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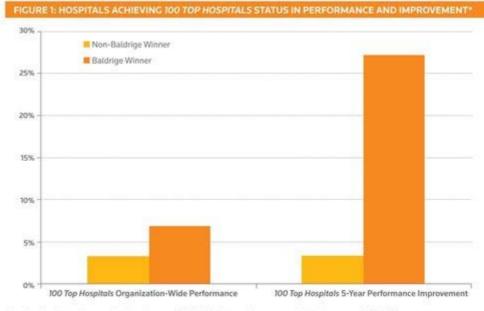
Thomson Reuters Finds Baldrige Hospitals Outperform Peers

Posted by Zara Brunner

Thomson Reuters just released a report finding that Baldrige hospitals (those that either received a site visit or the Baldrige Award at the national level) outperformed non-Baldrige hospitals on nearly all of the measures of performance used in the *Thomson Reuters 100 Top Hospitals*. It's great to have this outside study to validate what Baldrige applicants, winners, examiners, state programs, and other community members have know for so long: Baldrige really does make a difference in improving health care outcomes, accelerating organizational performance, and in saving lives.

You can see the <u>full</u> <u>report</u>, but in the meantime let me highlight some of the findings:

- Baldrige hospitals
 were six times
 more likely to be
 counted among the
 100 Top Hospitals,
 which represent the
 top 3% of hospitals
 in the United States
- Baldrige



*Organization-wide performance includes data years 2002–2009. Five-year improvement includes data years 2005–2009.

hospitals outperform the 100 Top Hospitals on the following Thomson Reuters measures:

- · risk-adjusted mortality index
- risk-adjusted complications index
- · patient safety index
- CMS core meausres score
- severity-adjusted average length of stay
- adjusted operating profit margin
- Baldrige hospitals were significantly more likely than peers to display faster five-year performance improvement

"The results of the Thomson Reuters study confirm what we've known for years: using the Baldrige Criteria and the earnest pursuit of the Baldrige evaluation will improve your organization by nearly every measure of success, be it in outcomes, safety, customer and employee satisfaction, or profitability," says the Baldrige Cheermudgeon, Harry Hertz.

If you were thinking about getting started with the <u>Baldrige Criteria</u>, are in the early stages of assessing your organization with the Criteria, or applying for the Baldrige Award, this new study should bolster your reasons for doing so. To all those organizations, health care and otherwise, that just completed their Baldrige <u>site</u> <u>visits:</u> congratulate your staff on their accomplishments. And to all the <u>Baldrige Examiners</u> who make site

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visits and the Baldrige process possible: thank you for the difference you make to improving U.S. performance across all sectors!

Posted by Zara Brunner on 10/26/2011 at 11:07 AM | Permalink ShareThis

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Comments

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Why were there no data collected regarding case load severity adjusted cost of care?

Posted by: selwyn becker | 10/26/2011 at 12:20 PM

My 2 cents

Selwyn, the TR database does not use that data point. The detailed TR100 report explains why each of the 10 measures is used and why others are not. This study compared the data available in both databases. It was not an exploratory research project to identify additional data points of potential interest. One of the significant findings of the study is the capability of high performance on the Baldrige balanced data set (Category 7 less 7.3) to PREDICT superior performance relative to other facilities not using the Baldrige data set to demonstrate superior performance on the TR data set and earn recognition through the TR100. Although not mentioned, the TR100 are selected based two dimensions-(1) ranked relative current performance level and ranked relative improvement trends, thus encompassing 3 of the LeTCI Baldrige scoring dimensions. The overall composite ranking of all 10 elements which is how TR100 winners are selected is analogous to the Integration scoring dimension in Baldrige. This validates the Baldrige "holistic" assessment process although it is not as statistically rigorous as the TR assessment process. Adding additional measures to the assessment process would require demonstration of higher predcitability.

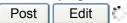
Posted by: Barry Johnson | <u>10/26/2011 at 12:44 PM</u>

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