Healthgrades 2021
REPORT TO THE NATION
A Safe Return to Quality Care
Introduction

2020 has been a year unlike any other, especially for hospitals and healthcare systems. As the impending pandemic began to take hold across the country, health leaders grappled with escalating unknowns.

Some hospitals were immediately overwhelmed with patients affected by the coronavirus, while others scrambled to find critical personal protective equipment (PPE), ventilators, and additional ICU capacity to deal with the crisis.

Throughout the spring and into the early summer, patients became increasingly anxious and wary of seeking care, postponing their medical treatments either by choice or due to shelter-in-place orders and other restrictions. The impact on hospitals was clear, as admissions dramatically declined. Some hospitals operated at less than 50% capacity and also saw a decline in acute illness admissions.¹

The Healthgrades 2021 Report to the Nation analyzes the performance of nearly 4,500 hospitals as measured by risk-adjusted mortality and complication rates. The analysis shows wide performance gaps persist among hospitals. The data indicates a wide variation in clinical outcomes for the same treatment at different hospitals at national, regional, and local levels.

Neither patients nor their physicians can assume their local hospital is the best choice for their procedure or condition; but using the Healthgrades 2021 Specialty Excellence Awards™ and ratings can help inform where to seek the best care. In this moment where risk mitigation is of utmost importance, it’s imperative to know how well a hospital performs when it comes to providing the specific care an individual needs.

To complement this year’s analysis, Healthgrades conducted an in-depth review of elective care and the importance of quality. This information is particularly timely as patients are scheduling elective procedures after delaying care during early stages of the COVID-19 pandemic.

Our analysis looks at risk factors associated with outcomes in elective care, as well as the relative performance of 5-star hospitals vs 1- and 3-star hospitals and what that means for patients. We also supplemented this analysis with firsthand feedback from hospital leaders working to reassure patients to seek the care they need and safely welcome them back during these unprecedented times.
The Difference Between a 1-Star and a 5-Star Hospital

Central to Healthgrades’ mission is providing patients and hospitals with trusted, actionable information about the care delivered at our nation’s hospitals. The 2021 analysis shows that clinical outcomes continue to differ dramatically between hospitals in the top and bottom of Healthgrades’ hospital performance categories. Patients treated at a hospital receiving a 5-star rating have, on average, a lower risk of a complication or mortality than if treated at a hospital receiving a 1-star rating in that procedure or condition.

Healthgrades’ recent assessment of 32 of the most common procedures and conditions in the country show that if all hospitals, as a group, performed similarly to 5-star rated hospitals, on average: 218,785 lives could potentially have been saved and complications in 148,681 patients could potentially have been avoided from 2017-2019. Looking specifically at key hospital services like coronary bypass surgery, stroke care, and treatment of heart attack, the results underscore the quality care provided by these 5-star hospitals.

From 2017 through 2019*

<table>
<thead>
<tr>
<th></th>
<th>If all hospitals, as a group, performed similarly to 5-star rated hospitals</th>
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<tbody>
<tr>
<td><strong>LIVES</strong></td>
<td>218,785</td>
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<tr>
<td><strong>PATIENTS</strong></td>
<td>148,681</td>
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* Statistics are based on Healthgrades analysis of MedPAR data for years 2017-2019 and represent three-year estimates for Medicare patients only
From 2017 through 2019, patients treated for coronary bypass surgery at 5-star rated hospitals have, on average, an 86.6% lower risk of dying than if treated at a 1-star hospital. Over the same period, for treatment of heart attack and stroke, patients treated at 5-star rated hospitals saw a 48.8% and 53.4% lower mortality rate, respectively, than patients cared for at 1-star hospitals.

For the treatment of common chronic conditions like heart failure and chronic obstructive pulmonary disease (COPD), similar results are seen. Patients treated at 5-star rated hospitals had a 60.5% and 83.3% lower chance of dying when treated for those conditions, respectively, than patients treated at a 1-star rated facility.

“As patients learn to navigate their health in light of COVID-19, it has never been more important for people to research and identify top-performing hospitals, and for hospitals to focus on continuous quality improvement so that quality of care information is transparent and easily accessible. We applaud those hospitals who are working around the clock to keep their communities safe and doing all that they can to deliver the highest quality care.”

BRAD BOWMAN, MD
Chief Medical Officer
Healthgrades
Delays in elective surgery

In early spring 2020, the United States saw a dramatic increase in COVID-19 cases. Hospitals and patients faced the unprecedented circumstance of having to cancel and delay elective care. While some procedures can be delayed with minimal harm, the label of “elective” can be a misnomer and any delay in care can be detrimental. In the face of these new challenges, hospitals have worked to provide a safe environment for patients to return, but challenges remain for both hospitals and patients.

One recent assessment noted it could take seven to 16 months until the healthcare system can perform 90% of the expected pre-pandemic forecasted volume of surgery. With a significant backlog of surgical cases, what do patients need to understand to get the best outcomes, what separates the top-performing hospitals from others, and what are hospitals doing to help patients return quickly and safely to elective surgical care?

Defining elective surgery

To facilitate an exchange of useful information, it is best to create a common understanding and terminology by answering the question: what is elective surgery?

Several hospital leaders shared their thoughts and there is a common theme: for most patients, elective doesn’t mean optional. “While some procedures can be delayed, there were many people in our community who were in pain or unable to function optimally without this service,” said Dr. David Ellis, Chief Medical Officer at Pardee UNC Health in Hendersonville, NC.

For patients needing care, potentially in constant pain, the notion that their procedure is considered “elective” can be confusing. As JAMA recently noted, “The choice of the term elective is unfortunate; ‘nonemergency’ surgery would be more accurate.” Delaying elective surgeries can result in a substantial impact on a patient’s health and possibly lead to unnecessary deaths.

"Elective surgeries are those that are non-emergent. All emergent and medically necessary surgeries are continuing through the COVID-19 pandemic. During the beginning stages of the pandemic, we paused on admitting and scheduling patients for the non-emergent surgeries such as bariatric, orthopedic, plastic, outpatient, etc. However, once we put in place all possible safety measures, we have been fully operational and are providing all elective services.”

JAMES R. WEST
President and CEO
PIH Health in Los Angeles, CA
What patients need to know about risks and outcomes in key elective procedures

To help inform both patients and hospitals, this year’s report examines, in-depth, six elective procedures: total knee replacement, hip replacement, back & neck surgeries, spinal fusion, gallbladder removal surgery (cholecystectomy) and bariatric surgery. These procedures have been significantly impacted and were largely delayed, deferred, or cancelled during the early months of the COVID-19 pandemic. Most hospitals followed the advice of the Centers for Disease Control, the American College of Surgeons, other organizations, and local and state governments which called for a halt to elective surgeries during this time. Now that most states have allowed re-introduction of elective procedures, Healthgrades is answering several important questions, including:

“How this question isn’t as easy as it sounds. All surgeries performed at Cone Health are required. Some required surgeries are more urgent than others. In general, an elective surgery is one that can be scheduled in advance and one that can be delayed without increasing the patient’s risk of a poor clinical outcome or increasing the patient’s suffering.”

BRUCE SWORDS
Chief Physician Executive
Cone Health
Greensboro, NC
As consumers seek out elective care options, it’s important they’re aware of how their specific risk factors—such as congestive heart failure factors, pulmonary hypertension or chronic kidney disease—might impact their outcomes.

Over six million adults in the United States suffer from congestive heart failure (CHF)\(^5\) and other chronic cardiac conditions, and many of these same adults face a need for elective care. Patients should be aware of how existing conditions can impact their surgeries and what they can do to help achieve the best outcome. Our analysis of common cardiac risk factors details just how significantly they can impact a patient’s outcome.

### In Joint Replacement (total knee and hip replacements)

- Patients with CHF have a **35.7% to 40.7% higher risk** of experiencing a complication during surgery than patients without CHF.
- Patients with pulmonary hypertension are **1.9 to 2.3 times more likely** to experience a complication during surgery than patients without pulmonary hypertension.

### In Bariatric Surgery

- Patients with CHF have a **31.2% higher risk** of experiencing a complication during surgery than patients without CHF.
- Patients with pulmonary hypertension are **1.94 times more likely** to experience a complication during surgery than patients without pulmonary hypertension.

### In Back & Neck Surgery and Spinal Fusion

- Patients with pulmonary hypertension are **1.5 to 2.0 times more likely** to experience a complication during surgery than patients without pulmonary hypertension.

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\(^5\) Heart Failure. CDC. [https://www.cdc.gov/heartdisease/heart_failure.htm](https://www.cdc.gov/heartdisease/heart_failure.htm)
An under-recognized health crisis, in its own right, is chronic kidney disease (CKD). It affects an estimated 37 million people in the U.S. and one in three American adults (approximately 80 million people) are at risk for CKD. Patients with CKD need to be aware of how their surgical outcomes can be impacted.

In Joint Replacement (total knee and hip replacements)
- Patients with CKD have a **47.3% to 58.9% higher risk** of experiencing a complication during surgery than patients without CKD.

In Bariatric Surgery
- Patients with CKD are **1.7 to 3.3 times more** likely to experience a complication during surgery than patients without CKD.

In Back & Neck Surgery and Spinal Fusion
- Patients with CKD have a **23.5% to 37.2% higher risk** of experiencing a complication during surgery than patients without CKD.

At Pardee UNC Health
Patients likely to require skilled nursing after surgery are evaluated by the Chief Medical Officer on an individual, case-by-case basis to determine if the surgery should proceed or be delayed. The goal is for the patient to be discharged to their homes and avoid a stay at a skilled nursing facility or the ICU.
Understanding risk is just the beginning

Examining the most frequently seen complications across these same key elective procedures further underscores the importance of patients with key risk factors researching and selecting the best hospitals for their specific needs. Patients with existing cardiac, renal, and pulmonary conditions should be aware that the most common complications associated with these surgeries can often occur in the same areas.

Acute renal failure and acute respiratory failure are two of the top five complications seen in the six elective procedures studied. Patients undergoing joint replacement, bariatric surgery, back & neck surgery, and spinal fusion at 5-star rated hospitals are 53% to nearly 74% less likely to experience acute renal failure or acute respiratory failure complications than patients undergoing these procedures at 1- and 3-star rated hospitals.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>5-star rated hospitals</th>
<th>1- and 3-star rated hospitals</th>
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<tbody>
<tr>
<td><strong>In Joint Replacement</strong></td>
<td>73% less</td>
<td>2.5 times more</td>
</tr>
<tr>
<td><strong>In Bariatric Surgery</strong></td>
<td>2.8 times more</td>
<td>54.6% less</td>
</tr>
<tr>
<td><strong>In Back &amp; Neck Surgeries and Spinal Fusion</strong></td>
<td>63.4% less</td>
<td>2.3 times more</td>
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**Healthgrades**

2021 Report to the Nation
For patients, understanding the risks they may face is just part of the challenge; knowing how to mitigate those risks is also key.

Patients should discuss with their physician and surgeon how they can be best prepared for their upcoming procedures. Being forthcoming with their current medical condition is critical. Smoking cessation, weight loss, or other risk-reducing actions can greatly enhance patient safety and recovery.

Leading hospitals and health systems have developed and implemented peri-operative optimization programs to improve outcomes and better prepare patients for their upcoming procedure. By reducing and mitigating specific risk factors, educating the patient and their family on what to expect before, during and after the procedure, and preparing for post-surgical recovery and rehabilitation, hospitals create the environment to achieve improved clinical and patient outcomes.

“Our telehealth visits went from maybe 30 visits a week to 3,000 to 4,000 a day. We had invested in the technology and we were ready to go.”

BRIAN GRAGNOLATI
President & CEO
Atlantic Health System
### Top 5 Risk factors by surgical area

#### Top Risk Factors for Key Elective Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Top Risk Factors</th>
<th>Additional Risk Factors</th>
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<tbody>
<tr>
<td>Total Knee Replacement</td>
<td>• HYPERTENSION&lt;br&gt;• HISTORY OF TOBACCO USE&lt;br&gt;• CHRONIC BRONCHITIS</td>
<td>• TYPE II DIABETES&lt;br&gt;• PULMONARY HYPERTENSION</td>
</tr>
<tr>
<td>Total Hip Replacement</td>
<td>• CHRONIC BRONCHITIS&lt;br&gt;• CHRONIC DIASTOLIC HEART FAILURE</td>
<td>• TYPE II DIABETES&lt;br&gt;• HYPERTENSION&lt;br&gt;• HISTORY OF TOBACCO USE</td>
</tr>
<tr>
<td>Back &amp; Neck Surgery</td>
<td>• ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE&lt;br&gt;• CHRONIC BRONCHITIS</td>
<td>• CORONARY ATHEROSCLEROSIS&lt;br&gt;• DEPRESSIVE DISORDER&lt;br&gt;• BODY MASS INDEX 30-39</td>
</tr>
<tr>
<td>Spinal Fusion</td>
<td>• CHRONIC BRONCHITIS&lt;br&gt;• PULMONARY HYPERTENSION&lt;br&gt;• TYPE I DIABETES WITH NEUROLOGICAL MANIFESTATIONS</td>
<td>• CORONARY ATHEROSCLEROSIS&lt;br&gt;• DEPRESSIVE DISORDER</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>• CHRONIC BRONCHITIS&lt;br&gt;• MALNUTRITION&lt;br&gt;• OTHER PULMONARY EMBOLISM AND INFARCTION</td>
<td>• TYPE II DIABETES&lt;br&gt;• CORONARY ATHEROSCLEROSIS</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>• CHRONIC KIDNEY DISEASE&lt;br&gt;• CHRONIC SYSTOLIC HEART FAILURE</td>
<td>• PULMONARY HYPERTENSION&lt;br&gt;• HYPERTENSION&lt;br&gt;• OSTRUCTIVE SLEEP APNEA</td>
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How hospitals are ensuring a safe return for elective procedures

As elective procedures have resumed during the pandemic, the emphasis for hospitals is on additional precautions to protect patients. Hospitals and medical centers are instituting a variety of new protocols to enhance safety.

At PIH Health in Los Angeles, CA, for example, they began implementing safety measures throughout the organization at the beginning of the pandemic. They screen (not test) all visitors including patients, physicians staff, and volunteers before they enter the hospital. Each person is required to wear a clean mask, have their temperature checked, and sanitize their hands. Visiting hours have been restricted or suspended as well. Clinical staff are fully equipped with PPE and certain areas of our hospital are strictly limited to COVID-19 positive patients.

St. Joseph’s Health in Syracuse, NY uses vaporized hydrogen peroxide to deeply clean the operating rooms and COVID patient care units. Ultraviolet lights are used during surgery in select operating rooms to provide additional protection against bacterial and viral infection.

The key is getting out the message that treatment is safe and available. “We had patients who had been waiting for more than four weeks to have surgery, like a hip replacement or cataract surgery,” said Dr. David Ellis, Chief Medical Officer at Pardee UNC Health in Hendersonville, NC. “While some procedures can be delayed, there were many people in our community who were in pain or unable to function optimally without this service. It was important for us to convey to them that the hospital is a safe place and there is no reason to delay treatment.”

“We learned many things to guide us going forward, including improved telehealth strategies, scheduling techniques and implemented new technology that allowed for socially distanced check-ins and safer interactions. Our efforts with supply chain and PPE materials have helped us through the initial wave and have placed us in a good position to continue to provide safe elective care, despite the ongoing pandemic.”

DR. DAVID CUSTODIO
President
Summa Health System in Akron, OH
How confident are consumers when it comes to seeking care?

In a Healthgrades COVID-19 Patient Confidence Study — an ongoing weekly study that tracks consumer confidence in light of COVID-19 — consumers reported that their confidence continues to trend upwards when it comes to visiting a doctor and specialist, as well as scheduling a medical procedure. In fact, 66% of consumers think that clinical outcomes are more important in selecting a hospital than before the COVID outbreak. Additionally, 60% of consumers are comfortable visiting a hospital for an elective medical procedure, such as surgery or joint replacement, up from a low of 39% in June.

Moreover, consumers cite quality of care is the most important attribute when visiting their provider, with 68% of consumers more likely to choose a hospital based on the quality of care they will receive.

Consumers also feel more confident in visiting their providers versus other non-essential activities. For example, 76% of consumers are comfortable visiting their specialists’ facility tomorrow for treatment, while only 33% of consumers feel comfortable traveling via airplane, 30% feel comfortable going to a concert, and 28% attending a sporting event.

“Since Healthgrades began tracking the Patient Confidence Study in March, we have seen a significant increase in patient confidence when it comes to accessing healthcare, both in-office and in-hospital. We believe this can be attributed in part to the quality improvement initiatives hospitals have put into place so that patients are comfortable getting the care they need.”

BRAD BOWMAN, MD
Chief Medical Officer
Healthgrades
“We launched a multi-platform communications strategy that Beebe was safe and open at all our locations. It involved advertising in multiple languages, virtual town halls with the community, weekly editorials by leadership, COVID-19 e-newsletters, and multiple social media strategies to reinforce that delaying care was a dangerous choice. We also heavily promoted our new telemedicine platform to improve access to care.”

DR. DAVID A. TAM
MD, MBA, FACHE, President & CEO, Beebe Healthcare

Clinical leadership builds confidence

National leaders in clinical care shared their thoughts with Healthgrades about the challenges and opportunities for creating a safe return of quality care to elective care.

“We have playbooks we’ve created for all our facilities, about how we’re going to ramp up capacity. We want to always be able to provide great access for our patients. We want to protect the ability to provide the care people need, in addition to the COVID care.”

Brian Gragnolati
President & CEO, Atlantic Health System, Morristown, NJ

“Local and national data showed that patients were not going to the Emergency Department in the same numbers as they were before COVID-19. We also noted increases in out-of-hospital emergency runs for our ambulance service. Concerned that delaying care negatively affected outcomes, we launched Public Service Announcements and weekly updates on the hospital’s Facebook page to highlight safety precautions put in place at Enloe, and the importance of seeking needed care. For example, an Emergency Department physician took viewers on a tour of the respiratory area of the Emergency Department to highlight the safety measures in place to ensure patient, visitor, and caregiver protection.”

Dr. Marcia Nelson
CMO, Enloe Medical Center, Chico, CA
The continuing importance of quality

For years, quality was the responsibility of hospitals and providers. Patients now have become much more active participants in their health, and have an increased knowledge about hospital quality, how it can impact their care, and the need for transparency. Healthgrades encourages patients to become more invested in their own outcomes by being more aware of their risks, how those risks can impact their outcomes and how they can mitigate some of those risks.

Similarly, hospitals and health systems also know that in the current environment, a continued focus on quality and quality improvement is more critical than ever. When we asked about the impact of these unprecedented times on quality improvement initiatives, hospital executives and clinical leaders resoundingly emphasized their continuous commitment to quality improvement and delivering the highest quality care to their patients.

“Our continuous focus on quality improvement has not changed throughout this pandemic. Quality improvement initiatives continue to revolve around reducing the risks of harm and achieving a high-quality outcome for all of our patients every day.”

Dr. Philip Falcone
Medical Director of Quality, St. Joseph’s Health, Syracuse, NY

“Certainly the cadence of our meetings was slowed and some projects were held or delayed, given the all hands on deck approach needed to prepare for the initial wave of patients. However, quality assurance and performance improvement is a never ending process and our team has worked diligently to continue the necessary work throughout the spring and summer.”

Dr. David Custodio
President, Summa Health System, Akron, OH
About Healthgrades

Healthgrades is dedicated to empowering stronger and more meaningful connections between patients and their healthcare providers. At Healthgrades, we help millions of consumers each month find and schedule appointments with their provider of choice. With our scheduling solutions and advanced analytics applications, we help our health system and life sciences clients cultivate new patient relationships, improve patient access, and build customer loyalty.

At Healthgrades, better health gets a head start.

For detailed information regarding our methodology, data sources, inclusion and exclusion criteria, risk-adjustment models, model statistics, and odds ratios, read Healthgrades Mortality and Complications Outcomes 2021 Methodology.

For more information about partnering with Healthgrades to elevate and promote hospital quality, please contact:

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