropolitan statistical areas are based on application of the 2000 standards (which appeared in the *Federal Register* on December 27, 2000) to Census 2000 data and were announced by OMB effective June 6, 2003¹.

Risk-adjusted outcomes performance (inhospital mortality) was calculated by MSA (metropolitan area) for each of the following five procedures and diagnoses in 2000 and 2003: Coronary Artery Bypass Graft surgery (CABG), Percutaneous Coronary Interventions (PCI), Acute Myocardial Infarction (AMI)/Heart Attack in angioplasty-capable hospitals, Congestive Heart Failure (CHF) and Community Acquired Pneumonia (CAP). These five procedures and diagnoses were chosen because they rank highly among the most common reasons for hospital admission among Medicare beneficiaries and because they represent some of the most studied procedures and diagnoses for quality improvement.

Using the MedPAR 2000 and 2003 data and the risk-adjustment methodology discussed in the last section, HealthGrades calculated for each of the five procedures/diagnoses the actual (observed) and predicted (expected) number of deaths nationally and by MSA. A ratio of observed (O) to expected (E) deaths was then calculated for each MSA for each cohort. ***An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.***

These MSA performance ratios were then rank ordered for each procedure/diagnosis in ascending order of their respective O/E ratio (lowest to highest). Finally, the average of the five cohort ranks for each MSA was calculated and then the MSAs were arranged in ascending order according to their average final rank. When ties occurred among the averaged ranks, MSA total cohort volume was used to break the tie. Using hospital zip codes that were within the definition of each MSA, we calculated MSA volume by totaling all hospital volume within each MSA for each of the five cohorts. “Best” was defined as the five MSAs with the highest average final rank.

MSAs were also rank ordered by their degree of relative improvement from 2000 to 2003 by procedure/diagnosis. Then the average of the five procedure/diagnosis improvement ranks for each MSA was calculated and the MSAs were arranged in ascending order according to their average final rank. Ties did not occur among these averaged ranks. Using Fisher’s exact test, statistical significance for improvement from 2000 to 2003 was determined at the national and MSA levels.

Results

Part I: Hospital Quality Ratings

HealthGrades' ratings of nearly 5,000 hospitals, based on the *Seventh Annual HealthGrades Hospital Quality in America Study*, can be found at www.healthgrades.com. For all of the specific procedures and diagnoses rated, 10 – 15 percent of hospitals stand out as “best” performers (5 star rated), while another 10 – 15 percent stand out as “poor” performers (1 star rated). The remaining hospitals are “as expected” (3 star rated). Past studies done by HealthGrades showed that a substantial number of lives could be saved if Americans simply did not go to hospitals rated as “1 star.”

Part II: MSA Performance Study

The total number of Medicare hospitalizations for the five procedures and diagnoses among the 25 metropolitan areas studied increased by 12.5 percent from 2000 to 2003 (see Figure 1). The major contributors of this increase were hospitalizations for percutaneous coronary interventions (PCI), AMI/Heart Attack and CHF. The remaining two cohorts studied, coronary artery bypass surgery (CABG) and community acquired pneumonia (CAP) saw a decrease in the number of hospitalizations. While CABG surgery volume declined almost 13 percent, percutaneous coronary intervention (PCI) hospitalizations increased by almost 27 percent during the same four- year time period, representing the shift in interventional treatment of coronary artery disease away from major cardiothoracic surgery to a less-invasive, catheter-based treatment and possibly earlier detection of underlying cardiac risk factors and subsequent disease detection.

Despite the fact that 550,000 new congestive heart failure (CHF) diagnoses are made each year in the United States⁶, hospitalizations associated with this diagnosis rose only slightly (~ 5 percent) between 2000 and 2003. This likely represents both advances in effective outpatient-based pharmaceuticals and management, and the diffusion and adoption of best-practice processes, such as use of ACE inhibitors for left ventricular systolic dysfunction, that minimize the frequency of CHF decompensations that require hospitalization and improve survival.

Of the total five cohorts evaluated in this study, CHF was associated with the largest percentage of all Medicare hospitalizations in both 2000 and 2003 while CABG represented the least (see Figure 2). Most worthy to note is that the hospitalization rates of Acute Myocardial Infarction (AMI/Heart Attack) have not changed, remaining steady at 4.6 percent. This possibly represents the widespread adoption of best-practice processes such as aspirin, beta-blocker and statin use that decrease risk of future heart attacks and subsequent hospitalization and improved survival.

Table 1 illustrates the 2000 and 2003 risk-adjusted in-hospital mortality performance rank for each procedure/diagnosis and the overall rank for the aggregate performance of the five cohorts evaluated in each metropolitan area. Table 1 clearly highlights both the overall improvement in survival associated with Medicare hospitalizations for cardiac disease and pneumonia as well as the substantial variation in regional performance, consistent with numerous studies. The survival

improvement seen in Tables 1-3 correlates with the shift from major surgery to less invasive technology that is associated with lower in-hospital complications and risk of death. Also, better processes of care and improved outpatient management of CHF and CAP have resulted in the decreased need for hospitalization seen in Figures 1 and 2.

While the patient population risk of mortality, which is dependent on patient medical conditions and demographics, for these five procedures and diagnoses for the U.S. and the 25 metropolitan areas studied did not change appreciably from 2000 to 2003, the respective actual mortalities changed significantly (see Table 2). This overall decline in risk-adjusted mortality over the four years studied was likely due to factors not related to patient characteristics and complexity, but to improvements in the effectiveness and quality of care. This includes things such as improved adoption and diffusion of evidence-based pharmaceuticals and practice, emergence and adoption of new and less invasive technologies, and more timely intervention with proven therapies. It is important to note, however, that despite this overall improvement, the risk-adjusted mortality and degree of improvement varied significantly from hospital to hospital and from metropolitan area to metropolitan area.

Table 3 shows that the greatest variation in outcomes was observed in the metropolitan statistical area performance of coronary artery bypass graft surgery (CABG). This may be reflective of the growth and competition of open-heart hospitals during this time period and associated lower CABG volume per hospital resulting in higher likelihood of variation in both processes and outcomes. Numerous studies have shown a correlation between higher volume and better outcomes in CABG^{7,8,9,10,11}. After accounting for patient severity of illness and other medical conditions in the risk-adjustment process, hospitals in Cincinnati, the relatively “worst” CABG quality performance metropolitan area, also experienced the least CABG performance improvement of the 25 areas studied [Cincinnati CABG risk-adjusted mortality rate in 2000 and 2003 not statistically significantly different ($p = 0.07$), but trend toward worsening]. This trend towards poorer quality was associated with twice the associated in-hospital mortality compared to San Diego, the relatively “best” CABG quality performance MSA [observed mortality: expected mortality ratio (O/E) of 1.40, 0.65, respectively] in 2003. San Diego open-heart hospitals experienced the greatest performance improvement in CABG in-hospital mortality from 2000 to 2003. San Diego hospitals’ quality improvement efforts resulted in a decrease of their CABG risk-adjusted mortality by more than half in just four years.

Similar to our findings in the *Sixth Annual HealthGrades Hospital Quality in America Study*¹², the smallest difference in outcomes between metropolitan areas was observed in AMI. However, while the performance variation for AMI was indeed the narrowest among the five cohorts studied, this gap is still substantial and has not diminished appreciably since 2000.

For example, although hospital in the NYC Metro area realized improved AMI in-hospital treatment outcomes, their in-hospital mortality associated with AMI in 2003 was still one-and-a-half times higher than that of hospitals in the Denver Metro area – the “best performing” AMI metropolitan area [observed mortality:expected mortality ratio (O/E) of 1.04, 0.70, respectively]. This was consistent with our previous findings.

It is clear that many of the top metropolitan area performers in AMI experienced significant improvements from 2000 to 2003. In the case of the Denver Metro area, which ranked first in 2003 (also “best” in 2000—data not shown), leading AMI quality performance is likely explained by relatively lower hospital variation in utilizing “best-practices,” resulting in consistent and superior outcomes over time.

Interpretation of Results

Despite previously documented improvement in compliance with evidence-based medicine with many of these procedures and diagnoses², this study shows that there is significant variation in the quality of care delivered by different hospitals and, at the aggregate level, in different large metropolitan areas.

The improvements seen between 2000 and 2003 were due to statistically significant decreases in actual mortality, while expected mortality, or patient risk, remained relatively unchanged. These decreases are likely attributable to improved processes of care, consistent with the national focus for several years on these practice issues and, most recently, their associated public reporting.

The greatest disparity in performance noted in CABG may be due to several important and concerning factors: 1) advances in coronary artery disease have shifted patients from major cardiothoracic surgery to less invasive catheter-based angioplasty with improved treatments to prevent early and late restenosis and decrease the risk of requiring future intervention, including surgery; 2) while less invasive treatment is now much more often warranted, the untoward consequence is declining CABG volumes, which will result in less volume per hospital, per surgeon, and thus less opportunity for providers to find their best-practices and more opportunity for variations and failures; 3) without alternative training methods (e.g. virtual surgery), declining volumes will also negatively affect cardiothoracic surgery training and subsequent experience with this high-risk surgery upon entering the physician workforce. To minimize the potentially adverse consequences of declining CABG volume, policy makers may propel evidence-based referral from concept to reality. The potential effects of decreased access will need to be weighed against its benefits.

In contrast to CABG, AMI performance across the nation was associated with the least variation between metropolitan areas. This narrowing quality gap may be due to several encouraging factors: 1) the treatment of AMI has seen the most significant attention to and improvements in the processes of care of any diagnosis or procedure affecting Medicare beneficiaries; 2) considerable consensus among physicians on the recommended management guidelines for AMI; 3) influential and important media coverage around various aspects of AMI has increased patient awareness; and, 4) advances in technology supporting the identification and treatment of AMI. There is considerable opportunity to immediately translate and incorporate physician consensus, public reporting and accountability, and public awareness into other quality improvement areas to achieve similar results.

In conclusion, although important advances and improvements have been and continue to be made, these stark national and metropolitan-level trends highlight continued quality gaps

amongst all five procedures and diagnoses studied. Our findings underscore the urgency to understand the systems that create good outcomes, remove road blocks to successful change, hold providers and payers accountable to make information transparent and useful for improvement, and identify methods to leap forward and close the quality chasm by reducing preventable morbidity and mortality.

With the support and leadership of credible and experienced quality improvement organizations and the continued improvement in processes of care, it is hopeful that the adoption and diffusion of best practices will occur more quickly than it has historically, resulting in decreased variation in and subsequent improved outcomes for all patients. Physicians have been and will continue to be charged with leading this needed paradigm shift. As multitudes of organizations, from payers to employers, choose to pay for quality, physicians will have incentives to lead successful quality improvement in their hospitals that will uniformly close the quality gaps. Until then, geography may be our health destiny.

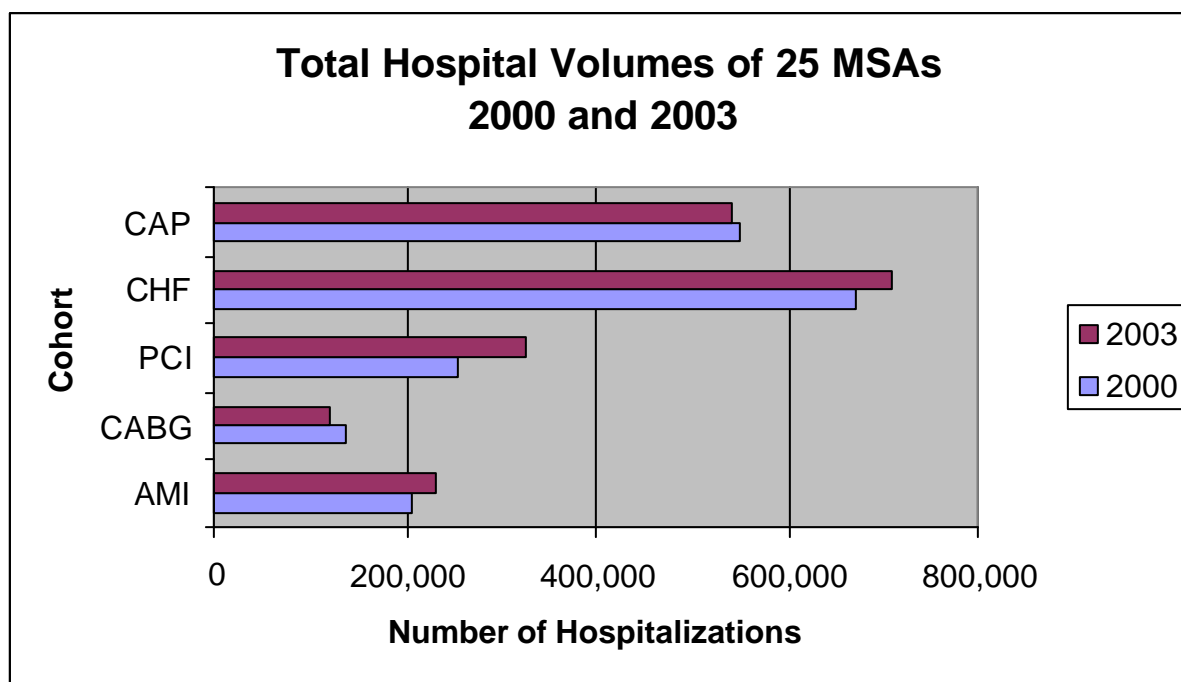
Limitations of the Data Models

These models are limited by the following factors:

- Cases may have been coded incorrectly or incompletely by the hospital.
- The models can only account for risk factors that are coded into the billing data – if a particular risk factor was not coded into the billing data, such as a patient’s socioeconomic status and health behavior, then it was not accounted for with these models.
- Although Health Grades, Inc. has taken steps to carefully compile these data using its proprietary methodology, no techniques are infallible, and therefore some information may be missing, outdated, or incorrect.

Second, ranking ties occurred because of taking the average of rank numbers, which were represented as whole numbers. This created a few ties, which were then broken by evaluating metropolitan statistical area (MSA) volume; the higher-volume MSA was better ranked. Although there have been many studies correlating volume and outcome, we acknowledge the limitations of this method to accurately differentiate performance between two MSAs with the same average rank.

Figure 1

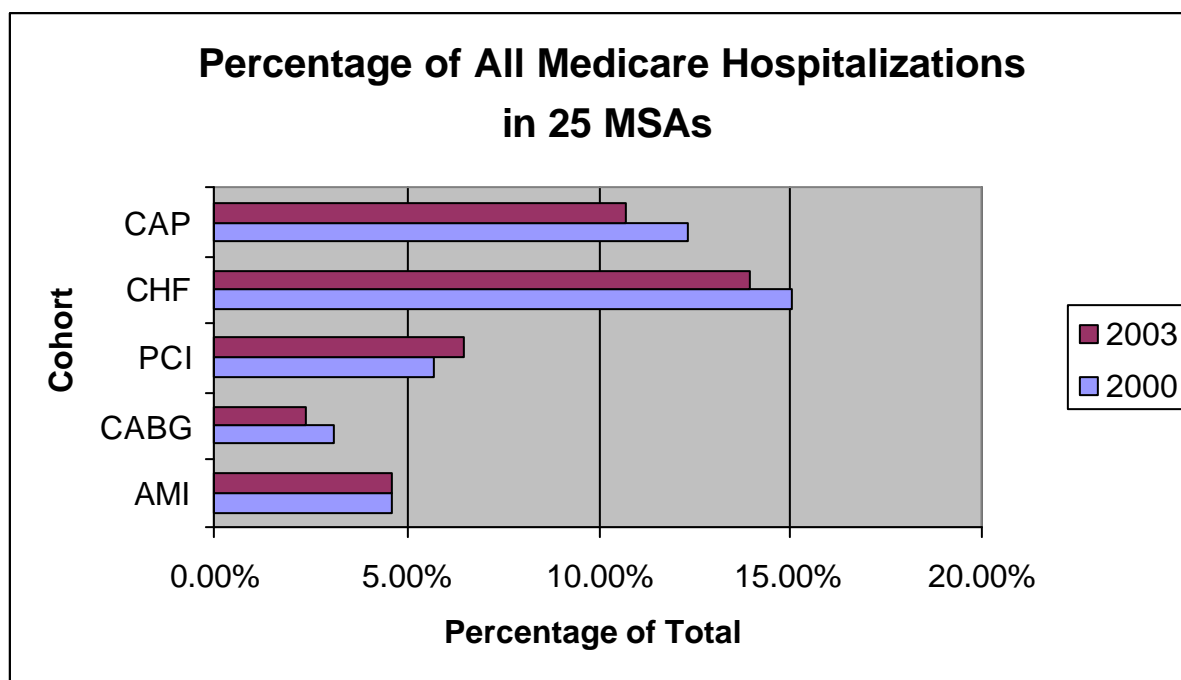


Data Table

Total Hospital Volumes of 25 MSAs by Cohort and Year						
	AMI	CABG	PCI	CHF	CAP	All Hospitalizations
2000	205,610	137,836	256,387	670,556	550,776	4,463,726
2003	233,435	120,129	324,648	701,778	540,670	5,021,419
% Change	13.53%	-12.85%	26.62%	4.66%	-1.83%	12.49%

AMI = Acute Myocardial Infarction or Heart Attack
CABG = Coronary Artery Bypass Graft Surgery
PCI = Percutaneous Coronary Intervention or Coronary Angioplasty
CHF = Congestive Heart Failure
CAP = Community Acquired Pneumonia

Figure 2



Data Table

% of All Medicare Hospitalizations Among 25 MSAs					
	AMI	CABG	PCI	CHF	CAP
2000	4.61%	3.09%	5.74%	15.02%	12.34%
2003	4.65%	2.39%	6.47%	13.98%	10.77%
% Change	0.92%	-22.52%	12.56%	-6.96%	-12.73%

AMI = Acute Myocardial Infarction or Heart Attack
CABG = Coronary Artery Bypass Graft Surgery
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Table 1

2003 Ranked Quality Performance by Metropolitan Statistical Area (MSA)											
Metropolitan Statistical Area	Overall Performance	AMI Performance		CABG Performance		PCI Performance		CHF Performance		CAP Performance	
	Overall Rank	Rank	Improvement from 2000	Rank	Improvement from 2000	Rank	Improvement from 2000	Rank	Improvement from 2000	Rank	Improvement from 2000
US Average	-	-	Yes	-	Yes	-	Yes	-	Yes	-	Yes
Atlanta, GA	14	9	Yes	22	Yes	8	Yes	17	Yes	18	Yes
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH	18	12	Yes	13	No	19	Yes	19	Yes	23	Yes
Chicago-Gary-Kenosha, IL-IN-WI	8	8	Yes	5	Yes	15	Yes	8	Yes	11	Yes
Cincinnati-Hamilton, OH-KY-IN	7	5	Yes	25	No	9	Yes	4	Yes	1	Yes
Cleveland-Akron, OH	1	4	Yes	11	Yes	1	Yes	2	Yes	3	Yes
Dallas-Fort Worth, TX	21	22	Yes	23	Yes	21	Yes	10	Yes	16	Yes
Denver-Boulder-Greeley, CO	6	2	Yes	12	Yes	12	Yes	1	Yes	8	Yes
Detroit-Ann Arbor-Flint, MI	2	7	Yes	3	Yes	3	Yes	6	Yes	6	Yes
Houston-Galveston-Brazoria, TX	15	15	Yes	17	Yes	20	Yes	13	Yes	13	Yes
Kansas City, MO-KS	19	13	Yes	15	Yes	24	No	20	Yes	14	Yes
Los Angeles-Riverside-Orange County, CA	10	10	Yes	7	Yes	7	Yes	15	Yes	17	Yes
Miami-Fort Lauderdale, FL	9	11	Yes	24	No	5	Yes	5	Yes	4	Yes
Minneapolis-St. Paul, MN-WI	3	1	Yes	4	Yes	10	Yes	7	Yes	5	Yes
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	17	25	Yes	9	Yes	2	Yes	24	Yes	25	Yes
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD	23	24	Yes	10	Yes	22	No	18	Yes	21	Yes
Phoenix-Mesa, AZ	4	3	Yes	19	Yes	6	Yes	3	Yes	2	Yes
Pittsburgh, PA	16	21	Yes	2	Yes	23	Yes	14	Yes	19	Yes
Portland-Salem, OR-WA	25	20	Yes	14	Yes	17	Yes	25	Yes	22	Yes
Sacramento-Yolo, CA	20	23	Yes	6	No	13	No	21	Yes	24	Yes
San Diego, CA	11	16	Yes	1	Yes	18	Yes	16	Yes	10	Yes
San Francisco-Oakland-San Jose, CA	22	18	Yes	16	Yes	16	Yes	23	Yes	20	Yes
Seattle-Tacoma-Bremerton, WA	24	17	Yes	18	Yes	25	Yes	22	Yes	15	Yes
St. Louis, MO-IL	13	19	Yes	21	Yes	11	Yes	12	Yes	9	Yes
Tampa-St. Petersburg-Clearwater, FL	5	6	Yes	8	Yes	4	Yes	9	Yes	7	Yes
Washington-Baltimore, DC-MD-VA-WV	12	14	Yes	20	Yes	14	Yes	11	Yes	12	Yes

AMI = Acute Myocardial Infarction or Heart Attack
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Table 2

Mortality Performance Improvement Over Time											
	AMI		CABG		PCI		CHF		CAP		
	Observed Mortality	Predicted Mortality	Observed Mortality	Predicted Mortality	Observed Mortality	Predicted Mortality	Observed Mortality	Predicted Mortality	Observed Mortality	Predicted Mortality	
2000	12.57%	11.26%	3.68%	3.19%	2.26%	1.98%	5.62%	4.93%	7.88%	7.27%	
2003	10.87%	11.69%	3.22%	3.52%	1.96%	2.12%	4.97%	5.46%	7.10%	7.62%	

Table 3

Performance Improvement (Worsening) of Largest 25 Metropolitan Statistical Areas from 2000 to 2003													
Metropolitan Statistical Area	Improvement Performance	AMI Performance				CABG Performance				PCI Performance			
	Overall Rank	Improvement Rank	O/E 2000	O/E 2003	% Change	Improvement Rank	O/E 2000	O/E 2003	% Change	Improvement Rank	O/E 2000	O/E 2003	% Change
US Average	-	-	1.12	0.93	16.77	-	1.15	0.91	20.68	-	1.14	0.92	19.06
Atlanta, GA	9	14	1.01	0.84	16.52	8	1.60	1.08	32.57	7	1.10	0.82	25.45
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH	20	13	1.05	0.86	18.00	22	0.83	0.84	-1.40*	17	1.13	1.01	10.92
Chicago-Gary-Kenosha, IL-IN-WI	7	7	1.07	0.84	21.59	10	1.03	0.72	30.48	8	1.24	0.93	25.22
Cincinnati-Hamilton, OH-KY-IN	11	9	1.03	0.82	20.19	25	1.05	1.40	-33.51*	5	1.22	0.84	31.65
Cleveland-Akron, OH	3	5	0.97	0.75	23.27	20	0.80	0.78	3.31	3	0.90	0.59	33.92
Dallas-Fort Worth, TX	12	16	1.14	0.96	15.69	18	1.27	1.09	14.15	18	1.14	1.03	9.47
Denver-Boulder-Greeley, CO	16	17	0.82	0.70	14.81	17	0.95	0.80	15.83	10	1.09	0.86	20.84
Detroit-Ann Arbor-Flint, MI	2	6	1.06	0.83	21.65	7	1.01	0.67	34.08	4	1.06	0.71	32.36
Houston-Galveston-Brazoria, TX	4	3	1.19	0.90	24.63	4	1.52	0.91	39.99	19	1.10	1.01	7.88
Kansas City, MO-KS	23	21	1.00	0.86	13.38	11	1.22	0.88	27.54	25	0.95	1.06	-10.77*
Los Angeles-Riverside-Orange County, CA	14	12	1.06	0.86	18.97	3	1.23	0.74	40.00	11	1.02	0.81	20.59
Miami-Fort Lauderdale, FL CMSA	15	24	0.91	0.86	5.45	23	1.11	1.17	-6.10*	9	0.94	0.72	23.09
Minneapolis-St. Paul, MN-WI MSA	6	11	0.85	0.69	19.13	5	1.18	0.71	39.77	16	0.94	0.84	11.16
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	24	23	1.12	1.04	7.16	16	0.93	0.76	17.90	22	0.71	0.71	0.56
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD	22	20	1.14	0.99	13.46	9	1.14	0.77	32.24	23	1.02	1.04	-2.41
Phoenix-Mesa, AZ MSA	1	1	1.00	0.74	25.58	15	1.18	0.93	21.51	1	1.20	0.75	37.98
Pittsburgh, PA	17	15	1.14	0.96	15.84	13	0.87	0.66	23.49	13	1.27	1.05	16.77
Portland-Salem, OR-WA	18	2	1.26	0.94	25.13	14	1.11	0.85	23.23*	21	1.03	0.99	4.53*
Sacramento-Yolo, CA	25	25	1.00	0.97	3.47	24	0.63	0.73	-14.75*	24	0.82	0.86	-4.96*
San Diego, CA	10	18	1.05	0.90	14.27	1	1.57	0.65	58.29	12	1.24	1.00	19.35
San Francisco-Oakland-San Jose, CA	19	22	1.05	0.91	13.21	6	1.36	0.89	34.81	15	1.07	0.95	11.51
Seattle-Tacoma-Bremerton, WA	8	4	1.19	0.90	24.40	2	1.57	0.91	41.91	14	1.30	1.14	12.45
St. Louis, MO-IL	5	8	1.17	0.93	20.20	19	1.09	1.04	4.52	2	1.33	0.85	35.68
Tampa-St. Petersburg-Clearwater, FL	21	19	0.96	0.83	13.81	12	1.01	0.75	26.13	20	0.77	0.72	7.25
Washington-Baltimore, DC-MD-VA-WV	13	10	1.09	0.87	20.01	21	1.04	1.04	0.85	6	1.24	0.87	29.37

Metropolitan Statistical Area	CHF Performance				CAP Performance			
	Improvement Rank	O/E 2000	O/E 2003	% Change	Improvement Rank	O/E 2000	O/E 2003	% Change
US Average	-	1.14	0.91	20.00	-	1.08	0.93	14.07
Atlanta, GA	13	1.07	0.84	21.52	14	1.02	0.88	14.33
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH	14	1.12	0.88	20.88	23	1.03	1.00	2.61
Chicago-Gary-Kenosha, IL-IN-WI	9	0.95	0.69	27.50	13	0.94	0.78	16.73
Cincinnati-Hamilton, OH-KY-IN	20	0.72	0.61	15.41	1	0.85	0.55	35.94
Cleveland-Akron, OH	3	0.84	0.57	31.94	2	0.86	0.59	31.40
Dallas-Fort Worth, TX	1	1.13	0.72	35.78	8	1.10	0.86	22.29
Denver-Boulder-Greeley, CO	6	0.79	0.56	29.76	21	0.79	0.73	7.61
Detroit-Ann Arbor-Flint, MI	7	0.96	0.67	29.64	6	0.92	0.69	24.91
Houston-Galveston-Brazoria, TX	4	1.12	0.76	31.56	5	1.07	0.80	25.16
Kansas City, MO-KS	22	1.05	0.92	12.44	15	0.93	0.81	13.57
Los Angeles-Riverside-Orange County, CA	19	0.96	0.81	16.10	17	0.98	0.86	12.53
Miami-Fort Lauderdale, FL CMSA	5	0.91	0.62	31.26	9	0.81	0.63	22.08
Minneapolis-St. Paul, MN-WI MSA	8	0.95	0.68	27.75	4	0.87	0.64	26.49
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA	21	1.26	1.07	15.29	19	1.26	1.11	11.73
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD	17	1.04	0.86	16.87	24	1.00	0.98	2.01
Phoenix-Mesa, AZ MSA	2	0.87	0.59	32.48	7	0.76	0.58	24.00
Pittsburgh, PA	11	1.04	0.78	24.74	20	0.99	0.89	9.56
Portland-Salem, OR-WA	16	1.42	1.15	18.90	22	1.07	0.99	7.26
Sacramento-Yolo, CA	23	1.02	0.92	9.92	25	1.02	1.01	1.72
San Diego, CA	15	1.01	0.82	19.06	11	0.96	0.77	19.74
San Francisco-Oakland-San Jose, CA	25	1.04	0.99	4.43	18	1.06	0.93	12.04
Seattle-Tacoma-Bremerton, WA	18	1.17	0.98	16.37	10	1.02	0.81	20.71
St. Louis, MO-IL	10	1.04	0.76	27.14	3	1.07	0.75	30.32
Tampa-St. Petersburg-Clearwater, FL	24	0.79	0.72	7.95	16	0.83	0.72	13.30
Washington-Baltimore, DC-MD-VA-WV	12	0.98	0.75	23.73	12	0.96	0.79	18.00

All improvements were highly statistically significant (p< 0.01) *except* for those noted with *.

AMI = Acute Myocardial Infarction or Heart Attack
CABG = Coronary Artery Bypass Graft Surgery
PCI = Percutaneous Coronary Intervention or Coronary Angioplasty
CHF = Congestive Heart Failure
CAP = Community Acquired Pneumonia

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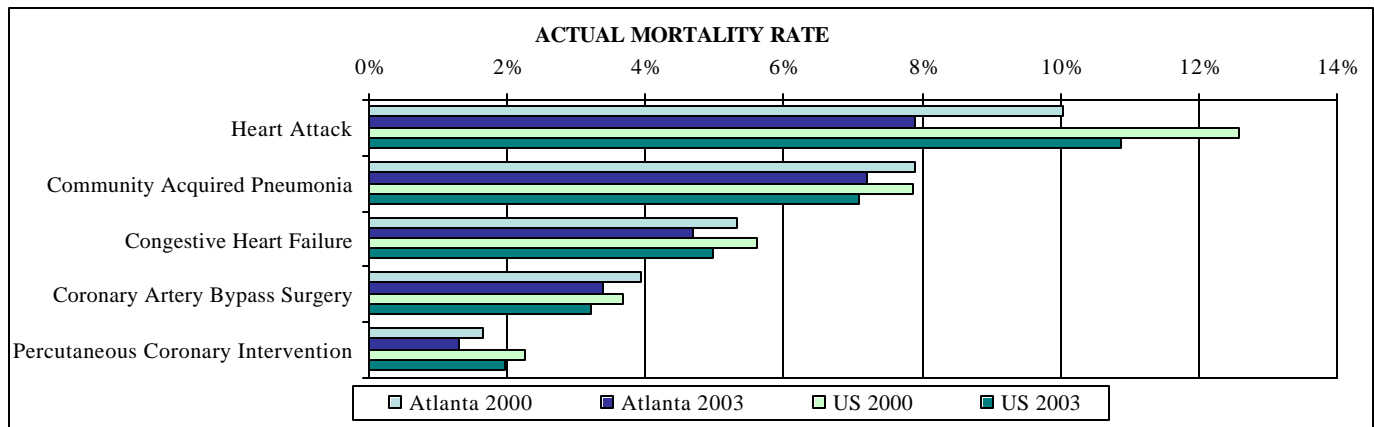
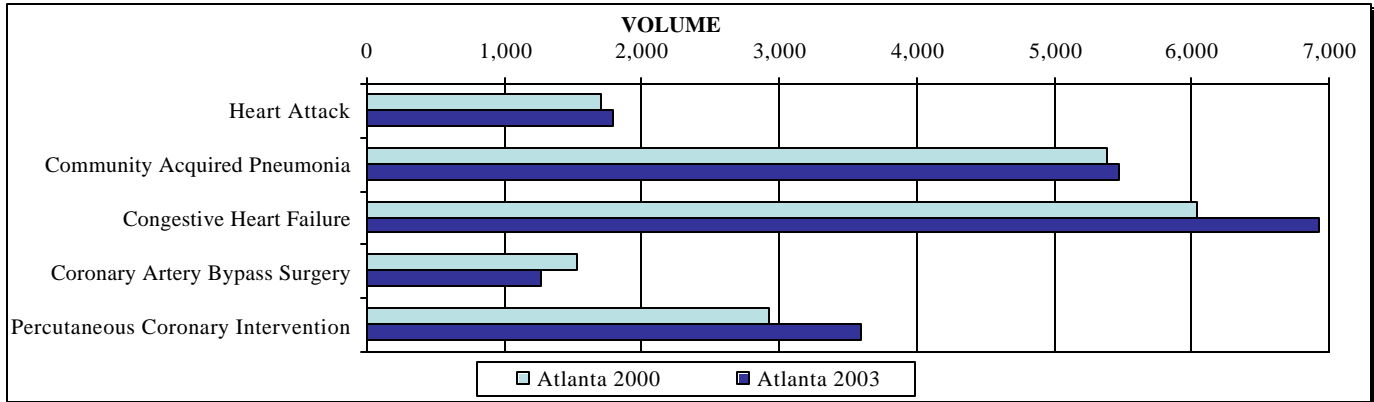
Appendix

25 Metropolitan Statistical Area (MSA) Associated Quality Indicators

These fact sheets are being supplied by HealthGrades in conjunction with our study, *The Seventh Annual HealthGrades Hospital Quality in America Study. Is Geography Our Health Destiny?* This information aims to help the media, consumers, and industry understand differences in health care quality by geographic region and improvements in quality between 2000 and 2003. These fact sheets contain data on: [1] Volume and Mortality Rates for Acute Myocardial Infarction (AMI)/Heart Attack in angioplasty-capable hospitals, Congestive Heart Failure (CHF), Community Acquired Pneumonia (CAP), Coronary Artery Bypass (CABG) Surgery, and Percutaneous Coronary Intervention (PCI) for Medicare patients; [2] Comparison of actual mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population. In other words, the lower the ratio the better. Expected mortality is based on patient mix. For more detail, see the Methods section of this study. [3] Hospital Charges and Length of Stay for the aforementioned procedures and diagnoses as compared to the national average; [4] MSA/CMSA data for The Leapfrog Group Quality Measures; [5] MSA/CMSA data for the JCAHO/CMS Process Quality Measures; [6] Top payers for health care services in the MSA/CMSA; [7] Hospitals in the MSA/CMSA.

**ATLANTA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Atlanta, GA**

1 Volume by Year and Actual Mortality Rate Comparisons



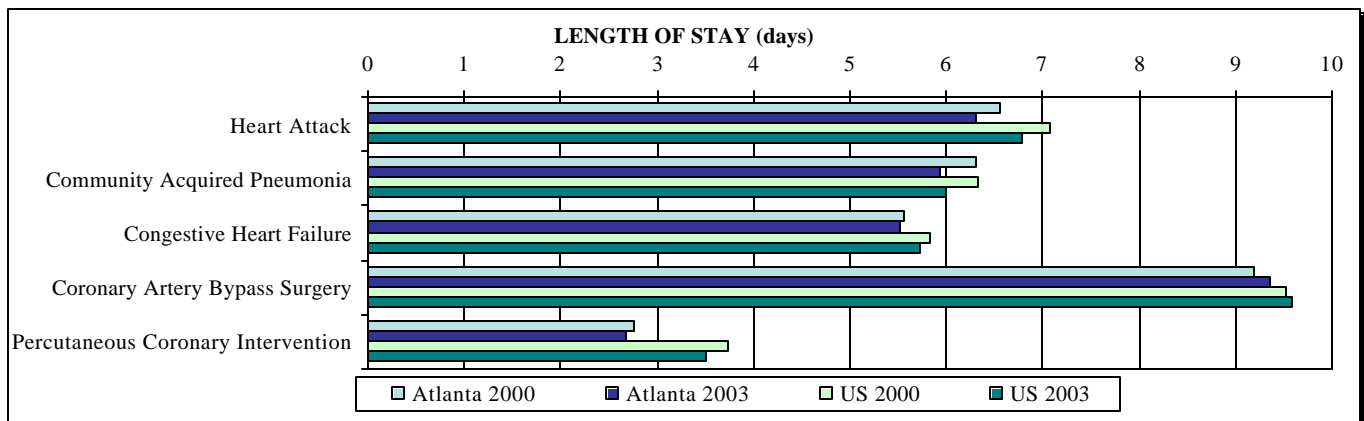
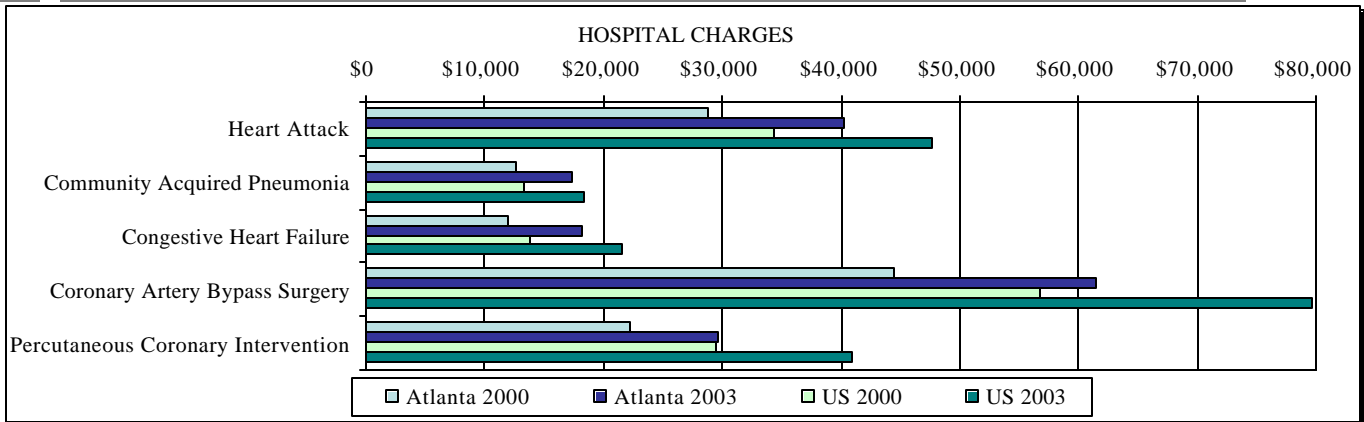
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Atlanta 2000	Atlanta 2003		US Average 2000	US Average 2003	
Heart Attack	1.01	0.84	16.52%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.02	0.88	14.33%	1.08	0.93	14.07%
Congestive Heart Failure	1.07	0.84	21.52%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.60	1.08	32.57%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.10	0.82	25.45%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

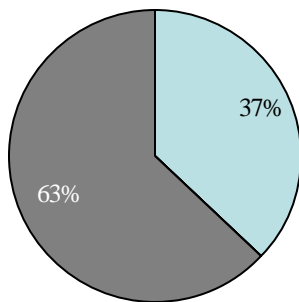
**ATLANTA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Atlanta, GA**

3 Hospital Charges and Length of Stay Compared to National Averages

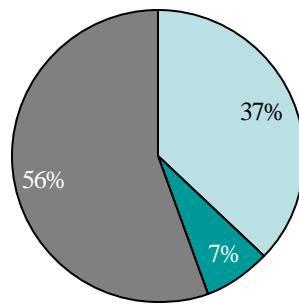


4 Atlanta's Compliance with Leapfrog Group Measures*

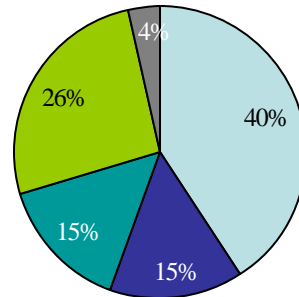
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

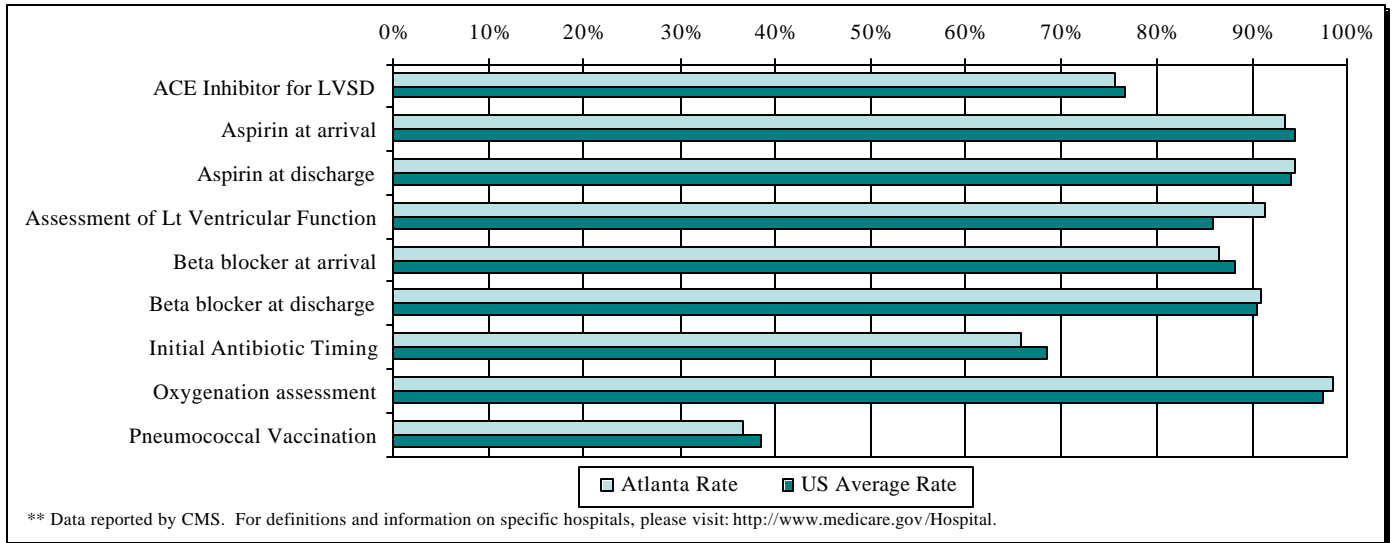
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**ATLANTA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Atlanta, GA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
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4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
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7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6

Who Pays for Health Care in Atlanta?+

Government (Medicare, Medicaid, State, Local, School Districts)

United Parcel Service, Inc.

The Home Depot, Inc.

BellSouth Corporation

Delta Air Lines, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**ATLANTA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Atlanta, GA**

7

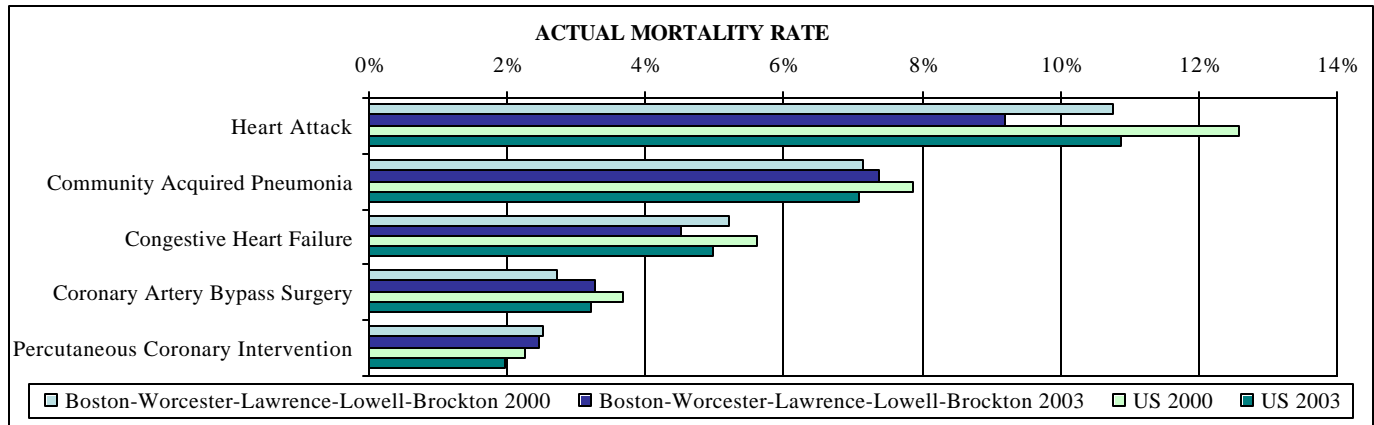
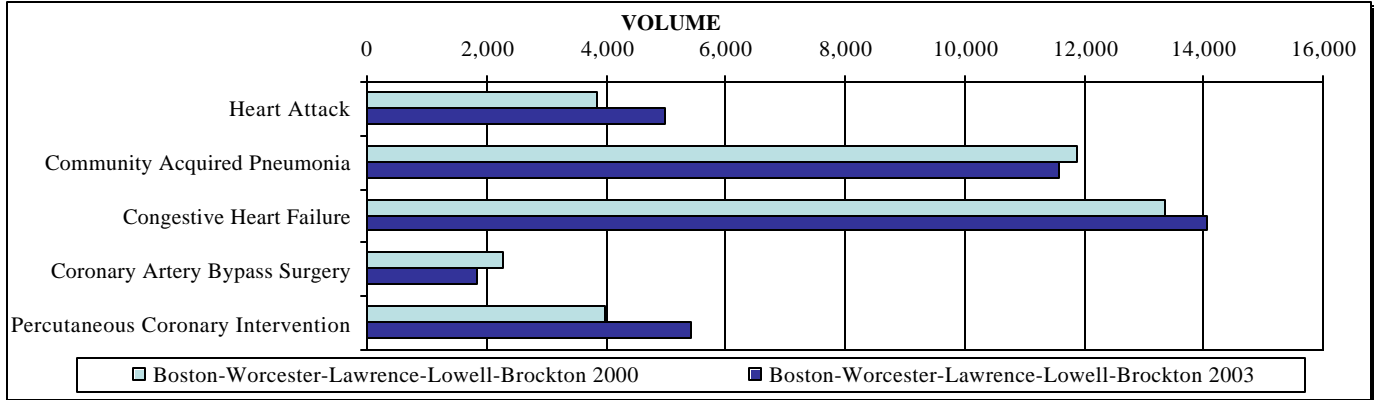
Hospitals in the Atlanta MSA:

Atlanta Medical Center, Atlanta
Atlanta Veteran's Administration Medical Center, Decatur
Barrow Community Hospital, Winder
Cartersville Medical Center, Cartersville
Crawford Long Hospital, Atlanta
DeKalb Medical Center, Decatur
Emory Adventist Hospital, Smyrna
Emory Eastside Medical Center, Snellville
Emory University Hospital, Atlanta
Emory-Dunwoody Medical Center, Atlanta
Fayette Community Hospital, Fayetteville
Georgian Clinic, Atlanta
Grady Memorial Hospital, Atlanta
Gwinnett Hospital System, Lawrenceville
Henry General Hospital, Stockbridge
Jonesboro Hospital Center, Jonesboro
Mountainside Medical Center, Jasper
Newnan Hospital, Newnan
Newnan Hospital West, Newnan
Newton General Hospital, Covington
North Fulton Regional Hospital, Roswell
Northlake Regional Medical Center, Tucker
Northside Hospital, Atlanta
Northside Hospital Cherokee, Canton
Northside Hospital Forsyth, Cumming
Piedmont Hospital, Atlanta
Regency Hospital of South Atlanta, East Point
Rockdale Hospital, Conyers
Saint Josephs Hospital of Atlanta, Atlanta
South Fulton Medical Center, East Point
Southern Regional Medical Center, Riverdale
Southwest Hospital and Medical Center, Atlanta
Spalding Regional Medical Center, Griffin
Tanner Medical Center Villa Rica, Villa Rica
Tanner Memorial Center, Carrollton
US Army Hospital, Fort Mcpherson
US Penitentiary Hospital, Atlanta
Walton Medical Center, Monroe
Wellstar Cobb Hospital, Austell
Wellstar Douglas Hospital, Douglasville
Wellstar Kennestone Hospital, Marietta
Wellstar Paulding Hospital, Dallas
Wesley Woods Geriatric Hospital, Atlanta

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**BOSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH**

1 Volume by Year and Actual Mortality Rate Comparisons



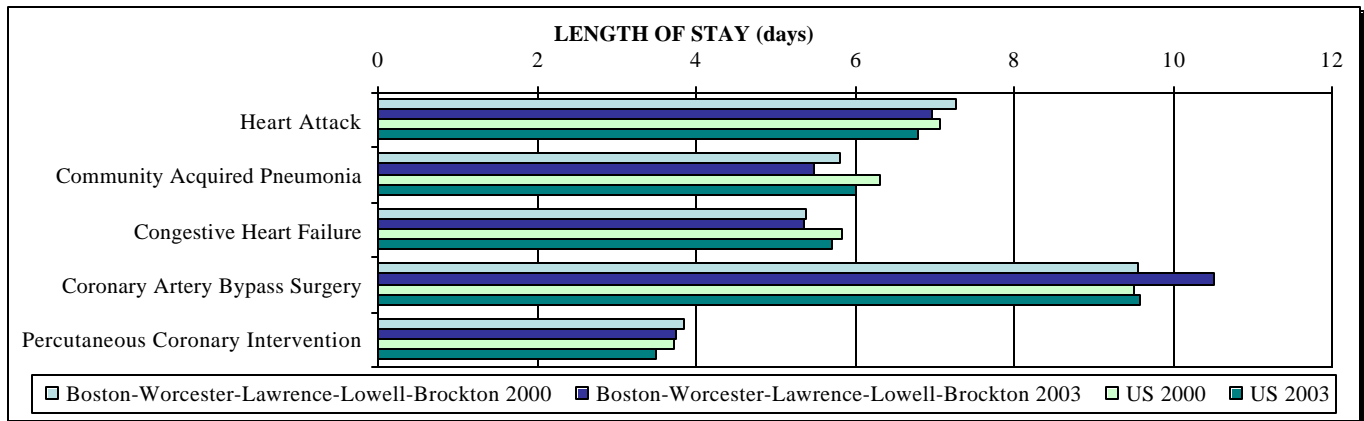
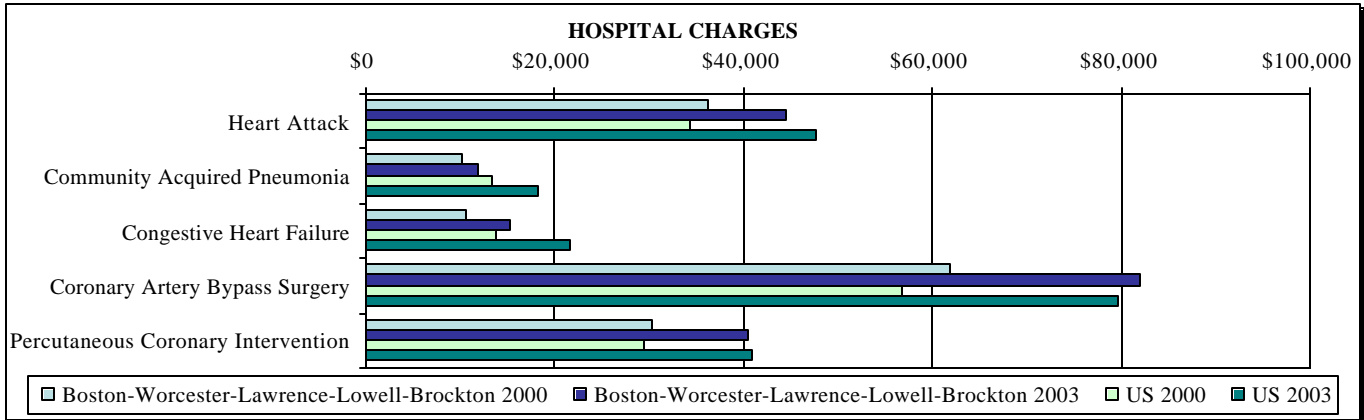
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Boston CMSA 2000	Boston CMSA 2003		US Average 2000	US Average 2003	
Heart Attack	1.05	0.86	18.00%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.03	1.00	2.61%	1.08	0.93	14.07%
Congestive Heart Failure	1.12	0.88	20.88%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	0.83	0.84	-1.40%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.13	1.01	10.92%	1.14	0.92	19.06%

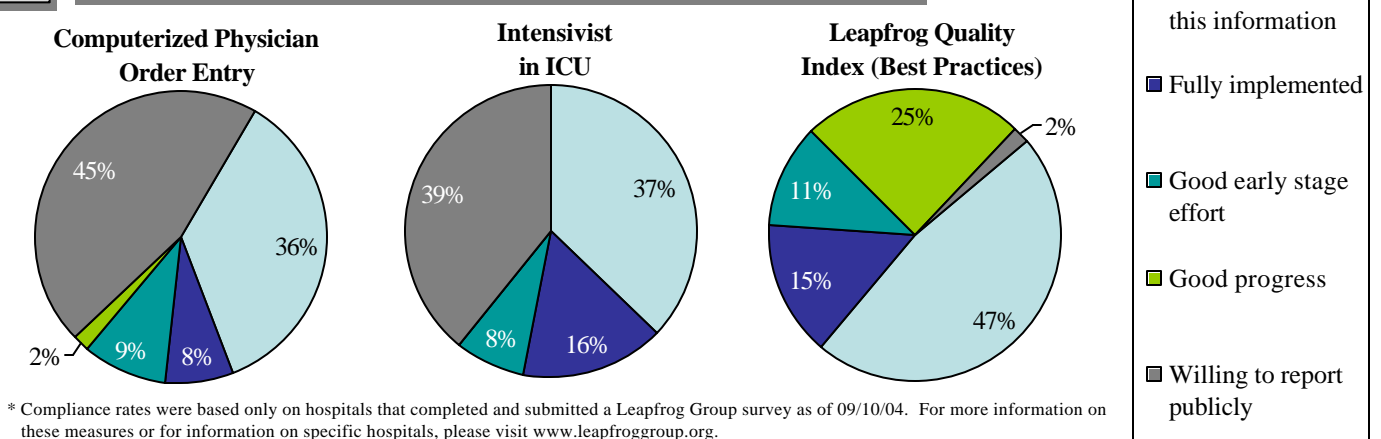
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**BOSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH**

3 Hospital Charges and Length of Stay Compared to National Averages



4 Boston CSMA's Compliance with Leapfrog Group Measures*



Definitions of Leapfrog Group Measures⁽¹⁾:

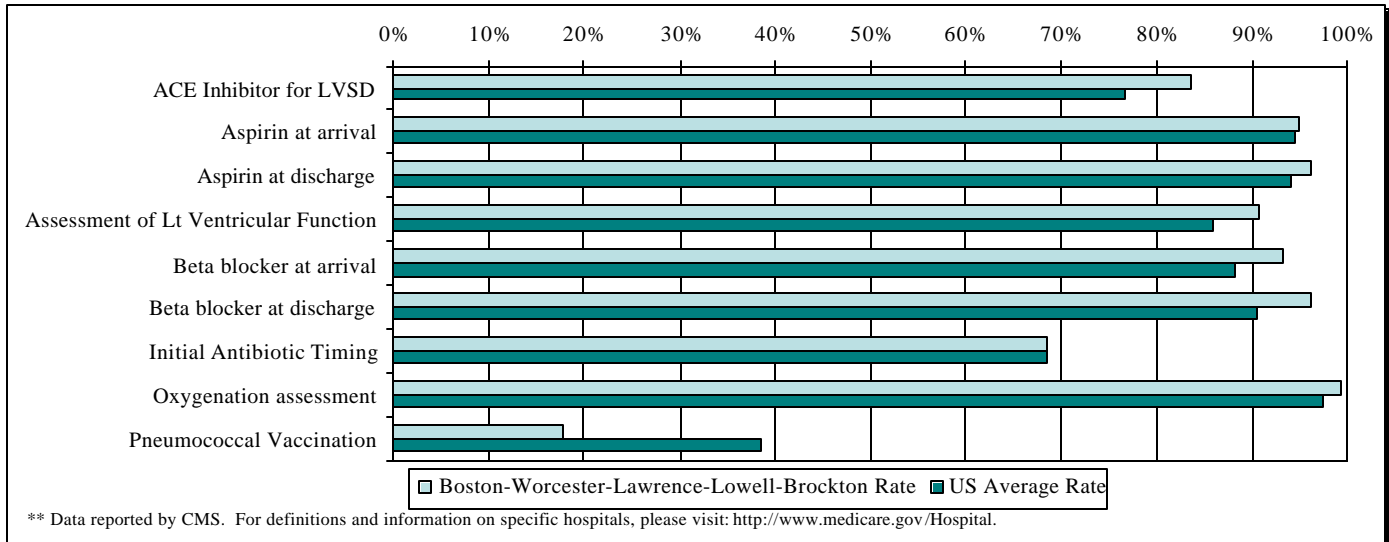
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

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For more information on specific hospitals within the area, please visit www.healthgrades.com.

**BOSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Boston?+

Government (Medicare, Medicaid, State, Local, School Districts)

The TJX Companies, Inc.

Raytheon Company

FleetBoston Financial Corporation

Staples, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**BOSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH**

7

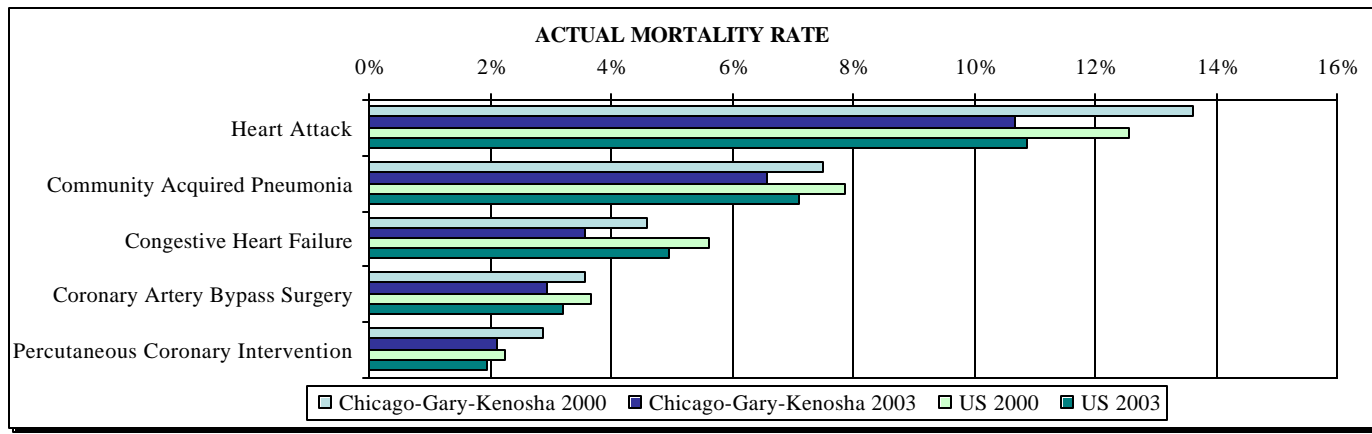
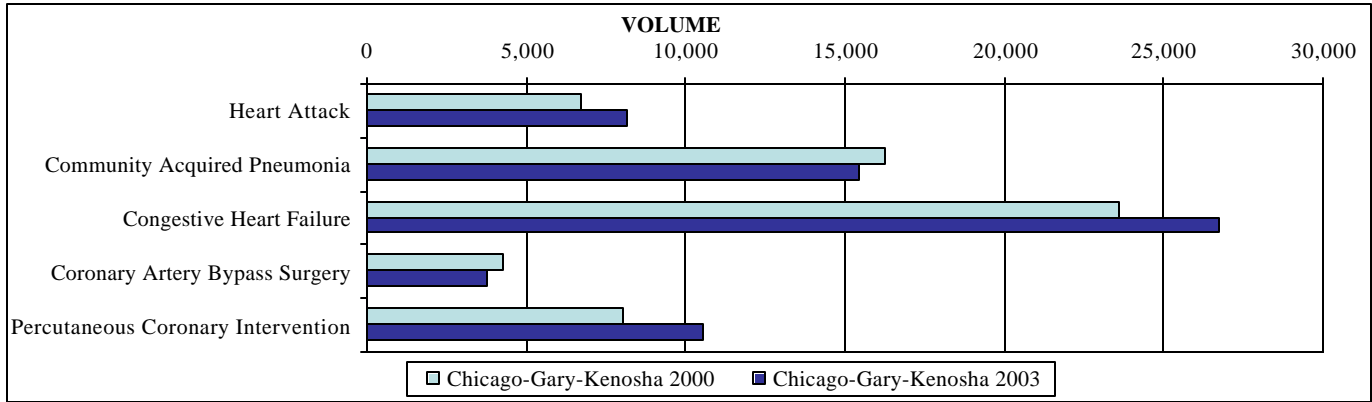
Hospitals in the Boston CMSA:

Adcare Hospital Of Worcester Inc, Worcester, MA
Anna Jaques Hospital, Newburyport, MA
Athol Memorial Hospital, Athol, MA
Audubon Hospital, Boston, MA
Baldpate Hospital, Georgetown, MA
Bessie Burke Hospital, Lawrence, MA
Beth Israel Deaconess Medical Center, Boston, MA
Beverly Hospital, Beverly, MA
Boston Medical Center, Boston, MA
Boston Medical Center Corporation Boston City Campus, Boston, MA
Boston Regional Medical Center Inc, Stoneham, MA
Brigham And Womens Hospital, Boston, MA
Brockton Hospital, Brockton, MA
Cambridge Hospital, Cambridge, MA
Caritas Carney Hospital, Boston, MA
Caritas Good Samaritan Medical Center, Brockton, MA
Caritas Holy Family Hospital And Medical Center, Methuen, MA
Caritas Norwood Hospital Inc, Norwood, MA
Caritas St Elizabeths Medical Center, Brighton, MA
Catholic Medical Center, Manchester, NH
Clinton Hospital Association, Clinton, MA
Dana Farber Cancer Institute, Boston, MA
Deaconess Glover Hospital Corporation, Needham, MA
Elliot Hospital, Manchester, NH
Emerson Hospital, W Concord, MA
Exeter Hospital Inc, Exeter, NH
Faulkner Hospital, Boston, MA
Frisbie Memorial Hospital, Rochester, NH
Fuller Memorial Sanatorium, South Attleboro, MA
Hanover House, Hanover, MA
Harrington Memorial Hospital, Southbridge, MA
Haverhill Municipal Hospital, Haverhill, MA
Health Alliance Hospitals Inc, Leominster, MA
Health Department Hospital, Salem, MA
Heywood Hospital, Gardner, MA
Hubbard Regional Hospital, Webster, MA
Jordan Hospital Inc, Plymouth, MA
Lahey Clinic Medical Center, Burlington, MA
Lawrence General Hospital, Lawrence, MA
Lawrence Memorial Hospital, Medford, MA
Lowell General Hospital, Lowell, MA
Malden Hospital, Malden, MA
Marlborough Hospital, Marlborough, MA
Massachusetts Eye And Ear Infirmary, Boston, MA
Massachusetts General Hospital, Boston, MA
Melrose Wakefield Hospital, Melrose, MA
Merrimack Valley Hospital, Haverhill, MA
Metrowest Medical Center, Framingham, MA
Milford Whitinsville Regional Hospital, Milford, MA
Milton Medical Center, Milton, MA
Monadnock Community Hospital, Peterborough, NH
Moore General Hospital, Goffstown, NH
Morton Hospital And Medical Center, Taunton, MA
Mt Auburn Hospital, Cambridge, MA
Mt Pleasant Hospital, Lynn, MA
Nashoba Valley Medical Center Hospital, Ayer, MA
Naukeag Hospital, Ashburnham, MA
New England Baptist Hospital, Boston, MA
Newton Wellesley Hospital, Newton, MA
Parkland Medical Center, Derry, NH
Portsmouth Regional Hospital, Portsmouth, NH
Quigley Memorial Hospital, Chelsea, MA
Quincy Medical Center, Quincy, MA
Saints Memorial Medical Center Inc, Lowell, MA
Salem Hospital Corporation, Salem, MA
South Shore Hospital, South Weymouth, MA
Southcoast Hospital Group Inc, Fall River, MA
Southern New Hampshire Medical Center, Nashua, NH
St Annes Hospital Corporation, Fall River, MA
St Camillus Chronic Disease Hospital, Whitinsville, MA
St Joseph Hospital, Nashua, NH
St Luke's Hospital Of New Bedford Inc, New Bedford, MA
St Vincent Hospital, Worcester, MA
Stillman Infirmary Harvard University, Cambridge, MA
Sturdy Memorial Hospital, Attleboro, MA
Tufts New England Medical Center, Boston, MA
Umass Memorial Medical Center Memorial Campus, Worcester, MA
Union Hospital, Lynn, MA
US Naval Hospital, Chelsea, MA
US Naval Hospital, Portsmouth, NH
US Pub Health Services Hospital, Boston, MA
Veteran's Administration Hospital, Bedford, MA
Veteran's Administration Hospital, Boston, MA
Veteran's Administration Hospital, Manchester, NH
Villa Atlanta Hospital, Magnolia, MA
Washingtonian Hospital, Jamaica Plain, MA
Wentworth Douglass Hospital, Dover, NH
Westwood Lodge Hospital, Westwood, MA
Winchester Hospital, Winchester, MA
Woodside Cottages Hospital, Framingham, MA

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CHICAGO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Chicago-Gary-Kenosha, IL-IN-WI**

1 Volume by Year and Actual Mortality Rate Comparisons



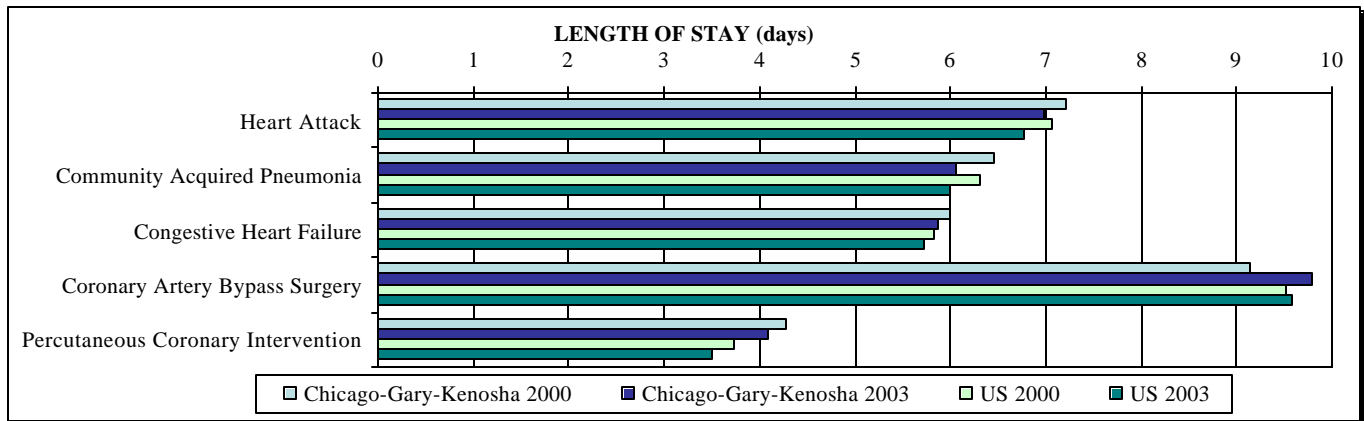
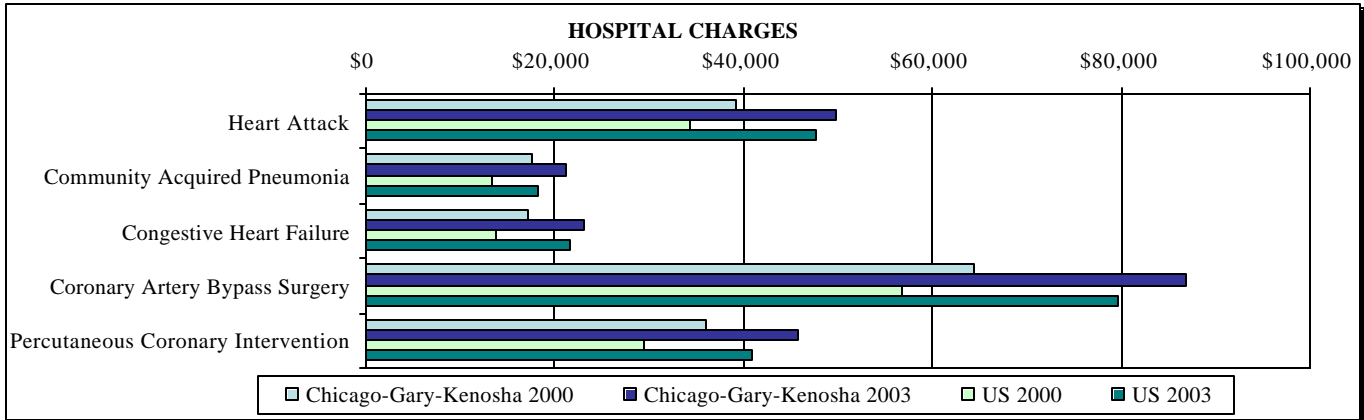
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Chicago-Gary-Kenosha 2000	Chicago-Gary-Kenosha 2003		US Average 2000	US Average 2003	
Heart Attack	1.07	0.84	21.59%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.94	0.78	16.73%	1.08	0.93	14.07%
Congestive Heart Failure	0.95	0.69	27.50%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.03	0.72	30.48%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.24	0.93	25.22%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

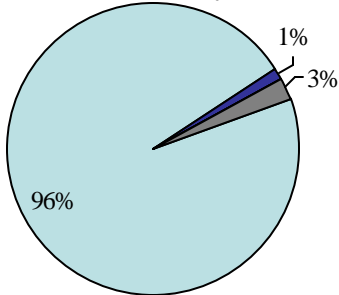
**CHICAGO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Chicago-Gary-Kenosha, IL-IN-WI**

3 Hospital Charges and Length of Stay Compared to National Averages

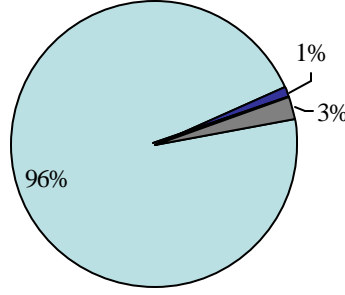


4 Chicago-Gary-Kenosha's Compliance with Leapfrog Group Measures*

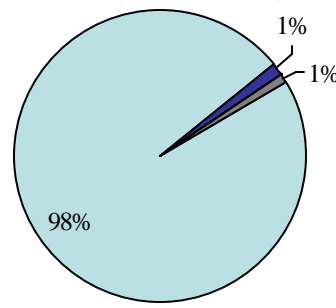
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

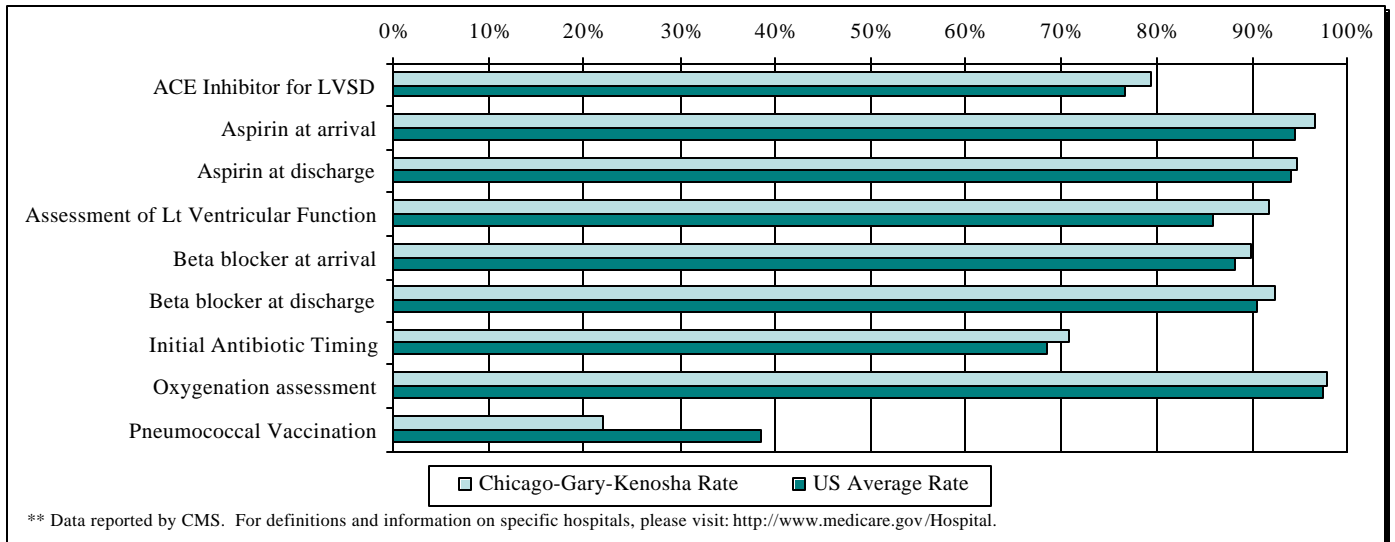
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CHICAGO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Chicago-Gary-Kenosha, IL-IN-WI**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
3. Aspirin at discharge: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
5. Beta blocker at arrival: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
6. Beta blocker at discharge: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6

Who Pays for Health Care in Chicago-Gary-Kenosha?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- McDonald's Corporation
- Sears Roebuck and Company
- The Boeing Company
- Sara Lee Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

CHICAGO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Chicago-Gary-Kenosha, IL-IN-WI

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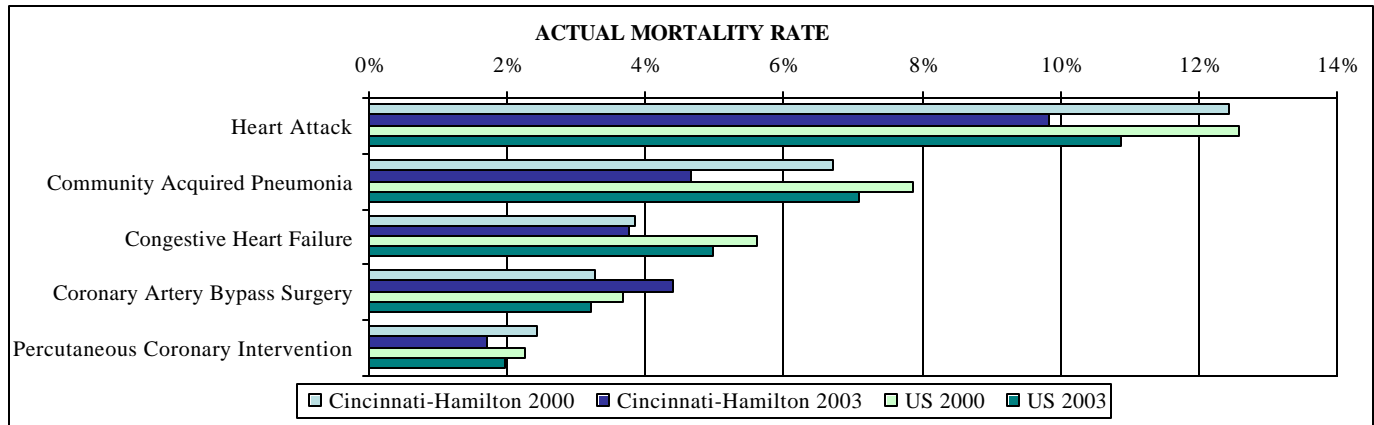
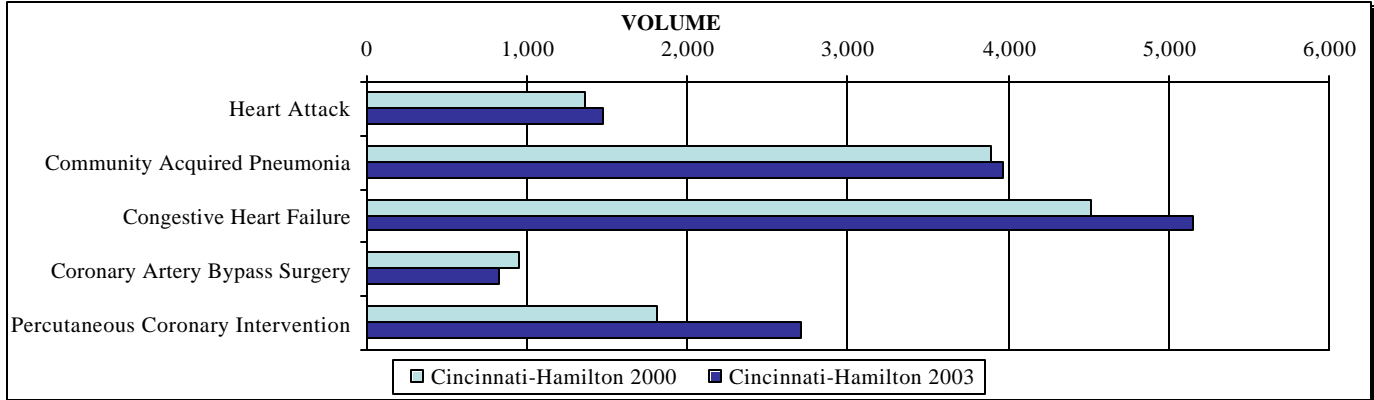
Hospitals in the Chicago-Gary-Kenosha CMSA:

Advocate Bethany Hospital, Chicago, IL
Advocate Christ Medical Center, Oak Lawn, IL
Advocate Good Samaritan Hospital, Downers Grove, IL
Advocate Good Shepherd Hospital, Barrington, IL
Advocate Lutheran General Hospital, Park Ridge, IL
Advocate Ravenswood Medical Center, Chicago, IL
Advocate South Suburban Hospital, Hazel Crest, IL
Advocate Trinity Hospital, Chicago, IL
Alexian Brothers Medical Center, Elk Grove Village, IL
Aurora Medical Center Kenosha, Kenosha, WI
Central Dupage Hospital, Winfield, IL
Community Hospital, Munster, IN
Condell Medical Center, Libertyville, IL
Cook County Hospital, Chicago, IL
Delnor Community Hospital, Geneva, IL
Edward Hines Jr Va Hospital, Hines, IL
Edward Hospital, Naperville, IL
Elmhurst Memorial Hospital, Elmhurst, IL
Evanston Northwestern Healthcare, Evanston, IL
Glenoaks Medical Center Inc, Glendale Heights, IL
Gottlieb Memorial Hospital, Melrose Park, IL
Halco Sanatorium, Chicago, IL
Harvard Community Memorial Hospital, Harvard, IL
Hinsdale Hospital, Hinsdale, IL
Holy Cross Hospital, Chicago, IL
Holy Family Medical Center, Des Plaines, IL
Illiana Surgery And Medical Center Llc, Munster, IN
Illinois Childrens Hospital, Chicago, IL
Illinois State Pediatric Institute, Chicago, IL
Ingalls Memorial Hospital, Harvey, IL
Jackson Park Hospital Foundation, Chicago, IL
Kane County Springbrook Sanatorium, Aurora, IL
Kishwaukee Community Hospital, DeKalb, IL
La Grange Hospital, La Grange, IL
Lake Forest Hospital, Lake Forest, IL
Little Company Of Mary Hospital, Evergreen Park, IL
Loretto Hospital, Chicago, IL
Louis A Weiss Memorial Hospital, Chicago, IL
Loyola University Medical Center, Maywood, IL
Mac Neal Memorial Hospital, Berwyn, IL
Memorial Medical Center, Woodstock, IL
Mercy Hospital And Medical Center, Chicago, IL
Merit Lincoln Park Llc DbA Lincoln Park Hospital, Chicago, IL
Methodist Hospital Of Chicago, Chicago, IL
Methodist Hospitals Inc Southlake, Merrillville, IN
Methodist Hospitals Northlake, Gary, IN
Michael Reese Hospital & Medical Center, Chicago, IL
Midwestern Region Medical Center, Zion, IL
Mooseheart Hospital, Mooseheart, IL
Morris Hospital, Morris, IL
Mt Sinai Hospital Medical Center, Chicago, IL
Municipal Contagious Disease Hospital, Chicago, IL
Northern Illinois Medical Center, Mchenry, IL
Northwest Community Hospital, Arlington Heights, IL
Northwestern Memorial Hospital, Chicago, IL
Norwegian American Hospital, Chicago, IL
Oak Forest Hospital, Oak Forest, IL
Oak Park Hospital, Oak Park, IL
Our Lady Of The Resurrection Medical Center, Chicago, IL
Palos Community Hospital, Palos Heights, IL
Porter Memorial Hospital, Valparaiso, IN
Provena Mercy Center, Aurora, IL
Provena St Joseph Medical Center, Joliet, IL
Provena St Marys Hospital, Kankakee, IL
Provident Hospital Of Chicago, Chicago, IL
Regency Hospital Of Northwest Indiana Llc, East Chicago, IN
Resurrection Medical Center, Chicago, IL
Riverside Medical Center, Kankakee, IL
Roseland Community Hospital, Chicago, IL
Rush Copley Memorial Hospital, Aurora, IL
Rush North Shore Medical Center, Skokie, IL
Rush Presbyterian St Lukes Medical Center, Chicago, IL
Sacred Heart Hospital, Chicago, IL
Saint Joseph Hospital And Health Cr Center, Chicago, IL
Sherman Hospital, Elgin, IL
Silver Cross Hospital, Joliet, IL
South Shore Hospital, Chicago, IL
St Alexius Medical Center, Hoffman Estates, IL
St Anthony Medical Center, Crown Point, IN
St Anthonys Hospital, Chicago, IL
St Bernard Hospital, Chicago, IL
St Catherine Hospital Inc, East Chicago, IN
St Catherines Hospital Inc, Kenosha, WI
St Elizabeth Hospital Of Chicago Inc, Chicago, IL
St Francis Hospital And Health Center, Blue Island, IL
St Francis Hospital Of Evanston, Evanston, IL
St James Hospital & Health Centers Olympia Fields Campus, Olympia Fields, IL
St Joseph Hospital, Elgin, IL
St Margaret Mercy Hlthcare Centers Inc Sc, Dyer, IN
St Margaret Mercy Hlthcare Centers No Campus, Hammond, IN
St Mary Medical Center Inc, Hobart, IN
St Mary Of Nazareth Hospital Center, Chicago, IL
St Therese Medical Center, Waukegan, IL
Sunny Hill Sanatorium, Joliet, IL
Swedish Covenant Hospital, Chicago, IL
Thorek Hospital And Medical Center, Chicago, IL
United Hspl System Inc, Kenosha, WI
University Of Chicago Hospitals, Chicago, IL
University Of Illinois Hospital, Chicago, IL
US Naval Hospital, Great Lakes, IL
Veteran's Administration Chicago Health Care System Lakeside Division, Chicago, IL
Veteran's Administration Chicago Health Care System West Side Division, Chicago, IL
Veteran's Administration Hospital, Downey, IL
Valley West Community Hospital, Sandwich, IL
Victory Memorial Hospital, Waukegan, IL
West Suburban Hospital Medical Center, Oak Park, IL
Westlake Community Hospital, Melrose Park, IL

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CINCINNATI CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cincinnati-Hamilton, OH-KY-IN**

1 Volume by Year and Actual Mortality Rate Comparisons



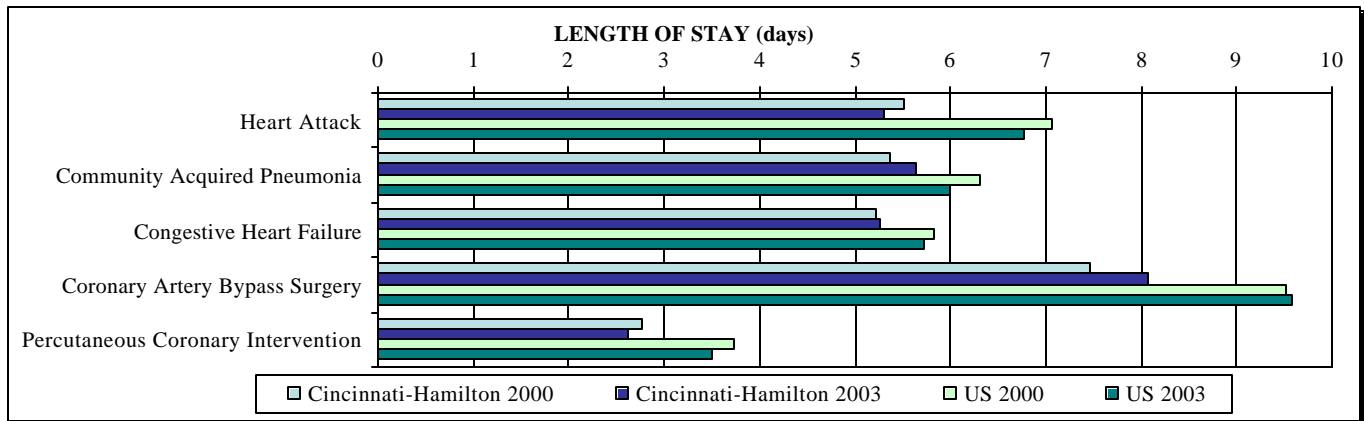
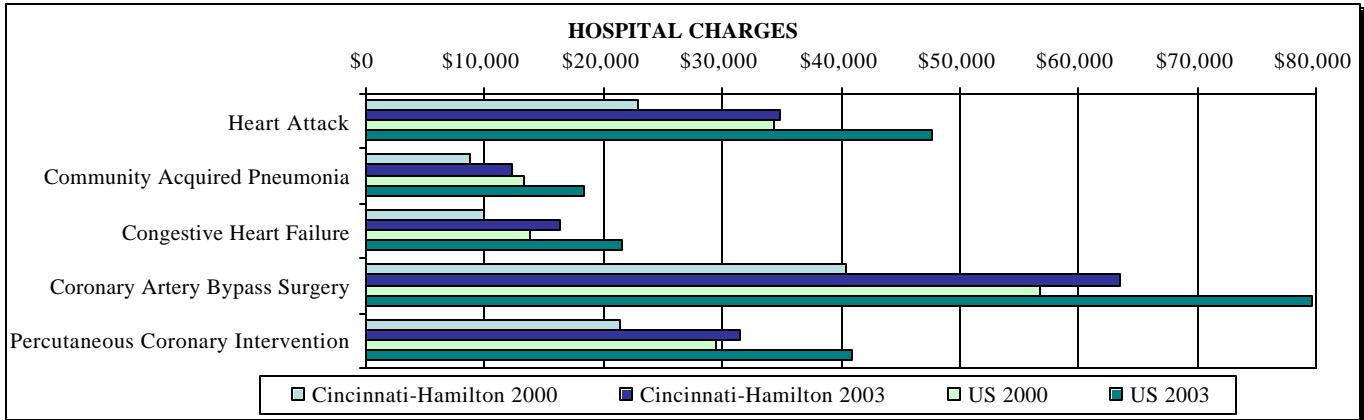
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Cincinnati-Hamilton 2000	Cincinnati-Hamilton 2003		US Average 2000	US Average 2003	
Heart Attack	1.03	0.82	20.19%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.85	0.55	35.94%	1.08	0.93	14.07%
Congestive Heart Failure	0.72	0.61	15.41%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.05	1.40	-33.51%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.22	0.84	31.65%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CINCINNATI CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cincinnati-Hamilton, OH-KY-IN**

3 Hospital Charges and Length of Stay Compared to National Averages



4 Cincinnati-Hamilton's Compliance with Leapfrog Group Measures*

**Computerized Physician
Order Entry**

**Intensivist
in ICU**

**Leapfrog Quality
Index (Best Practices)**

**Data unavailable in this CMSA as no hospitals
submitted data to The Leapfrog Group.**

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

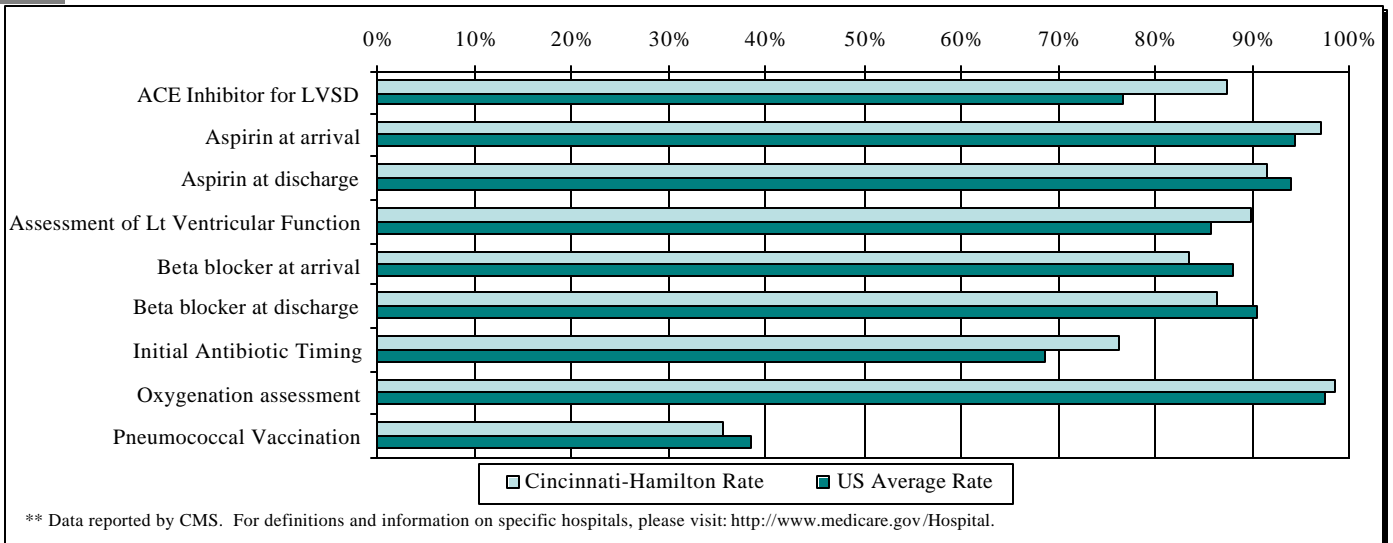
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CINCINNATI CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cincinnati-Hamilton, OH-KY-IN**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
3. Aspirin at discharge: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
5. Beta blocker at arrival: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
6. Beta blocker at discharge: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Cincinnati-Hamilton?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- The Kroger Company
- Federated Department Stores, Inc.
- The Procter & Gamble Company
- Convergys Corporation

+ Includes four largest employers

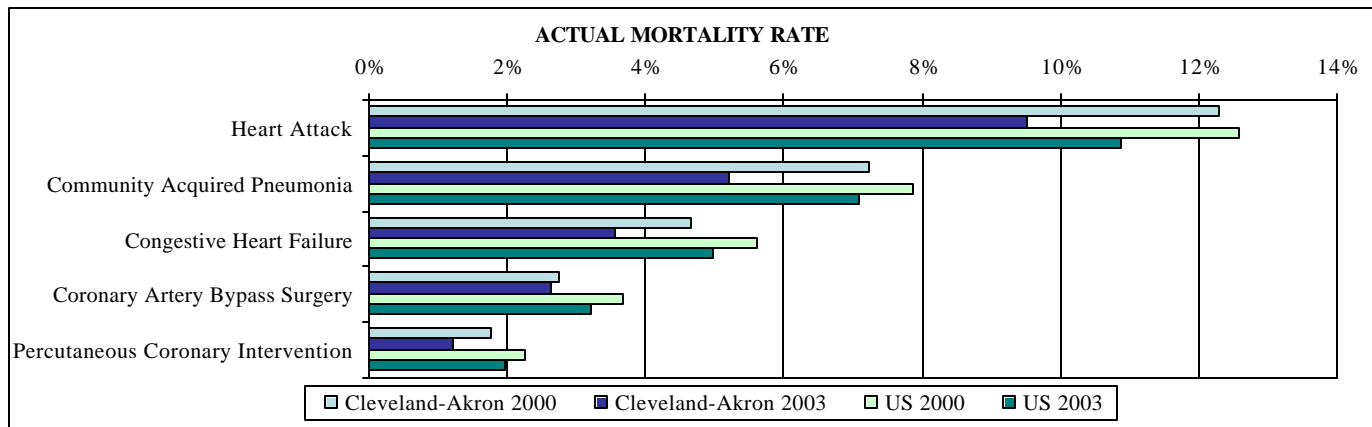
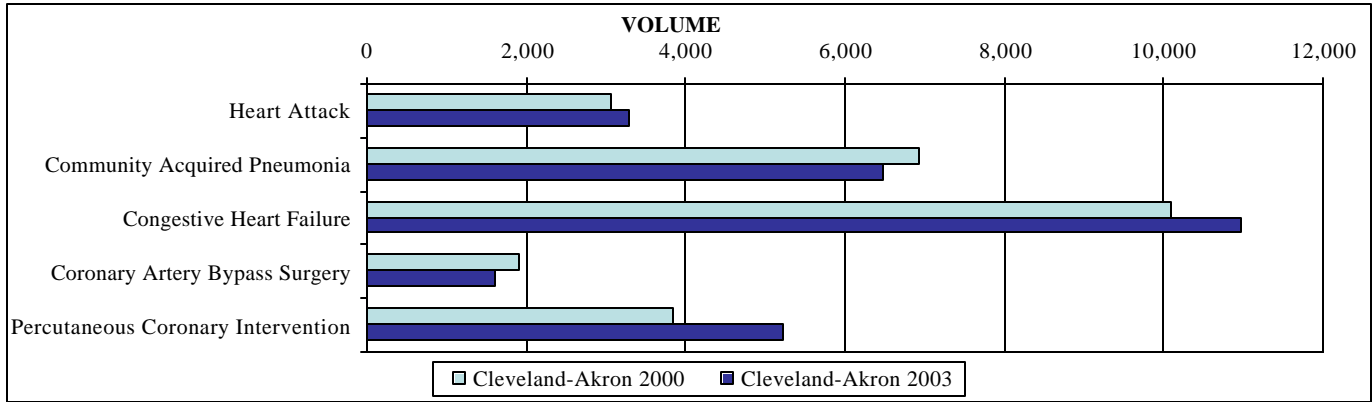
7 Hospitals in the Cincinnati-Hamilton CMSA:

- | | |
|---|---|
| Bethesda North Hospital, Cincinnati, OH | Mercy Hospital Anderson, Cincinnati, OH |
| Brown County General Hospital, Georgetown, OH | Mercy Hospital Clermont, Batavia, OH |
| Christ Hospital, Cincinnati, OH | Mercy Hospital Fairfield, Fairfield, OH |
| Deaconess Hospital, Cincinnati, OH | Miami University Infirmary, Oxford, OH |
| Dearborn County Hospital, Lawrenceburg, IN | Middletown Regional Hospital, Middletown, OH |
| Drake Pavilion Llc, Cincinnati, OH | St Elizabeth Medical Center, Covington, KY |
| Fort Hamilton Hughes Memorial Hospital, Hamilton, OH | St Elizabeth Medical Center Grant Cty, Williamstown, KY |
| Good Samaritan Hospital, Cincinnati, OH | St Luke Hospital East, Fort Thomas, KY |
| Jewish Hospital The, Cincinnati, OH | St Luke Hospital West, Florence, KY |
| Mccullough Hyde Memorial Hospital, Oxford, OH | University Hospital Inc, Cincinnati, OH |
| Mercy Franciscan Hospital Mt Airy, Cincinnati, OH | Veteran's Administration Hospital, Cincinnati, OH |
| Mercy Franciscan Hospital Western Hills, Cincinnati, OH | Western College Infirmary Hospital, Oxford, OH |

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CLEVELAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cleveland-Akron, OH**

1 Volume by Year and Actual Mortality Rate Comparisons



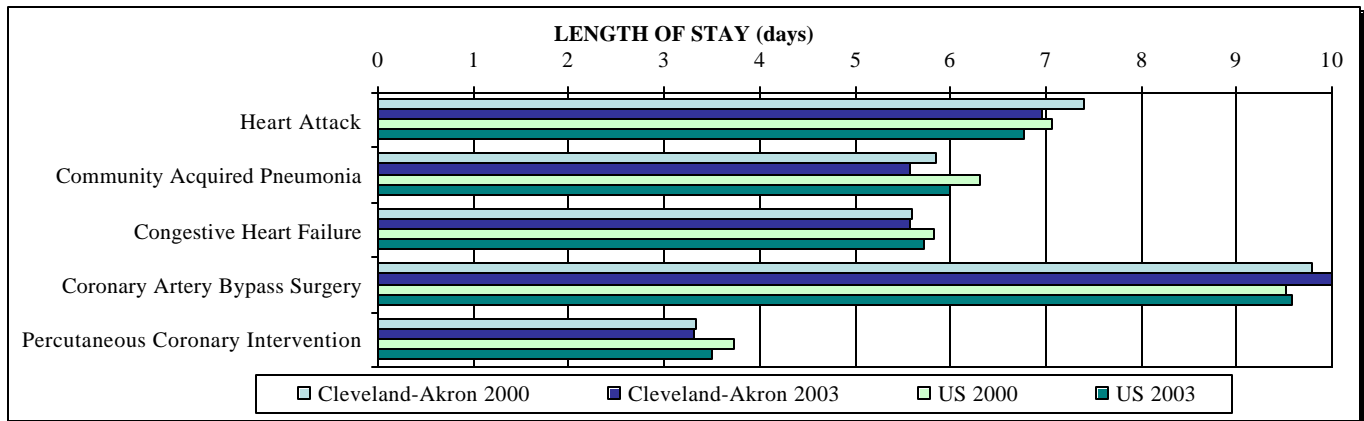
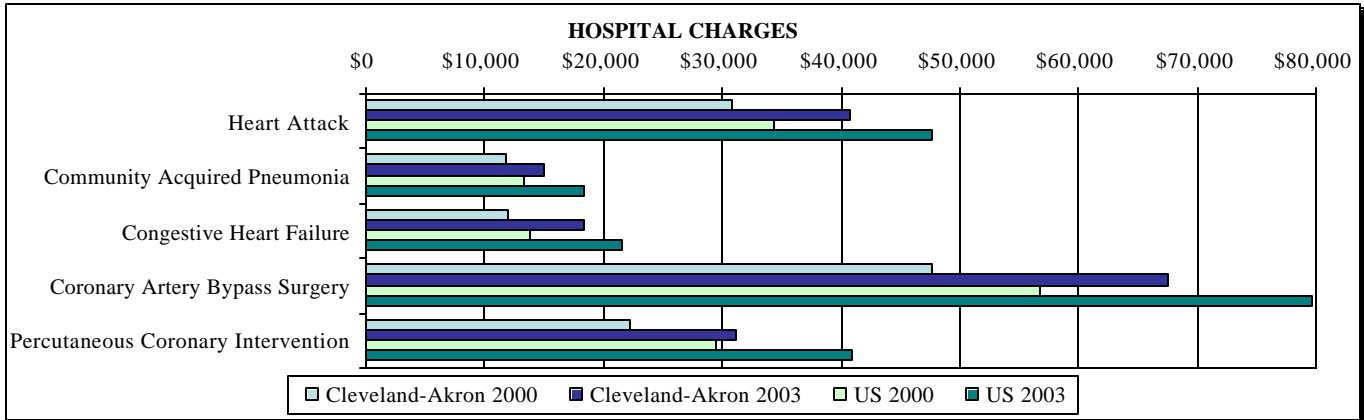
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Cleveland-Akron 2000	Cleveland-Akron 2003		US Average 2000	US Average 2003	
Heart Attack	0.97	0.75	23.27%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.86	0.59	31.40%	1.08	0.93	14.07%
Congestive Heart Failure	0.84	0.57	31.94%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	0.80	0.78	3.31%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.90	0.59	33.92%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

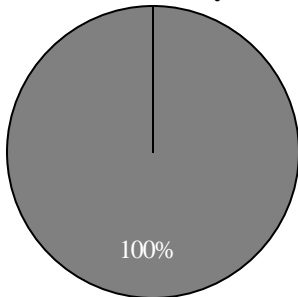
**CLEVELAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cleveland-Akron, OH**

3 Hospital Charges and Length of Stay Compared to National Averages

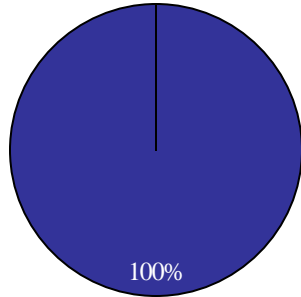


4 Cleveland-Akron's Compliance with Leapfrog Group Measures*

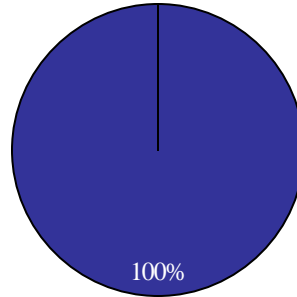
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

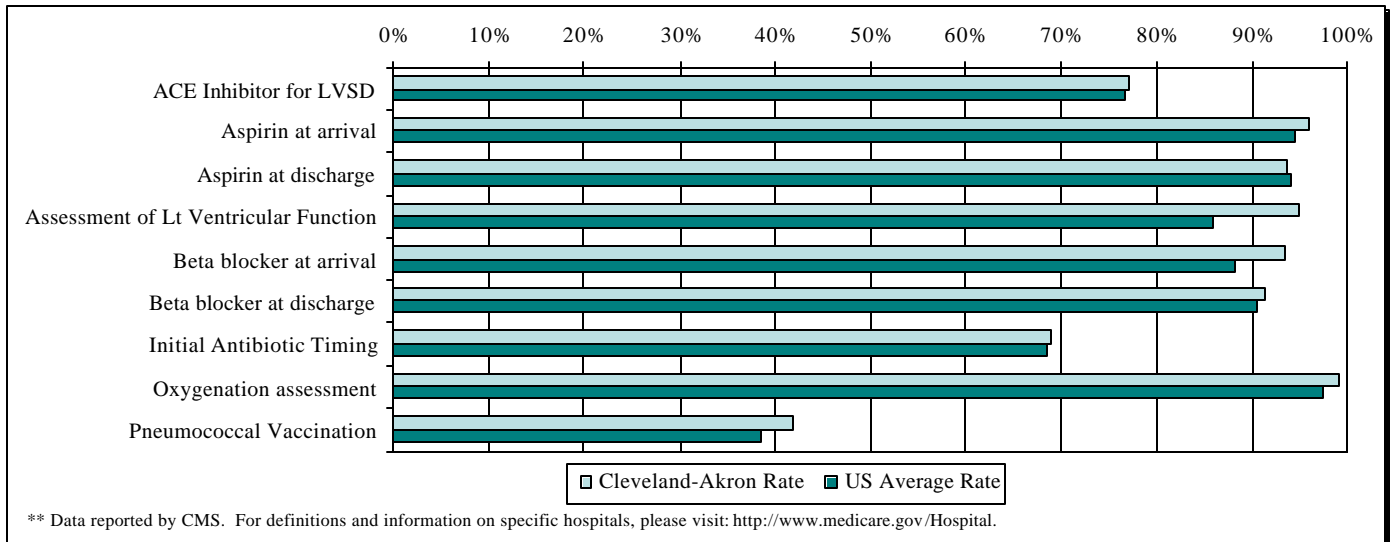
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CLEVELAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cleveland-Akron, OH**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
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5. Beta blocker at arrival: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
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7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6

Who Pays for Health Care in Cleveland-Akron?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Goodyear Tire & Rubber
- Parker-Hannifin Corporation
- Eaton Corporation
- National City Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**CLEVELAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Cleveland-Akron, OH**

7

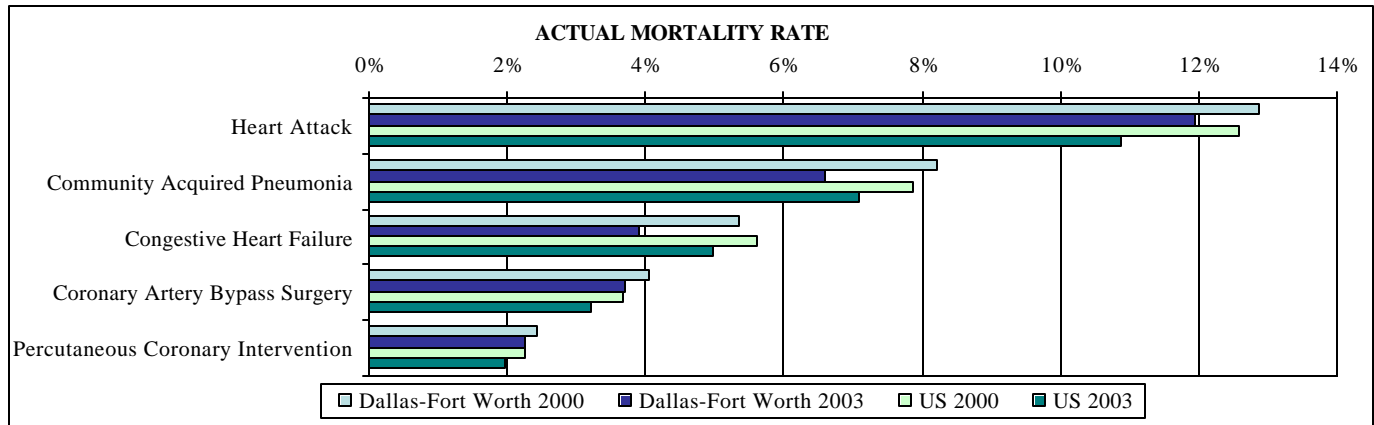
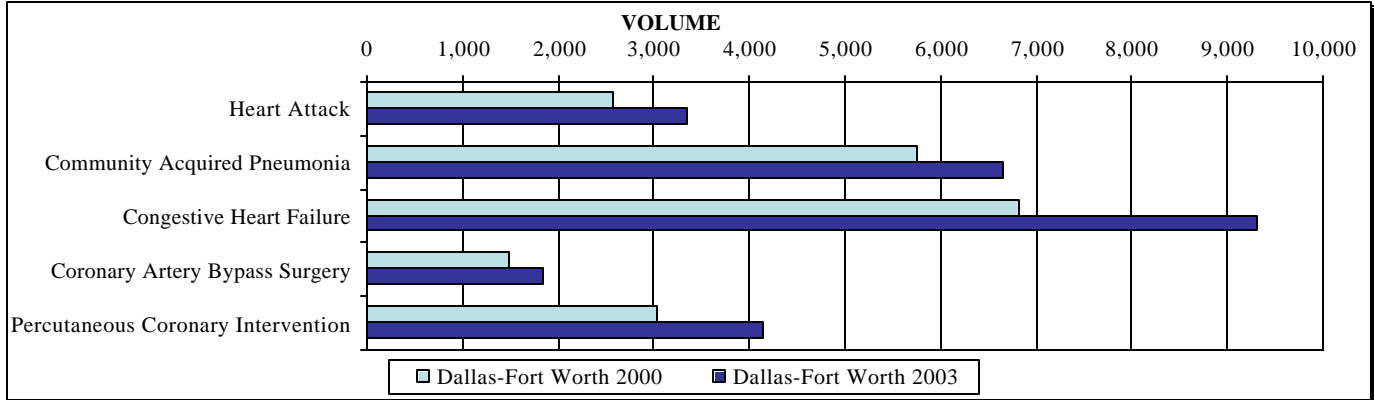
Hospitals in the Cleveland-Akron CMSA:

Akron General Medical Center, Akron
Allen Medical Center, Oberlin
Amherst Hospital, Amherst
Ashtabula County Medical Center, Ashtabula
Barberton Citizens Hospital, Barberton
Cleveland Clinic Foundation, Cleveland
Community Health Partners Of Oh West, Lorain
Cuyahoga Falls General Hospital, Cuyahoga Falls
Deaconess Hospital, Cleveland
E M H Regional Medical Center, Elyria
Edwin Shaw Hospital, Akron
Fairview Hospital, Cleveland
Glenbeigh Health Sources, Rock Creek
Goodyear Tire Hospital, Akron
Hillcrest Hospital, Mayfield Heights
Huron Hospital, Cleveland
Lake Hospital System Inc, Painesville
Lakewood Hospital, Lakewood
Lodi Community Hospital, Lodi
Louis Stokes VA Medical Center Wade Park Division, Cleveland
Lutheran Hospital, Cleveland
Marymount Hospital, Garfield Heights
Medina General Hospital, Medina
Meridia Euclid Hospital, Euclid
Metro Health Medical Center, Cleveland
Parma Community General Hospit, Parma
Ridgecliff Hospital, Wickliffe
Robinson Memorial Hospital, Ravenna
Sagamore Hills Hospital, Northfield
South Pointe Hospital, Warrensville Heights
Southwest General Health Center, Middleburg Heights
St John West Shore Hospital, Westlake
St Vincent Charity Hospital, Cleveland
Summa Health System, Akron
Uhhs Bedford Medical Center, Bedford
Uhhs Brown Memorial Hospital, Conneaut
Uhhs Memorial Hospital Of Geneva, Geneva
Uhhs Richmond Heights Hospital, Richmond Heights
University Hospital Health System Geauga Regional Hospital, Chardon
University Hospital Health System St Michael Hospital, Cleveland
University Hospitals Of Clevel, Cleveland
Veteran's Administration Hospital, Cleveland
Wadsworth Rittman Hospital, Wadsworth
Woodruff Hospital, Cleveland

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**DALLAS CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Dallas-Fort Worth, TX**

1 Volume by Year and Actual Mortality Rate Comparisons



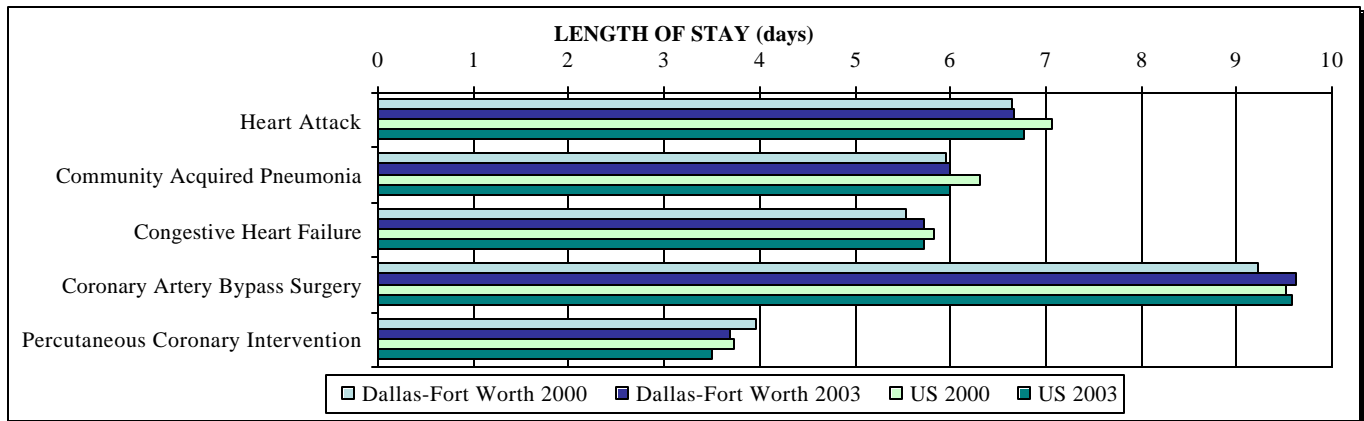
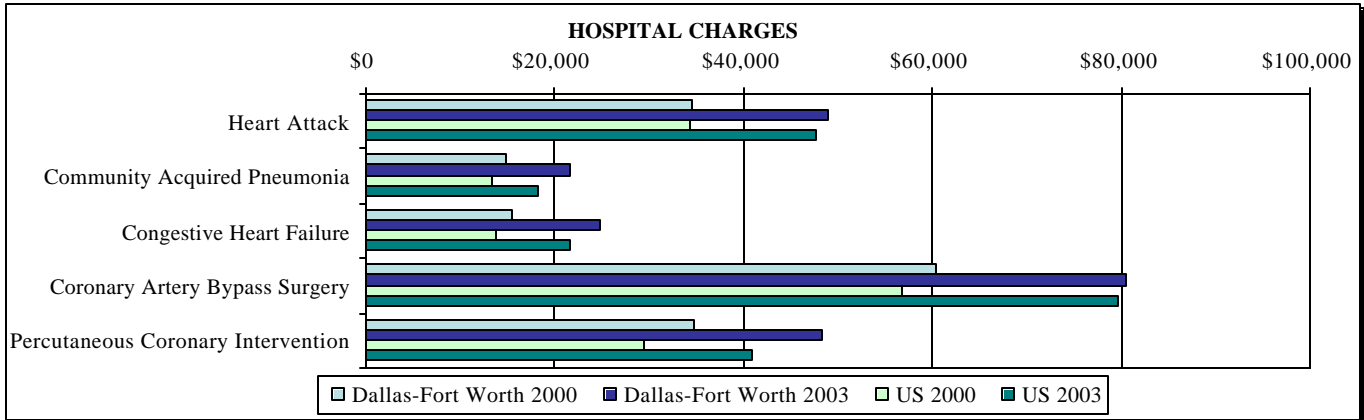
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Dallas-Fort Worth 2000	Dallas-Fort Worth 2003		US Average 2000	US Average 2003	
Heart Attack	1.14	0.96	15.69%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.10	0.86	22.29%	1.08	0.93	14.07%
Congestive Heart Failure	1.13	0.72	35.78%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.27	1.09	14.15%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.14	1.03	9.47%	1.14	0.92	19.06%

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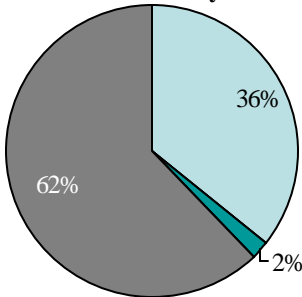
**DALLAS CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Dallas-Fort Worth, TX**

3 Hospital Charges and Length of Stay Compared to National Averages

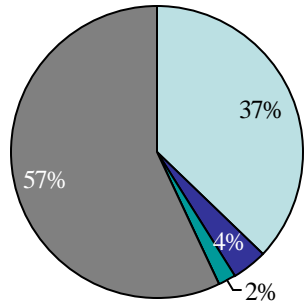


4 Dallas-Fort Worth's Compliance with Leapfrog Group Measures*

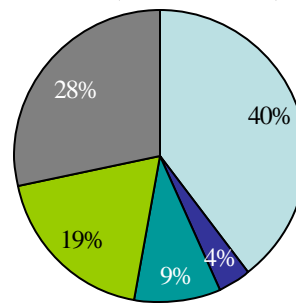
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

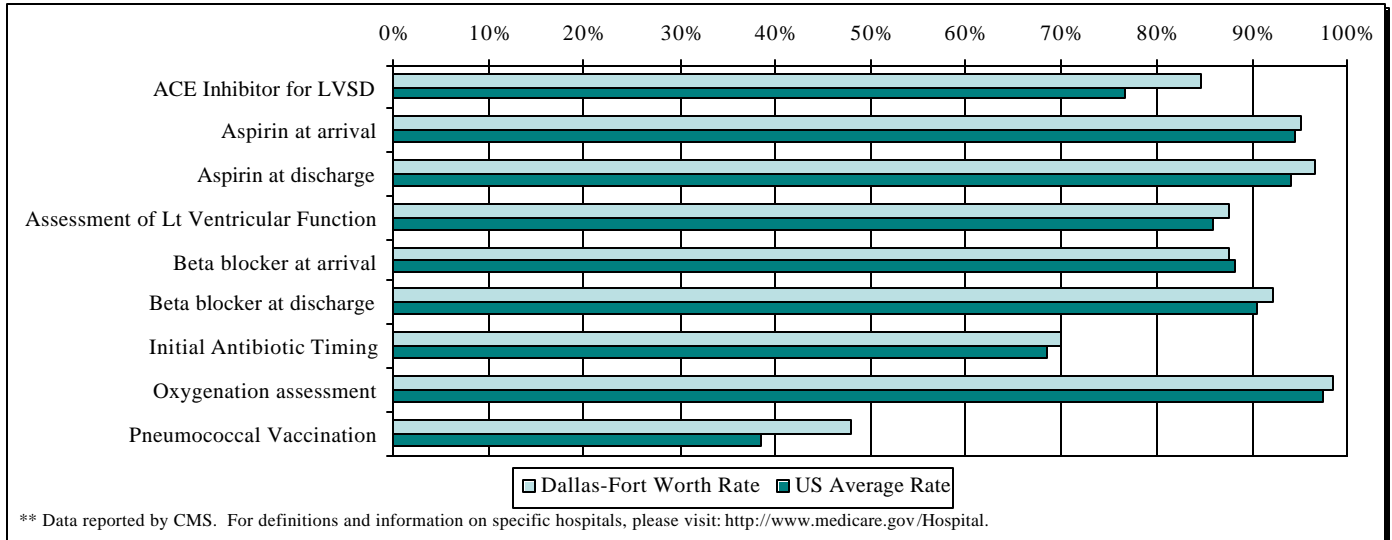
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**DALLAS CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Dallas-Fort Worth, TX**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Dallas-Fort Worth?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- J.C. Penney Company, Inc.
- Electronic Data Systems Corporation
- AMR Corporation
- Exxon Mobil Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**DALLAS CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Dallas-Fort Worth, TX**

7

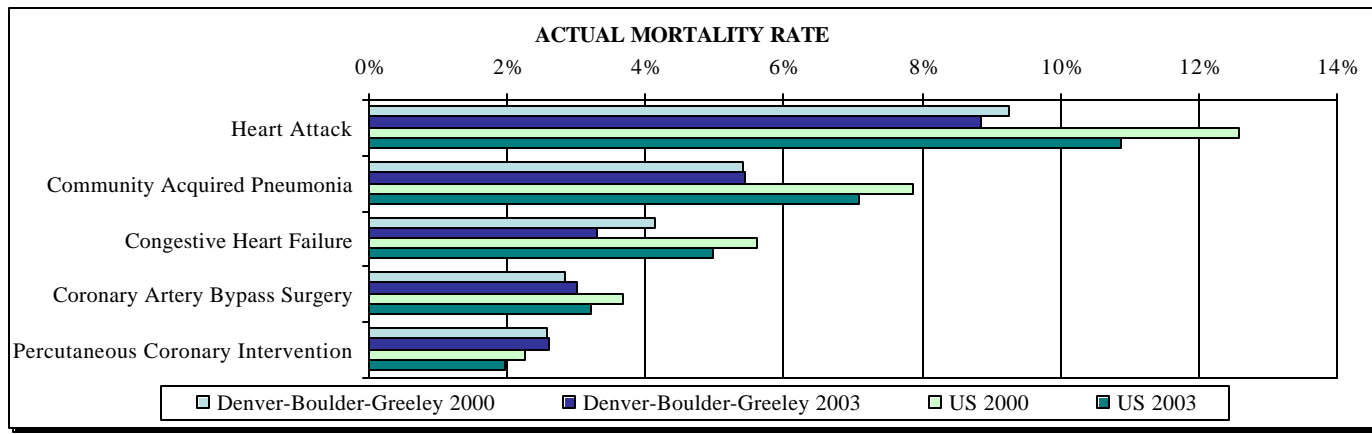
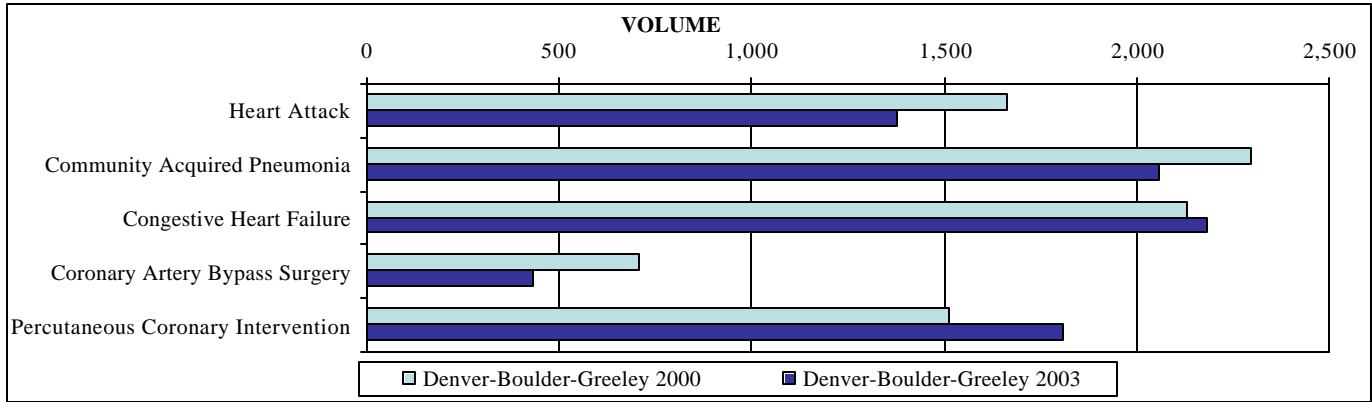
Hospitals in the Dallas-Fort Worth CMSA:

Arlington Memorial Hospital, Arlington	Medical Center at Terrell, Terrell
Bariatric Care Center of Texas, Wylie	Medical Center of Arlington, Arlington
Baylor All Saints Medical Center, Fort Worth	Medical Center of Lewisville, Lewisville
Baylor Heart And Vascular Center, Dallas	Medical Center of Mesquite , Mesquite
Baylor Medical Center at Garland, Garland	Medical Center of Plano, Plano
Baylor Medical Center at Grapevine, Grapevine	Medical City Dallas Hospital, Dallas
Baylor Medical Center at Irving, Irving	Mesquite Community Hospital, Mesquite
Baylor Medical Center at Waxahachie, Waxahachie	Methodist Medical Center, Dallas
Baylor University Medical Center, Dallas	North Central Medical Center, Mckinney
Campbell Health System, Weatherford	North Hills Hospital, North Richland Hills
Casa Blanca Hospital, Dallas	Osteopathic Medical Center of Texas, Fort Worth
Denton Hospital, Denton	Parkland Health And Hospital System, Dallas
Denton Regional Medical Center, Denton	Physicians Metroplex Hospital, Plano
Doctors Hospital of Dallas, Dallas	Plaza Medical Center, Fort Worth
East Texas Medical Center Athens, Athens	Presbyterian Hospital of Allen, Allen
Elmwood Sanatorium, Fort Worth	Presbyterian Hospital of Commerce, Commerce
Ennis Regional Medical Center, Ennis	Presbyterian Hospital of Dallas, Dallas
Ennis Regional Medical Center, Ennis	Presbyterian Hospital of Greenville, Greenville
Federal Correctional Institute Hospital, Seagoville	Presbyterian Hospital of Kaufman, Kaufman
Frisco Medical Center, Frisco	Presbyterian Hospital of Plano, Plano
Ft Worth Neuropsychiatric Hospital, Fort Worth	Rhd Memorial Medical Center, Dallas
Harris Methodist Fort Worth, Fort Worth	Richardson Regional Medical Center, Richardson
Harris Methodist H E B, Bedford	Schick Hospital, Fort Worth
Harris Methodist Northwest, Azle	Scottish Rite Crippled Children Hospital, Dallas
Harris Methodist Southwest, Fort Worth	Seyler Clinic And Hospital, Commerce
Healthsouth Medical Center, Dallas	St Paul University Hospital, Dallas
Huguley Health System, Fort Worth	Texas Clinic Hospital, Dallas
Hurst Eules Bedford Hospital, Bedford	Timberlawn Sanitarium, Dallas
J P S Health Network, Fort Worth	Tri City Health Centre Inc, Dallas
Jackson Clinic Hospital, Terrell	Trinity Medical Center, Carrollton
Jones Childrens Haven Hospital, Dallas	US Air Force Hospital, Fort Worth
Lake Granbury Medical Center, Granbury	US Public Health Service Hospital, Fort Worth
Lake Pointe Medical Center, Rowlett	Veteran's Administration Hospital, Dallas
Las Colinas Medical Center, Irving	W I Cook Childrens Hospital, Fort Worth
Leland Medical Plaza, Garland	Walls Regional Hospital, Cleburne
Margaret Jonsson Charlton Meth Hospital, Dallas	Wylie Hospital, Wylie
Mary Shiels Hospital, Dallas	Zale Lipshy University Hospital, Dallas
Medical Center at Lancaster, Lancaster	

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**DENVER CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Denver-Boulder-Greeley, CO**

1 Volume by Year and Actual Mortality Rate Comparisons



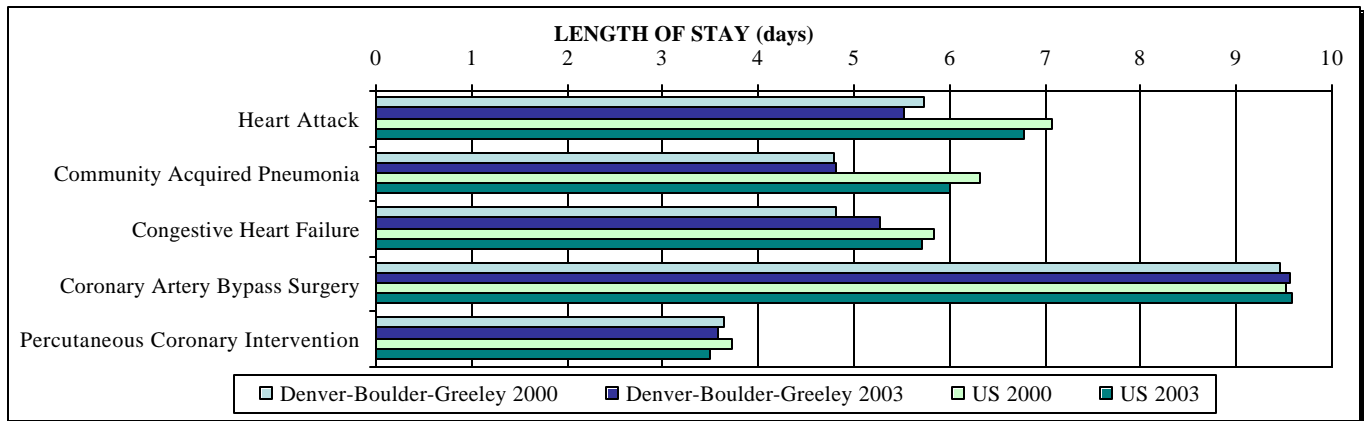
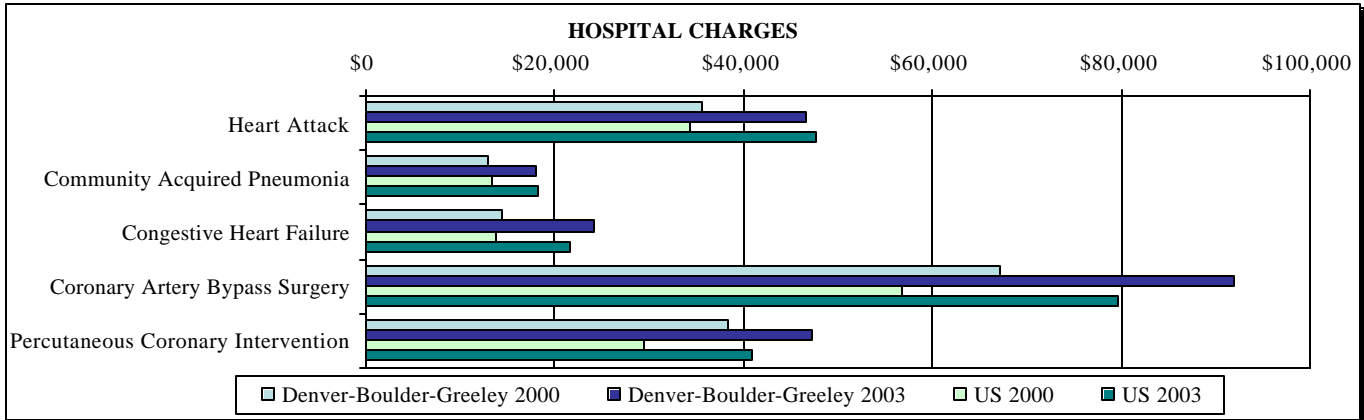
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Denver-Boulder-Greeley 2000	Denver-Boulder-Greeley 2003		US Average 2000	US Average 2003	
Heart Attack	0.82	0.70	14.81%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.79	0.73	7.61%	1.08	0.93	14.07%
Congestive Heart Failure	0.79	0.56	29.76%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	0.95	0.80	15.83%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.09	0.86	20.84%	1.14	0.92	19.06%

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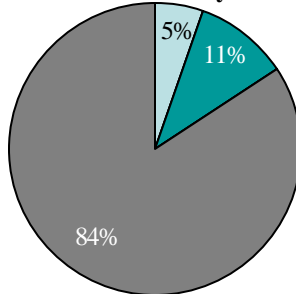
**DENVER CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Denver-Boulder-Greeley, CO**

3 Hospital Charges and Length of Stay Compared to National Averages

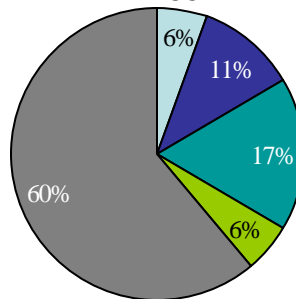


4 Denver-Boulder-Greeley's Compliance with Leapfrog Group Measures*

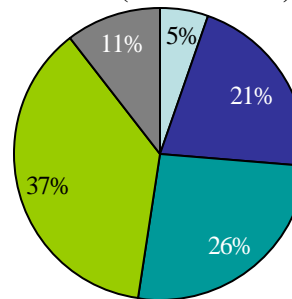
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

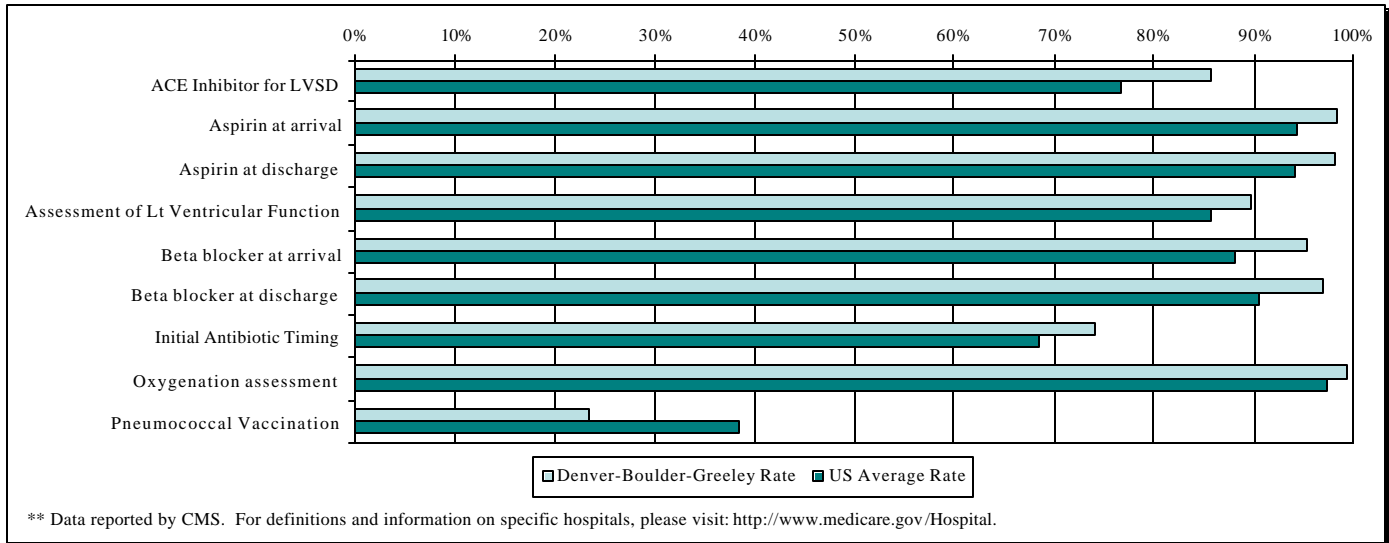
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For more information on specific hospitals within the area, please visit www.healthgrades.com.

**DENVER CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Denver-Boulder-Greeley, CO**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Denver-Boulder-Greeley? ⁺

Government (Medicare, Medicaid, State, Local, School Districts)

Qwest Communications International Inc.

First Data Corporation

Regal Entertainment Group

Echostar Communications Corporation

⁺ Includes four largest employers

7

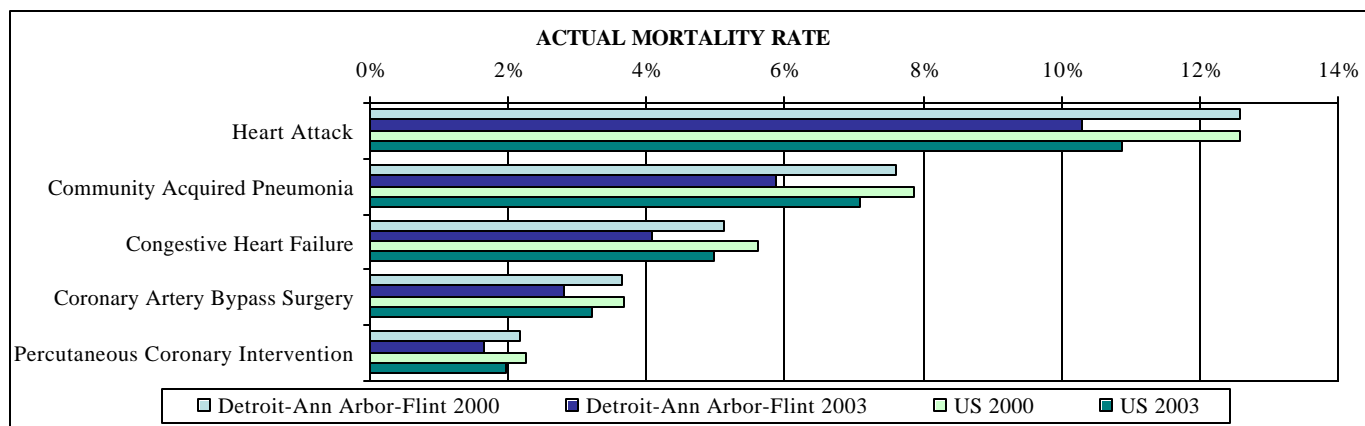
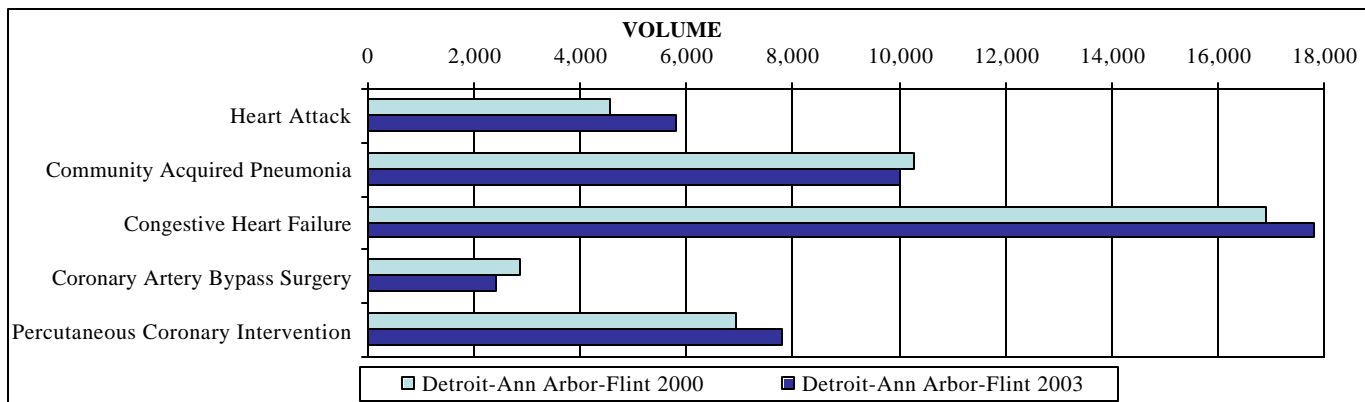
Hospitals in the Denver-Boulder-Greeley CMSA:

- | | |
|---|---|
| Boulder Community Hospital, Boulder | Natl Jewish Medical And Research Center, Denver |
| Centura Health Avista Adventist Hospital, Louisville | North Colorado Medical Center, Greeley |
| Centura Health Porter Adventist Hospital, Denver | North Suburban Medical Center, Thornton |
| Centura Health St Anthony Central Hospital, Denver | Platte Valley Medical Center, Brighton |
| Centura Health St Anthony North Hospital, Westminster | Presbyterian St Luke's Medical Center, Denver |
| Childrens Hospital, Denver | Rose Medical Center, Denver |
| Denver Health Medical Center, Denver | Sky Ridge Medical Center, Lone Tree |
| Exempla Inc Saint Joseph Hospital, Denver | Swedish Medical Center, Englewood |
| Exempla Lutheran Medical Center, Wheat Ridge | University Of Colorado Hospital, Denver |
| Longmont United Hospital, Longmont | Veteran's Administration Hospital, Denver |
| Medical Center Of Aurora, Aurora | |

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**DETROIT CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Detroit-Ann Arbor-Flint, MI**

1 Volume by Year and Actual Mortality Rate Comparisons



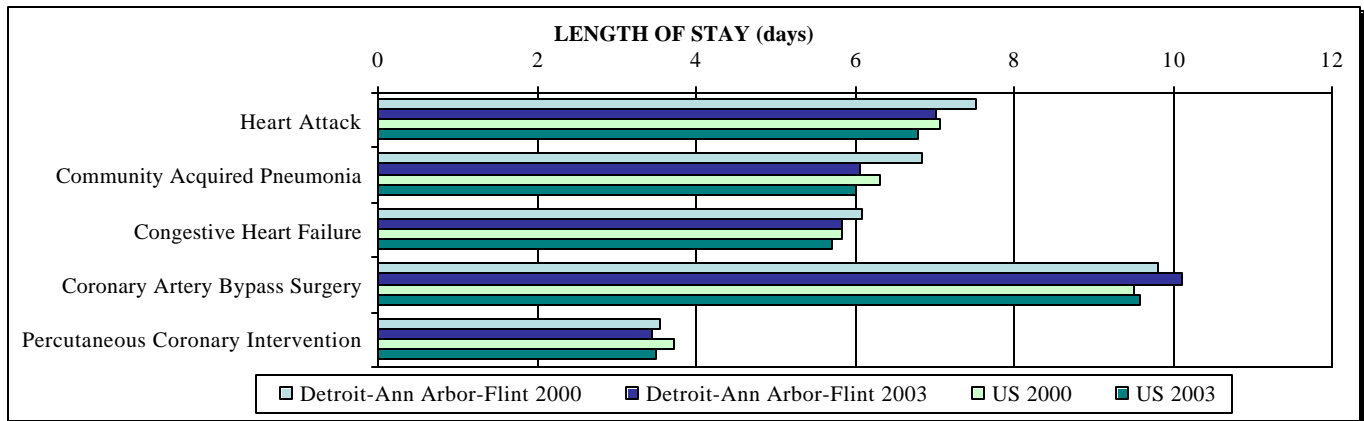
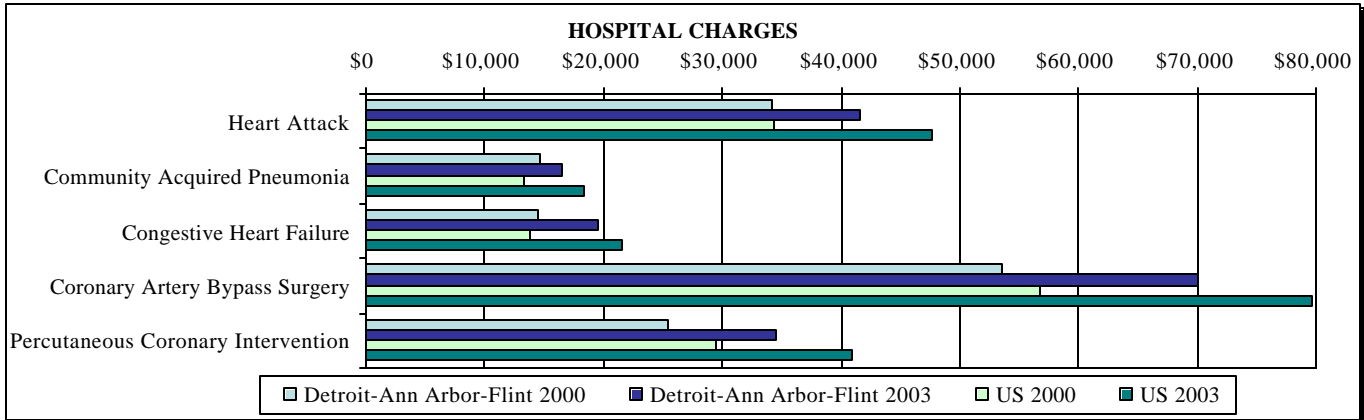
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	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Detroit-Ann Arbor-Flint 2000	Detroit-Ann Arbor-Flint 2003		US Average 2000	US Average 2003	
Heart Attack	1.06	0.83	21.65%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.92	0.69	24.91%	1.08	0.93	14.07%
Congestive Heart Failure	0.96	0.67	29.64%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.01	0.67	34.08%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.06	0.71	32.36%	1.14	0.92	19.06%

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**DETROIT CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Detroit-Ann Arbor-Flint, MI**

3 Hospital Charges and Length of Stay Compared to National Averages



4 Detroit-Ann Arbor-Flint's Compliance with Leapfrog Group Measures*

**Computerized Physician
Order Entry**

**Intensivist
in ICU**

**Leapfrog Quality
Index (Best Practices)**

**Data unavailable in this CMSA as no hospitals
submitted data to The Leapfrog Group.**

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

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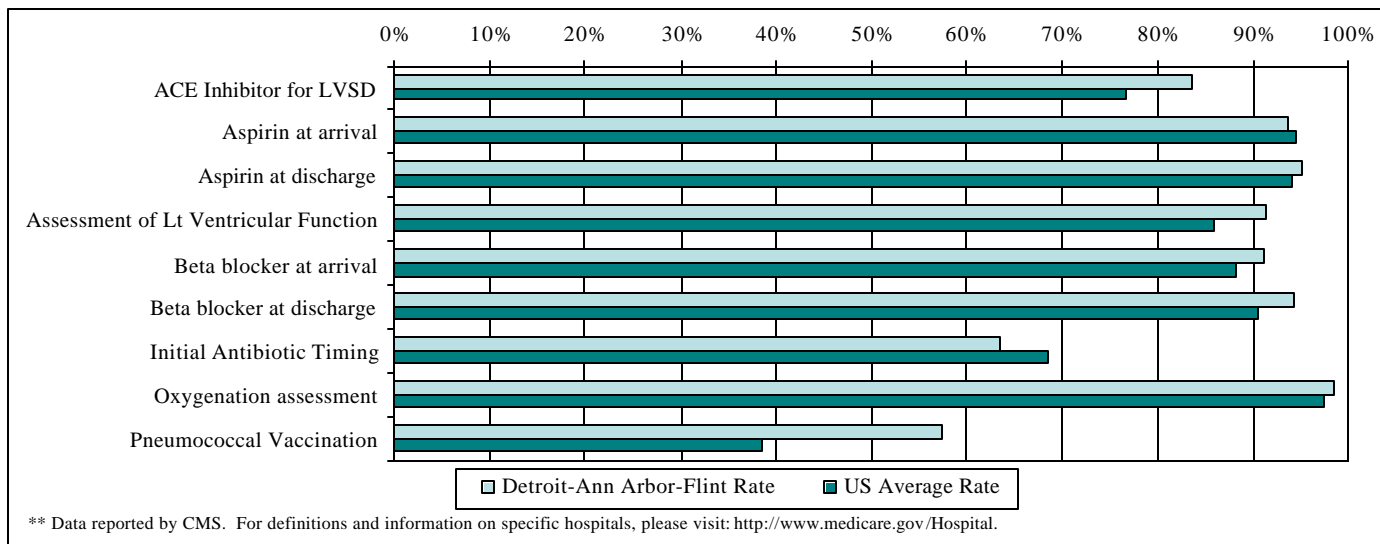
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**DETROIT CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Detroit-Ann Arbor-Flint, MI**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



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4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
5. Beta blocker at arrival: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
6. Beta blocker at discharge: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Detroit-Ann Arbor-Flint?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Ford Motor Company
- General Motors Corporation
- Kmart Corporation
- Delphi Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

DETROIT CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Detroit-Ann Arbor-Flint, MI

7

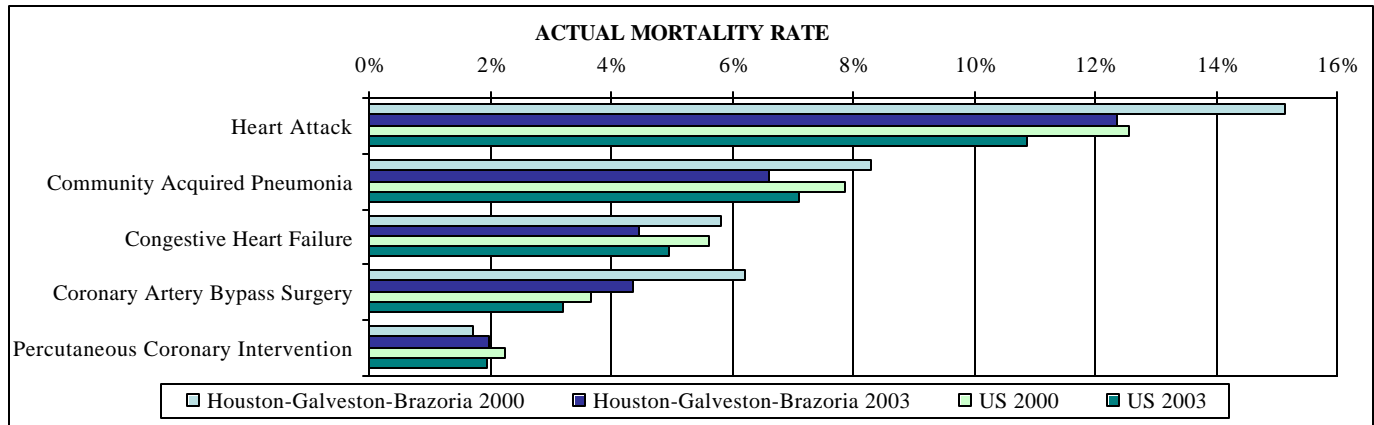
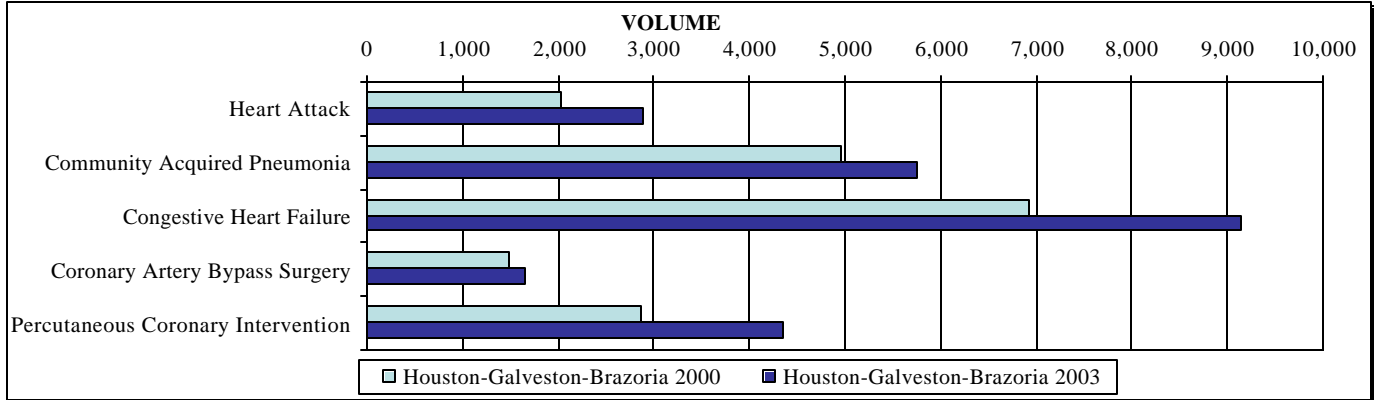
Hospitals in the Detroit-Ann Arbor-Flint CMSA:

Bi County Community Hospital, Warren	Pontiac Osteopathic Hospital, Pontiac
Bon Secours Hospital, Grosse Pointe	Port Huron Hospital, Port Huron
Botsford General Hospital, Farmington	Providence Hospital, Southfield
Brighton Hospital, Brighton	Renaissance Hospital And Medical Centers, Detroit
Brighton Hospital, Brighton	Saint Joseph Mercy Livingston Hospital, Howell
Chelsea Community Hospital, Chelsea	Saint Joseph Mercy Saline Hospital, Saline
Cottage Hospital, Grosse Pointe Farms	Scci Hospital Detroit, Detroit
Crittenton Hospital, Rochester Hills	Select Specialty Hospital Pontiac, Pontiac
Detroit Rec Hospital And University Health Center, Detroit	Sinai Grace Hospital, Detroit
Emma L Bixby Medical Center, Adrian	St John Detroit Riverview Hospital, Detroit
Federal Correctional Institute Hospital, Milan	St John Hospital And Medical Center, Detroit
Garden City Osteopathic Hospital, Garden City	St John Macomb Hospital, Warren
General Motors Technical Center Infirmary, Warren	St John North Shores Hospital, Harrison Township
Genesys Regional Medical Center, Grand Blanc	St John Northeast Community Hospital, Detroit
Harper University Hospital, Detroit	St John Oakland Hospital, Madison Heights
Henry Ford Hospital, Detroit	St John River District Hospital, East China
Henry Ford Wyandotte Hospital, Wyandotte	St Joseph Mercy Hospital, Ann Arbor
Herrick Memorial Hospital, Tecumseh	St Joseph Mercy Oakland, Pontiac
Hurley Medical Center, Flint	St Josephs Mercy Hospital And Health Services, Clinton Township
Huron Valley Sinai Hospital, Commerce	St Mary Mercy Hospital, Livonia
Kern Hospital & Medical Center, Warren	Straith Hospital For Special Surgery, Southfield
Kindred Hospital Metro Detroit, Detroit	Towne Hospital, Detroit
Lapeer Regional Hospital, Lapeer	United Community Hospital, Detroit
Mclaren Regional Medical Center, Flint	University of Michigan Health System, Ann Arbor
Mercy Hospital, Port Huron	University of Michigan Infirmary, Ann Arbor
Mercy Memorial Hospital, Monroe	US Air Force Hospital, Mount Clemens
Mt Clemens General Hospital, Mount Clemens	US Public Health Service Hospital, Detroit
North Oakland Medical Centers, Pontiac	Veteran's Administration Ann Arbor Healthcare System, Ann Arbor
Oakwood Annapolis Hospital, Wayne	Veteran's Administration Hospital, Dearborn
Oakwood Heritage Hospital, Taylor	Wayne County Training School, Northville
Oakwood Hospital And Medical Center, Dearborn	William Beaumont Hospital, Troy
Oakwood Hospital Beyer Center, Ypsilanti	William Beaumont Hospital, Royal Oak
Oakwood Southshore Medical Center, Trenton	William Booth Memorial Hospital, Detroit

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**HOUSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Houston-Galveston-Brazoria, TX**

1 Volume by Year and Actual Mortality Rate Comparisons



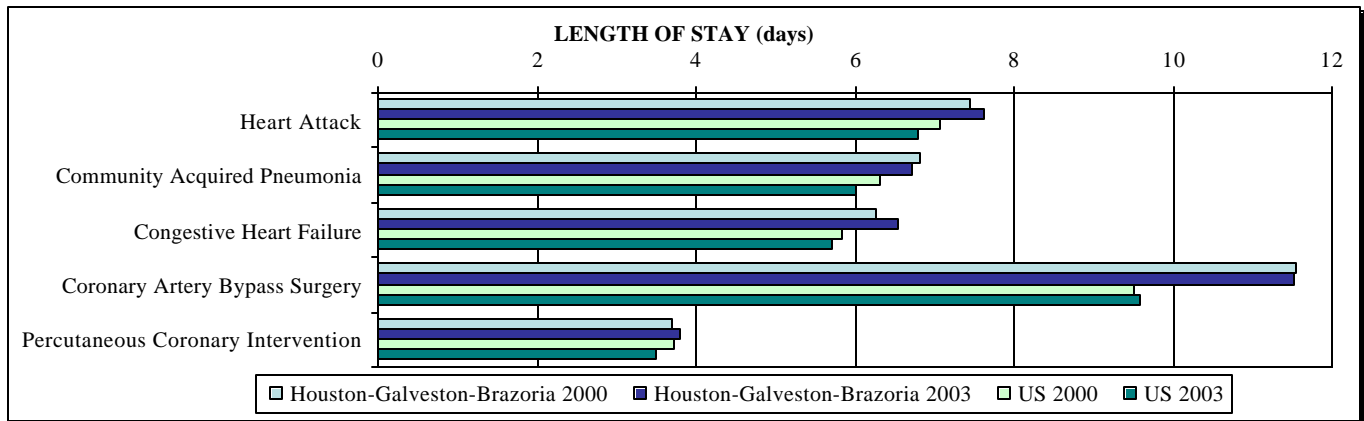
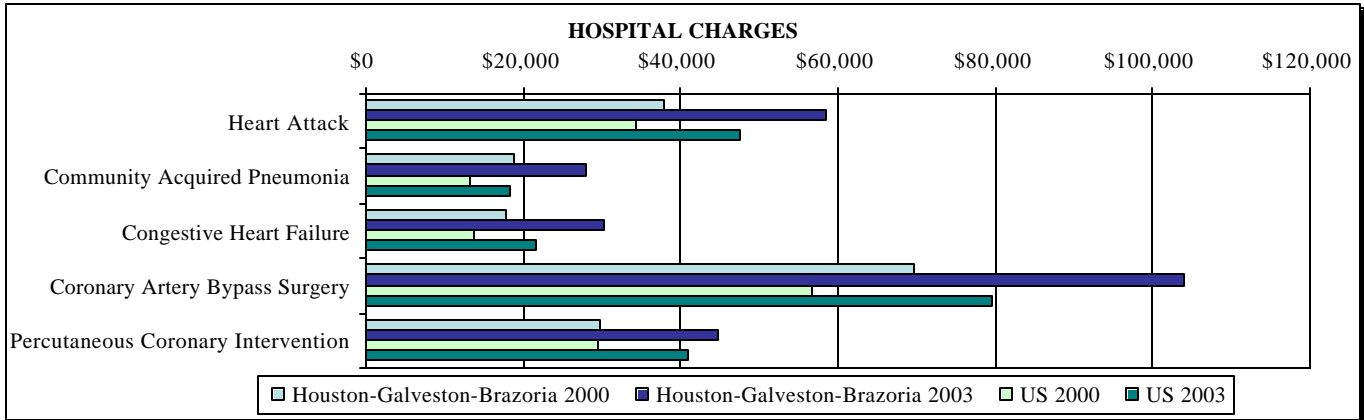
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Houston-Galveston-Brazoria 2000	Houston-Galveston-Brazoria 2003		US Average 2000	US Average 2003	
Heart Attack	1.19	0.90	24.63%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.07	0.80	25.16%	1.08	0.93	14.07%
Congestive Heart Failure	1.12	0.76	31.56%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.52	0.91	39.99%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.10	1.01	7.88%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

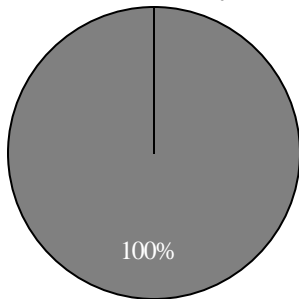
**HOUSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Houston-Galveston-Brazoria, TX**

3 Hospital Charges and Length of Stay Compared to National Averages

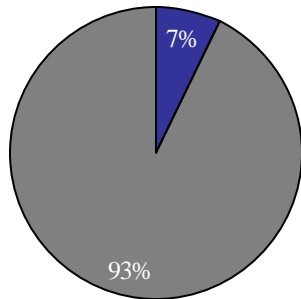


4 Houston-Galveston-Brazoria's Compliance with Leapfrog Group Measures*

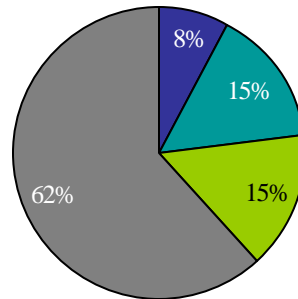
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

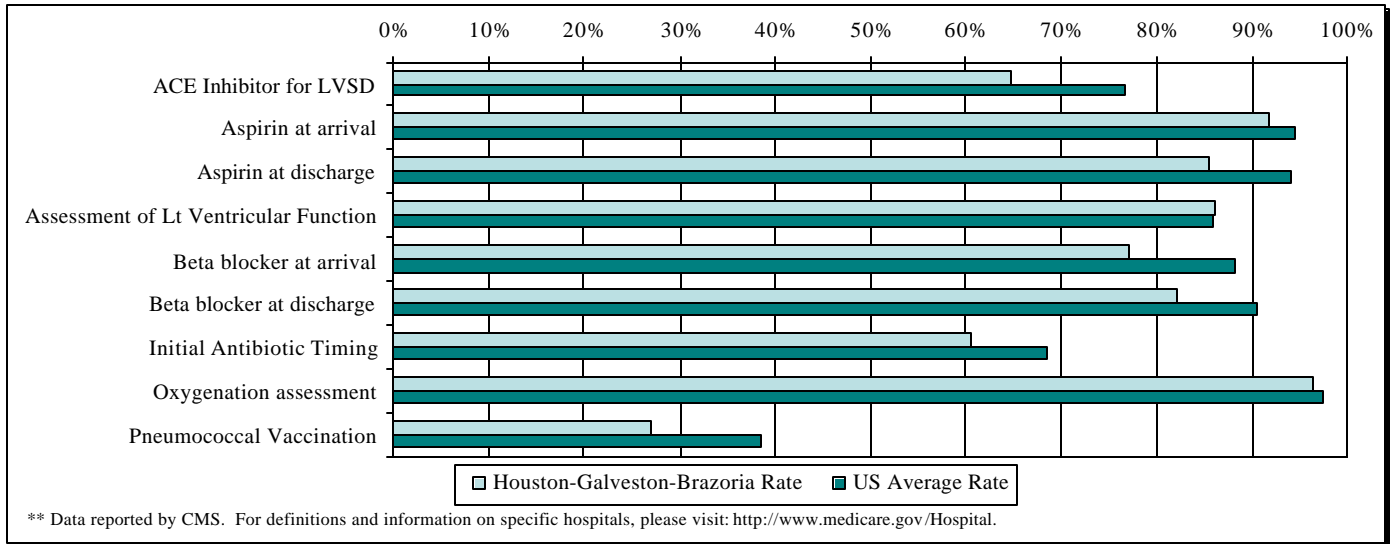
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**HOUSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Houston-Galveston-Brazoria, TX**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
3. Aspirin at discharge: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
5. Beta blocker at arrival: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
6. Beta blocker at discharge: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
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9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Houston-Galveston-Brazoria?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Halliburton Company
- ConocoPhillips
- Waste Management, Inc.
- Sysco Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**HOUSTON CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Houston-Galveston-Brazoria, TX**

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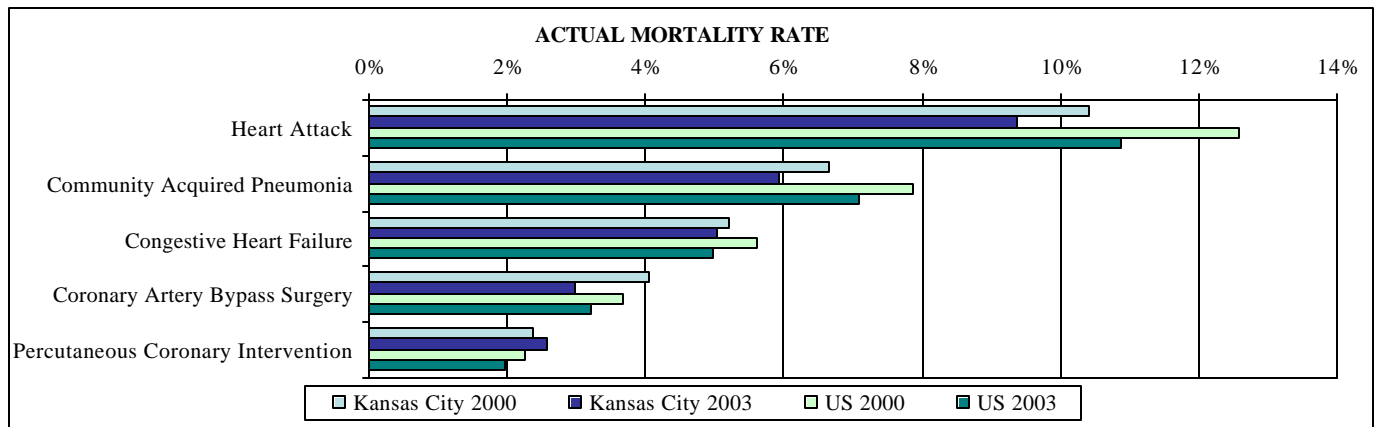
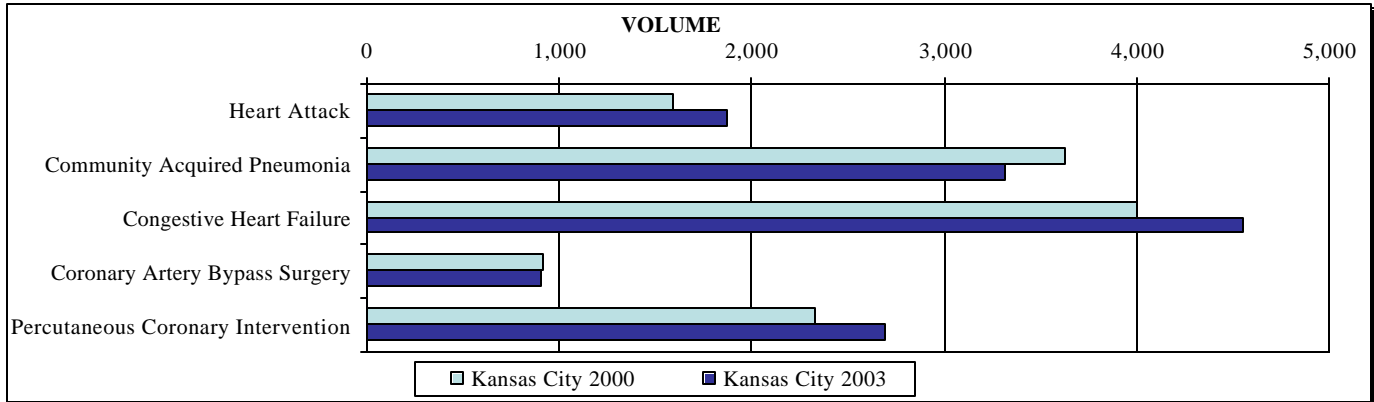
Hospitals in the Houston-Galveston-Brazoria CMSA:

Angleton Danbury Medical Center, Angleton	Memorial Hospital System, Houston
Bayshore Medical In Pasadena, Pasadena	Memorial Hospital The Woodlands, The Woodlands
Bayside Community Hospital, Anahuac	The Methodist Hospital, Houston
Bellaire Medical Center, Houston	Methodist Sugar Land Hospital, Sugar Land
Brazosport Memorial Hospital, Lake Jackson	Methodist Willowbrook Hospital, Houston
Christus St Catherine Health And Wellnes, Katy	Northeast Medical Center Hospital, Humble
Christus St John Hospital, Nassau Bay	Park Plaza Hospital, Houston
Christus St Joseph Hospital, Houston	Polly Ryon Hospital Authority, Richmond
Clear Lake Regional Medical Center, Webster	Riverside General Hospital, Houston
Cleveland Regional Medical Center, Cleveland	San Jacinto Methodist Hospital, Baytown
Conroe Regional Medical Center, Conroe	Shriners Hospital For Crippled Children, Galveston
Cypress Fairbanks Medical Center Hospital, Houston	Spring Branch Medical Center, Houston
Dayton Memorial Hospital, Dayton	St Lukes Community Medical Center The Woodlands, The Woodlands
Doctors Hospital Parkway, Houston	St Lukes Episcopal Hospital, Houston
Doctors Hospital Tidwell, Houston	Sugar Land Surgical Hospital, Sugar Land
E Houston Medical Center E Loop Camp, Houston	Sweeny Community Hospital, Sweeny
Galveston County Memorial Hospital, Texas City	Texas Orthopedic Hospital, Houston
Harris County Hospital District, Houston	Tomball Regional Hospital, Tomball
Healthsouth Hospital For Specialized Surgery, Houston	Tops Surgical Specialty Hospital, Houston
Hermann Hospital, Houston	Twelve Oaks Medical Center, Houston
Houston Community Hospital, Houston	University of Texas M D Anderson Cancer Center, Houston
Houston Northwest Medical Center, Houston	University of Texas Medical Branch Gal, Galveston
Kingwood Medical Center, Kingwood	US Public Health Service Hospital, Galveston
Liberty Dayton Hospital Inc, Liberty	Veteran's Administration Hospital, Houston
Mainland Medical Center, Texas City	Vista Medical Center Hospital, Pasadena
Memorial Hermann Fort Bend Hospital, Missouri City	West Houston Medical Center, Houston
Memorial Hermann Katy Hospital, Katy	Winnie Community Hospital, Winnie
Memorial Hospital Memorial City, Houston	The Womans Hospital of Texas, Houston
Memorial Hospital Padadena, Pasadena	

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**KANSAS CITY METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Kansas City, MO-KS**

1 Volume by Year and Actual Mortality Rate Comparisons



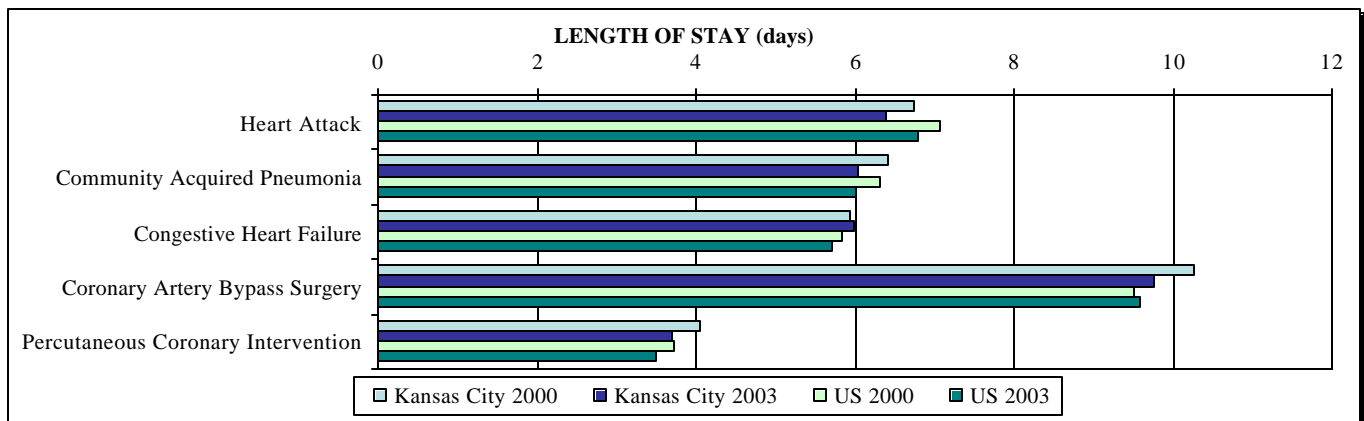
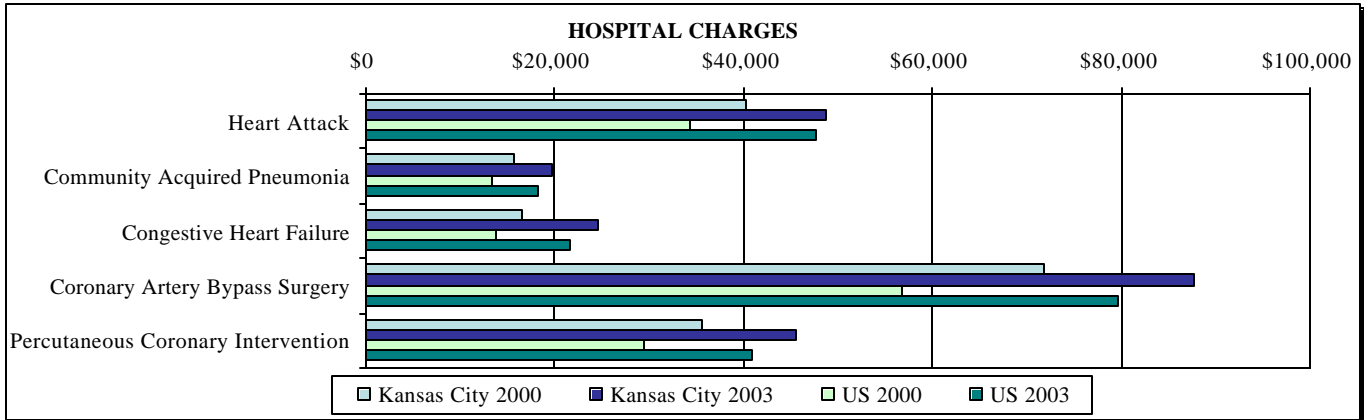
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Kansas City 2000	Kansas City 2003		US Average 2000	US Average 2003	
Heart Attack	1.00	0.86	13.38%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.93	0.81	13.57%	1.08	0.93	14.07%
Congestive Heart Failure	1.05	0.92	12.44%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.22	0.88	27.54%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.95	1.06	-10.77%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

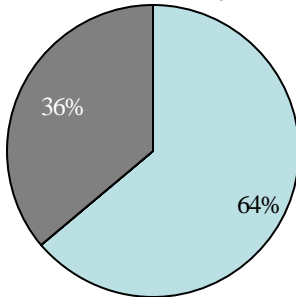
**KANSAS CITY METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Kansas City, MO-KS**

3 Hospital Charges and Length of Stay Compared to National Averages

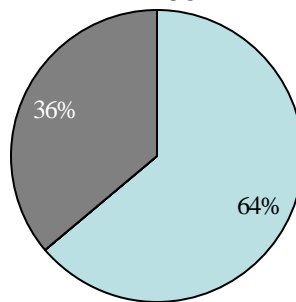


4 Kansas City's Compliance with Leapfrog Group Measures*

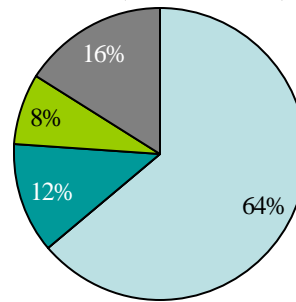
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

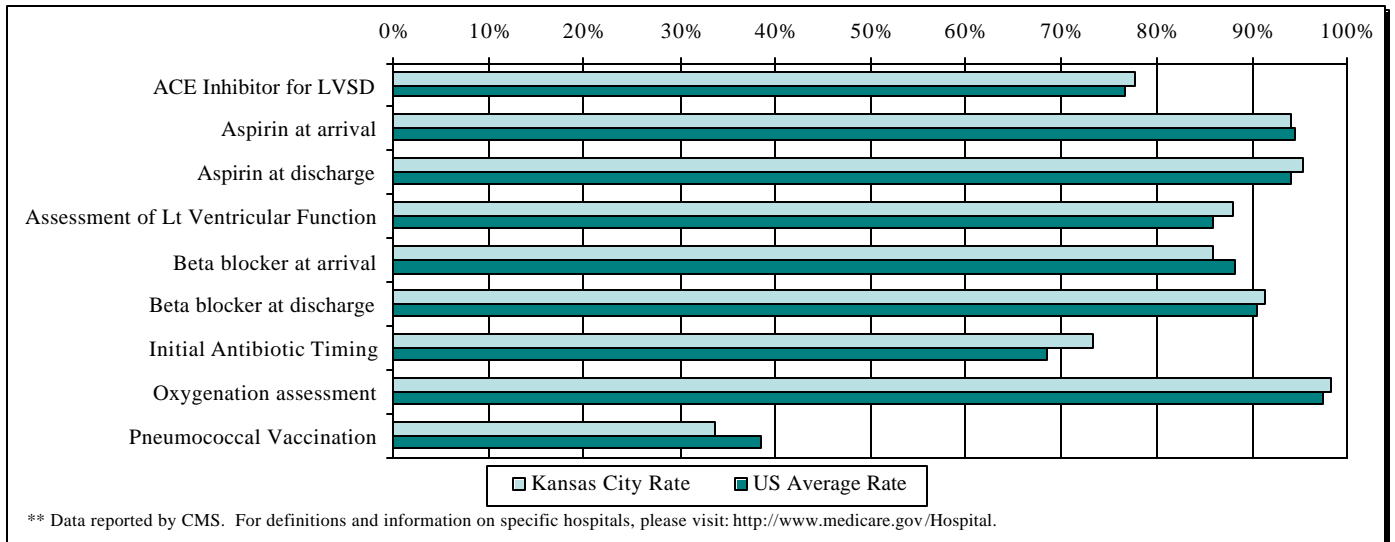
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**KANSAS CITY METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Kansas City, MO-KS**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
3. Aspirin at discharge: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
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8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6

Who Pays for Health Care in Kansas City?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Sprint Corporation
- Interstate Bakeries Corporation
- Yellow Corporation
- Farmland Industries, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**KANSAS CITY METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Kansas City, MO-KS**

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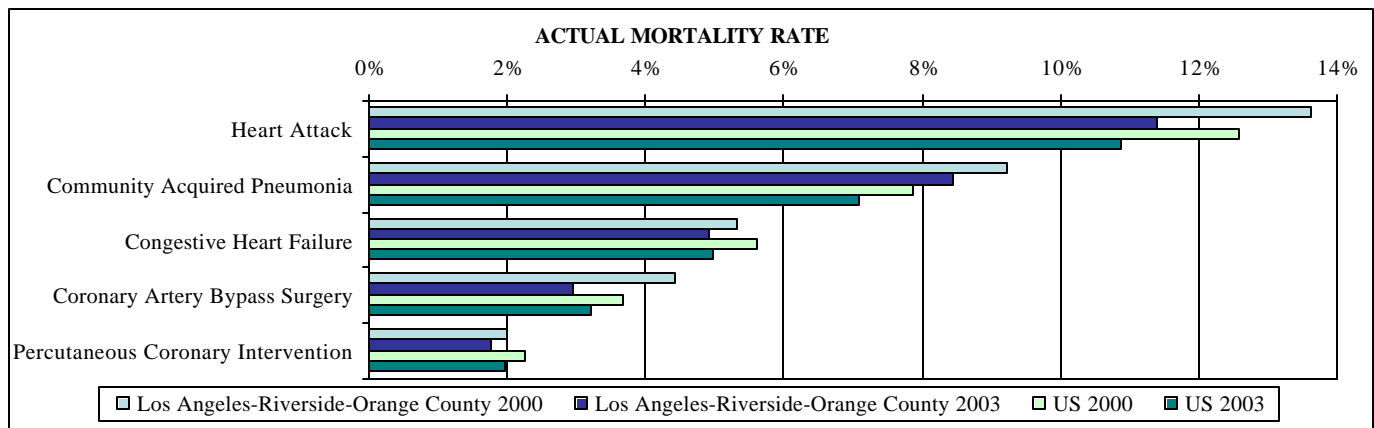
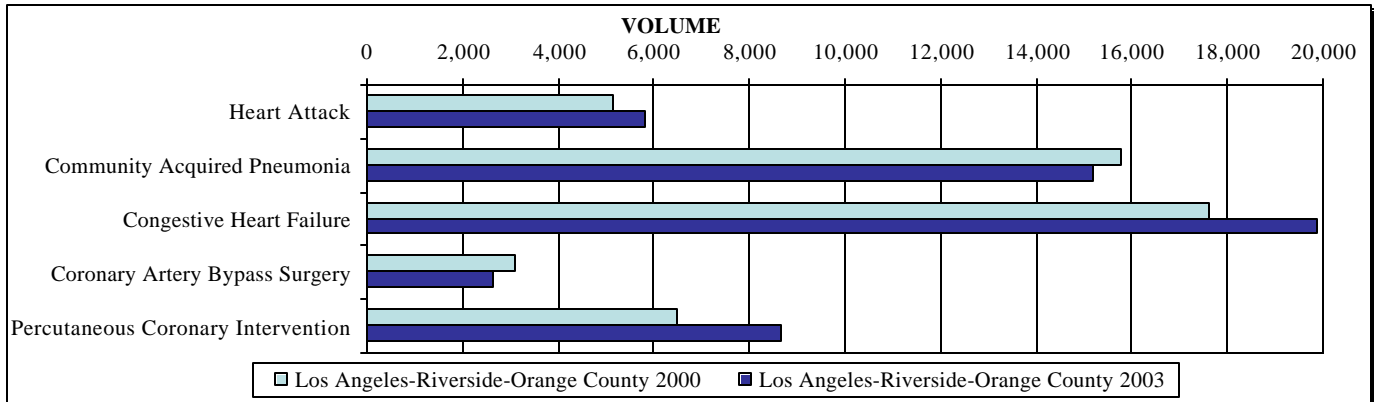
Hospitals in the Kansas City MSA:

Baptist Lutheran Medical Center, Kansas City, MO
Cameron Regional Medical, Cameron, MO
The Cancer Institute, Kansas City, MO
Cass Medical Center, Harrisonville, MO
Cushing Memorial Hospital, Leavenworth, KS
Doctors Specialty Hospital Llc, Leawood, KS
Excelsior Springs Medical Center, Excelsior Springs, MO
Heartland Surgical Specialty Hospital, Overland Park, KS
Independence Regional Health Center, Independence, MO
Kansas City Orthopedic Institute, Leawood, KS
Lafayette Regional Health Center, Lexington, MO
Lees Summit Hospital, Lees Summit, MO
Liberty Hospital, Liberty, MO
Meadowbrook Rehabilitation Hospital, Gardner, KS
Medical Center of Independence, Independence, MO
Menorah Medical Center, Overland Park, KS
Miami County Hospital, Paola, KS
Munson Army Hospital, Fort Leavenworth, KS
North Kansas City Hospital, North Kansas City, MO
Olathe Medical Center, Olathe, KS
Overland Park Regional Medical Center, Overland Park, KS
Providence Medical Center, Kansas City, KS
Ray County Memorial Hospital, Richmond, MO
Research Medical Center, Kansas City, MO
Saint John Hospital, Leavenworth, KS
Saint Lukes South Hospital, Overland Park, KS
Shawnee Mission Medical Center, Shawnee Mission, KS
St Joseph Health Center, Kansas City, MO
St Lukes Hospital of Kansas City, Kansas City, MO
St Lukes Northland Hospital, Smithville, MO
St Marys Hospital of Blue Springs, Blue Springs, MO
Truman Medical Center Hospital Hill, Kansas City, MO
Truman Medical Center Lakewood, Kansas City, MO
University of Kansas Hospital, Kansas City, KS
US Penitentiary Hospital, Leavenworth, KS
Veteran's Administration Hospital, Kansas City, MO
Veteran's Administration Hospital Wadsworth, Leavenworth, KS

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**LOS ANGELES CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Los Angeles-Riverside-Orange County, CA**

1 Volume by Year and Actual Mortality Rate Comparisons



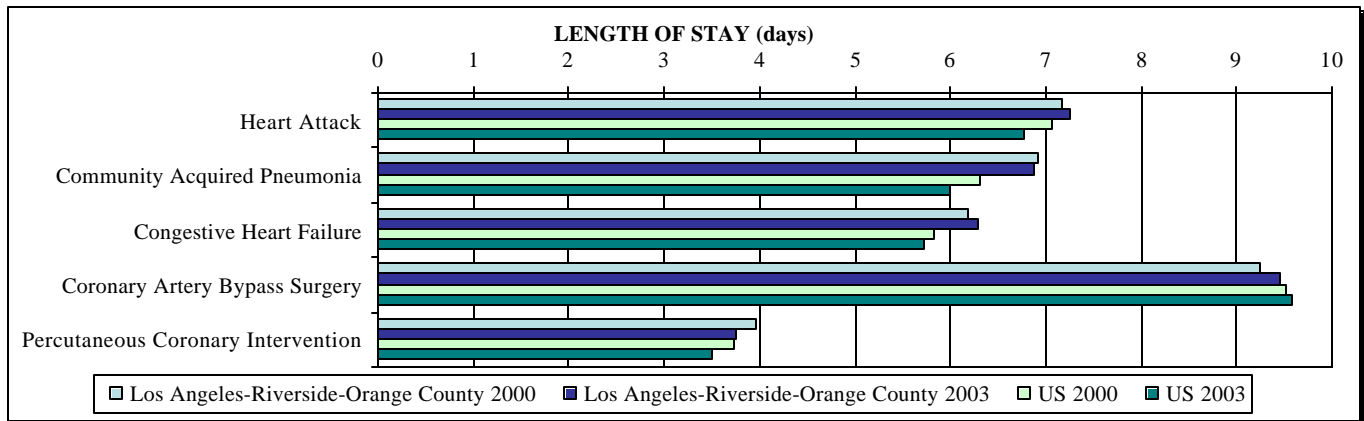
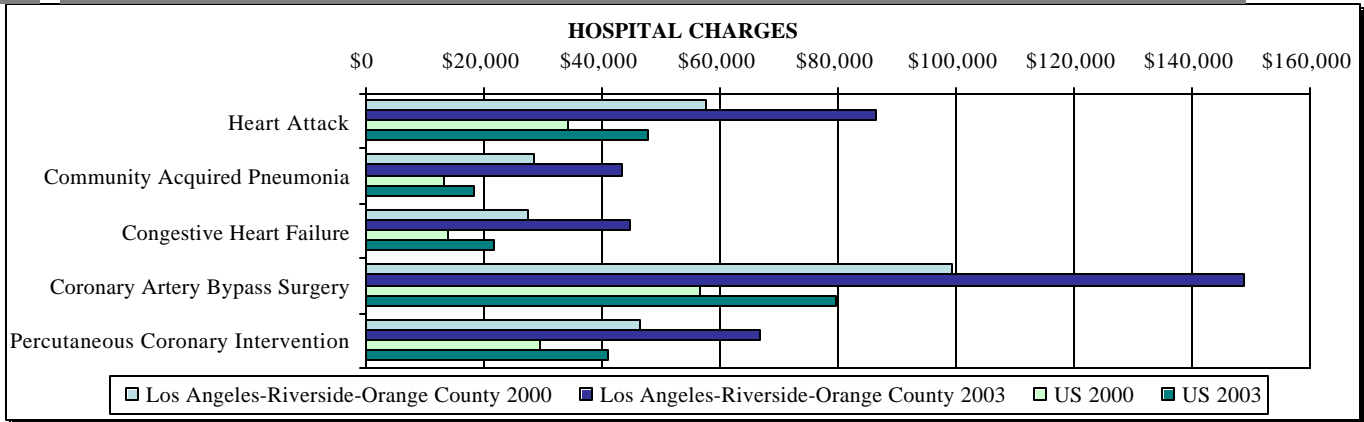
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Los Angeles CMSA 2000	Los Angeles CMSA 2003		US Average 2000	US Average 2003	
Heart Attack	1.06	0.86	18.97%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.98	0.86	12.53%	1.08	0.93	14.07%
Congestive Heart Failure	0.96	0.81	16.10%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.23	0.74	40.00%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.02	0.81	20.59%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

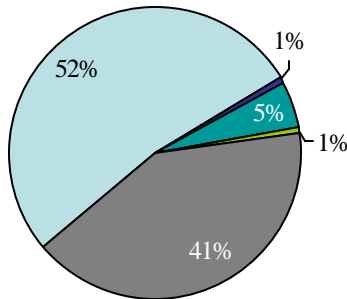
**LOS ANGELES CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Los Angeles-Riverside-Orange County, CA**

3 Hospital Charges and Length of Stay Compared to National Averages

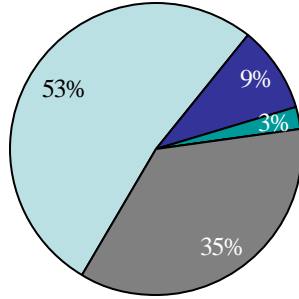


4 Los Angeles-Riverside-Orange County's Compliance with Leapfrog Group Measures*

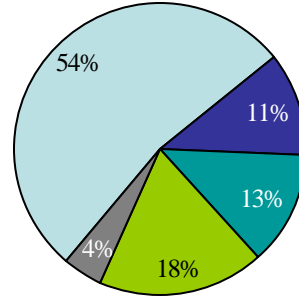
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

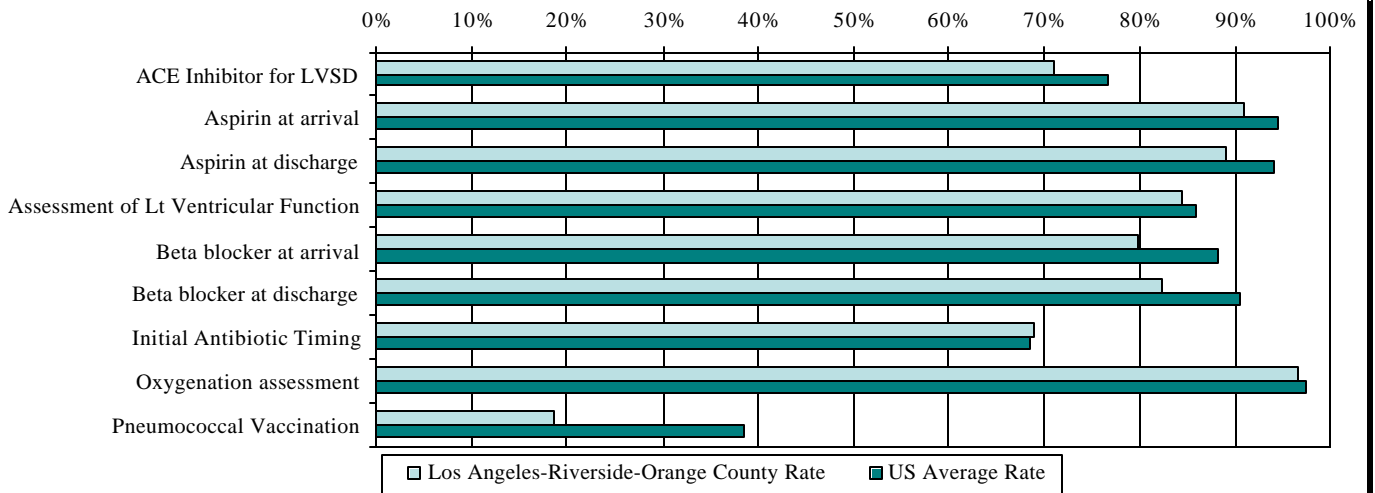
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**LOS ANGELES CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Los Angeles-Riverside-Orange County, CA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



** Data reported by CMS. For definitions and information on specific hospitals, please visit: <http://www.medicare.gov/Hospital>.

Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
3. Aspirin at discharge: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
5. Beta blocker at arrival: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who received a beta blocker within 24 hours after hospital arrival.
6. Beta blocker at discharge: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in the Los Angeles CMSA?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Northrop Grumman Corporation
- The Walt Disney Company
- Hilton Hotels
- Computer Sciences Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**LOS ANGELES CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Los Angeles-Riverside-Orange County, CA**

7

Hospitals in the Los Angeles CMSA:

Alhambra Hospital and Medical Center, Alhambra
Anaheim General Hospital, Anaheim
Anaheim Memorial Hospital, Anaheim
Anaheim Memorial Outpatient Tower, Anaheim
Angel's Hospital, Rancho Cucamonga
Antelope Valley Hospital, Lancaster
Arrowhead Regional Medical Center, Colton
Avalon Municipal Hospital, Avalon
Barstow Community Hospital, Barstow
Bay Harbor Hospital, Harbor City
Bear Valley Community Hospital, Big Bear Lake
Bellflower Medical Center, Bellflower
Beverly Hospital, Montebello
Brea Community Hospital, Brea
Brotman Medical Center, Culver City
California Hospital Medical Center La, Los Angeles
Cedars Sinai Medical Center, Los Angeles
Centinela Hospital Medical Center, Inglewood
Century City Hospital, Los Angeles
Chapman Medical Center, Orange
Chino Valley Medical Center, Chino
Citrus Valley Medical Center Ic Campus, Covina
Citrus Valley Medical Center-Qv Campus, West Covina
City of Angels Medical Center, Los Angeles
City of Hope National Medical Center, Duarte
Coast Plaza Doctors Hospital, Norwalk
Coastal Communities Hospital, Santa Ana
College Hospital Costa Mesa, Costa Mesa
Colorado River Medical Center, Needles
Community Hospital of Gardena, Gardena
Community Hospital of Huntington Park, Huntington Park
Community Hospital of Long Beach, Long Beach
Community Hospital of San Bernardino, San Bernardino
Community Memorial Hospital Of San Buenaventura, Ventura
Corona Regional Medical Center, Corona
Daniel Freeman Marina Hospital, Marina Del Rey
Daniel Freeman Memorial Hospital, Inglewood
Desert Regional Medical Center, Palm Springs
Desert Valley Hospital, Victorville
Doctors Hospital of West Covina Inc, West Covina
Downey Regional Medical Center, Downey
Drs' Hospital Medical Centr of Montclair, Montclair
East Los Angeles Doctors Hospital, Los Angeles
East Valley Hospital Medical Center, Glendora
Eisenhower Medical Center, Rancho Mirage
Encino Tarzana Regional Medical Center - Encino Campus, Encino
Encino Tarzana Regional Medical Center - Tarzana Campus, Tarzana
Fairview Developmental Center, Costa Mesa
Foothill Presbyterian Hospital, Glendora
Fountain Valley Regional Hospital, Fountain Valley
Garden Grove Hospital And Medical Center, Garden Grove
Garfield Medical Center, Monterey Park
Glendale Adventist Medical Center, Glendale
Glendale Memorial Hospital And Health Center, Glendale
Good Samaritan Hospital, Los Angeles
Greater El Monte Community Hospital, South El Monte
Hemet Valley Medical Center, Hemet
Henry Mayo Newhall Memorial Hospital, Valencia
Hi Desert Medical Center, Joshua Tree
Hoag Memorial Hospital Presbyterian, Newport Beach
Hollywood Community Hospital, Hollywood
Hollywood Presbyterian Medical Center, Los Angeles
Huntington Beach Hospital, Huntington Beach
Huntington Memorial Hospital, Pasadena
Inland Valley Regional Medical Center, Wildomar
Irvine Regional Hospital, Irvine
Jerry Pettis Memorial Veterans Hospital, Loma Linda
John F Kennedy Memorial Hospital Inc, Indio
Kaiser Foundation Hospital, Baldwin Park
Kaiser Foundation Hospital, Los Angeles
Kaiser Foundation Hospital, Harbor City
Kaiser Foundation Hospital, Woodland Hills
Kaiser Foundation Hospital, Panorama City
Kaiser Foundation Hospital, Los Angeles
Kaiser Foundation Hospital, Bellflower
Kaiser Foundation Hospital Anaheim, Anaheim
Kaiser Foundation Hospital Riverside, Riverside
Kaiser Permanente Fontana Medical Center, Fontana
La County Olive View Ucla Medical Center, Sylmar
La Palma Intercommunity Hospital, La Palma
Lac Harbor UCLA Medical Center, Torrance
Lac Martin Luther King Jr General Hospital, Los Angeles
Lac Rancho Los Amigos National Medical Center, Downey
Lac USC Medical Center, Los Angeles
Lakewood Regional Medical Center, Lakewood
Lancaster Community Hospital, Lancaster
Lanterman Developmental Center, Pomona
Las Encinas Hospital, Pasadena
Linclon Hospital Medical Center, Los Angeles
Little Company of Mary Hospital, Torrance
Loma Linda University Medical Center, Loma Linda
Long Beach Memorial Medical Center, Long Beach
Los Alamitos Medical Center, Los Alamitos
Los Angeles Community Hospital, Los Angeles
Los Angeles Metropolitan Medical Center, Los Angeles
Los Robles Regional Medical Center, Thousand Oaks
Memorial Hospital of Gardena, Gardena
Menifee Valley Medical Center, Sun City
Methodist Hospital of Southern California, Arcadia
Midway Hospital Medical Center, Los Angeles
Mission Community Hospital Panorama, Panorama City
Mission Hospital, Huntington Park
Mission Hospital Regional Medical Center, Mission Viejo
Monrovia Community Hospital, Monrovia
Monterey Park Hospital, Monterey Park
Moreno Valley Medical Center, Moreno Valley
(continued)

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**LOS ANGELES CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Los Angeles-Riverside-Orange County, CA**

7

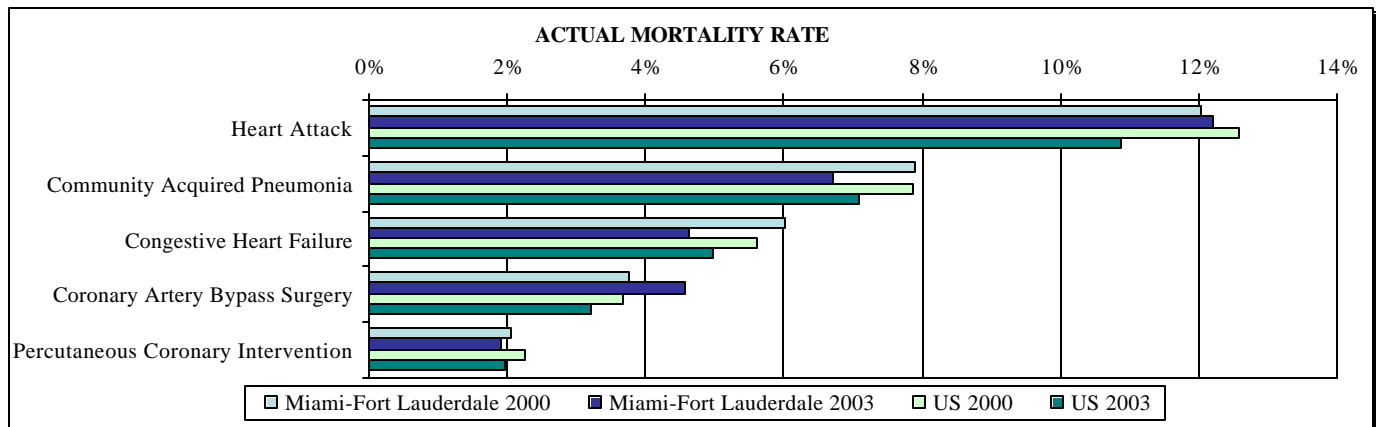
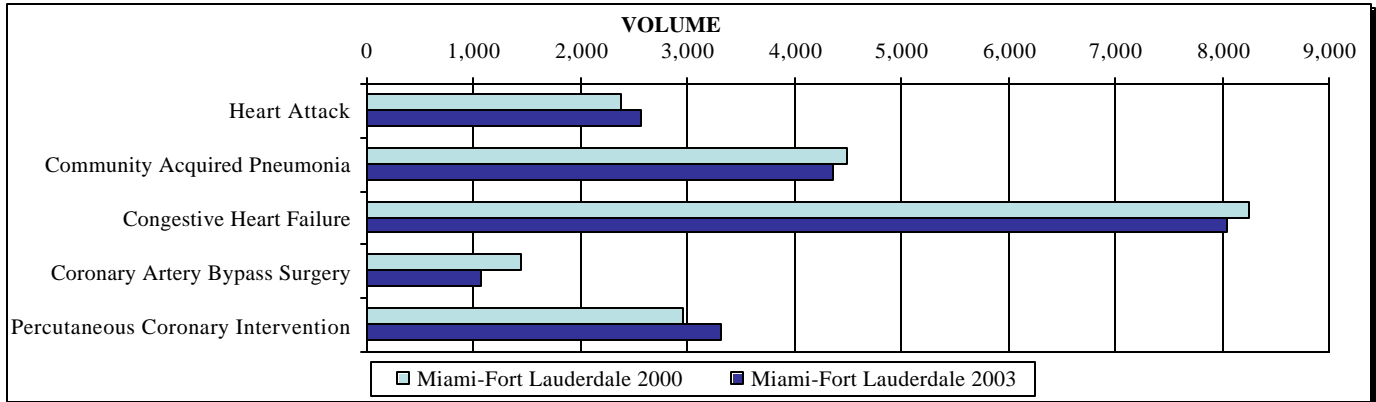
Hospitals in the Los Angeles CMSA:

Motion Picture and Television Hospital, Woodland Hills	St Johns Hospital Health Center, Santa Monica
Mountains Community Hospital, Lake Arrowhead	St Johns Pleasant Valley Hospital, Camarillo
Mountains Community Hospital, Lake Arrowhead	St Johns Regional Medical Center, Oxnard
Northridge Hospital Medical Center, Northridge	St Joseph Hospital Orange, Orange
Northridge Hospital Medical Center Sherman Wy, Van Nuys	St Jude Medical Center, Fullerton
Ojai Valley Community Hospital, Ojai	St Mary Medical Center, Apple Valley
Orange Coast Memorial Medical Center, Fountain Valley	St Mary Medical Center, Long Beach
Orthopaedic Hospital, Los Angeles	St Vincent Medical Center, Los Angeles
Pacific Alliance Medical Center, Los Angeles	Suburban Medical Center, Paramount
Pacific Hospital of Long Beach, Long Beach	Temple Community Hospital, Los Angeles
Pacific Hospital of The Valley, Sun Valley	Torrance Memorial Medical Center, Torrance
Palo Verde Hospital, Blythe	Tri City Regional Medical Center, Hawaiian Gardens
Parkview Community Hospital, Riverside	Tustin Hospital And Medical Center, Tustin
Placentia Linda Hospital, Placentia	UCLA Medical Center, Los Angeles
Pomona Valley Hospital Medical Center, Pomona	University of California Infirmiry, Riverside
Presbyterian Intercommunity Hospital, Whittier	University of California Irvine Medical Center, Orange
Providence Holy Cross Medical Center, Mission Hills	University of Southern California Infirmiry, Los Angeles
Providence Saint Joseph Medical Center, Burbank	US Air Force Hospital, Victorville
Rancho Springs Medical Center, Murrieta	US Air Force Hospital, Riverside
Redlands Community Hospital, Redlands	US Army Hospital, Fort Irwin
Riverside Community Hospital, Riverside	US Army Hospital, Fort Macarthur
Riverside County Regional Medical Center, Moreno Valley	US Naval Hospital, Twentynine Palms
Robert F Kennedy Medical Center, Hawthorne	US Naval Hospital, Long Beach
Saddleback Memorial Medical Center, Laguna Hills	US Naval Hospital, Barstow
Saint Luke Medical Center, Pasadena	US Naval Hospital, Port Hueneme
San Antonio Community Hospital, Upland	USC Kenneth Norris Jr Cancer Hospital, Los Angeles
San Clemente Hospital and Medical Center, San Clemente	USC University Hospital, Los Angeles
San Dimas Community Hospital, San Dimas	Veteran's Administration Hospital, San Fernando
San Gabriel Valley Medical Center, San Gabriel	Veteran's Administration Hospital, Sepulveda
San Geronio Memorial Hospital, Banning	Veteran's Administration Hospital, Long Beach
San Pedro Peninsula Hospital, San Pedro	Veteran's Administration Hosps Brentwood & Wadsworth, Los Angeles
San Vicente Hospital, Los Angeles	Valley Plaza Doctors Hospital, Perris
Santa Marta Hospital, Los Angeles	Valley Presbyterian Hospital, Van Nuys
Santa Marta Hospital and Clinic, Los Angeles	Ventura County Medical Center, Ventura
Santa Monica UCLA Medical Center, Santa Monica	Verdugo Hills Hospital, Glendale
Santa Paula Memorial Hospital, Santa Paula	Victor Valley Community Hospital, Victorville
Santa Teresita Hospital, Duarte	Wadsworth Hospital, Los Angeles
Sherman Oaks Hospital and Health Center, Sherman Oaks	West Anaheim Medical Center, Anaheim
Shriners Hospital For Crippled Children, Los Angeles	West Hills Medical Center, Canoga Park
Simi Valley Hospital And Health Care Service, Simi Valley	Western Medical Center, Santa Ana
South Coast Medical Center, Laguna Beach	Western Medical Center Hospital Anaheim, Anaheim
St Bernardine Medical Center, San Bernardino	White Memorial Medical Center, Los Angeles
St Francis Medical Center, Lynwood	Whittier Hospital, Whittier

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**MIAMI-FORT LAUDERDALE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Miami-Fort Lauderdale, FL**

1 Volume by Year and Actual Mortality Rate Comparisons



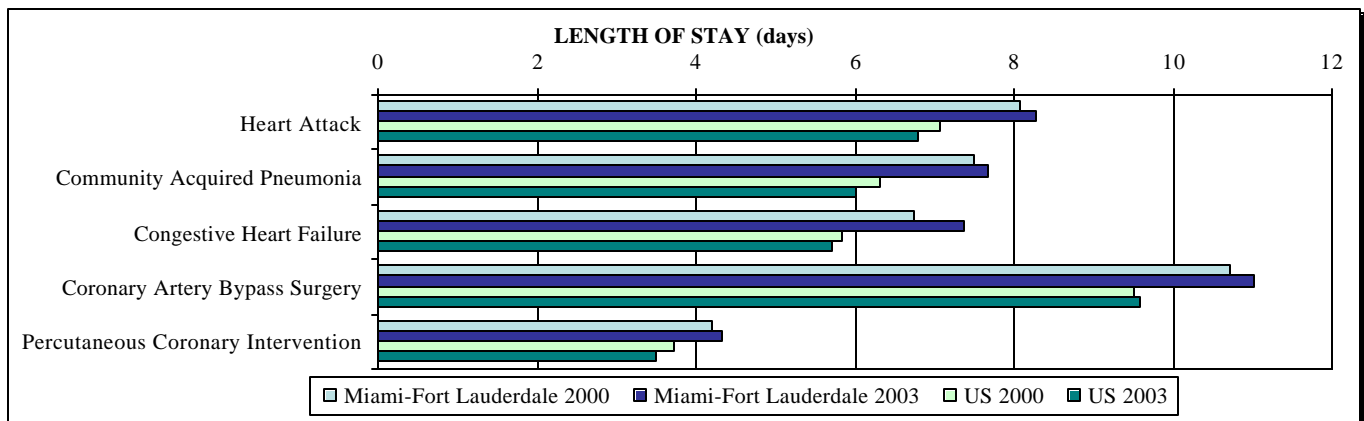
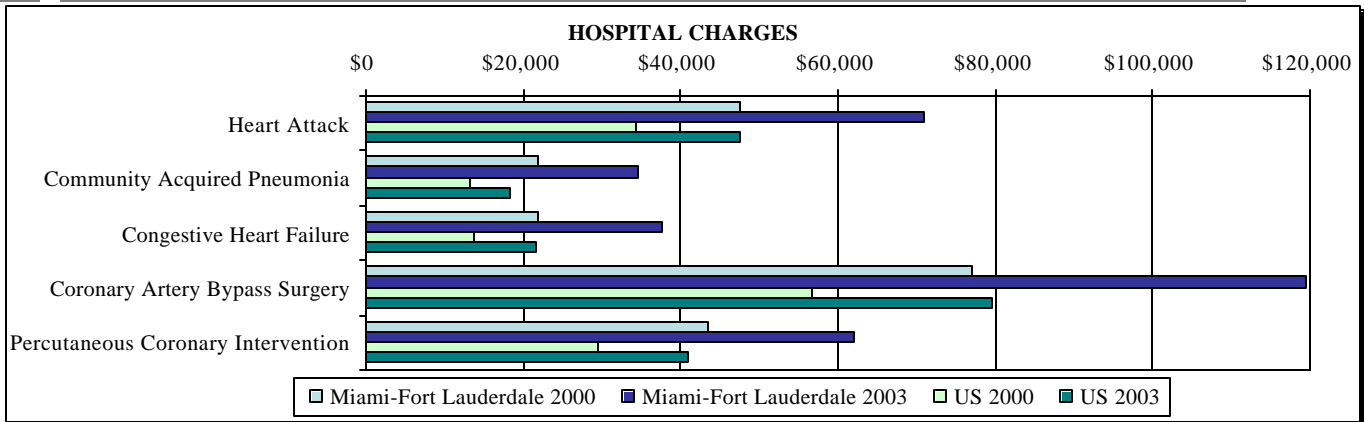
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Miami-Fort Lauderdale 2000	Miami-Fort Lauderdale 2003		US Average 2000	US Average 2003	
Heart Attack	0.91	0.86	5.45%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.81	0.63	22.08%	1.08	0.93	14.07%
Congestive Heart Failure	0.91	0.62	31.26%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.11	1.17	-6.11%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.94	0.72	23.09%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

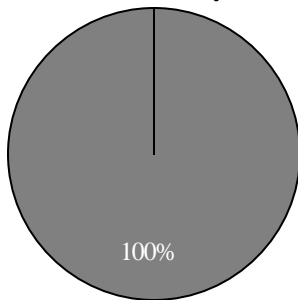
**MIAMI-FORT LAUDERDALE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Miami-Fort Lauderdale, FL**

3 Hospital Charges and Length of Stay Compared to National Averages

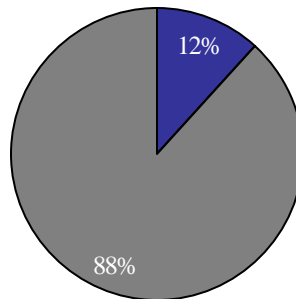


4 Miami-Fort Lauderdale's Compliance with Leapfrog Group Measures*

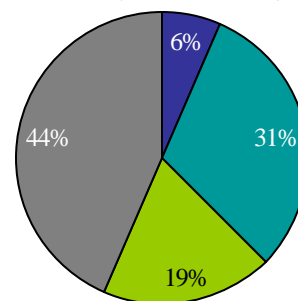
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

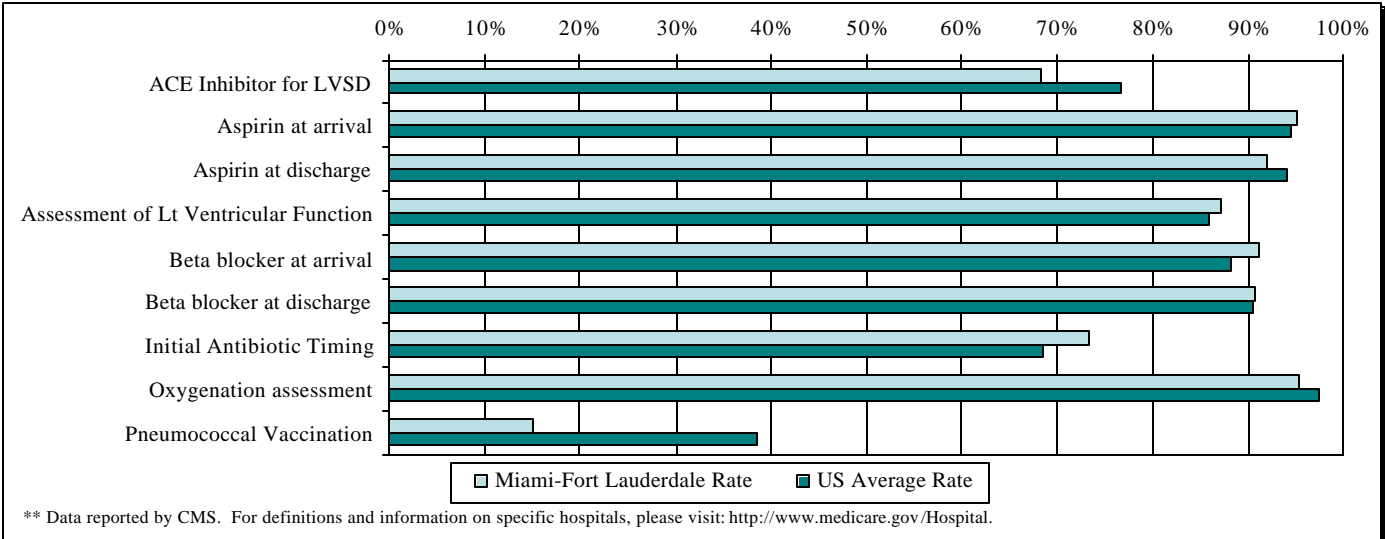
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

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**MIAMI-FORT LAUDERDALE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Miami-Fort Lauderdale, FL**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



- Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):
1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
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- ⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Miami-Fort Lauderdale?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- AutoNation, Inc.
- Ryder System, Inc.
- Republic Services, Inc.
- Lennar Corp.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**MIAMI-FORT LAUDERDALE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Miami-Fort Lauderdale, FL**

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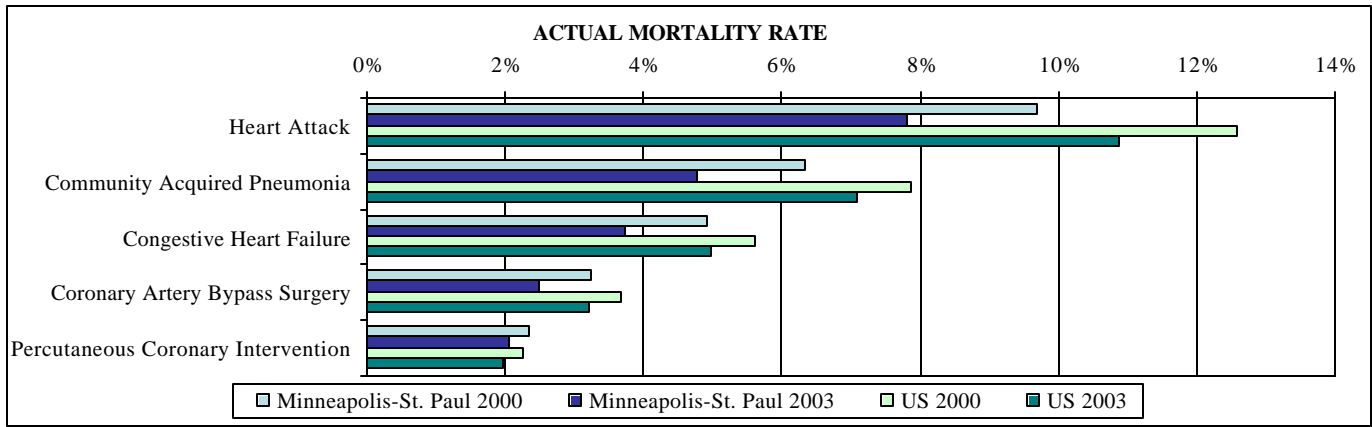
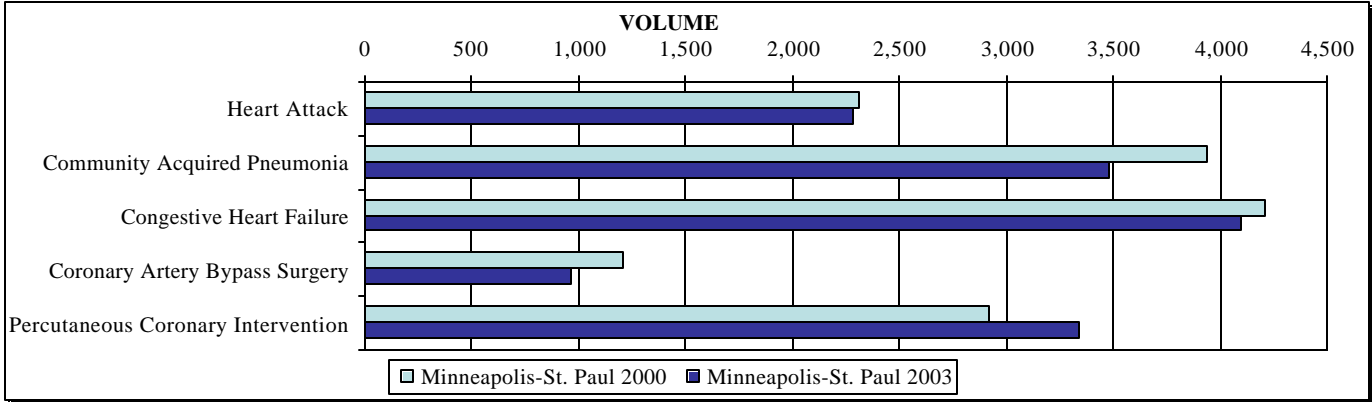
Hospitals in the Miami-Fort Lauderdale CMSA:

Anne Bates Leach Eye Hospital, Miami
Aventura Hospital and Medical Center, Aventura
Baptist Hospital of Miami Inc, Miami
Broward General Medical Center, Fort Lauderdale
Cedars Medical Center Inc, Miami
Cleveland Clinic Hospital, Weston
Coral Gables Hospital, Coral Gables
Coral Ridge Psychiatric Hospital, Fort Lauderdale
Coral Springs Medical Center, Coral Springs
Deering Hospital, Miami
Douglas Gardens Hospital, Miami
Florida Medical Center, Lauderdale Lakes
Healthsouth Doctors Hospital, Coral Gables
Hialeah Hospital, Hialeah
Hollywood Medical Center, Hollywood
Holy Cross Hospital, Fort Lauderdale
Homestead Hospital Inc, Homestead
Imperial Point Medical Center, Fort Lauderdale
Jackson Memorial Hospital, Miami
Kendall Medical Center, Miami
Larkin Community Hospital, South Miami
Memorial Hospital Pembroke, Pembroke Pines
Memorial Hospital West, Pembroke Pines
Memorial Regional Hospital, Hollywood
Mercy Hospital Inc, Miami
Mount Sinai Medical Center, Miami Beach
North Broward Medical Center, Pompano Beach
North Ridge Medical Center, Fort Lauderdale
North Shore Medical Center, Miami
Northwest Medical Center, Margate
Palm Springs General Hospital, Hialeah
Palmetto General Hospital, Hialeah
Pan American Hospital, Miami
Parkway Regional Medical Center, North Miami Beach
Plantation General Hospital, Plantation
Sister Emmanuel Hospital Cc, Miami
South Miami Hospital Inc, Miami
South Shore Hospital and Medical Center, Miami Beach
University Hospital and Medical Center, Tamarac
University of Miami Hospital and Clinic, Miami
US Air Force Hospital, Homestead
Variety Childrens Hospital, Miami
Westchester General Hospital, Miami
Westside Regional Medical Center, Plantation

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**MINNEAPOLIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Minneapolis-St. Paul, MN-WI**

1 Volume by Year and Actual Mortality Rate Comparisons



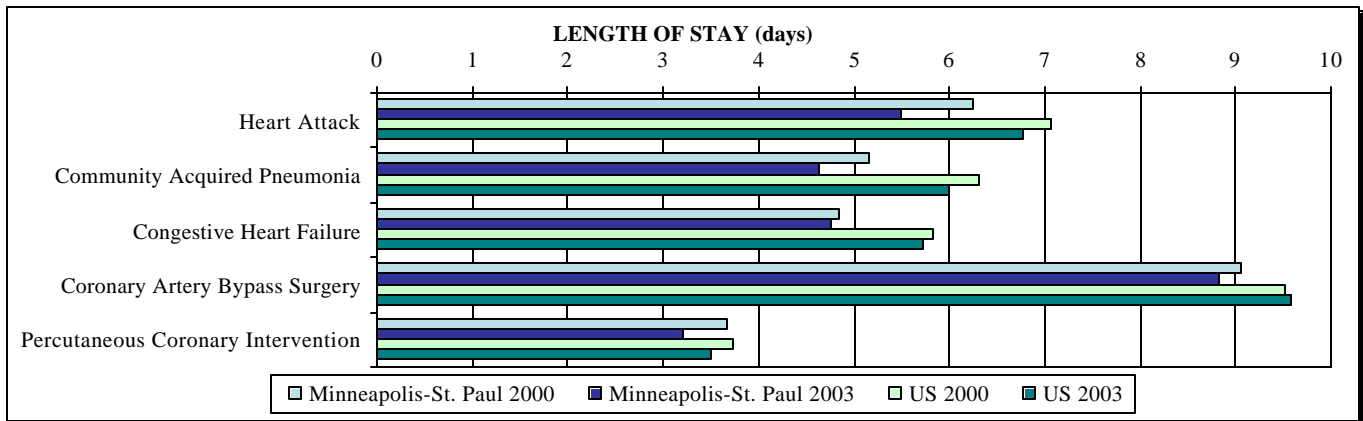
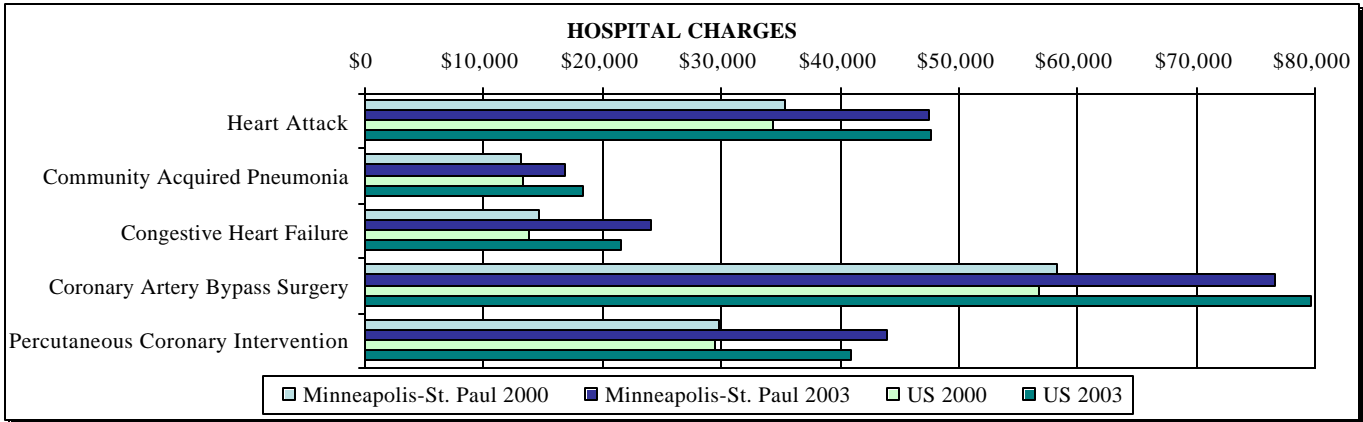
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	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Minneapolis-St. Paul 2000	Minneapolis-St. Paul 2003		US Average 2000	US Average 2003	
Heart Attack	0.85	0.69	19.13%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.87	0.64	26.49%	1.08	0.93	14.07%
Congestive Heart Failure	0.95	0.68	27.75%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.18	0.71	39.77%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.94	0.84	11.16%	1.14	0.92	19.06%

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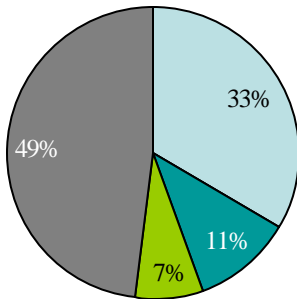
**MINNEAPOLIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Minneapolis-St. Paul, MN-WI**

3 Hospital Charges and Length of Stay Compared to National Averages

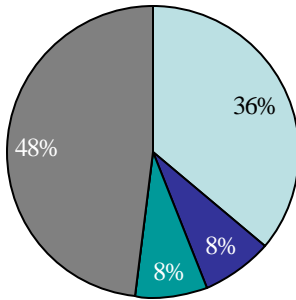


4 Minneapolis-St. Paul's Compliance with Leapfrog Group Measures*

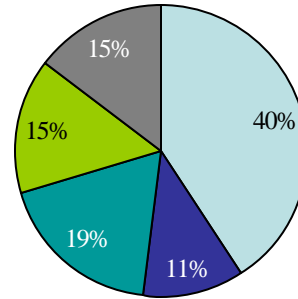
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

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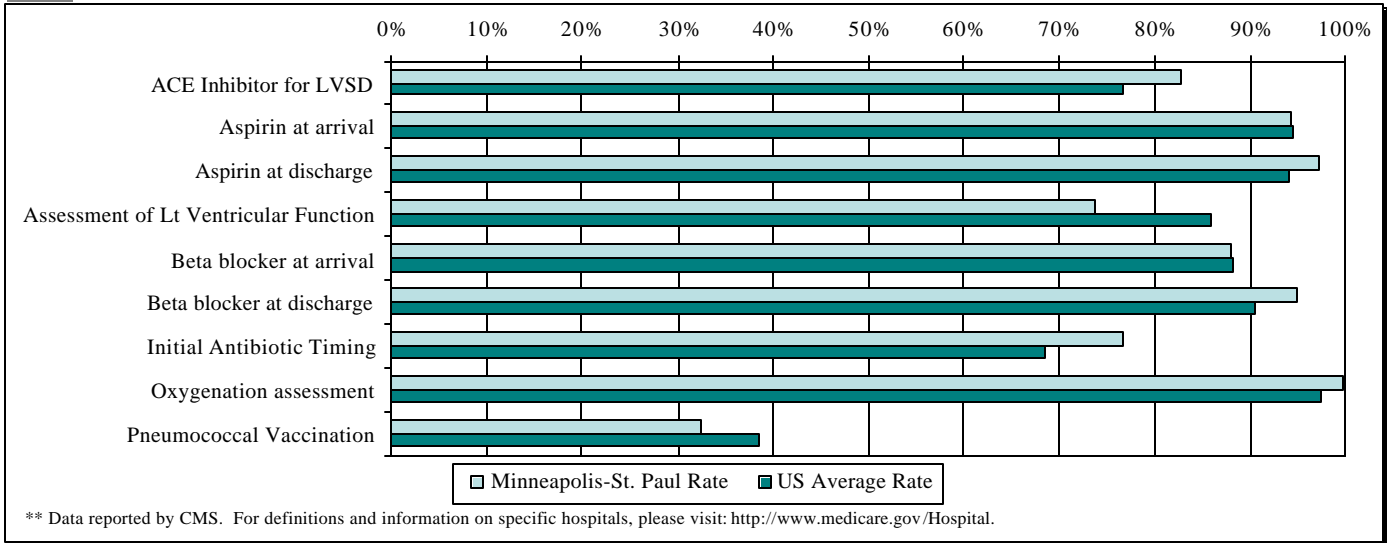
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2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

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For more information on specific hospitals within the area, please visit www.healthgrades.com.

**MINNEAPOLIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Minneapolis-St. Paul, MN-WI**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Minneapolis-St. Paul?+

Government (Medicare, Medicaid, State, Local, School Districts)

Target Corporation

Best Buy Co. Inc.

3M Company

Supervalu Inc.

+ Includes four largest employers

7 Hospitals in the Minneapolis-St. Paul MSA:

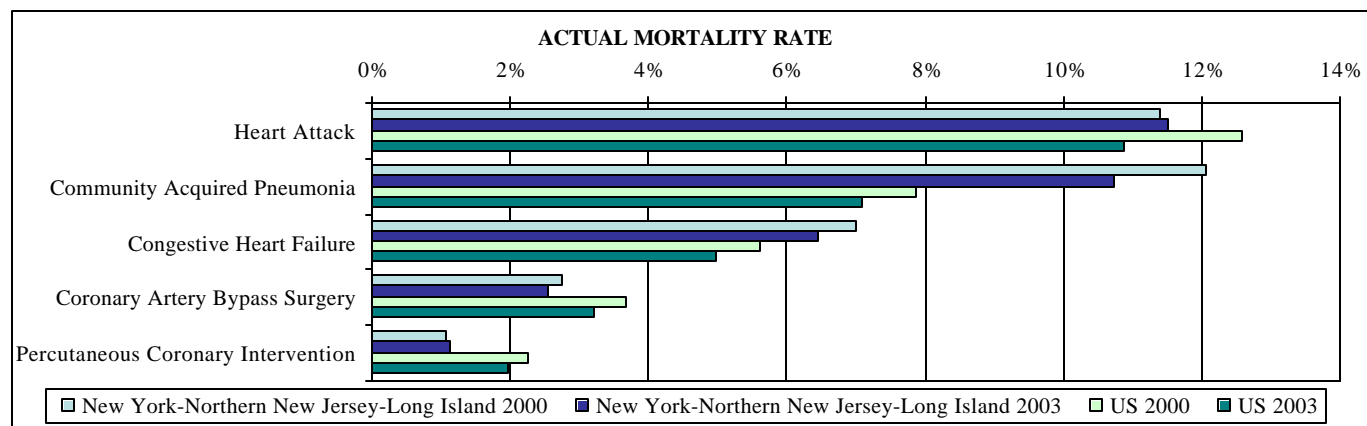
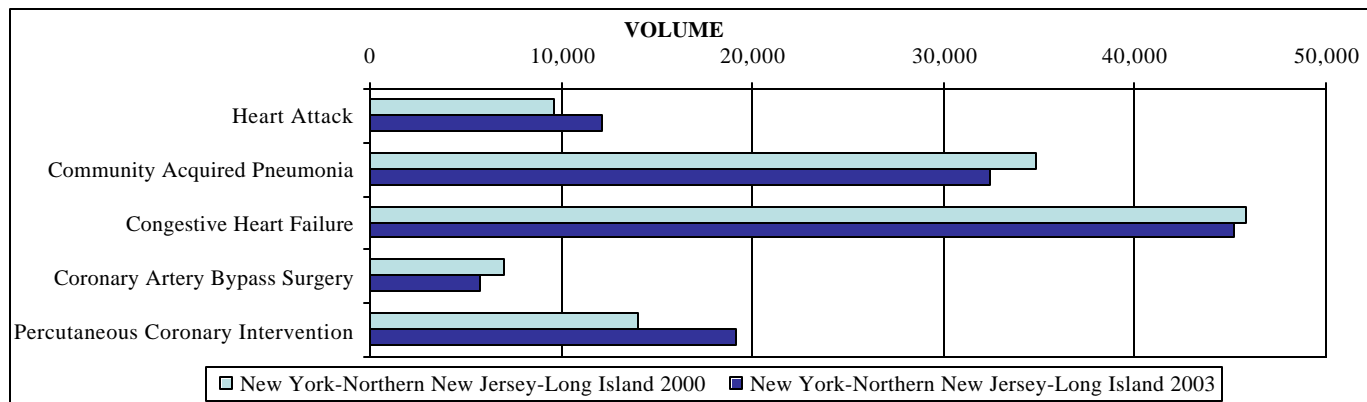
- Abbott Northwestern Hospital Inc, Minneapolis, MN
- Baldwin Area Medical Center, Baldwin, WI
- Buffalo Hospital, Buffalo, MN
- Cambridge Medical Center, Cambridge, MN
- Fairview Lakes Regional Medical Center, Wyoming, MN
- Fairview Ridges Hospital, Burnsville, MN
- Fairview Southdale Hospital, Edina, MN
- Fairview University Medical Center, Minneapolis, MN
- Healtheast St John's Hospital, Maplewood, MN
- Healtheast Woodwinds Hospital, Woodbury, MN
- Hennepin County Medical Center, Minneapolis, MN
- Holy Family Hospital, New Richmond, WI
- Hudson Hospital, Hudson, WI
- Lakeview Memorial Hospital, Stillwater, MN
- Mercy Hospital, Coon Rapids, MN

- Monticello Big Lake Community Hospital, Monticello, MN
- North Memorial Medical Center, Robbinsdale, MN
- Park Nicollet Health Services, Saint Louis Park, MN
- Phillips Eye Institute, Minneapolis, MN
- Queen of Peace Hospital, New Prague, MN
- Regina Medical Complex, Hastings, MN
- Regions Hospital, Saint Paul, MN
- Ridgeview Medical Center, Waconia, MN
- River Falls Area Hsptl, River Falls, WI
- St Francis Regional Medical Center, Shakopee, MN
- St Josephs Hospital, Saint Paul, MN
- United Hospitals Inc, Saint Paul, MN
- Unity Hospital, Fridley, MN
- Veteran's Administration Hospital, Minneapolis, MN

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**NEW YORK CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA**

1 Volume by Year and Actual Mortality Rate Comparisons



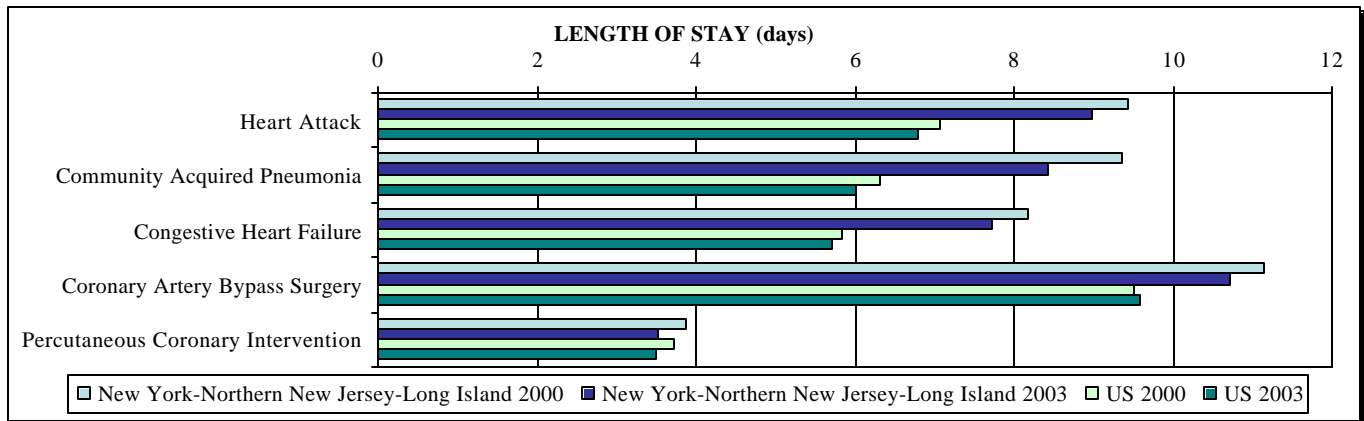
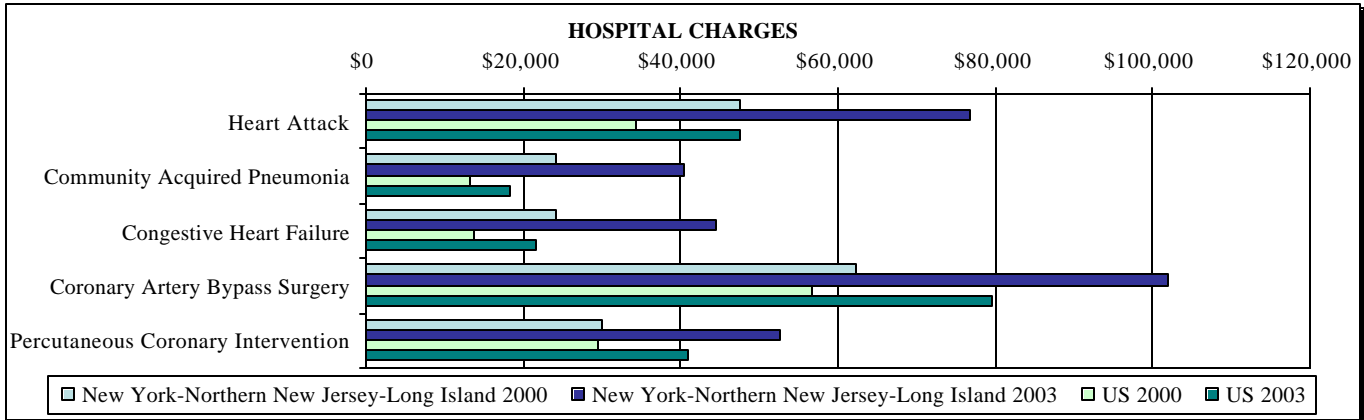
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	New York CMSA 2000	New York CMSA 2003		US Average 2000	US Average 2003	
Heart Attack	1.12	1.04	7.16%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.26	1.11	11.73%	1.08	0.93	14.07%
Congestive Heart Failure	1.26	1.07	15.29%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	0.93	0.76	17.90%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.71	0.71	0.56%	1.14	0.92	19.06%

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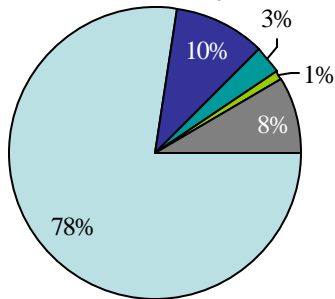
**NEW YORK CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA**

3 Hospital Charges and Length of Stay Compared to National Averages

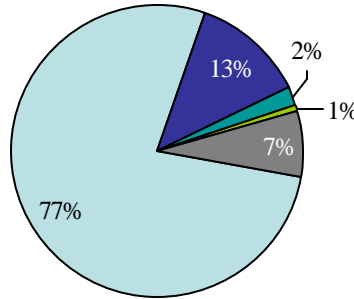


4 New York CMSA's Compliance with Leapfrog Group Measures*

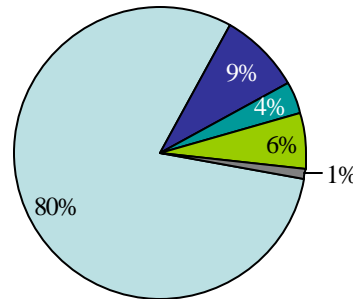
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

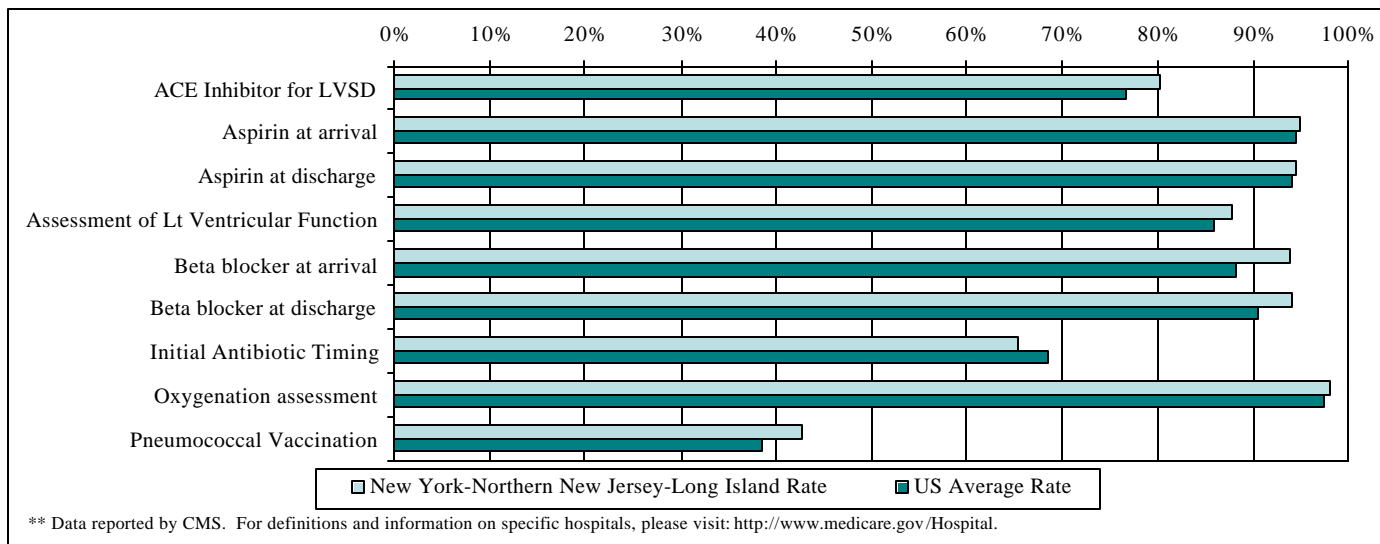
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

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**NEW YORK CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
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4. Assessment of Left Ventricular Function: Heart Failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
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9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6

Who Pays for Health Care in the New York CMSA?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- International Business Machines Corporation
- Citigroup, Inc.
- Verizon Communications Inc.
- Altria Group, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**NEW YORK CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET**

New York-Northern New Jersey-Long Island, NY-NJ-CT-PA

7

Hospitals in the New York CMSA:

Arden Hill Hospital, Goshen, NY
Barnert Hospital, Paterson, NJ
Bayonne Medical Center, Bayonne, NJ
Bayshore Community Hospital, Holmdel, NJ
Bellevue Hospital Center, New York, NY
Bergen Regional Medical Center, Paramus, NJ
Beth Israel Hospital, Passaic, NJ
Beth Israel Medical Center, New York, NY
Blythedale Childrens Hospital, Valhalla, NY
Bon Secours Community Hospital, Port Jervis, NY
Bronx Lebanon Hospital Center, Bronx, NY
Brookdale Hospital Medical Center, Brooklyn, NY
Brookhaven Memorial Hospital, Patchogue, NY
Brooklyn Hospital Center, Brooklyn, NY
Brunswick Hospital, Amityville, NY
Cabrini Medical Center, New York, NY
Capital Health System- Mercer, Trenton, NJ
Capital Health Systems At Fuld, Trenton, NJ
Catholic Medical Center Of Brooklyn Queens, Jamaica, NY
Central Suffolk Hospital, Riverhead, NY
Centrastate Medical Center, Freehold, NJ
Childrens Specialized Hospital, Westfield, NJ
Chilton Memorial Hospital, Pompton Plains, NJ
Christ Hospital, Jersey City, NJ
City Hospital Center At Elmhurst, Flushing, NY
Clara Maass Medical Center, Belleville, NJ
Columbus Hospital, Newark, NJ
Community Medical Center, Toms River, NJ
Coney Island Hospital, Brooklyn, NY
Cornwall Hospital The, Cornwall, NY
Dobbs Ferry Hospital, Dobbs Ferry, NY
East Orange General Hospital, East Orange, NJ
Eastern Long Island Hospital, Greenport, NY
Englewood Hospital And Medical Center, Englewood, NJ
Flushing Hospital Medical Center, Flushing, NY
Franklin General Hospital, Valley Stream, NY
Freeport Hospital, Freeport, NY
General Hospital Center At Passaic, Passaic, NJ
Good Samaritan Hospital, West Islip, NY
Good Samaritan Hospital Of Suffern, Suffern, NY
Greenmont On Hudson Hospital, Ossining, NY
Greenville Hospital, Jersey City, NJ
Hackensack University Medical, Hackensack, NJ
Hackettstown Community Hospital, Hackettstown, NJ
Hamilton Hospital, Trenton, NJ
Harlem Hospital Center, New York, NY
Holy Name Hospital, Teaneck, NJ
Horton Memorial Hospital, Middletown, NY
Hospital Center At Orange, Orange, NJ
Hospital For Special Surgery, New York, NY
House Of St Giles, Brooklyn, NY
Hudson Valley Hospital Center, Peekskill, NY
Hunterdon Medical Center, Flemington, NJ
Huntington Hospital, Huntington, NY
Interfaith Medical Center, Brooklyn, NY
Irvington General Hospital, Irvington, NJ
Island Medical Center, Hempstead, NY
Jacobi Medical Center, Bronx, NY
Jamaica Hospital, Jamaica, NY
Jersey City Medical Center, Jersey City, NJ
Jersey Shore University Medical Center, Neptune, NJ
John F Kennedy Medical Center, Edison, NJ
John T Mather Memorial Hospital, Port Jefferson, NY
Julia Butterfield Hospital, Cold Spring, NY
Kimball Medical Center, Lakewood, NJ
Kings County Hospital Center, Brooklyn, NY
Kingsbrook Jewish Medical Center, Brooklyn, NY
Lawrence Hospital, Bronxville, NY
Lenox Hill Hospital, New York, NY
Lincoln Medical And Mental Health Center, Bronx, NY
Little Neck Community Hospital, Little Neck, NY
Long Beach Memorial Hospital, Long Beach, NY
Long Island College Hospital, Brooklyn, NY
Long Island Jewish Medical Center, New Hyde Park, NY
Lutheran Medical Center, Brooklyn, NY
Maimonides Medical Center, Brooklyn, NY
Manhattan Eye Ear Throat Hospital, New York, NY
Meadowlands Hospital Medical Center, Secaucus, NJ
Memorial Hospital For Cancer And Allie, New York, NY
Mercy Medical Center, Rockville Centre, NY
Metropolitan Hospital Center, New York, NY
Middlesex Rehabilitation Hospital, North Brunswick, NJ
Monmouth Medical Center, Long Branch, NJ
Montclair Community Hospital, Montclair, NJ
Montefiore Medical Center, Bronx, NY
Morristown Memorial Hospital, Morristown, NJ
Mount Sinai Hospital Of Queens, Long Island City, NY
Mountainside Hospital, Montclair, NJ
Mt Carmel Hospital For Alcoholism, Paterson, NJ
Mt Sinai Hospital, New York, NY
Mt Vernon Hospital, Mount Vernon, NY
Muhlenberg Regional Medical Center, Plainfield, NJ
Nassau County Medical Center, East Meadow, NY
New Jersey State Prison Farm Hospital, Rahway, NJ
New Jersey State Prison Hospital, Trenton, NJ
New Jersey Training School, Totowa, NJ
New York Community Hospital Of Brooklyn, Brooklyn, NY
New York Eye And Ear Infirmary, New York, NY
New York Hospital Medical Center Of Queens The, Flushing, NY
New York Methodist Hospital, Brooklyn, NY
New York Presbyterian Hospital, New York, NY
New York United Hospital Medical Center, Port Chester, NY
New York Westchester Square Medical Center, Bronx, NY
Newark Beth Israel Medical Center, Newark, NJ
New-Island Hospital, Bethpage, NY
Newton Memorial Hospital, Newton, NJ
(continued)

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**NEW YORK CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA**

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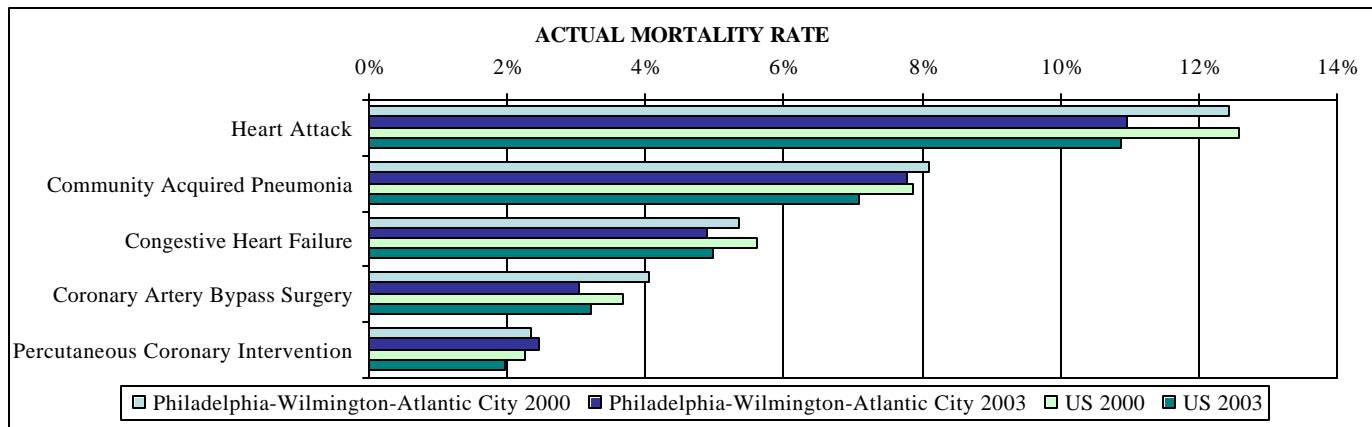
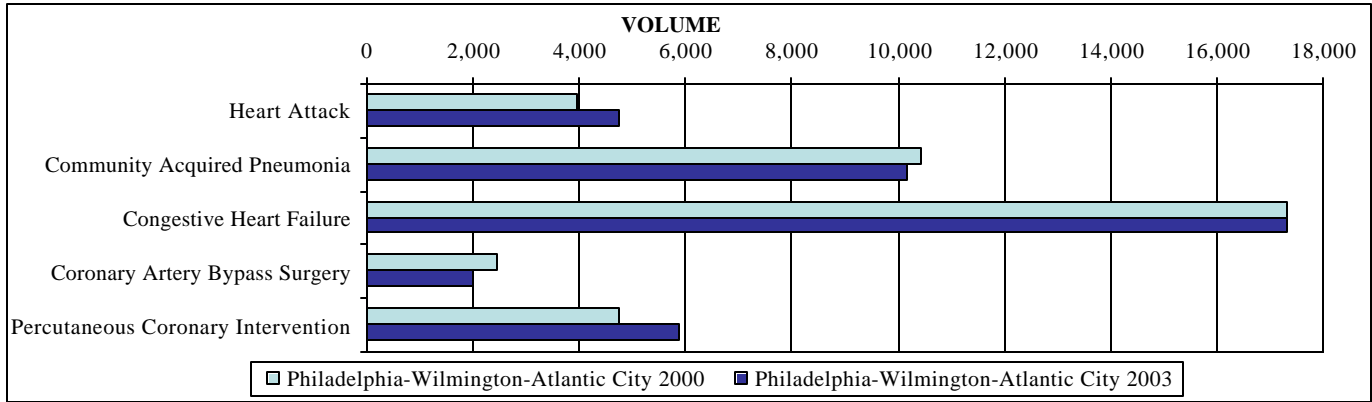
Hospitals in the New York CMSA:

North Central Bronx Hospital, Bronx, NY
North General Hospital, New York, NY
North Shore University Hospital, Manhasset, NY
North Shore University Hospital At Forest Hills, Forest Hills, NY
North Shore University Hospital At Glen Cove, Glen Cove, NY
North Shore University Hospital At Plainview, Plainview, NY
Northern Dutchess Hospital, Rhinebeck, NY
Northern Westchester Hospital, Mount Kisco, NY
Nyack Hospital, Nyack, NY
Nyu Downtown Hospital, New York, NY
Nyu Medical Center University Hospital, New York, NY
Ocean Medical Center, Brick, NJ
Oceanside Gardens Sanitarium, Oceanside, NY
Orthopaedic Institute, New York, NY
Our Lady Of Mercy Medical Center Flor D'urso, Bronx, NY
Overlook Hospital, Summit, NJ
Palisades General Hospital, North Bergen, NJ
Parkway Hospital, Forest Hills, NY
Pascack Valley Hospital, Westwood, NJ
Pearl River General Hospital, Pearl River, NY
Pelham Bay General Hospital, Bronx, NY
Peninsula Hospital Center, Far Rockaway, NY
Phelps Memorial Hospital, North Tarrytown, NY
Preakness Hospital, Paterson, NJ
Presbyterian Hospital, New York, NY
Putnam Hospital Center, Carmel, NY
Queens Hospital Center, Jamaica, NY
Raritan Bay Medical Center, Perth Amboy, NJ
Riverview Medical Center, Red Bank, NJ
Robert Wood Johnson University Hospital, New Brunswick, NJ
Robert Wood Johnson University Hospital at Rahway, Rahway, NJ
Rockefeller University Hospital, New York, NY
Rockefeller University Hospital, New York, NY
RWJ University Hospital at Hamilton, Hamilton, NJ
Somerset Medical Center, Somerville, NJ
Sound Shore Medical Center, New Rochelle, NY
South Nassau Community Hospital, Oceanside, NY
Southampton Hospital, Southampton, NY
Southern Ocean County Hospital, Manahawkin, NJ
Southside Hospital, Bay Shore, NY
St Agnes Hospital, White Plains, NY
St Anthony Community Hospital, Warwick, NY
St Barnabas Hospital, Bronx, NY
St Barnabas Medical Center, Livingston, NJ
St Catherine Of Siena Medical Center, Smithtown, NY
St Charles Hospital, Port Jefferson, NY
St Clares Hospital Health Center, New York, NY
St Clares Hospital/ Denville, Denville, NJ
St Clares Hospital/ Sussex, Sussex, NJ
St Francis Hospital, Poughkeepsie, NY
St Francis Hospital, Roslyn, NY
St Francis Medical Center, Trenton, NJ
St James Hospital, Newark, NJ
St Johns Episcopal Hospital, Far Rockaway, NY
St Johns Riverside Hospital, Yonkers, NY
St Josephs Hospital, Yonkers, NY
St Josephs Hospital, Paterson, NJ
St Josephs Wayne Hospital, Wayne, NJ
St Lukes Roosevelt Hospital, New York, NY
St Marys Hospital, Hoboken, NJ
St Marys Hospital, Passaic, NJ
St Michaels Medical Center, Newark, NJ
St Peters University Hospital, New Brunswick, NJ
St Vincents Hospital Medical Center, New York, NY
Staten Island University Hospital, Staten Island, NY
Stony Lodge Hospital, Ossining, NY
Svcmc - St Vincents Staten Island, Staten Island, NY
Trinitas Hospital, Elizabeth, NJ
Trinitas Hospital, Elizabeth, NJ
Umdnj University Hospital, Newark, NJ
Union Hospital, Union, NJ
University Hospital, Suny Stony Brook, NY
University Hospital Of Brooklyn, Brooklyn, NY
University Medical Center At Princeton, Princeton, NJ
US Army Hospital, West Point, NY
US Army Hospital, Fort Monmouth, NJ
US Naval Hospital, Lakehurst, NJ
US Naval Hospital, Saint Albans, NY
US Public Health Service Hospital, Staten Island, NY
Veteran's Administration Hospital, Northport, NY
Veteran's Administration Hospital, Bronx, NY
Veteran's Administration Hospital, Brooklyn, NY
Veteran's Administration Hospital, Castle Point, NY
Veteran's Administration Hospital, New York, NY
Veteran's Administration Hospital, Montrose, NY
Veteran's Administration Hospital, East Orange, NJ
Veteran's Administration Hospital, Lyons, NJ
Valley Hospital, Ridgewood, NJ
Vassar Brothers Hospital, Poughkeepsie, NY
Victory Memorial Hospital, Brooklyn, NY
Walter Matheny School Infirmary, Peapack, NJ
Warren Hospital, Phillipsburg, NJ
West Hudson Hospital, Kearny, NJ
Westchester Medical Center, Valhalla, NY
White Plains Hospital Center, White Plains, NY
Willowbrook State School, Staten Island, NY
Winthrop University Hospital, Mineola, NY
Woodbridge State School And Hospital, Woodbridge, NJ
Woodhull Medical Mental Health Center, Brooklyn, NY
Wyckoff Heights Hospital, Brooklyn, NY

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**PHILADELPHIA CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD**

1 Volume by Year and Actual Mortality Rate Comparisons



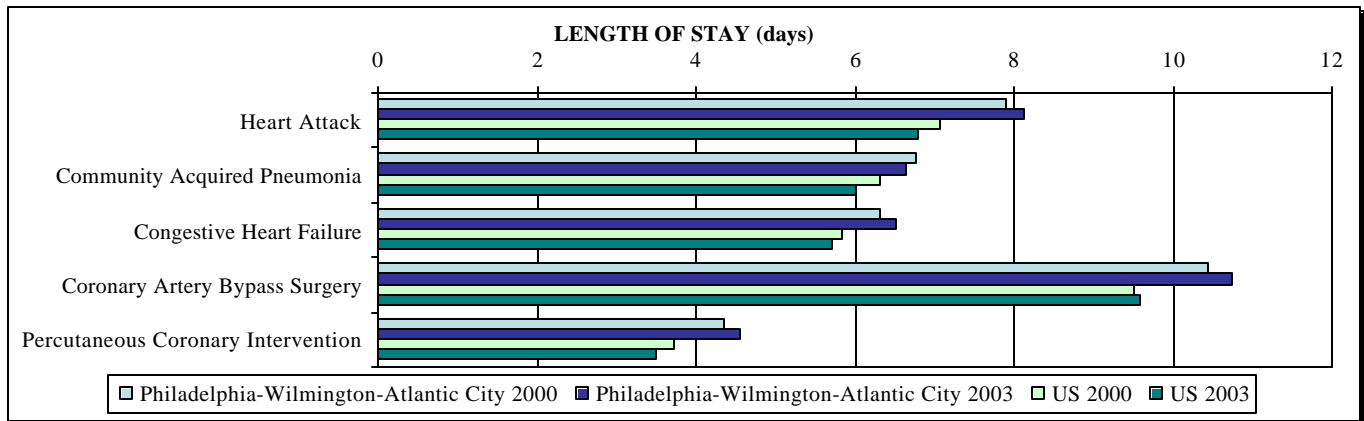
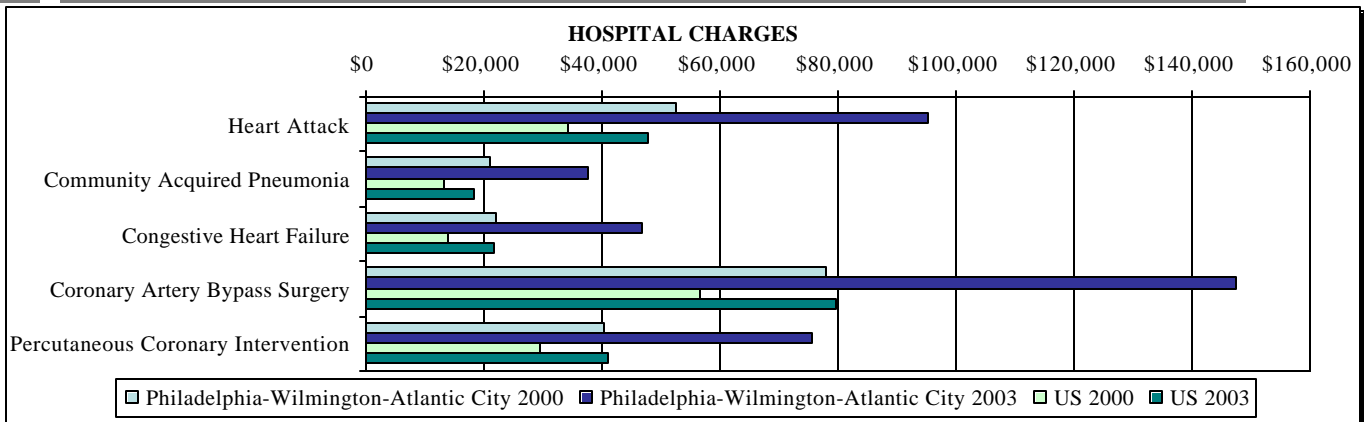
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Philadelphia CMSA 2000	Philadelphia CMSA 2003		US Average 2000	US Average 2003	
Heart Attack	1.14	0.99	13.46%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.00	0.98	2.01%	1.08	0.93	14.07%
Congestive Heart Failure	1.04	0.86	16.87%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.14	0.77	32.24%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.02	1.04	-2.42%	1.14	0.92	19.06%

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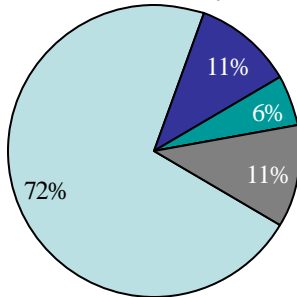
**PHILADELPHIA CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD**

3 Hospital Charges and Length of Stay Compared to National Averages

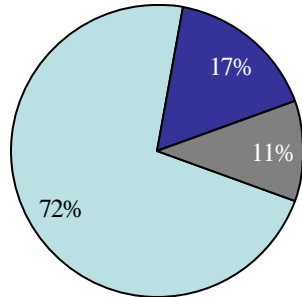


4 Philadelphia-Wilmington-Atlantic City's Compliance with Leapfrog Group Measures*

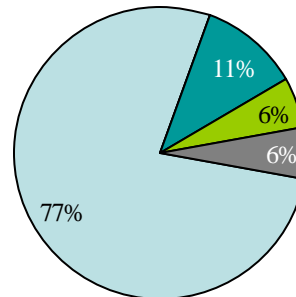
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
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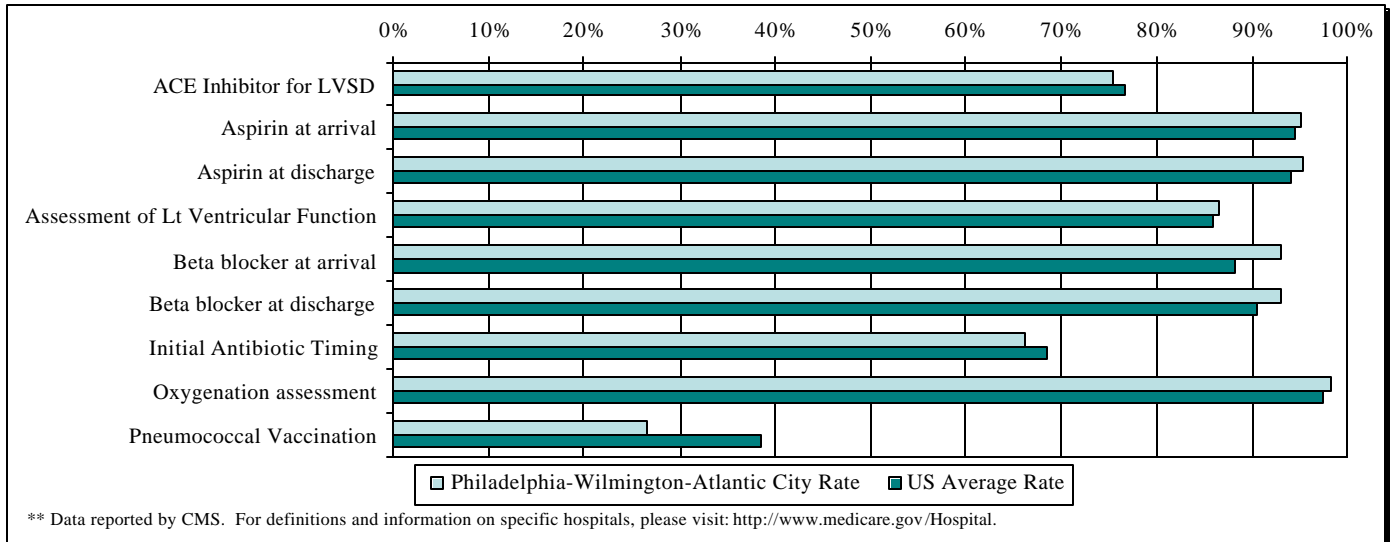
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**PHILADELPHIA CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD**

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Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
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- Government (Medicare, Medicaid, State, Local, School Districts)
- Aramark Corporation
- Comcast Corporation
- E.I. du Pont de Nemours
- CIGNA Corporation

+ Includes four largest employers

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**PHILADELPHIA CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD**

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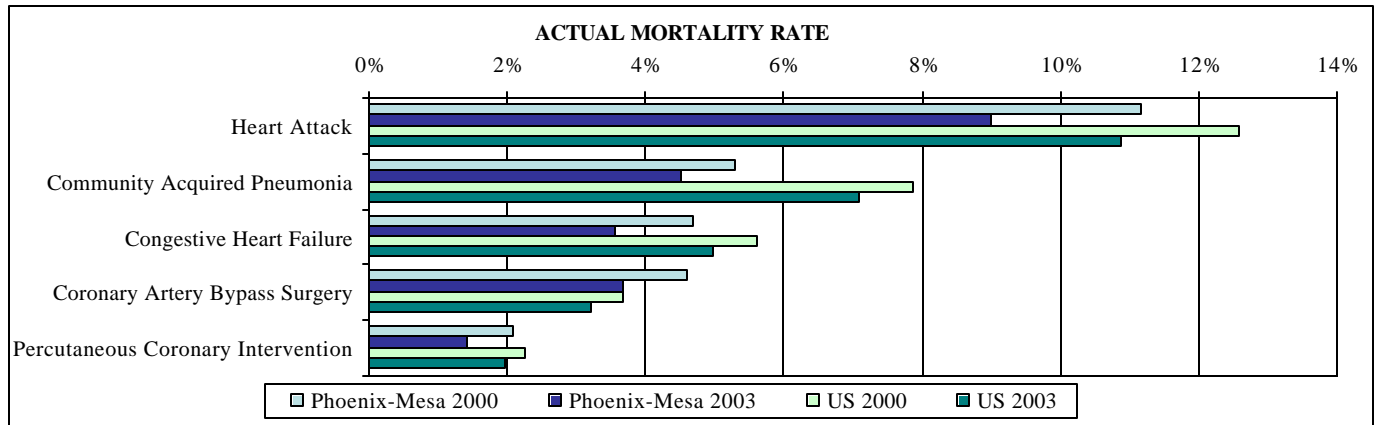
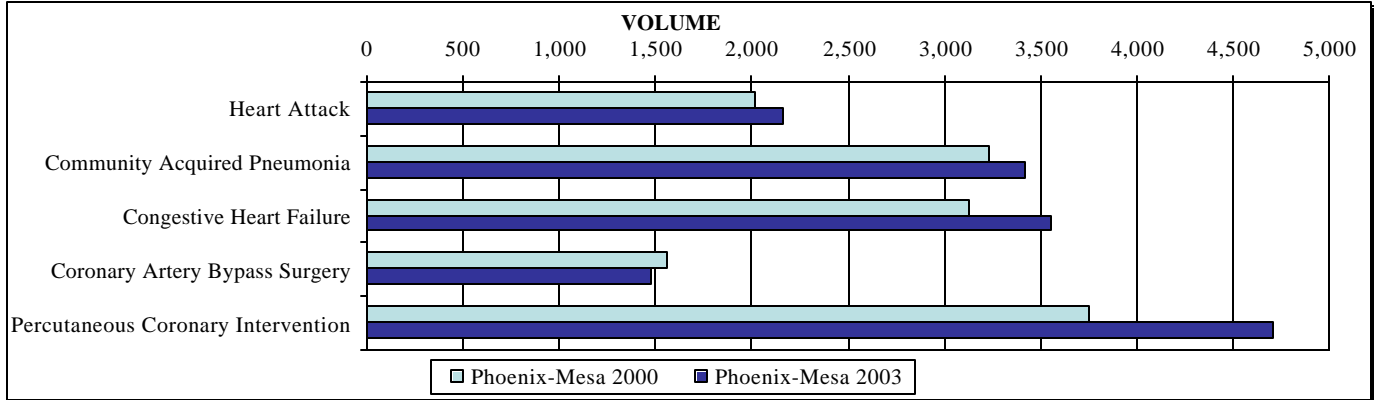
Hospitals in the Philadelphia CMSA:

Abington Memorial Hospital, Abington, PA
Albert Einstein Medical Center, Philadelphia, PA
Allegheny University Hospital Elkins Park, Elkins Park, PA
Allegheny University Hospitals Bucks, Warminster, PA
Atlantic City Medical Center, Atlantic City, NJ
Bariatric Care Centers Of Pennsylvania, Langhorne, PA
Betty Bacharach Home, Longport, NJ
Brandywine Hospital, Coatesville, PA
Burdette Tomlin Memorial Hospital, Cape May Court House, NJ
Central Montgomery Medical Center, Lansdale, PA
Chester County Hospital, West Chester, PA
Chestnut Hill Hospital, Philadelphia, PA
Childrens Seashore Hospital, Atlantic City, NJ
Christiana Care Health Services, Wilmington, DE
Coatesville Va Medical Center, Coatesville, PA
Cooper Hospital University Medical Center, Camden, NJ
Crozer Chester Medical Center, Chester, PA
Deborah Heart And Lung Center, Browns Mills, NJ
Delaware County Memorial Hospital, Drexel Hill, PA
Doylestown Hospital, Doylestown, PA
Dufur Hospital, Ambler, PA
Eagleville Hospital, Eagleville, PA
Episcopal Hospital, Philadelphia, PA
Frankford Hospital, Philadelphia, PA
Graduate Hospital, Philadelphia, PA
Grand View Hospital, Sellersville, PA
Hahnemann University Hospital, Philadelphia, PA
Hahnemann University Hospital, Philadelphia, PA
Holy Redeemer Hospital And Medical Center, Meadowbrook, PA
Hospital Of The Fox Chase Cancer Cente, Philadelphia, PA
Hospital Of University Of Pennsylvania, Philadelphia, PA
Jeanes Hospital, Philadelphia, PA
Jennersville Regional Hospital, West Grove, PA
Kennedy Memorial Hospital University Medical Center, Stratford, NJ
Kensington Hospital, Philadelphia, PA
Kessler Memorial Hospital, Hammonton, NJ
Lourdes Medical Center Of Burlington County, Willingboro, NJ
Main Line Hospital Bryn Mawr Campus, Bryn Mawr, PA
Main Line Hospital Inc Paoli, Paoli, PA
Main Line Hospitals Inc Lankenau, Wynnewood, PA
Malvern Institute, Malvern, PA
Mcp Medical Center, Philadelphia, PA
Memorial Hospital Of Salem County, Salem, NJ
Mercy Fitzgerald Hospital, Darby, PA
Mercy Suburban Hospital, Norristown, PA
Methodist Hospital, Philadelphia, PA
Metropolitan Hospital Parkview, Philadelphia, PA
Montgomery Hospital, Norristown, PA
Nazareth Hospital, Philadelphia, PA
New Lisbon State Colony Hospital, New Lisbon, NJ
Newcomb Medical Center, Vineland, NJ
Northeastern Hospital, Philadelphia, PA
Our Lady Of Lourdes Hospital, Camden, NJ
Parkview Hospital, Philadelphia, PA
Pennsylvania Hospital The, Philadelphia, PA
Perry Point Va Medical Center, Perry Point, MD
Philadelphia Va Medical Center, Philadelphia, PA
Phoenixville Hospital University Of Pa Health System, Phoenixville, PA
Pottstown Memorial Medical Center, Pottstown, PA
Riddle Memorial Hospital, Media, PA
Roxborough Memorial Hospital, Phila, PA
Shore Memorial Hospital, Somers Point, NJ
South Jersey Hospital, Elmer, NJ
South Jersey Hospital System, Bridgeton, NJ
St Agnes Medical Center, Philadelphia, PA
St Francis Hospital Inc, Wilmington, DE
St Joseph Hospital, Philadelphia, PA
St Lukes Quakertown Hospital, Quakertown, PA
St Mary Medical Center, Langhorne, PA
State Colony Hospital, Woodbine, NJ
State Correctional Institute Hospital, Philadelphia, PA
State Correctional Institute Hospital, Graterford, PA
Temple East Inc, Philadelphia, PA
Temple Lower Bucks Hospital, Bristol, PA
Temple University Hospital, Philadelphia, PA
Thomas Jefferson University Hospital, Philadelphia, PA
Underwood Memorial Hospital, Woodbury, NJ
Union Hospital Cecil County, Elkton, MD
University Of Pennsylvania Medical Center Presbyterian, Philadelphia, PA
US Army Hospital, Fort Dix, NJ
Valley Forge Medical Center And Hospital, Norristown, PA
Vineland State School Hospital, Vineland, NJ
Virtua Health-Memorial Hospital Burlington County, Mount Holly, NJ
Virtua Health-West Jersey Hospital Camden, Voorhees, NJ
Warminster Hospital, Warminster, PA
Wills Eye Hospital, Philadelphia, PA
Wilmington VA Medical and Regional Office Center, Wilmington, DE

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**PHOENIX-MESA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Phoenix-Mesa, AZ**

1 Volume by Year and Actual Mortality Rate Comparisons



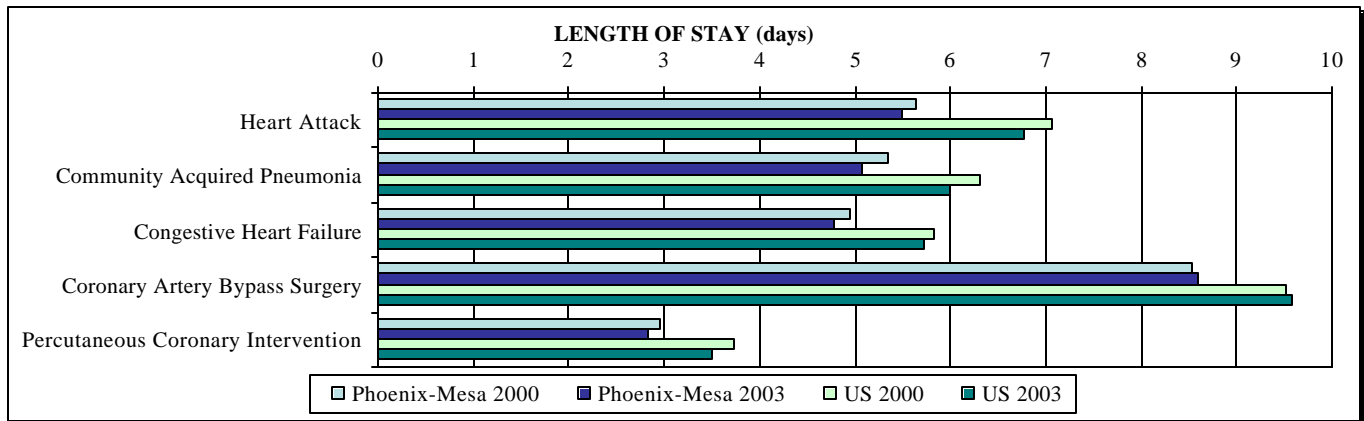
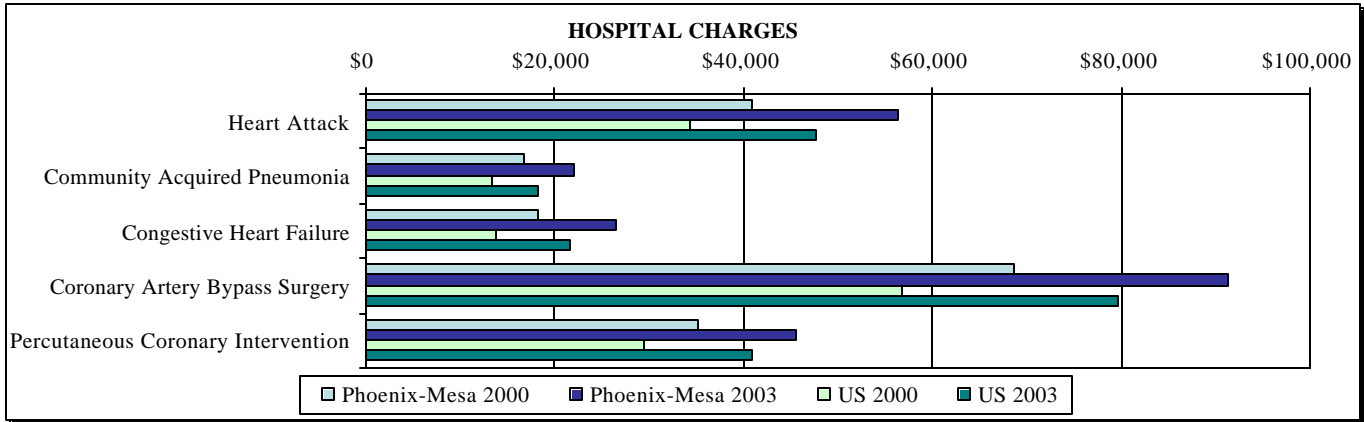
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Phoenix-Mesa 2000	Phoenix-Mesa 2003		US Average 2000	US Average 2003	
Heart Attack	1.00	0.74	25.58%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.76	0.58	24.01%	1.08	0.93	14.07%
Congestive Heart Failure	0.87	0.59	32.48%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.18	0.93	21.51%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.20	0.75	37.98%	1.14	0.92	19.06%

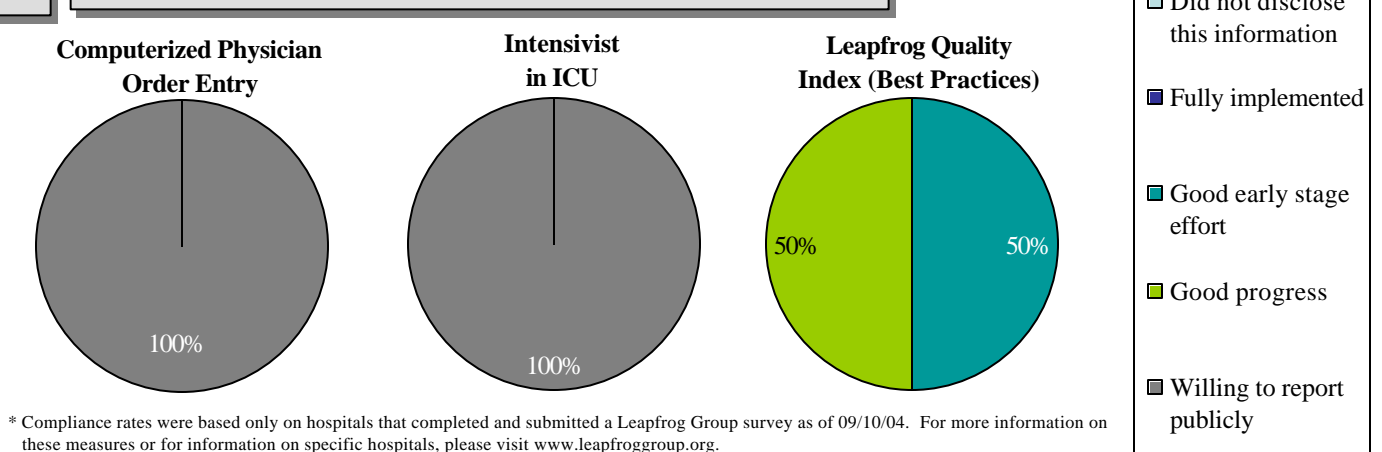
For more information on specific hospitals within the area, please visit www.healthgrades.com.

**PHOENIX-MESA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Phoenix-Mesa, AZ**

3 Hospital Charges and Length of Stay Compared to National Averages



4 Phoenix-Mesa's Compliance with Leapfrog Group Measures*



* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

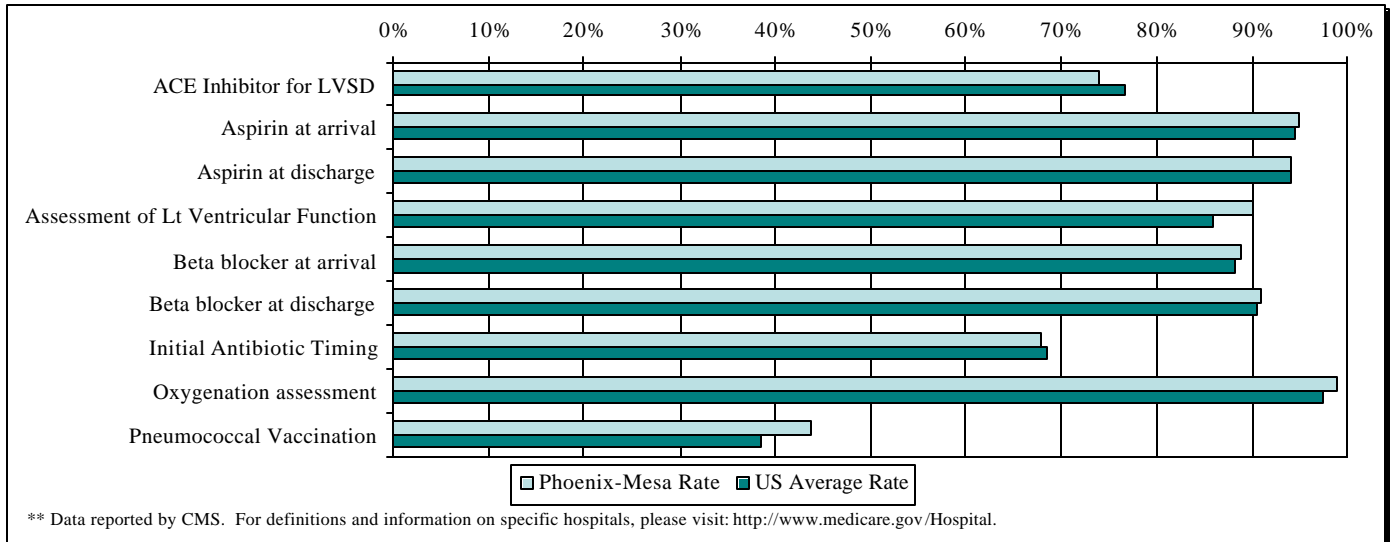
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

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**PHOENIX-MESA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Phoenix-Mesa, AZ**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
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7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Phoenix-Mesa?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Allied Waste Industries
- PetsMart, Inc.
- Swift Transportation Company, Inc.
- Phelps Dodge Corporation

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**PHOENIX-MESA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Phoenix-Mesa, AZ**

7

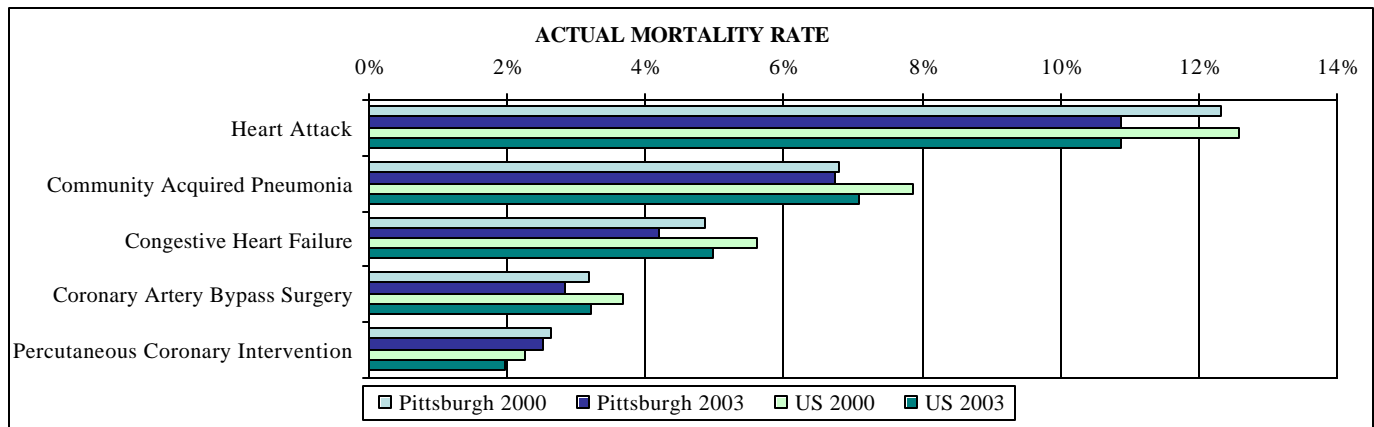
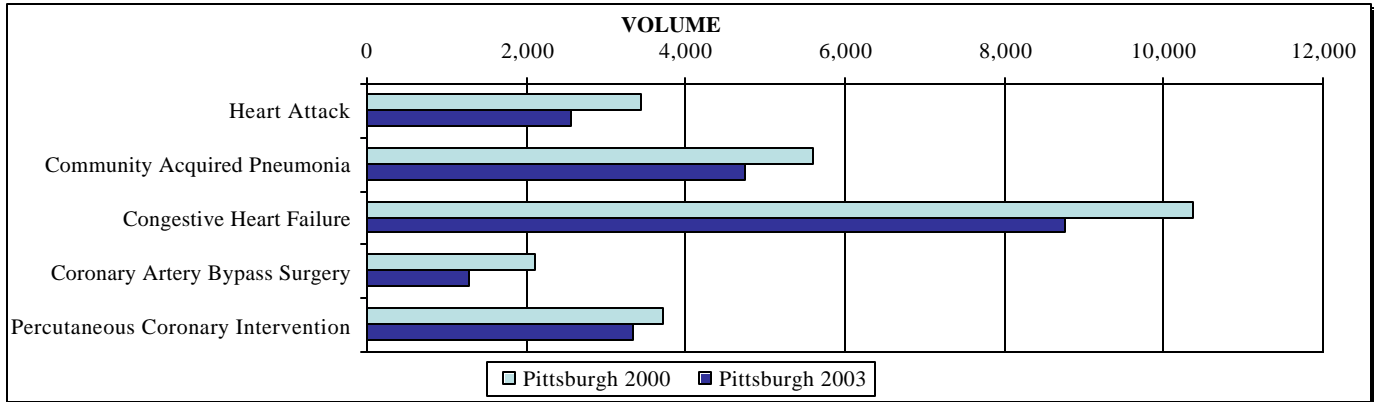
Hospitals in the Phoenix-Mesa MSA:

Arizona Heart Hospital, Phoenix
Arizona Spine And Joint Hospital, Mesa
Arizona Surgical Hospital, Phoenix
Arrowhead Community Hosp Med Center, Glendale
Banner Baywood Heart Hospital, Mesa
Banner Baywood Medical Center, Mesa
Banner Desert Medical Center, Mesa
Banner Good Samaritan Medical Center, Phoenix
Banner Mesa Medical Center, Mesa
Banner Thunderbird Samaritan Medical Center, Glendale
Casa Grande Regional Medical Center, Casa Grande
Chandler Regional Hospital, Chandler
Crippled Childrens Hospital, Phoenix
Del E Webb Memorial Hospital, Sun City West
Franklin Hospital, Phoenix
Hu Hu Kam Memorial Hospital, Sacaton
John C Lincoln Hospital Deer Valley, Phoenix
John C Lincoln Hospital North Mountain, Phoenix
Magma Copper Corporation Hospital, Superior
Maricopa Medical Center, Phoenix
Maryvale Hospital, Phoenix
Mayo Clinic Hospital, Phoenix
Mesa General Hospital Medical Center, Mesa
Paradise Valley Hospital, Phoenix
Phoenix Baptist Hospital And Medical Center, Phoenix
Phoenix Memorial Hospital, Phoenix
Phoenix Specialty Medical Center, Phoenix
Phs Indian Medical Center, Phoenix
San Manuel Division Hospital Magma Copper County, San M
Scottsdale Healthcare Osborn, Scottsdale
Scottsdale Healthcare Shea, Scottsdale
St Joseph's Hospital Medical Center, Phoenix
St Luke's Medical Center, Phoenix
Tempe St Luke's Hospital, Tempe
US Air Force Hospital, Glendale
US Air Force Hospital, Chandler
Veteran's Administration Hospital, Phoenix
Walter O Boswell Memorial Hospital, Sun City
West Valley Hospital Medical Center, Goodyear
Wickenburg Regional Hospital, Wickenburg

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**PITTSBURGH METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Pittsburgh, PA**

1 Volume by Year and Actual Mortality Rate Comparisons



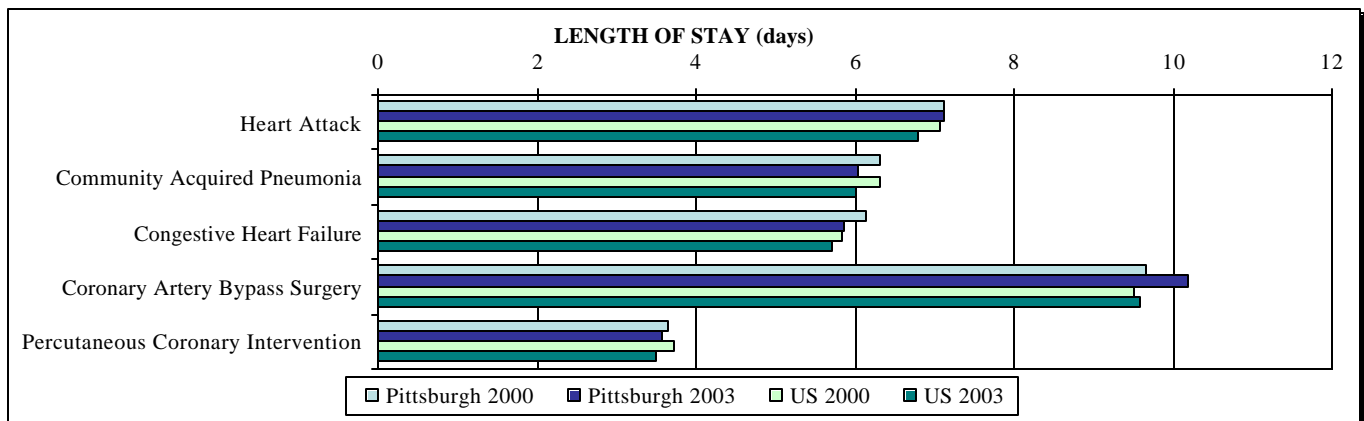
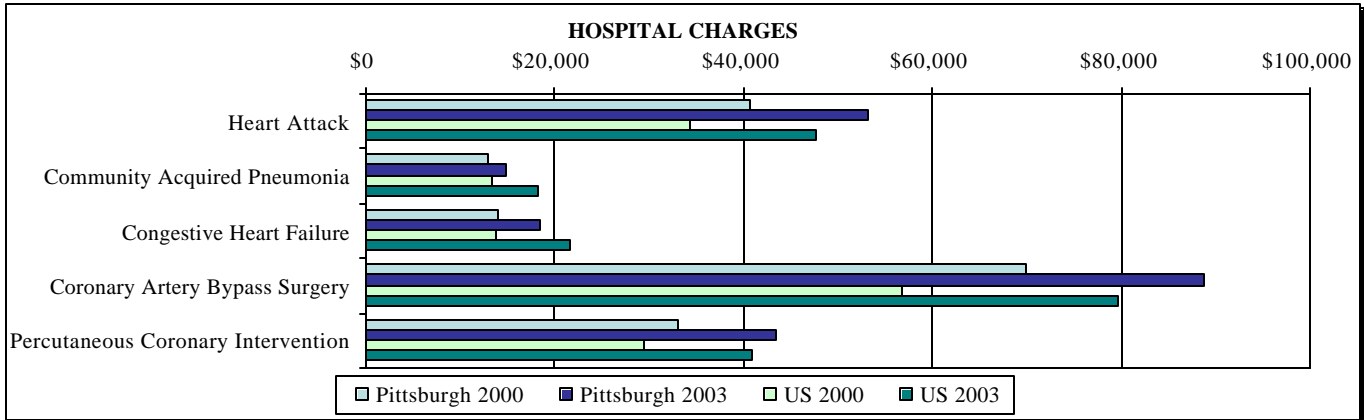
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Pittsburgh 2000	Pittsburgh 2003		US Average 2000	US Average 2003	
Heart Attack	1.14	0.96	15.84%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.99	0.89	9.56%	1.08	0.93	14.07%
Congestive Heart Failure	1.04	0.78	24.74%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	0.87	0.66	23.49%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.27	1.05	16.77%	1.14	0.92	19.06%

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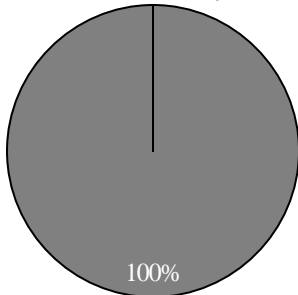
**PITTSBURGH METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Pittsburgh, PA**

3 Hospital Charges and Length of Stay Compared to National Averages

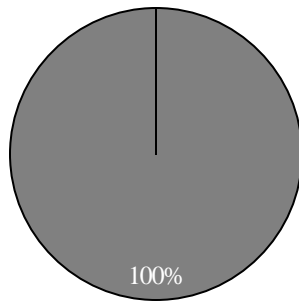


4 Pittsburgh's Compliance with Leapfrog Group Measures*

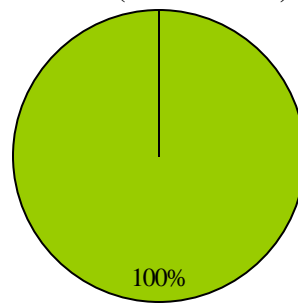
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

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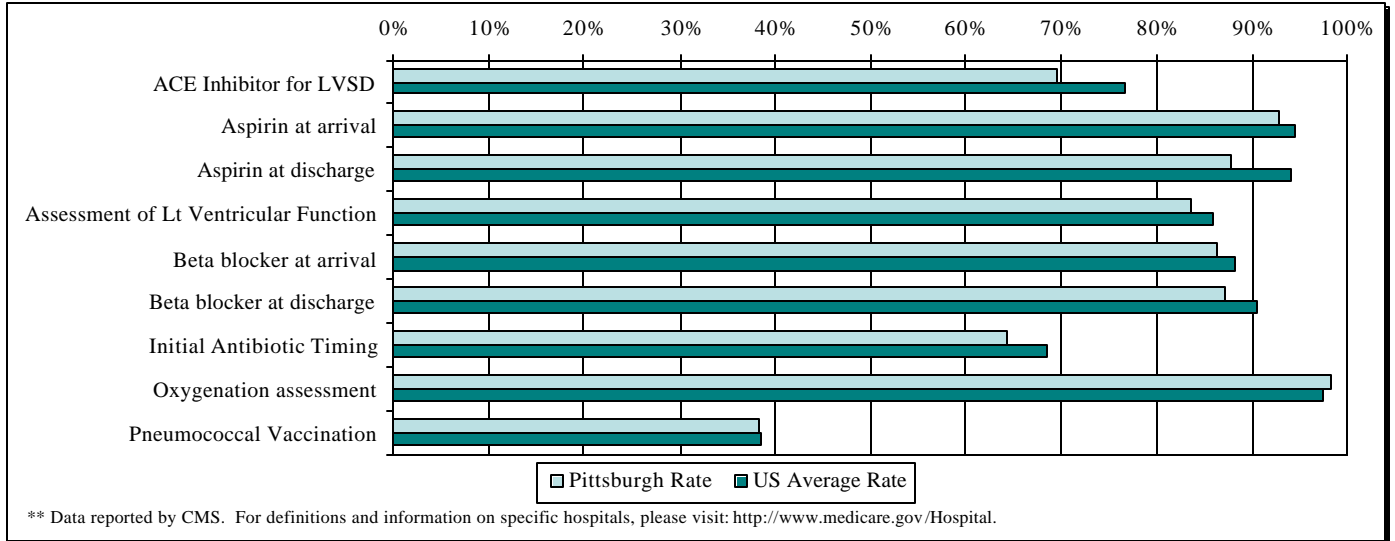
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**PITTSBURGH METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Pittsburgh, PA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



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6 Who Pays for Health Care in Pittsburgh?+

Government (Medicare, Medicaid, State, Local, School Districts)
Alcoa, Inc.
H.J. Heinz Company
United States Steel Corporation
PPG Industries, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**PITTSBURGH METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Pittsburgh, PA**

7

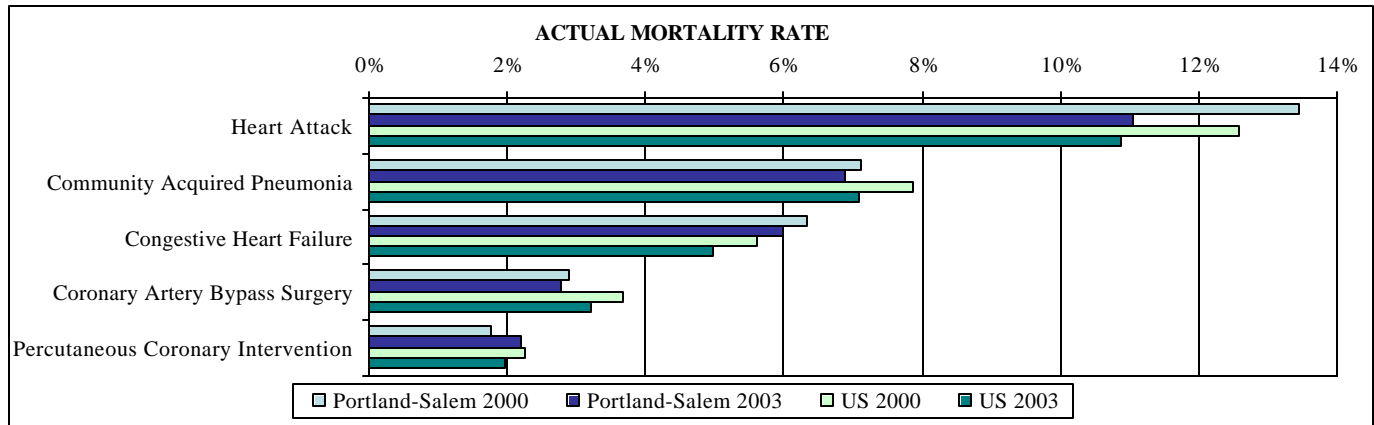
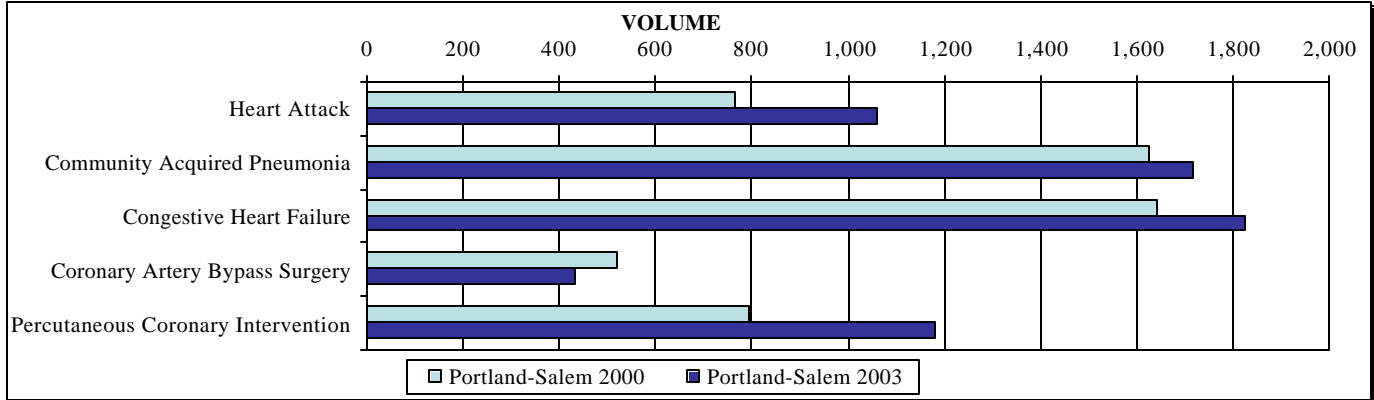
Hospitals in the Pittsburgh MSA:

Aliquippa Community Hospital A, Aliquippa
Alle Kiski Medical Center, Natrona Heights
Allegheny General Hospital, Pittsburgh
Brownsville General Hospital, Brownsville
Butler Memorial Hospital, Butler
Butler VA Medical Center, Butler
Canonsburg General Hospital, Canonsburg
Citizens General Hospital, New Kensington
Forbes Regional Hospital, Monroeville
Frick Hospital, Mount Pleasant
Highland Dr Division VA Pittsburgh Healthcare System, Pittsburgh
Highlands Hospital, Connellsville
Jefferson Regional Medical Center, Pittsburgh
Latrobe Area Hospital, Latrobe
Magee Womens Hospital of the Upmc Helth System, Pittsburgh
Medical Center Beave PA, Beaver
Mercy Hospital of Pittsburgh, Pittsburgh
Mercy Jeanette Hospital, Jeannette
Mercy Providence Hospital Inc, Pittsburgh
Monongahela Valley Hospital Inc, Monongahela
Monsour Medical Center, Jeannette
Ohio Valley General Hospital, Mckees Rocks
Roselia Foundling And Maternity Hospital, Pittsburgh
Sewickley Valley Hospital, Sewickley
South Hills Ear Nose and Throat Hospital, Pittsburgh
St Clair Memorial Hospital, Pittsburgh
St Francis Medical Center, Pittsburgh
State Correctional Institute Hospital, Pittsburgh
Suburban General Hospital, Pittsburgh
Uniontown Hospital, Uniontown
University Drive Division Va Pittsurgh Healthcare Syst, Pittsburgh
University of Pittsburgh Medical Center Braddock, Braddock
UPMC Mckeesport Hospital, Mc Keesport
UPMC Passavant, Pittsburgh
UPMC Presbyterian Shadyside, Pittsburgh
UPMC South Side, Pittsburgh
UPMC St Margaret, Pittsburgh
Washington Hospital, Washington
Western Pennsylvania Hospital, Pittsburgh
Westmoreland Regional Hospital, Greensburg

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**PORTLAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Portland-Salem, OR-WA**

1 Volume by Year and Actual Mortality Rate Comparisons



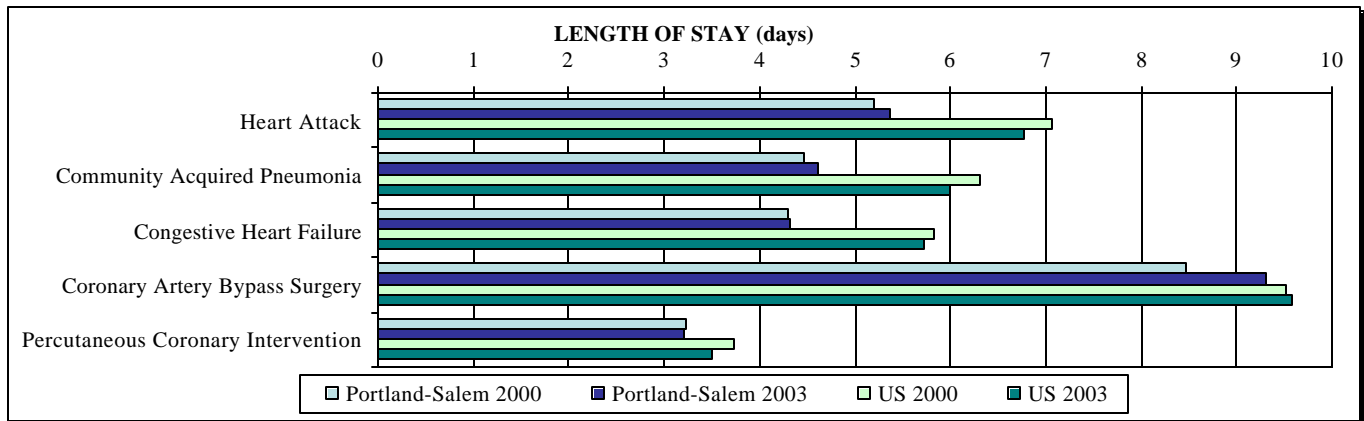
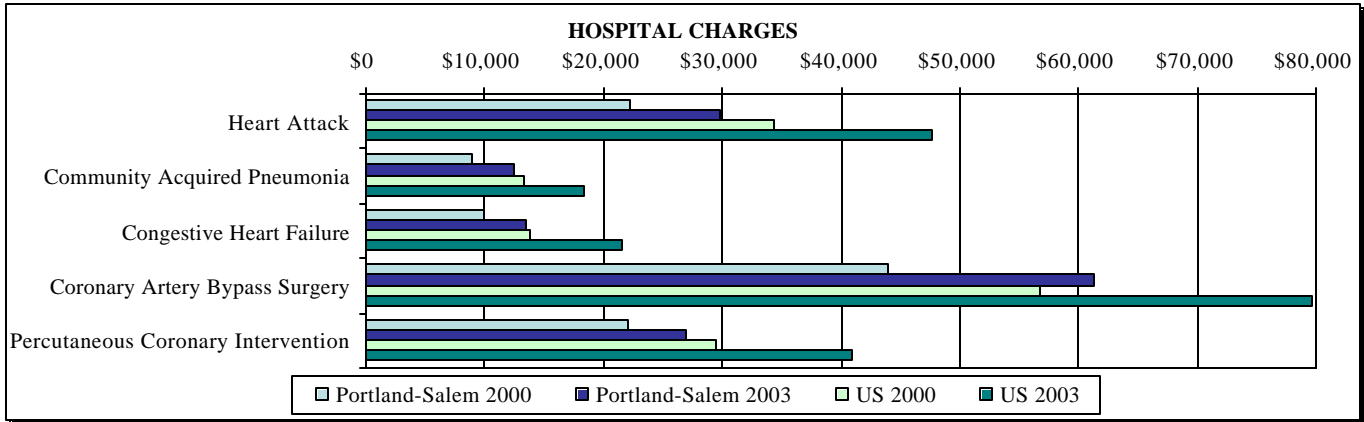
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Portland-Salem 2000	Portland-Salem 2003		US Average 2000	US Average 2003	
Heart Attack	1.26	0.94	25.13%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.07	0.99	7.26%	1.08	0.93	14.07%
Congestive Heart Failure	1.42	1.15	18.90%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.11	0.85	23.23%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.03	0.99	4.53%	1.14	0.92	19.06%

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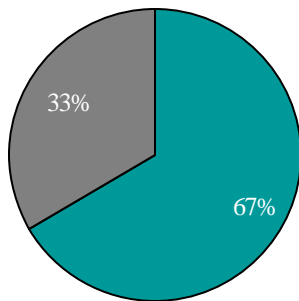
**PORTLAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Portland-Salem, OR-WA**

3 Hospital Charges and Length of Stay Compared to National Averages

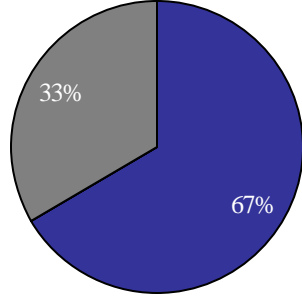


4 Portland-Salem's Compliance with Leapfrog Group Measures*

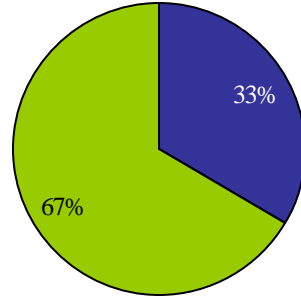
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



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- Good early stage effort
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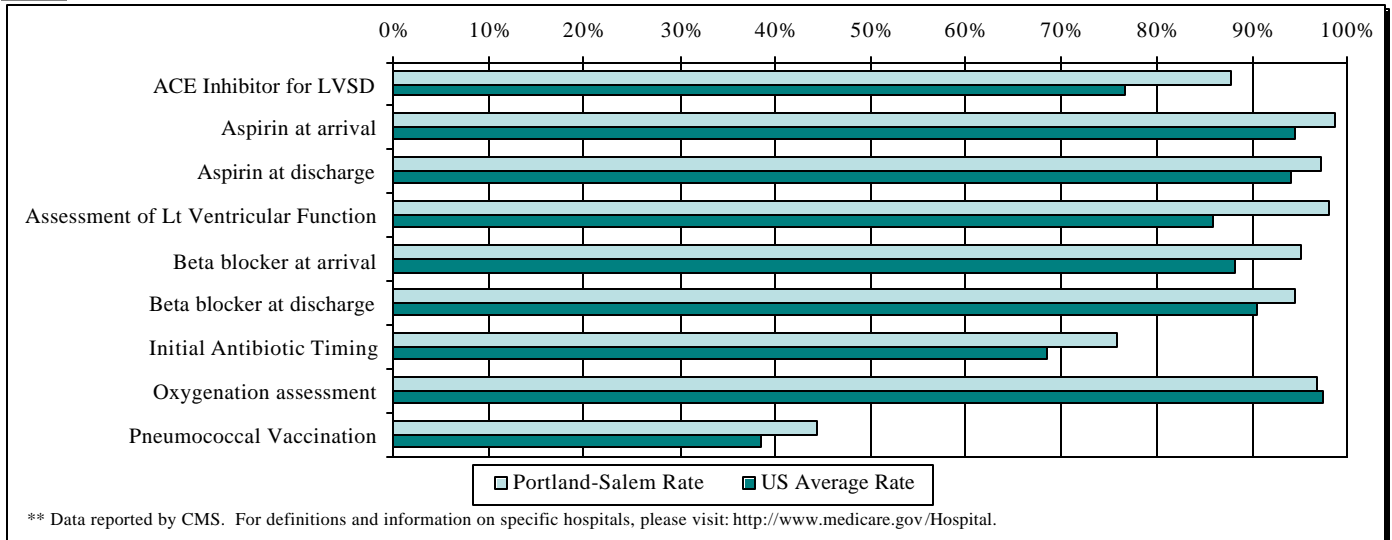
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**PORTLAND CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Portland-Salem, OR-WA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



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6 Who Pays for Health Care in Portland-Salem?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Hollywood Entertainment Corporation
- Nike, Inc.
- Precision Castparts Corporation
- Louisiana-Pacific Corporation

+ Includes four largest employers

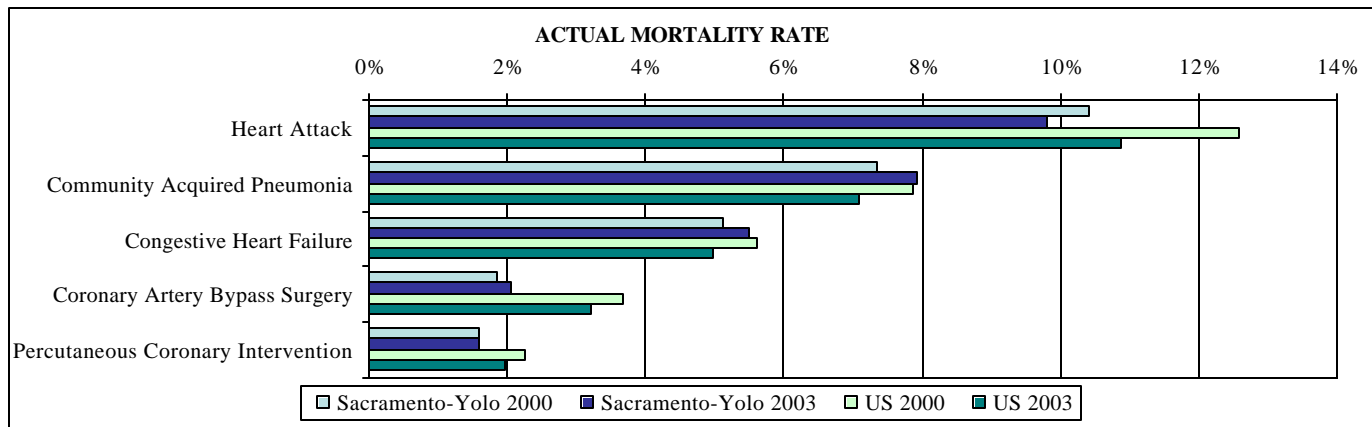
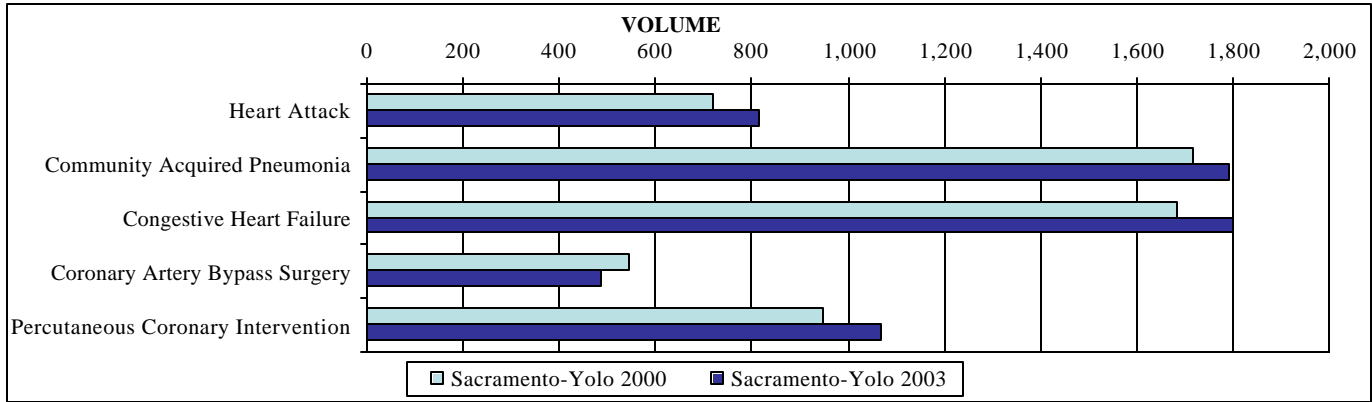
7 Hospitals in the Portland-Salem CMSA:

- | | |
|---|--|
| Adventist Medical Center, Portland, OR | Salem Hospital, Salem, OR |
| Eastmoreland Hospital, Portland, OR | Santiam Memorial Hospital, Stayton, OR |
| Kaiser Sunnyside Medical Center, Clackamas, OR | Silverton Hospital, Silverton, OR |
| Legacy Emanuel Hospital And Health Center, Portland, OR | Southwest Washington Medical Center, Vancouver, WA |
| Legacy Good Samaritan Hospital And Medical Center, Portland, OR | Tuality Healthcare, Hillsboro, OR |
| Legacy Meridian Park Hospital, Tualatin, OR | Veteran's Administration Hospital, Vancouver, WA |
| Legacy Mount Hood Medical Center, Gresham, OR | Veteran's Administration Hospital, Portland, OR |
| Ohsu Hospital And Clinics And Doernbecher, Portland, OR | Valley Community Hospital, Dallas, OR |
| Providence Milwaukie Hospital, Milwaukie, OR | Willamette Falls Hospital, Oregon City, OR |
| Providence Newberg Hospital, Newberg, OR | Willamette Valley Medical Center, McMinnville, OR |
| Providence Portland Medical Center, Portland, OR | Woodland Park Hospital, Portland, OR |
| Providence St Vincent Medical Center, Portland, OR | |

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SACRAMENTO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Sacramento-Yolo, CA**

1 Volume by Year and Actual Mortality Rate Comparisons



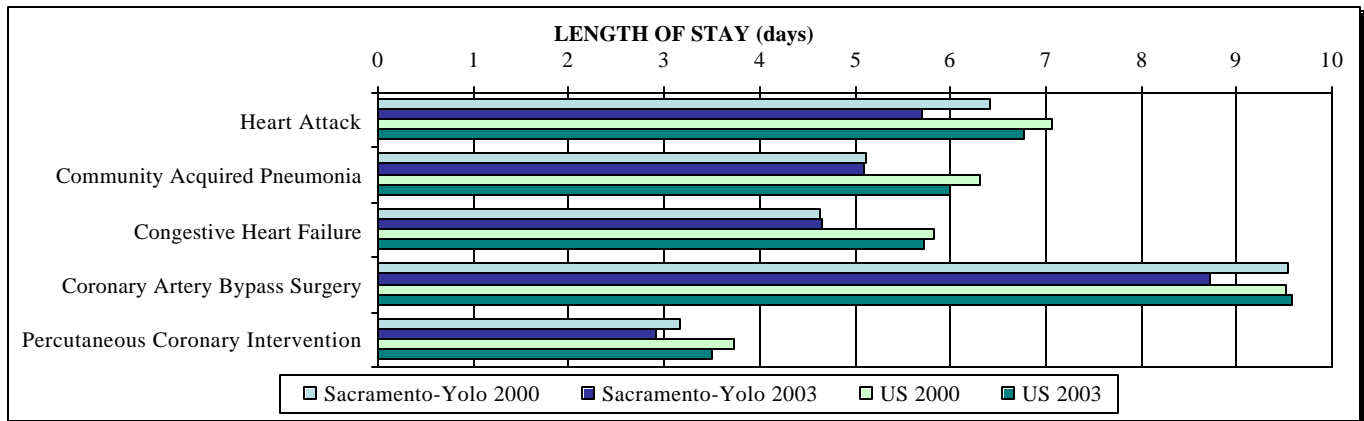
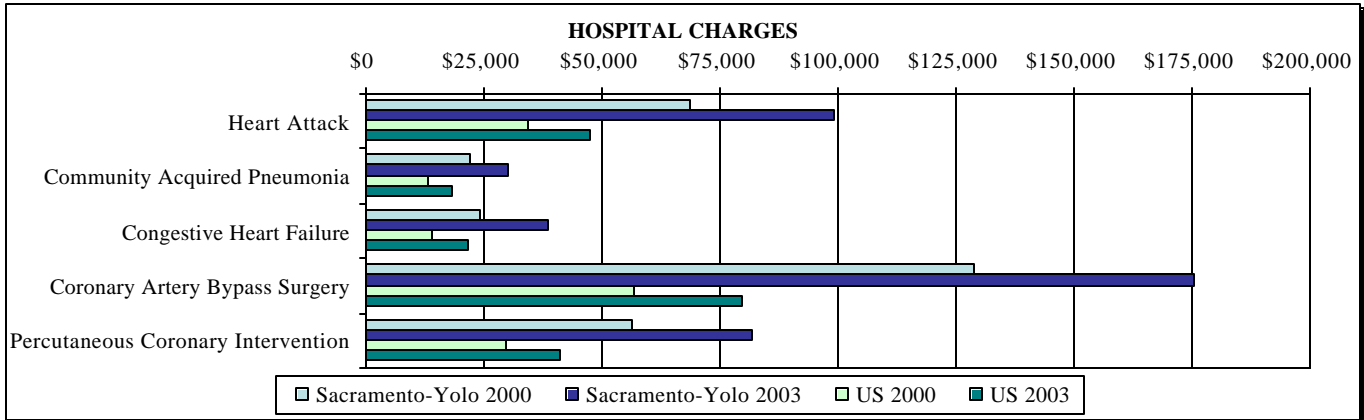
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	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Sacramento-Yolo 2000	Sacramento-Yolo 2003		US Average 2000	US Average 2003	
Heart Attack	1.00	0.97	3.47%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.02	1.01	1.72%	1.08	0.93	14.07%
Congestive Heart Failure	1.02	0.92	9.92%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	0.63	0.73	-14.75%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.82	0.86	-4.96%	1.14	0.92	19.06%

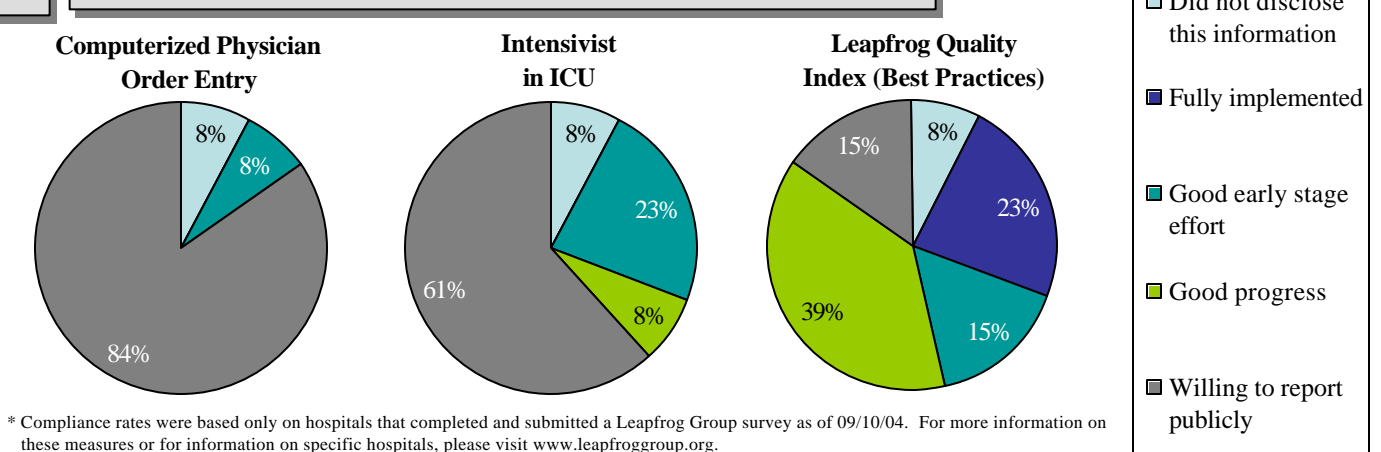
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**SACRAMENTO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Sacramento-Yolo, CA**

3 Hospital Charges and Length of Stay Compared to National Averages



4 Sacramento-Yolo's Compliance with Leapfrog Group Measures*



Definitions of Leapfrog Group Measures⁽¹⁾:

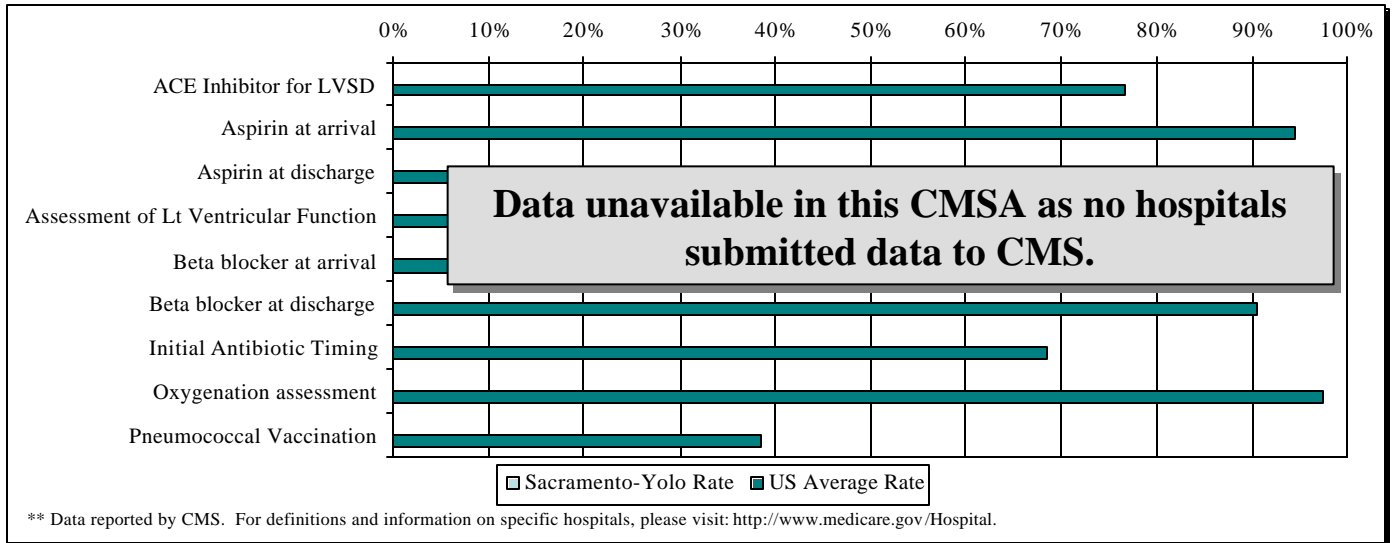
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⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SACRAMENTO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Sacramento-Yolo, CA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
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7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Sacramento-Yolo?+

Government (Medicare, Medicaid, State, Local, School Districts)
Gencorp Inc

+ Includes largest employer

7 Hospitals in the Sacramento-Yolo CMSA:

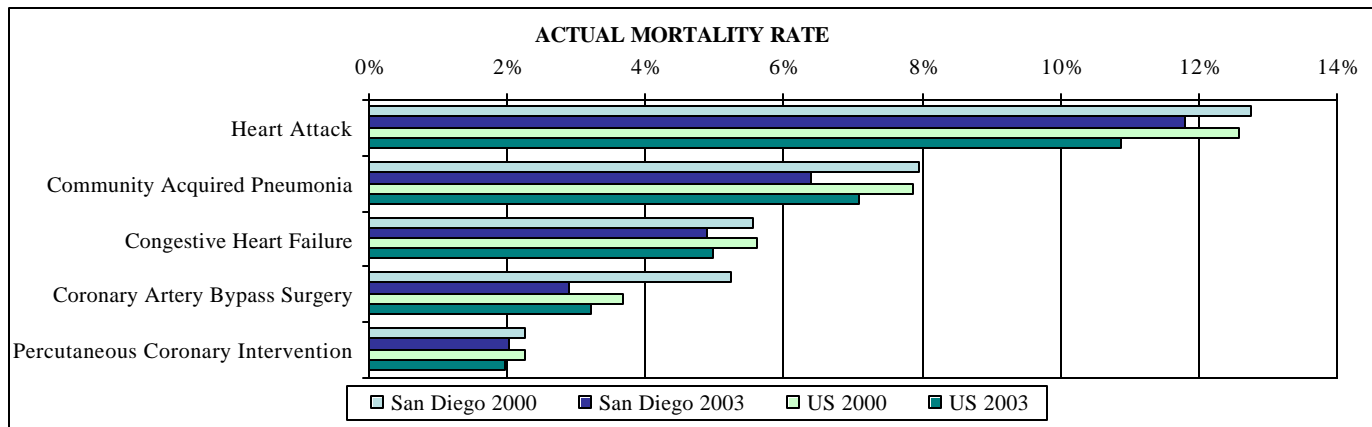
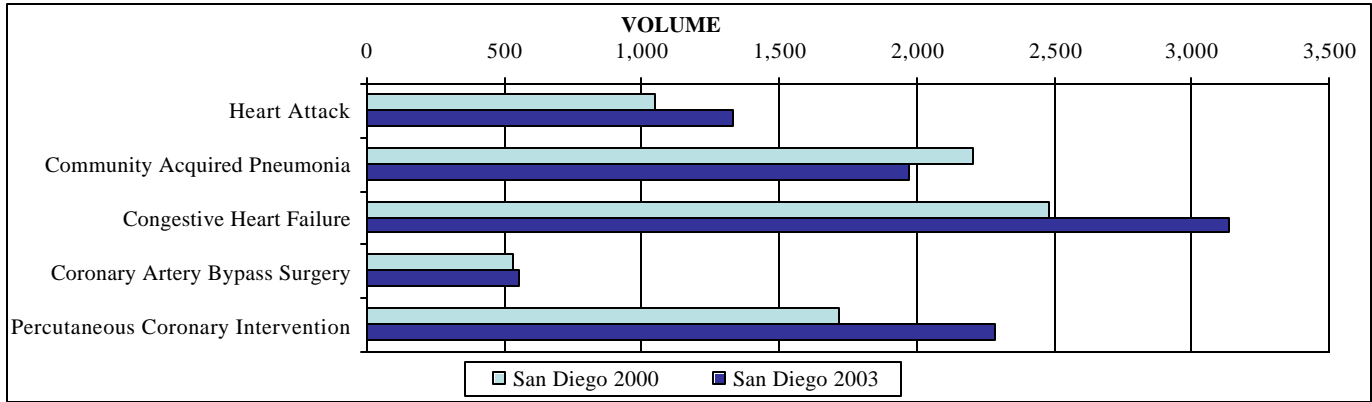
Barton Memorial Hospital, South Lake Tahoe
Fairhaven Home And Hospital, Sacramento
Kaiser Foundation Hospital, Sacramento
Kaiser Foundation Hospital So Sacramento, Sacramento
Marshall Hospital, Placerville
Mercy General Hospital, Sacramento
Mercy Hospital of Folsom, Folsom
Mercy San Juan Medical Center, Carmichael
Methodist Hospital, Sacramento

Sutter Auburn Faith Hospital, Auburn
Sutter Davis Hospital, Davis
Sutter Medical Center, Sacramento, Sacramento
Sutter Memorial Hospital, Sacramento
Sutter Roseville Medical Center, Roseville
University of Calif Student Health Center, Davis
University of California Davis Medical Center, Sacramento
US Air Force Hospital, Sacramento
Woodland Memorial Hospital, Woodland

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SAN DIEGO METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
San Diego, CA**

1 Volume by Year and Actual Mortality Rate Comparisons



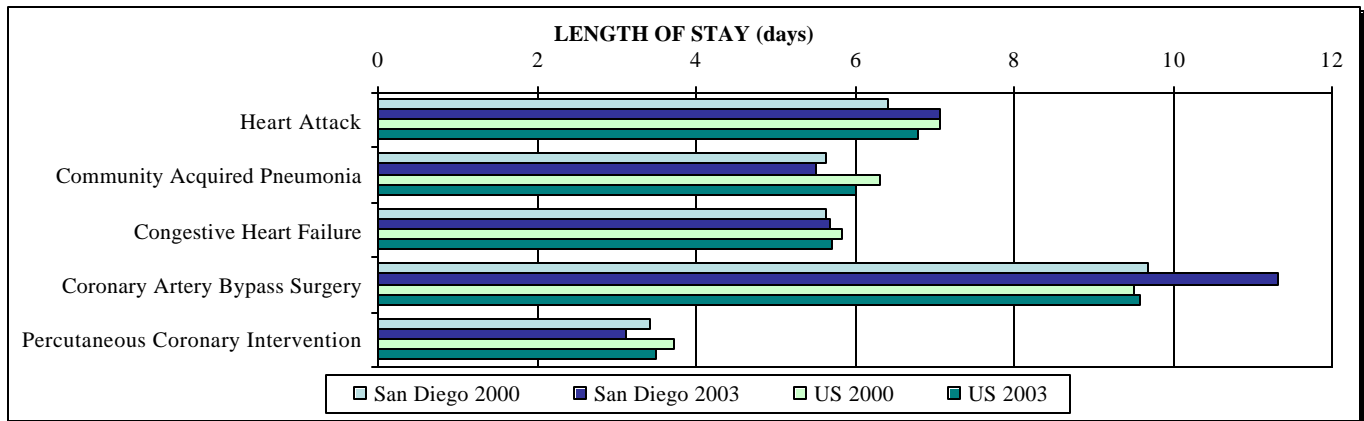
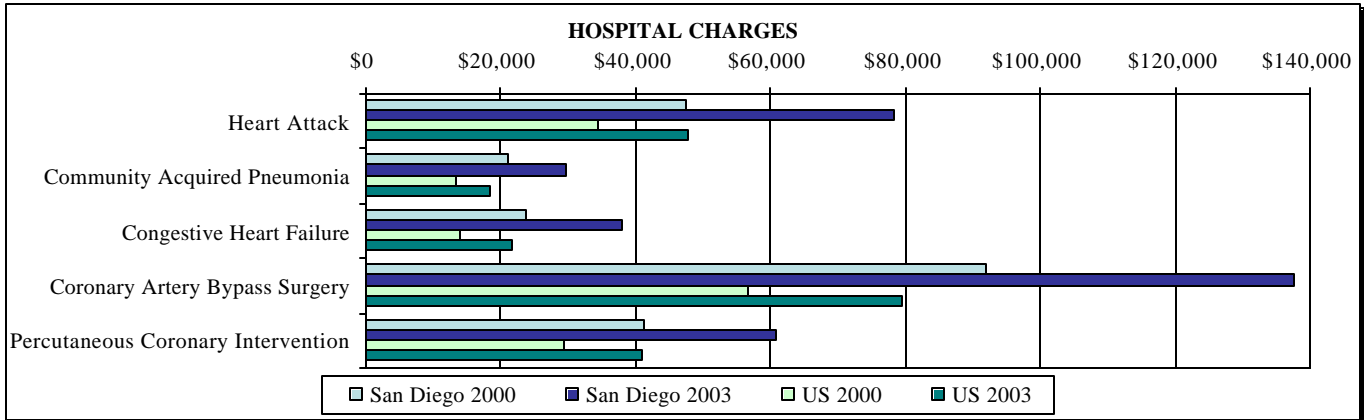
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	San Diego 2000	San Diego 2003		US Average 2000	US Average 2003	
Heart Attack	1.05	0.90	14.27%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.96	0.77	19.74%	1.08	0.93	14.07%
Congestive Heart Failure	1.01	0.82	19.06%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.57	0.65	58.29%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.24	1.00	19.35%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

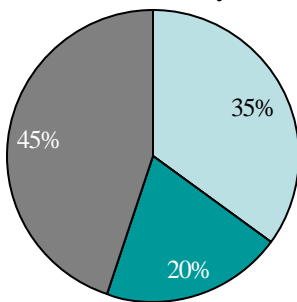
**SAN DIEGO METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
San Diego, CA**

3 Hospital Charges and Length of Stay Compared to National Averages

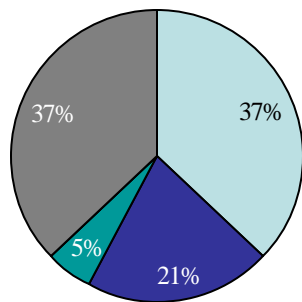


4 San Diego's Compliance with Leapfrog Group Measures*

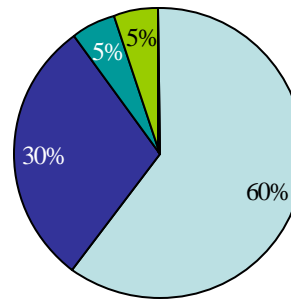
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

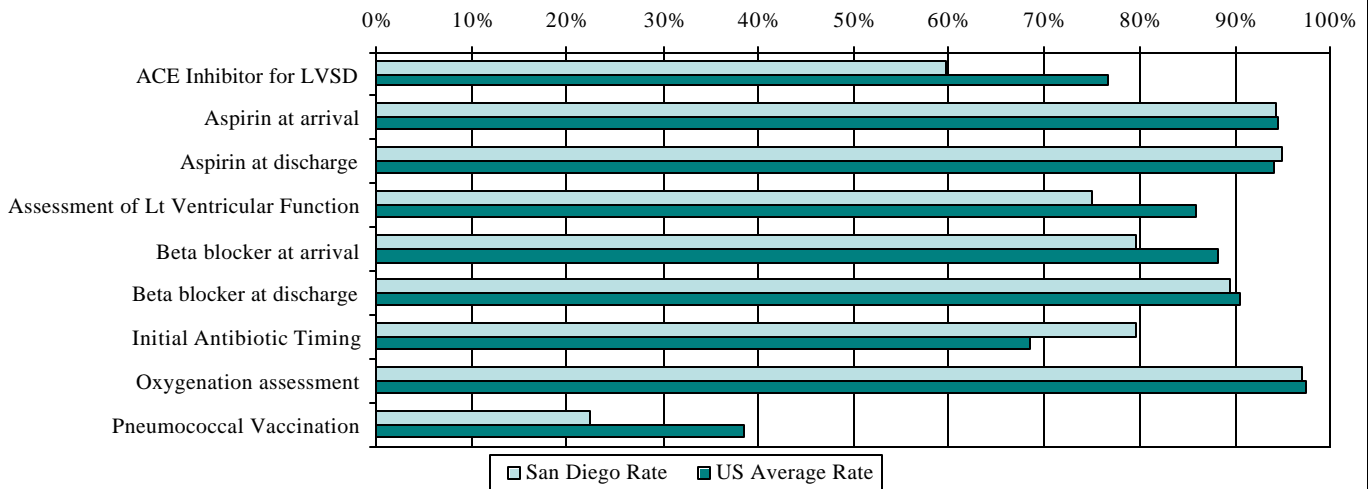
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⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SAN DIEGO METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
San Diego, CA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



** Data reported by CMS. For definitions and information on specific hospitals, please visit: <http://www.medicare.gov/Hospital>.

Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
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⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in San Diego?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Jack in the Box Inc.
- Science Applications International Corporation
- Sempra Energy
- Gateway, Inc.

+ Includes four largest employers

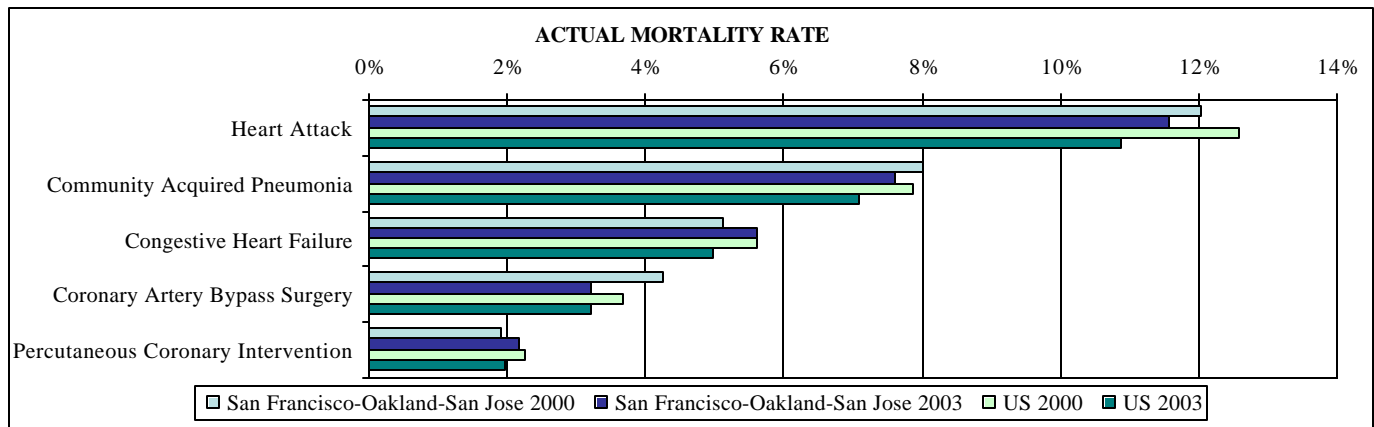
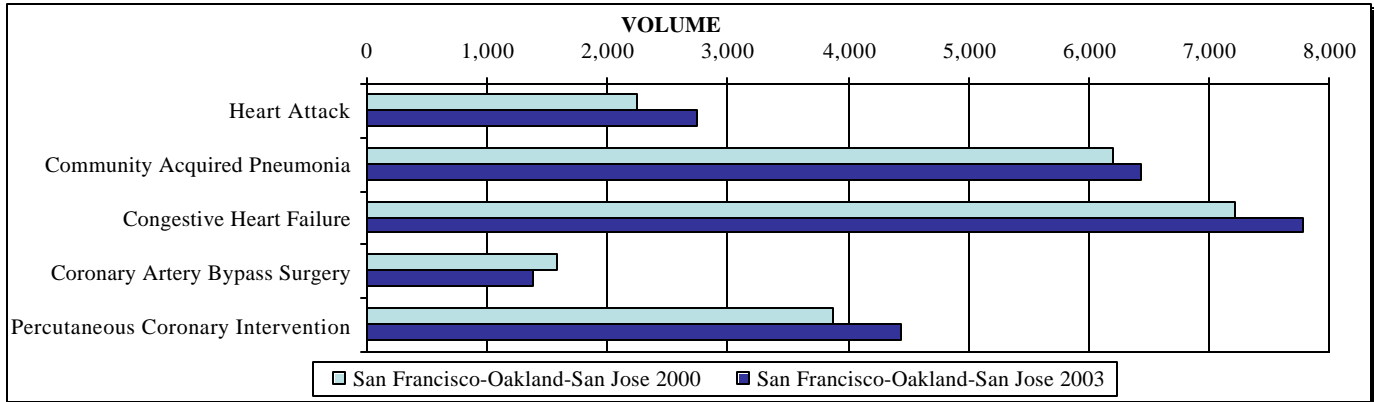
7 Hospitals in the San Diego MSA:

- | | |
|--|--|
| Alvarado Hospital Medical Center, San Diego | Scripps Mercy Hospital, San Diego |
| Fallbrook Hospital, Fallbrook | Sharp Chula Vista Medical Center, Chula Vista |
| Grossmont Hospital, La Mesa | Sharp Coronado Hospital And Hlthcr Center, Coronado |
| Kaiser Foundation Hospital, San Diego | Sharp Mary Birch Hospital For Women, San Diego |
| Palomar Medical Center, Escondido | Sharp Memorial Hospital, San Diego |
| Paradise Valley Hospital, National City | Tri City Medical Center, Oceanside |
| Pomerado Hospital, Poway | University Of California San Diego Medical Center, San Diego |
| San Diego Hospice Acute Care Center, San Diego | US Naval Hospital, San Diego |
| Scripps Green Hospital, La Jolla | US Naval Hospital, Oceanside |
| Scripps Memorial Hospital Chula Vista, Chula Vista | Veterans Administration Hospital, San Diego |
| Scripps Memorial Hospital Encinitas, Encinitas | Villa View Community Hospital, San Diego |
| Scripps Memorial Hospital La Jolla, La Jolla | |

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SAN FRANCISCO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
San Francisco-Oakland-San Jose, CA**

1 Volume by Year and Actual Mortality Rate Comparisons



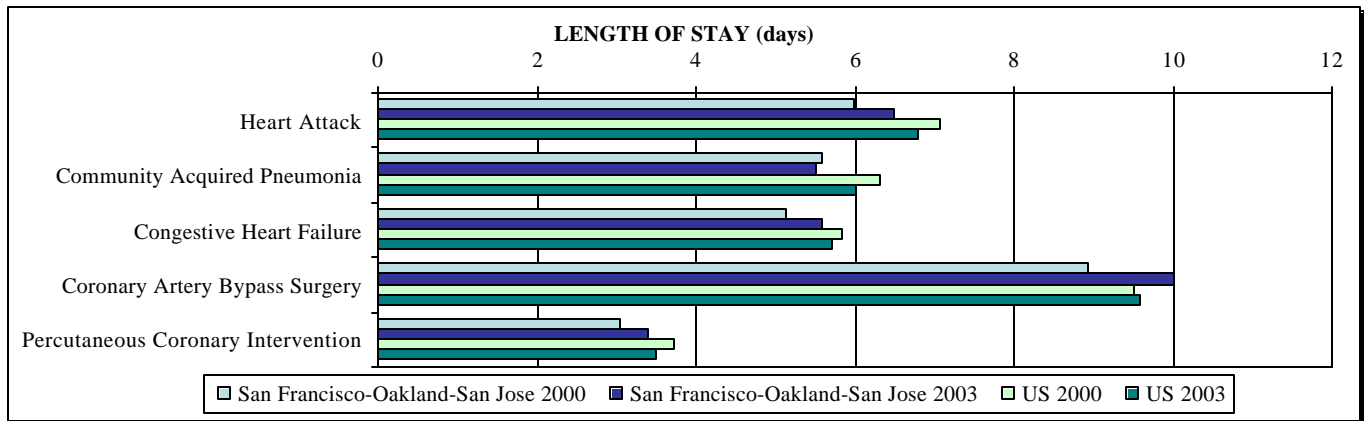
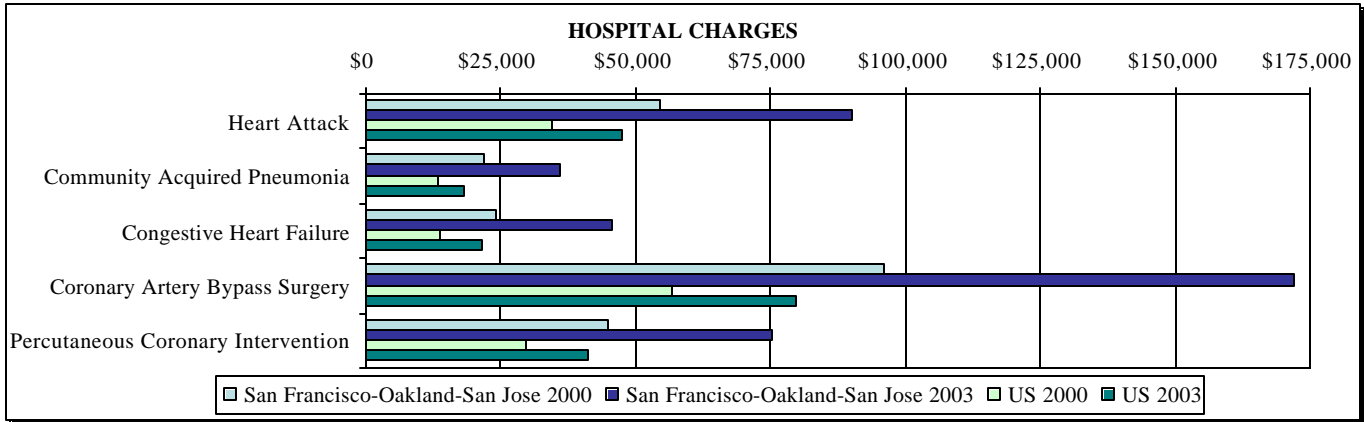
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	San Francisco CMSA 2000	San Francisco CMSA 2003		US Average 2000	US Average 2003	
Heart Attack	1.05	0.91	13.21%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.06	0.93	12.04%	1.08	0.93	14.07%
Congestive Heart Failure	1.04	0.99	4.43%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.36	0.89	34.81%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.07	0.95	11.51%	1.14	0.92	19.06%

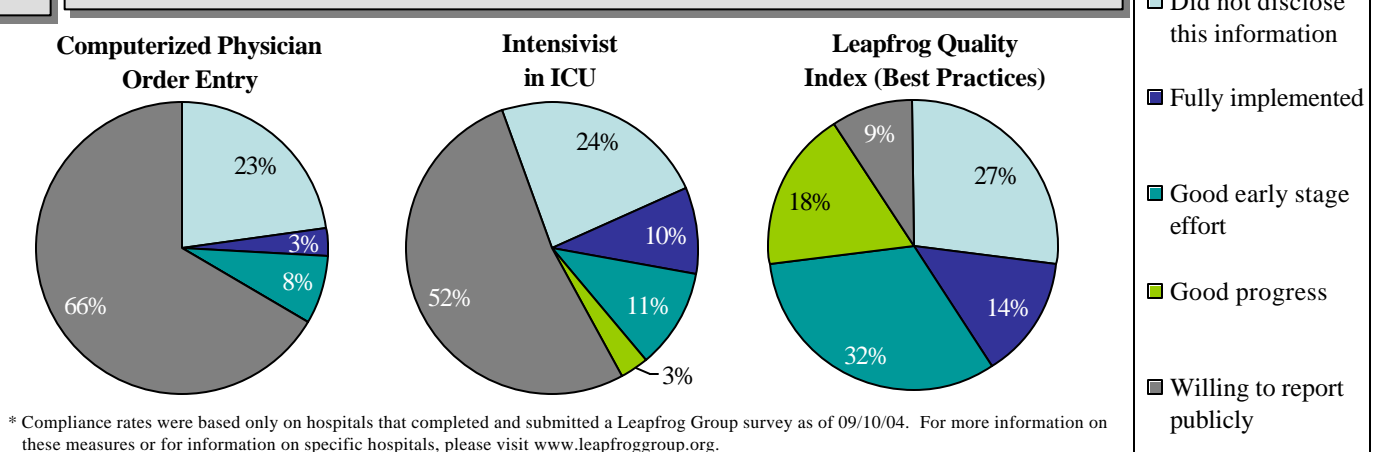
For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SAN FRANCISCO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
San Francisco-Oakland-San Jose, CA**

3 Hospital Charges and Length of Stay Compared to National Averages



4 San Francisco-Oakland-San Jose's Compliance with Leapfrog Group Measures*



Definitions of Leapfrog Group Measures⁽¹⁾:

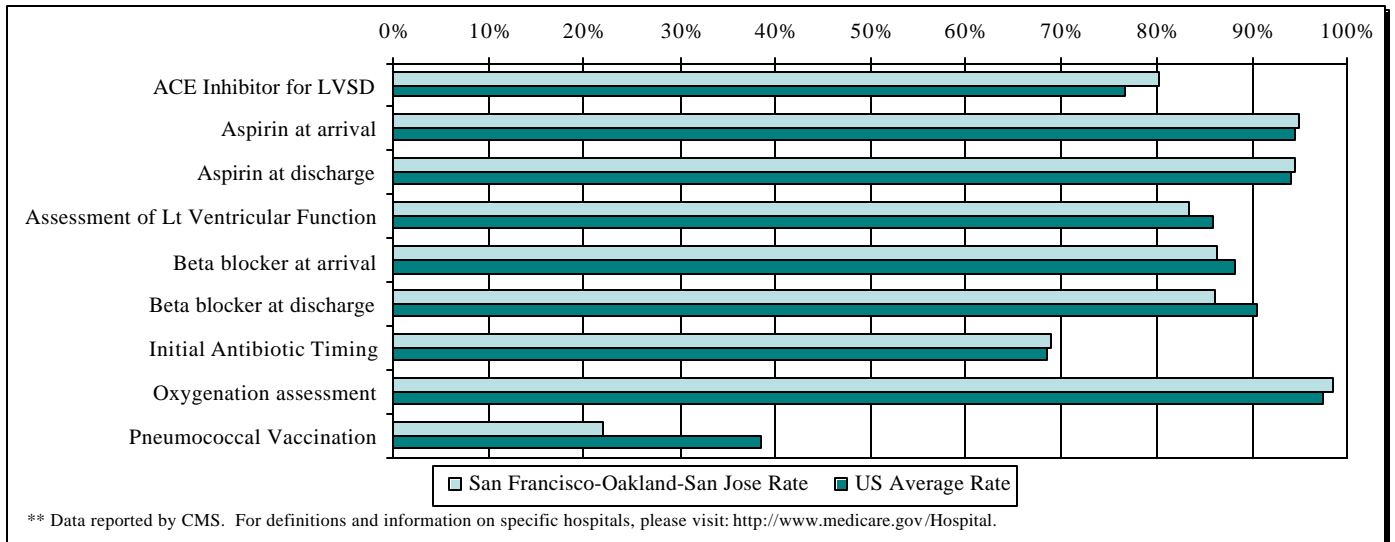
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**SAN FRANCISCO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
San Francisco-Oakland-San Jose, CA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in the San Francisco CMSA?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Safeway Inc.
- The Gap, Inc.
- Hewlett-Packard Company
- Wells Fargo & Co.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SAN FRANCISCO CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
San Francisco-Oakland-San Jose, CA**

7

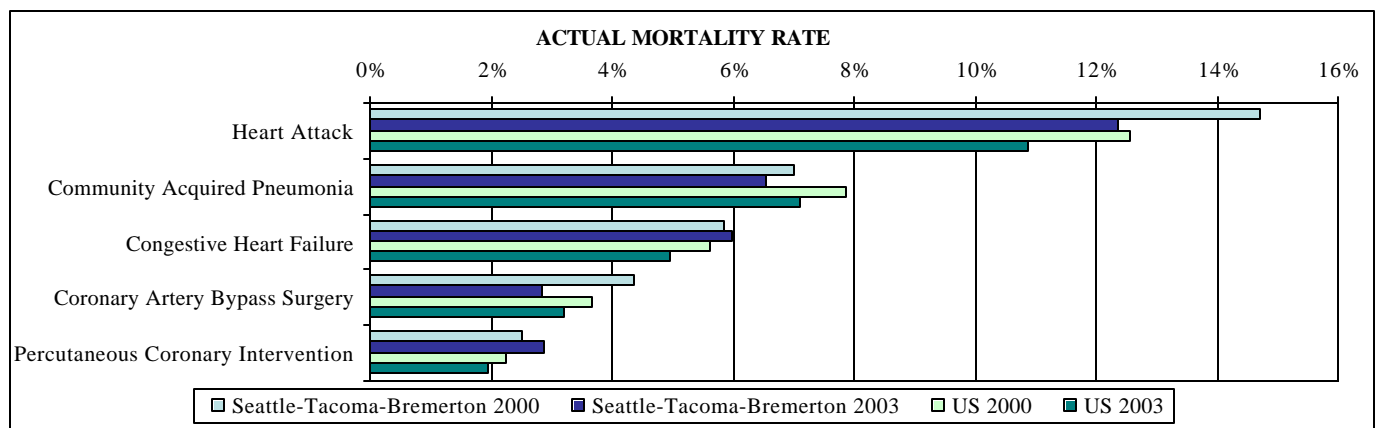
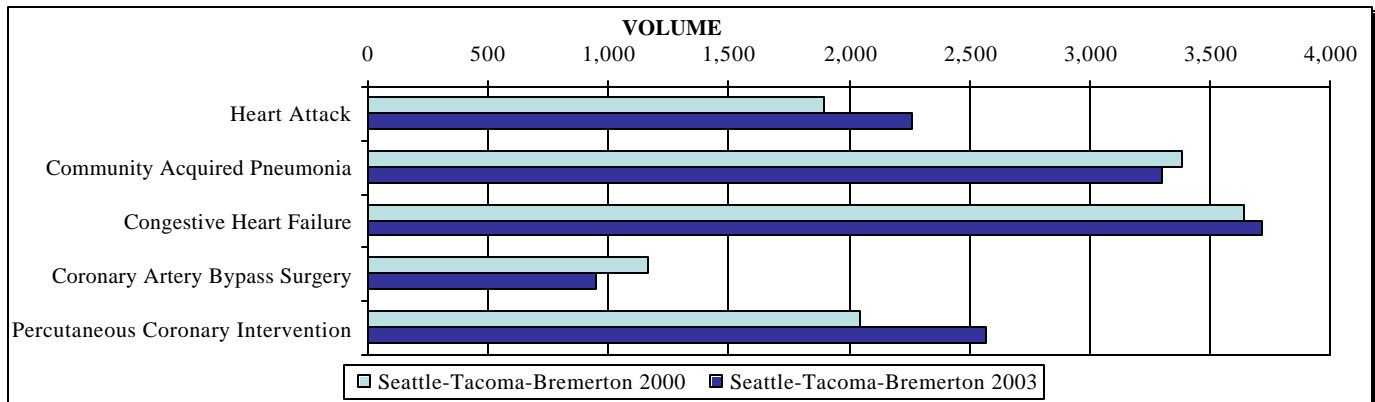
Hospitals in the San Francisco CMSA:

Agnews State Hospital, San Jose	O'connor Hospital, San Jose
Alameda County Medical Center, Oakland	Palm Drive Hospital, Sebastopol
Alameda Hospital, Alameda	Petaluma Valley Hospital, Petaluma
Alta Bates Summit - Alta Bates Campus, Berkeley	Queen Of The Valley, Napa
Alta Bates Summit Mc - Summit Campus, Oakland	Regional Medical Center Of San Jose, San Jose
Ca Pacific Medical Center Pacific Campus, San Francisco	Saint Louise Hospital And Health Center, Gilroy
Chinese Hospital, San Francisco	San Francisco General Hospital, San Francisco
Community Hospital Los Gatos, Los Gatos	San Jose Medical Center, San Jose
Contra Costa Regional Medical Center, Martinez	San Leandro Hospital, San Leandro
Davies Medical Center, San Francisco	San Mateo County General Hospital, San Mateo
Doctors Medical Center San Pablo Campus, San Pablo	San Ramon Regional Medical Center, San Ramon
Dominican Hospital, Santa Cruz	Santa Clara Valley Medical Center, San Jose
Eden Medical Center, Castro Valley	Santa Rosa Memorial Hospital, Santa Rosa
El Camino Hospital, Mountain View	Santa Teresa Community Hospital, San Jose
Ernest Cowell Memorial Hospital, Berkeley	Sequoia Hospital, Redwood City
Gilmore Hospital, San Leandro	Seton Medical Center, Daly City
Good Samaritan Hospital, San Jose	Seton Medical Center Coastsides, Moss Beach
Healdsburg General Hospital, Healdsburg	Shriners Hospital For Crippled Children, San Francisco
John Muir Medical Center, Walnut Creek	Sonoma Development Center, Eldridge
Kaiser Foundation Hospital, Santa Clara	Sonoma Valley Health Care District, Sonoma
Kaiser Foundation Hospital, Hayward	St Francis Memorial Hospital, San Francisco
Kaiser Foundation Hospital, Walnut Creek	St Helena Hospital, Deer Park
Kaiser Foundation Hospital, Redwood City	St Lukes Hospital, San Francisco
Kaiser Foundation Hospital, San Francisco	St Marys Hospital Medical Center, San Francisco
Kaiser Foundation Hospital, South San Francisco	St Rose Hospital, Hayward
Kaiser Foundation Hospital, San Rafael	Stanford Hospital, Stanford
Kaiser Foundation Hospital Oakland Campus, Oakland	Sutter Delta Medical Center, Antioch
Kaiser Foundation Hospital Santa Rosa, Santa Rosa	Sutter Maternity And Surgery Center, Santa Cruz
Kaiser Foundation Hospital Vallejo, Vallejo	Sutter Medical Center Of Santa Rosa, Santa Rosa
Laguna Honda Hospital, San Francisco	Sutter Solano Medical Center, Vallejo
Laurel Grove Hospital, Castro Valley	Sutter Warrack Hospital, Santa Rosa
Letterman General Hospital, San Francisco	UCSF Medical Center, San Francisco
Marin General Hospital, Greenbrae	US Air Force Hospital, Fairfield
Menlo Park Surgical Hospital, Menlo Park	US Naval Hospital, Oakland
Mills Peninsula Health Services, Burlingame	Veteran's Administration Hospital, Livermore
Mt Diablo Medical Center, Concord	Veteran's Administration Hospital, Martinez
Nelson Holderman Hospital, Yountville	Veteran's Administration Hospital, Palo Alto
Northbay Medical Center, Fairfield	Valley Memorial Hospital, Livermore
Northbay Vacavalley Hospital, Vacaville	Washington Hospital, Fremont
Novato Community Hospital, Novato	Watsonville Community Hospital, Watsonville

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SEATTLE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Seattle-Tacoma-Bremerton, WA**

1 Volume by Year and Actual Mortality Rate Comparisons



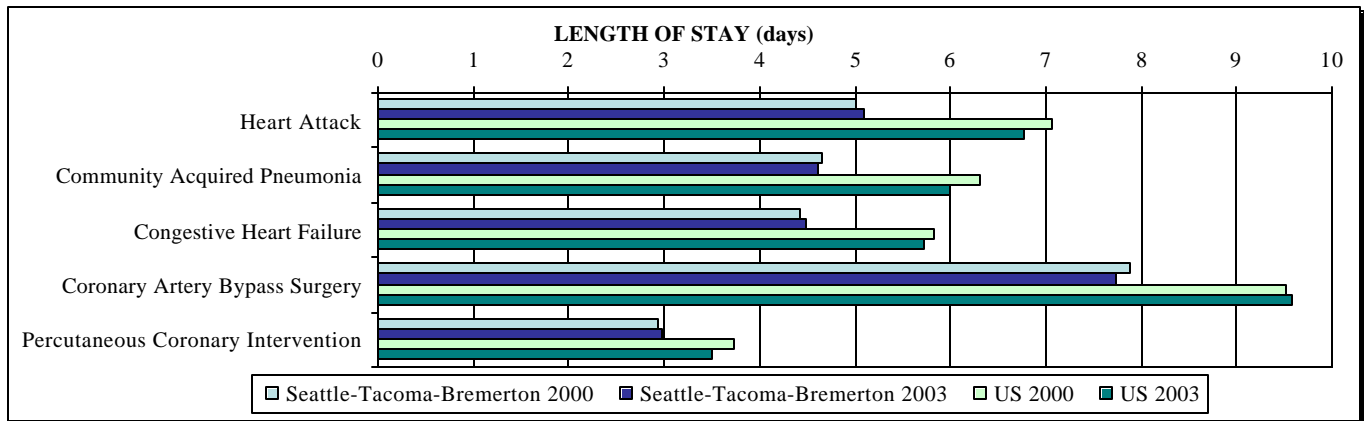
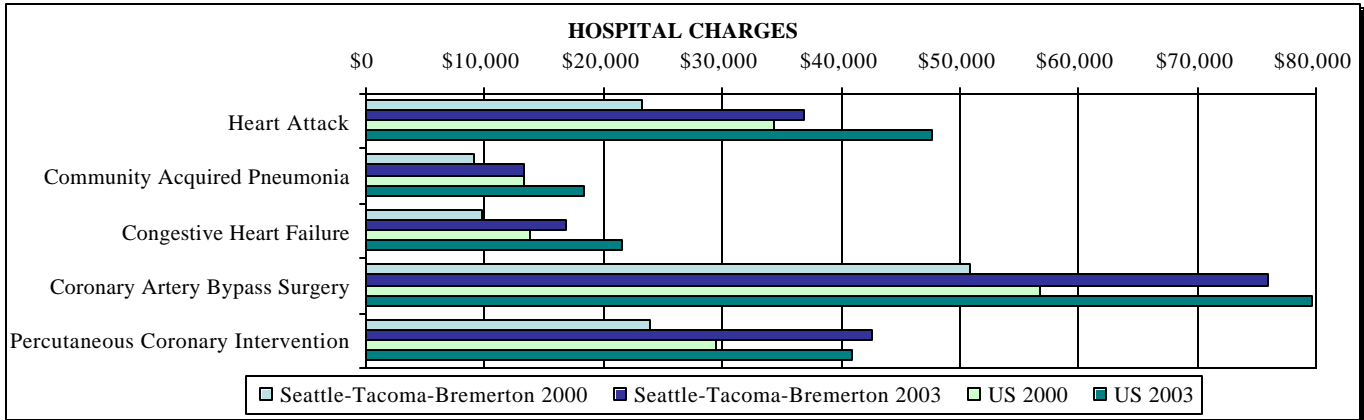
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	OBSERVED/EXPECTED RATIO			OBSERVED/EXPECTED RATIO		
	Seattle-Tacoma-Bremerton 2000	Seattle-Tacoma-Bremerton 2003	PERCENT IMPROVEMENT	US Average 2000	US Average 2003	PERCENT IMPROVEMENT
Heart Attack	1.19	0.90	24.40%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.02	0.81	20.71%	1.08	0.93	14.07%
Congestive Heart Failure	1.17	0.98	16.37%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.57	0.91	41.91%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.30	1.14	12.45%	1.14	0.92	19.06%

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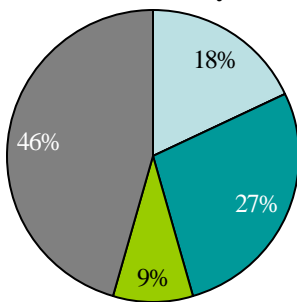
**SEATTLE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Seattle-Tacoma-Bremerton, WA**

3 Hospital Charges and Length of Stay Compared to National Averages

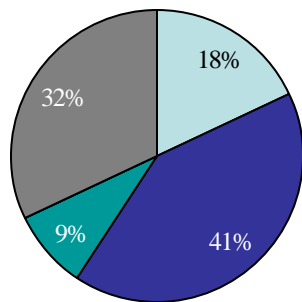


4 Seattle-Tacoma-Bremerton's Compliance with Leapfrog Group Measures*

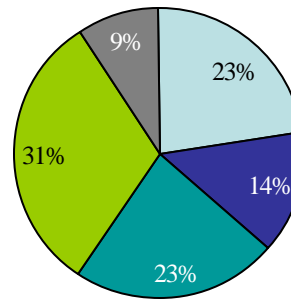
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

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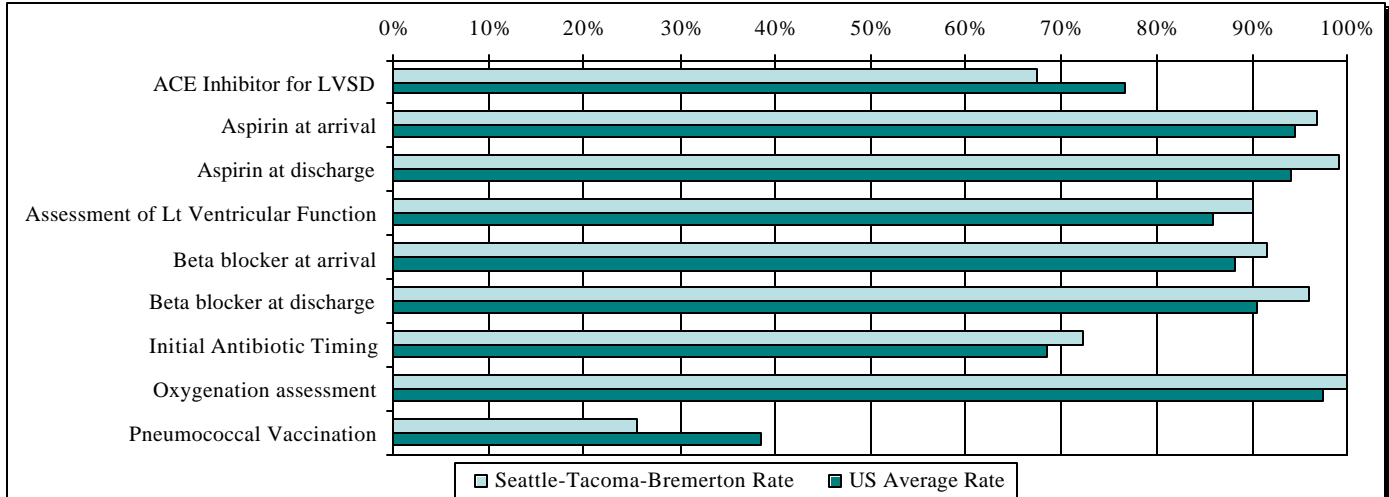
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⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

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**SEATTLE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Seattle-Tacoma-Bremerton, WA**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



** Data reported by CMS. For definitions and information on specific hospitals, please visit: <http://www.medicare.gov/Hospital>.

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 9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in the Seattle CMSA?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Costco Wholesale Corporation
- Starbucks Corporation
- Weyerhaeuser Company
- Washington Mutual, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**SEATTLE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Seattle-Tacoma-Bremerton, WA**

7

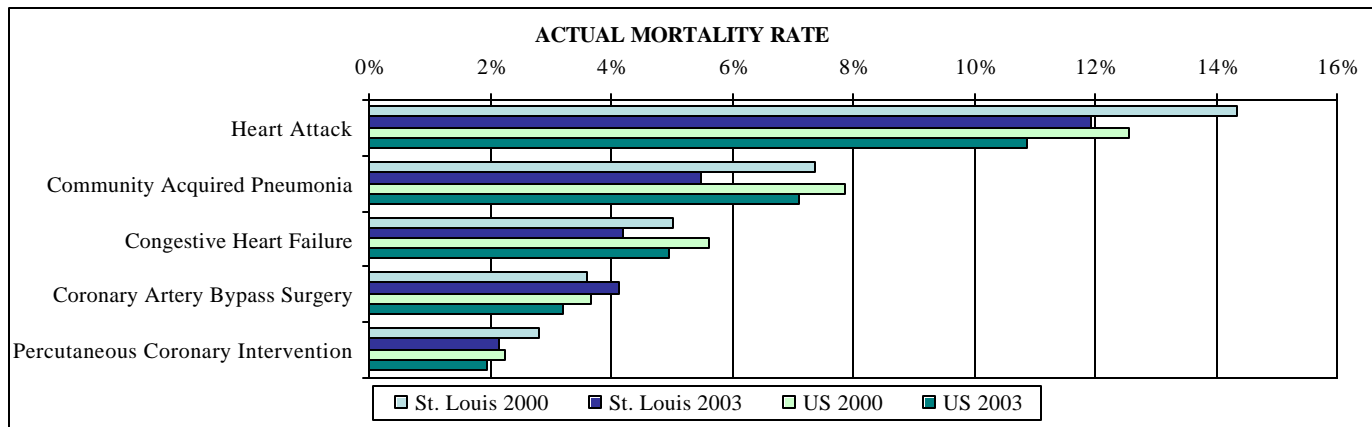
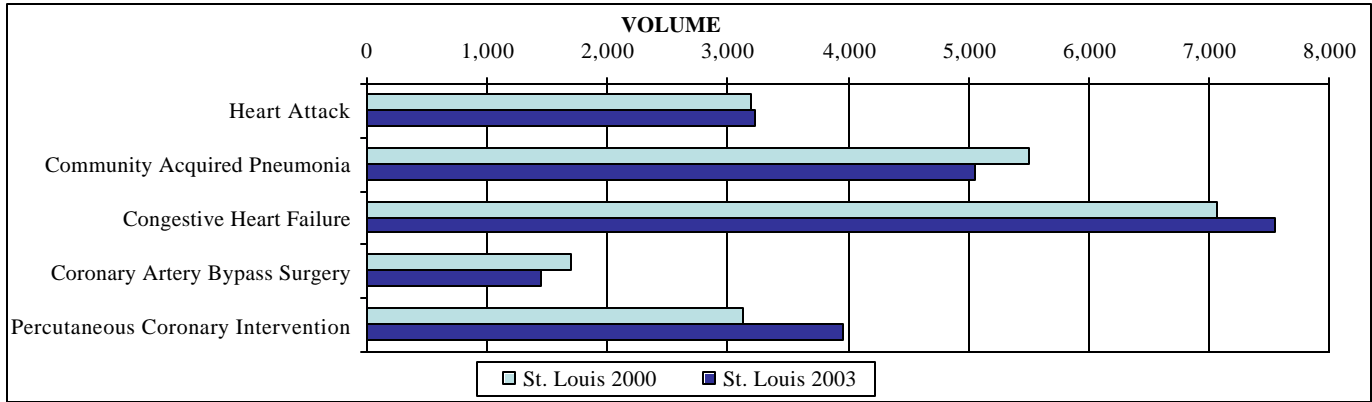
Hospitals in the Seattle CMSA:

Alcnas Hospital, Kirkland
Auburn Regional Medical Center, Auburn
Capital Medical Center, Olympia
Cascade Valley Hospital, Arlington
Enumclaw Community Hospital, Enumclaw
Evergreen Hospital Medical Center, Kirkland
Fircrest School Hospital, Seattle
Good Samaritan Hospital And Rehabilitation Center, Puyallup
Group Health Eastside Hospital, Redmond
Harborview Medical Center, Seattle
Harrison Memorial Hospital, Bremerton
Highline Community Hospital, Burien
Madigan General Hospital, Tacoma
Northwest Hospital, Seattle
Overlake Hospital Medical Center, Bellevue
Providence Everett Medical Center, Everett
Providence St Peter Hospital, Olympia
Ranier State School Hospital, Buckley
Saint Clare Hospital, Lakewood
Schick Shadel Hospital, Seattle
Seattle Cancer Care Alliance, Seattle
Shadel Hospital, Seattle
Snoqualmie Valley Hospital, Snoqualmie
St Francis Community Hospital, Federal Way
St Joseph Medical Center, Tacoma
St Peter Chemical Dependency Center, Lacey
Stevens Hospital, Edmonds
Swedish Medical Center, Seattle
Swedish Medical Center, Providence, Seattle
Tacoma General Allenmore Hospital, Tacoma
University Of Washington Medical Center, Seattle
US Army Hospital, Fort Lawton
US Department Of Justice Hospital, Steilacoom
US Naval Hospital, Oak Harbor
US Naval Hospital, Bremerton
US Public Health Service Hospital, Seattle
Veteran's Administration Hospital, Seattle
Veteran's Administration Hospital, American Lake
Valley General Hospital, Monroe
Valley Medical Center, Renton
Virginia Mason Medical Center, Seattle
Whidbey General Hospital, Coupeville

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**ST. LOUIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
St. Louis, MO-IL**

1 Volume by Year and Actual Mortality Rate Comparisons



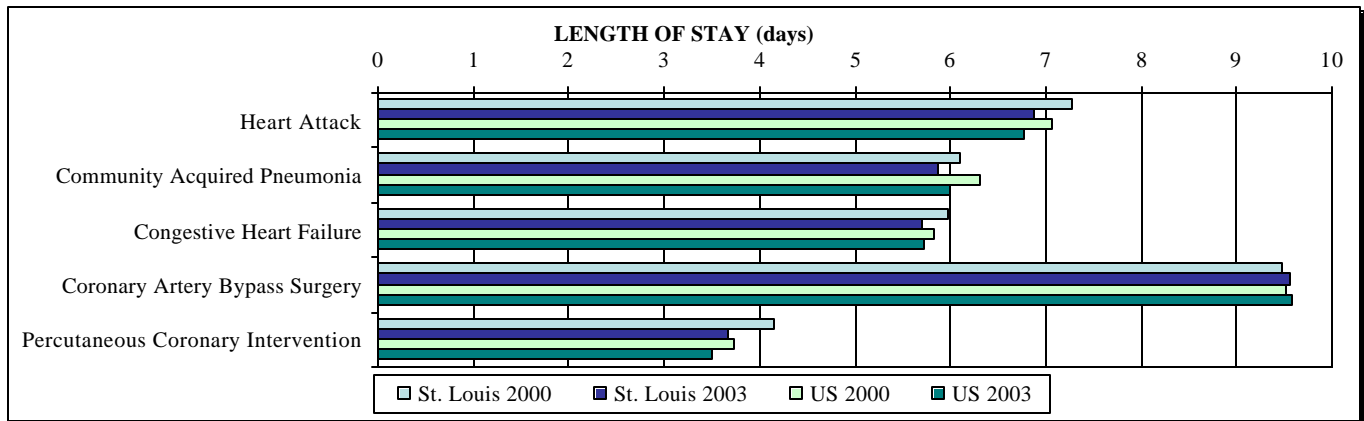
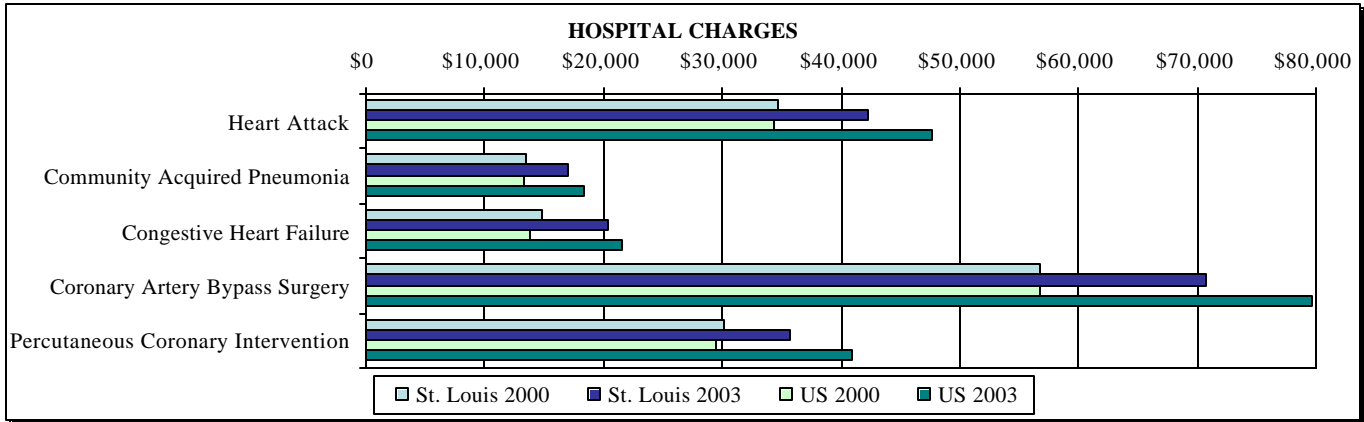
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	St. Louis 2000	St. Louis 2003		US Average 2000	US Average 2003	
Heart Attack	1.17	0.93	20.20%	1.12	0.93	16.77%
Community Acquired Pneumonia	1.07	0.75	30.32%	1.08	0.93	14.07%
Congestive Heart Failure	1.04	0.76	27.14%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.09	1.04	4.52%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.33	0.85	35.68%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

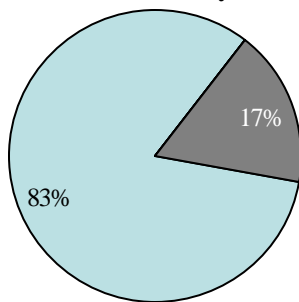
**ST. LOUIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
St. Louis, MO-IL**

3 Hospital Charges and Length of Stay Compared to National Averages

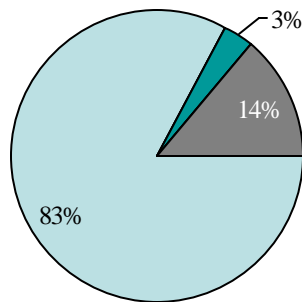


4 St. Louis' Compliance with Leapfrog Group Measures*

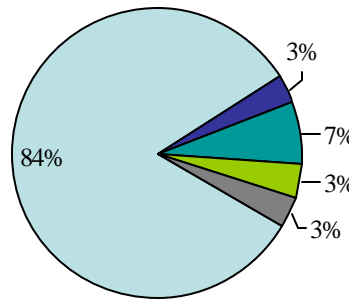
Computerized Physician Order Entry



Intensivist in ICU



Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

Definitions of Leapfrog Group Measures⁽¹⁾:

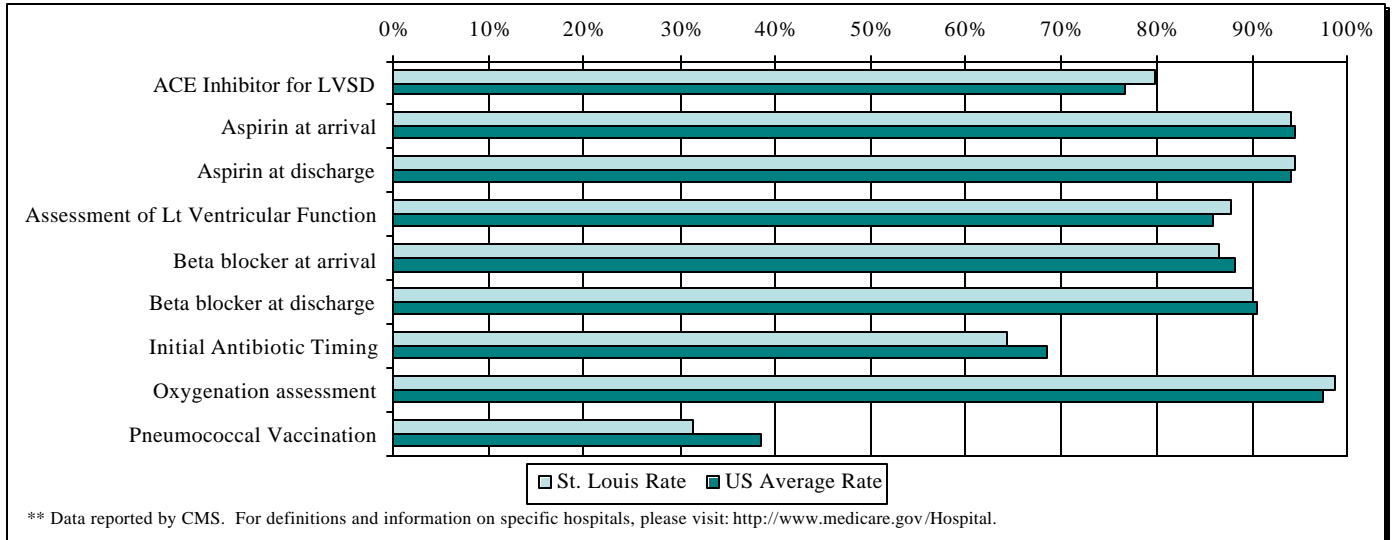
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**ST. LOUIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
St. Louis, MO-IL**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
2. Aspirin at arrival: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.
3. Aspirin at discharge: Acute Myocardial Infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.
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6. Beta blocker at discharge: Acute Myocardial Infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.
7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6

Who Pays for Health Care in St. Louis?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- The May Department Stores Company
- Emerson Electric Co.
- Kellwood Company
- Furniture Brands International, Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**ST. LOUIS METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
St. Louis, MO-IL**

7

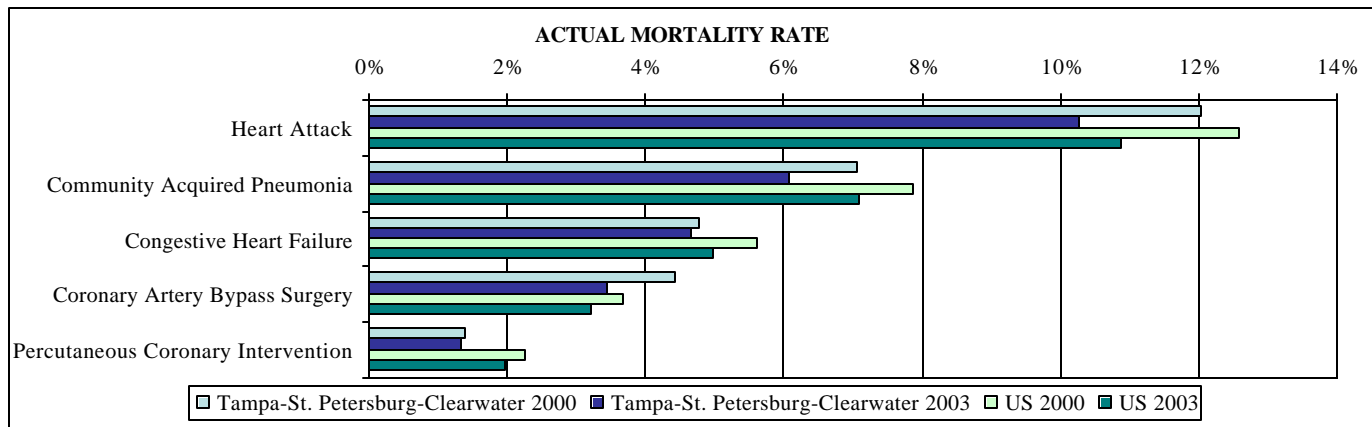
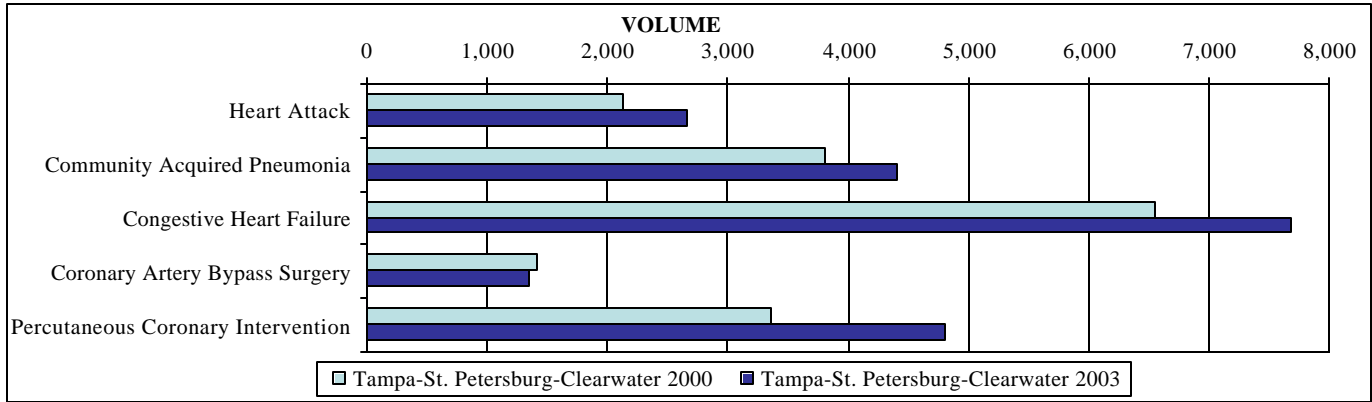
Hospitals in the St. Louis MSA:

Alton Memorial Hospital, Alton, IL
Anderson Hospital, Maryville, IL
Barnes Jewish Hospital, Saint Louis, MO
Barnes Jewish St Peters Hospital, Saint Peters, MO
Barnes Jewish West County Hospital, Saint Louis, MO
Christian Hospital Northeast, Saint Louis, MO
Christian Hospital Northwest, Florissant, MO
Crossroads Regional Hospital, Wentzville, MO
Des Peres Hospital, Saint Louis, MO
Forest Park Hospital, Saint Louis, MO
Gateway Regional Medical Center, Granite City, IL
Jefferson Memorial Hospital, Crystal City, MO
Jersey Community Hospital District, Jerseyville, IL
Lincoln County Medical Center, Troy, MO
Madison County Tuberculosis Sanatorium, Edwardsville, IL
Memorial Hospital, Belleville, IL
Missouri Baptist Hospital Sullivan, Sullivan, MO
Missouri Baptist Medical Center, Saint Louis, MO
S S M Depaul Health Center, Bridgeton, MO
Saint Anthony Health Center, Alton, IL
Shriners Hospital For Crippled Children, Saint Louis, MO
Ssm St Joseph Hospital Of Kirkwood, Kirkwood, MO
St Alexious Hospital, Saint Louis, MO
St Anthonys Medical Center, Saint Louis, MO
St Elizabeth Hospital, Belleville, IL
St Johns Mercy Hospital, Washington, MO
St Johns Mercy Medical Center, Saint Louis, MO
St Joseph Health Center, Saint Charles, MO
St Joseph Hospital West, Lake Saint Louis, MO
St Josephs Hospital, Breese, IL
St Josephs Hospital, Highland, IL
St Louis University Hospital, Saint Louis, MO
St Luke's Episcopal-Presbyterian Hospital, Chesterfield, MO
St Marys Health Center, Richmond Heights, MO
St Marys Hospital Of East St Louis, East Saint Louis, IL
Touchette Regional Hospital Inc, Centreville, IL
US Air Force Hospital, Belleville, IL
Veteran's Administration Hospital, Saint Louis, MO

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**TAMPA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Tampa-St. Petersburg-Clearwater, FL**

1 Volume by Year and Actual Mortality Rate Comparisons



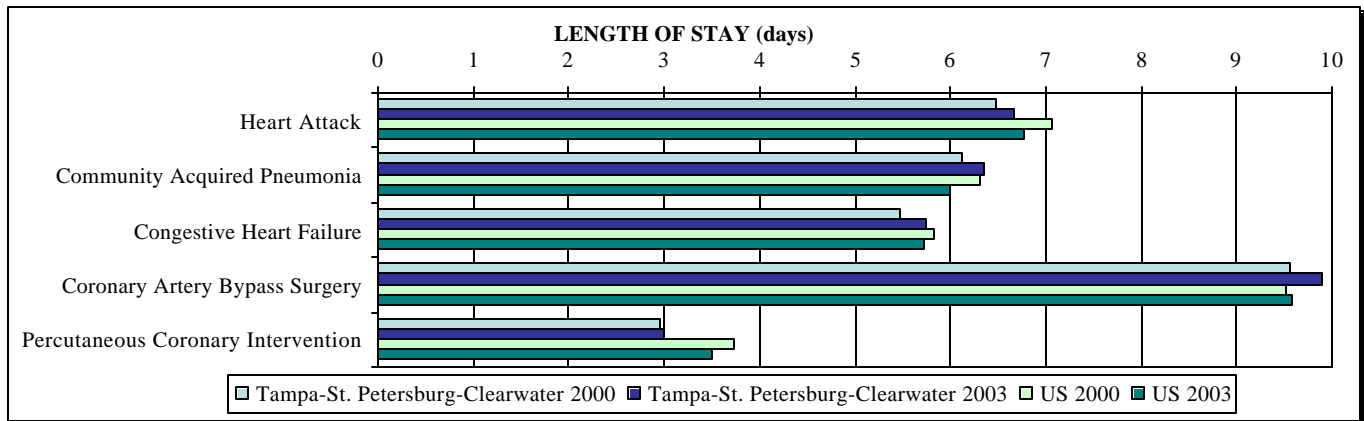
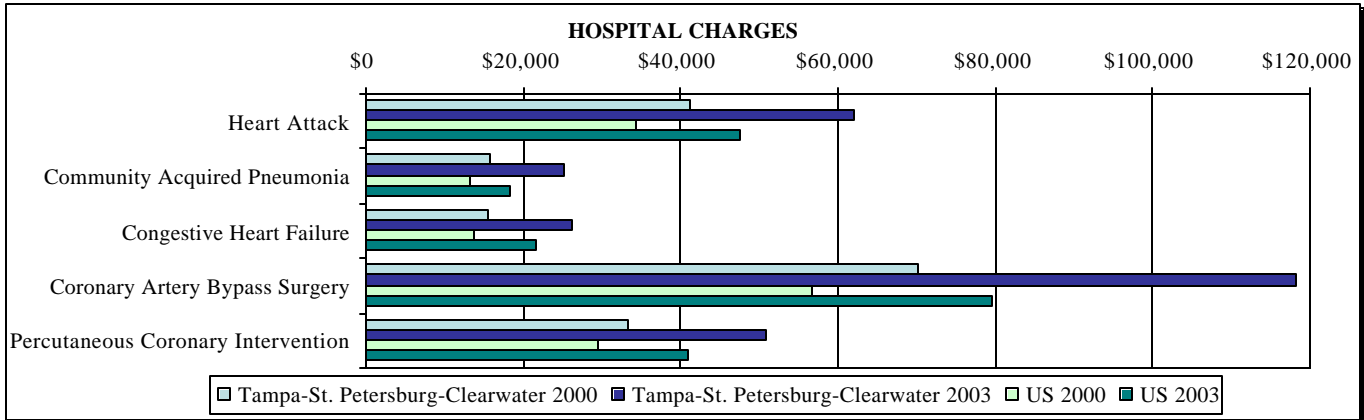
2 Comparison of observed mortality divided by expected mortality between 2000 and 2003. An O/E ratio of less than 1 means that the MSA had fewer deaths than expected given its patient population. An O/E of greater than 1 means that the MSA had more deaths than expected given its patient population.

	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Tampa MSA 2000	Tampa MSA 2003		US Average 2000	US Average 2003	
Heart Attack	0.96	0.83	13.81%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.83	0.72	13.30%	1.08	0.93	14.07%
Congestive Heart Failure	0.79	0.72	7.95%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.01	0.75	26.13%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	0.77	0.72	7.25%	1.14	0.92	19.06%

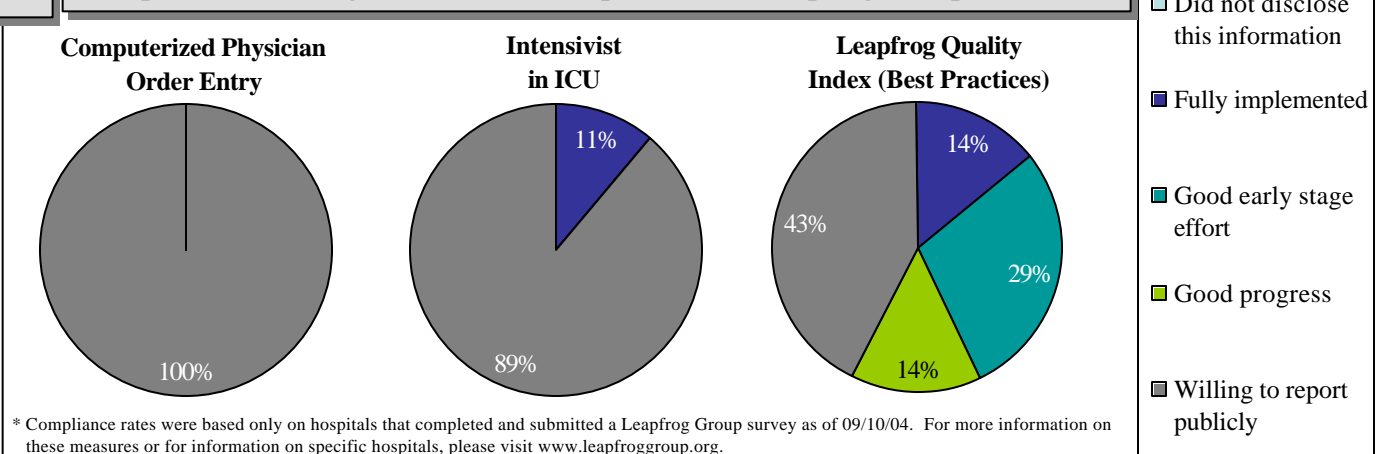
For more information on specific hospitals within the area, please visit www.healthgrades.com.

**TAMPA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Tampa-St. Petersburg-Clearwater, FL**

3 Hospital Charges and Length of Stay Compared to National Averages



4 Tampa-St. Petersburg-Clearwater's Compliance with Leapfrog Group Measures*



Definitions of Leapfrog Group Measures⁽¹⁾:

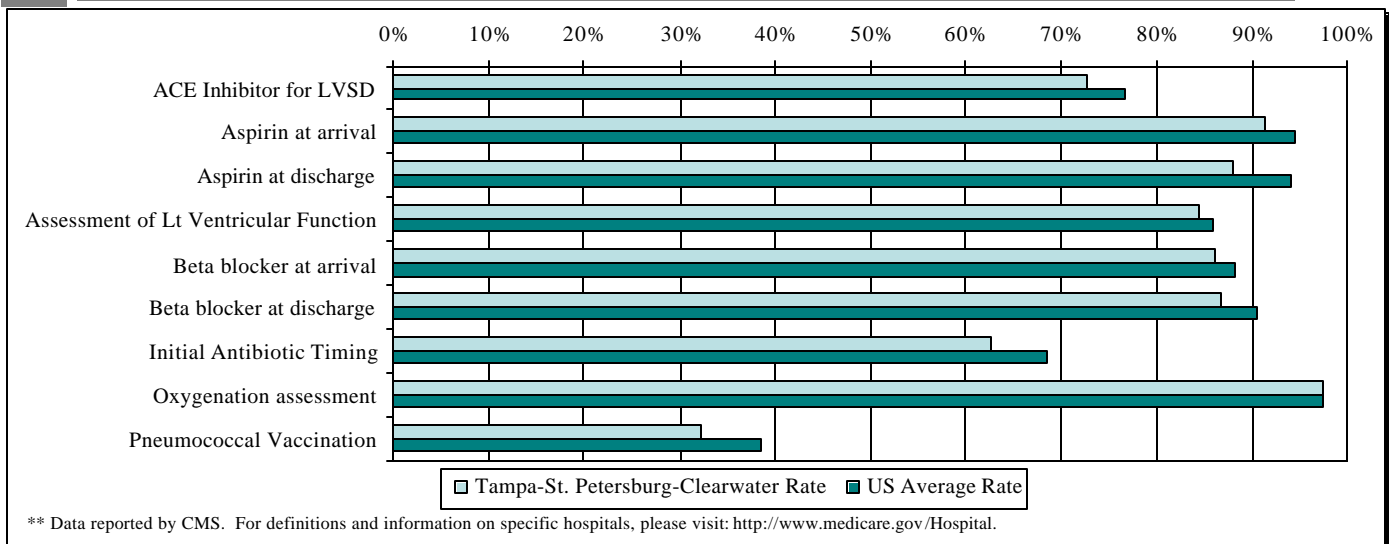
1. Computerized Physician Order Entry (CPOE): Electronic prescribing systems that intercept errors when they most commonly occur – at the time medications are ordered. With CPOE, physicians enter orders into a computer rather than on paper. Orders are integrated with patient information, including laboratory and prescription data. The order is then automatically checked for potential errors or problems.
2. Intensivist in ICU: Board-certified physicians who are additionally certified in the subspecialty of critical care medicine, or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME-accredited program, or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987.

⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**TAMPA METROPOLITAN STATISTICAL AREA (MSA)
HOSPITAL QUALITY FACT SHEET
Tampa-St. Petersburg-Clearwater, FL**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

1. ACE Inhibitor for LVSD: Acute Myocardial Infarction (AMI) and Heart Failure patients with left ventricular systolic dysfunction (LVSD) and without angiotension converting enzyme inhibitor (ACEI) contraindications who are prescribed an ACEI at hospital discharge.
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7. Initial Antibiotic Timing: Pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital.
8. Oxygenation assessment: Pneumonia patients who had an assessment of arterial oxygenation by arterial blood gas measurement or pulse oximetry within 24 hours prior to or after arrival at the hospital.
9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in the Tampa MSA?+

Government (Medicare, Medicaid, State, Local, School Districts)

- Outback Steakhouse, Inc
- Jabil Circuit, Inc.
- Tech Data Corporation
- Walter Industries, Inc.

+ Includes four largest employers

7 Hospitals in the Tampa MSA:

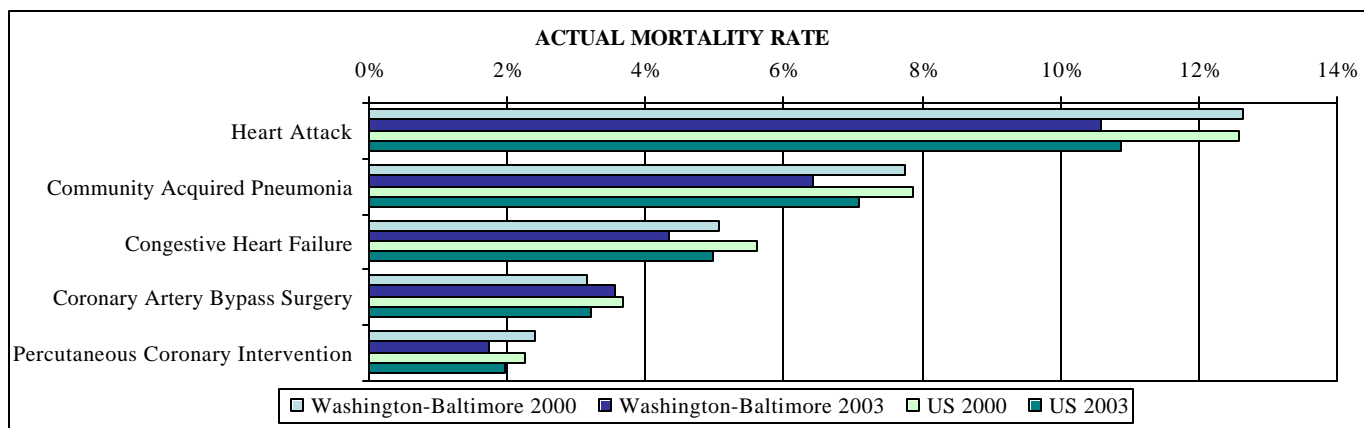
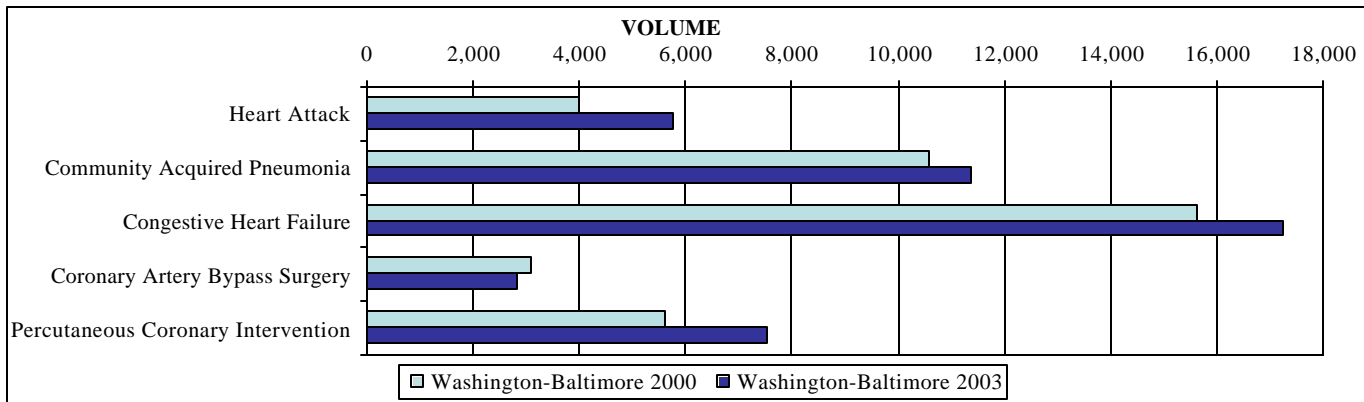
- | | |
|--|---|
| Bay Pines VA Medical Center, Saint Petersburg | Northside Hospital, Saint Petersburg |
| Bayfront Medical Center Inc, Saint Petersburg | Oak Hill Hospital, Spring Hill |
| Brandon Regional Hospital, Brandon | Palms Of Pasadena Hospital, Saint Petersburg |
| Brooksville Regional Hospital, Brooksville | Regional Medical Center Bayonet Point, Hudson |
| Community Hospital Of New Port Richey, New Port Richey | South Bay Hospital, Sun City Center |
| Dade City Hospital, Dade City | South Florida Baptist Hospital, Plant City |
| East Pasco Medical Center, Zephyrhills | Spring Hill Regional Hospital, Spring Hill |
| Edward White Hospital, Saint Petersburg | St Anthonys Hospital, Saint Petersburg |
| H Lee Moffitt Can Center And Research Institute Inc, Tampa | St Josephs Hospital, Tampa |
| Helen Ellis Memorial Hospital, Tarpon Springs | St Petersburg General Hospital, Saint Petersburg |
| Largo Medical Center, Largo | Sun Coast Hospital, Largo |
| Mease Hospital Countryside, Safety Harbor | Tampa General Hospital, Tampa |
| Mease Hospital Dunedin, Dunedin | Town And Country Hospital, Tampa |
| Memorial Hospital Of Tampa, Tampa | University Community Hospital, Tampa |
| Morton Plant Hospital, Clearwater | University Community Hospital At Carrollwood, Tampa |
| Morton Plant North Bay Hospital, New Port Richey | US Air Force Hospital, Tampa |

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**WASHINGTON-BALTIMORE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Washington-Baltimore, DC-MD-VA-WV**

1

Volume by Year and Actual Mortality Rate Comparisons



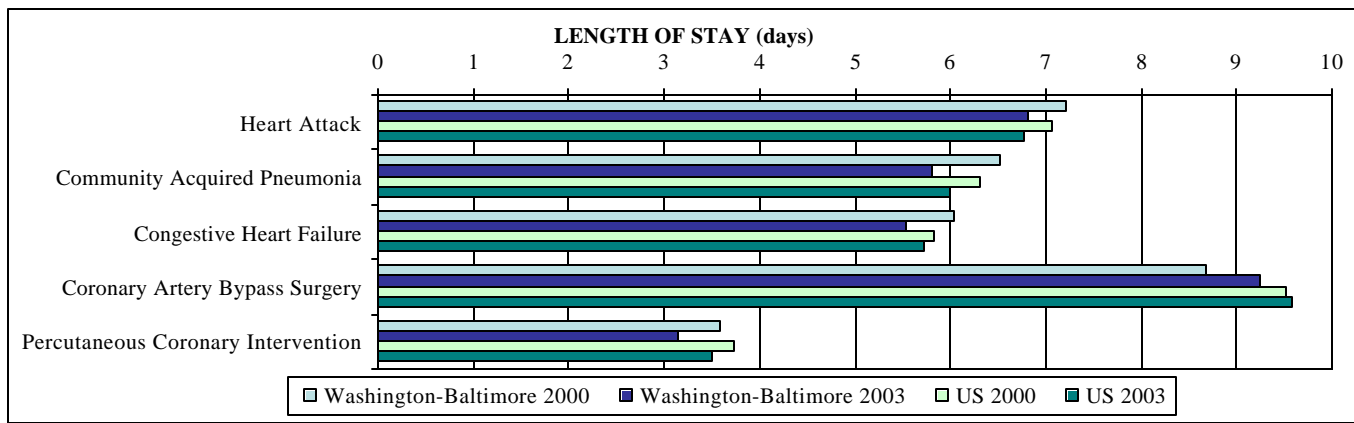
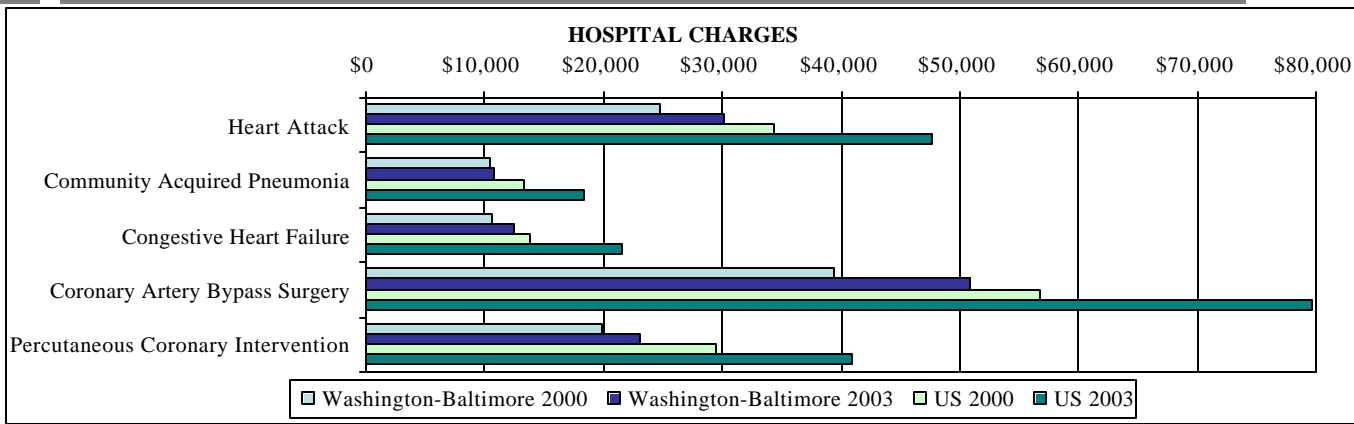
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	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT	OBSERVED/EXPECTED RATIO		PERCENT IMPROVEMENT
	Washington-Baltimore 2000	Washington-Baltimore 2003		US Average 2000	US Average 2003	
Heart Attack	1.09	0.87	20.01%	1.12	0.93	16.77%
Community Acquired Pneumonia	0.96	0.79	18.00%	1.08	0.93	14.07%
Congestive Heart Failure	0.98	0.75	23.73%	1.14	0.91	20.21%
Coronary Artery Bypass Surgery	1.04	1.04	0.85%	1.15	0.91	20.68%
Percutaneous Coronary Intervention	1.24	0.87	29.37%	1.14	0.92	19.06%

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**WASHINGTON-BALTIMORE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Washington-Baltimore, DC-MD-VA-WV**

3 Hospital Charges and Length of Stay Compared to National Averages

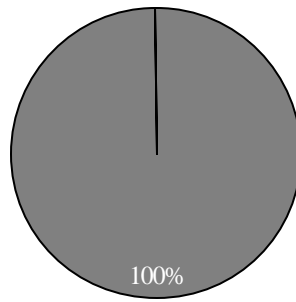
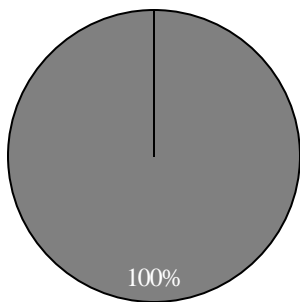
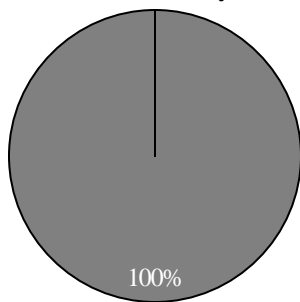


4 Washington-Baltimore's Compliance with Leapfrog Group Measures*

Computerized Physician Order Entry

Intensivist in ICU

Leapfrog Quality Index (Best Practices)



- Did not disclose this information
- Fully implemented
- Good early stage effort
- Good progress
- Willing to report publicly

* Compliance rates were based only on hospitals that completed and submitted a Leapfrog Group survey as of 09/10/04. For more information on these measures or for information on specific hospitals, please visit www.leapfroggroup.org.

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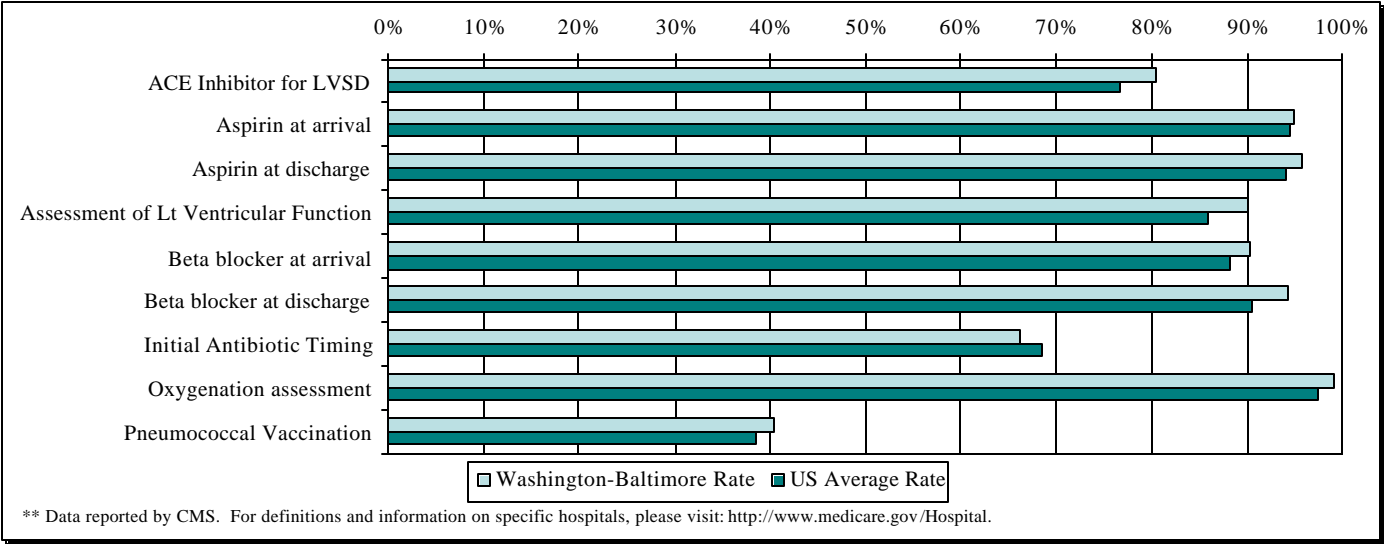
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⁽¹⁾ <http://www.leapfroggroup.org/FactSheets.htm>

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**WASHINGTON-BALTIMORE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Washington-Baltimore, DC-MD-VA-WV**

5 Hospital compliance with CMS' National Voluntary Hospital Reporting Initiative**



Definitions of Performance Measures⁽²⁾. These are process measures of quality (are the right things being done at the right time):

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9. Pneumococcal Vaccination: Pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.

⁽²⁾ <http://www.cms.hhs.gov/quality/hospital/>

6 Who Pays for Health Care in Washington-Baltimore?+

- Government (Medicare, Medicaid, State, Local, School Districts)
- Marriott International, Inc.
- Lockheed Martin Corporation
- General Dynamics Corporation
- Gannett Co., Inc.

+ Includes four largest employers

For more information on specific hospitals within the area, please visit www.healthgrades.com.

**WASHINGTON-BALTIMORE CONSOLIDATED METROPOLITAN STATISTICAL AREA (CMSA)
HOSPITAL QUALITY FACT SHEET
Washington-Baltimore, DC-MD-VA-WV**

7

Hospitals in the Washington-Baltimore CMSA:

Anne Arundel Medical Center, Annapolis, MD
Baltimore VA Rehabilitation And Extended Care Center, Baltimore, MD
Bon Secours Hospital, Baltimore, MD
Calvert Memorial Hospital, Prince Frederick, MD
Carroll County General Hospital, Westminster, MD
Childrens Center Hospital, Laurel, MD
Church Hospital Corporation, Baltimore, MD
City Hospital, Martinsburg, WV
Civista Medical Center, La Plata, MD
Culpeper Memorial Hospital Inc, Culpeper, VA
Dewitt Army Hospital, Fort Belvoir, VA
Doctor's Community Hospital, Lanham, MD
Fauquier Hospital, Warrenton, VA
Fort Howard VA Outpatient Clinic, Fort Howard, MD
Franklin Square Hospital, Baltimore, MD
Frederick Memorial Hospital, Frederick, MD
Ft Washington Medical Center, Fort Washington, MD
George Washington University Hospital, Washington, DC
Georgetown University Hospital, Washington, DC
Good Samaritan Hospital, Baltimore, MD
Greater Baltimore Medical Center, Baltimore, MD
Greater Southeast Community Hospital, Washington, DC
Harbor Hospital Center, Baltimore, MD
Harford Memorial Hospital, Havre De Grace, MD
Holy Cross Hospital, Silver Spring, MD
Hospice Of Northern Virginia, Arlington, VA
Howard County General Hospital, Columbia, MD
Howard University Hospital, Washington, DC
Inova Alexandria Hospital, Alexandria, VA
Inova Fair Oaks Hospital, Fairfax, VA
Inova Fairfax Hospital, Falls Church, VA
James Lawrence Kernan Hospital Inc, Baltimore, MD
Jefferson Memorial Hospital, Ranson, WV
Johns Hopkins Bayview Medical Center, Baltimore, MD
Johns Hopkins Hospital, Baltimore, MD
Kimbrough Army Hospital, Fort George E Meade, MD
Laurel Regional Hospital, Laurel, MD
Loudoun Hospital Center Lansdowne, Leesburg, VA
Martinsburg VA Medical Center, Martinsburg, WV
Mary Washington Hospital, Fredericksburg, VA
Maryland General Hospital, Baltimore, MD
Maryland Penitentiary Hospital, Baltimore, MD
Mercy Medical Center Inc, Baltimore, MD
Montgomery General Hospital Inc, Olney, MD
Mt Vernon Hospital, Alexandria, VA
North Arundel Hospital, Glen Burnie, MD
Northern Virginia Community Hospital, Arlington, VA
Northwest Hospital Center, Randallstown, MD
Potomac Hospital, Woodbridge, VA
Prince Georges Hospital Center, Cheverly, MD
Prince William Hospital, Manassas, VA
Providence Hospital, Washington, DC
Reston Hospital Center, Reston, VA
Shady Grove Adventist Hospital, Rockville, MD
Sibley Memorial Hospital, Washington, DC
Sinai Hospital, Baltimore, MD
Southern Maryland Hospital, Clinton, MD
St Agnes Hospital, Baltimore, MD
St Joseph Hospital, Towson, MD
Suburban Hospital Association, Bethesda, MD
Union Memorial Hospital, Baltimore, MD
University Of Maryland Medical System, Baltimore, MD
Upper Chesapeake Medical Center, Bel Air, MD
US Army Hospital, Aberdeen, MD
US Naval Hospital, Quantico, VA
US Naval Hospital, Annapolis, MD
Virginia Hospital Center- Arlington, Arlington, VA
Walter Reed Army Hospital, Washington, DC
Warren Memorial Hospital, Front Royal, VA
Washington Adventist Hospital, Takoma Park, MD
Washington County Hospital, Hagerstown, MD
Washington DC VA Medical Center, Washington, DC
Washington Hospital Center, Washington, DC

For more information on specific hospitals within the area, please visit www.healthgrades.com.