DATA ON THE EDGE

January 2026

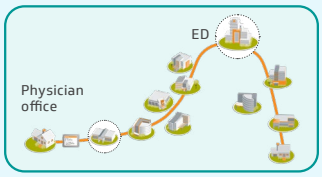
System of CARE Scorecard: Q4 2024 to Q3 2025

Our new System of CARE Scorecard, shown in Figure 1, provides important benchmarks for metrics across the care continuum. Drawing on the latest rolling four quarters of Vizient Clinical Data Base data as well as Vizient Operational Data Base and AAMC-Vizient Clinical Practice Solutions Center® data, the scorecard highlights key trends in throughput, access, quality performance and cost efficiency. Additionally, Sg2 Impact of Change® national forecasts provide forward-looking insights to help health systems anticipate demand and plan for growth. To support meaningful comparisons and peer benchmarking, specific scorecards and trends for academic medical centers (AMCs) and community hospitals (based on Vizient hospital cohort*) are shown on pages 4-15.

Figure 1. System of CARE Scorecard

New patient access by select specialty

Specialty	New patient visit median wait time (days), Q3 2024 to Q2 2025	% New patients seen within 10 days, Q3 2024 to Q2 2025
Primary care	14	44%
Orthopedics	11	56%
Neurology	54	24%
Cardiology	32	29%
Hematology/oncology	17	40%



E&M visit forecast, 2025–2035: +17%

Emergency department utilization

ED discharges and LOS	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
IP admission rate	25%	26%	4%	4%
Discharge rate	75%	74%	5%	5%
ED length of stay (hours)†	3.8	3.9	–7%	–13%

ED discharges‡	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
Emergent	66%	65%	9%	7%
Urgent	34%	35%	-1%	0%
Total	100%	100%		

ED forecast, 2025–2035: Overall = +5%; urgent = 0%; emergent = +8%

*See page 3 for definitions. †For patients discharged home only. ‡Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.

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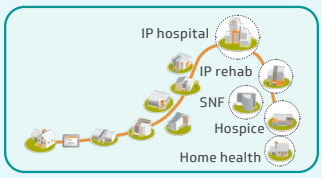
Figure 1. System of CARE Scorecard (Cont'd)

Observation services utilization

ED discharges	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
Observation length	33.4	33.8	-2.1%	-2.3%



Inpatient utilization

IP discharges	Q3 2025 distribution	Rolling four quarters distribution	2025 vs. Q3 2024 % discharge change	Rolling four quarters Q3 YoY, % discharge change
% Admitted from ED	68%	69%	4.2%	4.2%
% Not admitted from ED	32%	31%	1.3%	0.7%
IP discharges	100%	100%	3.3%	3.1%

IP utilization	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
ALOS (days)	5.4	5.5	-1.7%	-0.8%
Mortality rate	2.0%	2.2%	-8.5%	-5.2%
30-day readmission rate**	12.6%	12.4%	3.0%	2.5%
Average cost/IP stay	$10,951	$10,891	5.0%	7.5%
Average cost/IP day	$2,040	$1,992	6.8%	8.3%

Average occupancy rate	Q2 2025	Rolling four quarters	Q2 2025 vs. Q2 2024 % change	Rolling four quarters YoY, % change
General acute care units	82%	84%	-1.1%	0.3%
Intensive care untis	71%	75%	-2.8%	0.3%

IP forecast, 2025–2035: Discharges: +5%; ALOS = +5%, days: +10%

Post-acute care: IP disposition by location

Discharge disposition	% of total discharges Q3 2025	% of total discharges, rolling four quarters	2025 vs. Q3 2024 % discharge change	Rolling four quarters Q3 YoY, % discharge change
Home health	15.0%	15.1%	5.6%	4.8%
Skilled nursing facilities	10.0%	10.2%	2.6%	2.9%
IP rehab	2.8%	2.8%	3.6%	3.7%
Hospice	2.3%	2.3%	5.2%	5.8%
Total to PAC	**30.1%**	**30.4%**	**4.4%**	**4.1%**

PAC forecast, 2025–2035: +31%

**Readmission rate for Q3 2025 includes July and August 2025 only.
Note: Analysis for new patient access and average occupancy includes all age groups.
All other analysis excludes 0–17 age group. Evaluation and management (E&M) visits are defined as visits—evaluation and management, established patient visits—in person, established patient visits—virtual, new patient visits—in person, new patient visits—virtual. 30-day readmission rates include all causes for readmission. 0% indicates the forecast is flat (less than ±1%). Abbreviations: ALOS= Average length of stay; AMC = Academic medical center; CARE = Clinical alignment and resource effectiveness; ED= Emergency department; LOS= Length of stay; IP= Inpatient; PAC = Post-acute care; SNF = Skilled nursing facility; YoY = Year-over-year.
Sources: Data from AAMC-Vizient Clinical Practice Solutions Center®, Vizient Clinical Data Base and Vizient Operational Data Base, used with permission of Vizient, Inc. All rights reserved. Accessed December 2025. Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2021. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

Key takeaways

Trends across all hospitals

- Patient access remains a challenge. New patients are unable to be seen within 10 days for all of the top-volume specialties with overall evaluation and management (E&M) visits projected to grow at 17% over the next decade, highlighting the need to expand access and enhance patient experience.
- Emergency department (ED) throughput is improving, with a shorter average length of stay (ALOS) and a slight increase in inpatient (IP) admission rate at 25%, while emergent visits now make up a growing share of ED volume.
- Observation ALOS has remained stable with slight fluctuation in recent quarters, but volume is projected to grow by 12% over the next decade, indicating future pressure on short-stay capacity.
- Inpatient ALOS experienced a slight decline and 68% of admissions originate from the ED. Occupancy rates across units have declined slightly but remain high, continuing to limit flexibility for new or elective cases.
- Quality performance change is mixed given mortality is decreasing, but readmissions increased slightly while costs are increasing. Data show rising direct costs per case and per day along with a decrease in mortality rates but a slight increase in 30-day readmission rates.
- Post-acute discharges are trending upward and projected growth is substantial, underscoring the need for a strong post-acute strategy to meet rising demand.

AMC vs. community hospital comparisons

- ED ALOS remains higher at AMCs (4.5 hours) than community hospitals (3.3 hours), despite similar emergent (~66%) versus urgent profiles (~34%). Community hospitals also discharge more
- ED patients than AMCs (~80% vs. ~72%), indicating more treat-and-release and transfer volumes in nonacademic settings.
- Observation ALOS is similar across AMCs and community hospitals (33.6 vs. 32.9 hours), with recent declines. Inpatient ALOS remains higher at AMCs than community hospitals (5.8 vs. 4.6 days), reflecting greater acuity, though ALOS for both has slightly declined.
- A greater share of inpatient discharges originates from the ED in community hospitals (76%) vs. AMCs (65%), underscoring the ED's role as the primary entry point for community hospitals.
- Occupancy for general acute care remains high across both cohorts, with AMCs operating at even higher rates in intensive care units, amplifying capacity constraints as demand increases.
- Cost increases per stay and per day continue for both AMCs and community hospitals. AMC costs remain substantially higher compared to community hospitals, with 71% more per stay and 34% more per day, likely reflecting greater case complexity and resource intensity.
- Post-acute discharge patterns are similar across AMCs and community hospitals. As inpatient acuity and demand rise, stronger post-acute partnerships are essential to better align capacity with growing ED and inpatient volumes.

*Using the Vizient hospital cohort list, the AMC cohort is defined as comprehensive AMCs and large, specialized complex care medical center hospitals. The community hospital cohort is defined as complex care medical centers, community hospitals, small community hospitals and critical access hospitals.
Sources: Data from AAMC-Vizient Clinical Practice Soluions Center®, Vizient Clinical Data Base and Vizient Operational Data Base, used with permission of Vizient, Inc. All rights reserved. Accessed December 2025. Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2021. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

To speak with one of our experts about performance improvements or System of CARE strategy, email membercenter@sg2.com.

Trends: Academic medical centers

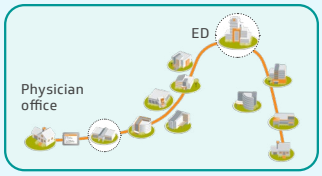
Including comprehensive academic medical center and large, specialized complex care medical center hospital cohorts*

Figure 2 shows the AMC System of CARE Scorecard, which provides important benchmarks for metrics across the care continuum. Drawing on the latest rolling four quarters of data in the Vizient Clinical Data Base as well as the Vizient Operational Data Base, the scorecard highlights key trends in throughput, access, quality performance and cost efficiency. To support meaningful comparisons and peer benchmarking, detailed trends are provided on pages 4–9.

Figure 2. System of CARE Scorecard, AMCs

Emergency department utilization, rolling four quarters, Q3 2024–Q3 2025

ED discharges and LOS	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
IP admission rate	28%	29%	4.4%	4.2%
Discharge rate	72%	71%	4.6%	4.5%
ED length of stay (hours)†	4.5	4.5	-2.2%	-9.6%



ED discharges†	Q3 2025 distribution	Rolling four quarters distribution	Q3 2025 vs. Q3 2024 % discharge change	Rolling four quarters YoY, % discharge change
Emergent	67%	66%	8.3%	7.1%
Urgent	33%	34%	-2.0%	-0.3%
Total	**100%**	**100%**		

Observation services utilization

Observation	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
Observation length of stay (hours)	33.6	34.1	-2.6%	-2.3%

Inpatient utilization

IP discharges	Q3 2025 distribution	Rolling four quarters distribution	Q3 2025 vs. Q3 2024 % discharge change	Rolling four quarters YoY, % discharge change
% Admitted from ED	65%	65%	4.4%	4.2%
% Not admitted from ED	35%	35%	2.4%	1.3%
IP discharges	100%	100%	3.7%	3.1%

IP utilization	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
ALOS (days)	5.8	5.9	-1.7%	-0.7%
Mortality rate	2.2%	2.4%	-7.5%	-4.7%
30-day readmission rate**	13.2%	13.1%	3.1%	2.6%
Average cost/IP stay	$13,264	$13,193	5.3%	7.1%
Average cost/IP day	$2,279	$2,225	7.0%	7.9%

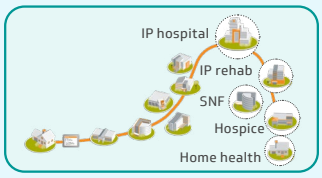
†For patients discharged home only. ‡Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.
**Readmission rate for Q3 2025 includes July and August 2025 only.

**Learn more about Vizient hospital cohort definitions.*

Figure 2. System of CARE Scorecard, AMCs (Cont'd)

Inpatient utilization (Cont'd)

Average occupancy rate	Q2 2025	Rolling four quarters	Q2 2025 vs. Q2 2024 % change	Rolling four quarters YoY, % change
General acute care units	85%	86%	-0.9%	0.7%
Intensive care units	81%	82%	-1.3%	0.6%

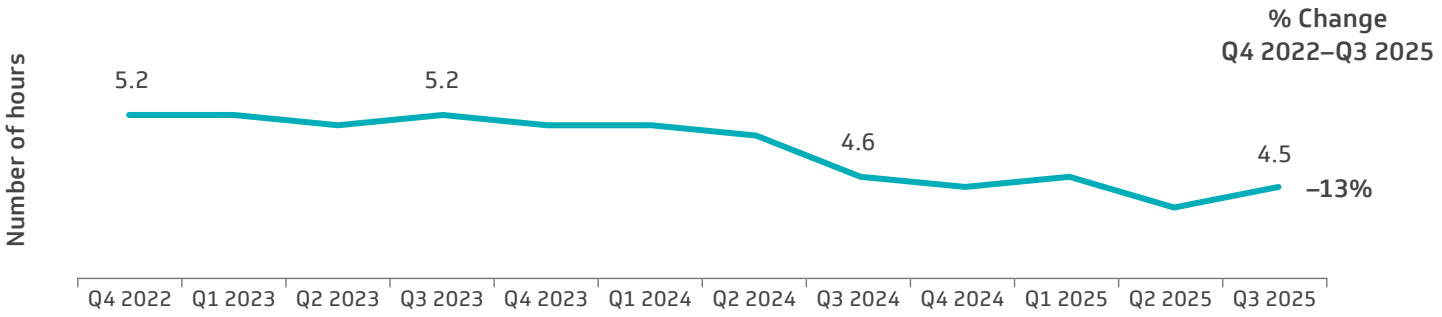


Post-acute care: IP disposition by location

Discharge disposition	% of total discharges Q3 2025	% of total discharges, rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
Home health	15.0%	15.1%	6.4%	5.1%
Skilled nursing facilities	9.5%	9.8%	3.4%	3.0%
IP rehab	3.2%	3.2%	3.5%	4.0%
Hospice	2.1%	2.2%	5.3%	5.8%
Total to PAC	**29.8%**	**30.3%**	**5.0%**	**4.3%**

Note: Analysis for average occupancy includes all age groups. All other analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission.
Sources: Data from Vizient Clinical Data Base and Vizient Operational Data Base used with permission of Vizient, Inc. All rights reserved. Accessed December 2025. Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2021. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

Figure 3. ED average length of stay*, AMCs, Q4 2022–Q3 2025

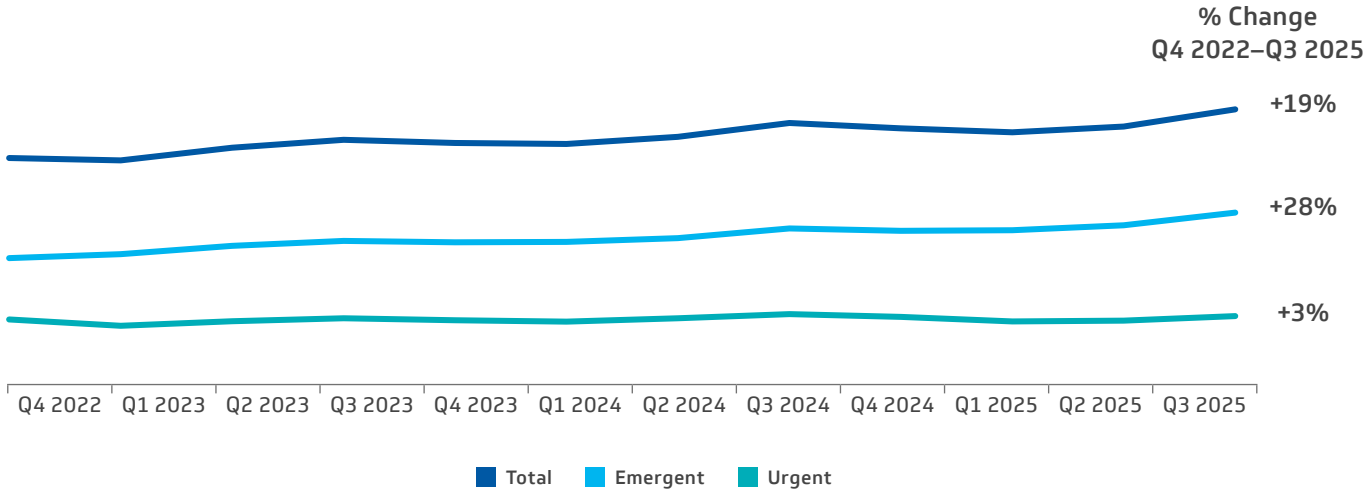


*ED patients discharged from ED only.
Note: Analysis excludes 0–17 age group. **Source:** Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- Is a decline in ED ALOS at your hospital a sign of improved efficiency or does it result from a shift in patient mix?
- As ED length of stay declines, is your capacity keeping pace with rising volumes? Are those volumes marked by a shift in patient acuity?

Figure 4. ED volume trends, AMCs, Q4 2022–Q3 2025

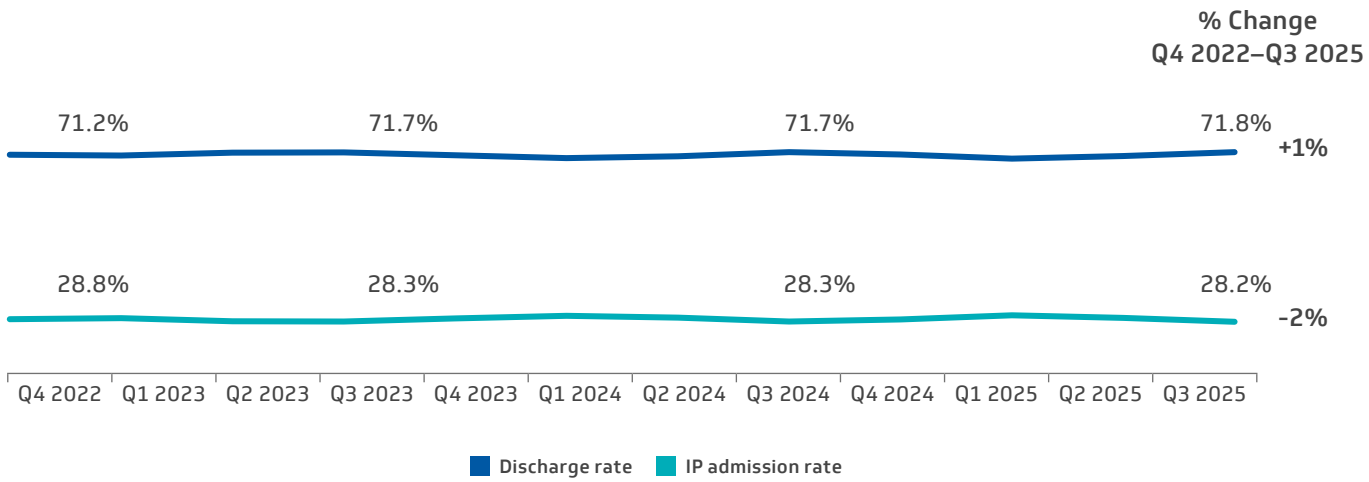


Note: Analysis excludes 0–17 age group. Emergent = CPT codes 99291, G0383 and G0384. Urgent = CPT codes G0380, G0381 and G0382.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What local and national factors are driving the shift toward higher-acuity ED visits? How can systems manage this trend as overall volumes rise?
- Is there still opportunity to reduce low-acuity ED visits by expanding access to alternative care settings?

Figure 5. ED discharge and inpatient admission trends, AMCs, Q4 2022–Q3 2025

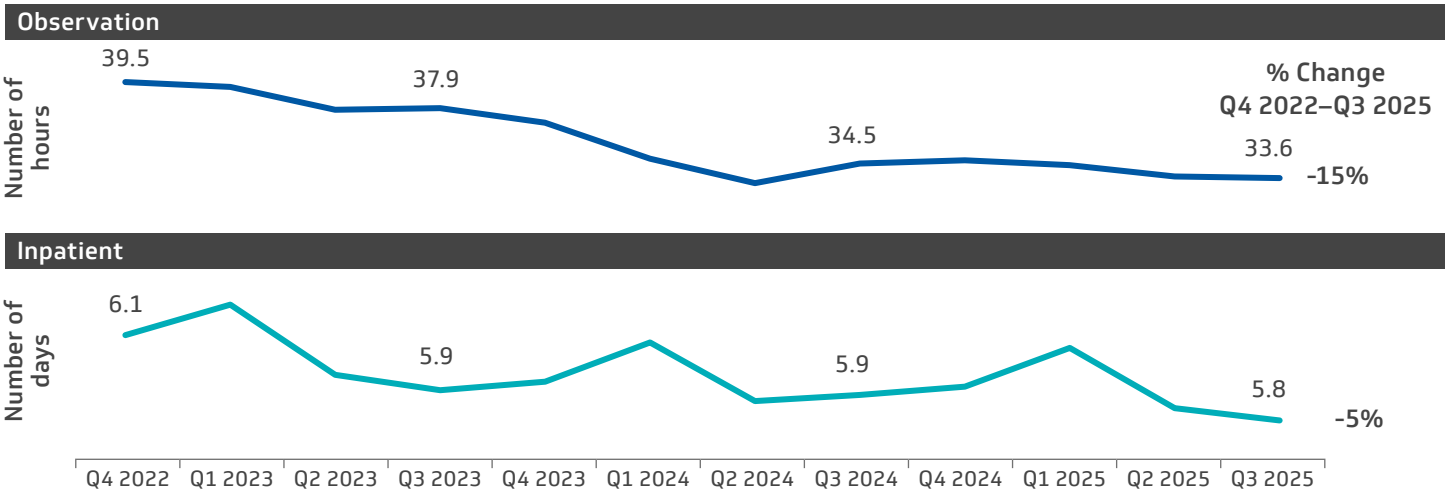


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What local factors are influencing the steady ED admission rate, despite growth in emergent volumes?
- Do current ED workflows align with the fact that most patients are discharged rather than admitted? Where is there opportunity for improvement?

Figure 6. Average length of stay, AMCs, Q4 2022–Q3 2025

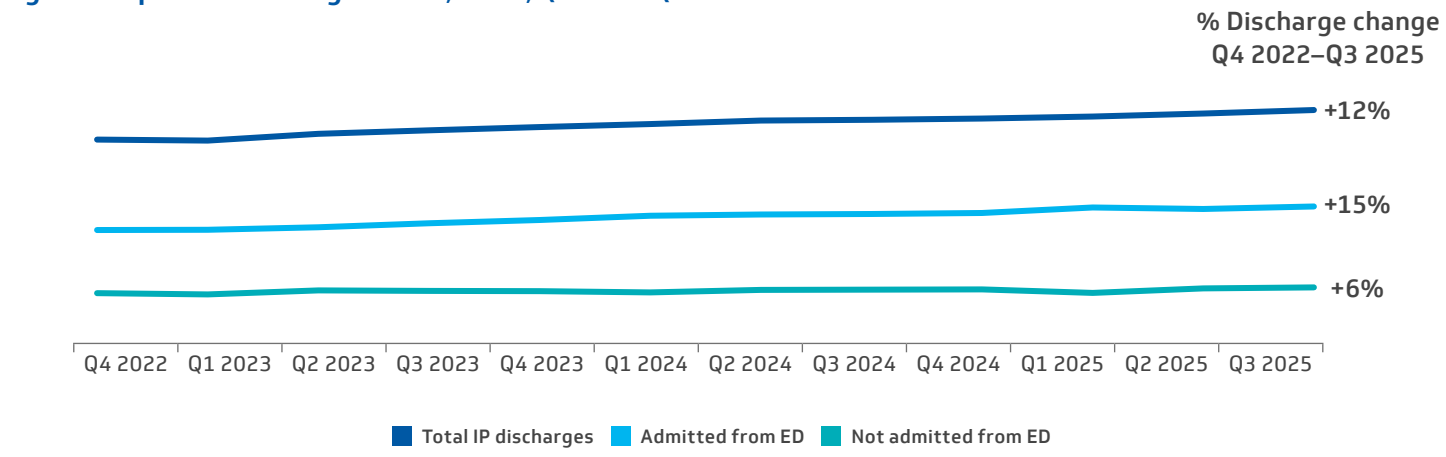


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- To what extent are length-of-stay trends driven by local payer dynamics, utilization trends or operational improvements?
- How do case mix and patient acuity influence ALOS trends? Does newly available capacity create opportunity to meet new demand or strategically grow services?

Figure 7. Inpatient discharge trends, AMCs, Q4 2022–Q3 2025

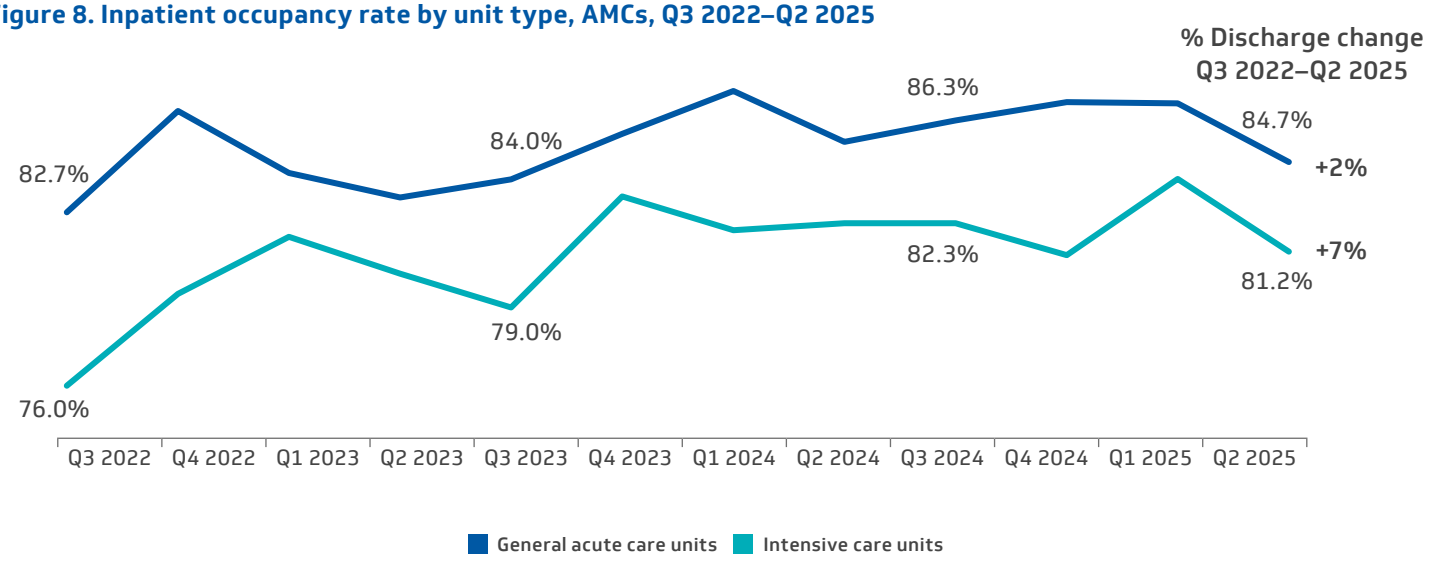


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- Is the ED increasingly serving as the default entry point for inpatient care due to access barriers elsewhere in the system? How does that influence inpatient capacity planning?
- How are hospitals adapting to a growing proportion of inpatient volumes from the ED?

Figure 8. Inpatient occupancy rate by unit type, AMCs, Q3 2022–Q2 2025



Source: Data from Vizient Operational Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What strategies are being deployed by your hospital to optimize bed utilization across inpatient unit types?
- How should hospitals rebalance inpatient capacity when unscheduled ED admissions begin to displace planned or elective care?

Figure 9. 30-day readmission rate*, AMCs Q4 2022–Q3 2025

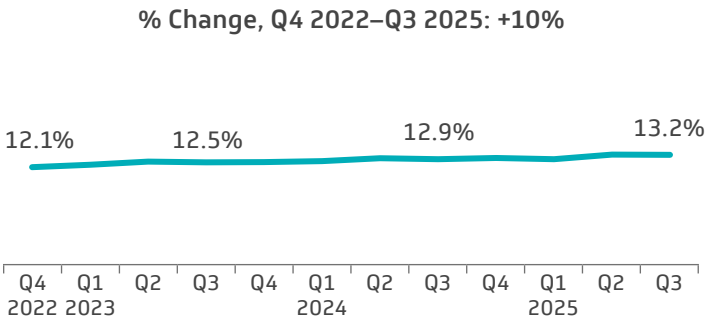
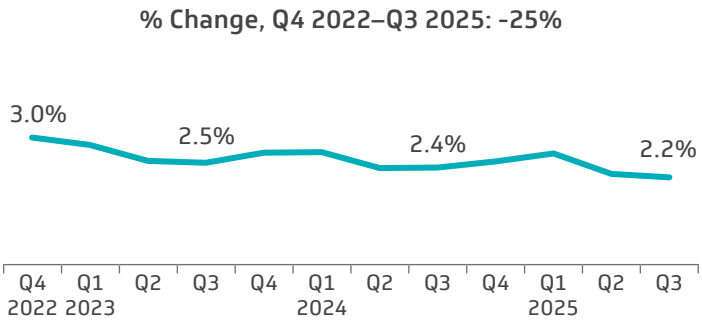


Figure 10. Mortality rate, AMCs Q4 2022–Q3 2025

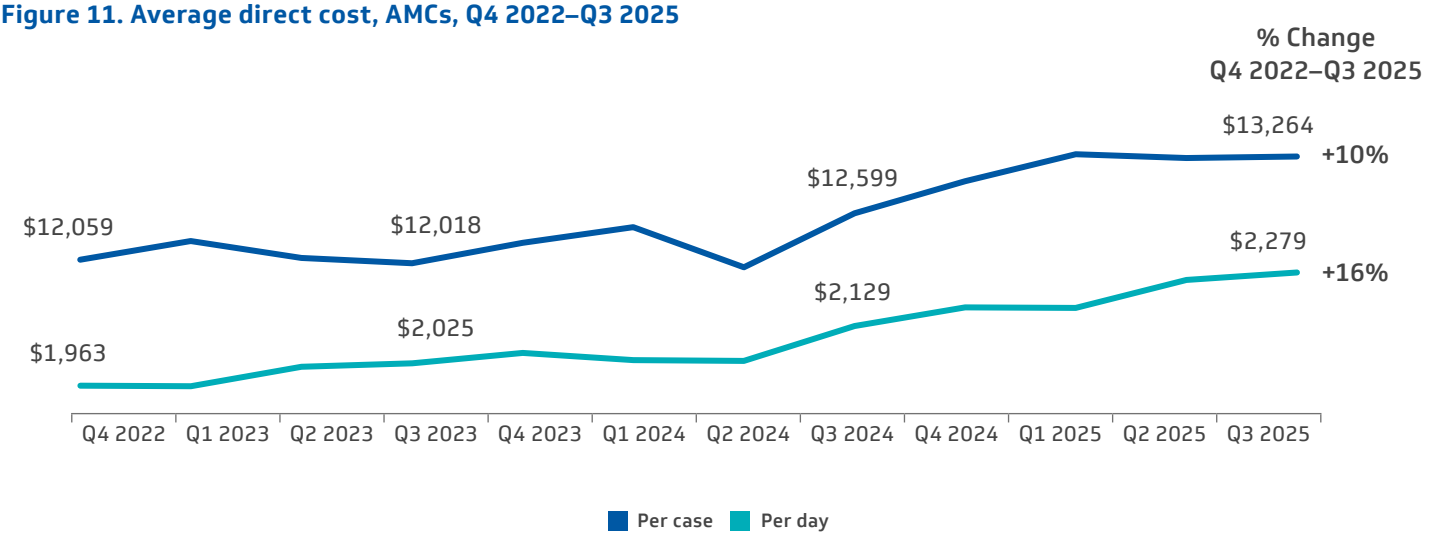


*Readmission rate for Q3 2025 includes July and August 2025 only.
Note: Analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What targeted strategies can move quality metrics from steadiness to meaningful performance improvement?
- Considering local dynamics, at what point in the care continuum, inpatient discharge or post-acute, can interventions to reduce readmissions have the greatest impact?

Figure 11. Average direct cost, AMCs, Q4 2022–Q3 2025

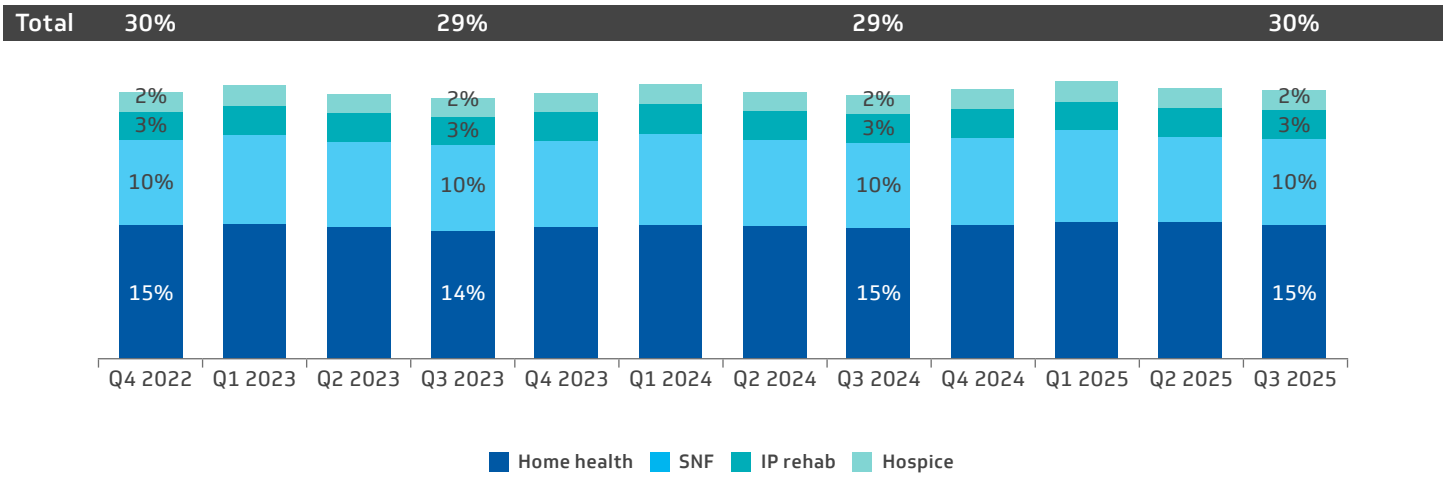


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What are the primary drivers of rising direct cost per case in your market or at your hospital?
- How can health systems redesign care delivery or resource allocation to manage increasing costs?

Figure 12. % of inpatient discharges to post-acute care, AMCs Q4 2022–Q3 2025



Note: Analysis excludes 0–17 age group. Percentages may not add to shown total value due to rounding.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- Are discharge decisions primarily driven by patient clinical needs or by the availability of post-acute care resources?
- How does your hospital strengthen partnerships across post-acute settings to better align capacity with rising inpatient and ED volume?

Trends: Community hospitals

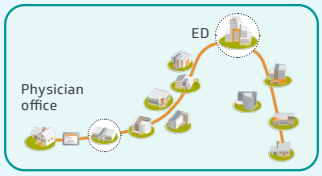
Including complex care medical center, community hospital, small community hospital and critical access hospital cohorts*

Figure 13 shows the Community Hospital System of CARE Scorecard, which provides important benchmarks for metrics across the care continuum. Drawing on the latest rolling four quarters of data in the Vizient Clinical Data Base as well as the Vizient Operational Data Base, the scorecard highlights key trends in throughput, access, quality performance and cost efficiency. To support meaningful comparisons and peer benchmarking, detailed trends are provided on pages 10-15.

Figure 13. System of CARE Scorecard, community hospitals

Emergency department utilization, rolling four quarters, Q3 2024–Q3 2025

ED discharges and LOS	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
IP admission rate	20%	21%	3.8%	4.2%
Discharge rate	80%	79%	3.8%	4.1%
ED length of stay (hours)†	3.3	3.3	-8.3%	-16.5%



ED discharges†	Q3 2025 distribution	Rolling four quarters distribution	Q3 2025 vs. Q3 2024 % discharge change	Rolling four quarters YoY, % discharge change
Emergent	66%	65%	6.9%	6.8%
Urgent	34%	35%	-1.5%	-0.7%
Total	**100%**	**100%**		

Observation services utilization

Observation	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
Observation length of stay (hours)	32.9	33.2	-1.5%	-3.0%

Inpatient utilization

IP discharges	Q3 2025 distribution	Rolling four quarters distribution	Q3 2025 vs. Q3 2024 % discharge change	Rolling four quarters YoY, % discharge change
% Admitted from ED	76%	77%	3.8%	4.2%
% Not admitted from ED	24%	23%	0.1%	-0.7%
IP discharges	100%	100%	2.9%	3.0%

IP utilization	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
ALOS (days)	4.6	4.7	-1.9%	-1.0%
Mortality rate	1.6%	1.9%	-10.6%	-6.5%
30-day readmission rate**	11.3%	11.2%	2.9%	2.6%
Average cost/IP stay	$7,773	$7,814	3.0%	7.6%
Average cost/IP day	$1,703	$1,677	5.0%	8.7%

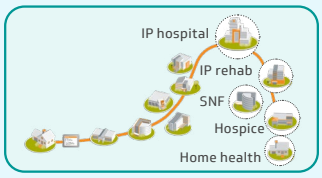
†For patients discharged home only. ‡Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.
**Readmission rate for Q3 2025 includes July and August 2025 only.

**Learn more about Vizient hospital cohort definitions.*

Figure 13. System of CARE Scorecard, community hospitals (Cont'd)

Inpatient utilization (Cont'd)

Average occupancy rate	Q2 2025	Rolling four quarters	Q2 2025 vs. Q2 2024 % change	Rolling four quarters YoY, % change
General acute care units	82%	83%	0.8%	-1.0%
Intensive care units	65%	68%	-3.1%	0.5%

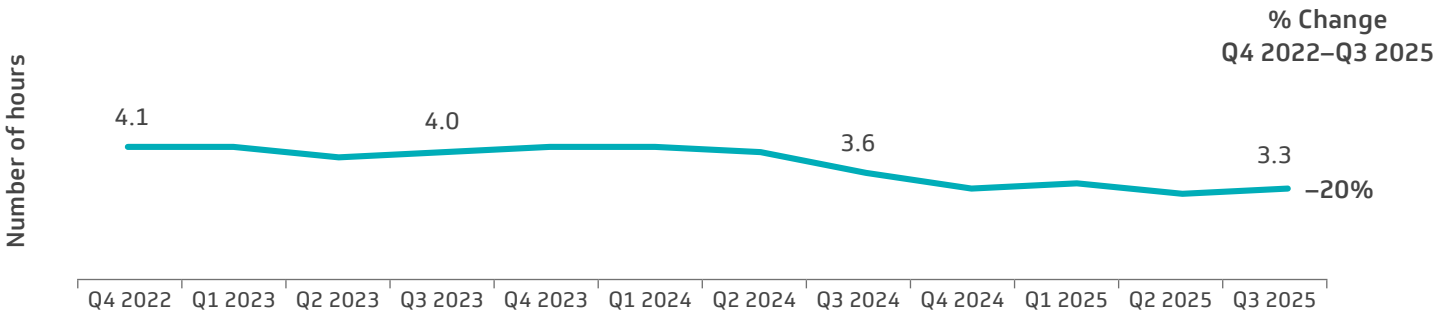


Post-acute care: IP disposition by location

Discharge disposition	% of total discharges 2025	% of total discharges Q3 rolling four quarters	Q3 2025 vs. Q3 2024 % discharge change	Rolling four quarters YoY, % discharge change
Home health	15.1%	15.4%	4.3%	4.4%
Skilled nursing facilities	11.1%	11.4%	1.5%	2.8%
IP rehab	2.1%	2.1%	4.6%	3.0%
Hospice	2.5%	2.5%	4.6%	5.3%
Total to PAC	**30.8%**	**31.4%**	**3.3%**	**3.8%**

Note: Analysis for average occupancy includes all age groups. All other analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission.
Sources: Data from Vizient Clinical Data Base and Vizient Operational Data Base used with permission of Vizient, Inc. All rights reserved. Accessed December 2025. Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2021. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

Figure 14. ED average length of stay*, community hospitals, Q4 2022–Q3 2025

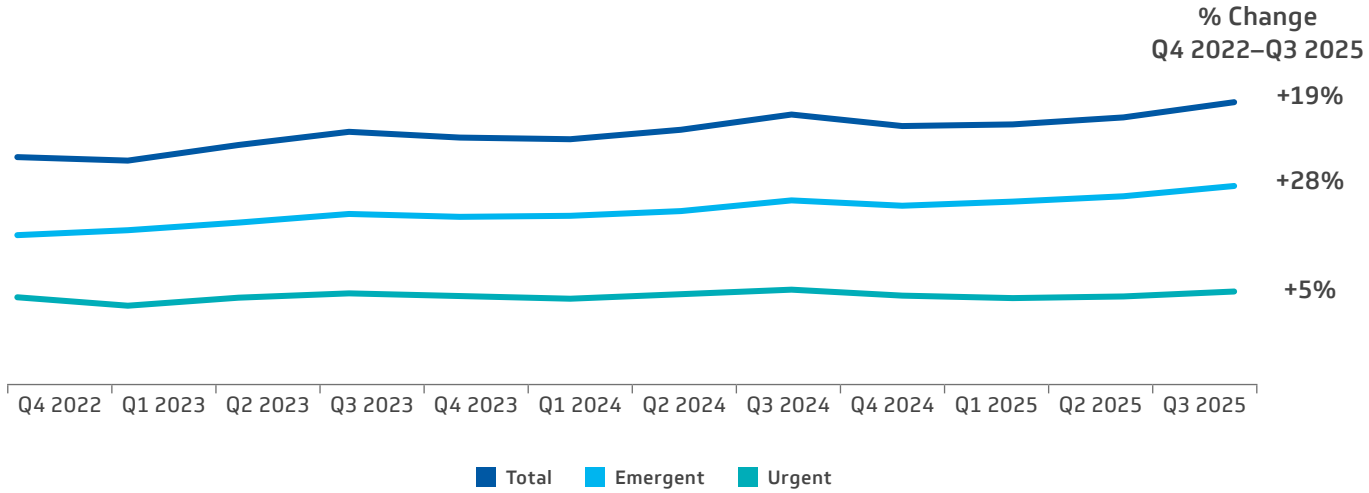


*ED patients discharged from ED only.
Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- Is a decline in ED ALOS at your hospital a sign of improved efficiency or does it result from a shift in patient mix?
- As ED length of stay declines, is your capacity keeping pace with rising volumes? Are those volumes marked by a shift in patient acuity?

Figure 15. ED volume trends, community hospitals, Q4 2022–Q3 2025

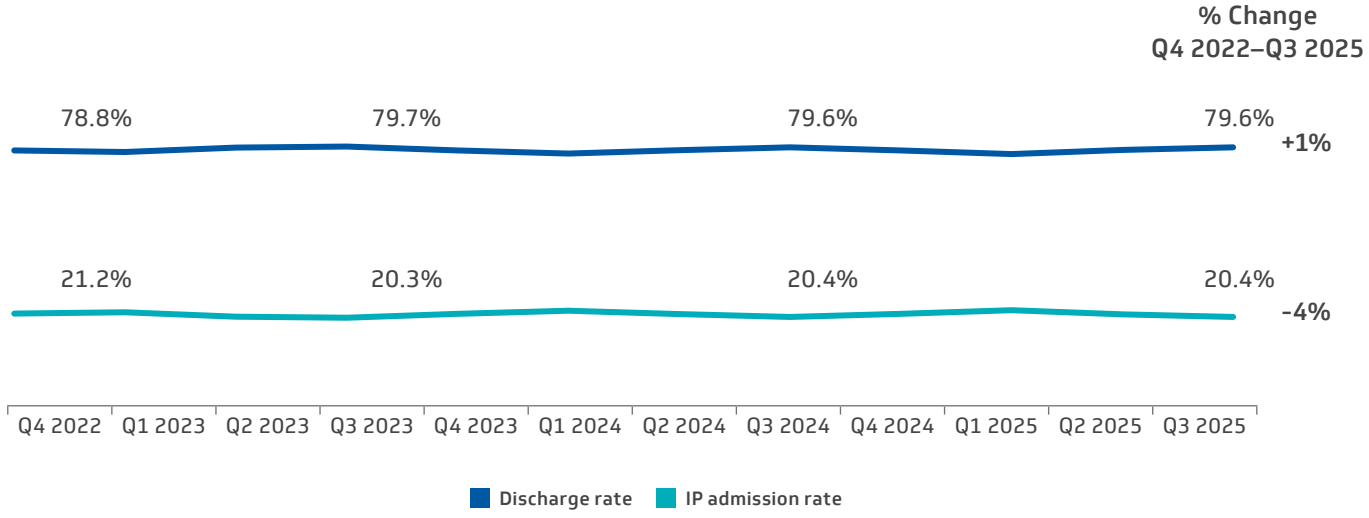


Note: Analysis excludes 0–17 age group. Emergent = CPT codes 99291, G0383 and G0384. Urgent = CPT codes G0380, G0381 and G0382.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What local and national factors are driving the shift toward higher-acuity ED visits? How can systems manage this trend as overall volumes rise?
- Is there still opportunity to reduce low-acuity ED visits by expanding access to alternative care settings?

Figure 16. ED discharge and inpatient admission trends, community hospitals, Q4 2022–Q3 2025

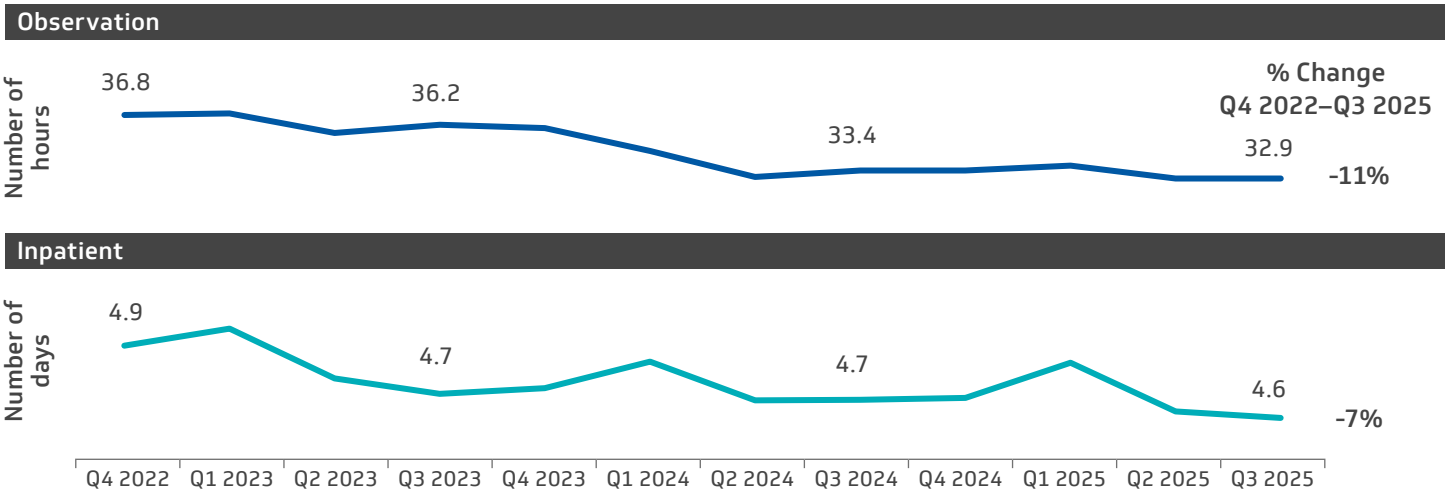


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What local factors are influencing the steady ED admission rate, despite growth in emergent volumes?
- How can ED workflows be further optimized to support safe, efficient discharges?

Figure 17. Average length of stay, community hospitals, Q4 2022–Q3 2025

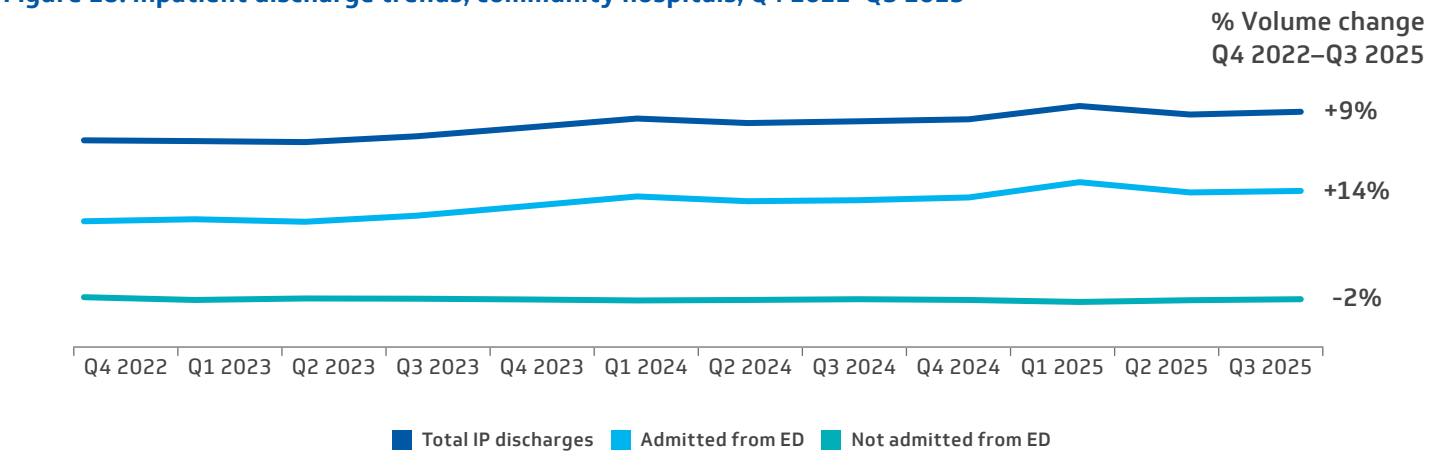


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- To what extent are length-of-stay trends driven by local payer dynamics, utilization trends or operational improvements?
- How do case mix and patient acuity influence ALOS trends? Does newly available capacity create opportunity to meet new demand or strategically grow services?

Figure 18. Inpatient discharge trends, community hospitals, Q4 2022–Q3 2025

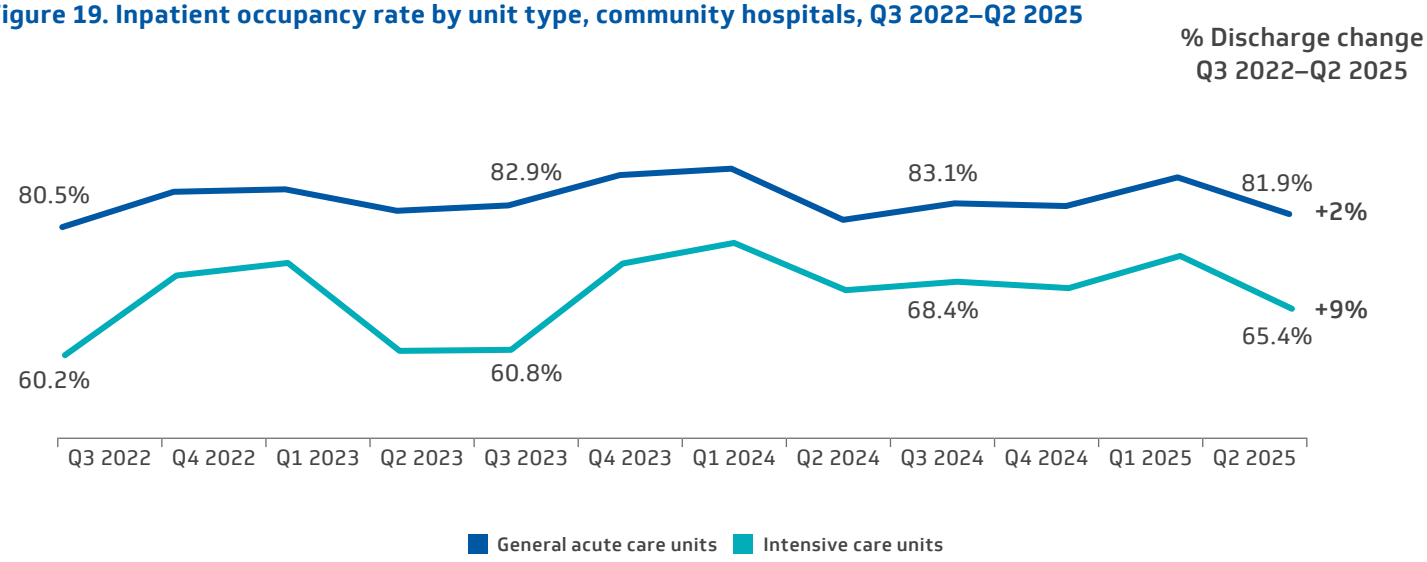


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- Is the ED increasingly serving as the default entry point for inpatient care due to access barriers elsewhere in the system? How does that influence inpatient capacity planning?
- How are hospitals adapting to a growing proportion of inpatient volumes from the ED?

Figure 19. Inpatient occupancy rate by unit type, community hospitals, Q3 2022–Q2 2025



Source: Data from Vizient Operational Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What strategies are being deployed by your hospital to optimize bed utilization across inpatient unit types?
- Are your current unit configurations aligned with evolving patterns of patient acuity and length of stay?

Figure 20. 30-day readmission rate*, community hospitals, Q4 2022–Q3 2025

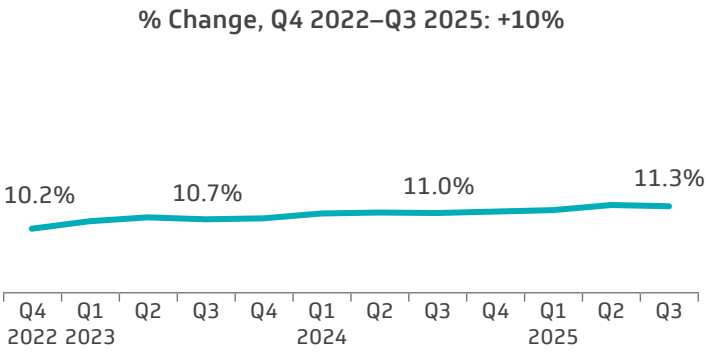
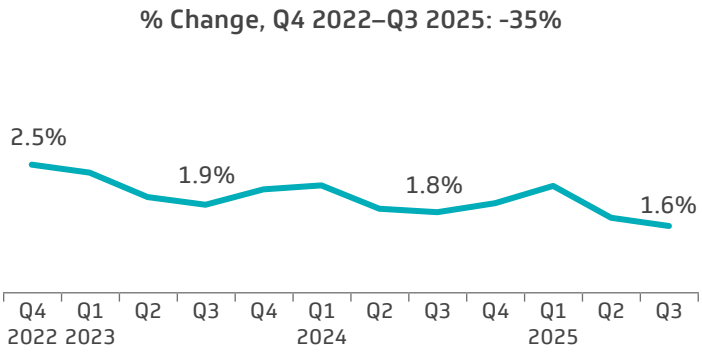


Figure 21. Mortality rate, community hospitals Q4 2022–Q3 2025

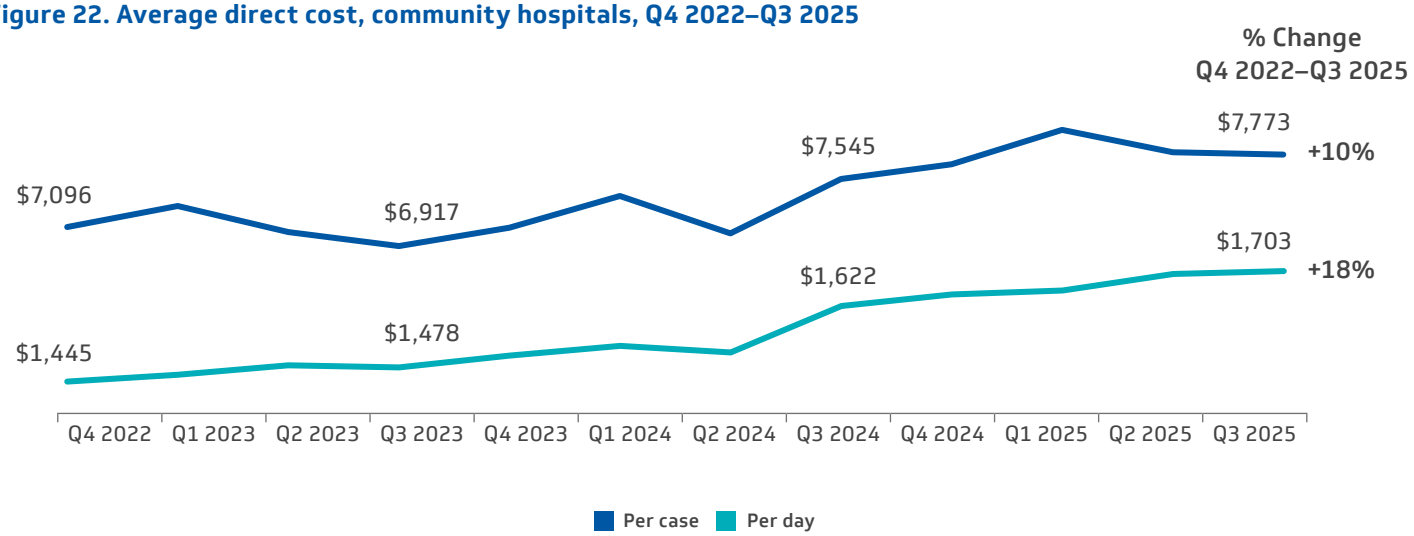


*Readmission rate for Q3 2025 includes July and August 2025 only.
Note: Analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What targeted strategies can advance meaningful performance improvement?
- Considering local dynamics, at what point in the care continuum, inpatient discharge or post-acute, can interventions to reduce readmissions have the greatest impact?

Figure 22. Average direct cost, community hospitals, Q4 2022–Q3 2025

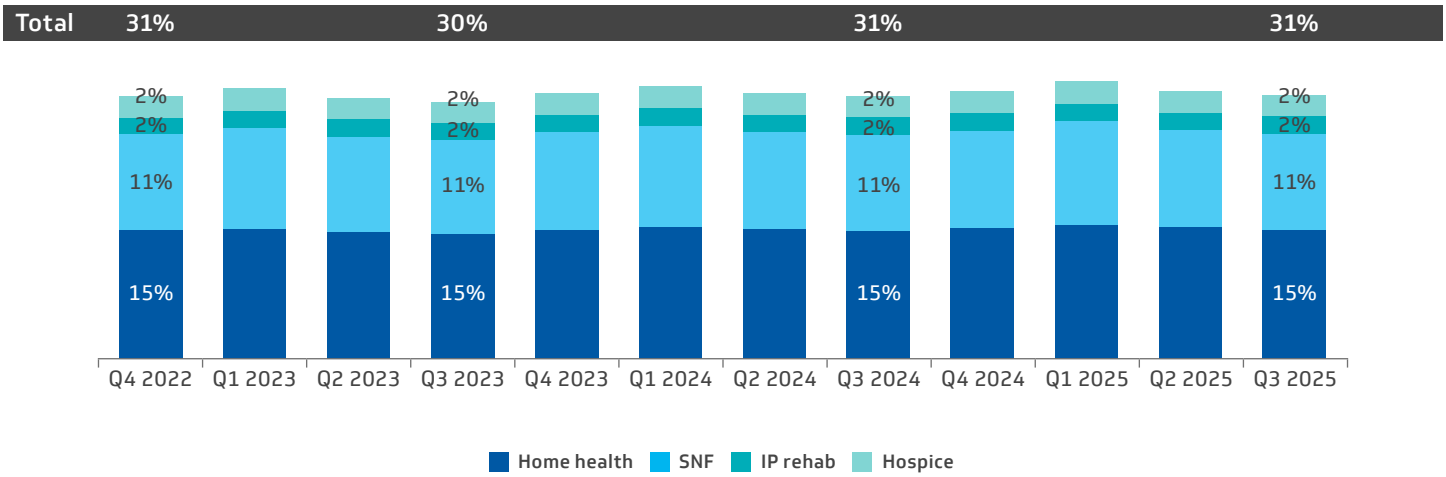


Note: Analysis excludes 0–17 age group.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- What are the primary drivers of rising direct cost per case in your market or at your hospital?
- How can health systems redesign care delivery or resource allocation to manage increasing costs?

Figure 23. % of inpatient discharges to post-acute care, community hospitals, Q4 2022–Q3 2025



Note: Analysis excludes 0–17 age group. Percentages may not add to shown total value due to rounding.
Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

- Are discharge decisions primarily driven by patient clinical needs or by the availability of post-acute care resources?
- How does your hospital strengthen partnerships across post-acute settings to better align capacity with rising inpatient and ED volume?

POWERED BY

VIZIENT DATA AND DIGITAL PLATFORM

This report's analysis leverages the following proprietary data and analytics assets.

Sg2 Intelligence is a diverse team of subject matter experts and thought leaders who represent specialties ranging from clinical service lines to enterprise strategy. The team develops strategy-specific content in the form of editorial reports, including the Data on the Edge series, and perspective-based analytics, such as the Impact of Change® forecast.

The **Vizient Clinical Data Base** is the definitive healthcare analytics platform for performance improvement. The CDB provides high-quality, accurate and transparent data on patient outcomes such as mortality, length of stay, complication and readmission rates and hospital-acquired conditions. The data enables hospitals to benchmark against peers; identify, accelerate and sustain improvements; reduce variation and expedite data collection to fulfill agency reporting requirements. Clinical benchmarking tools such as dashboards, simulation calculators and templated and customizable reports enable you to quickly identify improvement opportunities and their potential impact.

The **Sg2 Impact of Change®** model forecasts demand for healthcare services over the next decade, examining the cumulative effects and interdependencies of key impact factors driving change in utilization. Using both disease-based and DRG-based analyses, the forecast provides a comprehensive picture of how patients will access inpatient and outpatient services along the continuum of care.

The **Vizient Operational Data Base** provides hospitals with transparent, comparative insights on the operational characteristics of hospital departments to support performance improvement, budgeting and cost reduction initiatives. It includes reliable financial and operational data that help organizations make informed decisions about employee productivity, supply usage and other areas that directly impact the bottom line.

The **AAMC-Vizient Clinical Practice Solutions Center® (CPSC)**, developed by the Association of American Medical Colleges (AAMC) and Vizient, resulted from member input regarding the burdensome nature of duplicative data collection and survey activities related to provider practice patterns and performance. Designed to meet critical gaps in data management needs and provide insightful analytics, the CPSC provides physicians and medical groups with the clarity to inform and improve areas such as physician productivity, coding and compliance, charge capture, collections, denials, contract rate management, patient access and quality of care specific to physician billing activity.

The Vizient Data on the Edge series team includes Brianna Motley, Catherine Maji, Eric Lam, Beatrice Gaturu and Sg2 Creative Services.

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