

**Vermont Department of Banking, Insurance, Securities & Health Care  
Administration  
DIVISION OF HEALTH CARE ADMINISTRATION**

**2009 COMPARISON REPORT**

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**Preventing Complications from Surgery**

Blood clots in the veins and infections are two potential complications from surgery. Hospitals can reduce the risk of wound infection after surgery by making sure patients get the right medicines at the right time on the day of surgery. Hospitals can reduce the risk of blood clots by making sure that patients get preventive treatments. The measures below show how often hospitals provided the recommended care to prevent complications from surgery.

**INTERPRETING THE DATA:**

**Be careful when drawing conclusions from this information. Small numbers of patients may distort reported performance.**

**What does the fraction mean in all of the reports?**

The denominator represents all those patients who were medically **eligible** to receive the particular treatment. The numerator represents all those patients who **actually received** the particular treatment for which they were medically eligible.

For example:

**Prophylactic antibiotics within 1 hour prior to surgery: 80%; 8/10**

This means that 10 patients were medically eligible to receive prophylactic antibiotics within one hour before surgery and 8 patients actually received them. "0/0" means that no patients were medically eligible to receive that particular treatment.

**Would you like to see a further source of hospital performance data? See Vermont information on the US Department of Health and Human Service Hospital Compare website (<http://www.hospitalcompare.hhs.gov>).**

"Hospital Compare" was developed in conjunction with the Centers for Medicare and Medicaid Services (CMS), an agency under the U.S. Department of Health and Human Services, and the Hospital Quality Alliance (HQA). "Hospital Compare" shows measures based on data from hospitals' patient records. The data is converted to rates that measure how well hospitals care for their patients.

The table format, measure descriptions and definition of "Achievable Benchmark" were developed by the New Hampshire-based Foundation for Healthy Communities. The Northeast Healthcare Quality Foundation provided the data analysis. The Vermont Department of Banking, Insurance, Securities and Health Care Administration expresses its gratitude to both organizations.