



15 TOP HEALTH SYSTEMS®

2026

National Benchmarks

Prepared for:

Any Health System

Any City, US



Report Methodology Notes

HEALTH SYSTEM SELECTION

In the 15 Top Health Systems® study, we identify health systems as follows:

- Must have at least two short-term acute care hospitals
- Must report a parent or related organization relationship on the hospital Medicare cost report

We also include Women's, Cardiac and Orthopedic hospitals, as well as Critical Access Hospitals in the system analysis.

If a health system has separately reported subsystems as members, we rank each subsystem's performance independent of its parent, as well as including it in its parent system. A hospital may be included in both a parent system and a subsystem analysis.

HEALTH SYSTEM COMPARISON GROUPS AND WINNERS

We divide health systems into three comparison groups to develop more actionable performance benchmarks.

Comparison Group	Criteria	Winners
Large Health System	>=\$5B tot oper exp OR >=\$3B & >=3 states OR >=\$3B & >=5 STGAC	5
Medium Health System	>=\$1.5B tot oper exp OR >=\$1B tot oper exp & >=5 STGAC	5
Small Health System	Does not meet medium or large HS criteria	5
Overall		15

In Premier's 15 Top Health Systems® study, we select 15 **benchmark health systems** (winners) based on overall performance across all included measures, in the most recent year of data available. Overall performance is determined by ranking each measure individually, by comparison group, summing the weighted ranks and re-ranking overall.

Peer health systems include all U.S. health systems in our study database, *excluding* benchmark systems.

In this report, we provide two types of comparisons: current year performance and multi-year (trend) performance:

- Current: Profiled system versus comparison group Benchmark and Peer systems.
- Trend: Profiled system versus comparison group Peer systems.

HEALTH SYSTEM MEASURE CALCULATION

We produce health system measures by aggregating patient level and hospital data to the health system level. See Methodology document for details.

POA METHODOLOGY NOTES

Present on admission (POA) coding was used in the risk models for mortality, complications, and average length of stay. Due to the increasing number of diagnoses with the invalid POA code '0', we made the following adjustments to the MEDPAR data:

- 1) Original, valid (Y, N, U, W or 1) POA codes assigned to diagnoses were retained.
- 2) Where a POA code of '0' appeared, we took the next four steps:
 - a) We treated all principal diagnoses (dx) as 'present on admission'.
 - b) We treated all secondary dx on the CMS exempt list as 'exempt'.
 - c) We treated secondary dx for which the POA code 'Y' or 'W' appeared more than 50 percent of the time in the all-payer database as 'present on admission'.
 - d) All others were treated as 'not present'.

RANK WEIGHTS AND PUBLIC DATA SOURCES

Ranked Performance Metric	Rank Wt	Source
Risk-Adjusted Inpatient Mortality	1	MEDPAR FFY ¹ 2019-2024
Risk-Adjusted Complications	1	MEDPAR FFY ¹ 2019-2024
Healthcare-Associated Infections	1	CMS Care Compare July 1, 2019-Dec 31, 2020, CYs 2021-2024
30-Day Mortality (AMI, HF, pneumonia, COPD, stroke)	1	CMS Care Compare 3-yr datasets ending June 30 in 2019*, 2021-2024
30-Day Hybrid Hospital-Wide Readmissions	1	CMS Care Compare 1-yr dataset ending June 30, 2024 ²
Severity-Adjusted Average Length of Stay	1	MEDPAR FFY ¹ 2020-2024
Medicare Spend Per Beneficiary	1	CMS Care Compare July 1-Dec 31, 2020**, CYs 2021-2024
HCAHPS	1	CMS Care Compare July 1-Dec 31, 2020**, CYs 2021-2024

¹ Federal Fiscal year is Oct. 1 through Sept. 30.

² Trend data is not available for this measure.

* The 2020 data point ends in 2019 due to CMS removal of Q1 and Q2 2020 data from measure datasets, 2 ½ years of data in 2020 data point.

** The 2020 data point has 6 months of data due to CMS removal of Q1 and Q2 2020 data from measure datasets.

FOR MORE INFORMATION

Refer to the 15 Top Health Systems® Annual Report and 100 Top Hospitals® Program Methodology Guide for full details on performance measures, methods used and winner list at www.100tophospitals.com.

15 Top Health Systems® Performance Matrix

INTEGRATED SYSTEM PERFORMANCE COMPARISON

Premier's 15 Top Health Systems® Performance Matrix, in a single view, compares your system's current level of performance achievement and five-year rate of improvement (trend) in percentiles. These percentiles are based on your system's rank, overall and by measure within your comparison group. This integrated performance comparison provides insight into the success of your performance improvement strategies relative to other similar health systems.

INTERPRETING SYSTEM PERFORMANCE

Overall health system performance is a composite score based on the sum of the ranks of individual measures. This sum is used to rank your health system within your comparison group. The matrix "Overall" dot integrates your national rank percentile for current overall performance along with your national rank percentile for multi-year (trend) overall rate of improvement. Rank percentiles for each individual measure are also graphed. Measures may fall into any one of four quadrants: Declining (lower left), Improving (upper left), Leading (upper right), or At Risk (lower right).

Premier's 15 Top Health Systems® award winners are selected based on the highest overall **current** performance. Winners fall into either the "Leading" or "At Risk" quadrants, depending on their multi-year rate of improvement performance. Those with a high rate of improvement will be "Leading" performers, and those who have fallen behind their comparison group median may be "At Risk" for falling behind peers in the future, if low rates of improvement continue.

PERFORMANCE MATRIX NOTES

Missing Matrix Graph

The matrix graph will be missing if your system was excluded from the study or had too few years of trend data for all measures. A minimum of four years of data, including the current year, are required.

Missing Measure Dots

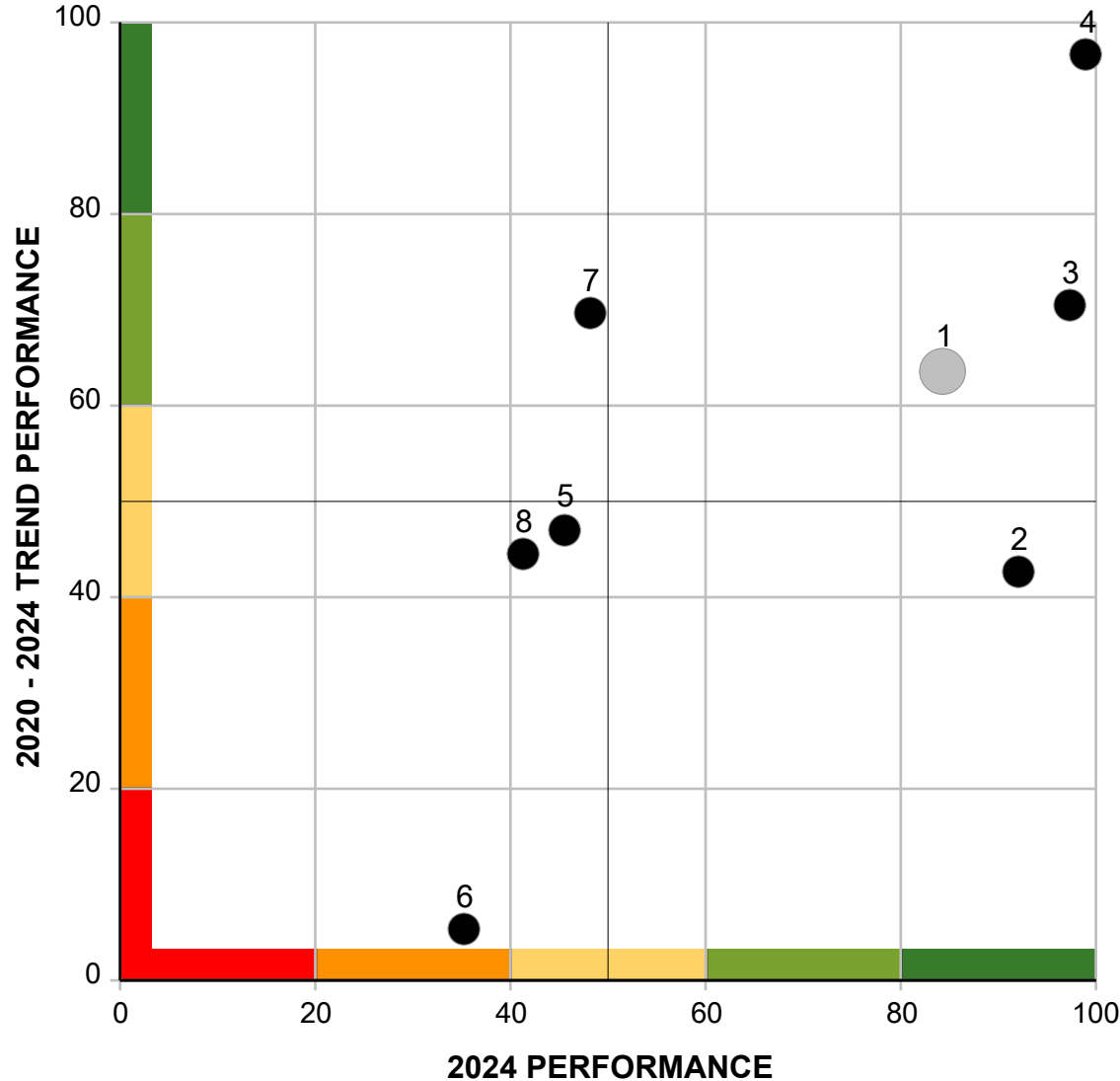
A measure dot will be missing from the matrix if your system had too few useable data points (after outlier exclusions) to calculate a regression line t-statistic, which is the ranked variable. If this occurs, the dot for the affected measure(s) will be missing on the matrix graph **and** there will be no "Overall" dot. In addition, data points will be missing from the affected trend measure graphs. Notes on excluded data points are in the Appendix following the Performance Matrix graph.

Note: *The 30-day hybrid hospital-wide readmission measure cannot be plotted on the matrix graph due to the lack of trend data. CMS replaced the 30-day hospital-wide readmission measure with the hybrid hospital-wide readmission measure in their August 2025 release. Trend data will not be available for this measure until the 2028 study year.*

15 Top Health Systems® Performance Comparison Group

Profiled health system compared to medium health systems

2024 Performance and Five-Year Rate of Improvement Matrix



DATA POINT KEY

- 1 OVERALL
- 2 Inpatient Mortality
- 3 Complications
- 4 HAI
- 5 30-Day Mortality
- 6 ALOS
- 7 MSPB
- 8 HCAHPS

Note: The 30-Day Hybrid H-W Readmission measure is not included in this graph due to the lack of available trend data.

QUINTILES

- 80 to 100
- 60 to 80
- 40 to 60
- 20 to 40
- 0 to 20

PROFILED HEALTH SYSTEM compared to:

2024 medium health systems: n = 116
 2020 - 2024 medium health systems: n = 115

Performance and Improvement – Rank Percentiles Graphs

UNDERSTANDING THE GRAPHS

2024 Performance Rank Percentiles

This bar graph shows your system's performance on each measure, in the most current year of data we analyzed, reported as rank percentiles. The overall rank percentile is based on the sum of your individual measure ranks, and then re-ranked by comparison group. The overall rank sum is then converted into a percentile. The overall rank percentile is not the average of the individual measure percentiles. Individual measure percentiles are calculated by dividing your measure rank within your comparison group by the number of systems in the group and multiplying by 100.

Premier's 2026 15 Top Health Systems® Benchmark Systems (winners) were selected based only on 2024 performance.

2020 - 2024 Rate of Improvement Rank Percentiles

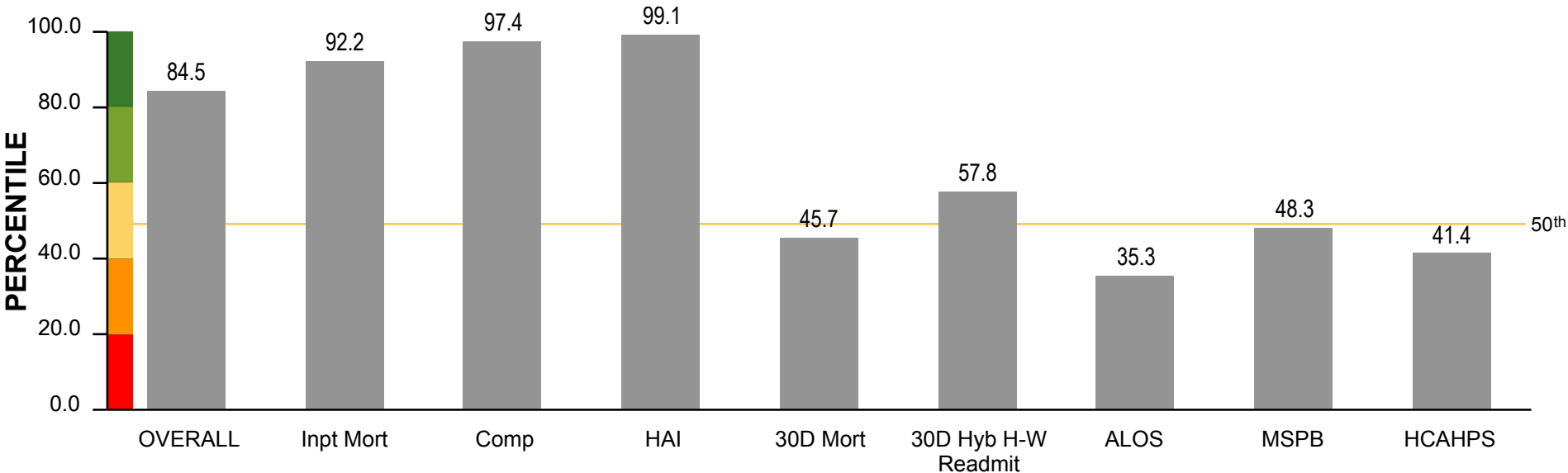
This bar graph shows your system's rate of improvement (trend) on each measure and overall, reported as rank percentiles. Both the overall rank percentile and the individual measure percentiles are calculated as described above, but using trend measure data.

Measures with rank percentiles above the median are likely to move ahead of peers on performance in the future if those rates of improvement have continued.

Systems with overall and measure-specific rank percentiles below the median are likely to fall behind peers on performance in the future if those low rates of improvement have continued. Winners with a low overall rate of improvement are at risk for dropping out of the winner circle entirely.

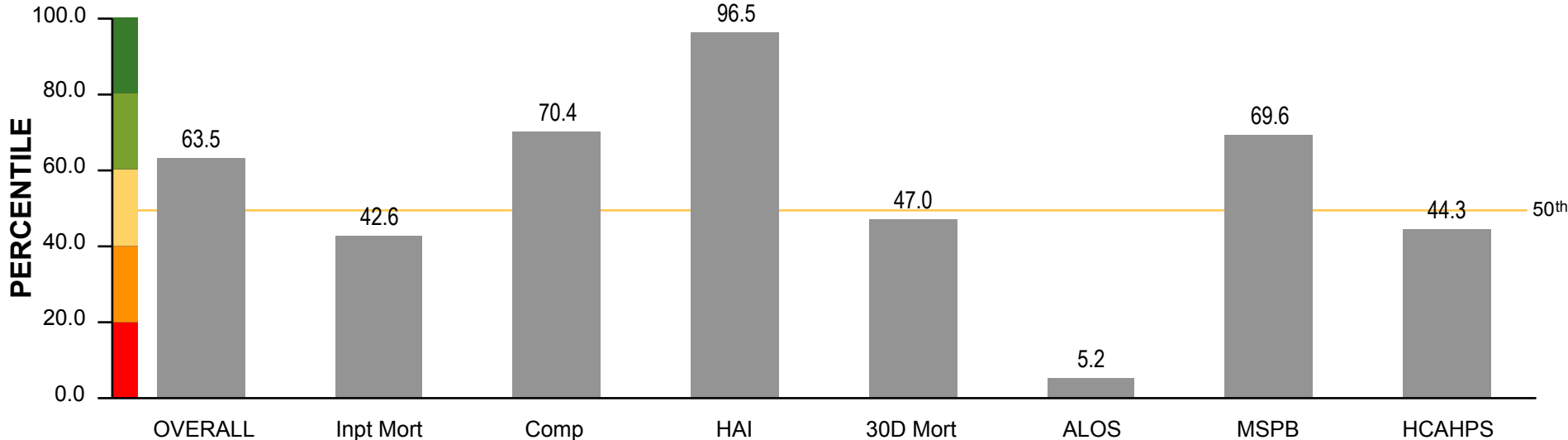
Note: *The 30-day hybrid hospital-wide readmission measure cannot be plotted on the rate of improvement rank graph due to the lack of trend data. CMS replaced the 30-day hospital-wide readmission measure with the hybrid hospital-wide readmission measure in their August 2025 release. Trend data will not be available for this measure until the 2028 study year.*

2024 Performance Rank Percentiles



Profiled system compared to medium health systems: n = 116

2020 - 2024 Performance Rank Percentiles



Profiled system compared to medium health systems: n = 115

Note: The 30-Day Hybrid H-W Readmission measure is not included in this graph due to the lack of available trend data.

15 Top Health Systems® Current Profile Notes

CURRENT PROFILE

Premier's 15 Top Health Systems® current profile analyzes your health system's performance in the most recent year available, using a national balanced scorecard of critical performance metrics:

- Risk-Adjusted Inpatient Mortality Index
- Risk-Adjusted Complications Index
- Mean Healthcare-Associated Infection Index
- Mean 30-Day Mortality Rate (AMI, HF, pneumonia, COPD, stroke)
- 30-Day Hybrid Hospital-Wide Readmission Rate
- Severity-Adjusted Average Length of Stay
- Medicare Spend Per Beneficiary Index
- HCAHPS Top-Box Percent (Overall Hospital Rating)

Note: CMS replaced the 30-day hospital-wide readmission measure with the hybrid hospital-wide readmission measure in their August 2025 release.

Using this profile, you can identify your health system's level of performance achievement by individual measure and overall and target higher performance. In addition, the profile shows the level of achievement of national award-winning (benchmark) health systems and the median performance of non-winning (peer) systems in your comparison group.

MEASURE CALCULATION OVERVIEW

Mortality, complications, and length of stay (LOS) indexes are calculated by summing hospital observed and expected values to the health system level. Expected values are normalized by system class. LOS indexes are converted to average length of stay in days for reporting, using the in-study health system grand mean LOS.

Healthcare-associated infections, 30-day mortality and 30-day hybrid hospital-wide readmissions are calculated by summing member hospital observed and eligible patient counts to the health system level to calculate the percent or rate.

Medicare spend per beneficiary index (MSPB) is calculated by weighting the member hospital MSPB indexes by the hospital MEDPAR discharges. The weighted indexes are summed and divided by the total member hospital discharges. This produces the weighted MSPB for each system.

The HCAHPS top-box percent is calculated by summing the member hospital HCAHPS survey numbers and eligible patient counts to the health system level to calculate the percent.

UNDERSTANDING THE GRAPHS

Profiled System Compared with Benchmark and Peer

This section contains individual bar graphs for each of the performance measures included in the 15 Top Health Systems® national balanced scorecard. Each bar graph shows performance achievement levels for three groups: your health system, the benchmark group median, and the peer group median.

The graphs for the binomial measures – in-hospital mortality and complications – also have a statistical significance note that indicates whether your performance is better than expected, as expected, or worse than expected (99 percent confidence).

Healthcare-Associated Infections, 30-Day Mortality Rates and HCAHPS Detail

This section contains bar graphs for the individual measures that make up the composite ranked measures for mean healthcare-associated infections and mean 30-day mortality. In addition, performance on each HCAHPS question is included for information. Only the Overall Hospital Rating question (an outcome metric) is ranked.

15 Top Health Systems® Current Profile Notes

SYSTEM HOSPITAL EXCLUSIONS

System hospitals are excluded from the parent health system analysis if one or more of the following conditions exist:

- Identified as a specialty hospital (Children's, Cancer, LTAC, Psych or SNF).
- Identified as a federally owned hospital.
- Identified as a non-U.S. hospital (Guam, Puerto Rico, Virgin Islands).
- Medicare average length of stay longer than 30 days.
- No reported Medicare deaths.

Any system hospital measures for which there are useable data will be included when aggregating hospital data to the system level.

SYSTEM BENCHMARK EXCLUSIONS

A system is not included in benchmark consideration if:

- Observed mortality or complications are statistically worse than expected (99 percent confidence).
- Medicare spend per beneficiary (MSPB) index is missing or incomplete.
- Had a 15 Top Health Systems® award rescinded within three years.

USE OF MEDIAN VALUES

When individual measures are missing or the reported value is insufficiently precise (patient count too low) in a composite measure, we substitute class median values so your health system can be ranked. This was done for the following measures:

- 30-day mortality rates (AMI, HF, pneumonia, COPD, stroke).
- Medicare Spend Per Beneficiary (MSPB) index.

Note:

- *If all individual measures are missing for the 30-day mortality measure, class medians are not used, and the system is excluded from the study.*
- *If MSPB is missing, the system is benchmark excluded but not excluded from the study.*

MEASURES FOR INFORMATION ONLY

Several measures are included in this report for information only. These measures are **not** included in your overall performance rating and are not used to select the 15 Top Health Systems® awardees. You will find these measures in a separate section of the report following the detail graphs.

MORE INFORMATION ON METHODOLOGIES

The 15 Top Health Systems® Annual Report provides key findings of the study results at the benchmark and peer system level for each comparison group as well as for all in-study systems. The 100 Top Hospitals® Program Methodology Guide provides details on the study methodology and the calculation of all performance measures. These documents can be found on Premier's 100 Top Hospitals® website: www.100tophospitals.com.

15 Top Health Systems® Trend Profile Notes

TREND PROFILE OVERVIEW

Premier's 15 Top Health Systems® trend profile analyzes your health system's rate of improvement over five years, using a balanced scorecard of critical performance metrics:

- Risk-Adjusted Inpatient Mortality Index
- Risk-Adjusted Complications Index
- Mean Healthcare-Associated Infection Index
- Mean 30-Day Mortality Rate (AMI, HF, pneumonia, COPD, stroke)
- Severity-Adjusted Average Length of Stay
- Medicare Spend Per Beneficiary Index
- HCAHPS Top-Box Percent (Overall Hospital Rating)

Note: CMS replaced the 30-day hospital-wide readmission measure with the hybrid hospital-wide readmission measure in their August 2025 release. Trend data is not available for this measure at this time.

Minimum Data Requirements for Ranking

We require a minimum of four (4) valid data points for each measure (including the most current year) for a system to be ranked in the trend profile.

UNDERSTANDING THE GRAPHS

Improvement Trends Versus Comparison Group Quintiles (Color Quintile Graphs)

Your system's rate of improvement for each individual performance measure is displayed on the color quintile graphs with black dots representing the system's actual data points for each year. These data points are displayed against a background of quintile ranges for all health systems in your comparison group. Each range is color-coded to indicate level of performance, from dark green (best quintile) to red (worst quintile). You can use these graphs to see whether your organization's trajectory over time is mostly flat, moving ahead of or falling behind other similar health systems.

A statistical significance note is displayed for each graph, indicating whether your performance is **improving, not changing, or worsening** over the five years we analyzed (99 percent confidence for mortality and complications; 95 percent for all other measures). We rank each measure using the t-statistic of the regression line through the data points (slope/S.E.).

Use of Median Values and Composite Measures

For each data year, when individual 30-day mortality measures are missing, the median value of your comparison group is substituted in order to calculate and display the composite mean 30-day value. However, if ALL individual 30-day mortality measures are missing for that data year, then median values are not used to calculate the composite mean and the data point will not be displayed on the color quintile graphs.

To determine whether your health system had a valid data point for the mean healthcare-associated infection index measure, we applied the same minimum eligibility requirements and individual HAI measure exclusions by comparison group as the current profile, to each historical year of data.

Missing Data Points

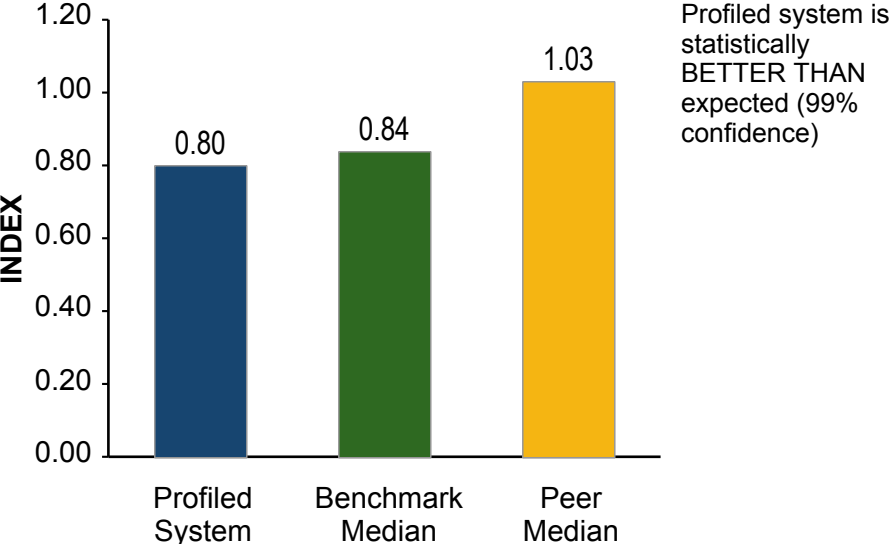
Individual data points are missing on the color quintile graphs when values are not reported, or if your comparison group's median value has been substituted in a specific year.

Data Point Time Periods

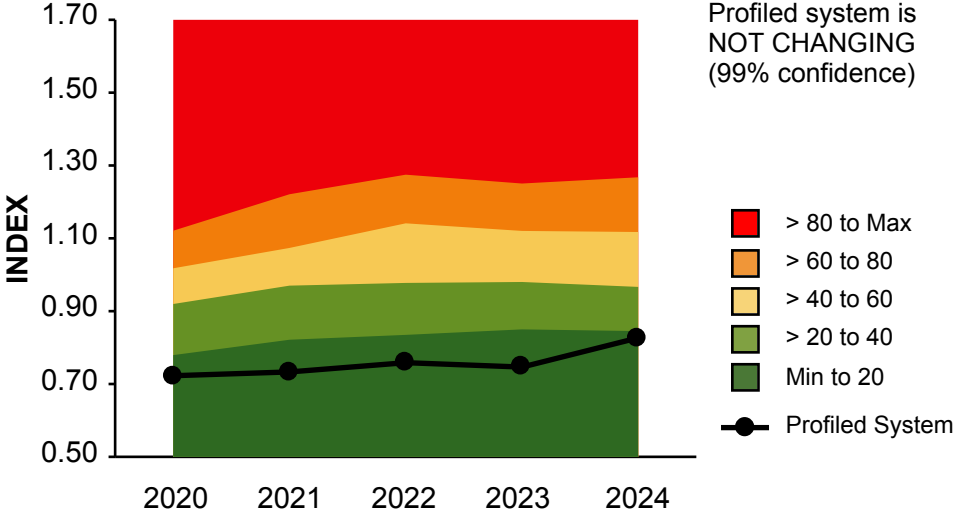
Data points on the graphs – labeled 2020, 2021, 2022, 2023, 2024 – represent various data periods. See Report Methodology Notes page, Rank Weights and Public Data Sources table for more details.

Risk-Adjusted Inpatient Mortality Index

2024 IP MORTALITY PERFORMANCE



2020 - 2024 IP MORTALITY TREND



System performance compared to peer system quintiles: n = 115

▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

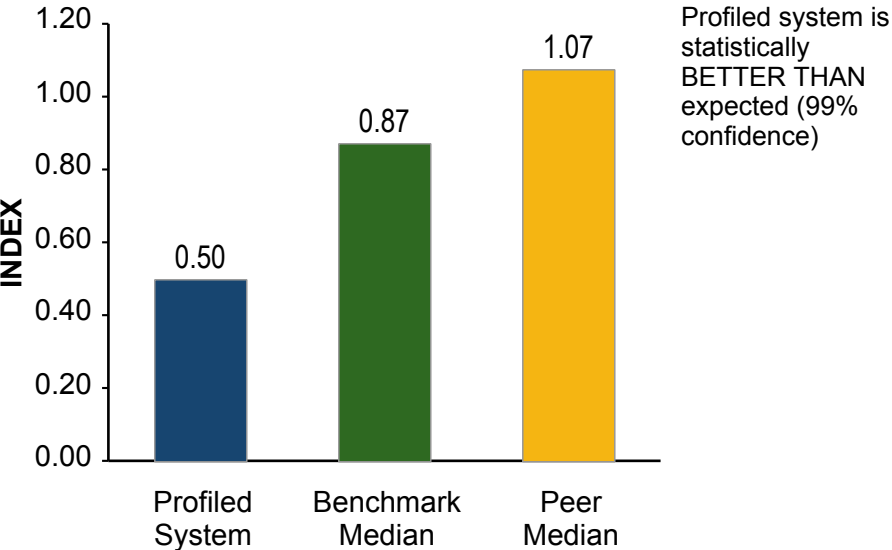
Peer systems are the non-winners in the comparison group: n = 111

Note: 2024 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

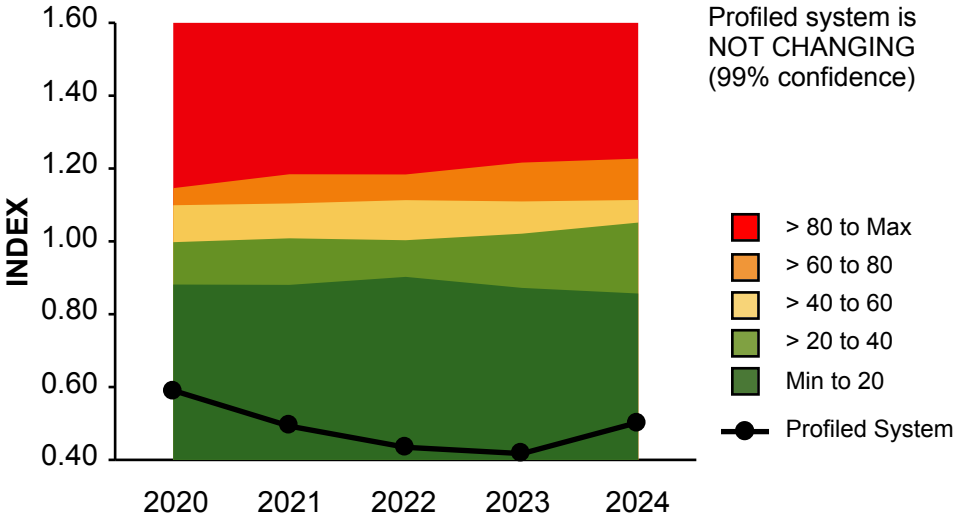
PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM		
		20th	40th	60th	80th	Value	Upper CI	Lower CI
YEARS	2020	0.78	0.92	1.02	1.12	0.72	0.76	0.69
	2021	0.82	0.97	1.07	1.22	0.73	0.77	0.70
	2022	0.83	0.98	1.14	1.27	0.76	0.79	0.73
	2023	0.85	0.98	1.12	1.25	0.75	0.78	0.71
	2024	0.85	0.97	1.12	1.27	0.83	0.87	0.79

Risk-Adjusted Complications Index

2024 COMPLICATIONS PERFORMANCE



2020 - 2024 COMPLICATIONS TREND



System performance compared to peer system quintiles: n = 115

▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

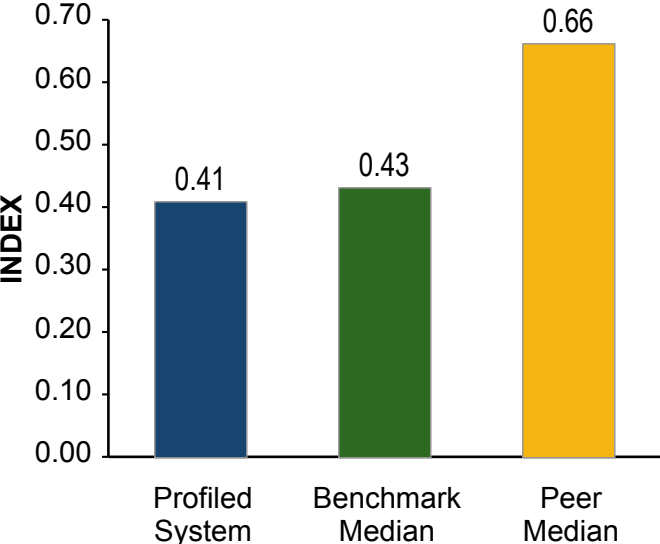
Peer systems are the non-winners in the comparison group: n = 111

Note: 2024 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

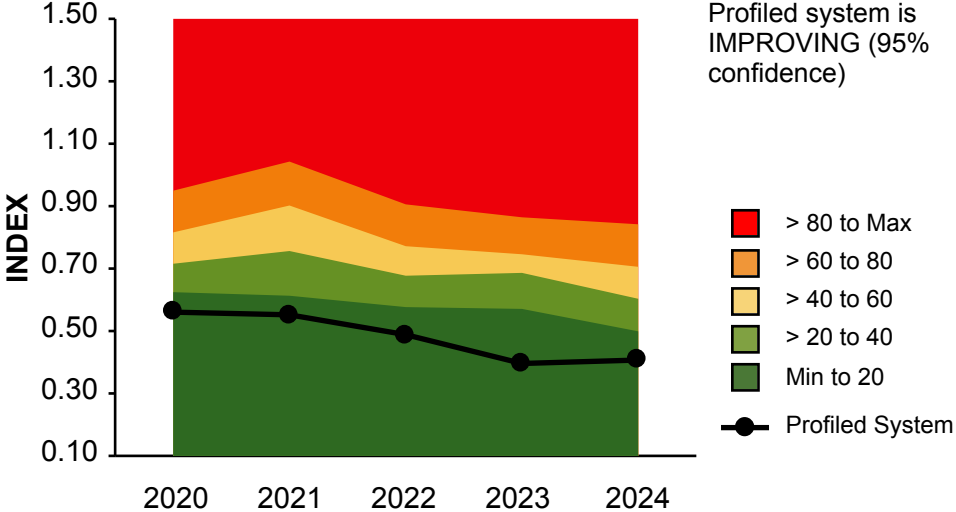
PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM		
		20th	40th	60th	80th	Value	Upper CI	Lower CI
YEARS	2020	0.88	1.00	1.10	1.15	0.59	0.61	0.57
	2021	0.88	1.01	1.10	1.18	0.49	0.51	0.47
	2022	0.90	1.00	1.11	1.18	0.43	0.45	0.42
	2023	0.87	1.02	1.11	1.22	0.42	0.43	0.40
	2024	0.86	1.05	1.11	1.23	0.50	0.52	0.48

Mean Healthcare-Associated Infection (HAI) Standardized Infection Ratio (SIR)

2024 HAI PERFORMANCE



2020 - 2024 HAI TREND



System performance compared to peer system quintiles: n = 115

▼ Desired Direction

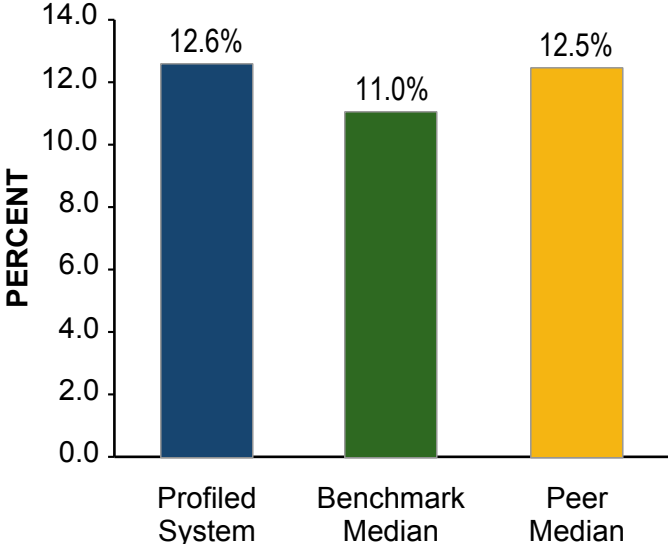
Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

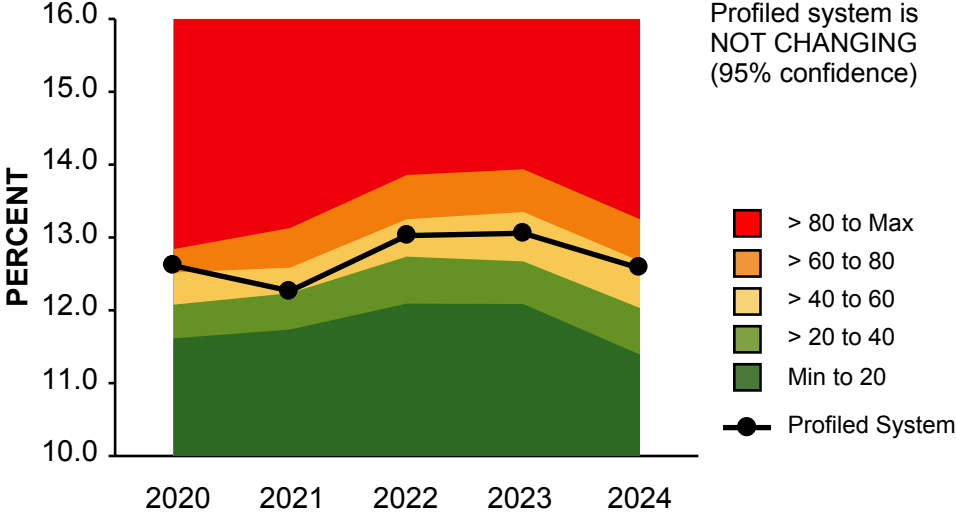
PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM
		20th	40th	60th	80th	Value
YEARS	2020	0.62	0.72	0.82	0.95	0.56
	2021	0.61	0.76	0.90	1.04	0.55
	2022	0.58	0.68	0.77	0.91	0.49
	2023	0.57	0.69	0.75	0.86	0.40
	2024	0.50	0.60	0.71	0.84	0.41

Mean 30-Day Mortality Rate

2024 30D MORTALITY PERFORMANCE



2020 - 2024 30D MORTALITY TREND



System performance compared to peer system quintiles: n = 115

▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

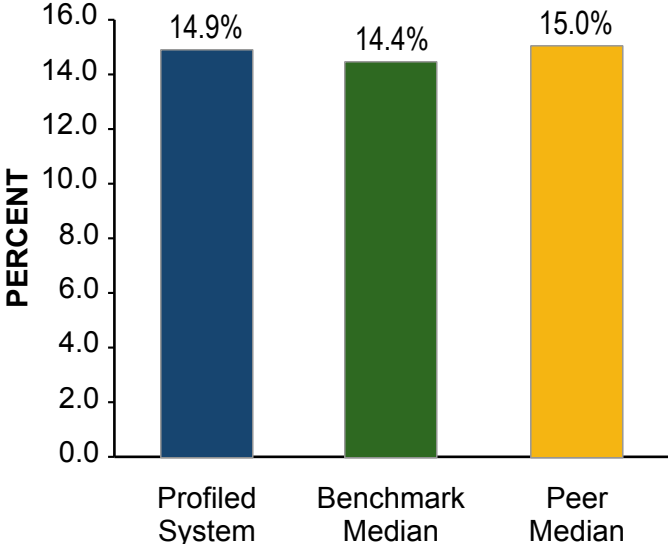
Peer systems are the non-winners in the comparison group: n = 111

PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM
		20th	40th	60th	80th	Value
YEARS	2020	11.6	12.1	12.5	12.8	12.6
	2021	11.7	12.2	12.6	13.1	12.3
	2022	12.1	12.7	13.3	13.9	13.0
	2023	12.1	12.7	13.4	13.9	13.1
	2024	11.4	12.0	12.7	13.3	12.6

30-Day Hybrid Hospital-Wide Readmission Rate

2024 30D HYB H-W READMIT PERFORMANCE

TREND PERFORMANCE NOT AVAILABLE



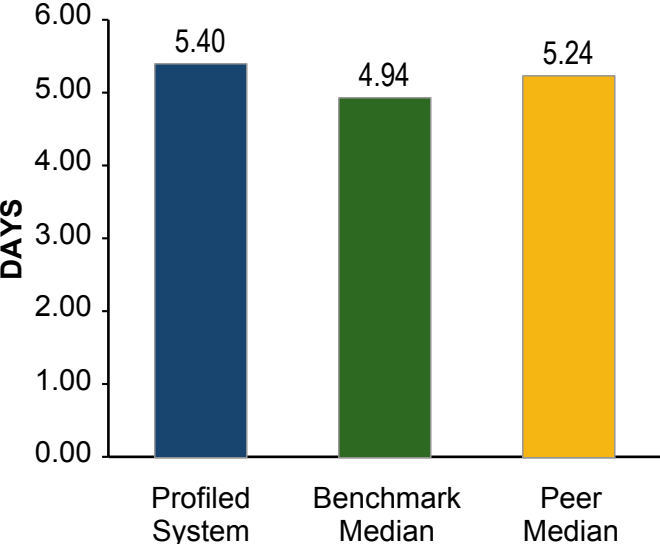
▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

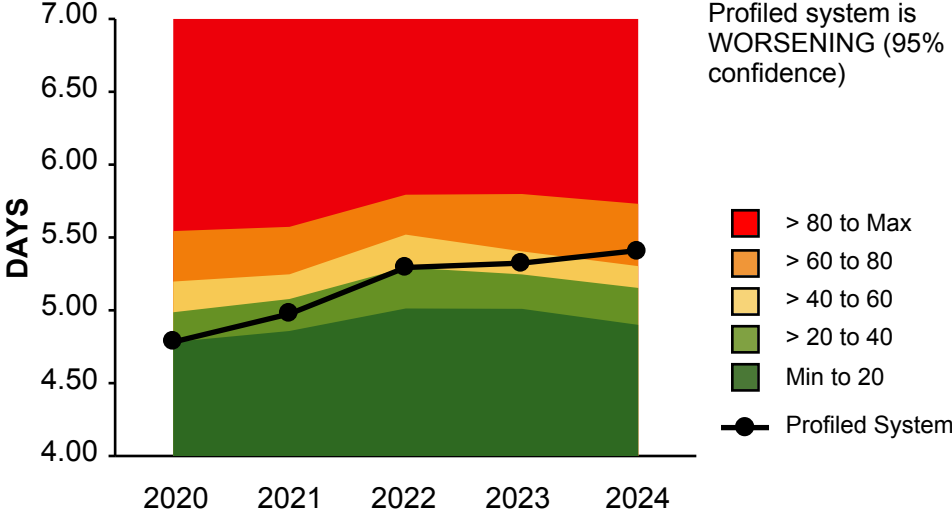
Peer systems are the non-winners in the comparison group: n = 111

Severity-Adjusted Average Length of Stay (ALOS)

2024 ALOS PERFORMANCE



2020 - 2024 ALOS TREND



System performance compared to peer system quintiles: n = 115

▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

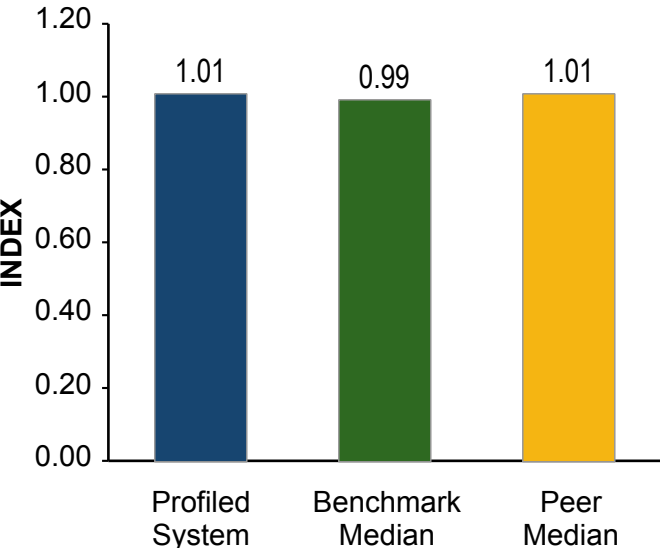
Peer systems are the non-winners in the comparison group: n = 111

Note: 2024 values on the current and trend graphs will not match due to different norm factors used to normalize the expected values.

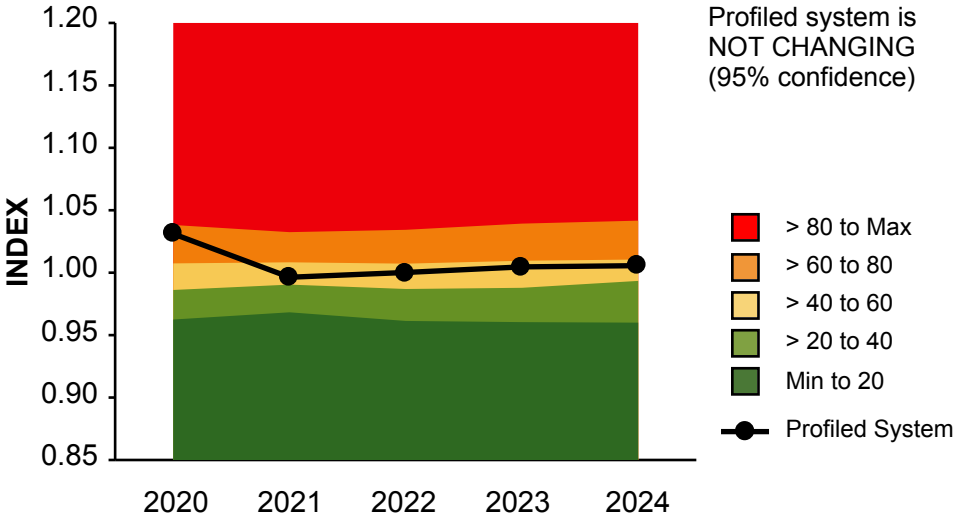
PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM
		20th	40th	60th	80th	Value
YEARS	2020	4.78	4.99	5.20	5.54	4.78
	2021	4.86	5.08	5.25	5.57	4.98
	2022	5.01	5.29	5.52	5.79	5.29
	2023	5.01	5.25	5.40	5.80	5.32
	2024	4.90	5.15	5.30	5.73	5.41

Medicare Spend Per Beneficiary Index (MSPB)

2024 MSPB PERFORMANCE



2020 - 2024 MSPB TREND



System performance compared to peer system quintiles: n = 115

▼ Desired Direction

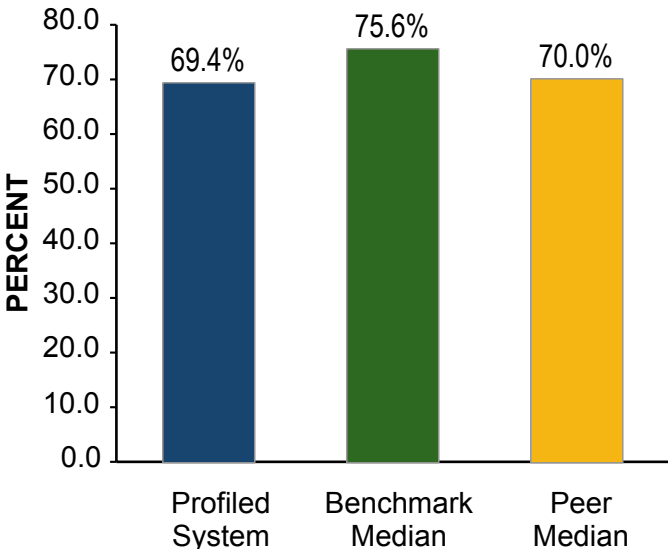
Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM
		20th	40th	60th	80th	Value
YEARS	2020	0.96	0.99	1.01	1.04	1.03
	2021	0.97	0.99	1.01	1.03	1.00
	2022	0.96	0.99	1.01	1.03	1.00
	2023	0.96	0.99	1.01	1.04	1.00
	2024	0.96	0.99	1.01	1.04	1.01

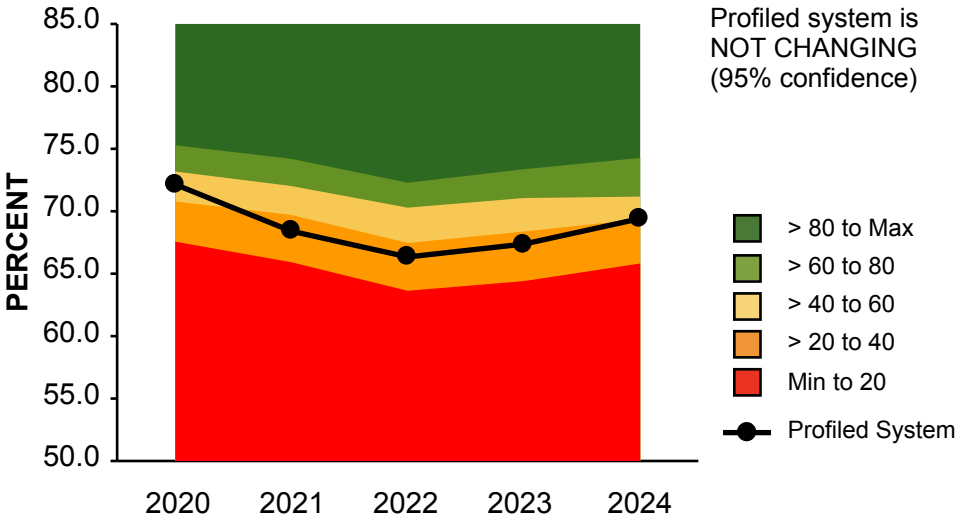
HCAHPS: Overall Rating Question

2024 HCAHPS TOP-BOX PERFORMANCE



QUESTION KEY:
Overall rating: How do patients rate the hospital overall?

2020 - 2024 HCAHPS TOP-BOX TREND



System performance compared to peer system quintiles: n = 115

▲ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

PERCENTILE POINTS ►		HEALTH SYSTEM COMPARISON GROUP				PROFILED SYSTEM
		20th	40th	60th	80th	Value
YEARS	2020	67.6	70.8	73.2	75.3	72.1
	2021	65.9	69.7	72.0	74.2	68.4
	2022	63.6	67.5	70.3	72.3	66.3
	2023	64.4	68.4	71.1	73.4	67.4
	2024	65.8	69.4	71.2	74.3	69.4

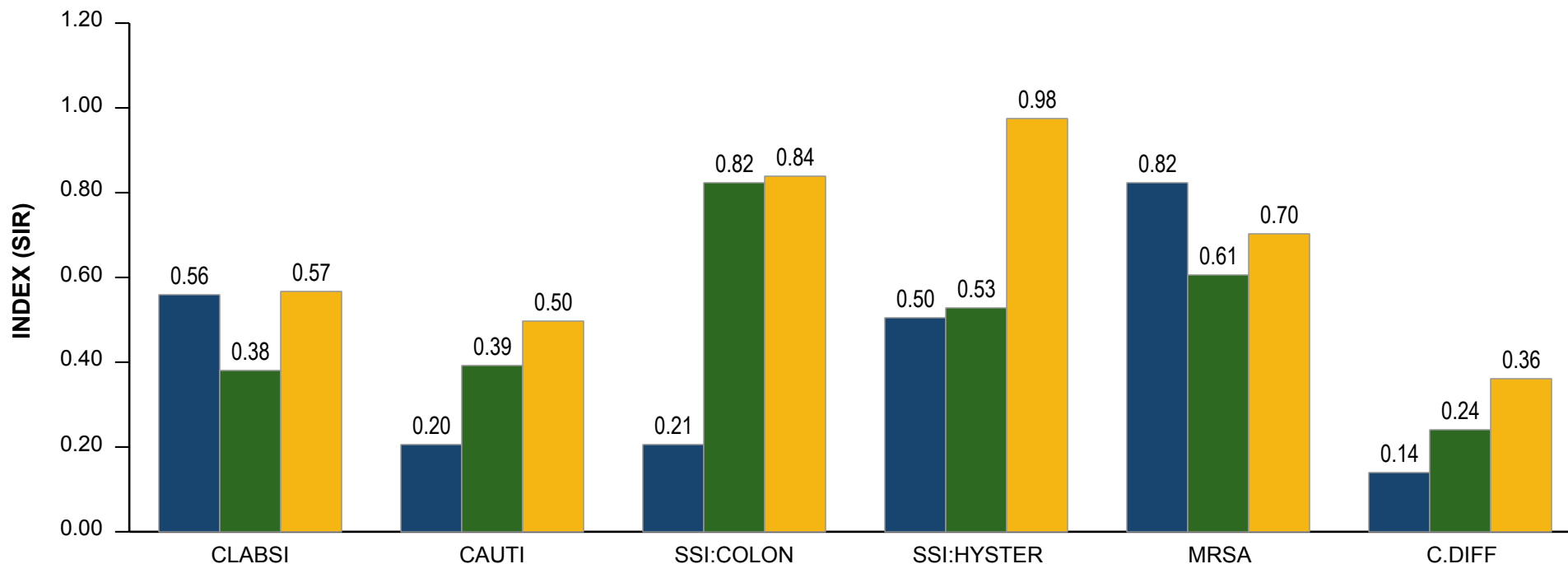
2024 Health System Performance – Detail Graphs

This section of your report contains the detail graphs of those measures that are ranked based on a composite of individual measures. These include:

- Healthcare-associated infections (HAI)
- 30-day mortality (AMI, HF, pneumonia, COPD and stroke)
- HCAHPS – Note: The individual measures are displayed for information only. The ranked measure is for the overall rating question.

Healthcare-Associated Infections (HAI) Standardized Infection Ratio (SIR) Measure Detail

2024 HAI PERFORMANCE



HEALTHCARE-ASSOCIATED INFECTIONS ABBREVIATION KEY

- CLABSI Central line-associated blood stream infections
- CAUTI Catheter-associated urinary tract infections
- SSI:COLON Surgical site infection from colon surgery
- SSI:HYSTER Surgical site infection from abdominal hysterectomy
- MRSA Methicillin-resistant staphylococcus aureus blood laboratory-identified events
- C.DIFF Clostridium difficile laboratory-identified events

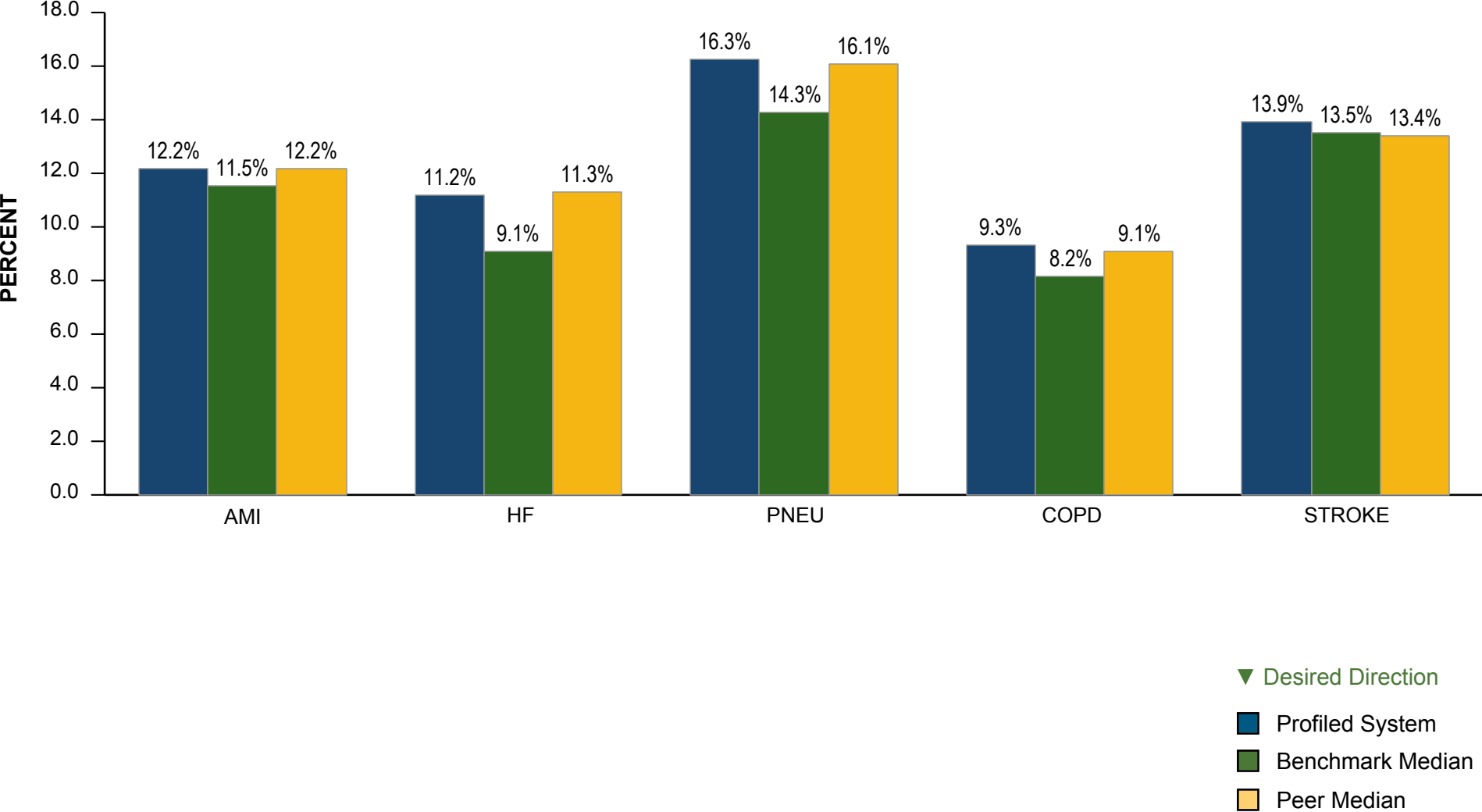
- ▼ Desired Direction
- Profiled System
- Benchmark Median
- Peer Median

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

30-Day Mortality Rates by Patient Condition

2024 PERFORMANCE FOR 30D MORTALITY

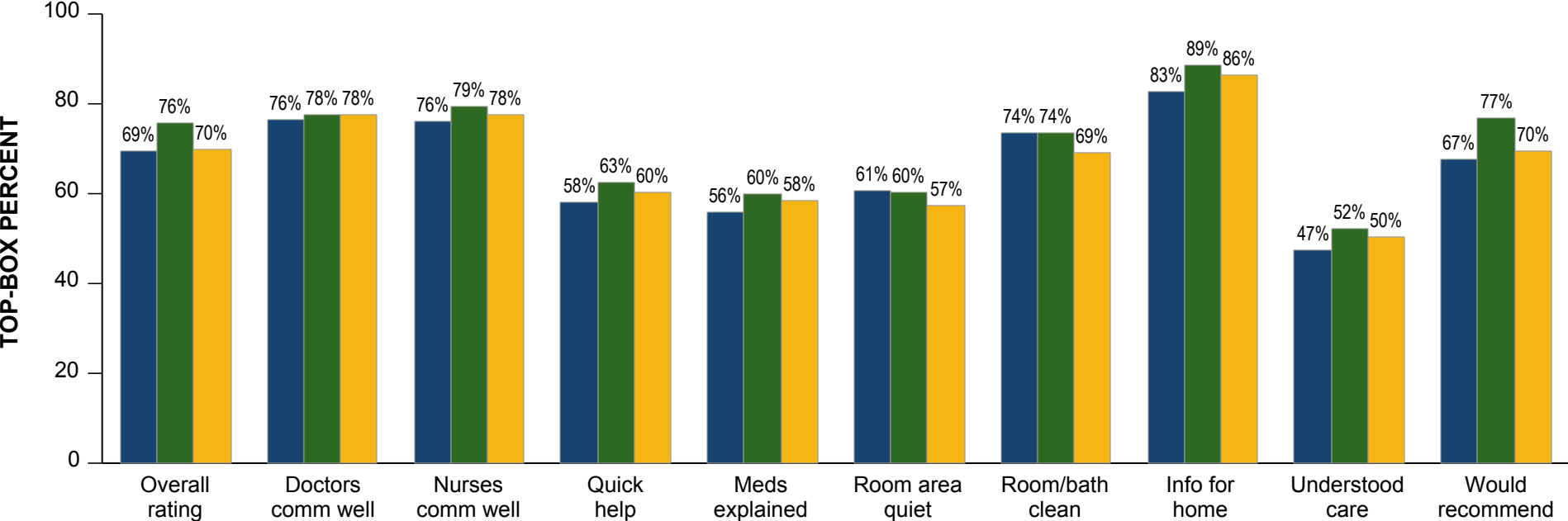


Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

HCAHPS Questions – Only Overall Rating Used in Ranking

2024 HCAHPS PERFORMANCE



QUESTION KEY

Overall rating	How do patients rate the hospital overall?
Doctors comm well	How often did doctors communicate well with patients?
Nurses comm well	How often did nurses communicate well with patients?
Quick help	How often did patients receive help quickly from hospital staff?
Meds explained	How often did staff explain about medicines before giving them to patients?
Room area quiet	How often was the area around patients rooms kept quiet at night?
Room/bath clean	How often were the patients rooms and bathrooms kept clean?
Info for home	Were patients given information about what to do during their recovery at home?
Understood care	How often did patients understand their care at discharge?
Would recommend	Would patients recommend the hospital to friends and family?

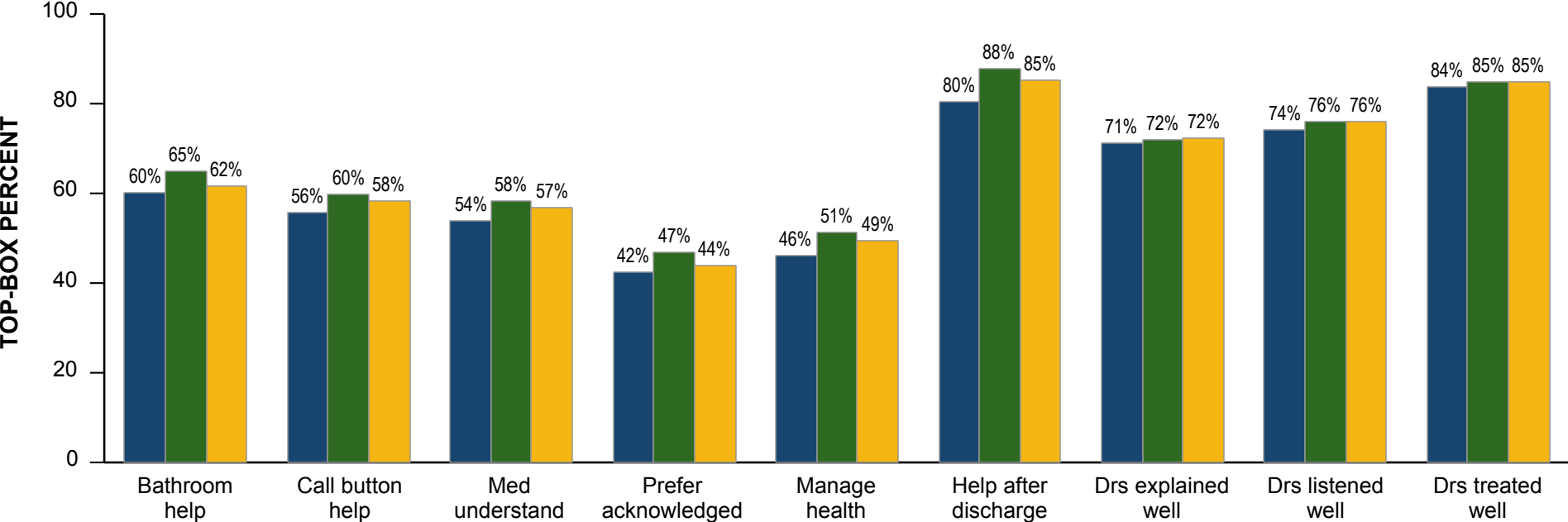
- ▲ Desired Direction
- Profiled System
- Benchmark Median
- Peer Median

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

HCAHPS Questions, cont.

2024 HCAHPS PERFORMANCE



QUESTION KEY

- Bathroom help: How often did patients receive bathroom help as soon as they wanted?
- Call button help: How often did patients receive help after using the call button as soon as they wanted?
- Med understand: How often did patients understand the purpose of their medications when leaving the hospital?
- Prefer acknowledged: How often did the staff take patients' preferences into account when determining health care needs?
- Manage health: How often did patients understand their responsibilities in managing their health?
- Help after discharge: How often did patients discuss whether they would need help after discharge?
- Drs explained well: How often did doctors explain things in a way patients could understand?
- Drs listened well: How often did doctors listen carefully to patients?
- Drs treated well: How often did doctors treat patients with courtesy and respect?

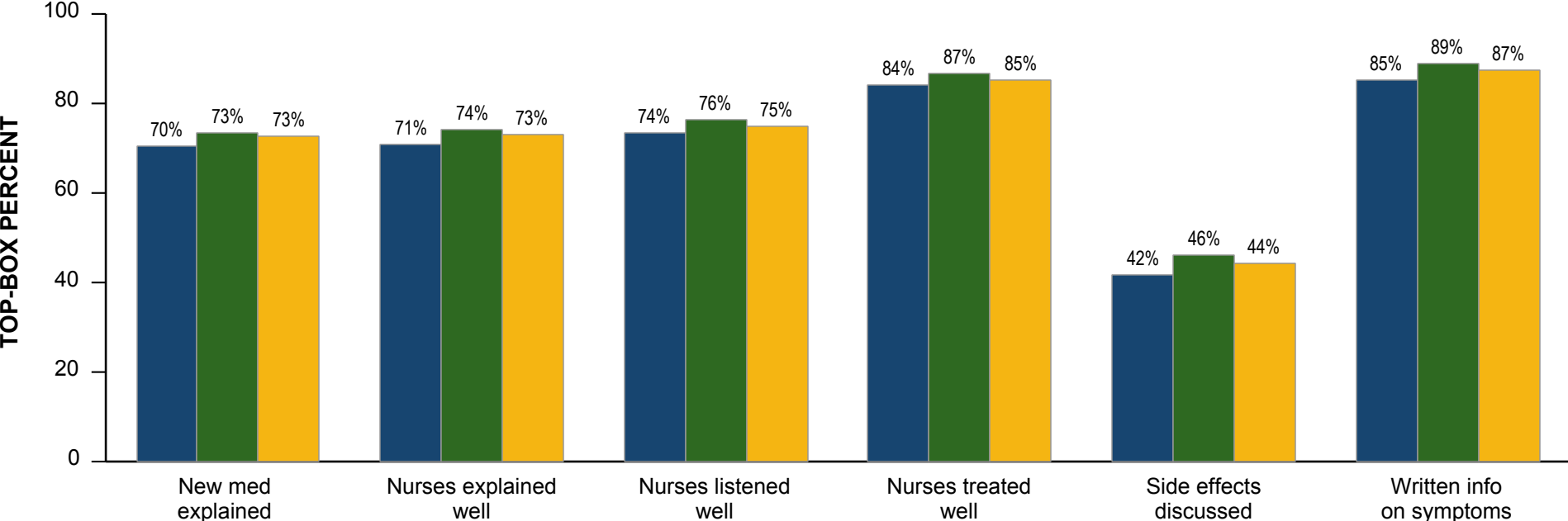
- ▲ Desired Direction
- Profiled System
- Benchmark Median
- Peer Median

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

HCAHPS Questions, cont.

2024 HCAHPS PERFORMANCE



QUESTION KEY

- New med explained: How often did staff communicate what the new medication was for?
- Nurses explained well: How often did nurses explain things in a way patients could understand?
- Nurses listened well: How often did nurses listen carefully to patients?
- Nurses treated well: How often did nurses treat patients with courtesy and respect?
- Side effects discussed: How often did staff discuss possible side effects when receiving a new medication?
- Written info on symptoms: Did patients receive written information about possible symptoms to look out for after discharge?

- ▲ Desired Direction
- Profiled System
- Benchmark Median
- Peer Median

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

Supplemental Information-Only Measures

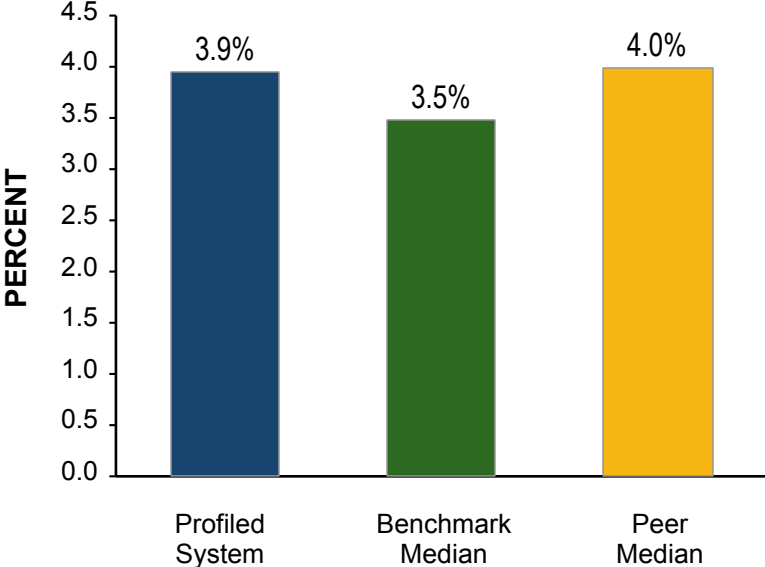
This section of your report contains measures that we are profiling for informational purposes only; they were not included in the ranking or determination of winners. We welcome your comments and feedback on the usefulness and relevance of these measures in assessing leadership's ability to drive high-level, balanced performance.

- 30-day hybrid hospital-wide mortality measure
- 30-day readmission rate by patient condition:
 - AMI, HF, pneumonia, total hip arthroplasty/total knee arthroplasty (THA/TKA), COPD
- 30-day excess days in acute care (EDAC) measures:
 - AMI, HF, pneumonia patients
- 90-day complication measure:
 - THA/TKA patients
- Patient safety indicator (PSI) measures:

<ul style="list-style-type: none"> • PSI-03 Pressure ulcer rate • PSI-04 Death rate among surgical inpatients with serious treatable comps • PSI-06 Iatrogenic pneumothorax rate • PSI-08 In-hospital fall with hip fracture rate • PSI-09 Postoperative hemorrhage or hematoma rate • PSI-10 Postoperative acute kidney injury requiring dialysis rate 	<ul style="list-style-type: none"> • PSI-11 Postoperative respiratory failure rate • PSI-12 Perioperative pulmonary embolism or deep vein thrombosis rate • PSI-13 Postoperative sepsis rate • PSI-14 Postoperative wound dehiscence rate • PSI-15 Abdominopelvic accidental puncture or laceration rate • PSI-90 Patient safety and adverse events composite
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- Unplanned hospital visits after hospital outpatient surgery (OP-36)

30-Day Hybrid Hospital-Wide Mortality Rate

2024 30D HYB H-W MORTALITY PERFORMANCE



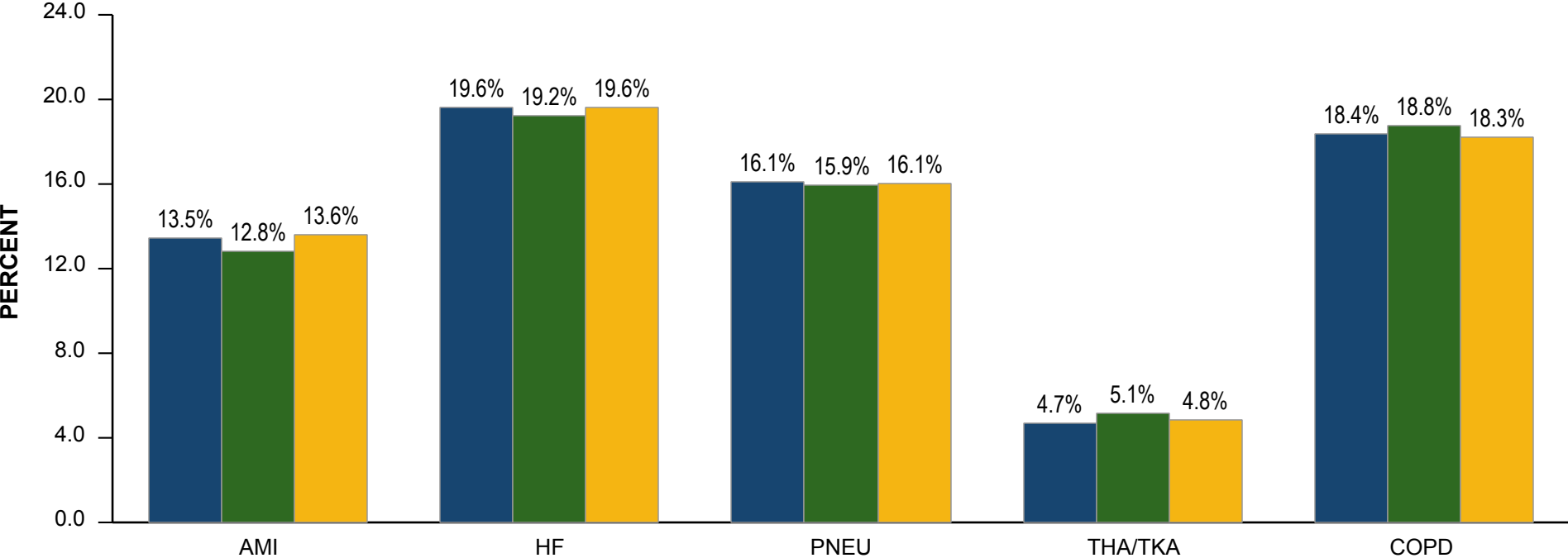
▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

30-Day Readmission Rates by Patient Condition

2024 PERFORMANCE FOR 30D READMISSIONS



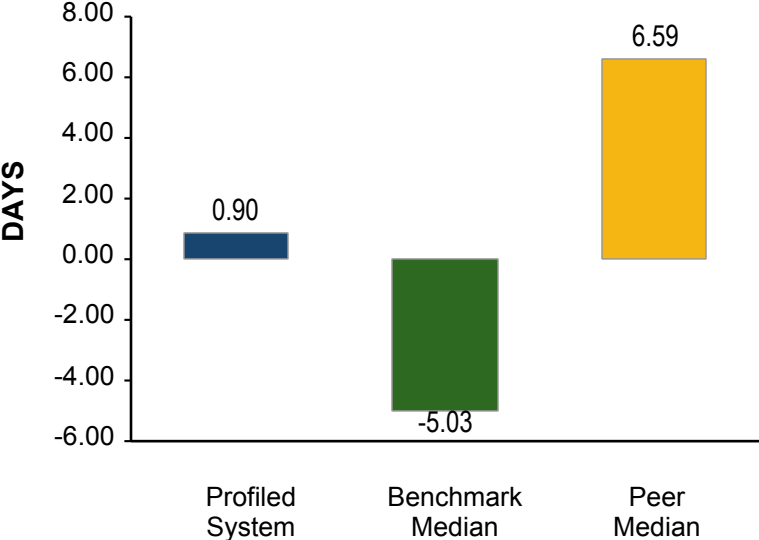
- ▼ Desired Direction
- Profiled System
- Benchmark Median
- Peer Median

Benchmark systems are the winners in the comparison group: n = 5

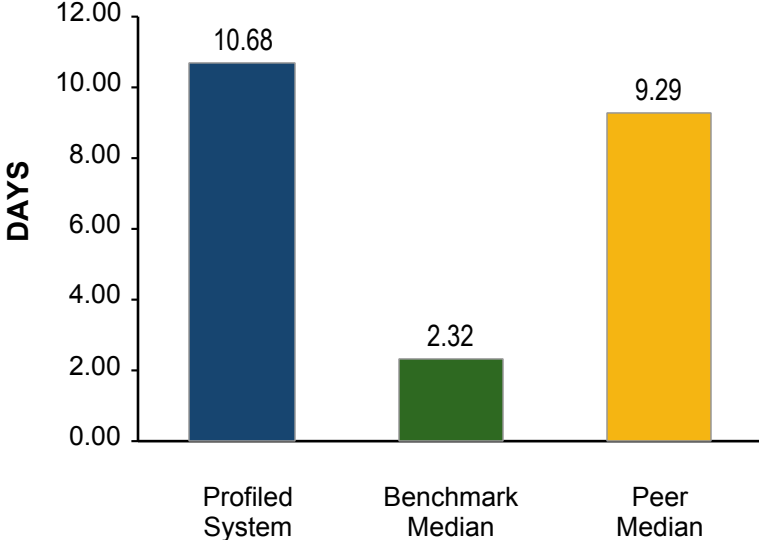
Peer systems are the non-winners in the comparison group: n = 111

30-Day Excess Days in Acute Care (EDAC) Measures by Patient Condition

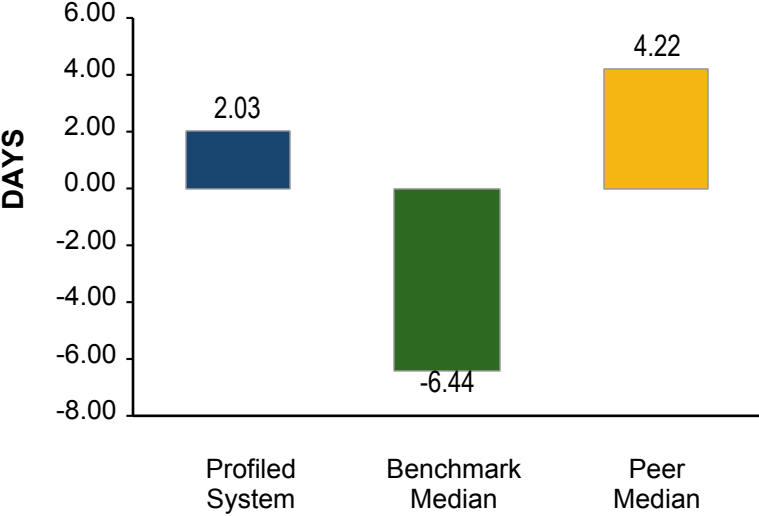
2024 30D EDAC PERFORMANCE FOR AMI



2024 30D EDAC PERFORMANCE FOR PNEUMONIA



2024 30D EDAC PERFORMANCE FOR HF

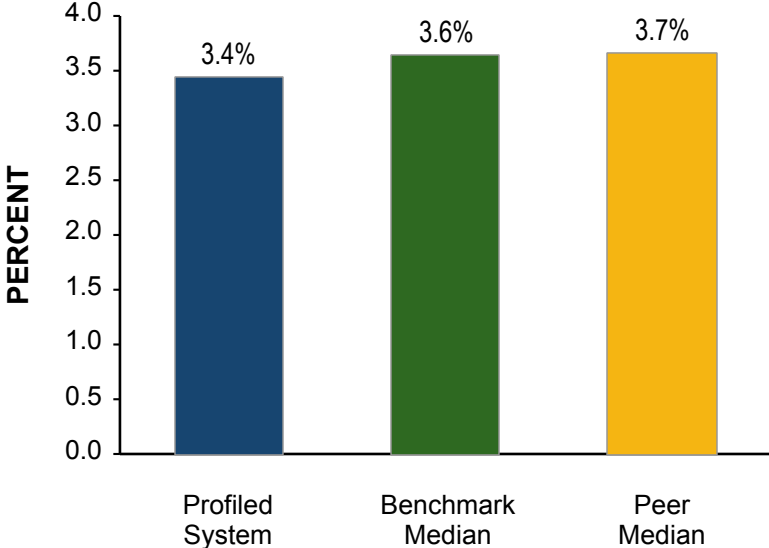


▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5
Peer systems are the non-winners in the comparison group: n = 111

90-Day Complication Rate for Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA)

2024 90D COMPLICATIONS PERFORMANCE FOR THA/TKA



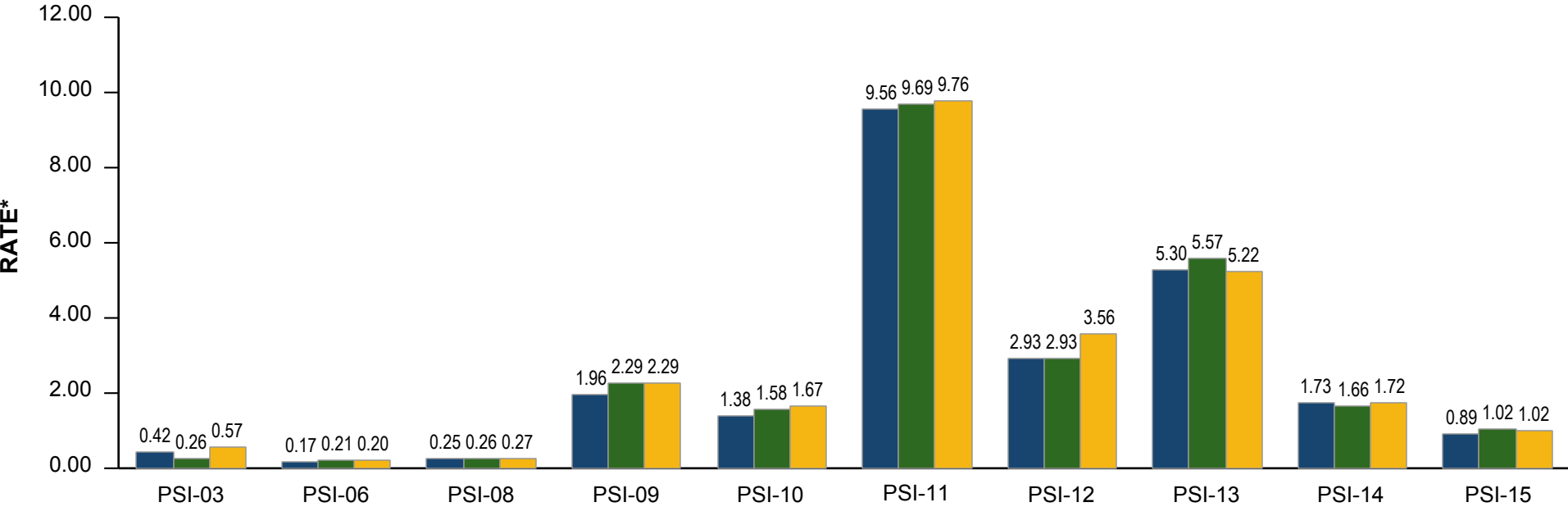
▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

Patient Safety Indicator (PSI) Composite Measures

2024 PSI PERFORMANCE



*Rate per 1000 discharges

PSI KEY

- PSI-03 Pressure ulcer rate
- PSI-06 Iatrogenic pneumothorax rate
- PSI-08 In-hospital fall with hip fracture rate
- PSI-09 Postoperative hemorrhage or hematoma rate
- PSI-10 Postoperative acute kidney injury requiring dialysis rate
- PSI-11 Postoperative respiratory failure rate
- PSI-12 Perioperative pulmonary embolism or deep vein thrombosis rate
- PSI-13 Postoperative sepsis rate
- PSI-14 Postoperative wound dehiscence rate
- PSI-15 Abdominopelvic accidental puncture or laceration rate

▼ Desired Direction

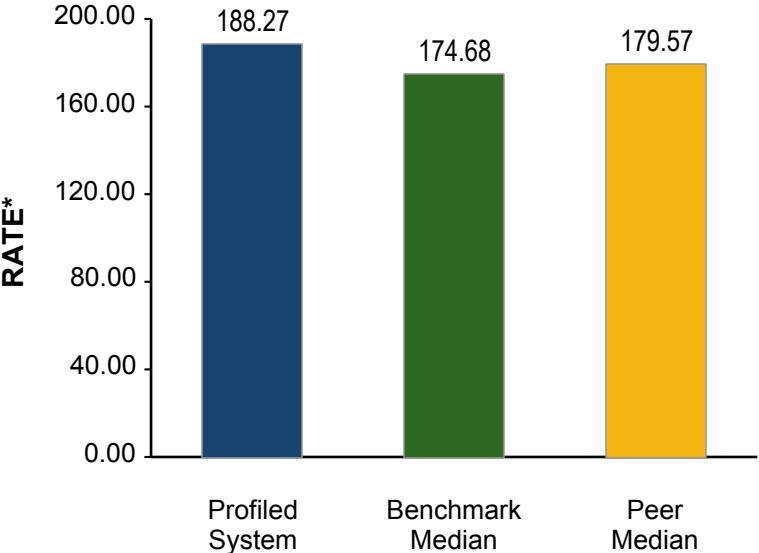
- Profiled System
- Benchmark Median
- Peer Median

Benchmark systems are the winners in the comparison group: n = 5

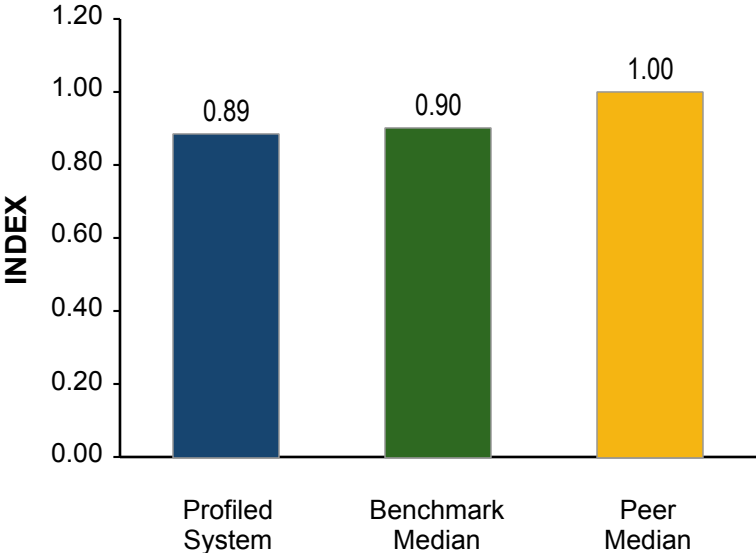
Peer systems are the non-winners in the comparison group: n = 111

PSI-04: Death Rate Among Surgical Inpatients with Serious Treatable Complications PSI-90: Patient Safety and Adverse Events Composite

2024 PSI-04 PERFORMANCE



2024 PSI-90 PERFORMANCE



▼ Desired Direction

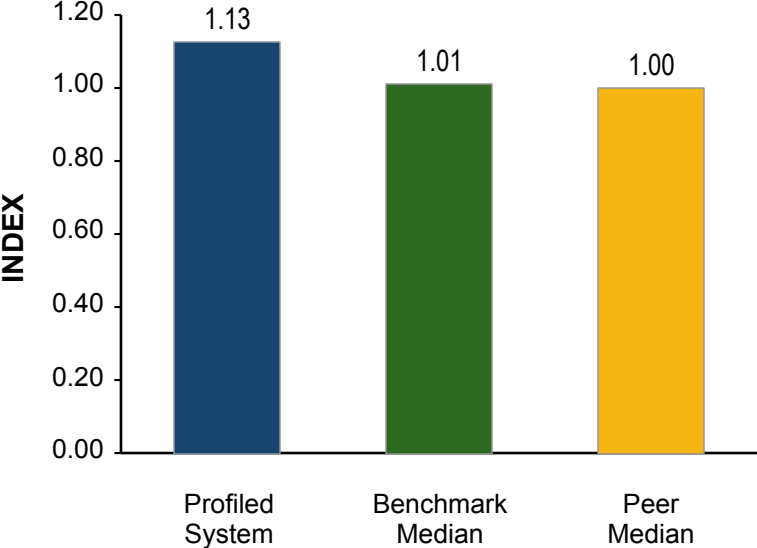
**Rate per 1000 discharges*

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

OP-36: Unplanned Hospital Visits After Hospital Outpatient Surgery

2024 OP-36 PERFORMANCE



▼ Desired Direction

Benchmark systems are the winners in the comparison group: n = 5

Peer systems are the non-winners in the comparison group: n = 111

Health System Consistency

Overview

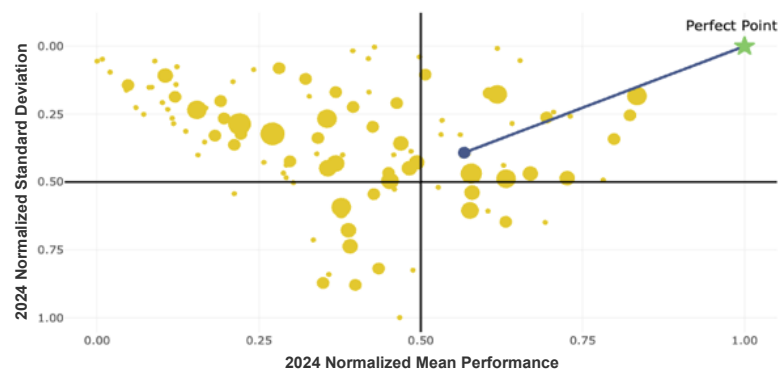
The Health System Consistency metric is being presented for informational purposes. The consistency measure is defined within this study as the intersection of system hospital-level performance and within-system hospital variation.

This metric is designed to identify systems that not only perform well overall but also exhibit consistent performance across facilities within their health system. With consistency taken into consideration, a health system whereby favorable performance is achieved through a set of high-performing facilities, offsetting suboptimal performance of one or more smaller hospitals, is distinguished from a system having equivalent overall performance, but with minimal variation in hospital performance.

Methodology

System hospital performance and variation are normalized using z-scores and plotted as x and y axes on a coordinate plane. As shown in Figure 1, the consistency score is calculated as the Euclidean distance between the profiled system point and the theoretical perfect point, whereby a system has a perfect overall score and zero variation across facilities.

Figure 1: Consistency Score Plot Showing the Intersection between System Performance and Variation



The system consistency scores are based on the normalized variation and performance of the profiled system hospitals, as compared to their system peer group in the current data year only, 2024.

Higher consistency scores identify systems that have favorable overall measure performance, illustrated by the normalized mean performance (x-axis), while the y-axis represents the variation between the facilities, with lower variation identifying systems with the best consistency between their hospitals.

The size of yellow points on the graph represents the size of the system (number of facilities) within that comparison group. The profiled system is blue, with no correlation to the size of the system.

System Hospitals Alignment Graphs

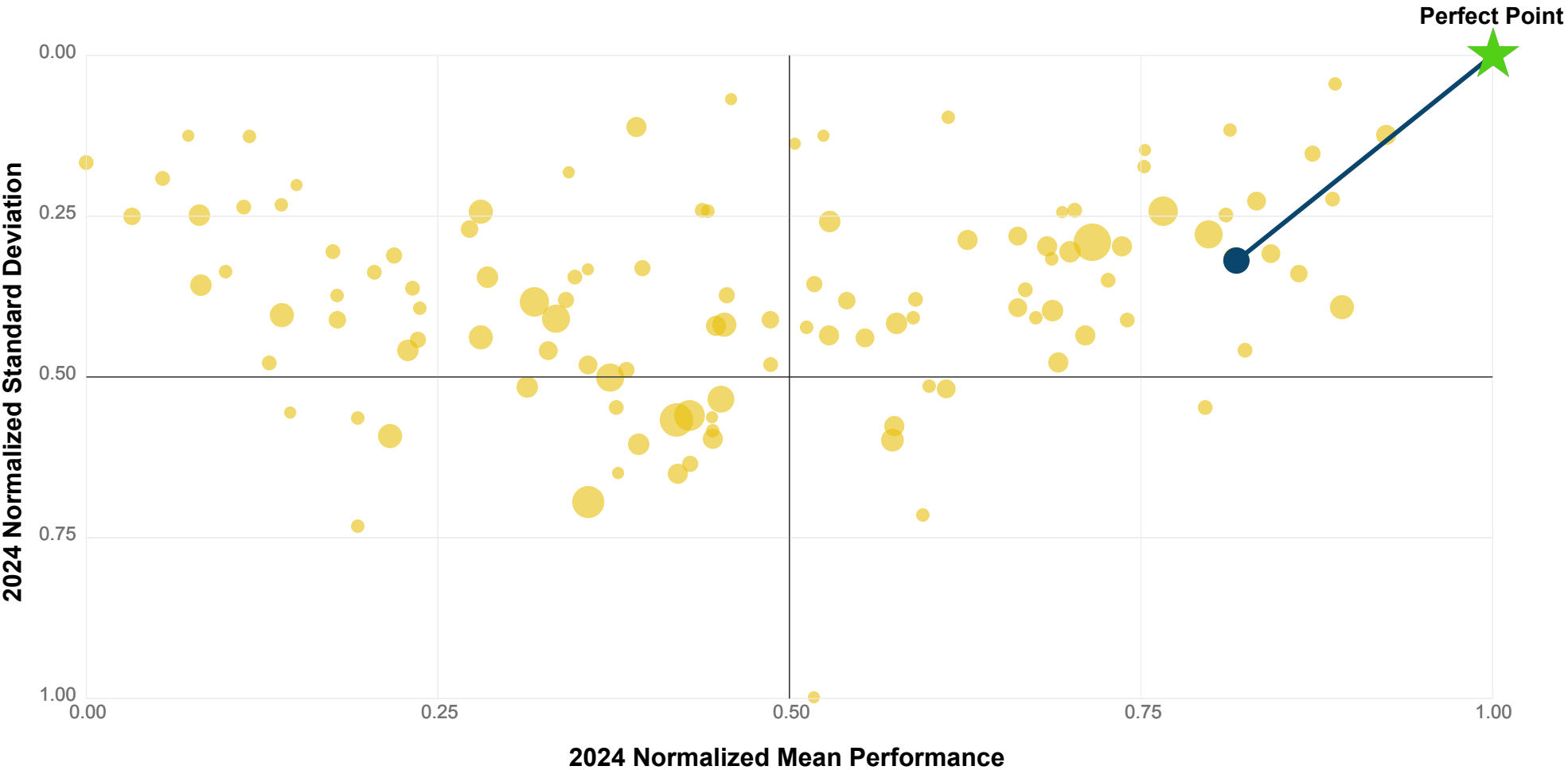
The performance of the system's hospitals is shown on the matrix graphs following the consistency metric. These graphs display the ranked percentile performance for the overall and individual measures that are included in the 100 Top Hospitals® study, for both current and trend profiles.

Short-term, general and acute care hospitals are included in the alignment analysis. **Only hospitals that are ranked in the 100 Top Hospitals®, 2026 study, are graphed.** Some acute care hospitals that are included in the 15 Top Health Systems® study cannot be graphed because they were missing data for one or more measures included in the 100 Top Hospitals® study and were, therefore, not ranked in that study.

Critical Access Hospitals (CAH) with valid data are included in the alignment profile. Their performance overall is calculated based on five measures: inpatient mortality, complications, ALOS, operating profit margin, and HCAHPS. Points for these hospitals will appear only on the graphs for these measures. Note: any available data for other measures will be included in the system roll-up, even though CAHs are not ranked on those measures.

Women's, Cardiac and Orthopedic hospitals that are **included** in the 15 Top Health Systems® study are not graphed in this section because we do not include these hospitals when comparing short-term, general, acute care hospital performance in the 100 Top Hospitals® study.

Health System Consistency Metric

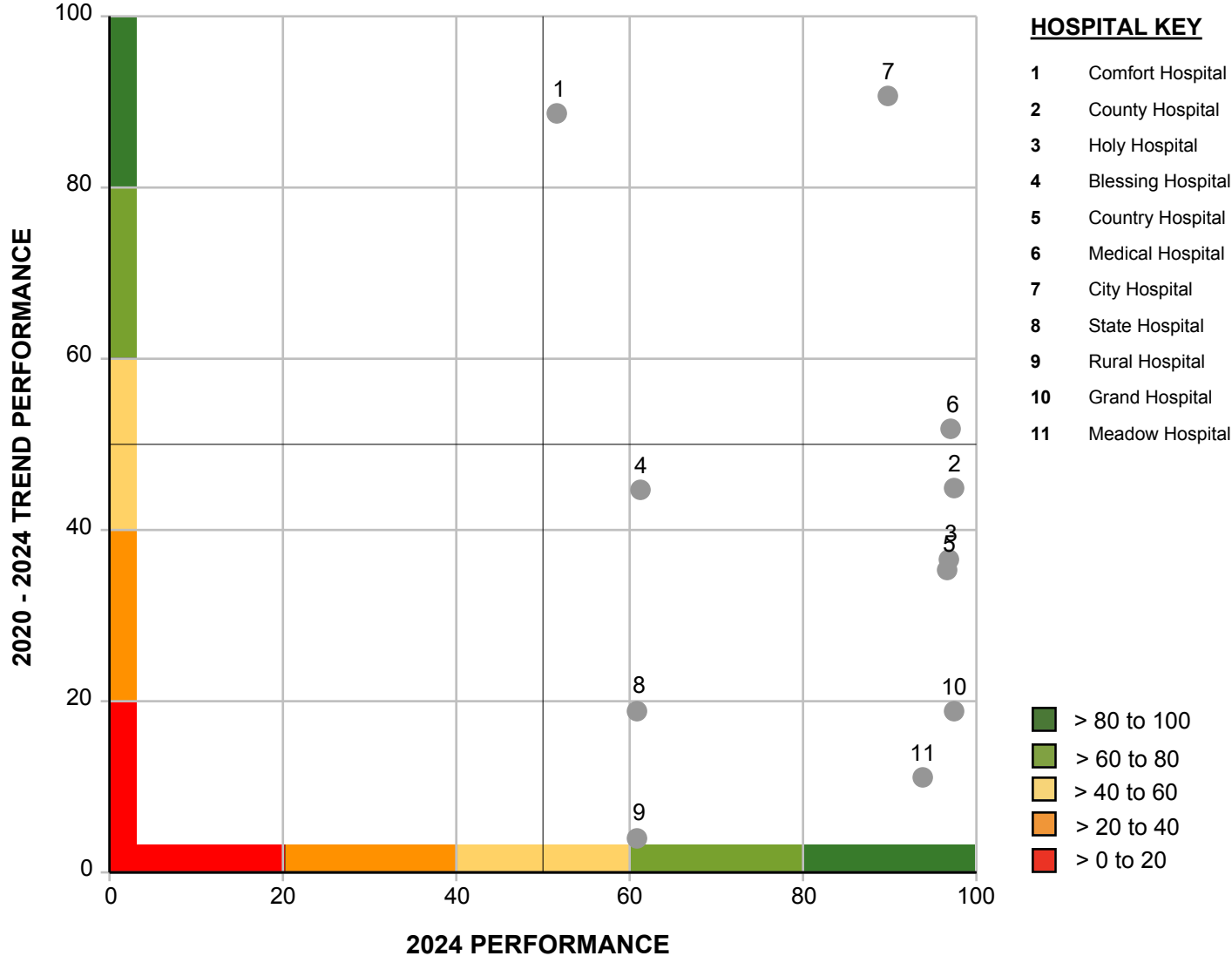


- Profiled System
- Peer Systems

Note: The profiled system point size has no correlation to the size of the system.

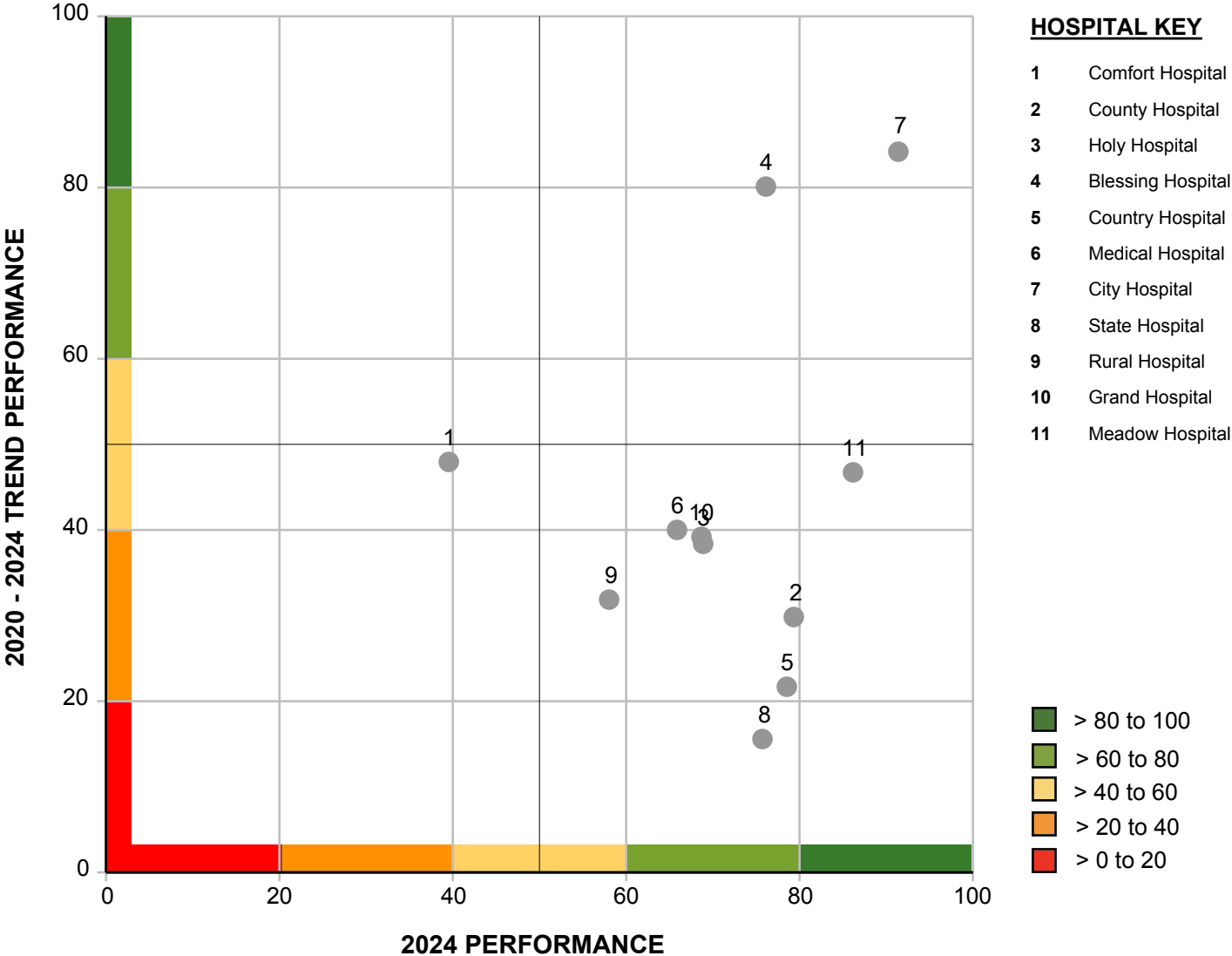
System Hospitals – Overall Performance

2024 PERFORMANCE VS. TREND PERFORMANCE



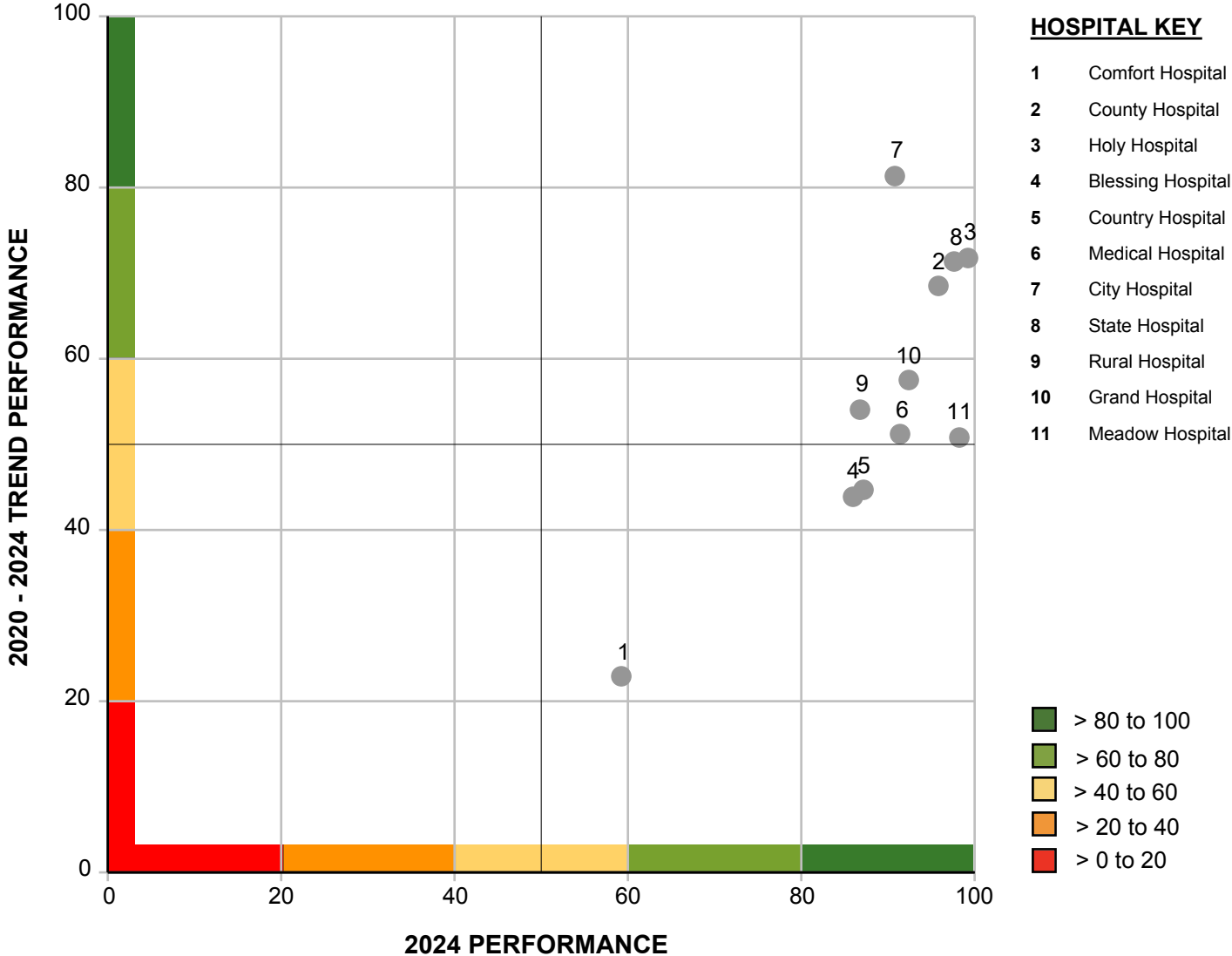
System Hospitals – Inpatient Mortality

2024 PERFORMANCE VS. TREND PERFORMANCE



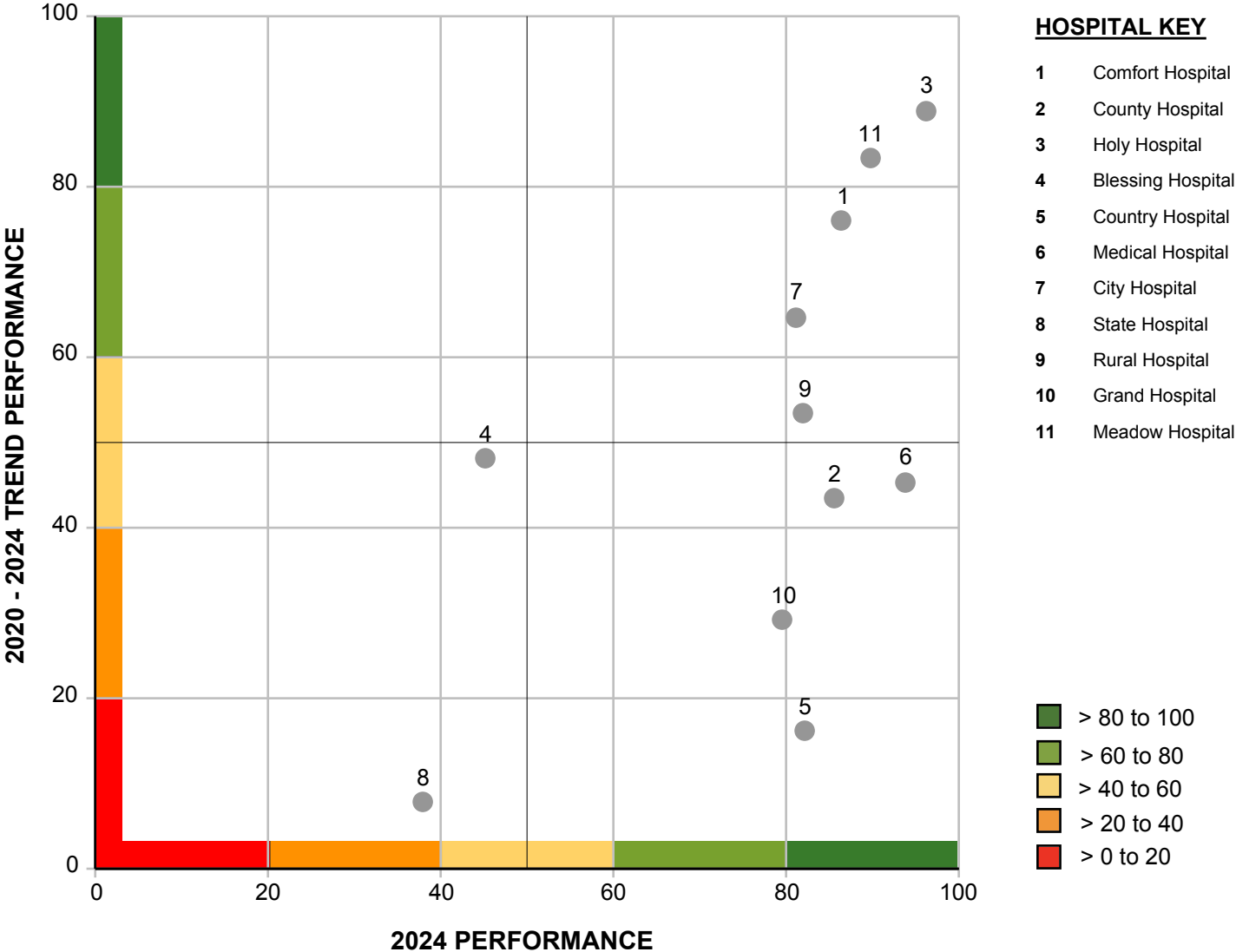
System Hospitals – Complications

2024 PERFORMANCE VS. TREND PERFORMANCE



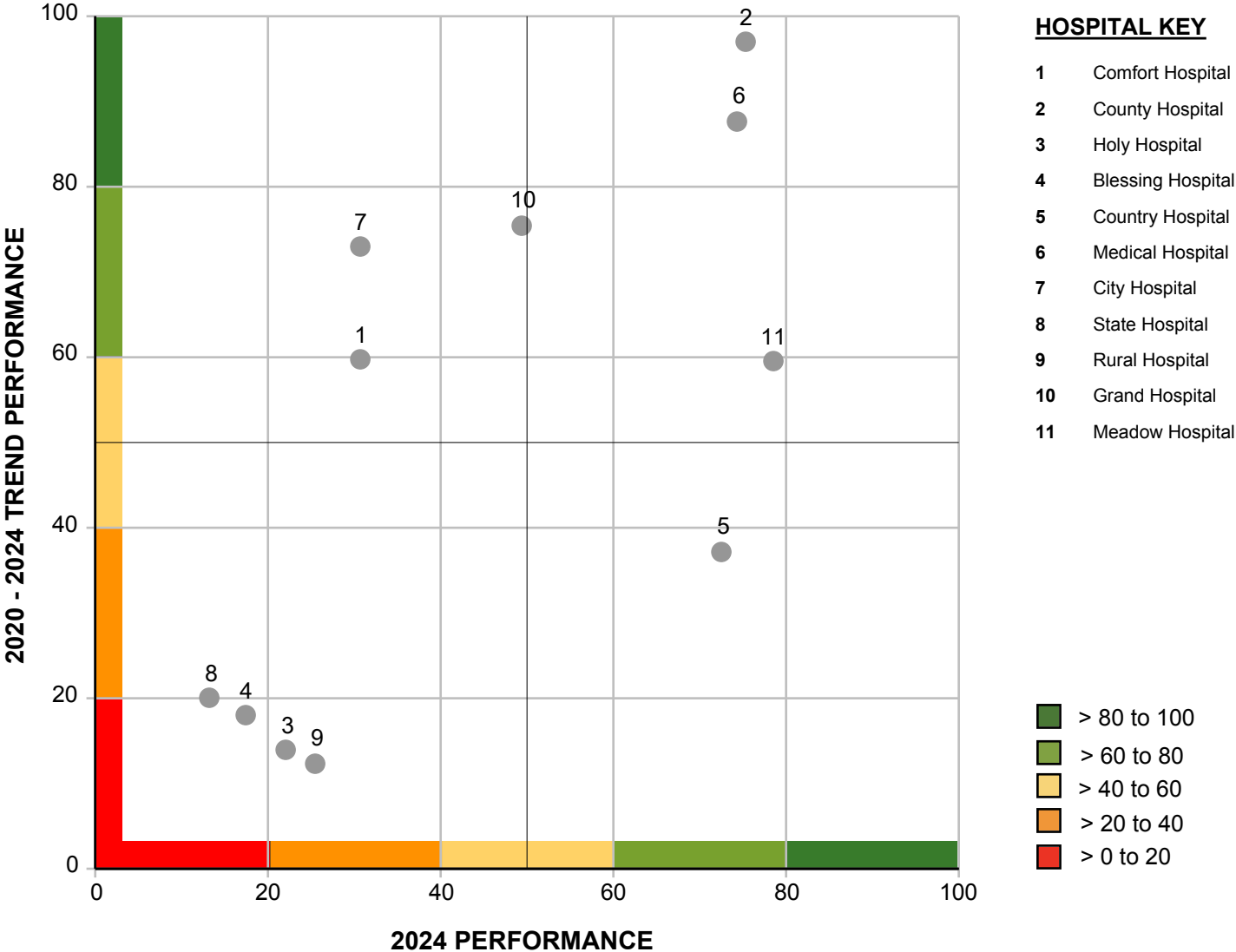
System Hospitals – Healthcare-Associated Infections

2024 PERFORMANCE VS. TREND PERFORMANCE



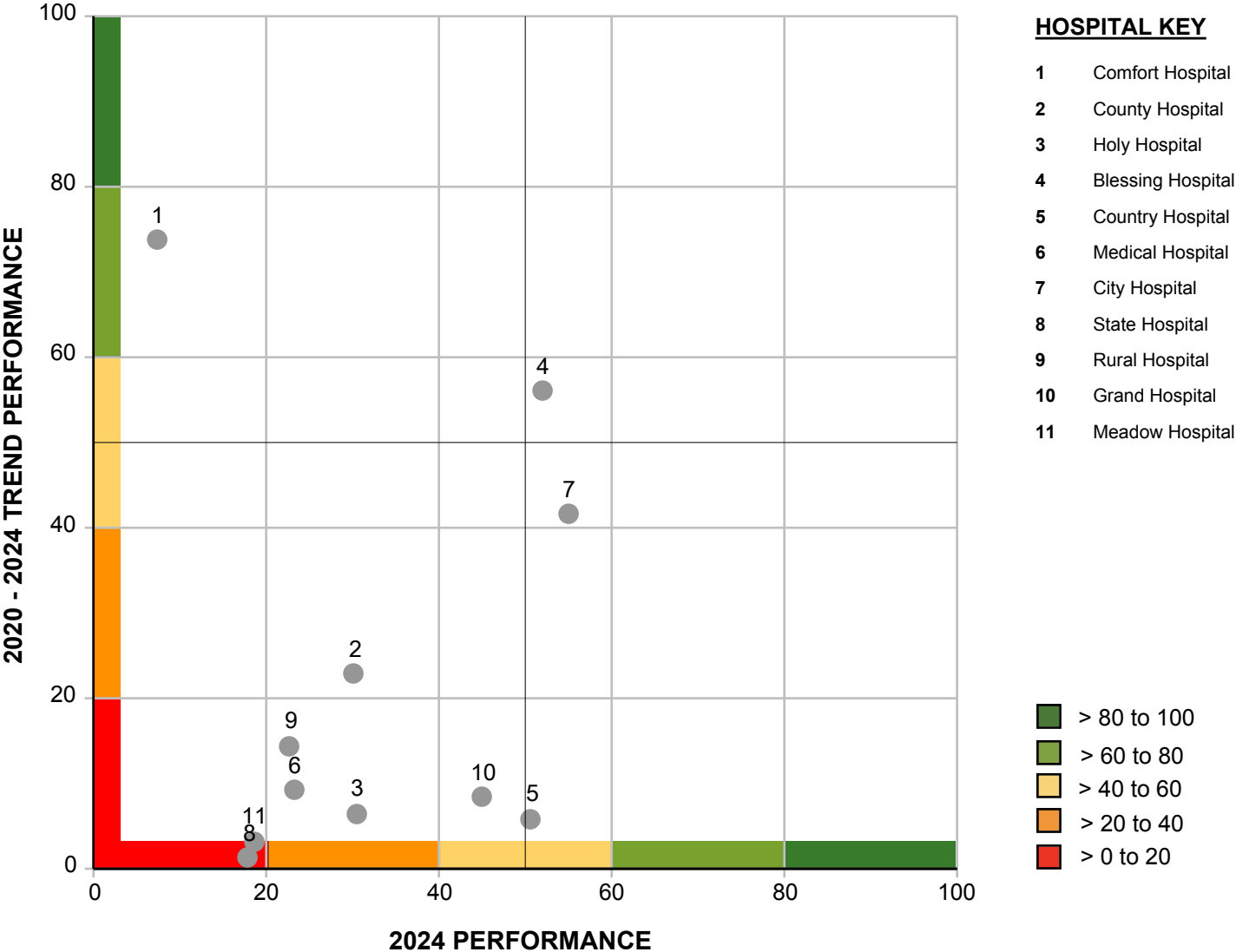
System Hospitals – 30-Day Mortality

2024 PERFORMANCE VS. TREND PERFORMANCE



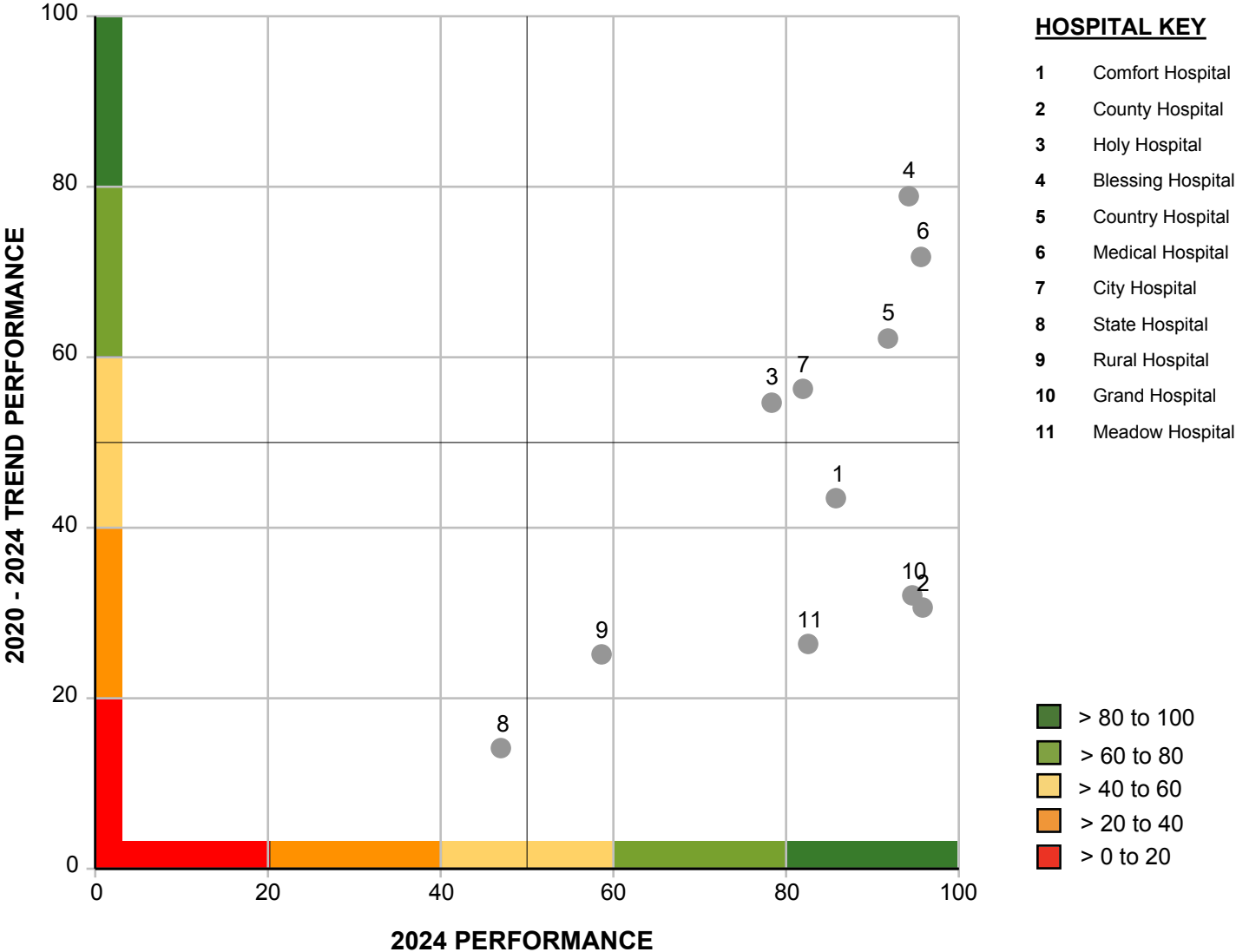
System Hospitals – Average Length of Stay

2024 PERFORMANCE VS. TREND PERFORMANCE



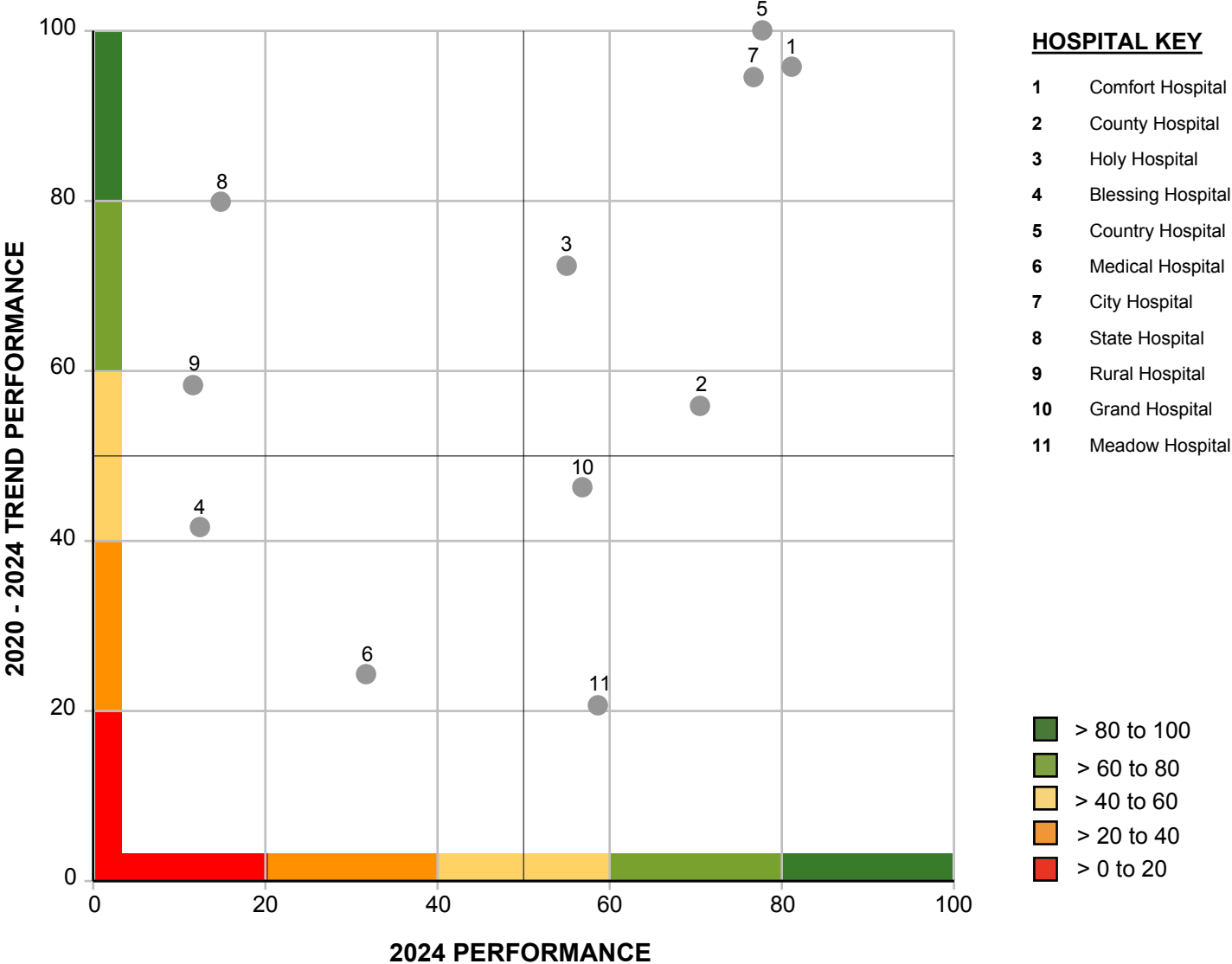
System Hospitals – Adjusted Inpatient Expense per Discharge

2024 PERFORMANCE VS. TREND PERFORMANCE



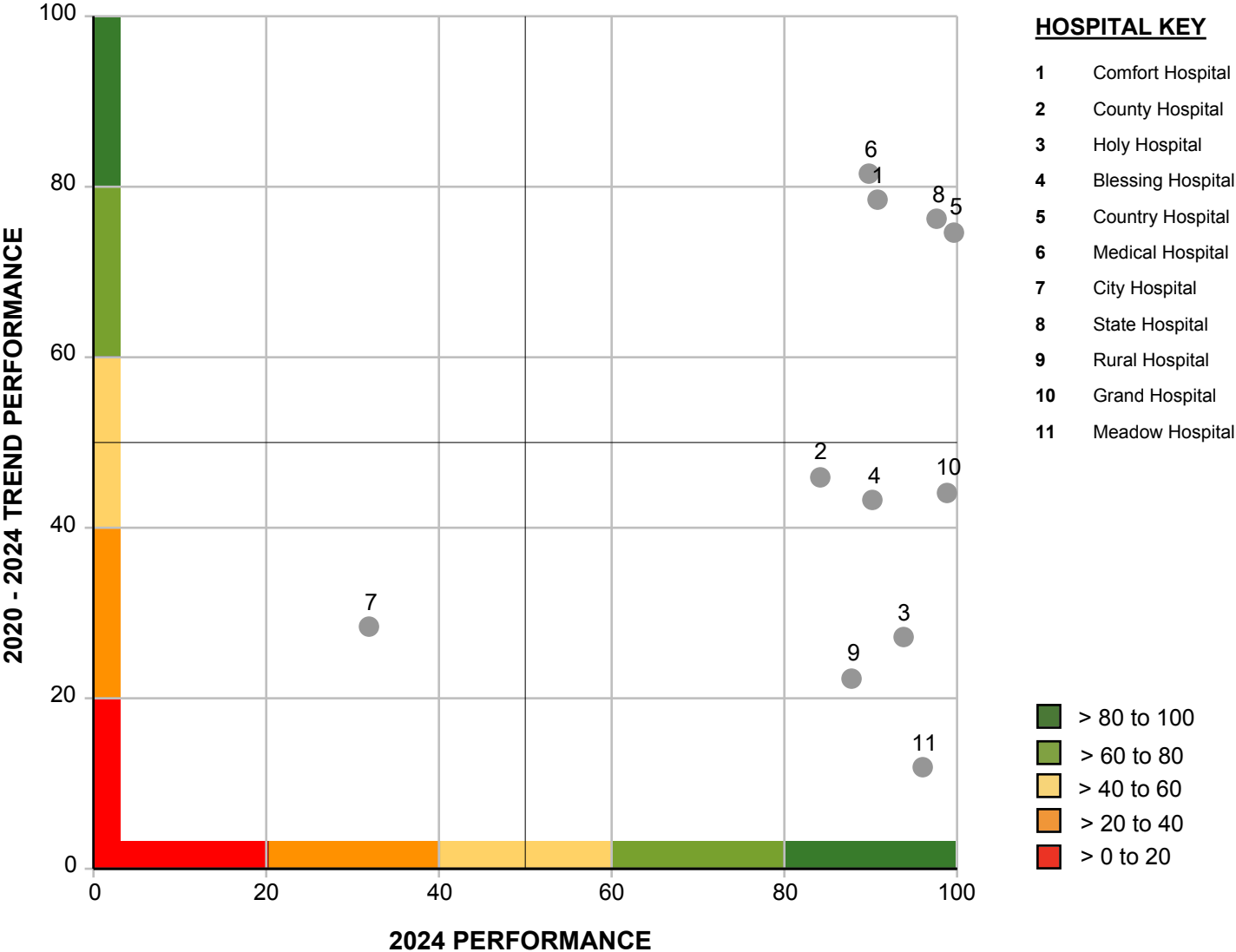
System Hospitals – Medicare Spend per Beneficiary

2024 PERFORMANCE VS. TREND PERFORMANCE



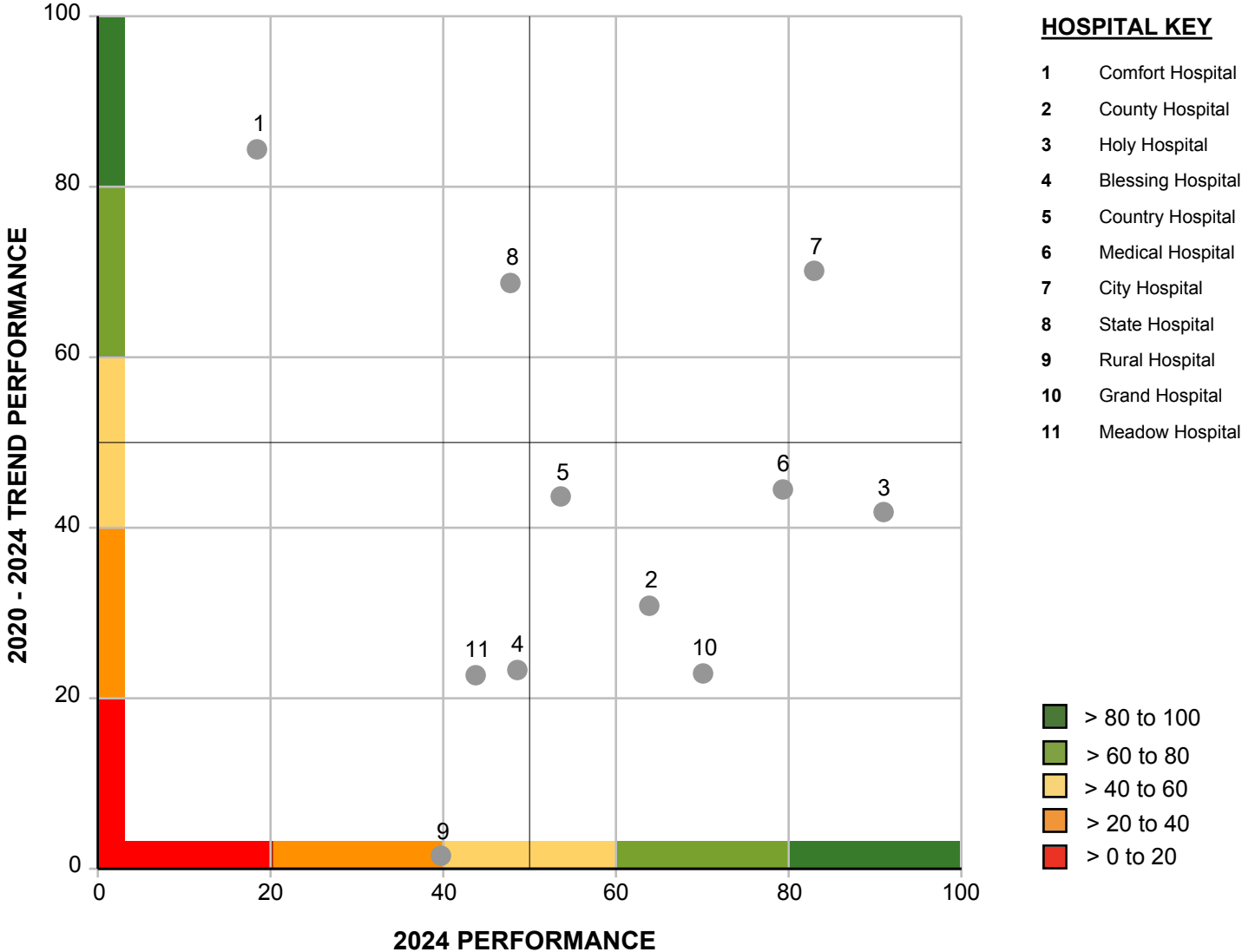
System Hospitals – Adjusted Operating Profit Margin

2024 PERFORMANCE VS. TREND PERFORMANCE



System Hospitals – HCAHPS Top-Box: Overall Rating Question

2024 PERFORMANCE VS. TREND PERFORMANCE



APPENDIX

Included System Hospitals

This section contains the list of the health system hospitals included in the 15 Top Health Systems® 2026 study, identified using 2024 cost reports.

Short-term, general, acute care (STGAC), cardiac, orthopedic, women's and critical access hospitals (CAH) are included when aggregating data to the system level.

Only acute care hospitals that were ranked in the 100 Top Hospitals® 2026 study are graphed on the preceding pages. These hospitals will have an overall 2024 percentile and 2020 - 2024 trend percentile from that study displayed in the table.

Included again this year, CAHs are ranked on five metrics. Critical access hospitals with valid data for all five measures are graphed on the preceding pages as well. These hospitals will have an overall 2024 percentile and 2020 - 2024 trend percentile displayed in the table.

Health System Included Hospitals

GRAPH KEY	CCN	HOSPITAL NAME	CITY	STATE	2024 OVERALL PERCENTILE	2020-24 OVERALL PERCENTILE
1	999901	Comfort Hospital	Any City	US	51.8	88.6
2	999902	County Hospital	Any City	US	97.5	44.7
3	999903	Holy Hospital	Any City	US	97.0	36.5
4	999904	Blessing Hospital	Any City	US	61.3	44.5
5	999905	Country Hospital	Any City	US	96.7	35.3
6	999906	Medical Hospital	Any City	US	97.1	51.7
7	999907	City Hospital	Any City	US	89.8	90.6
8	999908	State Hospital	Any City	US	60.9	18.8
9	999909	Rural Hospital	Any City	US	61.0	3.9
10	999910	Grand Hospital	Any City	US	97.5	18.7
11	999911	Meadow Hospital	Any City	US	93.9	10.9

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