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Avera Heart Hospital of South Dakota Named One of the Nation's Top Cardiovascular Hospitals by Solucient

Sioux Falls, SD – May 1, 2007- Avera Heart Hospital of South Dakota was named one of the nation's 100 Top Hospitals® for cardiovascular care by Solucient®, a Thomson healthcare business.

The annual Solucient award for cardiovascular services objectively measures performance on key criteria at the nation's top performing acute-care hospitals. This is the first time Avera Heart Hospital of South Dakota has been recognized with this honor. The 2006 Solucient 100 Top Hospitals: Cardiovascular Benchmarks for Success study appears in the Nov. 6 edition of *Modern Healthcare* magazine.

Among the key findings:

- If peer hospitals (non-winners) provided the same quality of cardiovascular care as the 100 Top Hospitals facilities, survival rates could increase by more than 8,000 patients each year.
- Complications of care could also decrease in peer hospitals. Approximately 575 additional patients could be complication-free.
- The average 100 Top Hospitals Cardiovascular winner meets the recommended core measures standards for 95 percent of its heart attack (acute myocardial infarction or AMI) patients, compared with 93 percent at the average peer, or non-winning, hospital. Similar differences were seen for congestive heart failure (CHF) patients. Core measures — a set of widely accepted minimum standards of care for all patients, based on scientific evidence — are used by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on

Accreditation of Healthcare Organizations (JCAHO), and approved by the National Quality Forum.

- Both medical and surgical cardiovascular patients experience markedly higher survival rates at winning hospitals. For example, winning hospitals had 21 percent fewer deaths than expected for coronary artery bypass graft (CABG) patients while peer hospitals had only 1 percent fewer deaths than expected.
- Winning hospitals performed up to 80 percent more percutaneous coronary interventions (PCIs) than their peers, and about 50 percent more CABGs. Previous research has shown that procedure volume is a critical factor in outcomes for cardiovascular patients.
- Benchmark hospitals are proving more efficient in treating cardiovascular patients. The average 100 Top Hospitals Cardiovascular winner discharges patients half a day earlier and at an average cost that is about 13 percent less than its peers.

Solucient® scored facilities in eight key performance areas: risk-adjusted medical mortality, risk-adjusted surgical mortality, risk-adjusted complications, core measures score, percentage of CABG patients with internal mammary artery use, procedure volume, severity-adjusted average length of stay, and wage- and severity-adjusted average cost.

The measures were calculated for three classes of hospitals with the following number of winners in each:

- Teaching with cardiovascular residency programs, 30 winners
- Teaching without cardiovascular residency programs, 40 winners
- Community, 30 winners

More information on this study and other 100 Top Hospitals research is available at www.100tophospitals.com.

Editors Note: Additional information can be found at www.southdakotaheart.com or at <http://www.100TopHospitals.com> under the "News/Press Room."