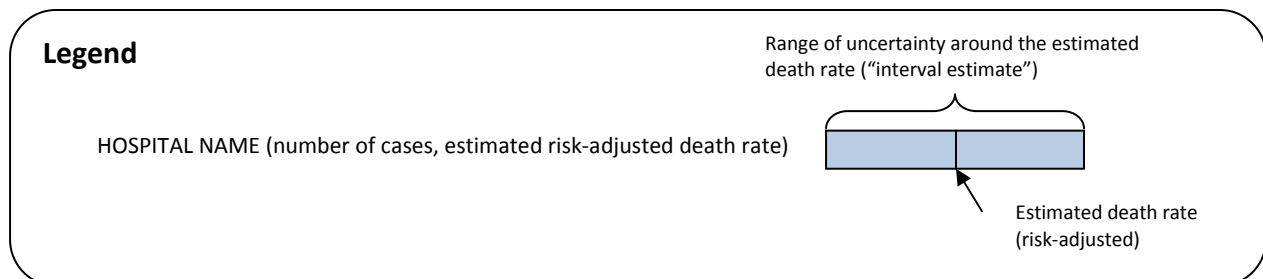


Hospital 30-Day Mortality Rates from Heart Failure

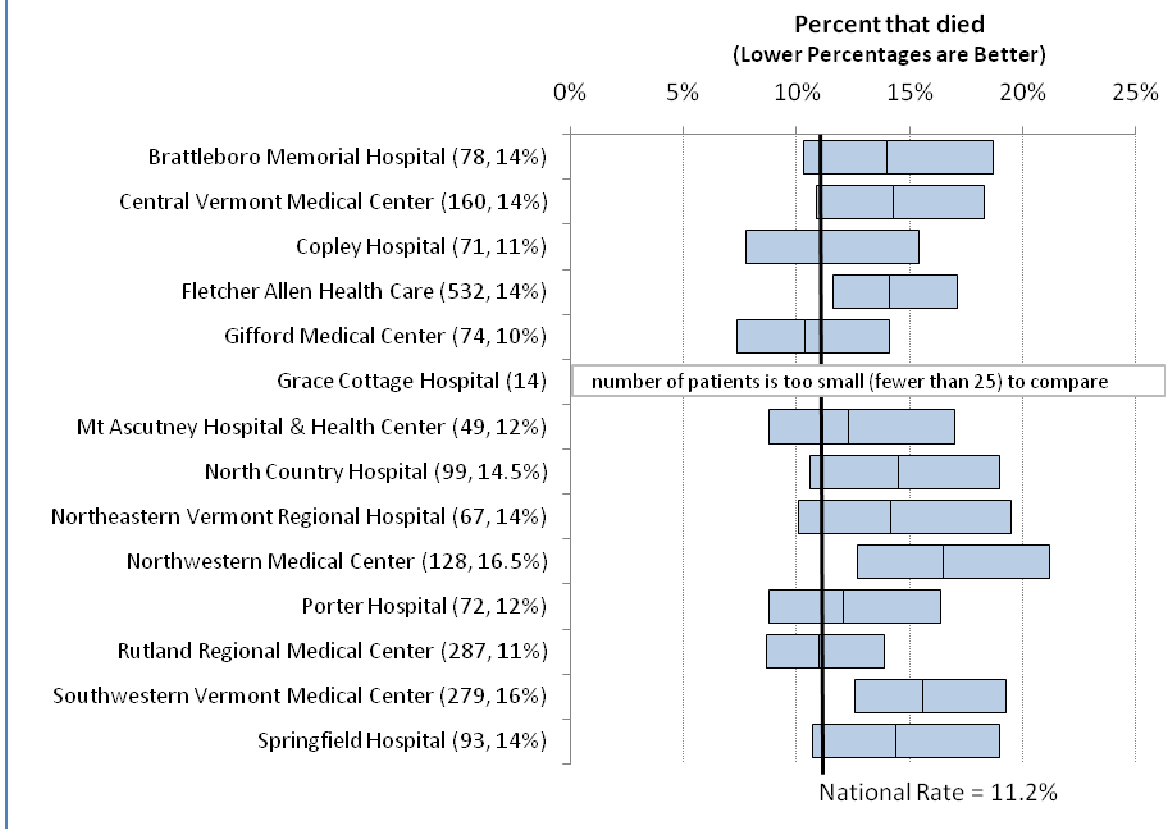
“Mortality Rates” show the death rates of patients with certain conditions. The following graph shows the percentage of **Medicare** patients who died **from any cause** within 30 days after they were hospitalized for heart failure.

- Each hospital’s mortality rate is compared to the national mortality rate. For some hospitals, the number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing, so no comparison to the national rate is shown.
- The measure takes into account how sick patients were before they were admitted to the hospital (known as “risk adjustment”). However, some factors that influence mortality are not available for this measure, and cannot be taken into account with risk adjustment.
- This measure is calculated from Medicare data on patients discharged from the hospital between July 1, 2006 and June 30, 2009. It does not include people under the age of 65 or those in Medicare Advantage Plans (like an HMO or PPO), or people who do not have Medicare.

Reading these graphs: If a hospital’s interval estimate crosses over the line representing the national rate, that hospital’s death rate is similar (not statistically different) to the national rate. If a hospital’s interval estimate is completely below the line representing the national rate, that hospital’s death rate is significantly lower (better) than the national rate. If a hospital’s interval estimate is completely above the line representing the national rate, that hospital’s death rate is significantly higher (worse) than the national rate.



Medicare Heart Failure Patients 30-Day Hospital Death Rates



Fletcher Allen Health Care, Northwestern Medical Center, and Southwestern Vermont Medical Center had 30-day mortality rates for heart failure that were statistically higher (worse) than the national rate.

Southwestern Vermont Medical Center provided the following comment about its 30-day mortality rate for heart failure: “According to the Agency for Healthcare Research and Quality (AHRQ), better quality may be associated with lower mortality rates, although factors other than hospital care also contribute to death. The data are risk-adjusted to account for some of these factors. However, no statistical adjustment can completely account for variations in patient age, complicating factors or personal choices regarding treatment - such as patients admitted for comfort care or those who have a DNR (Do Not Resuscitate) order. The average age of our CHF patients treated during this time period was 85. Fifty-six percent had comfort care orders written prior to death and 76% had a DNR order.”