2024 Hospital Medicine Report Card

Reviewing HNI Healthcare's Hospital Medicine practice

2024 In-Review: HNI's Hospital Medicine Report Card

We're making healthcare work better for everyone – our impact is measured through both hard numbers and, most importantly, the patient lives we improve

$59M+
"Hard cost" waste removed from partner hospitals & healthcare system

44K
Patient days spent at home instead of in a hospital bed

Recognition for HNI & Our Partners

2 partners in Premier-Fortune's Top 15 Health Systems

Multiple partners recognized by US News

HNI CIO – 2024 ORBIE Winner

By the Numbers[2,3]

Hospital Medicine Practice Scope

75K Acute Patients Treated	**13K+** Post-acute Patients Treated
290K Acute Bed Days	**448K** Acute Encounters
0.15% Locum Tenens Utilization (as % of all shifts)	**31K** Provider Shifts (~70K+ cafeteria coffees)

Clinical Quality & Patient Safety

1.08 Acute LOSi (O/E) (0.97 when D/C to home)	**69.4%** Patients Ambulated to Home ("PATH")
11.7% 30-Day All Cause RTA	**1K+** Acute (Re-) Admissions Avoided
39K Unnecessary Hospital Bed Days Avoided	**7K+** Caregiver & Long-term Planning Discussions

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Behind the Numbers: Better for Patients & Providers

HNI creates results for patients and hospitals by aligning clinical discipline with operational efficiency

+ **$39.0M**
from IP Bed Days Avoided
(LOSi alignment)

+ **$14.2M**
from Reduced Hospital
Readmissions
(30-Day All Cause RTA)

+ **$4.1M**
from Reduced
Provider Shifts
(LOSi alignment)

+ **$2.1M**
from Locum Costs Avoided
(locum utilization rate)

= **$59.4M+**
"Hard Cost" Waste
Removed

+ **39.0K**
Hospital Days Avoided
by Controlling LOS

+ **4.9K**
Hospital Days Avoided
by Reducing RTA

= **43.9K**
Patient days at home
instead of a hospital

Footnotes:
1. VitalsMD® refers to HNI's internally-developed technology platform for clinical operations
2. Unless otherwise noted results reflect programs where HNI employed or aligned physicians are providing HM inpatient care; HNI data elements based on internal reporting
3. Savings and improvement figures are estimated by comparing HNI results to available market data
4. Improvement from expected at representative site (based on hospital / system quality reporting)
5. Pending final reporting from CMS

Sources:
1. Avg LOS – Definitive Healthcare
2. Discharge / NSOC distribution - Statista
3. RTA Rate– NCBI & Natl Readmissions Database

Provider's Perspective: Critical Feedback from HNI's Clinical Leadership

Driving continuous clinical improvement requires both celebrating successes & acknowledging opportunities to improve – critical feedback is at the heart of our practice

Recognizing Clinical Successes in 2024 (beyond the numbers):

+ Implemented GME programs at multiple sites with little / no variability to quality measures

+ Created peer- reviewed clinical guidance for in- hospital care protocols that enable appropriate "home-to-home" discharges – aligning quality, cost & efficiency

+ Exceptional results in site- specific quality measures – including Overall Mortality (61% improvement from expected) & Septic Shock Mortality (28% improvement from expected)[4]

+ Outstanding performance in BPCI-A: 7.5% estimated net savings (NPRA) across active sites[5]

+ Developed intentional post- acute quality grid based on RTA rates in preference to star ratings – informing NSOC selection & narrowing networks to highest quality

+ Expanded our digitally & clinically integrated post- acute footprint by ~25%

+ Integrated large independent physician group(s) at hospital partner request and aligned to HNI & hospital performance expectations within 30 days

+ Trained 31 physician & hospital leaders at HNI's Annual Value Based Clinical Academy

What We Need to Do Better in 2025:

+ Improve hospital inter-disciplinary collaboration around key initiatives including patient mobilization and coordinated discharge planning

+ Promote in-hospital care de-escalation when appropriate with a focus on the elderly

+ Elevate HNI's VitalsMD® data elements within inter-disciplinary teams at point of care

+ Improve patient, caregiver & case management awareness of PAC / SNF quality measures

+ Educate patients, aligned specialists and hospital leadership on value of Transitional Care visits for patient outcomes & clinical-operational performance (particularly in bundled care)

+ Identify, elevate and nurture our high potential physicians with clinical and non- clinical skills that will produce our future physician & hospital leaders