

Monroe County (Rochester, New York): A Baseline Statistical Profile

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A. Overview

Significant progress has been made in measuring hospital quality and standardizing reporting. However, the measurement of disparities in hospital quality among racial/ethnic groups is far less developed. Hospital quality and disparities in care are complex issues not easily summarized by a few numbers. The care that a hospital provides is a reflection of the demographic characteristics, health status, and resources of the area it serves as well as its own internal capacities. In addition, administrative personnel, health professionals and other staff can influence hospital quality.

As a step toward improving our capacity to measure and ultimately reduce racial and ethnic disparities in health care, we examined data from national, publicly available sources to develop a statistical profile of 22 regions across the United States that participate in the Robert Wood Johnson's Regional Quality Strategy initiative. A region may be a state, a metropolitan area or some other multi-county area. In this report, we present six tables on Monroe County and its health care system, and compare these to U.S. statistics: (1) population; (2) health status; (3) health care capacity; (4) regional hospital quality of care; (5) hospital quality measures; and (6) hospital operational and financial characteristics. We highlight the findings from each of these tables in the accompanying narrative.

B. Data Findings¹

1. Population

We compared Monroe County, New York's demographic profile to that of the U.S. for the years 2000 and 2006 (Table 1). Monroe County's overall population growth was negligible between these years (-0.6%), while the U.S. population grew 6.4 percent. Like the U.S., Monroe County was becoming more racially and ethnically diverse, but not at the same pace as the nation. Since 2000, Monroe County experienced a smaller rate of growth in Hispanic (6.4% vs. 25.3%), as well as foreign-born population (4.9% vs. 20.7%), and negative growth in the population that speaks a language other than English at home (-6.2% vs. 16.8%). In 2006, Hispanics comprised only 5.7 percent of the population in Monroe County compared to nearly three times that proportion nationally (14.8%). Monroe County had a higher proportion of whites (80.6% vs. 74% in 2006) and blacks compared to the U.S. population as a whole (14.4% vs. 12.4%).

Monroe County had a slightly older median age than the U.S. (37.5 vs. 36.4) and saw a 9.6 percent decline in the population that was under the age of five, while this age group grew by 6.4 percent nationally. Monroe County also had a higher rate of disability (19.4% vs. 15.1%), which declined between 2000 and 2006 at a rate comparable to the nation (17.4% vs. 17.1%).

Monroe County had a more highly educated population than the nation as a whole but was less well off financially. Median family income grew 8.1 percent between 2000 and 2006, while increasing 17 percent nationally. The poverty rates were identical with the U.S. in 2006 (13.3%).

¹ See *Appendix B: Data Sources and Calculations* for more detailed information about data described in this statistical profile.

2. Health Status

The health status of people in Monroe County paralleled the U.S. on such indicators as proportion reporting fair or poor health status, overall infant mortality, cancer and stroke death rates (Table 2). Again, however, there were notable differences: in particular, higher proportions of the population with asthma (12.5% vs 8.5%) or diabetes (10.6% vs. 7.5%) compared to the United States. Rates of smoking and obesity were modestly lower than the nation.

Age-adjusted death rates by race/ethnicity demonstrated notable differences. The black/white infant mortality ratio was slightly higher than the U.S. rate (2.65 vs.2.49), and stroke rates were higher than the U.S. for blacks, whites and overall. Hispanic cancer death rates were higher than the national average. Overall death rates were comparatively lower than the nation, with the exception of Hispanics, whose rate paralleled the U.S..

3. Health Care Capacity

Health care capacity, as measured by the rate of health professionals /10,000 population and hospital/health center rates differed substantially when compared with the U.S. (Table 3). The regional rate of non-federal MDs per 10,000 residents in 2006 was significantly higher than the national rate (49.4 vs. 29.2). There also were more than three times as many specialty care physicians as primary care physicians in Monroe County. Finally, the registered nurse rate was also higher, as was the LPN and LVN rates.

4. Regional Hospital Quality of Care

As a region, Monroe County hospitals equaled or exceeded the U.S. hospital average on 19 of 21 CMS Hospital Compare quality measures for acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN) and surgical infection prevention (SIP) (Table 4)². On several indicators, Monroe County hospitals performed substantially better than hospitals nationally. Examples include HF patients given an evaluation of left ventricular function (96% vs. 83%) and PN patients given smoking cessation advice/counseling (93% vs. 83%). Monroe County hospitals fell slightly below the national average for PN patients who were assessed and given pneumococcal vaccinations (68% vs. 73%).

The region's hospital performance was lowest (but still better) on the same indicators on which hospitals, nationally, scored lowest. These included AMI patients given PCI within 90 minutes of arrival (66% vs. 58%), and HF patients given discharge instructions (77% vs. 65%).

5. Hospital Quality Measures

Hospitals in Monroe County were profiled individually on their performance on CMS Hospital Compare measures for AMI, HF, PN and SIP, with details presented in Table 5. (Caution is

² No hospitals in Monroe County provided information on Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes of Arrival.

advised in interpreting a hospital's performance on specific measures based on small sample sizes.)

A review of performance on 21³ measures of quality for five hospitals⁴ in Monroe County focused on two primary patterns: (1) hospitals that scored well (90% or higher) on quality indicators across major conditions (AMI, HF, PN, SIP); and (2) hospitals with a mix of high and low scores across conditions.

Hospitals with higher scores. Rochester General Hospital, which had the second largest number of discharges for the region (28,817), achieved scores greater than 90 percent for 17 of the 21 hospital quality measures examined. In fact, Rochester General achieved 99 percent or better on seven measures of the hospital quality measures examined and was the only hospital to achieve a score greater than 90 percent for pneumonia patients given the most appropriate initial antibiotic (94%) and surgery patients whose preventative antibiotic(s) were stopped within 24 hours after surgery (96%). It was also the only hospital to score 90 percent or better on all SIP measures examined. United Memorial Medical Center achieved relatively high quality scores as well, obtaining 90 percent or better for 13 of the 21 measures.

Hospitals with mixed scores. Both Strong Memorial and Highland Hospitals had scores lower than 80 percent for seven of the 21 quality measures examined. Strong Memorial's low scores were concentrated for PN, as the hospital failed to achieve a score of 80 percent or higher for four of the seven quality measures specific to that condition. Highland's low scores were more diffuse, as the hospital scored lower than 80 percent for two of the four HF measures and two of the three SIP measures. Lakeside Hospital scored less than 80 percent for eight of the 21 quality measures but also had smaller sample sizes which can limit interpretation.

Although these hospitals had lower scores across a number of conditions, many excelled for a particular condition or measure. For example, Strong Memorial Hospital scored equal to or above 90 percent for six of the seven AMI quality measures and 90 percent or higher for 10 of the 21 quality measures examined overall. Highland Hospital also scored 90 percent or higher for 10 of the 21 quality measures. Lakeside was the only hospital in Monroe County to score above 90 percent for Heart Failure Patients Given Discharge Instructions.

6. Hospital Operational and Financial Characteristics

Hospitals were also profiled on their operational and financial characteristics to provide context about their performance on quality, with details presented in Table 6. Many characteristics may influence a hospital's performance on the measures of quality examined. Table 6 presents a select set of operational and financial indicators that are likely to affect or relate to hospital quality and for which there are standard measures uniformly reported. Key characteristics of hospitals Monroe County are described below.

³ No hospitals in Monroe County provided information on Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes of Arrival.

⁴ Monroe Community Hospital was excluded from the hospital profile on quality performance, because results were not available for the majority of the 22 quality measures examined.

Ownership and teaching status. Half of the hospitals profiled in Monroe County are not for profit facilities, while Lakeside Hospital, Monroe Community Hospital, and United Memorial Medical Center are all government owned. All three of these government-owned facilities are teaching hospitals, with Lakeside having minor teaching status and Monroe Community and United Memorial claiming major teaching status.

Bed size and occupancy rate. In 2005, the size of the six Monroe County short term general hospitals ranged from over 700 beds at Strong Memorial Hospital to 61 beds at Lakeside Hospital. The average bed size for the region was 367. Hospital occupancy rates also varied considerably. Monroe Community Hospital reported the highest occupancy rate (95.5%), while Lakeside Hospital (63.4%) and United Memorial Medical Center (62.3%) reported the lowest rates. The average occupancy rate for the region was 81.1 percent.

Case mix index. The Medicare case mix index (CMI) is an indicator of the complexity of care a hospital provides to its Medicare patients relative to the national average (defined as 1.0) for all Medicare hospital patients. For all of the region's hospital, the CMI was greater than 1.0. Strong Memorial Hospital had the highest case mix index (2.01), while only one other hospital, Rochester General (1.74), exceeded the regional average of (1.49). Lakeside Memorial had the lowest CMI (1.09) and also achieved some of the lowest averages for quality indicators.

Nursing. Despite a lack of national nursing quality indicators or benchmarks, nursing skill mix and nursing intensity are two measures for which higher levels are associated with better patient outcomes and higher patient satisfaction, respectively.⁵ Nursing skill mix is defined as the percentage of registered nurses (RNs) to all nursing personnel (including LPNs and unlicensed assistive personnel). Nursing intensity refers to all nursing personnel hours per patient day. These and other types of hospital nursing data must be interpreted in the context of the CMI, since it indicates a greater need for skilled and total nursing care. A number of other factors may also affect a hospital's nursing skill mix and intensity, including occupancy rates, patient turnover (number of admissions or discharges in a specific time period), type of facility (community vs. teaching) and length of stay.

On nursing skill mix, the regional average for hospitals in Monroe County paralleled that of the national average at 90 percent, while the region's hospitals were slightly above the national average for nursing intensity (11.54 hours vs. 10.25 hours). Strong Memorial Hospital had the highest skill mix with 94 percent, while Rochester General Hospital was the only hospital in the region with a nursing skill mix lower than the national average (85% vs. 90%). Nursing intensity varied across the region's hospitals. Highland Hospital had the highest nursing intensity with 12.73 hours in direct nursing care per patient day (CMI 1.48), while Lakeside Hospital had the lowest nursing intensity with 9.95 hours and the lowest CMI in the region (1.09). Nurse staffing information was not available for Monroe Community Hospital or United Memorial Medical Center.

⁵ See *Appendix B: Data Sources and Calculations* for references and other nurse staffing statistics not presented in Table 6.

Revenues. Monroe Community Hospital derived 100 percent of its patient revenues from Medicare in 2005, while United Memorial Medical Center and Lakeside Hospital derived more than one third of their patient revenues from Medicare. Strong Memorial Hospital derived the highest proportion of its revenues from Medicaid (11%) and was the hospital with the largest operating revenue in the region (\$731.2 million). Rochester General Hospital also reported relatively high operating revenue (\$474.2 million), while the remainder of hospitals in the region reported operating revenues of about \$50 million or less.

Financial Ratios.⁶ Two financial ratios, profitability and leverage, are most directly related to the financial resources a hospital has available to invest in quality improvement efforts. Profitability is the difference between total revenue (sum of operating and non-operating revenue) and total expenses, divided by total revenue. Profit margins for U.S. hospitals in 2005 ranged from 15.5 percent (top 10%) to -6.5 percent (bottom 10%). Leverage is the ratio of long-term debt to net fixed assets. The higher this ratio becomes, the less of its fixed assets a hospital owns, or the more “highly leveraged” it is and the more difficult it is to borrow additional money. Among U.S. hospitals, the leverage ratio in 2005 ranged from 0.03 (top 10%) to 1.77 (bottom 10%).

Table 6 shows how the region’s hospitals rank on these financial ratios relative to all U.S. hospitals. A hospital in the top 10 percent is shown with a rank of one (most favorable). A hospital with a ratio in the bottom 10 percent of hospitals nationally is shown with a rank of 10. Hospitals in Monroe County fared poorly compared to all U.S. hospitals for both profitability and leverage. On profitability, no hospital in Monroe County achieved a financial ratio that put it in the top 50 percent of U.S. hospitals, while Lakeside Memorial and Monroe Community Hospital fell within the tenth decile. On leverage, all hospitals in Monroe County fell within the seventh decile or lower, while three hospitals fell in the ninth decile. Lakeside hospital, which generally achieved lower scores for hospital quality measures, and Monroe Community Hospital, which derived 100 percent of its patient revenues from Medicare, obtained the least favorable financial rankings.

⁶ See *Appendix A: Confidence Intervals and Additional Measures* for information on two additional financial ratios, liquidity and efficiency, for individual hospitals.

Region: Monroe County, NY
Table 1: Population

Population ¹	Monroe County, NY					United States				
	2006		2000		% Change	2006		2000		% Change
	N	Percent	N	Percent		N	Percent	N	Percent	
Total Population	730,807	100.0%	735,343	100.0%	-0.6%	299,398,485	100.0%	281,421,906	100.0%	6.4%
Race/Ethnicity										
White ²	579,045	80.6%	581,961	79.1%	-0.5%	221,331,507	73.9%	211,460,626	75.1%	4.7%
Black or African American ²	103,398	14.4%	101,078	13.7%	2.3%	37,051,483	12.4%	34,658,190	12.3%	6.9%
Hispanic or Latino (of any race) ³	41,580	5.7%	39,065	5.3%	6.4%	44,252,278	14.8%	35,305,818	12.5%	25.3%
Asian ²	21,349	3.0%	17,922	2.4%	19.1%	13,100,095	4.4%	10,242,998	3.6%	27.9%
American Indian and Alaska Native ²	1,770	0.2%	1,950	3.0%	-9.2%	2,369,431	0.8%	2,475,956	0.9%	-4.3%
Native Hawaiian and Other Pac. Is. ²	122	(x)	220	(X)	-44.5%	426,194	0.1%	398,835	0.1%	6.9%
Gender										
Male	354,217	48.5%	354,327	48.2%	(x)	147,434,940	49.2%	138,053,563	49.1%	6.8%
Female	376,590	51.5%	381,016	51.8%	-1.2%	151,963,545	50.8%	143,368,343	50.9%	6.0%
Age										
Median age	37.5	(n/a)	36.1	(n/a)	3.9%	36.4	(n/a)	35.3	(n/a)	3.1%
Pop. under 5	42,376	5.8%	46,977	6.4%	-9.8%	20,385,773	6.8%	19,175,708	6.8%	6.3%
Pop. 18 years and older	560,267	76.7%	574,087	74.4%	-2.4%	225,633,342	75.4%	209,128,094	74.3%	7.9%
Pop. 65 years and older	97,102	13.3%	95,779	13.0%	1.4%	37,191,004	12.4%	34,991,753	12.4%	6.3%
Cultural										
Foreign born	56,393	7.7%	53,743	7.3%	4.9%	37,547,789	12.5%	31,107,889	11.1%	20.7%
Other language spoke at home (age 5 and older)	78,459	11.4%	83,632	12.1%	-6.2%	54,858,424	19.7%	46,951,595	17.9%	16.8%
Economic/Education										
Per capita income ⁴	\$ 24,663	(n/a)	\$ 22,821	(n/a)	8.1%	\$ 25,267	(n/a)	\$ 21,587	(n/a)	17.0%
Median family income ⁴	\$ 46,412	(n/a)	\$ 55,900	(n/a)	-17.0%	\$ 58,526	(n/a)	\$ 50,046	(n/a)	16.9%
% Pop. living below poverty	(n/a)	13.3%	(n/a)	11.2%	18.8%	(n/a)	13.3%	(n/a)	12.4%	7.3%
% Pop. 25 and older w/ H.S. diploma/GED or higher	(n/a)	88.2%	(n/a)	84.9%	3.9%	(n/a)	84.1%	(n/a)	80.4%	4.5%
% Pop. 25 and older w/ Bachelor's Degree or higher	(n/a)	32.5%	(n/a)	31.2%	4.2%	(n/a)	27.0%	(n/a)	24.4%	10.7%
Disability status (age 5 and older)	98,750	14.5%	119,598	17.6%	-17.4%	41,259,809	15.1%	49,746,248	19.3%	-17.1%

Notes:

1. U.S. Bureau of the Census, 2006 American Community Survey, 2000 Census.
 2. Includes persons reporting only one race.
 3. Hispanics may be of any race and are included in multiple race categories which apply.
 4. Median per capita income and median family income for 2000 are in 1999 dollars; 2006 figures are inflation-adjusted to 1999 dollars.
- (n/a): Not applicable or not available.
(x): Insufficient numbers for an estimate.

Region: Monroe County, NY

Table 2: Health Status

Monroe County, NY							United States					
Health Status	All	White	Black	Hispanic	Bl:Wh Ratio	Hi:Wh Ratio	All	White	Black	Hispanic	Bl:Wh Ratio	Hi:Wh Ratio
Health Status of Adults (2006)¹	%	%	%	%			%	%	%	%		
% Uninsured (18-64)	13.0%	(x)	(x)	(x)	(n/a)	(n/a)	17.0%	13.3%	20.8%	44.4%	1.56	3.34
% Fair or poor health status	15.0%	(x)	(x)	(x)	(n/a)	(n/a)	14.7%	12.9%	20.2%	20.1%	1.57	1.56
% Asthma (current)	12.5%	(x)	(x)	(x)	(n/a)	(n/a)	8.5%	8.6%	9.5%	5.8%	1.10	0.67
% Diabetes	10.6%	(x)	(x)	(x)	(n/a)	(n/a)	7.5%	7.2%	11.9%	6.3%	1.65	0.88
% Current smoker	17.6%	(x)	(x)	(x)	(n/a)	(n/a)	20.1%	19.1%	22.3%	18.8%	1.17	0.98
% Obese (BMI >= 30)	23.0%	(x)	(x)	(x)	(n/a)	(n/a)	25.1%	24.2%	36.8%	25.5%	1.52	1.05
Vital Statistics²												
Infant mortality rate per 1000 births ³	6.8	5.1	13.5	(n/a)	2.65	(n/a)	6.9	5.7	14.2	(n/a)	2.49	(n/a)
Total number of births (1999-2003)	45,586	33,947	9,838	3,780	0.29	0.11	20,155,840	15,904,740	3,028,262	4,221,029	0.19	0.27
Age-adjusted Death Rates per 100,000 pop.⁴												
Total death rate	772.3	748.5	948.7	635.9	1.27	0.85	844.1	827.5	1083.7	634.4	1.31	0.77
Cancer death rate	191.6	190.0	211.7	136.0	1.11	0.72	190.1	188.5	233.3	126.6	1.24	0.67
Heart disease death rate	205.8	203.7	201.0	177.1	0.99	0.87	232.3	228.2	300.2	173.2	1.32	0.76
Stroke death rate	56.1	53.5	79.8	25.9	1.49	0.48	53.5	51.4	74.3	40.5	1.45	0.79
Number of Deaths	N	N	N	N			N	N	N	N		
Total number of deaths	6,404	5,708	652	130	0.11	(x)	2,448,288	2,103,714	291,300	122,026	0.14	(x)
Number of cancer deaths	1,534	1,376	144	28	0.10	(x)	556,902	481,556	62,660	24,070	0.13	(x)
Number of heart disease deaths	1,750	1,610	134	29	0.08	(x)	685,089	594,842	77,372	28,298	0.13	(x)
Number of stroke deaths	485	436	46	5	0.11	(x)	157,689	134,705	18,806	6,658	0.14	(x)

Notes:

1. CDC, Behavioral Risk Factor Surveillance System, 2006.
 2. U.S. DHHS, Office on Women's Health, Quick Health Data Online, 2003.
 3. Five year average 1999-2003.
 4. Age-adjusted death rates per 100,000 pop calculated using the regional interpolated population estimate for 2003.
- (n/a): Not applicable or not available.
(x): Insufficient numbers for an estimate.

Region: Monroe County, NY
Table 3: Health Care Capacity

Health Care Capacity¹	Monroe County, NY		United States	
	Number	Rate[*]	Number	Rate[*]
Health Professionals²				
Total Non-Federal MDs (2005)	3,614	49.4	864,931	29.2
Primary Care MDs (2005) ³	812	11.1	256,771	8.7
Specialty Care MDs (2005) ⁴	2,802	38.3	608,160	20.5
Total Active Dentists (1998)	524	7.1	141,859	5.2
Registered Nurses (2000)	6,775	92.1	2,268,000	80.6
Licensed Practical and Licensed Vocational Nurses (2000)	1,930	26.2	596,355	21.2
Short Term Hospitals				
Total number of hospitals (2004)	5	(x)	4,787	(x)
Short Term General Beds (2004) ⁵	1,930	2.6	811,594	2.8
Other Facilities				
No. of Federally Qualified Health Centers (2005)	3	(x)	3,212	(x)

Notes:

1. HRSA, Area Resource Files, 2006.

2. Rates of medical and health professionals are per 10,000 population.

3. Primary Care is calculated as the sum of Office Based MDs for General Practice, General Family Practice, General Internal Medicine and General Pediatrics (this is based on ARF's definition for primary care).

4. Specialty Care is derived by taking the difference between Total MDs and number of Primary Care MDs.

5. Rate is per 1,000 population.

(n/a): Not applicable or not available.

(X): Insufficient numbers for an estimate.

* Rates were calculated by using interpolated population estimates for the year in which the data was collected.

Region: Monroe County

Table 4: Regional Hospital Quality of Care

CMS Quality Indicators ¹	Monroe County, NY			United States
	(%) Weighted Average (by Total Discharges)	Number of Valid Hospitals	Number of Sampled Patients	%
Acute Myocardial Infarction (AMI)				
Heart Attack Patients Given Aspirin at Arrival	97%	5	1,140	93%
Heart Attack Patients Given Aspirin at Discharge	98%	5	1,500	90%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	90%	5	389	84%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	95%	5	426	90%
Heart Attack Patients Given Beta Blocker at Discharge	99%	5	1,625	90%
Heart Attack Patients Given Beta Blocker at Arrival	95%	5	900	88%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	(n/a)	0	0	34%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	66%	3	159	58%
Heart Failure (HF)				
Heart Failure Patients Given Discharge Instructions	77%	5	1,542	65%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic Function	96%	6	2,243	83%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	88%	6	892	85%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	92%	5	294	85%
Pneumonia (PN)				
Pneumonia Patients Given Oxygenation Assessment	100%	6	1,515	100%
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	68%	6	1,068	73%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	93%	5	1,105	90%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	93%	5	322	83%
Pneumonia Patients Given Initial Antibiotic(s) within 4 Hours After Arrival	77%	6	1,241	81%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	86%	5	660	85%
Pneumonia Patients Assessed and Given Influenza Vaccination	79%	6	345	70%
Surgical Infection Prevention (SIP)				
Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	88%	5	3,113	81%
Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery	92%	5	1,851	90%
Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery	86%	5	2,999	76%

Notes:

1. CMS Hospital Compare, 2005.

(n/a): Not applicable or not available.

(X): Insufficient numbers for an estimate.

Region: Monroe County, NY
Table 5: Hospital Quality Measures

Hospital Name	HIGHLAND HOSPITAL		LAKESIDE HOSPITAL		MONROE COMMUNITY HOSPITAL		ROCHESTER GENERAL HOSPITAL	
	QI %	Sample Size	QI %	Sample Size	QI %	Sample Size	QI %	Sample Size
A. CMS Quality Indicators^{1, 2, 3}								
Acute Myocardial Infarction (AMI)								
Heart Attack Patients Given Aspirin at Arrival	94	64	81	27	(n/a)	(n/a)	97	546
Heart Attack Patients Given Aspirin at Discharge	96	46	73	15	(n/a)	(n/a)	99	807
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	93	15	83	6	(n/a)	(n/a)	92	204
Heart Attack Patients Given Smoking Cessation Advice/Counseling	100	5	50	2	(n/a)	(n/a)	100	228
Heart Attack Patients Given Beta Blocker at Discharge	100	54	86	14	(n/a)	(n/a)	99	895
Heart Attack Patients Given Beta Blocker at Arrival	89	63	96	27	(n/a)	(n/a)	96	425
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	(n/a)	0	(n/a)	0	(n/a)	(n/a)	(n/a)	0
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	(n/a)	0	(n/a)	0	(n/a)	(n/a)	79	84
Heart Failure (HF)								
Heart Failure Patients Given Discharge Instructions	45	168	92	49	(n/a)	(n/a)	87	782
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic Function	92	265	70	90	100	2	97	1256
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	73	82	93	14	100	1	91	506
Heart Failure Patients Given Smoking Cessation Advice/Counseling	95	39	100	6	(n/a)	(n/a)	100	152
Pneumonia (PN)								
Pneumonia Patients Given Oxygenation Assessment	100	348	100	162	100	4	100	551
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	24	252	26	110	100	4	88	397
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	91	255	95	96	(n/a)	0	95	369
Pneumonia Patients Given Smoking Cessation Advice/Counseling	94	71	95	20	(n/a)	0	100	106
Pneumonia Patients Given Initial Antibiotic(s) within 4 Hours After Arrival	75	296	80	136	100	1	81	440
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	87	156	86	63	(n/a)	0	94	186
Pneumonia Patients Assessed and Given Influenza Vaccination	38	76	56	36	100	1	95	129
Surgical Infection Prevention (SIP)								
Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	79	496	74	38	(n/a)	(n/a)	94	1519
Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery	77	488	90	10	(n/a)	(n/a)	99	501
Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery	88	480	70	33	(n/a)	(n/a)	96	1454

Notes:

1. CMS Hospital Compare, 2005.

2. Rate for each measure reflects a percentage score based on sampled cases.

3. Where the number of cases is too small (i.e., total sample is less than 25 for a condition), estimates may not be reliable for predicting hospital performance.

(n/a): Not applicable or not available.

(X): Insufficient numbers for an estimate.

Region: Monroe County, NY
Table 5: Hospital Quality Measures

Hospital Name	STRONG MEMORIAL HOSPITAL		UNITED MEMORIAL MEDICAL CENTER	
	QI %	Sample Size	QI %	Sample Size
A. CMS Quality Indicators^{1, 2, 3}				
Acute Myocardial Infarction (AMI)				
Heart Attack Patients Given Aspirin at Arrival	99	274	98	229
Heart Attack Patients Given Aspirin at Discharge	100	491	97	141
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	93	113	76	51
Heart Attack Patients Given Smoking Cessation Advice/Counseling	90	161	100	30
Heart Attack Patients Given Beta Blocker at Discharge	100	488	98	174
Heart Attack Patients Given Beta Blocker at Arrival	95	233	97	152
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	(n/a)	0	(n/a)	0
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	58	55	55	20
Heart Failure (HF)				
Heart Failure Patients Given Discharge Instructions	85	263	68	280
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic Function	98	289	96	341
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	91	159	87	130
Heart Failure Patients Given Smoking Cessation Advice/Counseling	79	42	98	55
Pneumonia (PN)				
Pneumonia Patients Given Oxygenation Assessment	100	163	100	287
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	68	78	75	227
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	89	142	97	243
Pneumonia Patients Given Smoking Cessation Advice/Counseling	84	44	98	81
Pneumonia Patients Given Initial Antibiotic(s) within 4 Hours After Arrival	71	143	85	225
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	79	95	86	160
Pneumonia Patients Assessed and Given Influenza Vaccination	79	29	92	74
Surgical Infection Prevention (SIP)				
Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	82	384	97	676
Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery	91	261	97	591
Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery	78	368	86	664

Notes:

1. CMS Hospital Compare, 2005.

2. Rate for each measure reflects a percentage score based on sampled cases.

3. Where the number of cases is too small (i.e., total sample is less than 25 for a condition), estimates may not be reliable for predicting hospital performance.

(n/a): Not applicable or not available.

(X): Insufficient numbers for an estimate.

Region: Monroe County, NY
Table 6: Hospital Operational and Financial
Characteristics

Hospital Name	HIGHLAND HOSPITAL*	LAKESIDE HOSPITAL	MONROE COMMUNITY HOSPITAL	ROCHESTER GENERAL HOSPITAL	STRONG MEMORIAL HOSPITAL*	UNITED MEMORIAL MEDICAL CENTER
A. Operational ^{1,2}						
1. Hospital Characteristics						
Ownership	Nor for Profit	Not for Profit	Government	Not for Profit	Not for Profit	Not for Profit
Teaching Status	Minor	No	No	Major	Major	No
Beds ³	238	61	571	480	723	126
Number of Discharges	14,671	2,078	15	28,817	33,233	5,434
Occupancy Rate ⁴	87.3%	63.4%	95.5%	90.6%	91.8%	62.3%
Case Mix Index ⁵	1.48	1.09	(n/a)	1.74	2.01	1.14%
% Medicare	27.0%	36.0%	100.0%	29.0%	23.0%	39.0%
% Medicaid	8.0%	(n/a)	(n/a)	7.0%	11.0%	9.0%
% Outpatient Revenue ⁶	(n/a)	58.0%	(n/a)	53.0%	41.0%	52.0%
Operating Revenue ⁷	(n/a)	27.4	51.9	474.2	743.2	51.8
2. Financial Ratios⁸						
Profitability ^{9,10}						
Decile ranking among U.S. hospitals	(n/a)	10	10	5	7	5
Leverage ^{11,12}						
Decile ranking among U.S. hospitals	(n/a)	9	9	9	7	7
B. Nursing Specific Data ¹³						

Nursing Intensity: Nursing Hours Per Patient Day	12.73	9.95	(n/a)	12.59	10.94	(n/a)
Skill mix: Percent RN to Total Nursing	92%	90%	(n/a)	85%	94%	(n/a)

Notes:

1. Thomson Healthcare Profiles of U.S. Hospitals 2007 - Reflects federal fiscal year 2004-2005 cost data available for each hospital.
 2. Based on 2005 Medicare cost reports.
 3. Average number of total facility beds in service operated by the hospital.
 4. Ratio of the hospitals average daily census to the number of beds in service.
 5. Complexity of the Medicare cases treated by a hospital relative to the complexity of the national average of all Medicare hospital cases.
 6. Ratio of outpatient gross revenue to total gross patient revenue, expressed as a percentage.
 7. Sum of net patient revenue and all other operating revenue, does not include investment income or donations (Millions).
 8. 1-10 ranked format on the basis of the decile that the indicator fell into when compared with other hospitals in a given geographical region. 1 designates the top decile rank and represents the most favorable position for a hospital.
 9. Total profit margin (difference between total revenue and total expense, divided by total revenue).
 10. Profitability Ratio for Median decile rank in U.S. is 3.93.
 11. Ratio of long-term debt to net fixed assets.
 12. Leverage ratio for Median decile rank in U.S. is 0.68.
 13. Source: 2006 American Hospital Association Annual Survey.
 14. Nurse Staffing Skill Mix (RN:LPN) The ratio expressed in FTEs of registered nurses with direct patient/resident/client care responsibilities to LPNs/LVNs and unlicensed workers.
- (n/a): Not applicable or not available.

* Hospital CMS reimbursement type: disproportionate share of low-income patients.

***This hospital did not report these indicators, but AHA estimated them. AHA estimates for non-reporting hospitals; results should be interpreted with caution.