

The risk-adjusted rate is the estimate of how a hospital would perform on an indicator for an average case mix of patients, rather than its own case mix. This rate can be found in the provider-level reports from the Windows or SAS QI programs. See the other B tools for more information (B1 explains what the rates mean; B2a and B2b show how to use the software with your data and obtain these rates).

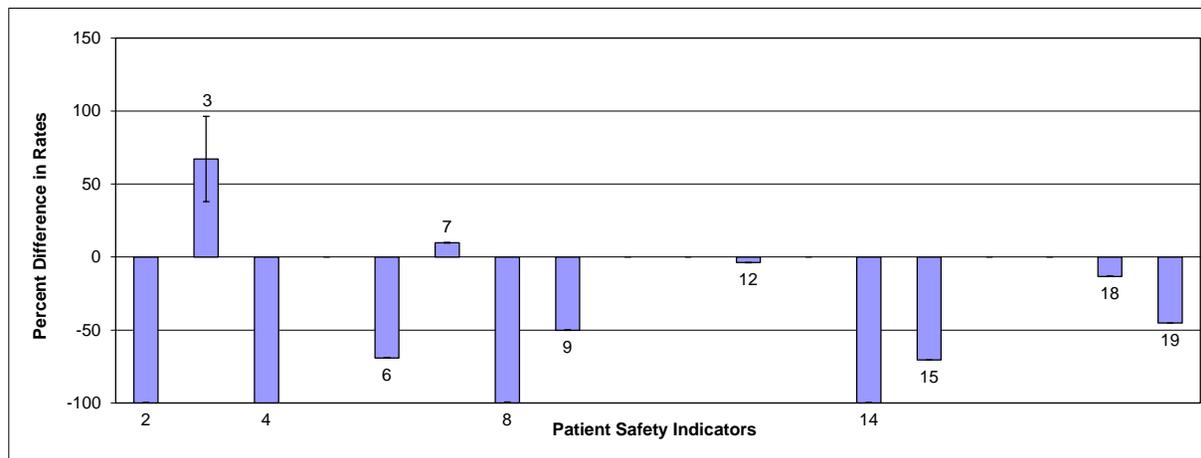
The confidence interval of the risk-adjusted rate is identified in the SAS output as the lower CL (lower confidence limit) and upper CL (upper confidence limit). When creating provider-level reports using the Windows QI software, the user must specify that the confidence levels be included in the report. See Tools B2a and B2b for more information.

The benchmark is the rate used as a comparison point. You may choose your State's rate, the national rate, or any other rate that you may wish to use as a comparison. See Tool B5 for more information about benchmarking.

Indicator	Enter your data here.				These calculate automatically.				
	Risk-Adjusted Rate	Risk-Adjusted (Lower Confidence Interval Bound)	Risk-Adjusted (Upper Confidence Interval Bound)	Benchmark	Percent Difference in Rates	Percent Difference in Rates (Lower Bound)	Percent Difference in Rates (Upper Bound)	Chart Label	How does your hospital compare to benchmark?
2 Death in low-mortality DRGs	0	0	0.000717	0.265	-100	0	0.27056604	2	Statistically Lower
3 Pressure ulcer	0.042752	0.03529	0.050213	0.025572	67.182856	29.1803535	29.176443	3	Statistically Higher
4 Death among surgical inpatients	0	0	0.094956	124.996	-100	0	0.07596723	4	Statistically Lower
5 Retained surgical item or unretrieved device fragment count				0.000086					
6 Iatrogenic pneumothorax	0.000187	0	0.000769	0.484	-99.961364	0.03863636	0.12024793	6	Statistically Lower
7 Central venous catheter-related bloodstream infections	0.002408	0.00139	0.003477	0.752	-99.679787	0.13537234	0.14215426	7	Statistically Lower
8 Postoperative hip fracture	0	0	0.001185	0.172	-100	0	0.68895349	8	Statistically Lower
9 Perioperative hemorrhage or hematoma	0.001197	0	0.004631	2.553	-99.953114	0.04688602	0.13450842	9	Statistically Lower
10 Postoperative physiologic and metabolic derangements				1.59					
11 Postoperative respiratory failure				10.74					
12 Perioperative pulmonary embolism or deep vein thrombosis	0.010752	0.009533	0.022906	8.138	-99.867879	0.01497911	0.14934873	12	Statistically Lower
13 Postoperative sepsis				17.433					
14 Postoperative wound dehiscence	0	0	0.007122	1.833	-100	0	0.38854337	14	Statistically Lower
15 Accidental puncture or laceration	0.001349	0	0.003125	2.598	-99.948075	0.05192456	0.06836028	15	Statistically Lower
16 Transfusion reaction				0.000004					
17 Birth trauma - injury to neonate				2.188					
18 Obstetric trauma - vaginal with instrument	0.139241	0.062898	0.215583	133.928	-99.896033	0.05700302	0.05700227	18	Statistically Lower
19 Obstetric trauma - vaginal without instrument	0.019846	0.013427	0.0262639	21.782	-99.908888	0.02946929	0.02946424	19	Statistically Lower

Note: Rates provided are per 1,000 cases.

Your Hospital's Performance Relative to National Benchmarks



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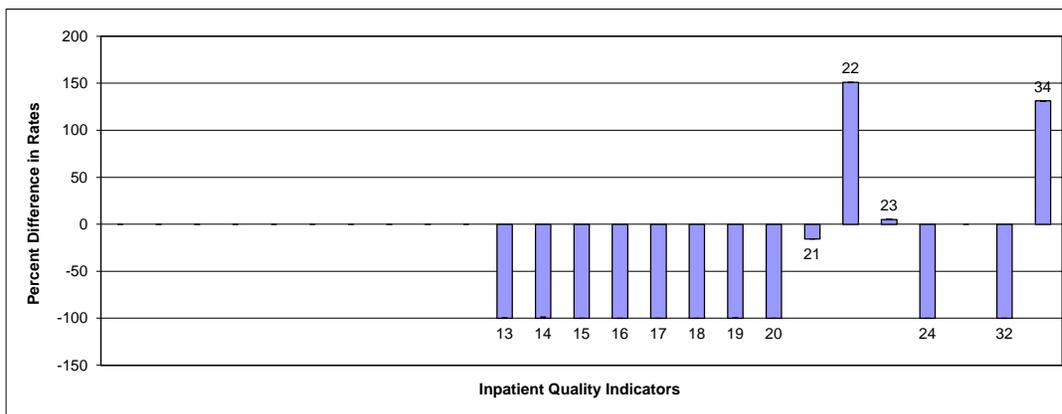
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Indicator	Enter your data here.				These calculate automatically.				
	Risk-Adjusted Rate	Risk-Adjusted (Lower Confidence Interval Bound)	Risk-Adjusted (Upper Confidence Interval Bound)	Benchmark	Percent Difference in Rates	Percent Difference in Rates (Lower Bound)	Percent Difference in Rates (Upper Bound)	Chart Label	How does your hospital compare to benchmark on this indicator?
1 Esophageal resection volume									
2 Pancreatic resection volume									
4 Abdominal aortic aneurysm (AAA) repair volume									
5 Coronary artery bypass graft (CABG) volume				0.224827					
6 Percutaneous coronary intervention (PCI) volume				0.661808					
7 Carotid endarterectomy mortality									
8 Esophageal resection mortality				46.756					
9 Pancreatic resection mortality				38.215					
11 Abdominal aortic aneurysm (AAA) repair mortality				40.321					
12 Coronary artery bypass graft (CABG) mortality				25.9					
13 Craniotomy mortality	0	0	0.217772	51.103	-100	0	0.42614328	13	Significantly Lower
14 Hip replacement mortality	0	0	0.0148536	1.098	-100	0	1.35278689	14	Significantly Lower
15 Acute myocardial infarction (AMI) mortality	0	0	0.0611616	58.783	-100	0	0.10404641	15	Significantly Lower
16 Heart failure mortality	0	0	0.0173928	31.98	-100	0	0.05438649	16	Significantly Lower
17 Acute stroke mortality	0	0	0.0601213	83.392	-100	0	0.07209481	17	Significantly Lower
18 Gastrointestinal (GI) hemorrhage mortality	0	0	0.0312235	22.413	-100	0	0.13930978	18	Significantly Lower
19 Hip fracture mortality	0	0	0.0637962	26.921	-100	0	0.2369756	19	Significantly Lower
20 Pneumonia mortality	0	0	0.0313046	38.107	-100	0	0.08214921	20	Significantly Lower
21 Cesarean delivery rate	0.238506	0.2209536	0.2561676	300.974	-99.920755	0.00583187	0.00586815	21	Significantly Lower
22 Vaginal birth after C-section (VBAC) rate, uncomplicated	0.2464589	0.2015022	0.2914156	96.143	-99.743654	0.04676024	0.04676024	22	Significantly Lower
23 Laparoscopic cholecystectomy rate	0.8493151	0.7672489	0.9313812	857.874	-99.900998	0.00956623	0.00956622	23	Significantly Lower
24 Incidental appendectomy rate among elderly	0	0	0	9.555	-100	0	0	24	Significantly Lower
25 Bilateral cardiac catheterization rate				13.697					
32 AMI mortality without transfer	0	0	0.0674293	61.276	-100	0	0.11004194	32	Significantly Lower
34 VBAC_all	0.2237443	0.1847144	0.2627742	95.456	-99.765605	0.04088784	0.04088784	34	Significantly Lower

Note: Rates provided are per 1,000 cases.

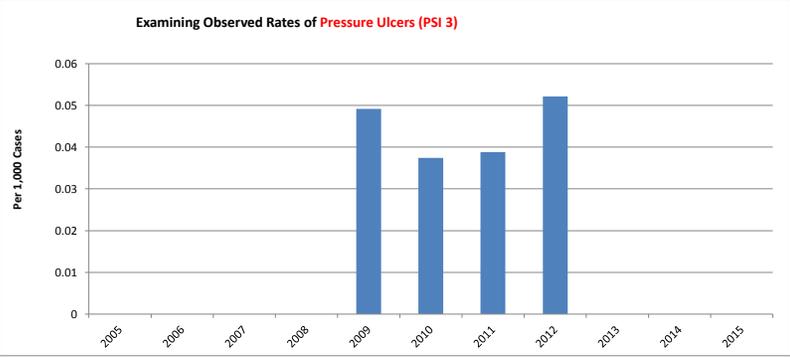
Your Hospital's Performance Relative to National Benchmarks



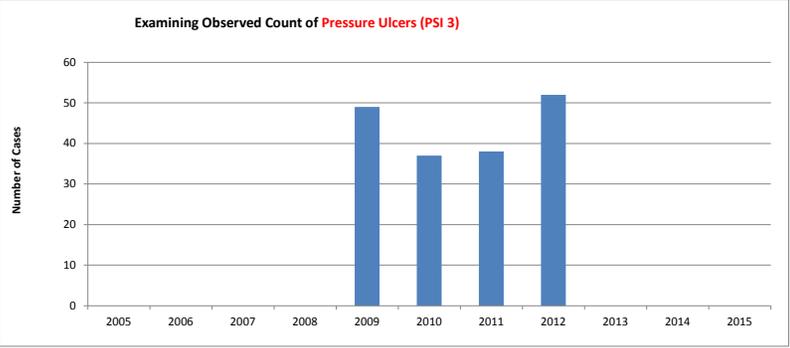
Enter Your Data Here		
Year	Observed Rate	Observed Count
2005		
2006		
2007		
2008		
2009	0.0491368	49
2010	0.0374269	37
2011	0.0387779	38
2012	0.0521654	52
2013		
2014		
2015		

The **observed rate** is the actual rate at which events measured by the indicator occurred in your hospital. This can be acquired from the SAS output, or the Windows QI output from the Quick Report. If another organization provides these data for you, you may also obtain it from them.

See the other B tools for more information (B1 explains what the rates mean; B2a and B2b show how to use the software with your data and obtain these rates).



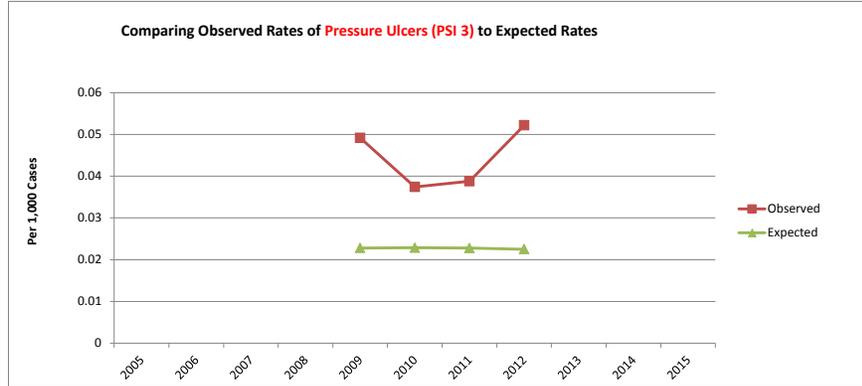
**Directions:** Add your data into the yellow cells beside the relevant year. Remove the "Pressure Ulcers" part of the title and revise it to reflect your PSI or IQI of interest.



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Enter Your Data Here		
Year	Observed	Expected
2005		
2006		
2007		
2008		
2009	0.0491368	0.0228119
2010	0.0374269	0.02283
2011	0.0387779	0.0227609
2012	0.0521654	0.02251
2013		
2014		
2015		

The **expected rate** is the rate a hospital would have if it had average performance on a QI, as calculated in a reference population but accounting for the hospital's actual case mix. This can be acquired from the SAS output or the Windows QI output from the Provider Report. See the other B tools for more information (B1 explains what the rates mean; B2a and B2b show how to use the software with your data and obtain these rates).



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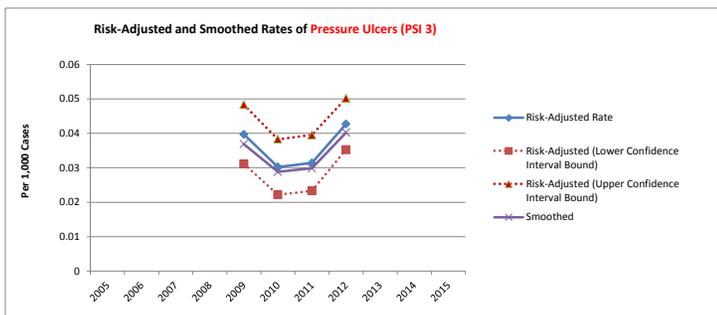
The **risk-adjusted** rate is the estimate of how a hospital would perform on an indicator for an average case mix of patients, rather than its own case mix. This rate can be found in the provider-level reports from the Windows or SAS QI programs.

The **confidence interval of the risk-adjusted rate** is identified in the SAS output as the lower CL (lower confidence limit) and upper CL (upper confidence limit). When creating provider-level reports using the Windows QI software, the user must specify that the confidence levels be included in the report.

The **smoothed rate** is a weighted average of the hospital's risk-adjusted rate and the reference population rate, where the weight reflects the reliability of the hospital's risk-adjusted rate. This can be found in the SAS output or the Windows QI Provider Report.

See the other B tools for more information (B1 explains what the rates mean; B2a and B2b show how to use the software with your data and obtain these rates).

Enter Your Data Here				
Year	Risk-Adjusted Rate	Risk-Adjusted (Lower Confidence Interval Bound)	Risk-Adjusted (Upper Confidence Interval Bound)	Smoothed
2005				
2006				
2007				
2008				
2009	0.0397357	0.0311275	0.0483439	0.03688993
2010	0.0302422	0.0221701	0.0383142	0.0288377
2011	0.031429	0.023324	0.039534	0.0298721
2012	0.042752	0.03529	0.050213	0.040235
2013				
2014				
2015				



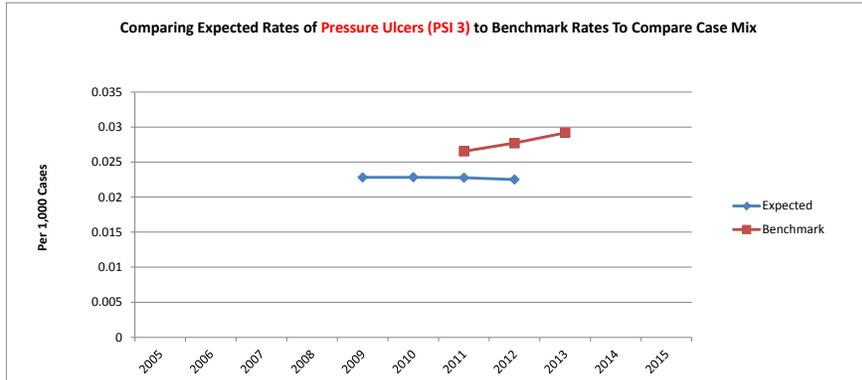
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The **expected rate** is the rate a hospital would have if it had average performance on a QI, as calculated in a reference population but accounting for the hospital's actual case mix. This can be acquired from the SAS output or the Windows QI output from the Provider Report.

The **benchmark** is the rate used as a comparison point. You may choose your State's rate, the national rate, or any other rate that you may wish to use as a comparison.

See the other B tools for more information (B1 explains what the rates mean; B2a and B2b show how to use the software with your data and obtain these rates; B5 explains how to use benchmarks).

Enter Your Data Here		
Year	Expected	Benchmark
2005		
2006		
2007		
2008		
2009	0.0228119	
2010	0.02283	
2011	0.0227609	0.02653
2012	0.02251	0.02771
2013		0.02918
2014		
2015		



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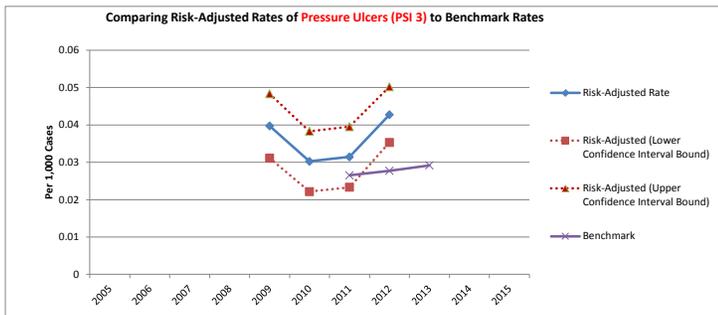
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2015				



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