

The Fraser Institute

Hospital Report Card

British Columbia 2008



by Nadeem Esmail and Maureen Hazel

5 Scores by Hospital



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The Fraser Institute

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The authors, of course, take full and complete responsibility for any remaining errors or omissions. As they have worked independently, the views expressed in this study are their own and do not necessarily reflect those of the trustees, supporters, or other staff of The Fraser Institute.

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Overview and Observations

Overview

The Fraser Institute's *Hospital Report Card: British Columbia 2008* is constructed to help patients choose the best hospital for their inpatient care by providing them with information on the performance of acute-care hospitals in British Columbia. All of the information in this report, which is laid out in 12 documents, is available at <www.fraserinstitute.org>.

We set out to create a hospital report card that is easy to understand and accessible by the public, where individuals are able to look up a given condition or procedure and compare death rates, volumes of procedures, rates of adverse events, and utilization rates for their hospital to those of other hospitals in British Columbia.

This is accomplished by using state-of-the-art indicators developed by the US Agency for Healthcare Research and Quality (AHRQ) in conjunction with Stanford University that have been shown to reflect quality of care inside hospitals. These indicators are presently in use in more than a dozen US states, including several of the more populous ones, New York, Texas, Florida and California.

We are using the Canadian Institute for Health Information's (CIHI) Discharge Abstract Database (DAD) as our primary information source. This information is derived from patient records provided to CIHI by all hospitals in British Columbia. Demographic, administrative, and clinical data are extracted from the Discharge Abstract Database for inpatient hospital stays from all acute care hospitals in British Columbia.

Since more specialized hospitals may treat more high-risk patients and some patients arrive at hospitals sicker than others, it is important to risk-adjust hospital death rates, adverse events rates, and utilization rates for patients with the same condition but a different health status. The international standard for risk adjustment, 3M™ APR™ DRG Classification System, [1] is employed to risk-adjust the data.

The Fraser Institute spent two years developing the methods, databases, and computer programs required to adapt the measures to Canadian circumstances. This work has been internally and externally peer-reviewed (Mullins, Menaker, and Esmail, 2006) and is supported by an extensive body of research based on the AHRQ approach.

None of British Columbia's 95 acute-care hospitals granted us authorization to identify them by name in this report. This contrasts with the Fraser Institute's forthcoming *Hospital Report Card: Ontario 2008*, for which 29 hospitals agreed to be identified. The non-participation of British Columbia's hospitals is a setback to the empowerment of patients in British Columbia regarding the health care they receive and for the ongoing commitment of hospitals to quality improvement through accountability and transparency.

[1] 3M and APR are trademarks of 3M, used under license in Canada.

The Fraser Institute's *Hospital Report Card: British Columbia 2008* consists of 39 of AHRQ's indicators of quality (such as death due to a stroke) and patient safety (such as a foreign body left inside a patient during a procedure). The indicators are shown for all acute-care hospitals in British Columbia from 2001 to 2006, comprising almost two million patient records. We have also calculated the indicators for all municipalities in British Columbia, based on patient location. This constitutes the most comprehensive and detailed publicly available measure of acute-care hospital performance and accountability in Canada at the present time.

The indicators are expressed as observed rates (such as death due to hip replacement surgery) and risk-adjusted rates (the same rate adjusted for patient health status). Each institution was given a score from 0 to 100 for each indicator based on its risk-adjusted rate, where 100 is the best. The institutions were then ranked based on their scores, where 1 is the best.

The indicators are classified into three groups: those related to medical conditions, hospital procedures, and child birth. The indicators are further classified by type: death rates, volumes of procedures, utilization rates, and adverse events.

A Hospital Mortality Index (HMI) has been constructed to examine the overall performance of a hospital or municipality across indicators that measure death rates. It consists of nine indicators including:

- deaths due to hip replacement surgery
- deaths due to heart attacks
- deaths due to heart failure
- deaths due to acute strokes
- deaths due to bleeding from the esophagus, stomach, small intestine or colon
- deaths due to hip fractures
- deaths due to pneumonia infection
- deaths among patients that are considered unlikely to die in the hospital
- deaths in patients that developed complications of care during hospitalization

The final HMI is an average of the scores of these indicators, where 100 is the best. All institutions and municipalities were ranked based on their HMI score, where 1 is the best. It is important to note that the 39 indicators and the Hospital Mortality Index are applicable only to acute-care conditions and procedures for inpatient care. The results cannot be generalized to assessing the overall performance of any given hospital.

Since this report is based on administrative data, the results have limitations related to coding variations and other factors. Hospital deaths or complications will occur even when all standards of care are followed. Deciding on treatment options and choosing a hospital are decisions that should be made in consultation with a physician. It is not recommended to choose a hospital based solely on statistics and descriptions such as those given in this report.

That said, the DAD is a major data source used to produce various CIHI reports including annual reports on the performance of hospitals and the health-care system and for seven of the health indicators adopted by the federal, provincial, and territorial governments. These data have been used extensively in previous reports on health care performance, and form the basis for many journal articles.

As the *Ontario Hospital Report*, [2] which uses the same DAD data set underlying this report card, notes, “the data are collected under consistent guidelines, by trained abstractors, in all acute care hospitals in Ontario. The data undergo extensive edit checks to improve accuracy, but all errors cannot be eliminated” (p. 6).

There are a number of publications that have addressed data-quality issues that are discussed in our report. Of note are CIHI’s reabstraction studies that go back to the original patient charts and recode the information using a different set of expert coders. [3]

Overall, according to CIHI, [4] findings from their three-year DAD reabstraction studies have confirmed the strengths of the database, while identifying limitations in certain areas resulting from inconsistencies in the coding of some data elements. In addition, the findings from the inter-rater data (that is, comparison between reabstractors) were generally similar to the findings from the main study data (that is, comparison between original coder and reabstractor). This suggests that the database is coded as well as can be expected using existing approaches in the hospital system.

In addition to the aforementioned reabstraction studies, the OECD published a report [5] that supports the AHRQ patient-safety indicator approach, noting that “this set of measures represents an exciting development and their use should be tested in a variety of countries” (p. 11). Further, a recently released report by the Manitoba Center for Health Policy that used the AHRQ Patient Safety Indicators [6] noted two important advantages to using the AHRQ approach. The first advantage is the breadth of coverage offered by the indicators in studying in-hospital patient safety. The second is that the AHRQ patient safety indicators were developed to measure complications of hospital-based care among a group of patients for whom the complications seemed preventable or highly unlikely.

Observations

A report based on just under two million patient records, shown across 39 quality and safety indicators for 95 hospitals and 50 municipalities over five years, is not something that can be summarized in a few words. In fact, the primary purpose of this research is to provide patients with access to information on specific medical procedures and conditions and understand the variation of hospital care across the entire system. It is for that reason that we have rates, scores, and ranks for each separate indicator. All documents are available at <www.fraserinstitute.org>.

However, we have created one summary measure of mortality, based on the most important and reliable data in this study, the Hospital Mortality Index. The nine component indicators of the HMI were arrived at by a process of elimination. Starting with our complete group of 39 indicators, we eliminated indicators that had no data for several years or relatively few hospitals with data. The resulting HMI has scores and rankings for 25 hospitals and 42 municipalities in the latest year.

[2] A joint initiative of the Ontario Hospital Association and the Government of Ontario. Hospital Report 2006: Acute care. Report available at <<[http://www.oha.com/client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Hospital+Reports/\\$file/acute_report_2006.pdf](http://www.oha.com/client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Hospital+Reports/$file/acute_report_2006.pdf)>>.

[3] Reabstractors participating in the study were required to have several years of coding experience, experience coding in ICD-10-CA and CCI in particular, experience coding at a tertiary care centre, and attendance at specific CIHI educational workshops. They were also required to attend a one-week training session and to receive a passing score on the inter-rater test.

[4] Data Quality of the Discharge Abstract Database Following the First-year Implementation of ICD-10-CA/CCI. CIHI, 2004.

[5] Selecting Indicators for Patient Safety at the Health Systems Level in OECD Countries. John Millar, Soeren Mattke and the Members of the OECD Patient Safety Panel. Report available at: <http://www.oecd.org/dataoecd/53/26/33878001.pdf>

[6] Bruce, S., et al., *Application of Patient Safety Indicators in Manitoba: A First Look*. Winnipeg, Manitoba Centre for Health Policy, June 2006.

Tables 1 (page 6) and 2 (page 8) show scores and rankings for the Hospital Mortality Index for the average score over the latest two years, 2004/05 and 2005/06. This is compared to the average score in the first three years of our survey from 2001/02 to 2003/04. The change column shows the improvement or deterioration in score between the two periods. Only scores and rankings for hospitals with data for all years are presented.

Hospital Mortality Index: Hospitals

Top-Ranked Hospitals

- The top hospital in British Columbia is Anonymous Hospital 11 with a high HMI score of 83.5 out of 100 in the latest years. It has performed consistently and was the top-ranked hospital in the previous period also.
- Anonymous Hospital 26 is the second ranked hospital. It held a similar position in the early 2000s, where it ranked fourth with a score of 83.1 as compared to 82.7 in the more recent period.
- Among the hospitals ranked in the top ten in 2004/05 and 2005/06, half saw an improvement in their scores and half saw a deterioration. All but one hospital in the top 10 for 2004/05 and 2005/06 were also in the top 15 for the period from 2001/02 to 2003/04.
- Anonymous Hospital 66, ranked seventh, has had the largest improvement in its HMI score of any hospital (up 5.6 points) since the early 2000s.

Bottom-Ranked Hospitals

- Anonymous Hospital 28 is the lowest-ranked hospital with a score of 68.8. It also saw a deterioration of its score over time and was ranked second to last from 2001/02 to 2003/04.
- Anonymous Hospital 52 is the second lowest-ranked hospital, with a score of 72.5, but saw an improvement in its score (up 2.1 points) from 2001/02 to 2003/04. Anonymous Hospital 41 is third lowest, with a score of 72.8 and a drop of almost 5 points from the earlier period.
- The hospital with the sharpest decline is anonymous Hospital 5 with a 7.2 point fall and drop from eighth position in the period from 2001/02 to 2003/04 to 21st in the period from 2004/05 to 2005/06.

Consistency

- There is a high level of consistency in the performance of both top-ranked and bottom-ranked hospitals.
- Five of the top ten hospitals, Anonymous Hospitals 11, 12, 26, 93 and 42, have sustained top-ten performances over the entire time period.
- All of the bottom ten hospitals ranked among the bottom ten in 2001/02–2003/04 except for Anonymous Hospitals 5, 13, and 8.

Table 1: Hospital Mortality Index—Hospitals

	2004/05–2005/06		2001/02–2003/04		Change	
	Score	Rank	Score	Rank	Score	Rank
Hospital 11	83.5	1	85.0	1	-1.5	14
Hospital 26	82.7	2	83.1	4	-0.4	11
Hospital 25	82.6	3	80.6	12	2.0	6
Hospital 24	82.3	4	80.7	11	1.6	8
Hospital 89	81.7	5	80.3	13	1.4	9
Hospital 22	81.5	6	79.8	14	1.7	7
Hospital 66	81.5	7	75.9	20	5.6	1
Hospital 42	81.2	8	82.7	6	-1.4	13
Hospital 12	81.1	9	83.6	3	-2.5	19
Hospital 93	80.5	10	82.9	5	-2.3	17
Hospital 67	80.4	11	78.3	16	2.1	5
Hospital 14	80.0	12	75.0	22	5.0	2
Hospital 17	79.6	13	82.0	9	-2.4	18
Hospital 39	78.6	14	83.7	2	-5.1	23
Hospital 13	77.7	15	82.4	7	-4.7	21
Hospital 38	77.0	16	78.0	17	-1.0	12
Hospital 19	76.5	17	75.9	21	0.6	10
Hospital 8	76.3	18	81.6	10	-5.3	24
Hospital 59	75.7	19	72.5	23	3.2	3
Hospital 15	75.0	20	78.8	15	-3.7	20
Hospital 5	74.9	21	82.1	8	-7.2	25
Hospital 53	74.2	22	76.3	19	-2.1	16
Hospital 41	72.8	23	77.7	18	-4.9	22
Hospital 52	72.5	24	70.4	25	2.1	4
Hospital 28	68.8	25	70.6	24	-1.8	15

Hospital Mortality Index: Municipalities

Top-Ranked Municipalities

- The top municipality is Nelson with a high HMI score of 78.6 out of 100. However, this municipality and second-ranked Port Moody had inadequate data to show a score in fiscal years 2001 to 2003.
- The third-ranked municipality is Penticton, which also ranked among the top 10 in the earlier years.
- Municipalities are less consistent over time than hospitals. Only three municipalities among the top 10 in 2004/05 were also among the top 10 in 2001/03. On the other hand, half of the bottom ten municipalities in 2004/05–2005/06 were also in the bottom 10 in the earlier years.

Note: The Hospital Mortality Index (HMI) is calculated for municipalities using the residence of patients treated in British Columbia's acute-care hospitals.

- Municipalities with larger populations that had high rankings are: Victoria, ranked 11th; Vancouver, ranked 12th; Surrey, ranked 13th; Kelowna, ranked 14th; and Delta, ranked 15th. It is notable that none of British Columbia's largest municipalities are ranked among the top 10.

Bottom-Ranked Municipalities

- The lowest-ranked municipality in British Columbia is Salmon Arm, with a low HMI score of 57.1 for the most recent period, which comes after a sizable decline of 10.2 points from its score during the period from 2001/02 to 2003/04.
- Most of the bottom-ranked municipalities are consistently of low rank over the two time periods, except for Burnaby, which fell from 8th to 31st with a 13.9 point decline in its HMI score, and Central Saanich, which fell from 1st place to 29th with a 17.4 point decline in its HMI score.
- Abbotsford, ranked 36th, is the lowest-ranked, larger-population municipality in British Columbia.

Five Largest Municipalities

- The five largest municipalities in British Columbia by number of inpatient stays are: Vancouver, ranked 12th on the Hospital Mortality Index with a score of 71.8; Surrey, ranked 13th with a score of 71.7; Victoria, ranked 11th with a score of 72.0; Kelowna, ranked 14th with a score of 71.3 and Abbotsford, ranked 36th with a score of 59.4.

Conclusion

The Fraser Institute's *Hospital Report Card: British Columbia 2008* provides a comprehensive measure of inpatient acute-care conditions in British Columbia's hospitals. This is the first edition of an annual report card for patients in British Columbia. A report for Ontario is already available and future editions of The Fraser Institute's *Hospital Report Card* will include performance measurement of acute-care hospitals in other provinces. We welcome comments on the content and format of this report via <comments@hospitalreportcards.ca>.

Table 2: Hospital Mortality Index—Municipalities

	2004/05 & 2005/06		2001/02 - 2003/04		Change	
	Score	Rank	Score	Rank	Score	Rank
Nelson	78.6	1				
Port Moody	77.5	2				
Penticton	76.7	3	76.6	6	0.0	6
Trail	75.6	4	75.9	7	-0.3	8
Parksville	74.8	5	73.9	14	1.0	4
Sidney	74.3	6	73.8	16	0.5	5
Other	73.6	7	74.0	12	-0.4	9
Rural	73.4	8	73.4	18	0.0	7
Langley	73.3	9	69.5	26	3.9	1
Campbell River	72.8	10	75.1	9	-2.3	17
Victoria	72.0	11	73.1	19	-1.1	12
Vancouver	71.8	12	74.8	10	-3.0	19
Surrey	71.7	13	68.3	27	3.4	2
Kelowna	71.3	14	73.8	15	-2.5	18
Delta	71.1	15	76.8	5	-5.7	22
Qualicum	69.5	16	67.1	31	2.4	3
Coquitlam	69.0	17	78.2	2	-9.1	28
Vernon	69.0	18	78.1	3	-9.1	29
Nanaimo	68.8	19	69.6	25	-0.8	11
New Westminster	68.3	20	70.5	22	-2.3	16
Prince George	67.7	21	77.1	4	-9.4	30
Kamloops	67.0	22	74.4	11	-7.4	23
Port Coquitlam	66.5	23	73.9	13	-7.4	24
Cranbrook	66.5	24	68.2	28	-1.7	14
Port Alberni	66.4	25	67.0	32	-0.5	10
Duncan	66.0	26	70.3	24	-4.3	20
Mission	65.1	27				
Chilliwack	64.5	28	73.1	20	-8.5	26
Central Saanich	64.1	29	81.5	1	-17.4	34
Richmond	63.6	30	72.5	21	-8.9	27
Burnaby	61.5	31	75.3	8	-13.9	33
Courtenay	60.9	32	62.3	34	-1.4	13
Salt Spring	60.5	33				
Dawson	60.3	34	65.3	33	-5.1	21
White Rock	59.7	35	67.6	29	-7.9	25
Abbotsford	59.4	36	70.4	23	-11.0	32
Maple Ridge	58.8	37	60.9	35	-2.1	15
Salmon Arm	57.1	38	67.3	30	-10.2	31
Powell River			73.5	17		

Introduction and background

The goal of the Fraser Institute's *Hospital Report Card: British Columbia 2008* is to contribute to the improvement of inpatient care in British Columbia by providing hospital-specific information about quality of service directly to patients and to the general public. This series was the first in Canada to empower patients to make informed choices about their health-care delivery options by providing comparable, hospital-specific, performance measurements on clearly identified indicators. The Fraser Institute's *Hospital Report Card: British Columbia 2008* has been published to promote accountability within hospitals, thereby stimulating improved performance through an independent and objective measurement of performance.

Introduction

In Canada, individuals have access to data identifying problem areas in an automobile from information willingly supplied by consumers, the vehicle's manufacturer, and industry experts. They can find which CD player is the best on the market for their needs. They can compare restaurants before heading out for an evening meal. Yet when it comes to health care, which many will consider more important for an individual's well being, consumers are left with remarkably little information about where the best services are available. They cannot even tell which hospitals offer the worst care or have the highest mortality rates (Esmail, 2003).

What Are Hospital Report Cards? [1]

Hospital report cards provide a set of consistent performance measurements to rank the products in question and help inform consumer choice. In some cases, these indicators may be subjective, or based on the opinions of survey respondents. In other cases, the indicators will be objective measures of performance or outcomes.

Hospital report cards are used to measure specific practices in hospitals such as the application of a specific drug or technology to certain events; or performance with respect to access to care or consumer friendliness; or to measure the likelihood of a positive outcome provided by health facilities in a specific jurisdiction.

The Four Primary Types of Hospital Report Cards

1 Process Report Cards This type of report card describes the inputs used by hospitals, health plans or individual physicians in the course of treating their patients. An example of these types of report cards can be found in those commissioned by The Leapfrog Group (Leapfrog Group, 2005). [2] The primary strength of a Process Report Card is that it can be developed from existing medical

[1] Daniel P. Kessler, Stanford University, Hoover Institution, and the National Bureau of Economic Research. provide a helpful delineation of the field in a PowerPoint® slideshow entitled "Health Care Quality Report Cards."

[2] Further information available at <<http://www.leapfroggroup.org/>>.

administrative databases with relative ease. The process report card, however, does not necessarily measure the appropriateness, the quality, or the importance of the inputs employed in ensuring good health, although these factors can be captured to some extent by the inclusion or exclusion of specific inputs.

2 Survey Report Cards These types of report cards are composed of patients' evaluations of their quality of care and/or customer service. An example of this type of report card is found in the Pacific Business Group on Health's (PBGH) *Healthscope* reports. Although survey-based report cards do provide valuable information on subjective areas of patient care, they cannot measure how treatment decisions by a doctor or hospital lead to objective improvements in patient care.

3 Outcomes Report Cards These report cards present average levels of adverse health outcomes based on mortality or complication rates experienced by patients as part of a health plan, as treated by a specific doctor, or in a specific hospital. An example of this type of report card can be found in the *Pennsylvania CABG* surgery reports (Pennsylvania Health Care Cost Containment Council, 2006). [3] These report cards provide objective measures of differences in the quality of care but are susceptible to being "gamed" by either doctors or hospitals. For example, the doctor or hospital may avoid exceptionally sick patients (that is, patients who are qualitatively more ill with a listed condition and who will consequently drag average results down) in favour of healthy patients (to skew results upward). This unintended effect can, however, be mitigated through the appropriate application of risk-adjustment in the measures. Outcomes report cards (including The Fraser Institute's *Hospital Report Card*) provide the most empirically sound basis for analyzing the quality of care.

[3] Further information available at <http://www.phc4.org/reports/cabg/>.

4 Balanced Scorecards The balanced scorecard was developed in the early 1990s by Drs. Robert Kaplan and David Norton to examine a business above and beyond the financial bottom line. Translated into the healthcare field, this results in four quadrants. In the case of the *Ontario Hospital Reports* series, a prime example of the use of a "balanced scorecard," these are [a] financial performance and conditions; [b] patient/client satisfaction; [c] clinical utilization and outcomes; and, [d] system integration and change. While this variant of report card is useful in determining the broadest view of a hospital's operations and functions, specific and relevant indicators regarding hospital performance may be overlooked.

Why Are Hospital Report Cards Published?

The publication of hospital report cards is based on the concept that publishing outcomes data can both improve the quality of care in hospitals and inform patients' healthcare decision-making. Armed with more information based on a set of repeatable measurements about the relative performance of caregivers, both patients and physicians are able to make a more informed choice about which

facility or provider to select for a given condition. This allows for a rational discussion of relative levels of quality of service provision and eliminates measurement based on anecdotal information, which can be misleading and ultimately harmful.

Where Are Hospital Report Cards Published?

The United States of America

The United States was one of the first nations to begin measuring, comparing, and publishing measurements of hospital performance. Hospital report card initiatives were first undertaken by the federal government, with state governments following its lead. Private-sector information providers offering several competing reports on provider quality have refined the reporting of information.

In 1987, the first US hospital report cards were published by the Health Care Financing Administration (HCFA). These reports detailed annual mortality rates that were measured from the records of hospitalized Medicare patients. However, due to extensive criticism regarding the accuracy, usefulness, and interpretability of the HCFA's mortality data, this initiative was withdrawn in 1993 (Berwick and Wald, 1990).

In the late 1980s, the state of New York began the Cardiac Surgery Reporting System (CSRS), which collected data from patients' medical histories and recorded whether they died in hospital following surgery. From these data, New York was able to report detailed physician-specific statistics. While the information contained in the CSRS was not originally intended to provide the public with information about the performance of their provider, the news media understood the public's desire for such data and saw the benefit in publishing the information. In December of 1990, the *New York Times* used this information to publish a list of local hospitals, which ranked facilities according to their mortality rates for Coronary Artery Bypass Surgery (CABG). Invoking the *Freedom of Information Act*, the *New York Newsday* sued the New York State Department of Health to obtain access to its database on bypass surgery and on cardiac surgeons. The goal was to publish physician-specific death rates for patients. The Supreme Court of New York ruled that it was in the public's best interests to have access to these mortality data in order to make informed decisions about their health care (Zinman, 1991). As a result, *New York Newsday* was able to publish the information on physician performance for citizens to assess where the best care was available. Driven by this development, the New York State Department of Health began publishing annual editions of the *Coronary Artery Bypass Surgery Report* in 1996 (New York State, Department of Health, 2005). [4]

Following the precedent set by this pioneering case, a wide variety of hospital performance reports began to be produced in the 1990s by a disparate group of authors that ranged from the news media, coalitions of large employers, consumer advocacy organizations, and state governments (Marshall et al., 2003). Many different development paths have been taken so that there is currently no "standardized" hospital report card or agreement on the indicators to measure.

[4] Links to the entire series of reports can be found at <http://www.health.state.ny.us/nysdoh/heart/heart_disease.htm>.

Furthermore, these different reports range widely in terms of both quality and comprehensiveness. Indeed, as Marshall and colleagues cheekily note: “Public reporting in the United States is now much like healthcare delivery in that country: It is diverse, is primarily market-based, and lacks an overarching organizational structure or strategic plan. Public reporting systems vary in what they measure, how they measure it and how (and to whom) it is reported.” [5] Of course, for patients who are the beneficiaries of such competition between information providers, each of whom strives to deliver a product in some way superior to his competitors, this is no bad thing.

[5] Document available at <www.medscope.com/viewarticle/452953_3>.

Examples of American Private and Public Information Providers

- [1] America’s Best Hospitals—USNEWS & World Report <<http://www.usnews.com>>.
- [2] Healthgrades <<http://www.healthgrades.com>>
- [3] Leapfrog Group <<http://www.leapfroggroup.org>>
- [4] National Committee for Quality Assurance (NCQA) <<http://www.ncqa.org>>
- [5] National Quality Forum <<http://www.qualityforum.org>>
- [6] Quality Check <<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/>>
- [7] Cardiac Surgery in New Jersey <<http://www.state.nj.us/health/reportcards.htm>>
- [8] Cardiac Surgery Reports <<http://www.health.state.ny.us/nysdoh/healthinfo/index.htm>>
- [9] Pennsylvania Hospital Performance Reports <<http://www.phc4.org>>
- [10] Indicators of Inpatient Care in New York Hospitals <<http://www.myhealthfinder.com/newyork>>
- [11] Indicators of Inpatient Care in Texas Hospitals <<http://www.thcic.state.tx.us>>
- [12] Maryland Hospital Performance Evaluation Guide <<http://www.hospitalguide.mhcc.metro-data.com>>
- [13] Pacific Business Group on Health (PBGH) <<http://www.healthscope.org>>.

The United Kingdom

The hospital reporting universe in the United Kingdom is a fraction of the US market’s size. League tables [6] of death rates for English hospitals were available from 1992 to 1996 (Leyland and Boddy, 1998) and mortality statistics for English hospitals were published by the Labour government in 1998. Although publicly released, these were intended for managerial use and had little discernible impact (Street, 2002). The first initiative designed for public consumption was the Patient’s Charter (National Health Service, 1991), [7] which focused on waiting times as opposed to clinical quality.

[6] A league table ranks the performance of a range of institutions.

[7] Further information can be found at <<http://www.pfc.org.uk/medical/pchrt-e1.htm#foreword>>.

In 1998, the National Health Service (NHS, Britain's tax-funded and universal medical insurance program) adopted a new Performance Assessment Framework (PAF) to report clinical outcomes at the hospital level (London: Department of Health, 1998). It focused on health gain, fair access, effective delivery of services, efficient delivery of services, health outcomes, and patient/career experience. This initiative received prominence in 2001 as the NHS Plan became the first government plan in the developed world to deal explicitly with report cards. Beginning in September 2001, the UK Department of Health began to publish a new rating system for all NHS non-specialist hospitals in England. The performance of hospitals included in this survey was classified into one of four categories, ranging from zero to three stars based on the hospital's performance on a range of indicators and the outcome of their clinical governance review by the Commission for Health Improvement (CHI). As an additional incentive for improvement, beyond that assumed to come with public reporting of performance, the Department of Health mandated that hospitals scoring at the high end of the scale would receive greater funding and autonomy, while those at the bottom of the scale would be subject to greater government oversight and intervention. For example, those receiving zero stars were subject to investigations and underwent changes in management where necessary.

Although the lion's share of reporting in Britain has been by and at the direction of government, an independent initiative entered the arena in the latter half of 2000 when Tim Kelsey and Jake Arnold-Forster, a pair of *Sunday Times* journalists, founded Dr. Foster to generate authoritative independent information about local health services on the web at <<http://www.drfooster.co.uk>>. The partnership is in the form of a 50:50 joint venture involving the new Health and Social Care Information Centre (a special health authority of the NHS) and Dr. Foster, a commercial provider of healthcare information. Numerous publications have emerged from this initiative including the *Good Birth Guide* and the annual *Good Hospital Guide*, which was first published in 2001 and continues to be published annually. These guides contain information about hospital-specific mortality rates; the total number of staff; wait times; numbers of complaints; as well as, uniquely, private hospital prices for services.

Canada

Hospital reporting initiatives, like those in both the United States and the United Kingdom, have emerged in Canada only recently. In 1998, the Ontario Hospital Association produced a report card comparing the hospitals covered by its organization. Undertaken by a research group at the University of Toronto, the publication focused upon inpatient acute care and reported results at both peer group and regional levels of aggregation, but not for individual facilities. *Hospital Report '99*, published the following year, saw the first reporting of hospital-specific acute-care hospital performance indicators in Canada. In 2000, the Government of Ontario joined as a partner in the enterprise and the scope of the report was expanded to include such areas as complex continuing care, mental health, rehabilitation, and emergency department care. In addition, specific reports dealing

with women's health, the health of the population as a whole, and nursing care were also produced. These publications have since appeared annually. The Hospital Report Series appears in a "balanced scorecard" format and assesses the performance of hospitals in four quadrants including: [a] financial performance and conditions; [b] patient/client satisfaction; [c] clinical utilization and outcomes; and [d] system integration and change.

Other notable reporting initiatives in Canada include CIHI's Hospital Standardized Mortality Ratio (HSMR) (discussed below), *Healthcare Performance Measurement in Canada: Who's Doing What?* (Baker et al., 1998), *Quality of Cardiac Care in Ontario* (ICES, 2004) [8] and *The State of Hospital Care in the GTA/905* (GTA/905 Healthcare Alliance, 2005). [9] Additionally, two publications that have reported on patient safety and adverse events are *The Ottawa Hospital Patient Safety Study* (Forster et al., 2004) [10] and *The Canadian Adverse Events Study* (Baker et al., 2004), though neither reported institution-specific measures. [11] Additionally, for the last 17 years, The Fraser Institute has published *Waiting Your Turn: Hospital Waiting lists in Canada*, a report that provides Canada's only national, comparable, and comprehensive measurement of waiting times for medically necessary treatment (Esmail and Walker with Bank, 2007). [12] Another Fraser Institute initiative is *How Good is Canadian Health Care? An International Comparison of Health Care Systems* (Esmail and Walker, 2007) [13], which compares Canada's health policies and healthcare performance with other nations that guarantee their citizens access to healthcare insurance.

Other avenues of hospital performance reporting and monitoring in Canada have largely been in the form of private hospital assessments of performance by a contracted third party using a proprietary performance indicator methodology. A prime example of this is the work done by the Hay Group in rating the performance of participating Ontario hospitals for a fixed fee per facility (Hay Group, 2005).

Canadian Institute for Health Information's Hospital Standardized Mortality Ratio (HSMR)

The Canadian Institute for Health Information (CIHI) published its own measure of hospital and regional performances, the *Hospital Standardized Mortality Ratio* (HSMR), in 2007. While both the CIHI's measure and the *Hospital Report Card: British Columbia 2008* use data from CIHI's Discharge Abstract Database, there are several significant differences between the measure published by CIHI and those published by The Fraser Institute. These differences make comparisons between the two reports difficult and lead to the conclusion that CIHI and the *Hospital Report Card: British Columbia 2008* are measuring mortality in two very different ways.

The most significant difference between the measures published by The Fraser Institute and those published by CIHI is the level of detail available. According to the CIHI's report, the *Hospital Standardized Mortality Ratio* (HSMR) is a "big dot summary" measure (CIHI 2007: 4), or a measure that "tracks

[8] Report available at <http://www.ices.on.ca/WebBuild/site/ices-internet-upload/file_collection/Ccort%5FFull%5FReport%2Epdf>.

[9] Further details available at <<http://www.gta905health.com/mediaroom/2005-may3.html>>. Report available at <<http://www.gta905health.com/whatsnew/gta905-hospitalreport.pdf>>.

[10] Article available at <<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pubmed&pubmedid=15078845>>. Also, the Manitoba Center for Health Policy recently released an in-hospital patient safety report using the AHRQ Patient Safety Indicators (Bruce et al., 2006).

[11] Article available at <<http://www.cmaj.ca/cgi/content/full/170/11/1678>>.

[12] Report available at <http://www.fraserinstitute.org/commerce.web/publication_details.aspx?pubID=4962>.

[13] Report available at <http://www.fraserinstitute.org/commerce.web/publication_details.aspx?pubID=5035>.

progress on broad outcomes at a system level” (2007: vii). More specifically, the HSMR is a composite measure of mortality in diagnosis groups that comprise 80% of all deaths in acute-care facilities. These include:

- Acute pancreatitis
- Acute renal failure
- Adult respiratory distress syndrome
- Alcoholic liver disease
- Alzheimer’s disease
- Acute myocardial infarction
- Angina pectoris
- Aortic aneurism and dissection
- Atrial fibrillation and flutter
- Cardiac arrest
- Cerebral infarction
- Chronic ischemic heart disease
- Chronic obstructive pulmonary disease
- Chronic renal failure
- Complications of procedures, not elsewhere classified
- Convalescence
- Diabetes mellitus type 2
- Diffuse non-Hodgkin’s lymphoma
- Diverticular disease of intestine
- Fibrosis and cirrhosis of liver
- Heart failure
- Hepatic failure
- Hip fracture
- Intracerebral hemorrhage
- Intracranial injury
- Lymphoid leukemia
- Malignant neoplasm of bladder
- Malignant neoplasm of brain
- Malignant neoplasm of breast
- Malignant neoplasm of bronchus and lung
- Malignant neoplasm of colon
- Malignant neoplasm of liver and intrahepatic bile ducts
- Malignant neoplasm of pancreas
- Malignant neoplasm of prostate
- Malignant neoplasm of stomach
- Malignant neoplasm without specification of site
- Multiple myeloma and malignant plasma cell neoplasms
- Myeloid leukemia
- Other and unspecified types of non-Hodgkin’s lymphoma
- Other bacterial intestinal infections
- Other diseases of digestive system
- Other diseases of intestine
- Other disorders of brain
- Other disorders of fluid, electrolyte and acid-base balance
- Other disorders of urinary system
- Other interstitial pulmonary diseases
- Other non-traumatic intracranial hemorrhage
- Paralytic ileus and intestinal obstruction without hernia
- Peritonitis
- Pleural effusion, not elsewhere classified
- Pneumonia
- Pneumonitis due to solids and liquids
- Post-procedural respiratory disorders, not elsewhere classified
- Pulmonary embolism
- Respiratory failure
- Secondary malignant neoplasm of other sites
- Secondary malignant neoplasm of respiratory and digestive organs
- Septicemia
- Shock, not elsewhere classified
- Stroke, not specified as hemorrhage or infarction
- Subarachnoid hemorrhage
- Unspecified dementia
- Unspecified renal failure
- Vascular disorders of intestine
- Volume depletion

By comparison, the measures published in the *Hospital Report Card: British Columbia 2008* allow for the examination of hospital performance in specific and detailed areas, thus providing patients with a greater level of information regarding their particular interest or diagnosis and allowing providers greater insight into the areas of care that are of particular concern in their facilities. In

the latest year of data, 39 specific and well-defined indicators of quality of care are examined in The Fraser Institute's report. The composite measure published in the *Hospital Report Card: British Columbia 2008*, the Hospital Mortality Index (HMI), is also a more specific measure of mortality in acute-care hospitals than the CIHI's composite measure and includes only the following nine measures:

- Hip replacement mortality (IQI 14)
- Acute myocardial infarction mortality (IQI 15)
- Congestive heart failure mortality (IQI 16)
- Acute stroke mortality (IQI 17)
- Gastrointestinal hemorrhage mortality (IQI 18)
- Hip fracture mortality (IQI 19)
- Pneumonia mortality (IQI 20)
- Death in low mortality Diagnosis Related Groups (PSI 2)
- Failure to rescue rates (PSI 4)

Further, the *Hospital Standardized Mortality Ratio* (HSMR) is a relative measure, giving a measure of a hospital's or region's performance relative to Canada's performance as a whole in 2004. The indicator measures the ratio of the actual number of deaths for a hospital or region given its case mix (age, sex, length of stay, diagnosis group, etc. of its patients) to the number of deaths that would be expected according to national estimates in 2004. [14] Conversely, the 39 indicators published in the *Hospital Report Card* and the Hospital Mortality Index (HMI) composite measure give an absolute measure of patient safety or inpatient quality of care.

These significant differences in the approaches used by CIHI and the *Hospital Report Card: British Columbia 2008* lead to the conclusion that the two measures cannot be compared with one another directly. Further, the relative rankings of hospitals are not necessarily comparable because of differences in what is being measured in the HSMR and the various indicators of the *Hospital Report Card: British Columbia 2008* or the HMI composite measure, and because of the differences between an absolute and relative measure (i.e. for a given indicator, a hospital or region performing better than the Canadian average will not necessarily score highly if the Canadian average is low). In addition to these significant differences in approach is a difference in risk-adjustment methodologies: the indicators in the *Hospital Report Card: British Columbia 2008* are risk-adjusted using the publicly-available 3M/AHRQ methodology/software and are not risk adjusted in the manner developed and employed by CIHI for the HSMR.

However, while the two sets of measures cannot be directly compared, it is nevertheless true that the HSMR provides a measure of hospital mortality that can be used in conjunction with the HMI and the other measures produced in the *Hospital Report Card: British Columbia 2008*. [15] Both sets of measures are based on an internationally validated and commonly applied methodology, and both sets of measures can provide patients and providers with insight into where mortality rates are unacceptably high or exceptionally low. [16] In this sense, the authors of this report welcome the CIHI's measure and hope that greater reporting of, and attention to, provider performances on mortality leads to improved outcomes from care for Canadians.

[14] The number of deaths is computed for the 65 diagnosis groups listed above, accounting for 80% of in-patient mortality.

[15] Note that the regional results published by CIHI are based on where patients were treated, while municipal measures published in the *Hospital Report Card: British Columbia 2008* are based on where patients lived.

[16] It is worth noting that CIHI began working with the HSMR measure for Canada in 2005 while The Fraser Institute's research program on the *Hospital Report Card* began in 2004. Further, The Fraser Institute's *Hospital Report Card: Ontario 2008* was the first publicly available report in Canada that allowed the comparison of mortality rates in Canadian hospitals based on a standardized measure. A significant advantage of the CIHI's report over the *Hospital Report Card: British Columbia 2006* is that it names all hospitals for which data is published while many hospitals in Ontario elected to remain unnamed in the report produced by The Fraser Institute.

What Are the Measurable Impacts of Patient Safety and Hospital Report Cards?

In the United States, hospital report cards have had a number of measurable impacts on performance and the quality of patient care. The first and most notable example came from the *New York State Cardiac Surgery Report*. Hannen et al. (1994) reported an associated 41% decline in the risk-adjusted mortality rate of Coronary Artery Bypass Graft patients with the publication of these outcomes statistics and data. A similar overall trend was experienced in Pennsylvania and New Jersey following the publication of their report cards. [17]

These findings have also created controversy about the Cardiac Surgery Reporting System, the database used to create the New York State Surgery Report. Critics have raised pertinent questions regarding “up-coding” [18] and the possibility that hospitals have decided not to operate on some complex and critically ill patients and have referred such complex cases to out-of-state jurisdictions (McKee and Healy, 2000). In contrast, using data from the *Cardiac Surgery Reporting System Report* (CSRS) for the period from 1991 to 1999, researchers at the National Bureau of Economic Research found that the reporting program had an impact on the volume of cases and the future quality at hospitals identified as poor performers. Those identified as weaker hospitals lost some relatively healthy patients to competing facilities with better records. Subsequently, these “weaker” hospitals experienced a decline of 10% in the number of patients during the first 12 months after an initial report, and this decrease remained in place for three years. Consequently, patients choosing these hospitals demonstrated a decrease in their risk-adjusted mortality rate by approximately 1.2 percentage points (Cutler et al., 2004). [19]

Though subject to a number of caveats regarding the design and structure, report cards have had a beneficial impact on the quality of healthcare delivery in those regions where they are published.

[17] For Pennsylvania data, see Cardiac Care: Pennsylvania’s Guide to Coronary Artery Bypass Graft Surgery 1994–1995, <<http://www.phc4.org/reports/cabg9495/default.htm>> (April 2, 2002). For New Jersey data, see Cardiac Surgery in New Jersey: Technical Report, <http://www.state.nj.us/health/hcsa/cabgs01/cabg_technical01.pdf> (April 2, 2002). For the northern New England initiative, see G.T. O’Connor et al., “A Regional Intervention to Improve the Hospital Mortality Associated with Coronary.”

[18] “Up-coding” is a term used to describe when financial incentives cause a physician or hospital to exaggerate or falsely represent patients’ medical conditions and services provided in order to increase payment received from the government.

[19] <<http://papers.nber.org/papers/w10489>>.

The Fraser Institute’s Hospital Report Card

The primary focus of this project was the construction of a patient-friendly hospital and patient-care report card focused on clinical outcomes. The report itself includes information about all acute-care facilities treating patients in British Columbia, none of which (out of a total of 95) are identified in the report. [20] The report is built on a recognized hospital report card methodology from the Agency for Healthcare Research & Quality (AHRQ) in the United States and is used in more than 12 US States including New York, Texas, Colorado, [21] California, Florida, Kentucky, Maryland, Massachusetts, Minnesota, New Jersey, Oregon, Utah, Vermont, and parts of Wisconsin.

[20] Facilities in British Columbia either declined or offered no response to our requests for participation/identification.

[21] New York <<http://www.myhealthfinder.com/newyork05/glancechoose.htm>>; Texas <<http://www.dshs.state.tx.us/THCIC/Publications/Hospitals/IQIReport2003/IQIReport2003.shtm>>; Colorado <<http://www.hospitalquality.org>>.

1 What Are the AHRQ Inpatient Quality and Patient Safety Indicators?

The first stage of the research process in producing this report was to acquire or create a methodology that was reliable, easily understood by the public and participants, and that produced an accurate measurement of provider performance. An initial period of examining performance indicator frameworks from earlier literature on hospital report cards provided a number of different examples of accepted and proven methodologies that were not otherwise proprietary information and thus could be employed by The Fraser Institute. [22] The search also turned up methodologies that, though available, would be less effective in providing a patient-friendly clinical outcomes-focused hospital report card.

Further examination of these available methodologies led to the selection of the performance indicator framework developed by AHRQ in the United States. [23] AHRQ's indicator modules were chosen because they represent a comprehensive set of indicators that are widely used, highly regarded, and applicable to any hospital inpatient administrative data. They are readily available and relatively inexpensive to use. Importantly, they comprise an ideal set of indicators to allow a patient-friendly, clinical outcomes-focused, hospital-specific patient care report card.

The AHRQ indicators date from the mid-1990s when AHRQ developed a set of quality measures, or indicators, that required only the information found in routine hospital administrative data: diagnoses and procedures codes, patient age, gender, other basic demographic and personal information, source of admission, and discharge status. These indicators, 33 in all, made up the Healthcare Cost and Utilization Project (HCUP) Quality Indicators, designed to be used by hospitals to assess their inpatient quality of care as well as by the State and community to assess access to primary care. [24] Although they could not be used to provide definitive measures of the quality of health care directly, they are used to provide indicators of healthcare quality. They serve as the basis for subsequent in-depth investigation of issues of quality and patient safety at the facility level.

In the years following the release of the HCUP, both the knowledge base regarding quality indicators increased and newer risk adjustment methods developed. Following input from then-current users, as well as advances in the specific indicators themselves, AHRQ underwrote a project to develop and further refine the original Quality Indicators. This project was undertaken by the University of California San Francisco-Stanford Evidence-based Practice Centre. The results of this research were the AHRQ Quality Indicators, which are currently used to measure hospital performance in more than 12 US States including New York, Texas, Colorado, California, Florida, Kentucky, Maryland, Minnesota, New Jersey, Oregon, Utah, Vermont and parts of Wisconsin.

AHRQ indicators Are Organized in Four Modules [25]

[1] **Prevention Quality Indicators (PQIs)** [26] Consisting of ambulatory care sensitive conditions, these indicators pertain to hospital admissions that could have been prevented via high-quality outpatient care.

[22] For a clear example of how individual report card methodologies are proprietary, please refer to Healthgrades user agreement at <<http://www.healthgrades.com/aboutus/index.cfm?function=modnw&modtype=content&modact=UserAgreement>>.

[23] An agency of the US federal government's Department of Health and Human Services.

[24] Further information regarding the HCUP Quality Indicators can be found at <http://www.qualityindicators.ahrq.gov/hcup_archive.htm>.

[25] The Fraser Institute's *Hospital Report Card: British Columbia 2008* is composed of 39 indicators from the quality and safety modules of the AHRQ system (see Appendix E for a list of all indicators used in this report).

[26] The PQIs identify the quality of care for ambulatory care-sensitive conditions and are measures of the overall healthcare system. Since the *Hospital Report Card* was designed to analyze the care inside acute-care hospitals, the PQIs were omitted from this report.

[2] Inpatient Quality Indicators (IQIs) These indicators reflect the quality of care inside hospitals and include such items as inpatient mortality; the utilization of procedures where there are questions of misuse, overuse, or underuse; and volume of procedures from which evidence shows that a higher volume of procedures is associated with a lower rate of mortality.

[3] Patient Safety Indicators (PSIs) These indicators focus upon preventable instances of harm to patients such as complications arising from surgery and other iatrogenic [27] events.

[4] Pediatric Quality Indicators (PDIs) [28] These indicators examine the quality of pediatric inpatient care, as well as the quality of outpatient care that can be inferred from inpatient data, such as potentially preventable hospitalizations. [29]

The Fraser Institute's *Hospital Report Card* uses the IQI and PSI indicators; it is made up of 39 of the 59 available indicators in these categories [30]. These two modules were chosen because of their widespread use and high quality record.

The AHRQ indicator modules are designed to be used with data from administrative databases in the United States, which themselves are primarily used by hospitals for billing purposes. This type of record, referred to as "administrative data" consists of diagnoses and procedures codes along with information about a patient's age, gender, and discharge status. The Canadian counterpart is the Canadian Institute for Health Information's Discharge Abstract Database (DAD), which contains demographic, personal, administrative, and clinical data for hospital discharges (inpatient acute, chronic, rehabilitation) and day surgeries.

The indicators in The Fraser Institute's *Hospital Report Card* analyze nearly two million patient records extracted from the DAD for the period of fiscal years 2001/02 to 2005/06. The data are also risk-adjusted using the 3M™ All Patient Refined™ DRG (APR™-DRG) software, commonly recognized to be the gold-standard system for risk-adjusting hospital data [31]. The AHRQ IQIs were in fact designed to be used in conjunction with 3M™ All Patient Refined Diagnosis Related Groups™ (APR™-DRG) software, which risk adjusts the IQIs for patients' clinical conditions and severity of illness or risk of mortality. Indeed, the version of the APR-DRG software built in to the AHRQ software was used for this report.

Participation in the report card project was not mandatory for hospitals in British Columbia. In the end, none of British Columbia's acute-care facilities, agreed to have their institution identified.

Since this report is based on administrative data, the results have limitations. Coding variations exist among hospitals and codes do not always provide specific details about a patient's condition at the time of admission or capture all that occurs during hospitalization. For these reasons, individual judgment often is required while reviewing the results from this report.

When reviewing mortality or other quality and patient safety measures, remember that medicine is not an exact science and death or complications will occur even when all standards of care are followed. Deciding on treatment

[27] An iatrogenic event is one that is inadvertently caused by a physician, a medical/surgical treatment, or a diagnostic procedure.

[28] The PDI module became available in February 2006 and was therefore not used in this first edition of the *Hospital Report Card* for British Columbia.

[29] For details, please see <http://www.qualityindicators.ahrq.gov/pdi_download.htm>.

[30] The 11 area indicators were not used. Out of the 48 provider indicators, 9 were dropped (see Appendix G for details).

[31] For further details, please refer to Appendix B and <http://www.3m.com/us/healthcare/his/products/coding/refined_drg.jhtml>.

options and choosing a hospital are decisions that should be made in consultation with a physician. It is not recommended to choose a hospital based solely on statistics and descriptions such as those given in this report.

2 Data Quality

CIHI's Discharge Abstract Database (DAD) contains information on hospital stays in Canada. Various CIHI publications note that the DAD is used extensively by a variety of stakeholder groups to monitor the use of acute-care health services, conduct analyses of health conditions and injuries, and increasingly to track patient outcomes. [32] The DAD is a major data source used to produce various CIHI reports, including annual reports on the performance of hospitals and the health care system and for seven of the health indicators adopted by the federal, provincial, and territorial governments. [33] These data have been used extensively in previous reports on health-care performance and form the basis for many journal articles. [34]

As the *Hospital Report 2006: Acute Care* notes, [35] using the same DAD data set underlying this report card, "the data are collected under consistent guidelines, by trained abstractors, in all acute care hospitals in Ontario. The data undergo extensive edit checks to improve accuracy, but all errors cannot be eliminated" (p. 6). However, in order to produce good information about data quality, CIHI established a comprehensive and systematic data-quality program, whose framework involves 24 characteristics relating to five data quality dimensions of accuracy, timeliness, relevance, comparability, and usability. [36]

There are a number of publications that have addressed data-quality issues, which are discussed in our report. Of note are CIHI's reabstraction studies that go back to the original patient charts and recode the information using a different set of expert coders. [37]

The reabstraction studies note the following rates of agreement between what was initially coded compared to what was coded on reabstraction:

- a) non-medical data: 96%–100%
- b) selection of intervention codes (procedure codes): 90%–95%
- c) selection of diagnosis codes: 83%–94%
- d) selection of most responsible diagnosis: 89%–92%
- e) typing of co-morbidities: pre-admit: 47%–69%; post-admit: 51%–69%
- f) diagnosis typing (which indicates the relationship of the diagnosis to the patient's stay in hospital) continues to present a problem; discrepancy rates have not diminished with adoption of ICD-10-CA.

The coding issues in points (e) and (f) do not affect our results since the most responsible diagnosis is coded with a high degree of agreement and the AHRQ indicators do not discriminate among diagnosis types. Overall, when the rates of agreement in the third year of this reabstraction study (performed on data coded

[32] DAD Data Quality Reabstraction study. Combined findings for FY 1999/2000 and 2000/2001. Dec 2002.

[33] DAD Data Quality Reabstraction study. Combined findings for FY 1999/2000 and 2000/2001. Dec 2002.

[34] A joint initiative of the Ontario Hospital Association and the Government of Ontario. *Hospital Report 2007: Acute care*. <[http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/2007+Hospital+Reports/\\$file/OHA_Acute07_EN_final.pdf](http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/2007+Hospital+Reports/$file/OHA_Acute07_EN_final.pdf)>.

[35] A joint initiative of the Ontario Hospital Association and the Government of Ontario. *Hospital Report 2006: Acute care*. <[http://www.oha.com/client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Hospital+Reports/\\$file/acute_report_2006.pdf](http://www.oha.com/client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/Hospital+Reports/$file/acute_report_2006.pdf)>.

[36] The CIHI Data Quality Framework. June 2005 Revision.

[37] Reabstractors participating in the study were required to have several years of coding experience, experience coding in ICD-10-CA and CCI in particular, experience coding at a tertiary care centre, and attendance at specific CIHI educational workshops. They were also required to attend a one-week training session and to receive a passing score on the inter-rater test.

in ICD-10-CA) were compared to the rates of agreement of the previous years' data (coded in ICD-9-CCP), the rates were as good as, or better than, previous rates.

However, with regard to the coding of pneumonia, a potential data quality issue exists because some reabstraction coders selected pneumonia instead of chronic obstructive pulmonary disease (COPD) as the most responsible diagnosis. [38] This could potentially create false positive results for Pneumonia mortality rate (IQI 20) since this indicator counts deaths due to pneumonia in situations where the primary diagnosis is a pneumonia diagnosis code. We have noted this proviso in our report.

With respect to specific conditions related to the health indicators examined, those that are procedure driven (i.e. Cesarean section, coronary artery bypass graft, and total knee replacement) were coded well with low discrepancy rates. The following had less than a 5% rate of discrepancy: Cesarean section, coronary artery bypass graft, hysterectomy, total knee replacement, vaginal birth after Cesarean, and total hip replacement. The following had greater than a 5% discrepancy: AMI (8.9%), hip fracture (6.0%), hospitalization due to pneumonia and influenza (6.9%), and injury hospitalization (5.3%). [39]

Discrepancy rates were noted in conditions that are diagnosis driven: acute myocardial infarction (AMI) [40], stroke, pneumonia, and COPD [41] (as described above). Only the pneumonia codes are potentially affected in our report.

Overall, according to CIHI, findings from their three-year DAD reabstraction studies "have confirmed the strengths of the database, while identifying limitations in certain areas resulting from inconsistencies in the coding of some data elements." [42] In addition, the findings from the inter-rater data (that is, comparison between reabstractors) were generally similar to the findings from the main study data (that is, comparison between original coder and reabstractor). This suggests that the database is coded as well as can be expected using existing approaches in the hospital system.

In addition to the aforementioned reabstraction studies, the OECD published a report [43] in support of the AHRQ patient safety indicator modules noting that "this set of measures represents an exciting development and their use should be tested in a variety of countries" (p. 11). Further, a recently released report by the Manitoba Center for Health Policy that used the AHRQ Patient Safety Indicators [44] noted two important advantages to using the AHRQ module. The first advantage is the breadth of coverage offered by the indicators in studying in-hospital patient safety. The second is that the AHRQ patient-safety indicators were developed to measure complications of hospital-based care among a group of patients for whom the complications seemed preventable or highly unlikely.

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[40] DAD Data Quality, Reabstraction Study Combined finding for Fiscal Years 1999/2000 and 2000/2001. CIHI 2002, pg 8.

[41] Data Quality of the DAD following the First year implementation of ICD-10-CA/CCI. September 2004.

[42] Data Quality of the DAD following the First year implementation of ICD10CA/CCI. September 2004: p.41.

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Methodology Overview

All hospital data used in The Fraser Institute's *Hospital Report Card: British Columbia 2008* are from the Discharge Abstract Database (DAD) that was purchased from the Canadian Institute for Health Information (CIHI). The DAD is an administrative database containing demographic, administrative, and clinical data for hospital discharges (inpatient acute, chronic, rehabilitation) and day surgeries. Only inpatient acute records were used in this report (see Appendix A for details on which DAD data fields were used).

CIHI is unable to release the identity of specific institutions in DAD data releases unless those institutions have explicitly granted permission to the researchers requesting the data. Unlike hospitals in Ontario, none of British Columbia's 95 acute-care hospitals granted The Fraser Institute authorization to identify their institution-specific discharge data in the DAD for the years from 2001/02 to 2005/06.

These records were then grouped into diagnosis-related groups (DRGs) using The Centers for Medicare and Medicaid Services (CMS) Grouper with Medicare Code Editor software. The program sorts patients' records into groups that are expected to have similar hospital resource use. The groupings are based on information extracted from diagnosis and procedure codes as well as the patients' age, sex, and the presence of complications or co-morbidities (see Appendix B for details). [1]

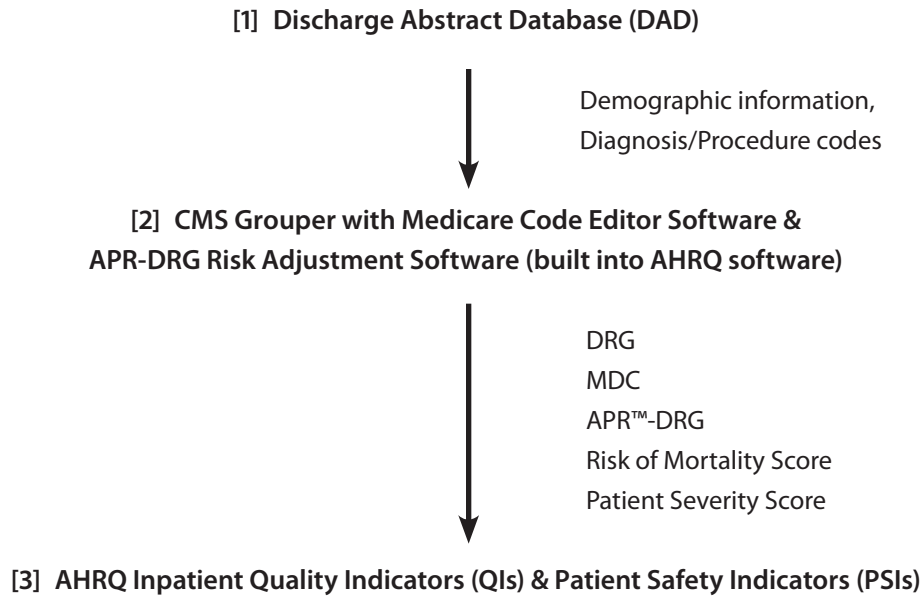
Since more specialized hospitals may treat more high-risk patients and some patients arrive at hospitals sicker than others, it is difficult to compare hospital mortality and utilization rates for patients with the same condition but a different health status. In order to compensate for this potential difference in hospital case mix, the international standard for risk adjustment, developed by 3M Corporation (for information, see <http://www.3m.com/us/healthcare/his/products/coding/refined_drg.jhtml>), was employed to risk-adjust the data. This was done to ensure that a hospital's final score reflected the performance grading that the hospital would have received if it had provided services to patients with the average mix of medical complications (see Appendix B for details).

The final step in the methodology was to produce separate indicators for hospital performance based on the methodology developed by the Agency for Healthcare Research and Quality's (AHRQ) Evidence-Based Practice Center (EPC) at the University of California San Francisco-Stanford [2] (for information, see <<http://www.qualityindicators.ahrq.gov/>>; see Appendix C for details). AHRQ's indicator modules use readily available discharge data and were chosen because they have been demonstrated to be a concise and effective tool by which to inform patients' decision-making about their health care. They are currently used to measure hospital performance in more than 12 US states including New York, Texas, Colorado, California, Florida, Kentucky, Maryland, Massachusetts, Minnesota, New Jersey, Oregon, Utah, Vermont and parts of Wisconsin. Figure 1 shows a graphical representation of the methodology.

[1] In order to use the Centers for Medicare and Medicaid Services (CMS) Grouper with Medicare Code Editor as well as the Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQI) and Patient Safety Indicators (PSI) modules, the diagnosis and procedure codes had to be translated from ICD10CA/CCI (ICD-10-CA is an enhanced version of ICD-10 developed by CIHI for morbidity classification in Canada; the companion classification to ICD-10-CA for coding procedures in Canada is CCI) to ICD-9-CM. Please see Appendix J for details.

[2] The AHRQ Quality Indicators were developed in response to the need for both multidimensional and accessible quality indicators. They include a family of measures that patients, providers, policymakers and researchers can use with easily accessible inpatient data to identify apparent variations in the quality of inpatient care.

Figure 1: Methodology Overview



The Fraser Institute's *Hospital Report Card: British Columbia 2008* comprises 39 indicators of the quality of inpatient care and patient safety (for a list of all indicators used in the report, see Appendix E).

Inpatient Quality Indicators (IQIs) reflect the quality of care inside hospitals and include mortality rates, the utilization of procedures (where there are questions of misuse, overuse, or underuse), and volume of procedures (for which evidence shows that a higher volume of procedures is associated with a lower rate of mortality).

Patient Safety Indicators (PSIs) focus on preventable complications acquired while in hospital, as well as adverse events following surgeries, procedures, and childbirth.

The indicators are expressed as observed rates (which are raw measures) and risk adjusted rates (incorporating patient severity and risk of mortality scores from the 3M™ software described above). IQI rates are expressed as rates per hundred patients while PSI rates are expressed per thousand. Each institution was also given a score from 0 to 100 for each indicator based on its risk-adjusted rate and was then ranked based on their scores (see Appendix F for details on calculating scores and ranks). [3]

A Hospital Mortality Index (HMI) was constructed to examine the overall performance of a hospital or municipality across mortality indicators. It consists of nine mortality indicators: *hip replacement mortality* (IQI 14), *acute myocardial infarction mortality* (IQI 15), *congestive heart failure mortality* (IQI 16), *acute stroke mortality* (IQI 17), *gastrointestinal hemorrhage mortality* (IQI 18), *hip fracture mortality* (IQI 19), *pneumonia mortality* (IQI 20), *low mortality DRGs* (PSI 2) and *failure to rescue rates* (PSI 4). The final HMI index score is based on an equal-weight construct of the separate indicators. For an indicator to be included in the HMI, hospitals representing at least 75% of the patient sample for that year

[3] Ranks are not used for comparisons of hospitals across indicators as they are based on a varying number of hospitals. It is advisable to rely on the scores (as in the HMI) to examine the overall performance of a hospital across indicators. The HMI also has a fairly large number of hospitals so any bias is insignificant.

had to have measured data in order to ensure an adequate number of hospitals for comparison. For example, in 2005/06 an indicator had to contain at least 291,785 records in order to be included in the HMI. [4] All institutions were ranked based on their HMI score, where the highest rank (1) corresponds to the highest score out of 100 (for details on calculating scores, ranks, the HMI, and rank of the HMI, please see Appendix F).

[4] The total number of patient records in 2005/06 was 389,047..

Throughout the *Hospital Report Card*, several measures were taken in order to protect patient confidentiality. First, patient identifiers such as patients' names and addresses were removed prior to The Fraser Institute accessing the dataset. Also, postal codes were truncated to Forward Sortation Areas (FSAs) and grouped into municipalities in order to assess and compare care received by patients from those jurisdictions (please see Appendix H for details). Furthermore, results were omitted from publication if the patient population in any given indicator was less than, or equal to, 5 in any institution and/or municipality.

Legend for Sample Table

Use the sample table (p. 27) and the explanations below to help you understand how each indicator is displayed in the data tables of the *Hospital Report Card*.

[A] The name of the Inpatient Quality Indicator (IQI) or Patient Safety Indicator (PSI) from the Agency for Healthcare Research and Quality (AHRQ). [5]

[5] Please see Appendix E for a complete list of the indicators used in the *Hospital Report Card*.

[B] All indicators were expressed as:

- [a] an Observed Rate (which are raw measures)
- [b] a Risk Adjusted Rate (incorporating patient severity and risk of mortality scores from 3M™ All Patient Refined Diagnosis Related Groups [APR™-DRG] Software) [6]
- [c] a Score [7]
- [d] a Rank

[6] Please see Appendix B for details.

[7] Please see Appendix F for details on calculating scores, ranks, HMI, and rank of the HMI.

Two additional measures were calculated to examine the overall performance of a hospital or municipality across mortality indicators: a Hospital Mortality Index (HMI) and a Rank of the Hospital Mortality Index.

[C] Indicators are stratified by Institution and by Municipality. [8]

[8] Postal Codes were truncated to Forward Sortation Areas (FSAs) before The Fraser Institute accessed the dataset. All patient FSAs were grouped into corresponding municipalities as described by Canada Post. Please see Appendix H for details.

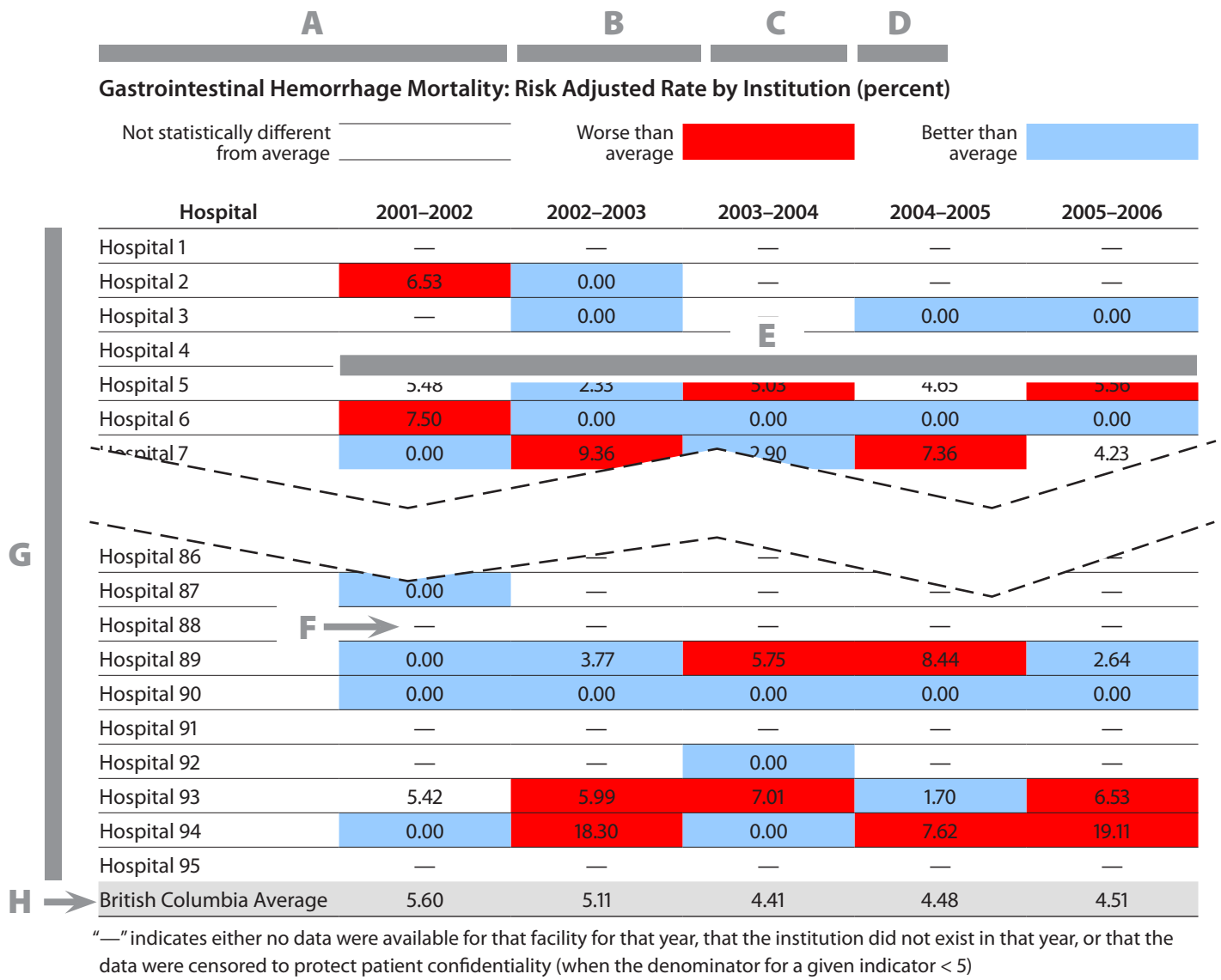
[D] All IQIs are expressed as percent. PSIs are expressed per thousand.

[E] All data used in the *Hospital Report Card* were extracted from the Discharge Abstract Database (DAD), which was purchased from CIHI for the period from Fiscal 2001 (April 1, 2001 to March 31, 2002) to Fiscal 2005 (April 1, 2005 to March 31, 2006).

[F] “—” indicates that either no data were available for that hospital for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator is 5).

[G] Indicators were calculated for all of British Columbia’s 95 acute-care hospitals. Since none of the acute-care hospitals consented to be identified in the *Hospital Report Card*, institution numbers from all acute-care hospitals were encrypted by the Canadian Institute for Health Information (CIHI) prior to delivery. We assigned these institutions an arbitrary number from Hospital 1 to Hospital 95.

[H] The average rate (Observed or Risk Adjusted) for all the acute-care hospitals in Ontario.



Esophageal Resection Surgery Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	100	100	100	100	100
Hospital 12	—	—	—	—	—
Hospital 13	100	100	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	—	—	100	—	—
Hospital 25	100	100	100	100	100
Hospital 26	100	100	100	100	100
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	75	—	—	100	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Esophageal Resection Surgery Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	75	—	—	—	100
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	75	100
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Esophageal Resection Surgery Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	100	100	100	100	—
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pancreatic Resection Surgery Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	100	100	100	100	100
Hospital 12	—	—	—	—	—
Hospital 13	—	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	—	—	—	—	—
Hospital 25	0	100	100	100	100
Hospital 26	—	—	0	100	100
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pancreatic Resection Surgery Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	0	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pancreatic Resection Surgery Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	—	—	0	0	100
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Coronary Artery Bypass Graft (CABG) Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	100	100	100	100	100
Hospital 12	—	—	—	—	—
Hospital 13	—	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	100	100	100	100	100
Hospital 25	100	100	100	100	100
Hospital 26	—	—	—	—	—
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Coronary Artery Bypass Graft (CABG) Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	—	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Coronary Artery Bypass Graft (CABG) Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	100	100	100	100	100
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Percutaneous Transluminal Coronary Angioplasty (PTCA) Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	100	100	100	100	100
Hospital 12	—	—	—	—	—
Hospital 13	—	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	100	100	100	100	100
Hospital 25	100	100	100	100	100
Hospital 26	—	—	—	—	—
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Percutaneous Transluminal Coronary Angioplasty (PTCA) Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	—	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Percutaneous Transluminal Coronary Angioplasty (PTCA) Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	100	100	100	100	100
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Carotid Endarterectomy Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	0	0	0	0	0
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	0	0	0	0	0
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	100	100	100	100	100
Hospital 12	—	—	—	—	—
Hospital 13	0	0	0	0	0
Hospital 14	—	—	—	—	—
Hospital 15	0	0	0	75	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	0	0	0	—	0
Hospital 23	—	—	—	—	—
Hospital 24	0	0	0	0	0
Hospital 25	100	100	100	100	100
Hospital 26	100	75	100	100	100
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	75	75	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	75

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Carotid Endarterectomy Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	0	0	0	0	0
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	0	0	0	0	0
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Carotid Endarterectomy Volume: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	75	100	100	100	—
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Esophageal Resection Surgery Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	100	89	70	100	—
Hospital 12	—	—	—	—	—
Hospital 13	100	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	—	—	—	—	—
Hospital 25	100	79	0	63	—
Hospital 26	—	—	100	48	—
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

There is no score for FY 2005 since all Institutions had a mortality rate of 0%.

Esophageal Resection Surgery Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 41	—	—	—	—	—
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	—	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

There is no score for FY 2005 since all Institutions had a mortality rate of 0%.

Esophageal Resection Surgery Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	—	—	100	—	—
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

There is no score for FY 2005 since all Institutions had a mortality rate of 0%.

Pancreatic Resection Surgery Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	90	100	0	59	83
Hospital 12	—	—	—	—	—
Hospital 13	—	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	—	—	—	—	—
Hospital 25	—	10	100	87	100
Hospital 26	—	—	100	0	66
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pancreatic Resection Surgery Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	16	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pancreatic Resection Surgery Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	—	—	100	100	87
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Coronary Artery Bypass Graft (CABG) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	45	100	100	100	64
Hospital 12	—	—	—	—	—
Hospital 13	—	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	62	82	98	92	100
Hospital 25	100	62	90	93	0
Hospital 26	—	—	—	—	—
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Coronary Artery Bypass Graft (CABG) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	—	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Coronary Artery Bypass Graft (CABG) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	0	0	0	0	1
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Craniotomy Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	61	69	88	66	72
Hospital 12	—	—	—	—	—
Hospital 13	0	0	84	74	100
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	86	77	82	46	53
Hospital 23	—	—	—	—	—
Hospital 24	—	—	0	—	100
Hospital 25	38	41	70	19	0
Hospital 26	47	66	86	0	49
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Craniotomy Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	—	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Craniotomy Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	51	56	80	74	58
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Hip Replacement Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	100	100	100	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	100	100	100	20	100
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	100	100	100	100	71
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	93	100	100	100	100
Hospital 12	100	100	100	100	100
Hospital 13	100	100	100	39	89
Hospital 14	100	11	63	100	100
Hospital 15	100	100	100	100	100
Hospital 16	—	—	—	—	—
Hospital 17	100	100	100	100	100
Hospital 18	—	—	—	—	—
Hospital 19	100	100	100	100	100
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	93	92	100	100	100
Hospital 23	—	—	—	—	—
Hospital 24	100	100	100	23	100
Hospital 25	100	88	70	100	92
Hospital 26	73	100	100	83	100
Hospital 27	—	—	—	—	—
Hospital 28	100	100	0	0	100
Hospital 29	100	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	100	100	100
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	100	100	100	—	—
Hospital 38	100	100	100	100	100
Hospital 39	100	100	100	10	100
Hospital 40	—	—	—	—	—
Hospital 41	100	100	100	100	100

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Hip Replacement Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	100	100	78	75	100
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	0	100	47	100	0
Hospital 53	100	100	100	100	100
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	100	4	100	100	72
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	100	0	100	100	100
Hospital 67	84	55	100	100	100
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	100	100	100
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	100	100	100	100	100
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Hip Replacement Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	100	100	100	100	100
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	100	100	100	100	100
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Myocardial Infarction (AMI) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	72	76	79	65	75
Hospital 6	73	67	100	36	86
Hospital 7	86	70	74	66	73
Hospital 8	79	82	75	59	73
Hospital 9	85	87	80	57	71
Hospital 10	—	—	—	—	—
Hospital 11	83	84	81	70	82
Hospital 12	72	66	80	75	76
Hospital 13	78	82	84	68	75
Hospital 14	74	81	85	75	86
Hospital 15	62	71	81	61	78
Hospital 16	72	78	88	73	81
Hospital 17	69	84	80	66	79
Hospital 18	—	100	—	88	—
Hospital 19	77	78	77	67	71
Hospital 20	—	—	—	—	—
Hospital 21	76	—	—	—	—
Hospital 22	78	81	75	68	75
Hospital 23	67	65	73	68	66
Hospital 24	71	76	82	77	90
Hospital 25	72	74	77	73	80
Hospital 26	82	82	80	79	78
Hospital 27	—	—	—	—	—
Hospital 28	67	76	83	73	76
Hospital 29	0	65	36	78	55
Hospital 30	79	41	—	—	—
Hospital 31	60	75	64	100	82
Hospital 32	—	—	—	—	—
Hospital 33	—	71	—	—	—
Hospital 34	78	78	84	83	88
Hospital 35	63	90	78	55	75
Hospital 36	—	—	—	—	—
Hospital 37	16	—	—	—	—
Hospital 38	86	83	89	76	79
Hospital 39	72	74	76	73	79
Hospital 40	—	—	—	—	—
Hospital 41	68	71	61	61	63

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Myocardial Infarction (AMI) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	89	94	87	78	72
Hospital 43	26	23	100	—	—
Hospital 44	78	39	76	—	—
Hospital 45	51	81	90	84	67
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	70	57	73	78	74
Hospital 52	51	61	48	61	64
Hospital 53	52	64	71	64	74
Hospital 54	38	41	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	83	80	73	63	83
Hospital 57	—	—	—	—	—
Hospital 58	15	—	—	0	28
Hospital 59	75	75	72	72	80
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	48	69	86	63	78
Hospital 65	—	—	—	—	—
Hospital 66	72	68	83	87	69
Hospital 67	85	82	76	61	77
Hospital 68	—	—	—	—	—
Hospital 69	72	71	79	67	71
Hospital 70	86	68	94	37	54
Hospital 71	—	—	—	—	—
Hospital 72	50	100	81	77	83
Hospital 73	—	—	—	—	—
Hospital 74	87	—	60	—	—
Hospital 75	—	—	—	—	—
Hospital 76	84	89	62	67	84
Hospital 77	67	79	85	78	90
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	52	77	0	2	22
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Acute Myocardial Infarction (AMI) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	89	100	77	77	—
Hospital 86	—	—	—	—	—
Hospital 87	81	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	67	68	97	63	91
Hospital 90	67	100	82	100	100
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	62	—
Hospital 93	79	80	67	60	81
Hospital 94	48	86	88	46	79
Hospital 95	—	—	0	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Congestive Heart Failure (CHF) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	69	84	48	—	—
Hospital 3	—	100	—	54	—
Hospital 4	—	—	—	—	—
Hospital 5	84	86	82	85	84
Hospital 6	90	94	93	80	76
Hospital 7	85	85	73	68	88
Hospital 8	81	87	66	64	76
Hospital 9	83	82	78	89	87
Hospital 10	100	41	100	100	100
Hospital 11	88	91	85	87	87
Hospital 12	82	80	87	80	80
Hospital 13	74	74	78	77	80
Hospital 14	83	81	79	79	79
Hospital 15	69	89	80	70	64
Hospital 16	95	83	72	100	86
Hospital 17	85	68	75	85	72
Hospital 18	94	85	100	89	100
Hospital 19	87	69	72	82	82
Hospital 20	—	—	—	—	—
Hospital 21	89	—	—	—	—
Hospital 22	84	75	66	79	81
Hospital 23	77	87	57	48	50
Hospital 24	86	86	90	88	90
Hospital 25	83	82	81	87	82
Hospital 26	85	86	87	84	78
Hospital 27	93	86	82	48	100
Hospital 28	67	58	64	72	75
Hospital 29	71	71	49	77	82
Hospital 30	100	100	64	100	84
Hospital 31	73	58	79	80	95
Hospital 32	—	—	—	—	—
Hospital 33	100	73	68	81	76
Hospital 34	82	85	63	80	79
Hospital 35	79	77	70	73	84
Hospital 36	—	—	—	—	—
Hospital 37	91	76	70	—	—
Hospital 38	74	72	72	71	79
Hospital 39	91	84	89	88	91
Hospital 40	72	86	88	84	90
Hospital 41	81	79	81	79	76

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Congestive Heart Failure (CHF) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	86	87	84	87	90
Hospital 43	60	85	62	0	60
Hospital 44	95	100	74	94	91
Hospital 45	69	86	74	96	88
Hospital 46	—	—	—	—	—
Hospital 47	61	100	100	100	76
Hospital 48	67	—	100	100	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	70	74	78	60	87
Hospital 52	72	77	87	79	74
Hospital 53	68	63	57	71	77
Hospital 54	90	100	—	—	—
Hospital 55	—	66	—	—	—
Hospital 56	81	92	78	80	79
Hospital 57	100	80	59	—	100
Hospital 58	46	0	69	49	71
Hospital 59	89	82	76	80	79
Hospital 60	—	—	—	0	—
Hospital 61	—	—	—	—	—
Hospital 62	42	85	100	100	—
Hospital 63	—	—	—	—	—
Hospital 64	86	79	80	89	80
Hospital 65	—	—	—	—	—
Hospital 66	87	88	75	87	74
Hospital 67	82	85	81	82	79
Hospital 68	68	—	62	—	—
Hospital 69	85	79	89	86	85
Hospital 70	100	81	100	66	100
Hospital 71	100	—	—	—	—
Hospital 72	76	88	76	91	68
Hospital 73	57	77	20	86	39
Hospital 74	87	50	75	0	100
Hospital 75	—	—	—	100	100
Hospital 76	78	83	61	80	79
Hospital 77	78	83	87	88	68
Hospital 78	100	47	83	86	64
Hospital 79	100	—	—	7	26
Hospital 80	83	100	67	72	47
Hospital 81	—	—	—	—	—
Hospital 82	100	—	—	—	—

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Congestive Heart Failure (CHF) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	85	—	48	58
Hospital 84	100	—	100	—	47
Hospital 85	79	81	85	65	83
Hospital 86	—	—	—	—	—
Hospital 87	87	—	—	—	—
Hospital 88	85	—	—	—	—
Hospital 89	80	91	68	81	70
Hospital 90	89	88	88	85	72
Hospital 91	—	—	—	—	—
Hospital 92	83	52	87	—	80
Hospital 93	82	83	76	79	82
Hospital 94	82	80	87	91	81
Hospital 95	79	87	76	52	79

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Stroke Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	56	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	67	72	68	77	70
Hospital 6	40	59	65	73	—
Hospital 7	0	55	0	0	69
Hospital 8	64	59	68	64	59
Hospital 9	35	17	66	80	—
Hospital 10	—	33	—	—	—
Hospital 11	75	84	76	82	81
Hospital 12	61	60	63	65	67
Hospital 13	61	68	73	65	75
Hospital 14	49	54	58	48	63
Hospital 15	39	43	50	45	72
Hospital 16	16	—	15	52	—
Hospital 17	48	54	47	43	11
Hospital 18	—	—	—	—	—
Hospital 19	56	45	54	54	54
Hospital 20	—	—	—	—	—
Hospital 21	76	—	—	—	—
Hospital 22	66	67	75	68	73
Hospital 23	71	2	76	73	62
Hospital 24	68	55	75	70	79
Hospital 25	66	66	65	71	66
Hospital 26	62	62	62	71	61
Hospital 27	—	26	—	—	—
Hospital 28	25	29	40	0	60
Hospital 29	0	45	35	—	—
Hospital 30	0	—	43	—	—
Hospital 31	—	37	70	82	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	69	—
Hospital 34	66	74	78	86	92
Hospital 35	8	58	29	53	—
Hospital 36	—	—	—	—	—
Hospital 37	51	83	91	—	—
Hospital 38	27	37	59	52	55
Hospital 39	58	58	58	61	68
Hospital 40	43	57	56	—	—
Hospital 41	70	50	43	62	42

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Acute Stroke Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	56	74	66	80	70
Hospital 43	0	64	6	32	—
Hospital 44	—	—	—	—	—
Hospital 45	24	15	27	48	80
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	24	51	54	28	7
Hospital 52	32	56	59	74	64
Hospital 53	64	52	57	39	31
Hospital 54	0	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	47	29	29	72	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	0	0
Hospital 59	48	56	48	45	69
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	30	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	9	67	45	34	52
Hospital 67	60	56	57	68	65
Hospital 68	—	—	—	—	—
Hospital 69	76	71	67	76	92
Hospital 70	42	59	57	—	—
Hospital 71	—	—	—	—	—
Hospital 72	72	68	—	—	—
Hospital 73	56	—	—	—	—
Hospital 74	—	21	0	—	—
Hospital 75	—	—	—	—	—
Hospital 76	60	46	70	65	65
Hospital 77	0	37	88	61	78
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	29	0	65	54	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Stroke Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	44	—	—	—
Hospital 85	—	28	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	47	—	—	—	—
Hospital 88	54	—	—	—	—
Hospital 89	42	33	51	42	52
Hospital 90	—	100	—	0	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	78	80	81	84	79
Hospital 94	13	31	34	39	100
Hospital 95	—	40	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Gastrointestinal Hemorrhage Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	92	100	—	—	—
Hospital 3	—	100	—	100	100
Hospital 4	—	—	—	—	—
Hospital 5	93	96	85	95	93
Hospital 6	91	100	100	100	100
Hospital 7	100	84	92	93	95
Hospital 8	95	97	83	97	95
Hospital 9	96	89	90	100	100
Hospital 10	—	—	—	—	—
Hospital 11	96	90	88	94	94
Hospital 12	93	91	91	96	93
Hospital 13	98	89	85	94	96
Hospital 14	94	96	85	94	94
Hospital 15	87	90	97	99	97
Hospital 16	100	100	100	100	96
Hospital 17	100	84	89	98	100
Hospital 18	100	100	100	76	100
Hospital 19	90	91	83	94	93
Hospital 20	—	—	—	—	—
Hospital 21	100	—	—	—	—
Hospital 22	87	87	76	90	92
Hospital 23	92	100	100	100	94
Hospital 24	92	93	93	95	95
Hospital 25	96	92	90	98	96
Hospital 26	97	90	85	99	96
Hospital 27	—	—	—	—	100
Hospital 28	97	91	89	96	96
Hospital 29	56	70	100	100	86
Hospital 30	100	100	100	100	57
Hospital 31	100	77	82	80	95
Hospital 32	—	—	—	—	—
Hospital 33	100	100	100	100	100
Hospital 34	94	98	0	96	100
Hospital 35	100	100	86	100	88
Hospital 36	—	—	—	—	—
Hospital 37	82	—	—	—	—
Hospital 38	88	86	85	95	94
Hospital 39	90	86	80	97	98
Hospital 40	100	—	69	81	100
Hospital 41	90	97	93	95	95

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Gastrointestinal Hemorrhage Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	95	92	83	88	98
Hospital 43	80	100	100	100	100
Hospital 44	100	100	71	100	84
Hospital 45	100	52	100	100	67
Hospital 46	—	—	—	—	—
Hospital 47	0	—	100	—	—
Hospital 48	100	100	100	100	100
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	100	89	58	97	91
Hospital 52	96	86	94	92	96
Hospital 53	84	80	79	100	100
Hospital 54	100	100	—	—	—
Hospital 55	100	—	100	—	100
Hospital 56	93	88	75	100	100
Hospital 57	—	—	100	—	100
Hospital 58	100	100	100	71	74
Hospital 59	94	93	92	95	95
Hospital 60	100	—	—	—	100
Hospital 61	—	—	—	—	—
Hospital 62	27	100	100	80	40
Hospital 63	—	—	—	—	—
Hospital 64	96	93	100	100	96
Hospital 65	—	—	—	—	—
Hospital 66	95	89	93	95	100
Hospital 67	88	94	89	96	97
Hospital 68	100	—	—	100	100
Hospital 69	83	93	96	91	92
Hospital 70	48	100	83	100	100
Hospital 71	100	—	—	—	—
Hospital 72	100	96	88	96	95
Hospital 73	—	—	—	—	—
Hospital 74	14	—	—	—	100
Hospital 75	—	—	100	—	—
Hospital 76	100	82	75	100	70
Hospital 77	100	76	86	98	94
Hospital 78	100	—	100	—	—
Hospital 79	100	—	—	—	100
Hospital 80	100	100	58	100	100
Hospital 81	—	—	—	—	—
Hospital 82	—	100	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Gastrointestinal Hemorrhage Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	100	—	100	81
Hospital 84	100	100	100	—	—
Hospital 85	100	100	100	100	85
Hospital 86	—	—	—	—	—
Hospital 87	100	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	100	94	83	92	97
Hospital 90	100	100	100	100	100
Hospital 91	—	—	—	—	—
Hospital 92	—	—	100	—	—
Hospital 93	94	90	80	98	92
Hospital 94	100	70	100	92	77
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Hip Fracture Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	73	82	100	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	81	85	76	77	61
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	78	85	71	83	85
Hospital 9	72	32	34	—	—
Hospital 10	—	—	—	—	—
Hospital 11	81	82	53	76	78
Hospital 12	83	80	75	84	77
Hospital 13	90	83	73	87	76
Hospital 14	69	82	49	81	80
Hospital 15	86	84	83	47	73
Hospital 16	—	—	—	—	—
Hospital 17	87	90	94	72	100
Hospital 18	—	—	—	—	—
Hospital 19	67	83	31	80	50
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	85	82	63	82	77
Hospital 23	—	—	—	—	—
Hospital 24	59	69	30	86	83
Hospital 25	76	82	67	83	72
Hospital 26	85	87	77	82	86
Hospital 27	—	—	—	—	—
Hospital 28	89	79	71	59	81
Hospital 29	100	—	—	—	81
Hospital 30	—	—	—	—	—
Hospital 31	100	78	100	100	100
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	91	94	88	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	68	—	—	—	—
Hospital 38	71	82	61	89	78
Hospital 39	89	88	83	83	78
Hospital 40	—	—	—	—	—
Hospital 41	65	78	51	39	71

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Hip Fracture Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	86	89	77	83	78
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	86	94	54	78	70
Hospital 53	19	95	100	76	60
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	47	61	26	59	66
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	88	88	83	91	87
Hospital 67	80	84	74	85	80
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	100	—	—
Hospital 77	82	68	68	89	91
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	100	14	—	100	100
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Hip Fracture Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	85	96	70	83	87
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	87	85	73	85	67
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pneumonia Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	84	79	76	—	—
Hospital 3	100	100	45	25	100
Hospital 4	—	—	—	—	—
Hospital 5	79	78	83	67	76
Hospital 6	77	85	84	90	77
Hospital 7	61	82	77	26	71
Hospital 8	81	83	67	62	69
Hospital 9	67	72	89	76	70
Hospital 10	68	20	77	23	100
Hospital 11	81	82	82	72	79
Hospital 12	83	87	84	78	78
Hospital 13	83	83	87	81	76
Hospital 14	79	80	86	74	66
Hospital 15	74	77	71	65	61
Hospital 16	87	72	100	82	89
Hospital 17	89	83	75	79	81
Hospital 18	85	88	91	73	85
Hospital 19	80	78	80	74	77
Hospital 20	—	—	—	—	—
Hospital 21	64	—	—	—	—
Hospital 22	74	79	74	75	64
Hospital 23	54	57	81	30	60
Hospital 24	82	88	89	83	85
Hospital 25	79	81	84	88	76
Hospital 26	84	83	84	73	71
Hospital 27	87	85	83	64	65
Hospital 28	82	56	67	84	73
Hospital 29	73	79	65	37	60
Hospital 30	79	87	90	76	93
Hospital 31	74	82	84	81	100
Hospital 32	—	—	—	—	—
Hospital 33	70	89	76	80	45
Hospital 34	82	85	75	81	86
Hospital 35	62	82	76	53	66
Hospital 36	0	—	—	0	53
Hospital 37	76	67	83	—	—
Hospital 38	76	74	87	67	70
Hospital 39	90	84	86	85	77
Hospital 40	74	85	83	72	84
Hospital 41	75	81	69	71	63

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pneumonia Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	70	85	79	82	80
Hospital 43	66	44	100	75	67
Hospital 44	100	75	72	100	81
Hospital 45	86	93	93	86	91
Hospital 46	75	—	—	—	—
Hospital 47	100	—	100	42	100
Hospital 48	73	76	100	100	100
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	64	68	78	50	61
Hospital 52	70	81	79	79	77
Hospital 53	88	75	63	73	36
Hospital 54	91	—	—	—	—
Hospital 55	100	87	100	100	100
Hospital 56	85	87	91	71	74
Hospital 57	100	76	100	32	100
Hospital 58	89	45	68	100	52
Hospital 59	73	70	73	53	73
Hospital 60	100	42	100	100	—
Hospital 61	—	—	—	—	—
Hospital 62	51	66	77	100	100
Hospital 63	100	—	—	—	—
Hospital 64	71	87	82	75	85
Hospital 65	—	—	—	—	—
Hospital 66	82	67	91	84	82
Hospital 67	80	78	75	68	75
Hospital 68	100	100	100	100	100
Hospital 69	70	73	84	83	79
Hospital 70	89	70	95	69	20
Hospital 71	87	—	—	—	—
Hospital 72	80	85	86	71	71
Hospital 73	26	100	100	56	54
Hospital 74	87	80	73	100	0
Hospital 75	100	79	46	100	100
Hospital 76	84	83	84	64	61
Hospital 77	90	83	74	67	71
Hospital 78	74	63	100	71	100
Hospital 79	100	100	100	100	43
Hospital 80	100	68	51	73	55
Hospital 81	21	100	71	100	4
Hospital 82	59	100	73	100	100

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Pneumonia Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	68	87	100	54
Hospital 84	65	88	100	—	—
Hospital 85	77	100	70	71	100
Hospital 86	—	—	—	100	—
Hospital 87	72	—	—	—	—
Hospital 88	85	—	—	—	—
Hospital 89	93	68	89	88	84
Hospital 90	93	89	88	56	53
Hospital 91	—	—	—	—	—
Hospital 92	69	79	100	100	74
Hospital 93	74	80	76	65	59
Hospital 94	78	74	69	84	93
Hospital 95	72	71	72	100	73

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Percutaneous Transluminal Coronary Angioplasty (PTCA) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	—	—	—	—	—
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	—	—	—	—	—
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	44	25	44	63	7
Hospital 12	—	—	—	—	—
Hospital 13	—	—	—	—	—
Hospital 14	—	—	—	—	—
Hospital 15	—	—	—	—	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	—	—	—	—	—
Hospital 23	—	—	—	—	—
Hospital 24	0	24	56	53	36
Hospital 25	9	18	42	61	24
Hospital 26	—	—	—	—	—
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	—	—	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Percutaneous Transluminal Coronary Angioplasty (PTCA) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	—	—	—	—	—
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	—	—	—	—	—
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Percutaneous Transluminal Coronary Angioplasty (PTCA) Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	7	0	0	0	0
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Carotid Endarterectomy Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	100	57	65	100	100
Hospital 6	—	—	—	—	—
Hospital 7	—	—	—	—	—
Hospital 8	91	100	100	0	100
Hospital 9	—	—	—	—	—
Hospital 10	—	—	—	—	—
Hospital 11	95	85	71	94	93
Hospital 12	—	—	—	—	—
Hospital 13	100	100	0	100	0
Hospital 14	—	—	—	—	—
Hospital 15	100	100	100	100	—
Hospital 16	—	—	—	—	—
Hospital 17	—	—	—	—	—
Hospital 18	—	—	—	—	—
Hospital 19	—	—	—	—	—
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	74	100	100	—	100
Hospital 23	—	—	—	—	—
Hospital 24	98	66	100	100	100
Hospital 25	97	90	100	99	100
Hospital 26	97	0	11	93	82
Hospital 27	—	—	—	—	—
Hospital 28	—	—	—	—	—
Hospital 29	—	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	—	—	—	—	—
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	100	100	—	—	—
Hospital 35	—	—	—	—	—
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	—	—	—	—	—
Hospital 39	—	—	—	—	—
Hospital 40	—	—	—	—	—
Hospital 41	—	—	—	—	100

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Carotid Endarterectomy Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	0	100	100	100	100
Hospital 43	—	—	—	—	—
Hospital 44	—	—	—	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	—	—	—	—	—
Hospital 52	—	—	—	—	—
Hospital 53	—	—	—	—	—
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	—	—	—	—	—
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	—	—	—	—	—
Hospital 65	—	—	—	—	—
Hospital 66	—	—	—	—	—
Hospital 67	100	100	100	100	36
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	—	—	—	—	—
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Carotid Endarterectomy Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	—	—
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	—	—	—	—	—
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	96	79	24	100	92
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Myocardial Infarction (AMI), without Transfer Cases Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	70	73	77	63	72
Hospital 6	66	63	100	5	84
Hospital 7	85	67	72	65	71
Hospital 8	77	80	72	57	69
Hospital 9	82	85	80	52	68
Hospital 10	—	—	—	—	—
Hospital 11	80	82	79	69	81
Hospital 12	70	63	78	75	74
Hospital 13	76	82	82	67	73
Hospital 14	71	80	85	75	85
Hospital 15	59	69	79	59	76
Hospital 16	65	77	87	72	79
Hospital 17	63	91	80	58	76
Hospital 18	—	100	—	87	—
Hospital 19	75	76	75	65	67
Hospital 20	—	—	—	—	—
Hospital 21	75	—	—	—	—
Hospital 22	74	80	74	67	73
Hospital 23	65	59	76	60	60
Hospital 24	64	81	82	78	87
Hospital 25	73	74	77	74	79
Hospital 26	80	80	76	77	76
Hospital 27	—	—	—	—	—
Hospital 28	64	78	80	72	74
Hospital 29	0	61	30	78	48
Hospital 30	73	38	—	—	—
Hospital 31	57	74	42	100	80
Hospital 32	—	—	—	—	—
Hospital 33	—	—	—	—	—
Hospital 34	74	74	87	—	—
Hospital 35	61	89	76	54	73
Hospital 36	—	—	—	—	—
Hospital 37	13	—	—	—	—
Hospital 38	85	82	88	75	78
Hospital 39	69	66	72	76	77
Hospital 40	—	—	—	—	—
Hospital 41	62	71	56	55	57

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Myocardial Infarction (AMI), without Transfer Cases Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	86	92	87	83	73
Hospital 43	22	18	100	—	—
Hospital 44	76	34	100	—	—
Hospital 45	47	80	89	83	64
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	67	53	71	77	71
Hospital 52	47	55	43	57	60
Hospital 53	55	53	67	40	71
Hospital 54	33	38	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	81	78	69	62	82
Hospital 57	—	—	—	—	—
Hospital 58	11	—	—	0	23
Hospital 59	70	73	70	70	75
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	41	67	82	62	77
Hospital 65	—	—	—	—	—
Hospital 66	69	66	80	85	63
Hospital 67	83	80	71	59	73
Hospital 68	—	—	—	—	—
Hospital 69	70	68	77	65	68
Hospital 70	85	66	94	36	47
Hospital 71	—	—	—	—	—
Hospital 72	47	100	79	77	82
Hospital 73	—	—	—	—	—
Hospital 74	85	—	57	—	—
Hospital 75	—	—	—	—	—
Hospital 76	82	88	59	66	81
Hospital 77	64	78	83	77	89
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	48	75	0	1	18
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Acute Myocardial Infarction (AMI), without Transfer Cases Mortality: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	87	100	75	77	—
Hospital 86	—	—	—	—	—
Hospital 87	79	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	63	69	97	61	89
Hospital 90	64	100	81	100	100
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	77	79	64	62	79
Hospital 94	44	84	87	43	77
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Cesarean Section Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	64	70	56	76	75
Hospital 6	52	58	52	78	72
Hospital 7	40	68	36	67	63
Hospital 8	52	62	46	75	67
Hospital 9	33	52	10	61	58
Hospital 10	100	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	44	57	34	65	56
Hospital 13	42	53	28	63	53
Hospital 14	48	55	38	68	60
Hospital 15	45	52	44	67	67
Hospital 16	43	53	29	66	62
Hospital 17	52	59	52	66	72
Hospital 18	55	91	60	88	81
Hospital 19	45	62	41	66	64
Hospital 20	—	—	—	—	—
Hospital 21	59	—	—	—	—
Hospital 22	54	66	50	73	67
Hospital 23	38	49	28	71	69
Hospital 24	54	63	47	73	67
Hospital 25	48	58	38	65	61
Hospital 26	54	63	43	68	62
Hospital 27	34	69	21	65	65
Hospital 28	58	64	53	71	72
Hospital 29	65	78	—	—	—
Hospital 30	39	56	34	64	63
Hospital 31	58	59	62	72	64
Hospital 32	—	—	—	—	—
Hospital 33	71	56	33	64	51
Hospital 34	—	—	—	—	—
Hospital 35	62	69	57	79	66
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	49	65	43	72	70
Hospital 39	65	59	56	73	72
Hospital 40	—	—	—	—	—
Hospital 41	52	62	46	69	67

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Cesarean Section Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	44	58	38	69	62
Hospital 43	71	48	44	87	92
Hospital 44	41	56	43	68	61
Hospital 45	63	41	33	69	73
Hospital 46	100	—	—	—	—
Hospital 47	100	100	100	—	100
Hospital 48	43	52	22	58	39
Hospital 49	55	66	48	71	70
Hospital 50	—	—	—	—	—
Hospital 51	42	50	38	63	64
Hospital 52	53	67	47	69	67
Hospital 53	58	61	65	74	71
Hospital 54	75	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	100	100	100	100	100
Hospital 59	56	65	49	73	67
Hospital 60	100	100	100	100	100
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	36	55	53	67	69
Hospital 65	—	—	—	—	—
Hospital 66	62	56	27	50	56
Hospital 67	53	62	43	68	63
Hospital 68	100	—	100	100	100
Hospital 69	—	—	—	—	—
Hospital 70	100	100	100	100	100
Hospital 71	—	—	—	—	—
Hospital 72	14	51	18	61	67
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	90	87	100	100
Hospital 76	—	—	—	—	—
Hospital 77	50	44	—	—	—
Hospital 78	66	64	31	67	34
Hospital 79	100	100	100	100	100
Hospital 80	0	27	0	47	52
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Cesarean Section Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	65	72	54	63	69
Hospital 84	100	—	100	100	100
Hospital 85	76	74	54	75	63
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	43	61	29	60	62
Hospital 90	68	59	44	81	65
Hospital 91	—	—	—	—	—
Hospital 92	100	100	—	100	100
Hospital 93	52	64	44	71	67
Hospital 94	100	—	—	—	—
Hospital 95	44	60	38	60	60

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Vaginal Birth after Cesarean Section (VBAC) Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	33	19	41	16	35
Hospital 6	46	43	74	63	68
Hospital 7	16	24	59	28	15
Hospital 8	41	14	26	14	21
Hospital 9	11	5	13	11	0
Hospital 10	—	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	47	15	38	11	24
Hospital 13	41	16	40	31	21
Hospital 14	38	14	30	20	16
Hospital 15	40	18	61	30	38
Hospital 16	38	27	33	39	20
Hospital 17	34	25	40	7	56
Hospital 18	—	—	88	—	—
Hospital 19	32	14	52	33	35
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	35	22	59	31	42
Hospital 23	37	7	38	42	40
Hospital 24	43	23	64	33	34
Hospital 25	50	19	58	28	38
Hospital 26	39	12	39	15	17
Hospital 27	22	29	21	33	0
Hospital 28	54	24	88	28	48
Hospital 29	0	0	—	—	—
Hospital 30	10	0	24	50	48
Hospital 31	80	28	91	32	13
Hospital 32	—	—	—	—	—
Hospital 33	—	12	53	0	28
Hospital 34	—	—	—	—	—
Hospital 35	31	40	49	34	42
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	20	22	56	27	63
Hospital 39	89	33	69	54	35
Hospital 40	—	—	—	—	—
Hospital 41	64	22	47	45	47

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Vaginal Birth after Cesarean Section (VBAC) Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	45	18	38	23	46
Hospital 43	—	—	—	—	—
Hospital 44	21	16	88	15	22
Hospital 45	—	—	90	—	0
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	66	17	46	28	0
Hospital 49	46	22	57	31	39
Hospital 50	—	—	—	—	—
Hospital 51	39	10	51	8	23
Hospital 52	31	18	98	45	57
Hospital 53	51	10	100	16	13
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	55	25	80	33	29
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	29	3	88	41	38
Hospital 65	—	—	—	—	—
Hospital 66	41	20	51	6	21
Hospital 67	52	25	60	32	33
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	45	36	45	56	56
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	39	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	0	19	—	16	0
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Vaginal Birth after Cesarean Section (VBAC) Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	0	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	18	27
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	26	10	40	12	38
Hospital 90	65	33	0	20	0
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	45	22	51	34	50
Hospital 94	—	—	—	—	—
Hospital 95	49	22	—	21	42

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Laparoscopic Cholecystectomy: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	73	88	84	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	82	92	95	94	94
Hospital 6	83	85	—	—	—
Hospital 7	78	82	93	76	88
Hospital 8	78	91	87	90	94
Hospital 9	91	92	100	86	92
Hospital 10	—	—	—	—	—
Hospital 11	56	68	34	62	66
Hospital 12	49	82	41	75	85
Hospital 13	59	86	69	84	83
Hospital 14	93	100	95	95	99
Hospital 15	82	82	58	69	70
Hospital 16	84	94	68	51	67
Hospital 17	81	86	73	72	72
Hospital 18	—	—	—	—	—
Hospital 19	83	96	79	81	84
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	56	84	65	66	91
Hospital 23	37	75	72	74	76
Hospital 24	54	69	42	62	80
Hospital 25	70	85	83	83	89
Hospital 26	78	82	64	75	77
Hospital 27	—	—	—	—	—
Hospital 28	94	89	75	81	84
Hospital 29	100	—	—	—	—
Hospital 30	—	—	—	—	—
Hospital 31	0	—	18	22	84
Hospital 32	—	—	—	—	—
Hospital 33	94	75	89	100	—
Hospital 34	77	91	87	72	93
Hospital 35	43	38	91	72	76
Hospital 36	—	—	—	—	—
Hospital 37	62	99	89	—	—
Hospital 38	81	82	79	87	95
Hospital 39	81	90	66	81	88
Hospital 40	—	—	—	—	—
Hospital 41	62	64	30	56	72

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Laparoscopic Cholecystectomy: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	21	52	8	53	60
Hospital 43	—	—	—	—	—
Hospital 44	63	78	63	98	100
Hospital 45	97	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	85	56	53	80	89
Hospital 52	77	86	74	79	81
Hospital 53	22	72	0	76	74
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	90	95	81	94	98
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	65	84	34	46	67
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	61	81	60	83	84
Hospital 65	—	—	—	—	—
Hospital 66	66	93	88	78	83
Hospital 67	56	76	46	61	80
Hospital 68	—	—	—	—	—
Hospital 69	50	83	74	82	96
Hospital 70	91	80	78	—	—
Hospital 71	—	—	—	—	—
Hospital 72	79	87	91	91	87
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	84	93	86	84	90
Hospital 77	88	97	89	76	87
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	59	56	68	82	85
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Laparoscopic Cholecystectomy: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	43	57	7	0	33
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	19	49	23	72	80
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	46	70	43	72	75
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Primary Cesarean Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	66	78	62	84	83
Hospital 6	59	65	55	83	82
Hospital 7	52	83	44	78	77
Hospital 8	55	74	56	83	79
Hospital 9	42	73	24	81	70
Hospital 10	100	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	52	71	45	78	70
Hospital 13	51	67	40	74	69
Hospital 14	55	68	50	79	76
Hospital 15	55	67	55	79	80
Hospital 16	51	68	44	79	78
Hospital 17	64	74	63	77	81
Hospital 18	54	92	69	91	92
Hospital 19	50	74	50	73	73
Hospital 20	—	—	—	—	—
Hospital 21	59	—	—	—	—
Hospital 22	57	76	59	80	76
Hospital 23	45	66	49	84	84
Hospital 24	54	70	49	79	74
Hospital 25	51	69	43	72	69
Hospital 26	60	79	53	77	75
Hospital 27	40	79	52	75	81
Hospital 28	68	76	63	81	82
Hospital 29	89	94	—	—	—
Hospital 30	56	71	53	73	75
Hospital 31	63	76	74	81	74
Hospital 32	—	—	—	—	—
Hospital 33	70	68	43	73	66
Hospital 34	—	—	—	—	—
Hospital 35	70	79	64	84	77
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	60	77	54	81	79
Hospital 39	71	68	62	80	82
Hospital 40	—	—	—	—	—
Hospital 41	57	74	56	77	78

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Primary Cesarean Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	50	72	50	80	75
Hospital 43	73	61	68	92	96
Hospital 44	45	74	51	80	77
Hospital 45	70	54	46	76	86
Hospital 46	100	—	—	—	—
Hospital 47	100	100	100	—	100
Hospital 48	48	75	41	68	52
Hospital 49	58	75	54	78	79
Hospital 50	—	—	—	—	—
Hospital 51	54	68	50	72	79
Hospital 52	63	77	50	75	75
Hospital 53	67	77	70	85	80
Hospital 54	79	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	100	100	100	100	100
Hospital 59	60	75	56	82	80
Hospital 60	100	100	100	100	100
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	42	78	56	79	81
Hospital 65	—	—	—	—	—
Hospital 66	73	67	37	63	73
Hospital 67	59	73	50	76	74
Hospital 68	100	—	100	100	100
Hospital 69	—	—	—	—	—
Hospital 70	100	100	100	100	100
Hospital 71	—	—	—	—	—
Hospital 72	17	61	30	70	80
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	100	85	100	100
Hospital 76	—	—	—	—	—
Hospital 77	51	61	—	—	—
Hospital 78	72	84	44	85	58
Hospital 79	100	100	100	100	100
Hospital 80	0	47	0	60	76
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Primary Cesarean Delivery: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	72	87	68	79	81
Hospital 84	100	—	100	100	100
Hospital 85	80	80	53	80	68
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	49	75	37	71	76
Hospital 90	78	69	63	91	83
Hospital 91	—	—	—	—	—
Hospital 92	100	100	—	100	100
Hospital 93	55	73	51	79	76
Hospital 94	100	—	—	—	—
Hospital 95	56	75	36	71	71

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Vaginal Birth after Cesarean Section (VBAC), All: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	18	19	49	15	32
Hospital 6	25	40	72	60	69
Hospital 7	8	24	60	28	14
Hospital 8	21	15	26	13	21
Hospital 9	10	9	12	11	0
Hospital 10	—	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	24	14	43	12	24
Hospital 13	21	16	40	30	21
Hospital 14	20	13	30	22	16
Hospital 15	20	18	62	30	40
Hospital 16	22	25	40	37	19
Hospital 17	16	27	57	13	42
Hospital 18	—	—	78	—	—
Hospital 19	17	15	48	31	36
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	17	22	62	33	41
Hospital 23	18	7	37	45	38
Hospital 24	22	24	64	35	34
Hospital 25	26	18	57	28	38
Hospital 26	22	13	42	14	17
Hospital 27	11	29	21	33	0
Hospital 28	26	23	90	33	46
Hospital 29	0	0	—	—	—
Hospital 30	5	7	23	47	48
Hospital 31	38	29	84	32	11
Hospital 32	—	—	—	—	—
Hospital 33	—	12	55	0	28
Hospital 34	—	—	—	—	—
Hospital 35	16	38	51	42	42
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	10	24	60	26	58
Hospital 39	43	32	74	53	33
Hospital 40	—	—	—	—	—
Hospital 41	33	22	49	44	45

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Vaginal Birth after Cesarean Section (VBAC), All: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	23	17	43	25	46
Hospital 43	—	—	—	—	—
Hospital 44	15	16	90	14	21
Hospital 45	—	—	91	—	0
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	33	17	45	28	0
Hospital 49	24	23	61	33	41
Hospital 50	—	—	—	—	—
Hospital 51	23	10	50	8	23
Hospital 52	15	17	100	44	59
Hospital 53	25	10	95	16	13
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	28	25	84	33	29
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	15	3	90	41	38
Hospital 65	—	—	—	—	—
Hospital 66	23	20	57	9	26
Hospital 67	26	25	64	33	35
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	24	34	48	50	54
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	20	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	0	19	—	16	14
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Vaginal Birth after Cesarean Section (VBAC), All: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	0	—	0	—
Hospital 84	—	—	—	—	—
Hospital 85	—	—	—	16	27
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	12	10	50	11	36
Hospital 90	33	42	0	20	0
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	22	23	52	36	50
Hospital 94	—	—	—	—	—
Hospital 95	25	22	—	17	43

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Death in Low-Mortality DRGs: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	100	100	—	—	—
Hospital 2	94	100	84	—	—
Hospital 3	100	100	100	100	100
Hospital 4	100	100	100	100	100
Hospital 5	82	78	91	91	82
Hospital 6	100	100	90	100	100
Hospital 7	88	87	100	100	100
Hospital 8	87	91	98	99	95
Hospital 9	84	100	87	95	100
Hospital 10	100	51	100	100	100
Hospital 11	90	92	92	96	85
Hospital 12	97	96	98	97	93
Hospital 13	91	95	92	98	95
Hospital 14	90	86	89	97	85
Hospital 15	96	96	95	97	87
Hospital 16	100	100	100	100	100
Hospital 17	100	100	96	99	94
Hospital 18	100	63	100	100	100
Hospital 19	69	91	78	91	70
Hospital 20	100	—	—	—	—
Hospital 21	31	100	—	—	—
Hospital 22	82	89	97	98	91
Hospital 23	100	100	100	100	100
Hospital 24	92	85	88	99	95
Hospital 25	95	86	91	98	83
Hospital 26	94	92	93	98	97
Hospital 27	100	100	100	100	100
Hospital 28	84	78	84	99	77
Hospital 29	81	100	73	81	0
Hospital 30	100	100	84	100	78
Hospital 31	100	100	81	100	100
Hospital 32	100	—	—	—	—
Hospital 33	51	100	100	78	100
Hospital 34	84	95	97	97	85
Hospital 35	86	100	100	100	100
Hospital 36	100	100	1	100	100
Hospital 37	71	49	100	—	—
Hospital 38	81	95	97	95	73
Hospital 39	91	95	97	96	91
Hospital 40	100	100	100	100	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 41	94	96	91	96	85
Hospital 42	88	91	87	97	91
Hospital 43	100	0	68	88	33
Hospital 44	100	100	100	100	100
Hospital 45	100	43	100	100	100
Hospital 46	100	100	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	100	100
Hospital 49	100	100	100	100	99
Hospital 50	—	—	—	—	—
Hospital 51	100	84	100	96	59
Hospital 52	81	95	89	95	87
Hospital 53	90	100	92	91	100
Hospital 54	71	100	—	—	—
Hospital 55	100	100	100	100	100
Hospital 56	100	75	42	95	100
Hospital 57	100	100	20	100	100
Hospital 58	57	100	0	100	100
Hospital 59	88	86	97	99	90
Hospital 60	100	100	100	79	100
Hospital 61	100	100	100	100	100
Hospital 62	100	4	100	100	100
Hospital 63	100	—	—	—	—
Hospital 64	100	86	89	100	100
Hospital 65	—	—	—	—	—
Hospital 66	76	93	96	98	93
Hospital 67	90	92	90	98	94
Hospital 68	100	100	100	100	100
Hospital 69	68	80	94	82	91
Hospital 70	100	100	20	100	68
Hospital 71	100	—	—	—	—
Hospital 72	100	100	100	98	91
Hospital 73	4	100	100	0	100
Hospital 74	100	100	100	100	100
Hospital 75	0	27	100	100	100
Hospital 76	100	75	93	98	95
Hospital 77	100	100	100	94	59
Hospital 78	31	100	100	100	100
Hospital 79	100	100	100	100	100
Hospital 80	100	100	82	85	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Death in Low-Mortality DRGs: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 81	100	—	—	—	—
Hospital 82	100	100	100	100	100
Hospital 83	100	100	100	100	100
Hospital 84	100	100	100	100	100
Hospital 85	100	81	100	100	100
Hospital 86	—	—	—	100	100
Hospital 87	100	100	—	—	—
Hospital 88	100	100	—	—	—
Hospital 89	92	82	94	98	100
Hospital 90	100	100	63	100	100
Hospital 91	100	100	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	95	89	92	99	87
Hospital 94	100	100	100	100	100
Hospital 95	100	100	100	100	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Decubitus Ulcer: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	100	100	—	—	—
Hospital 2	81	51	100	—	—
Hospital 3	100	100	100	100	100
Hospital 4	100	—	—	0	100
Hospital 5	90	74	77	97	86
Hospital 6	91	100	100	100	61
Hospital 7	100	89	90	96	100
Hospital 8	96	90	82	97	91
Hospital 9	100	57	78	90	73
Hospital 10	100	100	56	92	100
Hospital 11	92	85	92	97	89
Hospital 12	92	97	85	98	94
Hospital 13	92	76	80	95	85
Hospital 14	88	92	85	97	87
Hospital 15	97	77	90	99	95
Hospital 16	84	63	51	92	100
Hospital 17	97	100	89	98	91
Hospital 18	100	52	64	100	100
Hospital 19	91	76	88	95	96
Hospital 20	100	—	—	—	—
Hospital 21	90	100	—	—	—
Hospital 22	86	75	68	98	94
Hospital 23	92	69	100	98	93
Hospital 24	86	81	81	96	87
Hospital 25	93	88	93	97	96
Hospital 26	97	90	96	98	94
Hospital 27	100	100	100	100	100
Hospital 28	92	82	54	97	85
Hospital 29	100	83	100	100	83
Hospital 30	100	100	100	100	60
Hospital 31	79	100	84	97	73
Hospital 32	100	—	—	—	—
Hospital 33	100	100	100	100	71
Hospital 34	97	96	92	100	88
Hospital 35	85	42	100	98	100
Hospital 36	100	100	100	100	100
Hospital 37	88	82	100	—	—
Hospital 38	96	100	77	97	84
Hospital 39	90	81	60	90	62
Hospital 40	100	46	100	95	81
Hospital 41	97	90	87	96	65

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Decubitus Ulcer: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	91	83	90	94	91
Hospital 43	84	100	100	100	100
Hospital 44	100	36	46	96	100
Hospital 45	100	100	100	100	80
Hospital 46	0	100	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	100	100
Hospital 49	100	100	—	100	—
Hospital 50	—	—	—	—	—
Hospital 51	97	92	95	99	96
Hospital 52	80	74	89	96	79
Hospital 53	94	73	89	98	87
Hospital 54	100	100	—	—	—
Hospital 55	48	100	100	100	100
Hospital 56	84	73	93	89	72
Hospital 57	100	100	100	100	100
Hospital 58	100	100	100	100	100
Hospital 59	90	79	83	95	87
Hospital 60	100	100	100	100	10
Hospital 61	100	100	100	100	100
Hospital 62	100	100	54	100	44
Hospital 63	100	—	—	—	—
Hospital 64	75	52	86	97	90
Hospital 65	—	—	100	—	—
Hospital 66	96	64	82	96	85
Hospital 67	86	80	74	96	93
Hospital 68	100	100	100	100	100
Hospital 69	98	100	92	99	93
Hospital 70	100	100	59	100	100
Hospital 71	100	—	—	—	—
Hospital 72	85	100	86	95	91
Hospital 73	100	0	100	100	100
Hospital 74	100	100	100	100	100
Hospital 75	100	27	100	100	100
Hospital 76	79	75	95	97	87
Hospital 77	72	71	70	94	97
Hospital 78	100	100	21	100	19
Hospital 79	100	100	100	100	100
Hospital 80	100	67	54	95	100
Hospital 81	100	100	68	97	88
Hospital 82	100	100	100	100	100

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Decubitus Ulcer: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	100	100	100	100
Hospital 84	67	100	100	80	100
Hospital 85	88	41	0	95	65
Hospital 86	—	—	—	100	0
Hospital 87	91	100	—	—	—
Hospital 88	100	100	—	—	—
Hospital 89	91	94	95	95	88
Hospital 90	100	72	79	93	100
Hospital 91	100	—	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	92	73	79	97	88
Hospital 94	92	70	35	100	100
Hospital 95	100	100	46	77	63

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	77	69	—	—	—
Hospital 3	—	100	—	—	57
Hospital 4	—	—	—	—	—
Hospital 5	75	72	74	76	54
Hospital 6	85	55	80	77	69
Hospital 7	73	52	90	88	45
Hospital 8	75	78	72	80	43
Hospital 9	81	78	64	76	36
Hospital 10	—	88	—	—	—
Hospital 11	82	82	80	81	60
Hospital 12	81	85	81	78	41
Hospital 13	74	68	62	78	51
Hospital 14	79	71	69	85	55
Hospital 15	68	67	69	84	50
Hospital 16	92	68	71	84	27
Hospital 17	71	71	73	76	79
Hospital 18	76	79	89	65	44
Hospital 19	71	73	69	80	58
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	76	77	75	84	69
Hospital 23	74	73	63	59	52
Hospital 24	75	78	78	81	61
Hospital 25	79	77	75	82	64
Hospital 26	79	77	78	86	66
Hospital 27	—	100	—	—	100
Hospital 28	75	80	76	78	39
Hospital 29	77	63	—	86	77
Hospital 30	100	—	—	65	100
Hospital 31	60	56	—	81	80
Hospital 32	—	—	—	—	—
Hospital 33	63	—	—	—	—
Hospital 34	85	85	55	—	100
Hospital 35	59	85	81	91	40
Hospital 36	—	—	—	—	—
Hospital 37	88	100	—	—	—
Hospital 38	72	76	76	63	49
Hospital 39	82	83	76	82	57
Hospital 40	81	89	66	72	45
Hospital 41	66	73	76	69	44

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Failure to Rescue: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	70	73	67	68	41
Hospital 43	—	—	—	—	—
Hospital 44	86	72	100	100	75
Hospital 45	58	100	68	92	34
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	60
Hospital 48	—	—	—	—	—
Hospital 49	—	100	100	100	100
Hospital 50	—	—	—	—	—
Hospital 51	94	91	77	84	76
Hospital 52	66	71	68	84	30
Hospital 53	76	86	85	68	76
Hospital 54	—	—	—	—	—
Hospital 55	—	—	100	65	—
Hospital 56	71	72	70	67	50
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	79	78	76	78	56
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	74	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	87	82	81	66	86
Hospital 65	—	—	—	—	—
Hospital 66	67	69	77	75	58
Hospital 67	69	65	63	74	48
Hospital 68	—	—	—	—	—
Hospital 69	78	54	58	79	67
Hospital 70	—	—	76	88	36
Hospital 71	—	—	—	—	—
Hospital 72	85	78	80	79	45
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	73	77	83	73	83
Hospital 77	51	87	80	70	17
Hospital 78	75	100	83	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	62	—	48	51
Hospital 81	69	72	83	95	79
Hospital 82	—	—	62	—	—

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Failure to Rescue: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	40
Hospital 84	—	—	—	—	—
Hospital 85	69	70	50	83	34
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	81	75	70	82	62
Hospital 90	71	72	59	80	32
Hospital 91	—	—	—	—	—
Hospital 92	—	100	—	100	—
Hospital 93	70	74	73	81	52
Hospital 94	68	91	74	—	24
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	100	100	—	—	—
Hospital 2	100	32	100	—	—
Hospital 3	100	100	100	100	100
Hospital 4	100	100	100	100	100
Hospital 5	78	100	100	71	82
Hospital 6	100	100	100	100	35
Hospital 7	100	100	100	27	100
Hospital 8	78	100	100	100	100
Hospital 9	100	100	100	100	100
Hospital 10	100	100	100	100	100
Hospital 11	73	76	74	94	88
Hospital 12	70	100	37	52	27
Hospital 13	39	64	100	85	90
Hospital 14	63	84	100	74	100
Hospital 15	100	100	33	100	85
Hospital 16	0	100	0	100	100
Hospital 17	41	56	55	100	76
Hospital 18	100	100	100	100	100
Hospital 19	68	41	100	100	100
Hospital 20	100	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	19	65	100	100	91
Hospital 23	100	14	100	100	100
Hospital 24	71	100	100	71	100
Hospital 25	25	71	61	80	94
Hospital 26	75	100	100	100	100
Hospital 27	100	100	100	100	100
Hospital 28	100	100	100	71	81
Hospital 29	100	100	100	100	100
Hospital 30	100	100	100	100	0
Hospital 31	100	100	100	100	100
Hospital 32	100	100	—	—	—
Hospital 33	100	100	100	100	100
Hospital 34	100	100	100	100	100
Hospital 35	100	0	100	100	100
Hospital 36	100	100	100	100	100
Hospital 37	100	100	100	—	—
Hospital 38	100	63	100	100	80
Hospital 39	63	100	100	100	100
Hospital 40	100	100	100	100	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 41	100	59	100	83	89
Hospital 42	68	75	46	80	100
Hospital 43	100	100	100	100	100
Hospital 44	100	100	100	100	9
Hospital 45	100	100	100	100	100
Hospital 46	100	100	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	100	100
Hospital 49	100	100	100	100	100
Hospital 50	100	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	48	100	100	100	100
Hospital 53	100	100	100	100	100
Hospital 54	100	100	—	—	—
Hospital 55	100	100	100	100	100
Hospital 56	100	100	100	100	100
Hospital 57	100	100	100	100	100
Hospital 58	100	100	100	100	100
Hospital 59	73	100	100	100	100
Hospital 60	100	100	100	100	100
Hospital 61	100	100	100	100	100
Hospital 62	100	100	100	100	100
Hospital 63	100	100	—	—	—
Hospital 64	100	100	100	0	40
Hospital 65	—	100	100	100	100
Hospital 66	100	46	100	57	100
Hospital 67	84	87	85	100	100
Hospital 68	100	100	100	100	100
Hospital 69	100	46	45	63	100
Hospital 70	100	100	100	100	100
Hospital 71	100	—	—	—	—
Hospital 72	100	100	100	100	9
Hospital 73	100	100	100	100	100
Hospital 74	100	100	100	100	100
Hospital 75	100	100	100	100	100
Hospital 76	44	100	100	68	80
Hospital 77	100	100	100	6	100
Hospital 78	100	100	100	100	100
Hospital 79	100	100	100	100	100
Hospital 80	100	100	100	100	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Foreign Body Left During Procedure: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 81	100	100	100	100	100
Hospital 82	100	100	100	100	100
Hospital 83	100	100	100	100	100
Hospital 84	100	100	100	100	100
Hospital 85	100	100	100	100	100
Hospital 86	—	—	—	100	100
Hospital 87	100	100	—	—	—
Hospital 88	100	100	—	—	—
Hospital 89	100	100	100	100	100
Hospital 90	100	100	100	100	100
Hospital 91	100	100	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	61	78	2	72	100
Hospital 94	100	100	100	100	100
Hospital 95	100	100	100	100	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Iatrogenic Pneumothorax: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	100	100	—	—	—
Hospital 2	100	100	100	—	—
Hospital 3	100	100	100	100	100
Hospital 4	100	100	100	100	100
Hospital 5	100	88	97	92	97
Hospital 6	100	100	100	100	100
Hospital 7	100	100	100	100	82
Hospital 8	88	100	100	94	100
Hospital 9	100	100	100	100	100
Hospital 10	100	100	100	100	100
Hospital 11	90	90	98	96	95
Hospital 12	66	48	94	100	100
Hospital 13	90	64	89	53	100
Hospital 14	91	100	100	100	93
Hospital 15	100	100	87	92	94
Hospital 16	100	100	100	100	100
Hospital 17	100	100	100	100	100
Hospital 18	100	100	100	100	100
Hospital 19	68	100	94	86	95
Hospital 20	100	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	90	100	93	88	100
Hospital 23	100	100	100	100	100
Hospital 24	100	96	93	87	92
Hospital 25	62	81	95	85	88
Hospital 26	76	91	86	88	98
Hospital 27	100	100	100	100	100
Hospital 28	100	100	100	100	93
Hospital 29	100	38	100	100	100
Hospital 30	100	100	100	100	100
Hospital 31	100	100	100	100	100
Hospital 32	100	100	—	—	—
Hospital 33	100	100	100	100	100
Hospital 34	100	78	100	100	91
Hospital 35	100	100	100	100	100
Hospital 36	100	100	100	100	100
Hospital 37	100	100	100	—	—
Hospital 38	100	100	100	89	100
Hospital 39	100	91	100	93	100
Hospital 40	100	100	100	100	100
Hospital 41	100	92	95	100	95

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Iatrogenic Pneumothorax: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	100	100	83	81	85
Hospital 43	100	100	100	100	100
Hospital 44	100	100	100	100	49
Hospital 45	100	100	100	100	100
Hospital 46	100	100	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	100	100
Hospital 49	100	100	100	100	100
Hospital 50	100	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	100	100	90	76	91
Hospital 53	100	100	100	100	74
Hospital 54	100	100	—	—	—
Hospital 55	100	100	100	100	100
Hospital 56	100	100	100	100	100
Hospital 57	100	100	100	100	100
Hospital 58	100	100	100	100	100
Hospital 59	84	100	100	94	100
Hospital 60	100	100	100	100	100
Hospital 61	100	100	100	100	100
Hospital 62	100	100	0	100	100
Hospital 63	100	100	—	—	—
Hospital 64	100	100	100	100	100
Hospital 65	—	100	100	100	100
Hospital 66	100	100	100	100	100
Hospital 67	71	100	91	92	100
Hospital 68	100	100	100	100	100
Hospital 69	100	100	100	100	100
Hospital 70	100	0	100	100	100
Hospital 71	100	—	—	—	—
Hospital 72	100	100	100	100	100
Hospital 73	100	100	100	100	100
Hospital 74	100	100	100	100	0
Hospital 75	100	100	100	100	100
Hospital 76	100	100	90	100	92
Hospital 77	100	100	100	100	100
Hospital 78	100	100	100	100	100
Hospital 79	100	100	100	100	100
Hospital 80	100	100	100	100	100
Hospital 81	100	100	100	100	75
Hospital 82	100	100	100	100	100

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Iatrogenic Pneumothorax: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	100	100	100	100
Hospital 84	100	100	100	100	100
Hospital 85	100	100	100	0	100
Hospital 86	—	—	—	100	100
Hospital 87	100	100	—	—	—
Hospital 88	100	100	—	—	—
Hospital 89	100	100	100	100	100
Hospital 90	100	100	100	100	100
Hospital 91	100	100	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	94	97	96	95	95
Hospital 94	0	100	100	100	100
Hospital 95	100	100	100	100	100

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Selected Infections Due to Medical Care: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	100	100	—	—	—
Hospital 2	100	100	100	—	—
Hospital 3	100	100	100	100	100
Hospital 4	100	100	100	100	100
Hospital 5	96	100	75	68	0
Hospital 6	100	66	100	100	100
Hospital 7	100	100	100	100	100
Hospital 8	100	93	89	82	67
Hospital 9	100	100	100	100	100
Hospital 10	100	100	100	100	100
Hospital 11	98	98	98	94	91
Hospital 12	100	91	87	100	100
Hospital 13	78	91	80	84	67
Hospital 14	92	83	66	83	100
Hospital 15	90	93	77	72	45
Hospital 16	100	100	51	100	100
Hospital 17	88	72	100	100	100
Hospital 18	100	100	100	100	100
Hospital 19	94	58	85	88	100
Hospital 20	100	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	97	100	77	94	78
Hospital 23	100	100	100	3	100
Hospital 24	90	98	87	90	75
Hospital 25	95	97	100	98	100
Hospital 26	98	95	93	87	100
Hospital 27	100	100	100	100	100
Hospital 28	92	87	81	100	69
Hospital 29	100	100	100	100	100
Hospital 30	100	100	100	100	100
Hospital 31	100	100	100	100	100
Hospital 32	100	100	—	—	—
Hospital 33	100	100	100	100	100
Hospital 34	100	88	100	100	100
Hospital 35	100	100	100	53	100
Hospital 36	100	100	100	100	100
Hospital 37	100	100	100	—	—
Hospital 38	91	87	79	100	100
Hospital 39	87	81	100	88	100
Hospital 40	100	100	100	100	100
Hospital 41	92	38	100	92	100

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Selected Infections Due to Medical Care: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	96	94	90	78	70
Hospital 43	100	100	100	100	100
Hospital 44	68	100	100	100	100
Hospital 45	100	100	100	100	100
Hospital 46	100	100	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	100	100
Hospital 49	82	100	58	100	100
Hospital 50	100	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	100	77	100	72	19
Hospital 53	100	100	100	100	100
Hospital 54	100	100	—	—	—
Hospital 55	100	100	100	100	100
Hospital 56	85	100	9	57	100
Hospital 57	100	100	100	100	100
Hospital 58	100	100	100	100	100
Hospital 59	94	91	100	100	100
Hospital 60	100	100	100	100	100
Hospital 61	100	100	100	100	100
Hospital 62	100	100	100	100	100
Hospital 63	100	100	—	—	—
Hospital 64	100	100	100	100	100
Hospital 65	—	100	100	100	100
Hospital 66	100	100	100	100	100
Hospital 67	85	70	60	95	91
Hospital 68	100	100	100	100	100
Hospital 69	90	100	100	86	75
Hospital 70	100	0	100	0	100
Hospital 71	100	—	—	—	—
Hospital 72	84	100	0	100	100
Hospital 73	0	100	100	100	100
Hospital 74	100	100	100	100	100
Hospital 75	100	100	100	100	100
Hospital 76	100	100	100	44	100
Hospital 77	100	100	100	100	100
Hospital 78	100	100	100	100	100
Hospital 79	100	100	100	100	100
Hospital 80	100	100	100	100	100
Hospital 81	100	100	100	100	100
Hospital 82	100	100	100	100	100

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Selected Infections Due to Medical Care: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	100	100	100	100
Hospital 84	100	100	100	100	100
Hospital 85	100	100	24	32	100
Hospital 86	—	—	—	100	100
Hospital 87	100	100	—	—	—
Hospital 88	100	100	—	—	—
Hospital 89	89	100	100	100	100
Hospital 90	100	100	100	100	100
Hospital 91	100	—	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	80	53	82	78	78
Hospital 94	100	100	100	100	100
Hospital 95	100	100	100	100	100

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Physiologic and Metabolic Derangement: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	100	100	100	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	100	100	39	100	100
Hospital 6	100	100	100	100	100
Hospital 7	100	100	100	100	100
Hospital 8	100	100	100	100	100
Hospital 9	100	100	100	100	100
Hospital 10	—	—	—	—	—
Hospital 11	77	100	74	88	72
Hospital 12	100	100	100	6	100
Hospital 13	100	100	52	100	100
Hospital 14	100	100	100	100	100
Hospital 15	100	100	100	100	100
Hospital 16	100	100	100	100	100
Hospital 17	100	100	100	100	100
Hospital 18	—	100	100	100	100
Hospital 19	100	100	100	100	100
Hospital 20	—	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	58	100	100	100	100
Hospital 23	100	100	100	100	100
Hospital 24	53	44	100	0	0
Hospital 25	100	53	91	90	100
Hospital 26	78	100	80	100	100
Hospital 27	100	100	—	100	—
Hospital 28	100	100	100	100	100
Hospital 29	100	100	—	—	—
Hospital 30	100	100	100	100	100
Hospital 31	100	100	100	100	100
Hospital 32	—	—	—	—	—
Hospital 33	100	100	100	100	—
Hospital 34	100	100	100	100	100
Hospital 35	100	100	100	100	100
Hospital 36	—	—	—	—	—
Hospital 37	100	100	100	—	—
Hospital 38	100	100	100	100	100
Hospital 39	0	100	0	100	100
Hospital 40	—	—	—	—	—
Hospital 41	100	100	100	100	100

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Postoperative Physiologic and Metabolic Derangement: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	42	100	37	35	66
Hospital 43	100	100	100	—	—
Hospital 44	100	100	100	100	100
Hospital 45	100	100	100	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	100	100	100	100	—
Hospital 50	—	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	100	100	0	100	100
Hospital 53	100	100	100	100	100
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	100	100	100	100	100
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	100	0	100	100	100
Hospital 60	—	—	—	—	—
Hospital 61	100	100	100	100	100
Hospital 62	100	100	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	100	100	100	100	100
Hospital 65	—	—	—	—	—
Hospital 66	100	100	100	100	100
Hospital 67	100	100	100	58	47
Hospital 68	—	—	—	—	—
Hospital 69	100	100	100	100	100
Hospital 70	100	100	100	100	100
Hospital 71	—	—	—	—	—
Hospital 72	100	100	100	100	100
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	100	100	100	100	100
Hospital 77	100	100	100	100	100
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	100	100	100	100	100
Hospital 81	100	100	100	100	100
Hospital 82	—	—	—	—	—

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Postoperative Physiologic and Metabolic Derangement: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	100	100	100	100	100
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	100	100	100	100	100
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	70	4	36	8	85
Hospital 94	—	—	—	—	—
Hospital 95	100	100	100	100	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	60	100	100	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	100	41	95	91	91
Hospital 6	100	100	100	100	100
Hospital 7	100	100	100	100	100
Hospital 8	100	66	97	85	93
Hospital 9	100	100	100	0	100
Hospital 10	—	—	—	—	—
Hospital 11	50	53	97	88	84
Hospital 12	100	100	100	92	100
Hospital 13	59	75	97	100	90
Hospital 14	100	52	98	100	95
Hospital 15	100	100	100	100	93
Hospital 16	100	100	100	100	100
Hospital 17	100	100	100	92	100
Hospital 18	—	100	100	100	100
Hospital 19	44	100	100	92	93
Hospital 20	—	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	72	45	100	93	84
Hospital 23	100	100	100	100	100
Hospital 24	0	0	95	82	71
Hospital 25	54	62	99	94	98
Hospital 26	100	87	99	91	87
Hospital 27	100	100	—	—	—
Hospital 28	100	100	100	100	100
Hospital 29	100	100	—	—	—
Hospital 30	100	100	100	100	100
Hospital 31	100	100	100	100	100
Hospital 32	—	—	—	—	—
Hospital 33	100	100	100	100	—
Hospital 34	100	58	100	100	100
Hospital 35	100	100	100	100	100
Hospital 36	—	—	—	—	—
Hospital 37	100	100	100	—	—
Hospital 38	100	100	100	100	89
Hospital 39	100	100	100	85	93
Hospital 40	—	—	—	—	—
Hospital 41	100	100	100	69	100

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	100	68	100	95	95
Hospital 43	100	100	100	—	—
Hospital 44	100	100	100	100	100
Hospital 45	100	100	100	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	100	100	100	100	—
Hospital 50	—	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	100	100	100	100	100
Hospital 53	100	100	100	100	100
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	100	100	100	100	0
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	100	58	100	86	78
Hospital 60	—	—	—	—	—
Hospital 61	100	100	0	100	100
Hospital 62	100	100	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	100	100	100	100	73
Hospital 65	—	—	—	—	—
Hospital 66	100	100	97	88	89
Hospital 67	16	80	97	91	87
Hospital 68	—	—	—	—	—
Hospital 69	26	100	100	79	94
Hospital 70	100	100	100	100	100
Hospital 71	—	—	—	—	—
Hospital 72	100	100	100	100	100
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	100	100	100	100	100
Hospital 77	100	100	100	100	100
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	100	100	100	100	100
Hospital 81	100	100	100	33	100
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Respiratory Failure: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	100	100	100	100	100
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	100	100	97	67	100
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	78	28	99	83	89
Hospital 94	—	—	—	—	—
Hospital 95	100	100	100	100	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	100	100	100	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	100	65	100	87	70
Hospital 6	100	100	100	—	100
Hospital 7	100	100	39	100	100
Hospital 8	95	30	100	100	0
Hospital 9	100	100	100	100	100
Hospital 10	—	—	—	—	—
Hospital 11	95	83	84	70	32
Hospital 12	100	51	82	100	100
Hospital 13	100	82	100	100	74
Hospital 14	98	82	89	100	100
Hospital 15	100	82	72	90	100
Hospital 16	100	100	100	100	100
Hospital 17	82	100	76	50	58
Hospital 18	—	—	—	—	—
Hospital 19	100	64	77	100	58
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	100	86	71	91	79
Hospital 23	100	100	100	45	100
Hospital 24	96	64	72	70	26
Hospital 25	98	83	88	93	96
Hospital 26	100	61	92	96	69
Hospital 27	—	—	—	—	—
Hospital 28	100	100	100	84	48
Hospital 29	100	100	—	—	—
Hospital 30	100	100	100	100	—
Hospital 31	100	100	100	100	100
Hospital 32	—	—	—	—	—
Hospital 33	100	100	100	—	—
Hospital 34	96	100	100	100	100
Hospital 35	100	100	100	100	100
Hospital 36	—	—	—	—	—
Hospital 37	100	100	100	—	—
Hospital 38	91	100	100	63	100
Hospital 39	96	100	52	100	100
Hospital 40	—	—	—	—	—
Hospital 41	96	73	69	86	100

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Postoperative Sepsis: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	97	65	89	81	9
Hospital 43	—	—	—	—	—
Hospital 44	100	—	100	—	—
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	—	—	—	—	—
Hospital 49	—	—	—	—	—
Hospital 50	—	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	100	12	12	100	8
Hospital 53	100	100	100	0	100
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	100	100	100	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	94	0	100	86	100
Hospital 60	—	—	—	—	—
Hospital 61	100	100	100	100	100
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	100	20	0	100	100
Hospital 65	—	—	—	—	—
Hospital 66	85	100	72	100	53
Hospital 67	98	86	86	78	65
Hospital 68	—	—	—	—	—
Hospital 69	100	22	100	100	50
Hospital 70	—	—	100	—	—
Hospital 71	—	—	—	—	—
Hospital 72	100	100	100	100	100
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	100	100	100	100	100
Hospital 77	62	100	100	100	100
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	100	100	100	100	100
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Postoperative Sepsis: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	—	—	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	0	100	100	100	100
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	100	100	100	100	11
Hospital 90	—	—	—	—	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	96	70	66	85	75
Hospital 94	—	—	—	—	—
Hospital 95	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Accidental Puncture or Laceration: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	100	100	—	—	—
Hospital 2	83	54	81	—	—
Hospital 3	100	100	100	100	11
Hospital 4	100	100	100	100	100
Hospital 5	88	90	92	84	73
Hospital 6	89	83	91	92	89
Hospital 7	85	72	79	98	75
Hospital 8	73	63	95	93	93
Hospital 9	78	71	72	62	49
Hospital 10	100	100	100	100	100
Hospital 11	80	72	83	92	80
Hospital 12	89	78	86	86	87
Hospital 13	89	83	82	85	75
Hospital 14	82	80	87	85	77
Hospital 15	88	81	85	94	93
Hospital 16	90	93	92	100	100
Hospital 17	79	67	82	81	36
Hospital 18	100	38	100	100	36
Hospital 19	50	73	68	87	69
Hospital 20	100	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	85	74	94	90	85
Hospital 23	85	67	73	69	71
Hospital 24	80	53	75	79	69
Hospital 25	45	36	66	68	63
Hospital 26	96	92	94	94	88
Hospital 27	100	30	100	100	100
Hospital 28	84	19	80	74	66
Hospital 29	100	77	100	100	57
Hospital 30	100	100	100	100	69
Hospital 31	68	63	73	92	78
Hospital 32	100	100	—	—	—
Hospital 33	100	100	100	33	100
Hospital 34	90	83	90	96	88
Hospital 35	78	65	82	67	55
Hospital 36	100	100	100	100	100
Hospital 37	94	66	100	—	—
Hospital 38	71	69	85	71	44
Hospital 39	78	65	84	83	50
Hospital 40	100	100	100	100	100
Hospital 41	71	79	83	92	74

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Accidental Puncture or Laceration: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	81	64	82	82	75
Hospital 43	100	100	100	100	100
Hospital 44	47	85	71	100	78
Hospital 45	100	100	100	100	100
Hospital 46	100	100	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	100	100
Hospital 49	100	100	100	100	100
Hospital 50	100	—	—	—	—
Hospital 51	90	88	90	100	100
Hospital 52	42	6	51	84	72
Hospital 53	75	11	100	88	89
Hospital 54	100	100	—	—	—
Hospital 55	100	100	100	100	100
Hospital 56	77	67	85	84	71
Hospital 57	100	100	100	100	100
Hospital 58	100	100	100	100	100
Hospital 59	91	85	94	88	88
Hospital 60	100	100	100	100	100
Hospital 61	100	5	100	51	100
Hospital 62	100	100	100	100	100
Hospital 63	100	100	—	—	—
Hospital 64	82	88	81	94	90
Hospital 65	—	100	100	100	100
Hospital 66	81	68	83	86	74
Hospital 67	78	68	85	86	84
Hospital 68	100	100	100	100	100
Hospital 69	95	84	90	91	93
Hospital 70	62	100	85	70	77
Hospital 71	100	—	—	—	—
Hospital 72	86	81	91	86	64
Hospital 73	100	100	100	100	100
Hospital 74	100	100	100	100	100
Hospital 75	100	100	100	100	100
Hospital 76	91	80	92	94	92
Hospital 77	63	63	50	65	0
Hospital 78	0	100	0	0	100
Hospital 79	100	100	100	100	100
Hospital 80	100	100	100	100	82
Hospital 81	67	100	90	92	87
Hospital 82	100	100	100	100	100

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Accidental Puncture or Laceration: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	100	100	100	100
Hospital 84	100	100	100	100	100
Hospital 85	100	59	84	92	100
Hospital 86	—	—	—	100	100
Hospital 87	100	100	—	—	—
Hospital 88	100	100	—	—	—
Hospital 89	91	95	97	83	56
Hospital 90	100	100	100	100	100
Hospital 91	100	100	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	82	81	88	89	83
Hospital 94	100	100	100	100	100
Hospital 95	100	0	100	100	100

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Birth Trauma—Injury to Neonate: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	100	100	100	—	—
Hospital 4	—	—	—	—	—
Hospital 5	96	84	96	96	87
Hospital 6	95	100	100	100	100
Hospital 7	100	100	100	100	87
Hospital 8	99	97	100	98	100
Hospital 9	73	6	53	91	0
Hospital 10	100	—	—	—	100
Hospital 11	—	—	—	—	—
Hospital 12	96	100	94	95	78
Hospital 13	87	71	66	87	64
Hospital 14	87	67	91	93	84
Hospital 15	100	94	100	100	100
Hospital 16	93	100	100	96	88
Hospital 17	94	67	80	83	100
Hospital 18	81	100	34	79	100
Hospital 19	98	96	94	98	73
Hospital 20	—	—	—	—	—
Hospital 21	100	100	—	—	—
Hospital 22	91	79	86	96	80
Hospital 23	100	100	100	100	90
Hospital 24	81	14	38	92	75
Hospital 25	99	97	98	99	99
Hospital 26	95	98	97	96	89
Hospital 27	100	100	100	84	57
Hospital 28	93	100	100	98	94
Hospital 29	100	100	—	—	—
Hospital 30	100	100	100	100	100
Hospital 31	71	54	83	83	26
Hospital 32	—	—	—	—	—
Hospital 33	100	100	100	100	100
Hospital 34	—	—	—	—	—
Hospital 35	100	55	100	100	100
Hospital 36	—	—	—	—	100
Hospital 37	—	—	—	—	—
Hospital 38	86	90	100	100	100
Hospital 39	93	81	92	100	71
Hospital 40	100	—	—	—	—
Hospital 41	98	97	98	97	87

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Birth Trauma—Injury to Neonate: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	86	74	84	88	84
Hospital 43	100	100	100	100	100
Hospital 44	88	100	100	77	32
Hospital 45	100	100	100	100	19
Hospital 46	100	—	—	—	—
Hospital 47	100	100	100	100	100
Hospital 48	100	100	100	88	100
Hospital 49	97	93	96	98	95
Hospital 50	—	—	—	—	—
Hospital 51	94	100	90	94	100
Hospital 52	88	87	94	97	100
Hospital 53	100	84	82	100	100
Hospital 54	100	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	100	100	100	100	100
Hospital 59	98	91	100	100	96
Hospital 60	100	100	100	100	100
Hospital 61	—	—	—	—	—
Hospital 62	100	—	—	—	—
Hospital 63	100	—	—	—	—
Hospital 64	88	100	82	100	86
Hospital 65	—	—	—	—	—
Hospital 66	92	73	100	97	100
Hospital 67	97	93	97	98	95
Hospital 68	100	100	100	100	100
Hospital 69	—	—	—	—	—
Hospital 70	0	100	100	100	100
Hospital 71	—	—	—	—	—
Hospital 72	92	100	100	96	32
Hospital 73	—	—	—	—	—
Hospital 74	100	100	—	—	—
Hospital 75	100	100	100	100	100
Hospital 76	—	—	—	—	—
Hospital 77	100	100	—	—	—
Hospital 78	57	100	39	100	100
Hospital 79	100	41	100	100	100
Hospital 80	100	100	100	85	100
Hospital 81	—	—	—	—	—
Hospital 82	100	—	—	—	—

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Birth Trauma—Injury to Neonate: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	100	100	100	100	100
Hospital 84	100	100	0	0	100
Hospital 85	72	100	57	86	65
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	97	94	89	94	83
Hospital 90	100	100	76	100	100
Hospital 91	—	—	—	—	—
Hospital 92	100	100	100	100	100
Hospital 93	93	87	96	96	92
Hospital 94	100	—	—	—	—
Hospital 95	82	0	38	100	100

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Obstetric Trauma, Vaginal with Instrument: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	77	81	91	75	64
Hospital 6	91	100	100	77	82
Hospital 7	89	91	91	92	91
Hospital 8	85	75	88	70	80
Hospital 9	0	0	57	37	34
Hospital 10	—	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	71	79	84	78	49
Hospital 13	68	69	71	18	64
Hospital 14	86	72	87	59	87
Hospital 15	70	74	78	20	46
Hospital 16	78	78	93	52	100
Hospital 17	79	81	81	52	83
Hospital 18	—	100	—	100	77
Hospital 19	61	73	76	55	59
Hospital 20	—	—	—	—	—
Hospital 21	—	—	—	—	—
Hospital 22	76	75	87	79	77
Hospital 23	71	77	91	63	92
Hospital 24	74	75	85	61	75
Hospital 25	88	85	91	77	84
Hospital 26	63	62	79	51	55
Hospital 27	78	—	—	66	76
Hospital 28	84	43	72	61	52
Hospital 29	87	—	—	—	—
Hospital 30	100	—	64	56	100
Hospital 31	90	91	92	67	72
Hospital 32	—	—	—	—	—
Hospital 33	100	82	81	100	83
Hospital 34	—	—	—	—	—
Hospital 35	69	83	87	56	0
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	91	63	73	70	64
Hospital 39	65	71	79	39	84
Hospital 40	—	—	—	—	—
Hospital 41	76	85	85	74	73

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Obstetric Trauma, Vaginal with Instrument: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	70	66	86	62	79
Hospital 43	—	—	—	—	—
Hospital 44	89	87	83	80	76
Hospital 45	—	—	—	—	—
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	90	100	100	100	—
Hospital 49	83	76	86	60	70
Hospital 50	—	—	—	—	—
Hospital 51	79	79	78	65	77
Hospital 52	84	83	93	78	79
Hospital 53	86	70	88	57	77
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	78	68	76	49	69
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	76	68	82	20	83
Hospital 65	—	—	—	—	—
Hospital 66	93	78	97	78	88
Hospital 67	95	90	93	83	85
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	72	82	70	50	60
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	—	—	—	—	—
Hospital 78	—	—	—	—	—
Hospital 79	—	—	—	—	—
Hospital 80	—	—	—	—	—
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

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Obstetric Trauma, Vaginal with Instrument: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	77	60	—	—	—
Hospital 84	—	—	—	—	—
Hospital 85	90	65	100	54	100
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	85	100	82	69	74
Hospital 90	100	100	100	100	—
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	85	83	92	75	82
Hospital 94	—	—	—	—	—
Hospital 95	80	100	86	—	100

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Obstetric Trauma, Vaginal without Instrument: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	93	74	97	80	59
Hospital 6	98	79	98	88	79
Hospital 7	91	74	98	93	82
Hospital 8	96	78	97	71	71
Hospital 9	93	49	98	90	58
Hospital 10	100	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	90	77	93	85	66
Hospital 13	93	73	97	81	66
Hospital 14	94	79	97	71	80
Hospital 15	94	79	94	74	56
Hospital 16	98	81	96	88	76
Hospital 17	96	78	99	81	65
Hospital 18	100	80	100	100	100
Hospital 19	93	63	95	71	66
Hospital 20	—	—	—	—	—
Hospital 21	90	—	—	—	—
Hospital 22	91	74	97	81	61
Hospital 23	93	89	98	77	80
Hospital 24	96	79	97	81	67
Hospital 25	96	79	98	80	81
Hospital 26	92	73	95	74	56
Hospital 27	87	63	100	38	43
Hospital 28	92	77	96	86	70
Hospital 29	96	100	—	—	—
Hospital 30	87	40	96	62	67
Hospital 31	98	85	96	89	82
Hospital 32	—	—	—	—	—
Hospital 33	100	82	94	49	32
Hospital 34	—	—	—	—	—
Hospital 35	94	73	94	93	66
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	89	86	97	83	75
Hospital 39	92	76	97	75	66
Hospital 40	—	—	—	—	—
Hospital 41	95	74	97	78	74

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Obstetric Trauma, Vaginal without Instrument: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 42	93	71	97	81	73
Hospital 43	100	100	100	51	100
Hospital 44	91	63	94	77	35
Hospital 45	100	100	97	81	75
Hospital 46	77	—	—	—	—
Hospital 47	87	100	100	—	100
Hospital 48	100	100	95	100	67
Hospital 49	95	80	98	81	74
Hospital 50	—	—	—	—	—
Hospital 51	90	63	95	45	79
Hospital 52	99	89	98	88	87
Hospital 53	94	83	97	84	63
Hospital 54	100	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	90	19	79	49	35
Hospital 59	91	76	96	73	47
Hospital 60	77	44	89	100	100
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	78	34	98	55	0
Hospital 65	—	—	—	—	—
Hospital 66	90	79	98	78	74
Hospital 67	98	90	98	87	85
Hospital 68	88	—	100	100	100
Hospital 69	—	—	—	—	—
Hospital 70	100	100	100	42	100
Hospital 71	—	—	—	—	—
Hospital 72	87	38	95	53	49
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	100	100	100	100
Hospital 76	—	—	—	—	—
Hospital 77	88	100	—	—	—
Hospital 78	100	59	100	63	100
Hospital 79	92	0	95	0	22
Hospital 80	91	46	96	75	100
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Vaginal without Instrument: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 83	86	73	91	100	100
Hospital 84	85	100	100	100	100
Hospital 85	93	100	100	87	54
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	95	83	96	93	72
Hospital 90	91	76	98	86	74
Hospital 91	—	—	—	—	—
Hospital 92	100	100	—	100	100
Hospital 93	95	90	98	91	83
Hospital 94	100	—	—	—	—
Hospital 95	81	75	100	36	71

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 1	—	—	—	—	—
Hospital 2	—	—	—	—	—
Hospital 3	—	—	—	—	—
Hospital 4	—	—	—	—	—
Hospital 5	100	97	96	100	90
Hospital 6	100	100	100	69	71
Hospital 7	100	100	100	100	100
Hospital 8	81	94	96	95	100
Hospital 9	100	100	76	100	100
Hospital 10	—	—	—	—	—
Hospital 11	—	—	—	—	—
Hospital 12	100	93	93	84	92
Hospital 13	95	100	93	91	100
Hospital 14	100	100	93	90	81
Hospital 15	100	100	100	94	93
Hospital 16	87	92	92	100	37
Hospital 17	100	82	100	74	100
Hospital 18	100	—	100	100	—
Hospital 19	100	94	87	100	92
Hospital 20	—	—	—	—	—
Hospital 21	100	—	—	—	—
Hospital 22	100	97	97	100	100
Hospital 23	81	100	100	100	100
Hospital 24	0	0	0	0	0
Hospital 25	68	75	84	78	59
Hospital 26	86	93	90	96	92
Hospital 27	100	100	100	24	8
Hospital 28	87	76	66	90	86
Hospital 29	100	100	—	—	—
Hospital 30	100	74	100	65	100
Hospital 31	100	82	100	69	100
Hospital 32	—	—	—	—	—
Hospital 33	100	100	100	100	100
Hospital 34	—	—	—	—	—
Hospital 35	40	100	100	43	60
Hospital 36	—	—	—	—	—
Hospital 37	—	—	—	—	—
Hospital 38	87	100	65	71	100
Hospital 39	84	100	100	49	87
Hospital 40	—	—	—	—	—

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 41	63	100	92	97	89
Hospital 42	90	96	87	95	95
Hospital 43	—	100	100	—	—
Hospital 44	75	100	100	100	74
Hospital 45	100	100	26	100	100
Hospital 46	—	—	—	—	—
Hospital 47	—	—	—	—	—
Hospital 48	100	100	100	100	100
Hospital 49	88	78	41	54	73
Hospital 50	—	—	—	—	—
Hospital 51	100	100	100	100	100
Hospital 52	100	100	100	100	100
Hospital 53	100	100	100	100	100
Hospital 54	—	—	—	—	—
Hospital 55	—	—	—	—	—
Hospital 56	—	—	—	—	—
Hospital 57	—	—	—	—	—
Hospital 58	—	—	—	—	—
Hospital 59	95	97	97	96	93
Hospital 60	—	—	—	—	—
Hospital 61	—	—	—	—	—
Hospital 62	—	—	—	—	—
Hospital 63	—	—	—	—	—
Hospital 64	73	100	100	100	21
Hospital 65	—	—	—	—	—
Hospital 66	100	89	89	90	100
Hospital 67	91	96	99	92	92
Hospital 68	—	—	—	—	—
Hospital 69	—	—	—	—	—
Hospital 70	—	—	—	—	—
Hospital 71	—	—	—	—	—
Hospital 72	89	69	77	16	80
Hospital 73	—	—	—	—	—
Hospital 74	—	—	—	—	—
Hospital 75	—	—	—	—	—
Hospital 76	—	—	—	—	—
Hospital 77	27	—	—	—	—
Hospital 78	—	100	100	100	100
Hospital 79	—	—	—	—	—
Hospital 80	100	100	100	100	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)

Obstetric Trauma, Cesarean Section: Score by Institution

Hospital	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006
Hospital 81	—	—	—	—	—
Hospital 82	—	—	—	—	—
Hospital 83	100	100	100	100	100
Hospital 84	—	—	—	—	—
Hospital 85	100	100	100	100	100
Hospital 86	—	—	—	—	—
Hospital 87	—	—	—	—	—
Hospital 88	—	—	—	—	—
Hospital 89	71	100	100	63	84
Hospital 90	100	100	100	100	100
Hospital 91	—	—	—	—	—
Hospital 92	—	—	—	—	—
Hospital 93	87	88	98	93	78
Hospital 94	—	—	—	—	—
Hospital 95	100	100	—	24	100

Note: This indicator is not risk-adjusted

“—” indicates either no data were available for that facility for that year, that the institution did not exist in that year, or that the data were censored to protect patient confidentiality (when the denominator for a given indicator < 5)