



**Thomson 100 Top Hospitals®
Performance Improvement
Leaders, 2006**

**Prepared for:
Regional Medical Center
Anytown, USA**

Medicare ID: 999999

Introduction

The 100 Top Hospitals® Performance Improvement Leaders Program

Innovation in measuring hospital performance is one of Thomson Healthcare's core strengths. In hospital benchmarking, we've been identifying the country's top-performing hospitals with our 100 Top Hospitals®: Benchmarks for Success program since 1993. In the 14 years since then, the 100 Top Hospitals®: National Benchmarks for Success study has provided national benchmarks used by hundreds of hospitals across the country to improve performance.

With the introduction of the Performance Improvement Leaders award in 2004, Thomson Healthcare* developed a means to nationally measure the hospital industry's capacity to *consistently improve across a significant time*. The 100 Top Hospitals®: Performance Improvement Leaders study and awards recognizes hospital CEOs and senior management teams that have led their organizations to achieve the fastest rate of consistent annual organizational improvement.

By trending the current 100 Top criteria across the most recent five years of public data, this custom study allows you to observe and compare the *consistency and rate of performance improvement* of a hospital as a whole and by individual criteria. This report is an instrument for hospital CEOs and boards of trustees to:

- Appraise the likelihood of success in value-based purchasing programs
- Assess the effectiveness of performance improvement programs
- Understand how the hospital's performance compares with its peers—from the standpoint of the organization overall and its individual functional areas
- Identify those areas in the organization in which performance improvement has not yet taken hold

Throughout the life of the 100 Top Hospitals program, Thomson has given hospitals an ongoing call to action—to raise their own performance to the level set by the 100 Top Hospitals. The Performance Improvement Leaders study and hospital-specific reports provides the next step—a tool to aide in achieving on-going, steady improvement.

Long-Range Performance Trends

The enclosed report includes five-year trend data for a single profiled hospital. By illustrating whether performance issues are longstanding or relatively new, the information in this report can indicate how far-reaching performance improvement efforts must be, and start decision-makers down the path toward positive change.

* The 100 Top Hospitals Program was previously administered by Solucient. Solucient is now part of Thomson Healthcare.

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This trend information can help CEOs and hospital boards of trustees to:

- Assess the rate, direction, and consistency of performance improvement across the organization compared with national benchmarks and peer medians
- Objectively define the highest impact opportunities for improvement
- Ask the right questions of senior management and key clinical and functional departments to align priorities throughout the organization

The following report contains:

- A guide to help you understand the report and its applications
- A summary graph displaying the profiled hospital's percentile performance on each measure within its peer group.
- Individual performance measure graphs illustrating the profiled hospital's trend line over five years versus that of its peer group and the Performance Improvement Leader hospitals
- The profiled hospital's actual data for each measure compared with five year peer group trend data displayed as performance quintiles—for a quick snapshot of performance level, direction, and slope
- A copy of the Performance Improvement Leaders study abstract

So that you may access full details about this year's *Thomson 100 Top Hospitals®: Performance Improvement Leaders* study—including data sources, methodologies, performance measure definitions, and compelling findings on the winning hospitals—we have included a full study abstract (in PDF form) with this report.

This study is the first attempt to measure U.S. hospitals' ability to affect a culture of change in their organizations. As with all of the other 100 Top Hospitals studies, Thomson is committed to improving and refining its criteria and methodology. We welcome comments from hospital executives, academics, consultants, and other interested parties. Please visit www.100tophospitals.com.

About Thomson Healthcare

Thomson Healthcare is the leading provider of decision support solutions that help organizations across the healthcare industry improve clinical and business performance. Thomson Healthcare products and services help clinicians, hospitals, employers, health plans, government agencies, and pharmaceutical companies understand healthcare markets, access medical and drug information, manage costs, and improve the quality of healthcare.

Thomson Healthcare is a part of The Thomson Corporation, a provider of value-added information, software tools and applications to professionals in the fields of healthcare, law, tax, accounting, scientific research, and financial services. The Corporation's common shares are listed on the New York and Toronto stock exchanges (NYSE: TOC; TSX: TOC). For more information, visit www.thomsonhealthcare.com.

How to Use the Performance Improvement Leaders Report

In this section, we provide an overview of what you'll find on the color graphics pages of this report. First, we describe what you will find on each page, in order of appearance, and then we define and describe the terms and statistical concepts used throughout.

Summary Comparisons: Overall Rate and Consistency of Improvement

Five-Year Measure of a Positive Culture of Change: National Rank Compared with Peers

On the first page of graphics, we use a bar graph and data table to illustrate the Profiled Hospital's five-year improvement on the study's scorecard of eight performance measures, compared with its peer group (see definition below). The percentile score is the approximate ranking of the Profiled Hospital in the study, and is an indicator of the hospital's relative standing among its peers on the ability to improve over time. In these tables, higher percentile scores are better for all of the performance measures, indicating a faster improvement rate in the correct direction compared with the other hospitals in the peer group. *For example, a score of 95.0 in the first column (magenta) is a rank in the 95th percentile, thereby indicating that the hospital improved more consistently and faster than 95% of its peers.*

Alignment of Performance Improvement: Hospital, National Benchmark, and Peer Median Improvement Slopes

Permanent organizational improvement requires interdisciplinary effort. These eight graphs depict the profiled hospital's rate and direction of improvement on each of the scorecard performance measures over five years, compared with the slope and direction of the winners (benchmark) and non-winners (peer group). The legends provide the actual slope values and indicate whether the rate of improvement is statistically significant.

Hospital-Specific Five-Year Scores for Rate of Improvement

The remainder of the report provides information on how the Profiled Hospital's five-year rate and direction of improvement compares with the rate and direction of improvement of peers across the United States. The graphs make it visually clear that *no change or improvement performance* will absolutely result in a comparative *decline in performance over time* because peers do improve across all quintiles.

The rate and direction of improvement of the hospital over five years is displayed as a trend line against a colored background representing the changing performance of its peers across the nation. Each color represents peers divided into quintiles, the best performing quintile being dark green and the worst performing quintile being red.

Thomson 100 Top Hospitals®: Performance Improvement Leaders, 2006
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Medicare ID: 999999

Each graph includes a detailed table with the actual hospital score and the range of peers' scores. A graph is provided for each measure:

1. Risk-adjusted mortality index
2. Risk-adjusted complications index
3. Risk-adjusted patient safety index
4. Severity-adjusted average length of stay
5. Expense per adjusted discharge, case mix- and wage-adjusted
6. Profitability (adjusted operating profit margin)
7. Cash to total debt ratio
8. Growth in patient volume (inpatient, emergency, outpatient surgery, and major outpatient diagnostic and therapeutic)

We provide actual peer group minimum and maximum values and percentile points. This shows the range of performance for hospitals like the one profiled in this report.

Please refer to the Methodology section of the *100 Top Hospitals®: Performance Improvement Leaders* study abstract (included as a separate PDF) for more details on each performance measure and an indication of whether higher or lower values are favorable.

Terms and Statistical Concepts

Confidence Intervals

For the risk-adjusted mortality and complications performance measures, **upper and lower confidence intervals (high and low limit)** are provided for each year of data. The values show the range within which we are 95 percent confident that the Profiled Hospital's value actually falls. The values are provided in the data table below the graph. Confidence intervals were not calculated for the PSI Index due to the low frequency of occurrence of many Patient Safety Indicators included in the composite index.

Data Years

Each “data year” actually represents one year of Medicare Cost Report data and two years of MedPAR and SAF OP data. For ease of labeling, in the graphic and table, we show the most recent year of data used. The table below shows specifically what years and type of data were included in each “data year.”

Data Year	Federal Fiscal Data Years		Calendar Years
	Medicare Cost Report	MedPAR	SAF OP
2001	2001	2000, 2001	
2002	2002	2001, 2002	2001, 2002
2003	2003	2002, 2003	2002, 2003
2004	2004	2003, 2004	2003, 2004
2005	2005	2004, 2005	2004, 2005

To enable multi-year trending in this report, we base performance measure evaluations and comparison group classifications on the most recent year of available data, and apply these methods to all years.

Note: Due to outpatient data availability, the Growth in Patient Volume measure trends only four study years: 2002, 2003, 2004 and 2005.

Linear Regression

A dashed **linear regression line** charts the best-fit straight line through the Profiled Hospital's data over the five years studied. This line shows the direction of performance over time.

Peer Group Comparative Data

For each measure, we compare the hospital's performance with that of its peers—other U.S. hospitals that operate most like it in terms of bed size, teaching status, and residency program involvement. We assigned each hospital in our database to one of five comparison groups according to its size and teaching status:

- Major teaching hospitals
- Teaching hospitals
- Large community hospitals
- Medium community hospitals
- Small community hospitals

To make the fairest evaluations possible, we compared the hospital with the appropriate comparison group. Regional Medical Center has been assigned to the Teaching Hospital comparison group. As such, all comparisons will be with other Teaching Hospitals. Please refer to the Methodology section of the *100 Top Hospitals®: Performance Improvement Leaders* study abstract (included as a separate PDF) for more details on the hospital comparison groups.

Percentile and Actual Values

This report uses **percentile values** to compare the hospital with its peers, dividing the sample of hospitals into five groups equal in number. The first value (the 20th percentile) is the value for which 20 percent of the sample has lower values and 80 percent of the sample has higher values. The 80th percentile, conversely, is the value for which 80 percent of the sample has lower values and 20 percent of the sample has higher values.

A higher value is more favorable for some measures (e.g., profitability); for others (e.g., expenses, mortality), lower values are more favorable. Accordingly, for some measures, having a low value and being in the first percentile is better, while for other measures, having a low value and being in the first percentile is worse.

On the line graph, the percentiles are colored to reflect whether the percentage is favorable or unfavorable—with green indicating favorable and red indicating unfavorable across all measures. Colors shift from green to yellow to orange to red as the percentiles move from better to worse. The entire colored area represents the *range* of values from one percentile point to another. For example, for a measure like mortality index, where having a low value is more favorable, the darkest green area shows the range from the minimum value to the 20th percentile point, and the red area shows the range of values from the 80th percentile point to the maximum value.

In the data table, actual peer group **minimum** and **maximum** values and **percentile points** are provided for each measure, to show the range of performance for hospitals like the one profiled in this report.

All peer group values for the following measures have been calculated using only “inlier” data, that is, they have been trimmed for outlier data (data falling outside a specified range):

- Risk-adjusted patient safety index
- Expense per adjusted discharge, case mix- and wage-adjusted
- Profitability (adjusted operating profit margin)
- Cash to total debt ratio

Thomson 100 Top Hospitals®: Performance Improvement Leaders, 2006
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We trim outlier data from the graph for presentation purposes. This additional presentation level trimming allows us to adjust the y-axis scale to provide the best graph-able display for the majority of hospitals within the particular peer group.

Data will not appear on the graph if the hospital's **actual value** falls above or below the **graph's** minimum or maximum y-axis boundaries. The actual value will appear in the data table highlighted with the appropriate color of the y-axis boundary it exceeded (green for favorable; red for unfavorable).

A solid **Measure Trend** line with data points provides the Profiled Hospital's actual values and shows the movement and direction of its scores over five years. Likewise, actual values for the Profiled Hospital are provided in the data table.

Slope

The slope lines (linear regression slope) used in the eight core findings graphs indicate the direction of improvement on each of the balanced scorecard performance measures over five years. The slope of the linear regression line indicates the direction of the trend (up or down). Increasing values indicate better performance for some measures; for others, decreasing values are better. *For ease of use, we have noted the desired direction with a large green arrow to the right of the graph. In addition, a note will be printed below each graph when the improvement or decline is statistically significant (95% confidence level).*

Increasing trended values indicate better performance on these measures:

- Profitability (operating profit margin)
- Cash to total debt ratio
- Growth in patient volume

Decreasing trended values indicate better performance on these measures:

- Risk-adjusted mortality index
- Risk-adjusted complications index
- Risk-adjusted patient safety index
- Severity-adjusted average length of stay
- Expense per adjusted discharge

Direction of Performance Change for Teaching Hospitals

The majority (73.5%) of Teaching Hospitals show a significant improvement in risk-adjusted mortality over the five years studied. In addition, more than a third of hospitals experienced an improvement in severity-adjusted average length of stay. Expense per adjusted discharge, on the other hand, significantly worsened in nearly half (47.5%) of hospitals. Risk-adjusted complications also worsened for a significant percentage (22.6%) of hospitals.

Performance Measure	Significantly Improving Performance		No Statistically Significant Change in Performance		Significantly Declining Performance	
	Count of Hospitals ¹	Percent of Hospitals ²	Count of Hospitals ¹	Percent of Hospitals ²	Count of Hospitals ¹	Percent of Hospitals ²
Risk-Adjusted Mortality Index	283	73.5%	102	26.5%	0	0.0%
Risk-Adjusted Complications Index	46	11.9%	252	65.5%	87	22.6%
Risk-Adjusted Patient Safety Index	57	14.8%	304	79.0%	24	6.2%
Severity-Adjusted Avg. Length of Stay (Days)	147	38.2%	228	59.2%	10	2.6%
Expense per Adjusted Discharge (\$)	5	1.3%	196	51.2%	182	47.5%
Adjusted Operating Profit Margin (%)	33	8.6%	331	86.4%	19	5.0%
Cash to Total Debt Ratio	52	13.8%	300	79.6%	25	6.6%
Growth in Patient Volume	1	0.3%	350	90.9%	34	8.8%

1. *Count* refers to the number of hospitals in the study whose performance fell into the highlighted category on the measure.

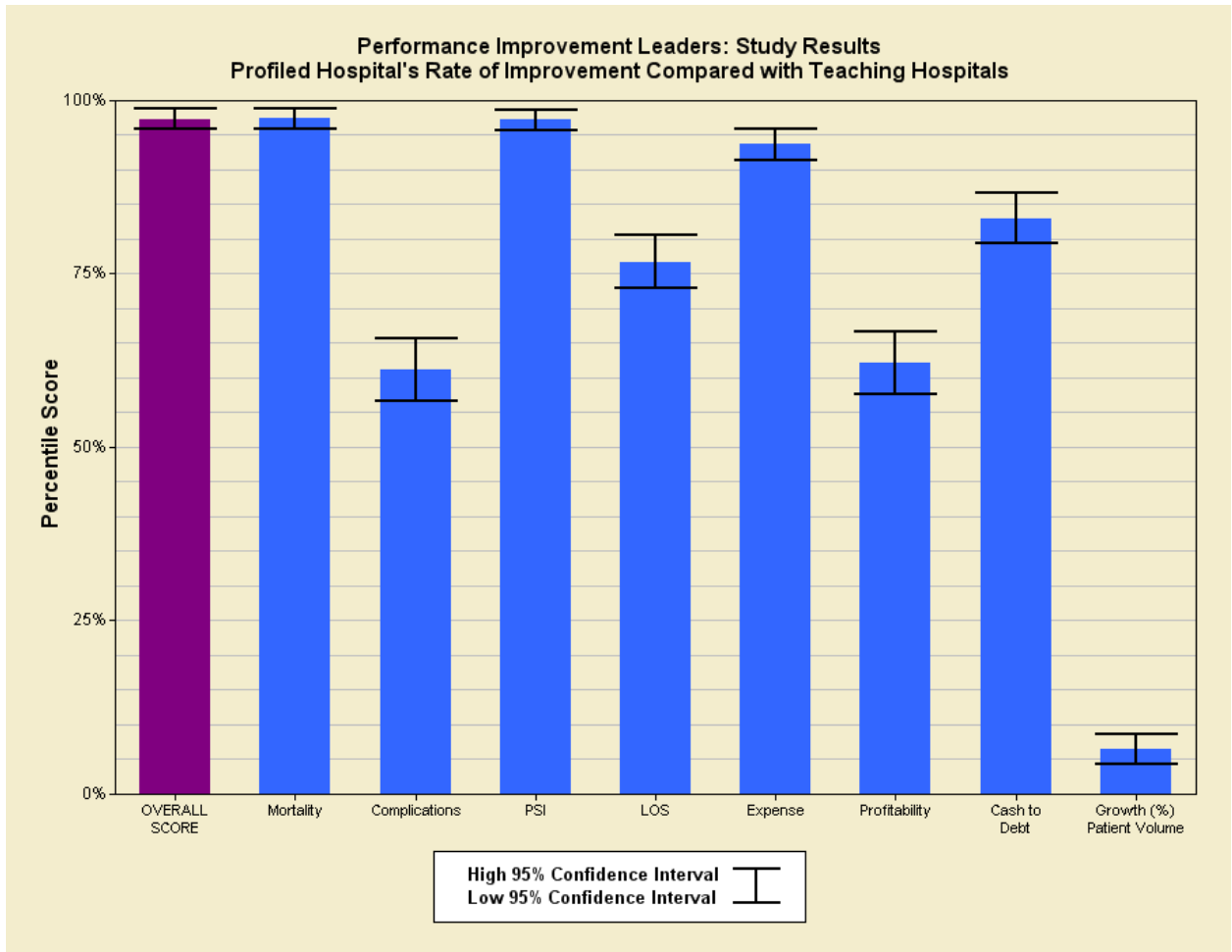
2. *Percent* is of total in-study hospitals across all peer groups.

Note: All calculations exclude outlier values. Differences may occur due to rounding.

Five-Year Measure of a Positive Culture of Change

Did the profiled hospital improve? How did it rank?

The bar graph and data table below illustrate the Profiled Hospital's five-year rate of improvement across the study's balanced scorecard of performance measures, compared with its peers. The percentile score is the approximate ranking of the Profiled Hospital in the study, and is an indicator of the hospital's relative standing among its peers on the ability to improve over time.



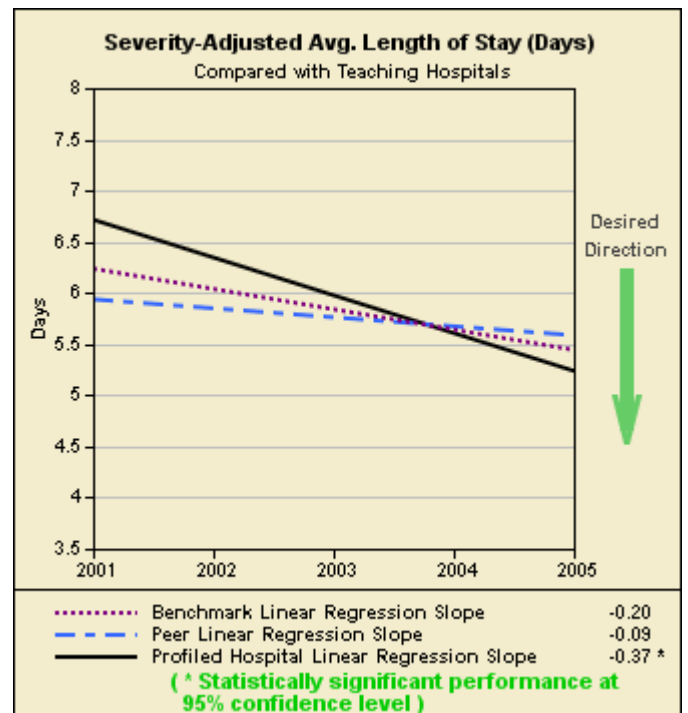
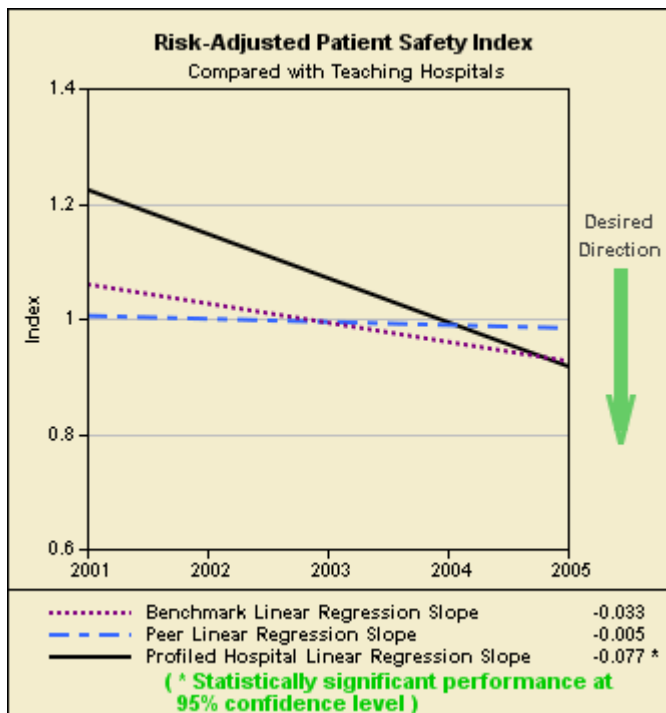
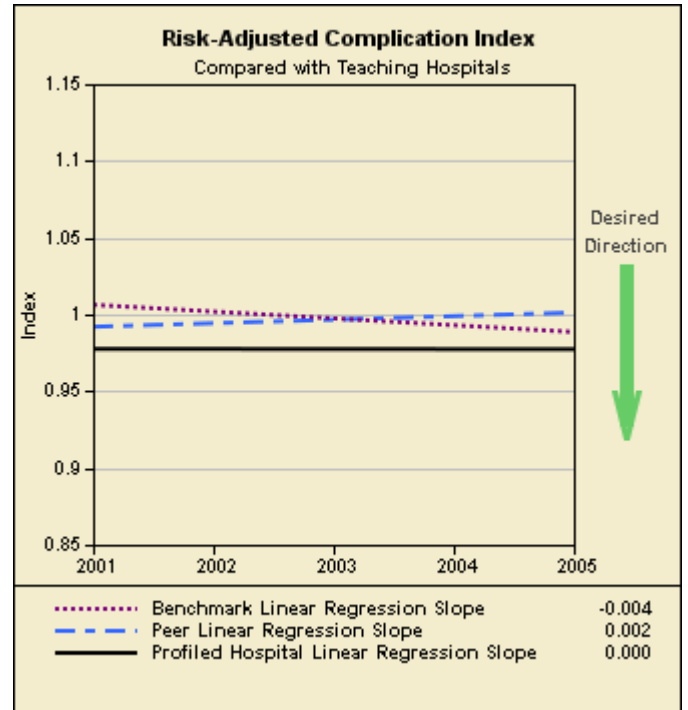
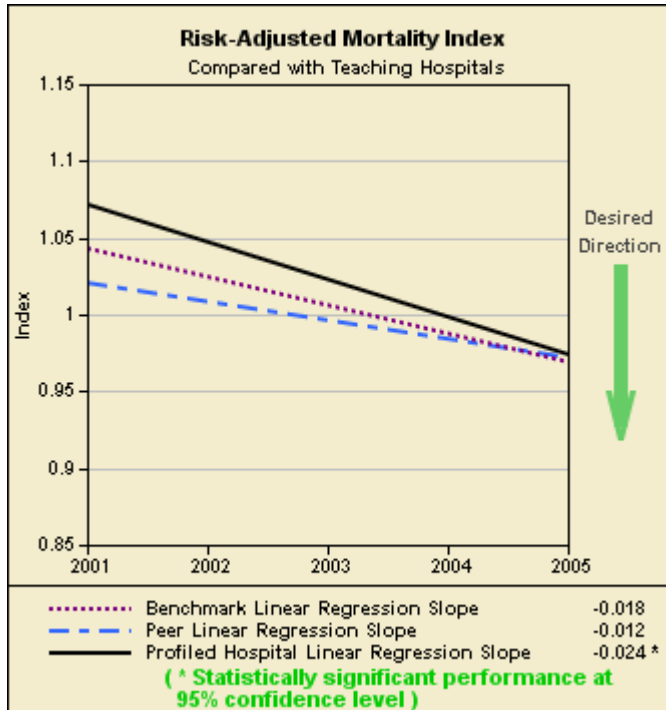
	Profiled Hospital								
	Overall Score	Mortality	Complications	PSI	LOS	Expense	Profitability	Cash to Debt	Growth (%) Patient Volume
Upper Conf Interval	99%	99%	66%	99%	81%	96%	67%	87%	9%
Percentile Score	97%	97%	61%	97%	77%	94%	62%	83%	6%
Lower Conf Interval	96%	96%	57%	96%	73%	91%	58%	79%	4%

Note: Higher percentile scores are better for all of the performance measures on this graph, indicating a faster rate and direction of performance improvement compared with the other hospitals in the group.

Alignment of Performance Improvement

Did the profiled hospital maintain the right direction? Did all parts of the organization improve?

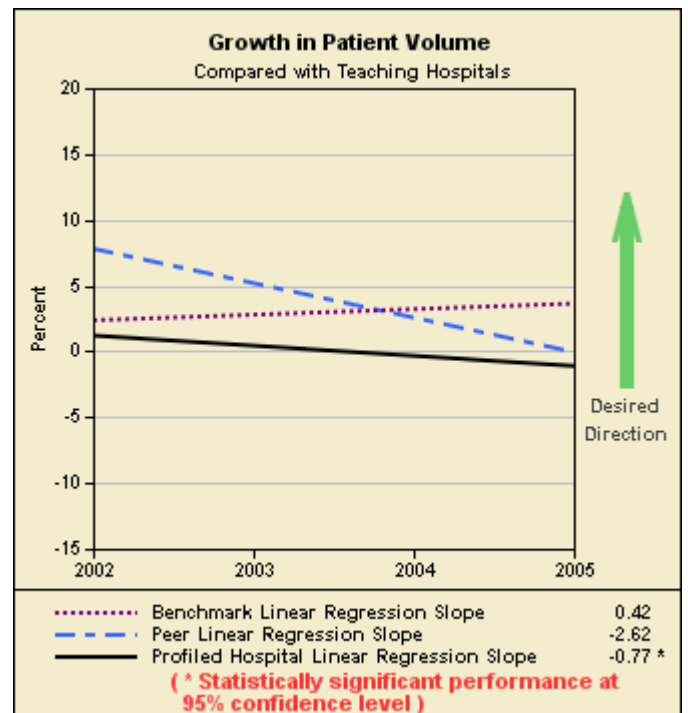
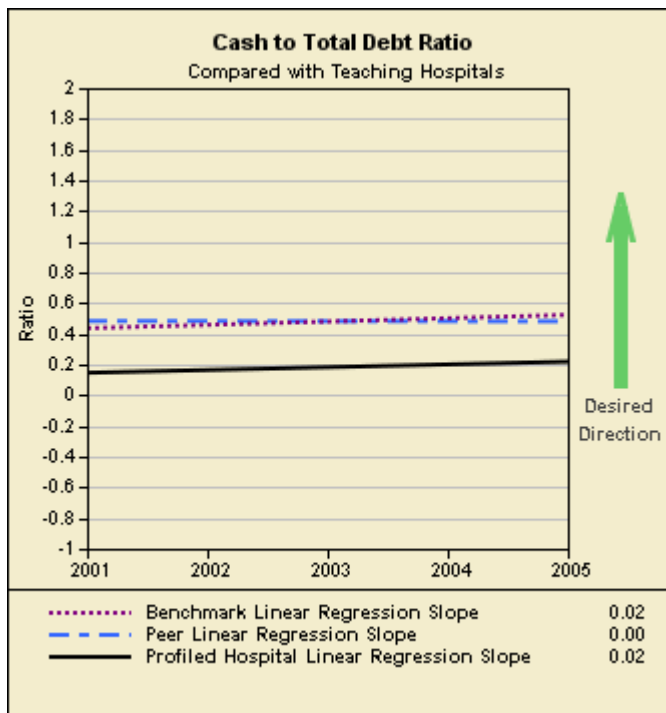
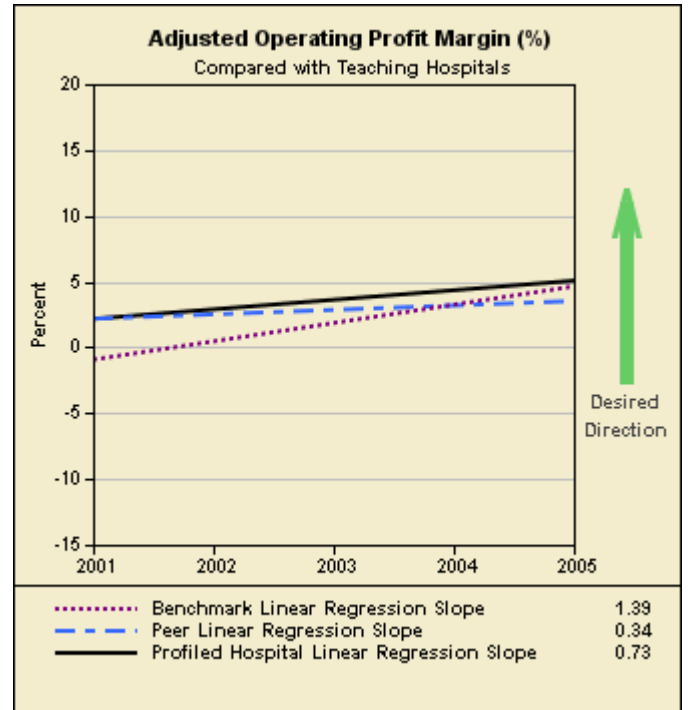
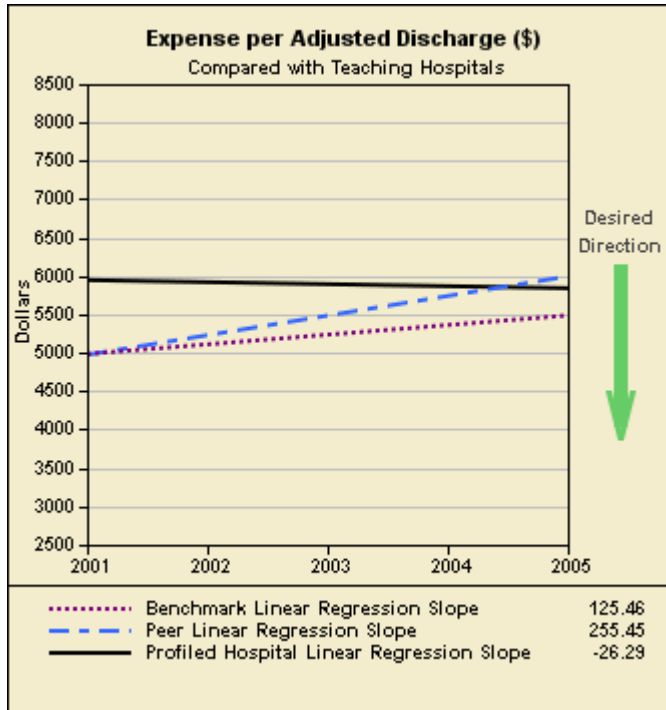
The graphs below illustrate the core findings of the study by depicting the rate and direction of improvement on each of the balanced scorecard performance measures over five years, graphically comparing the benchmark, peer group, and Profiled Hospital. The legends provide the actual slopes from the study's findings.



Alignment of Performance Improvement

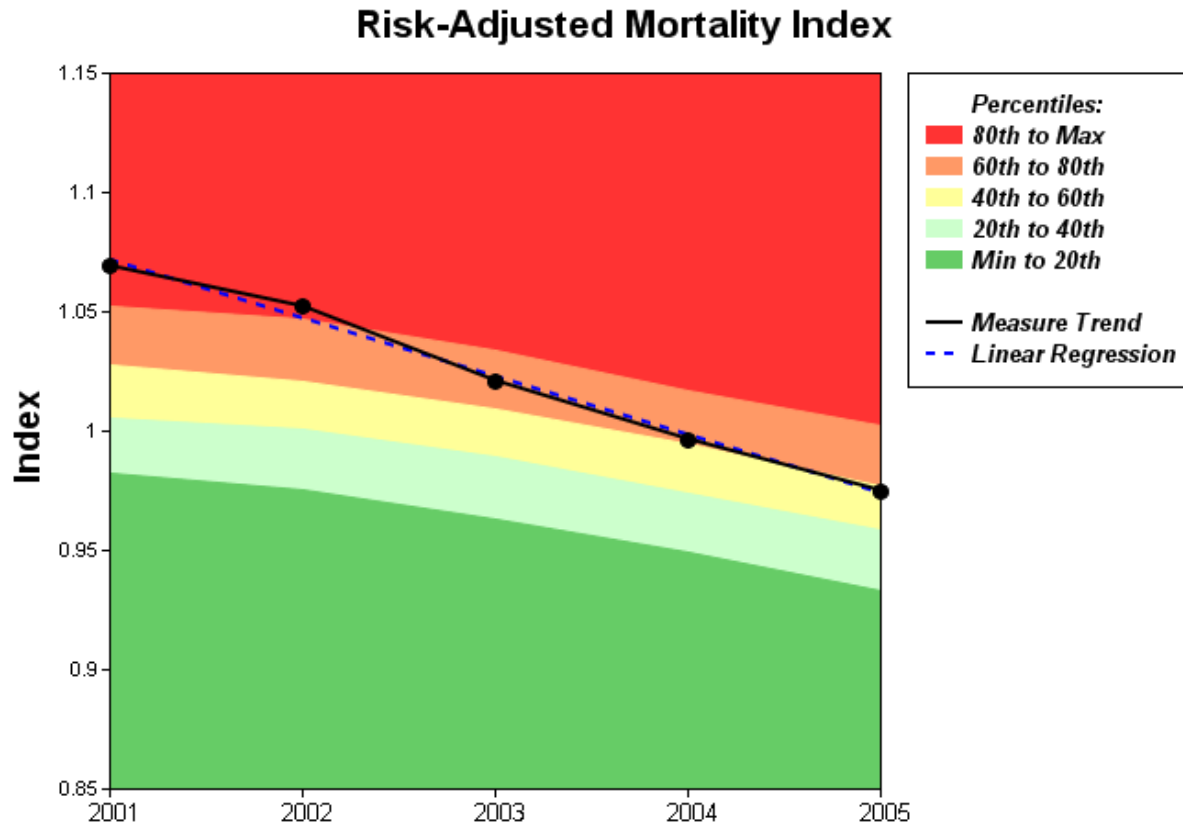
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Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the mortality index measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.



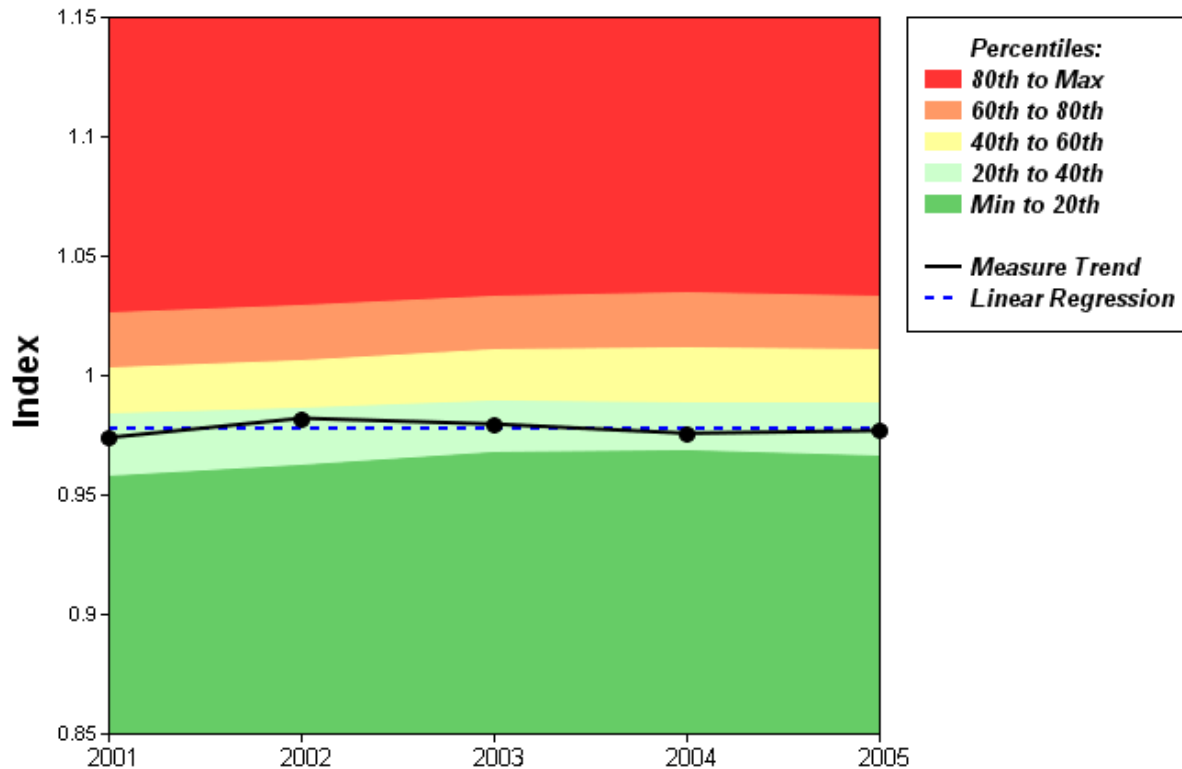
Data Year	Teaching Hospital Peer Group						Profiled Hospital		
	Most Favorable ← → Least Favorable					Max	Actual Value	High 95% Confidence Point	Low 95% Confidence Point
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point				
2001	0.78	0.98	1.01	1.03	1.05	1.15	1.07	1.13	1.01
2002	0.70	0.98	1.00	1.02	1.05	1.16	1.05	1.11	1.00
2003	0.66	0.96	0.99	1.01	1.03	1.14	1.02	1.08	0.96
2004	0.80	0.95	0.97	0.99	1.02	1.10	1.00	1.06	0.94
2005	0.84	0.93	0.96	0.98	1.00	1.09	0.97	1.04	0.92

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the complications index measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.

Risk-Adjusted Complication Index



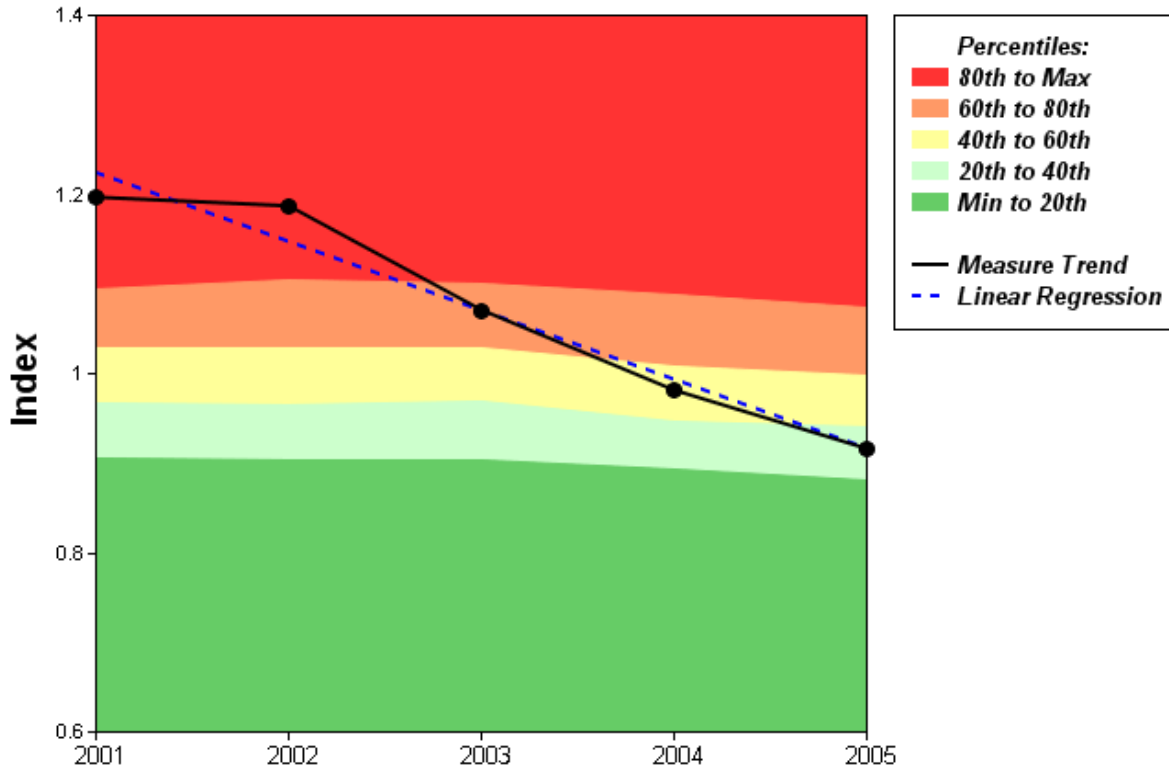
Data Year	Teaching Hospital Peer Group						Profiled Hospital		
	Most Favorable ← → Least Favorable					Max	Actual Value	High 95% Confidence Point	Low 95% Confidence Point
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point				
2001	0.86	0.96	0.98	1.00	1.03	1.11	0.97	1.03	0.92
2002	0.88	0.96	0.99	1.01	1.03	1.15	0.98	1.04	0.93
2003	0.88	0.97	0.99	1.01	1.03	1.14	0.98	1.03	0.93
2004	0.87	0.97	0.99	1.01	1.03	1.13	0.98	1.03	0.92
2005	0.88	0.97	0.99	1.01	1.03	1.15	0.98	1.03	0.92

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the patient safety index measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.

Risk-Adjusted Patient Safety Index



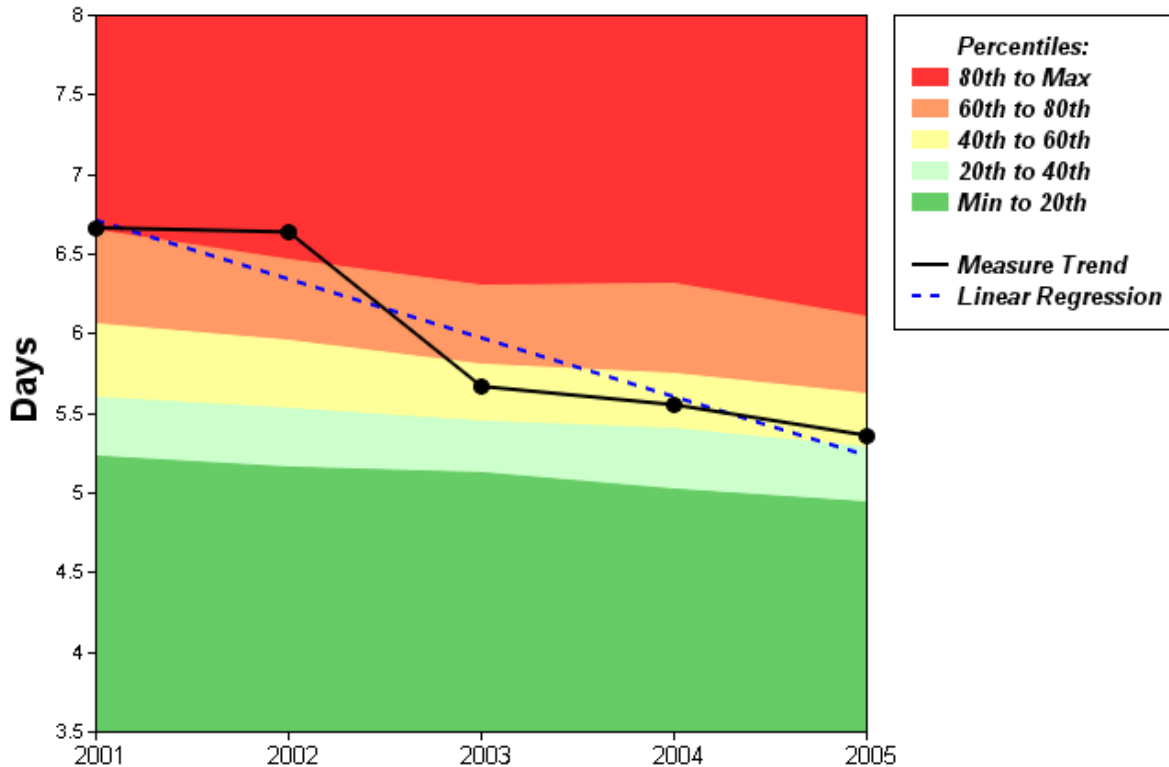
Data Year	Teaching Hospital Peer Group						Profiled Hospital
	← Most Favorable					Least Favorable →	
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point	Max	
2001	0.63	0.91	0.97	1.03	1.09	1.47	1.20
2002	0.71	0.90	0.97	1.03	1.10	1.46	1.19
2003	0.66	0.90	0.97	1.03	1.10	1.41	1.07
2004	0.65	0.89	0.95	1.01	1.09	1.39	0.98
2005	0.58	0.88	0.94	1.00	1.07	1.57	0.92

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the average length of stay measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.

Severity-Adjusted Avg. Length of Stay (Days)



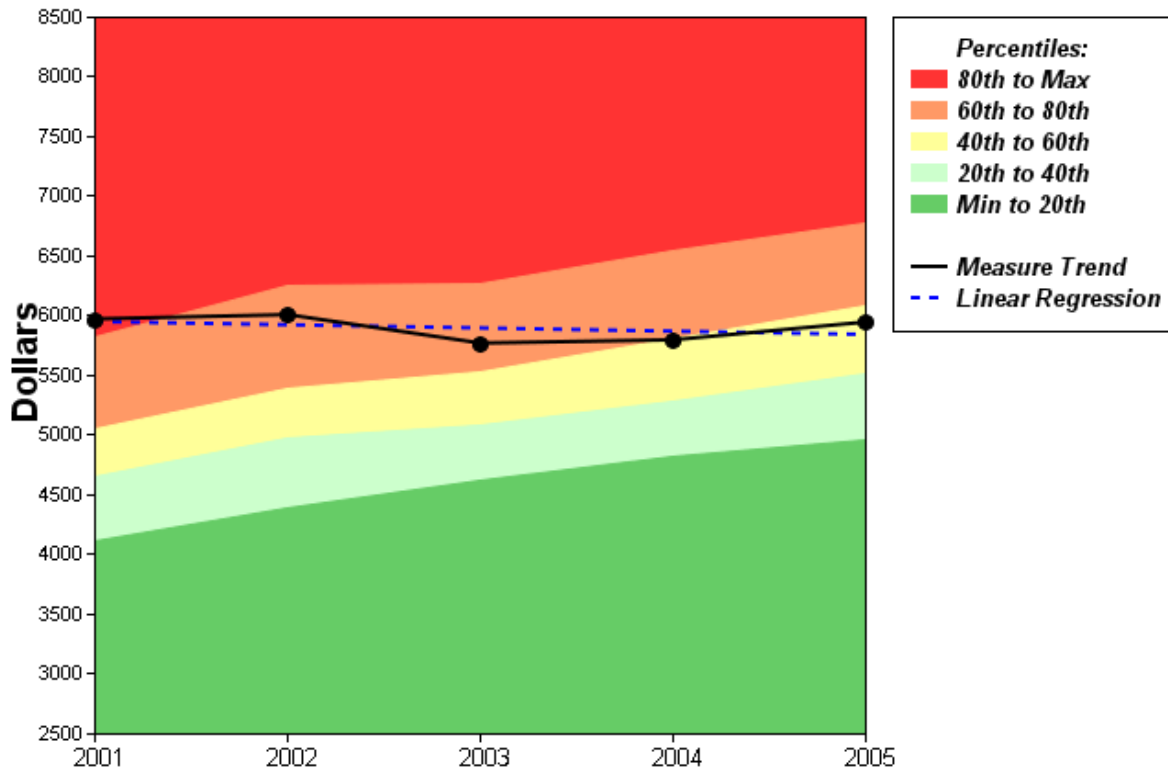
Data Year	Teaching Hospital Peer Group						Profiled Hospital
	← Most Favorable					Least Favorable →	
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point	Max	
2001	3.84	5.23	5.60	6.06	6.65	10.33	6.66
2002	4.13	5.16	5.53	5.96	6.46	10.42	6.63
2003	4.04	5.13	5.45	5.81	6.30	11.51	5.66
2004	4.03	5.02	5.40	5.75	6.31	9.42	5.55
2005	4.09	4.94	5.29	5.62	6.11	8.96	5.36

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the expense per adjusted discharge measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.

Expense per Adjusted Discharge (\$)

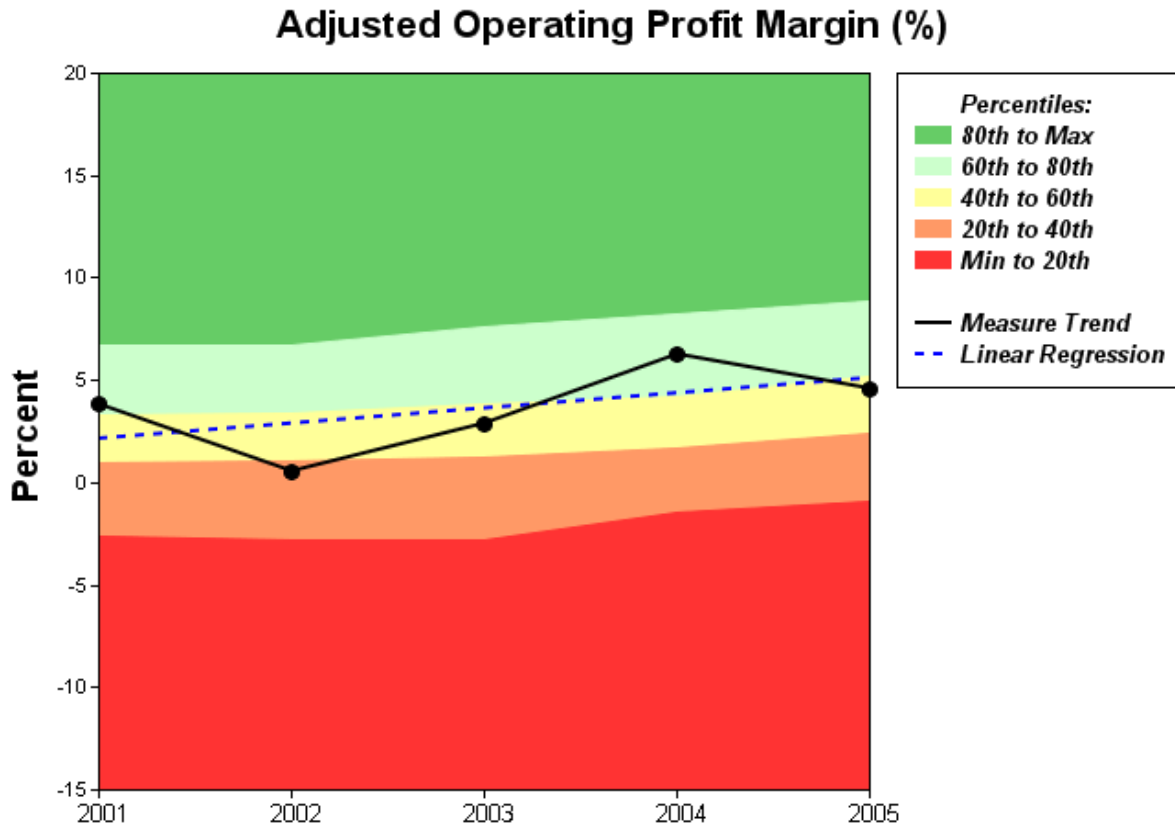


Data Year	Teaching Hospital Peer Group						Profiled Hospital
	Most Favorable ←			→ Least Favorable			
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point	Max	
2001	802.34	4,121.03	4,656.44	5,049.05	5,822.41	8,601.87	5,967.97
2002	869.22	4,392.29	4,976.64	5,387.36	6,256.36	9,459.15	6,004.15
2003	1,980.95	4,624.46	5,092.20	5,533.46	6,262.40	9,765.04	5,765.73
2004	1,097.97	4,822.33	5,289.15	5,803.50	6,552.10	10,686.47	5,792.87
2005	3,657.24	4,956.05	5,513.04	6,080.48	6,779.00	11,332.80	5,942.15

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the profitability measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.



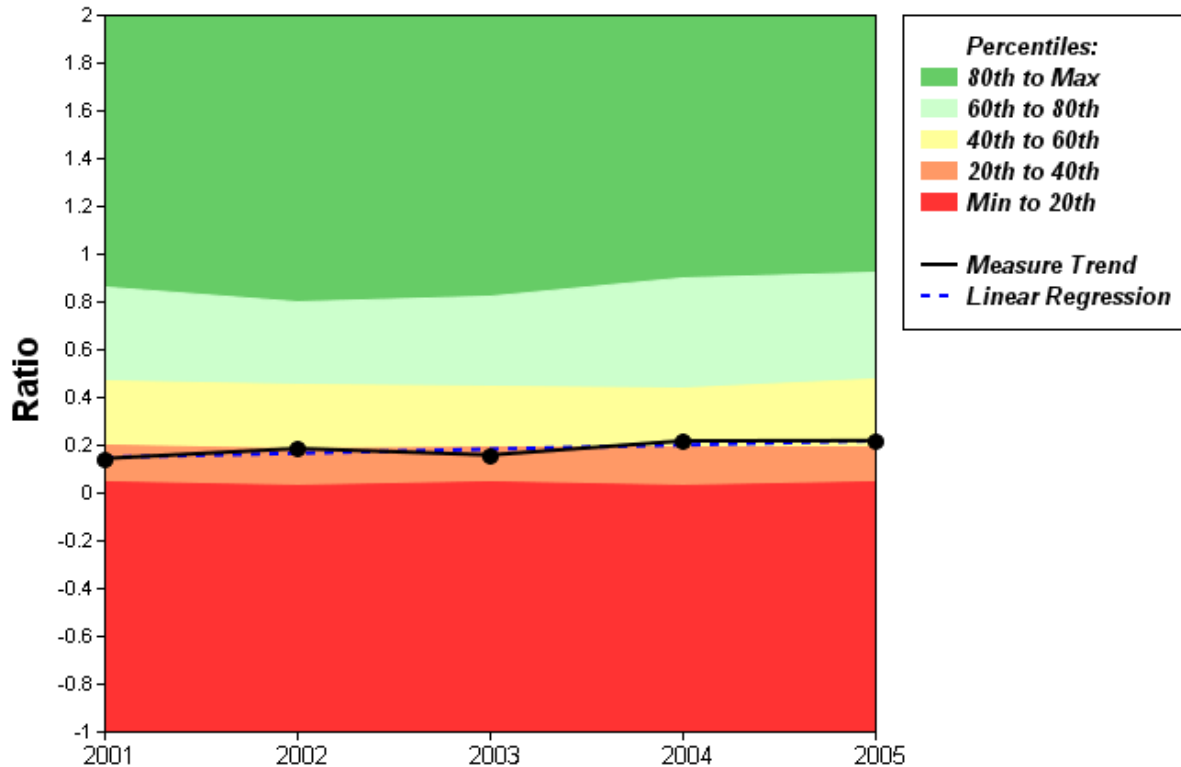
Data Year	Teaching Hospital Peer Group						Profiled Hospital
	Least Favorable ← → Most Favorable					Actual Value	
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point		
2001	(24.03)	(2.60)	0.94	3.28	6.70	28.88	3.81
2002	(26.17)	(2.75)	1.10	3.37	6.71	27.09	0.55
2003	(20.95)	(2.76)	1.23	3.86	7.60	26.98	2.89
2004	(19.74)	(1.41)	1.72	4.23	8.25	27.92	6.26
2005	(19.57)	(0.87)	2.39	5.16	8.85	29.81	4.59

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Five-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's five-year performance on the cash to total debt ratio measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.

Cash to Total Debt Ratio

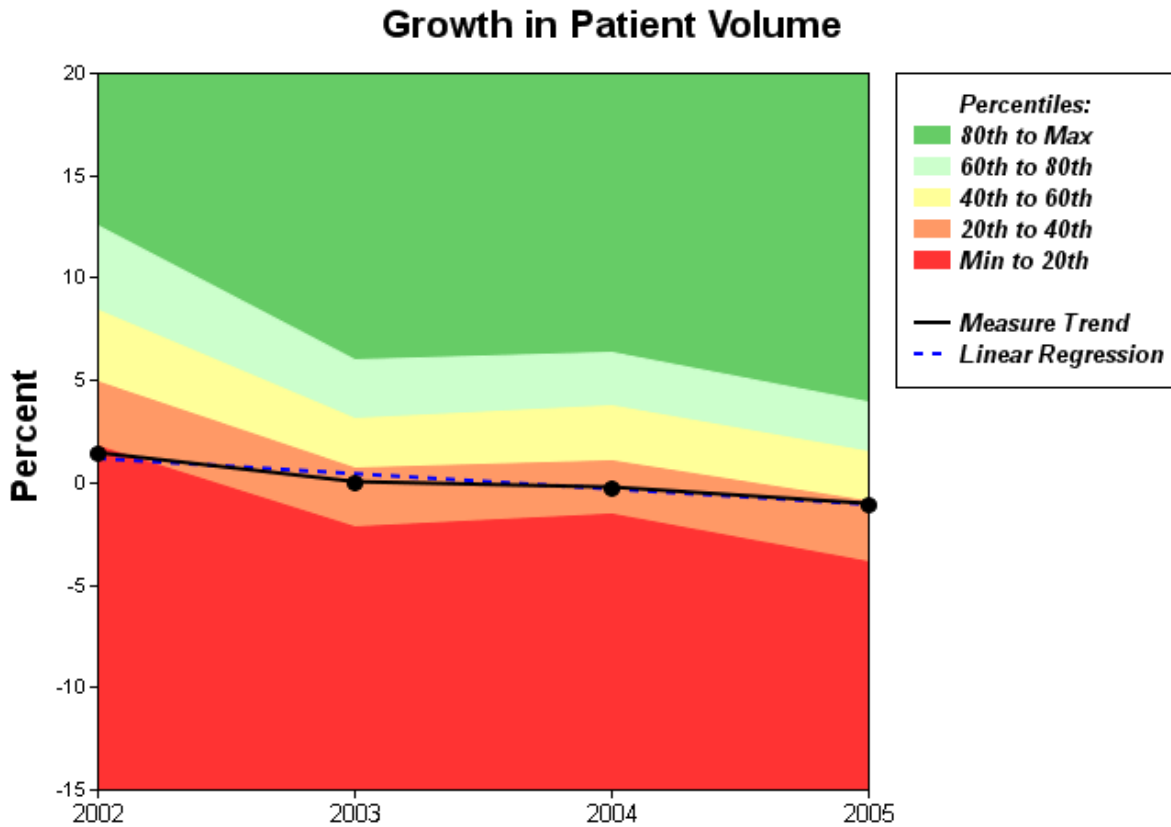


Data Year	Teaching Hospital Peer Group						Profiled Hospital
	Least Favorable ← → Most Favorable					Actual Value	
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point		
2001	(0.60)	0.05	0.20	0.47	0.86	2.89	0.14
2002	(2.03)	0.03	0.19	0.45	0.80	2.99	0.18
2003	(0.63)	0.04	0.19	0.44	0.82	2.67	0.16
2004	(1.52)	0.03	0.19	0.44	0.90	2.71	0.22
2005	(1.76)	0.04	0.19	0.48	0.93	3.10	0.22

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.

Hospital-Specific Four-Year Scores for Rate of Improvement
Did the Profiled Hospital Improve as Quickly as its Peers?

In the line graph below, we compare the Profiled Hospital's four-year (2002 - 2005) performance on the growth in patient volume measure with that of its peers. In the data table, actual peer group minimum and maximum values and percentile points are provided. This shows the range of performance for hospitals like the one profiled in this report. Please see the "How to Use the National Performance Improvement Leaders Report" section for full details.



Data Year	Teaching Hospital Peer Group						Profiled Hospital Actual Value
	Least Favorable ←			→ Most Favorable			
	Min	20th Percentile Point	40th Percentile Point	60th Percentile Point	80th Percentile Point	Max	
2002	(96.42)	1.78	4.92	8.44	12.52	354.41	1.43
2003	(42.59)	(2.18)	0.66	3.16	6.01	1,248.99	0.02
2004	(68.47)	(1.54)	1.09	3.74	6.37	158.83	(0.25)
2005	(72.68)	(3.87)	(0.87)	1.50	3.91	65.20	(1.05)

Note: Situations in which there was insufficient data to calculate percentile or actual measure values will be demonstrated by a blank area on the line graph and a dash (—) in the data table.