

Top outcomes

UCH SCORES HIGH IN ACADEMIC HOSPITAL QUALITY RANKINGS

They may not be as well recognized as *US News & World Report* or *5280* “Top Docs” ratings, but UCH rates very highly in strictly quantitative rankings of clinical quality by the nation’s major association of academic hospitals.

For example, the hospital’s mortality rates again rank among the best academic hospitals in the country in a wide variety of “product lines,” according to the latest clinical outcomes report from University HealthSystems Consortium (UHC), an organization of 104 American academic hospitals that crunches hospital-reported numbers and cre-

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ates benchmark data for its member hospitals. It regularly tracks clinical as well as organizational performances, and hospitals use the data to form action plans to become stronger.

In fact, UCH’s gynecology, gynecology/oncology, kidney/pancreas transplant, liver transplant, lung transplant, and obstetrics services were ranked first in mortality rates among the academic hospitals reporting to UHC during the April-June 2008 quarter.

The otolaryngology, plastic surgery, rheumatology, trauma and vascular surgery services also ranked first in their specialties, but did not have sufficient volume during the quarter to be statistically comparable to other institutions.

UCH Ranked Number One

Mortality rates among University HealthSystems Consortium academic hospitals

April-June, 2008 Quarter	July 2007 – June 2008 Year
Gynecology	Gynecology
Gynecology/oncology	Gynecology/oncology
Kidney/pancreas transplant	Kidney/pancreas transplant
Liver transplant	Obstetrics services
Lung transplant	Trauma
Obstetrics services	

And In The ‘Top 10’ *July 2007 – June 2008 Year*

Service	Rank
Cardiothoracic surgery	8 of 98 hospitals
Gastroenterology	8 of 98
Medical oncology	5 of 98
Surgery general	7 of 98

UCH also did well in “summary” data of the different kinds of care. On an annual basis, the hospital’s post-surgical mortality rates ranked first among 98 hospitals reporting. It ranked fifth among 98 in both “quality and accountability aggregate” and “total inpatient” mortality rates.

“Survival” rates. “We’ve always done very well in mortality rates,” noted Steven Ringel, MD, the hospital’s vice president of Clinical Excellence and Patient Safety. “We’ve been right at the top nationally.”

Being “at the top” in mortality, of course, means having an unusually high survival rate among patients. In a 2006-2007 survey of 168 consumers, Vanderbilt Medical Center’s marketing department found many equated “mortality rate” with “death rate.” Some read it as the number of patients who died there. Chief Marketing Officer Jill Austin tried to clarify it at Vanderbilt by “just turning the graphs over, and calling them survival rates.”

Whatever term one applies, UHC’s reports provide valuable perspective because they allow academic hospitals to compare themselves to peer organizations that have similarly difficult case mixes. Academic hospitals, in general, tend to get more complex cases – sicker patients – than community hospitals, and their outcomes can look skewed next to community hospitals.

Mortality rates, Ringel advises, may be a “crude” measure of quality. “The numbers (of patients) can be so small that one death can make a hospital’s numbers look horrible.”

The “rankings” can thus fluctuate wildly from quarter to quarter.

Still, on an *annual* (July 2007 – June 2008) basis, UCH’s gynecology, gynecology/oncology, kidney/pancreas transplant, obstetrics and trauma services ranked first among UHC academic hospitals in mortality rates.