

# DATA ON THE EDGE

April 2026

## SYSTEM OF CARE SCORECARD: Q1 2025 TO Q4 2025

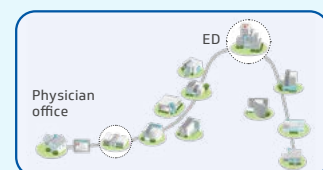
Our System of CARE Scorecard, shown in Figure 1, provides important benchmarks for metrics across the care continuum. Drawing on the latest rolling four quarters of Vizient Clinical Data Base data as well as Vizient Operational Data Base and AAMC–Vizient Clinical Practice Solutions Center® data, the 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 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), Q4 2024 to Q3 2025	% New patients seen within 10 days, Q4 2024 to Q3 2025
Primary care	23	44%
Orthopedics	12	55%
Neurology	55	23%
Cardiology	32	28%
Hematology/oncology	18	39%



### E&M visit forecast, 2025–2035: +17%

### Emergency department utilization

ED discharges and LOS	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
IP admission rate	25%	25%	4.3%	4.2%
Discharge rate	75%	75%	4.9%	5.0%
ED length of stay (hours)†	3.2	3.6	-15.2%	-13.4%

ED discharges‡	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
Emergent	67%	66%	8.8%	8.2%
Urgent	33%	34%	-2.2%	-0.7%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>4.9%</b>	<b>5.0%</b>

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

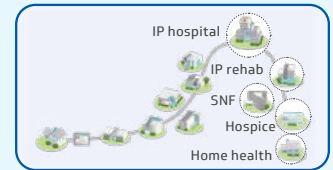
\*See page 3 for definitions. †For patients discharged home only. ‡Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382

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

**Observation services utilization**

Observation	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
Observation length	33.9	34.0	-1.8%	-1.1%



**OP visits with observation services forecast, 2025–2035: +12%**

**Inpatient utilization**

IP discharges	Q4 2025 distribution	Rolling four quarters distribution	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
% Admitted from ED	70%	70%	4.3%	4.2%
% Not admitted from ED	30%	30%	0.2%	0.5%
IP discharges	100%	100%	3.0%	3.1%

IP utilization	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
ALOS (days)	5.4	5.4	-1.5%	-1.0%
Mortality rate	2.1%	2.1%	-6.8%	-5.1%
30-day readmission rate**	12.5%	12.4%	2.7%	2.3%
Average cost/IP stay	\$10,908	\$10,757	4.4%	6.9%
Average cost/IP day	\$2,032	\$1,987	5.9%	8.0%

Average occupancy rate	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
General acute care units	83%	84%	-2.8%	-0.9%
Intensive care units	71%	74%	-2.8%	-1.5%

**IP forecast, 2025–2035: discharges: +5%, ALOS: +5%, days: +10%**

**Post-acute care: IP disposition by location**

Discharge disposition	% of total discharges Q4 2025	% of total discharges, rolling four quarters	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
Home health	15.1%	15.0%	4.6%	4.7%
Skilled nursing facilities	10.2%	10.3%	2.7%	2.8%
IP rehab	2.8%	2.8%	4.4%	3.7%
Hospice	2.4%	2.3%	5.7%	6.1%
Total to PAC	30.4%	30.4%	4.0%	4.1%

**PAC forecast, 2025–2035: +31%**

\*\*Readmission rate for Q4 2025 includes October and November 2025 only.

**Note:** The System of CARE Scorecard includes hospitals with continuous data available in the Vizient Clinical Data Base from Q1 2023 through Q4 2025. Reported results may differ from previous scorecards due to differences in the reporting time frame, which affect the number of hospitals meeting the continuous data criteria. 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; IP=inpatient; LOS=length of stay; OP=outpatient; 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 March 2026. 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, 2026.

## Key takeaways

### Trends across all hospitals

- **Patient access shapes utilization patterns.** Wait times for new patients remain elevated across all top-volume specialties. With overall E&M visits projected to grow at 17% over the next decade, expanded access strategies and alternative care models across the System of CARE are essential.
- **ED volumes continue to rise, driven by emergent visits.** Emergent visits are growing faster than urgent visits, while ED length of stay has declined significantly. This suggests improved throughput, though shifts in patient mix may also be contributing.
- **Observation ALOS declined modestly,** but volume is projected to grow by 12% over the next decade, indicating future pressure on short-stay capacity.
- **Inpatient volumes grew 3% over the past four quarters, with an increasing share of admissions coming through the ED,** reinforcing its role as the front door of the hospital. Although inpatient ALOS and occupancy rates continue to decline, persistent wait times for new-patient E&M visits suggest ongoing access barriers, highlighting the need to better understand the types of patients being admitted.
- **Quality performance is mixed,** with mortality rates continuing to improve and readmissions continuing to rise. Meanwhile, increasing direct costs per case and per day are adding pressure to maintain quality while protecting hospital margins. Although inpatient ALOS declined slightly, cost per stay and per day increased, suggesting rising care intensity and cost pressures despite shorter hospital stays.
- **Post-acute discharges are trending upward.** Planning strategies should include close collaboration with post-acute providers to ensure adequate capacity, particularly as demand increasingly originates outside the traditional inpatient discharge process and [substantial growth is projected](#) in the coming years.

### AMC vs. community hospital comparisons

- **ED volume is rising across both hospital cohorts, with faster growth at AMCs.** Emergent visits are increasing faster than urgent visits in both settings and now represent 68% of total ED volume at AMCs compared to 67% at community hospitals, reflecting rising patient acuity.
- **ED ALOS remains higher at AMCs** (4.0 hours) than community hospitals (2.4 hours). Community hospitals discharge more ED patients than AMCs (79% vs. 71%), indicating more treat-and-release and transfer volumes in nonacademic settings.
- **Observation and inpatient ALOS have declined slightly for both AMCs and community hospitals.** Observation ALOS remains slightly higher at AMCs (34.3 hours) compared to community hospitals (33.5 hours). Inpatient ALOS also remains higher at AMCs (5.8 days vs 4.6 days), reflecting greater patient acuity and case complexity.
- **Inpatient growth has been consistent** between AMCs and community hospitals, about 3% year over year. However, a greater share of inpatient discharges originates from the ED in community hospitals (78%) compared to AMCs (66%), underscoring the ED as the primary entry point for community hospitals.
- **General acute care occupancy remains high across both cohorts.** However, AMCs operate at consistently higher ICU occupancy rates than community hospitals, amplifying capacity constraints as patient acuity rises at AMCs.
- **AMCs have higher mortality rates and readmission rates** compared to community hospitals. Although mortality rates declined substantially for both cohorts, readmissions persistently increased.
- **Cost pressures continue across both hospital cohorts;** however, costs per stay and per day are rising faster at AMCs than at community hospitals. AMC costs remain substantially higher, with about 74% more per stay and nearly 37% more per day, which likely reflects 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 Solutions Center®, Vizient Clinical Data Base, and Vizient Operational Data Base, used with permission of Vizient, Inc. All rights reserved. Accessed March 2026. 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, 2026.

To speak with one of our experts about performance improvements or System of CARE strategy, email [membercenter@sg2.com](mailto:membercenter@sg2.com).

## Trends: Academic medical centers

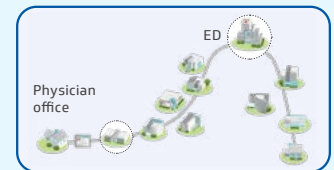
Including comprehensive academic medical center and large, specialized complex care medical center hospital cohorts\*

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

ED discharges and LOS	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
IP admission rate	29%	30%	4.1%	4.1%
Discharge rate	71%	70%	5.7%	5.3%
ED length of stay (hours) <sup>†</sup>	4.0	4.3	-10.7%	-10.0%



ED discharges <sup>†</sup>	Q4 2025 distribution	Rolling four quarters distribution	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
Emergent	68%	67%	10.1%	8.9%
Urgent	32%	33%	-2.6%	-1.4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>5.7%</b>	<b>5.3%</b>

### Observation services utilization

Observation	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
Observation length of stay (hours)	34.3	34.3	-2.2%	-0.8%

### Inpatient utilization

IP discharges	Q4 2025 distribution	Rolling four quarters distribution	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
% Admitted from ED	66%	67%	4.1%	4.1%
% Not admitted from ED	34%	33%	1.0%	1.1%
IP discharges	100%	100%	3.0%	3.1%

IP utilization	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
ALOS (days)	5.8	5.9	-1.5%	-1.0%
Mortality rate	2.3%	2.3%	-5.7%	-4.7%
30-day readmission rate**	13.1%	13.0%	2.2%	2.3%
Average cost/IP stay	\$13,063	\$12,863	4.6%	6.9%
Average cost/IP day	\$2,249	\$2,196	6.2%	8.0%

<sup>†</sup>For patients discharged home only. <sup>‡</sup>Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.

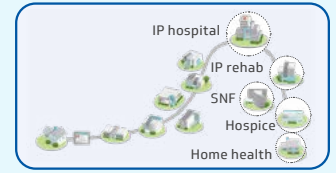
\*\*Readmission rate for Q4 2025 includes October and November 2025 only.

\*Click here for [Vizient hospital cohort definitions](#).

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

**Inpatient utilization (Cont'd)**

Average occupancy rate	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
General acute care units	86%	86%	-0.6%	-0.6%
Intensive care units	81%	82%	0.6%	-0.3%



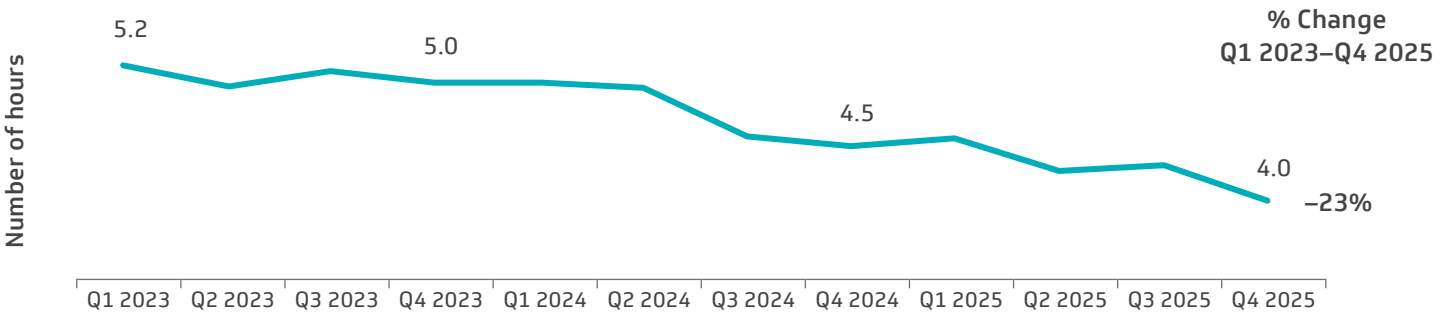
**Post-acute care: IP disposition by location**

Discharge disposition	% of total discharges Q4 2025	% of total discharges, rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
Home health	15.0%	15.0%	4.9%	5.1%
Skilled nursing facilities	10.0%	10.0%	2.8%	2.9%
IP rehab	3.0%	3.0%	3.7%	3.4%
Hospice	2.0%	2.0%	7.4%	7.0%
<b>Total to PAC</b>	<b>30.0%</b>	<b>30.0%</b>	<b>4.3%</b>	<b>4.4%</b>

**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 March 2026. 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, 2026.

**Figure 3. ED average length of stay\*, AMCs, Q1 2023–Q4 2025**



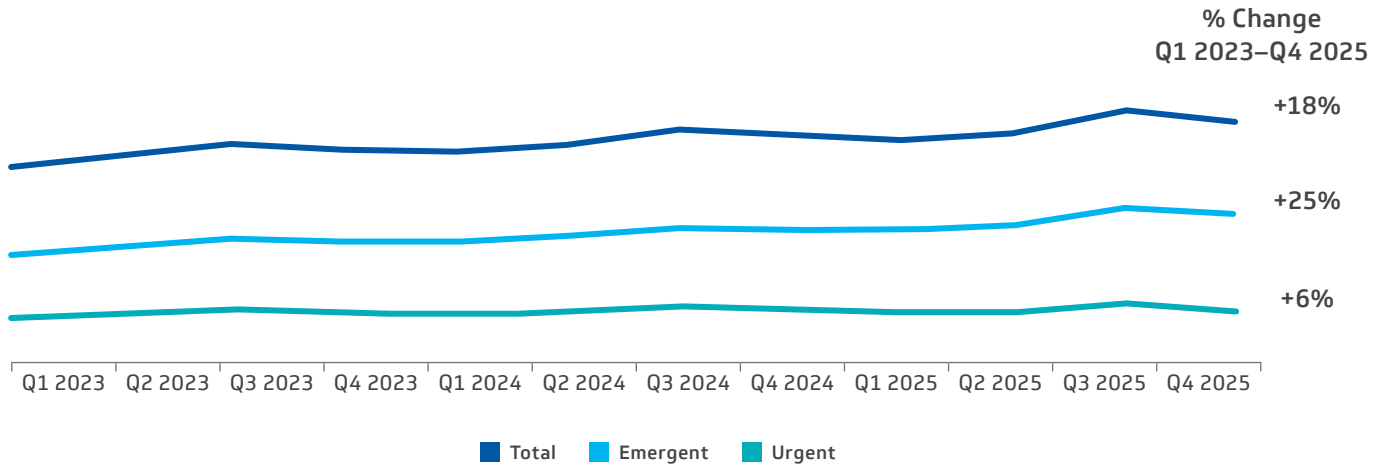
\*ED patients discharged from ED only.

**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, Q1 2023–Q4 2025**

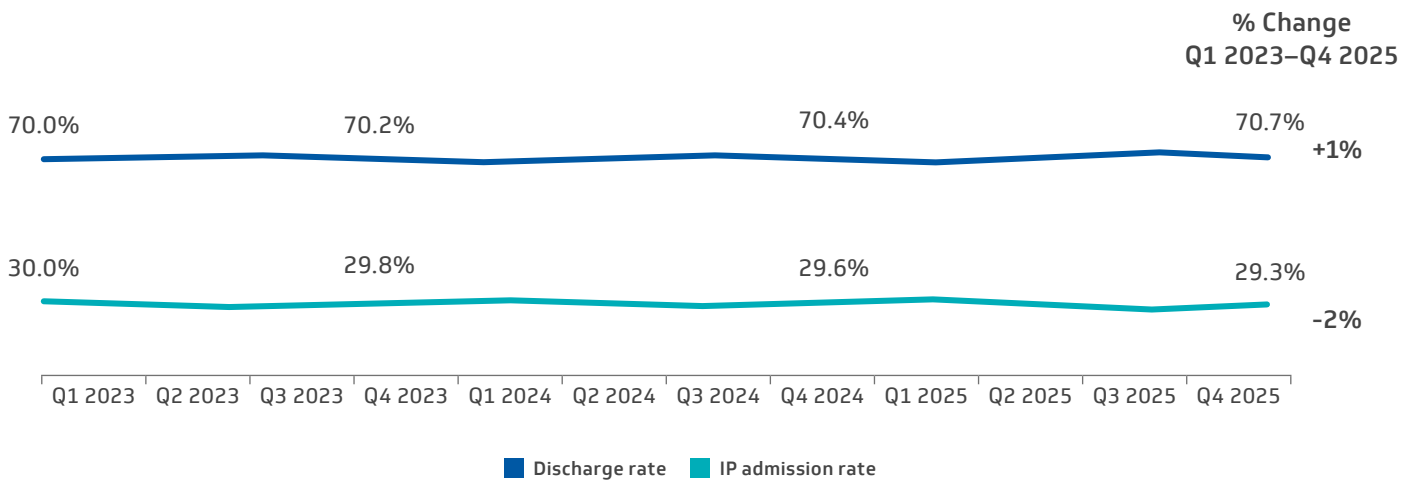


**Note:** Analysis excludes 0–17 age group. Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.  
**Source:** Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

**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 opportunity to reduce low-acuity ED visits by expanding access to alternative care settings?

**Figure 5. ED discharge and inpatient admission trends, AMCs, Q1 2023–Q4 2025**

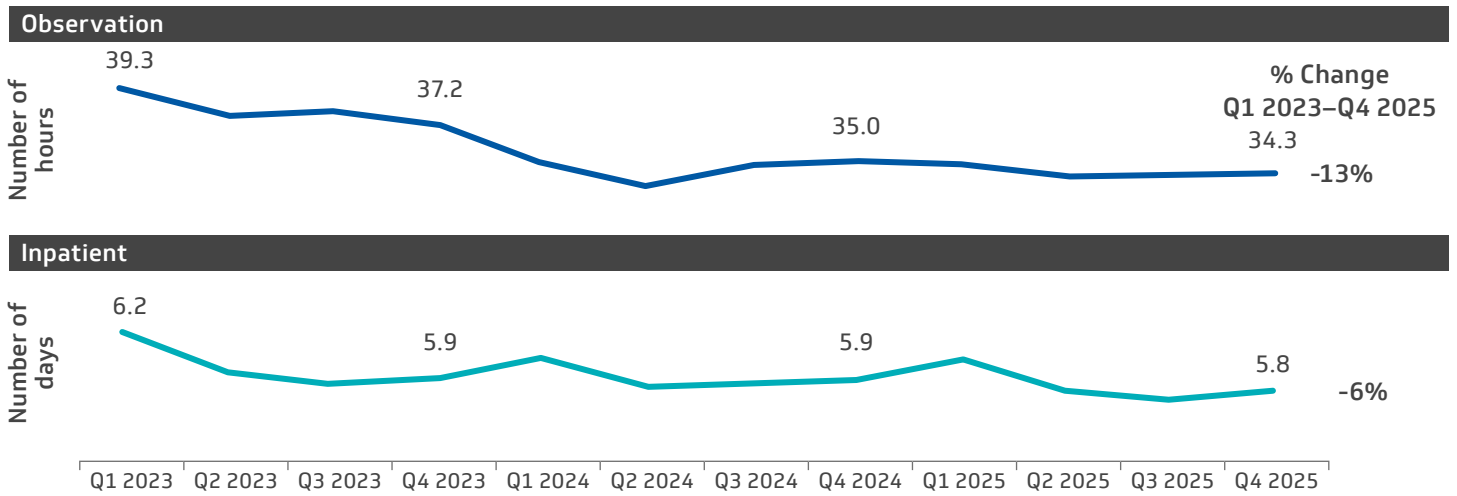


**Note:** Analysis excludes 0–17 age group.  
**Source:** Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

**Key questions for consideration**

- What is contributing to stable ED admission rates as emergent demand rises?
- What plans should be considered for ED discharge pathways and downstream capacity if current patterns persist?

**Figure 6. Average length of stay, AMCs, Q1 2023–Q4 2025**



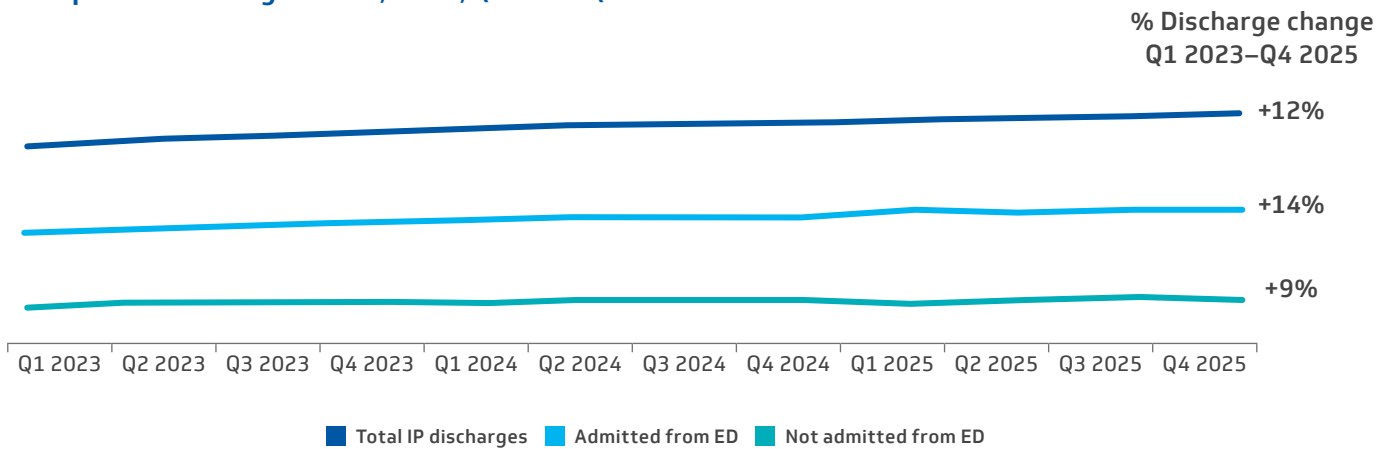
**Note:** Analysis excludes 0–17 age group.

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**Key questions for consideration**

- What factors are contributing to declines in observation and inpatient length of stay: changes in utilization patterns, operational improvements, or greater access to post-acute care?
- If these trends continue, what are the strategic implications for capacity and future growth?

**Figure 7. Inpatient discharge trends, AMCs, Q1 2023–Q4 2025**



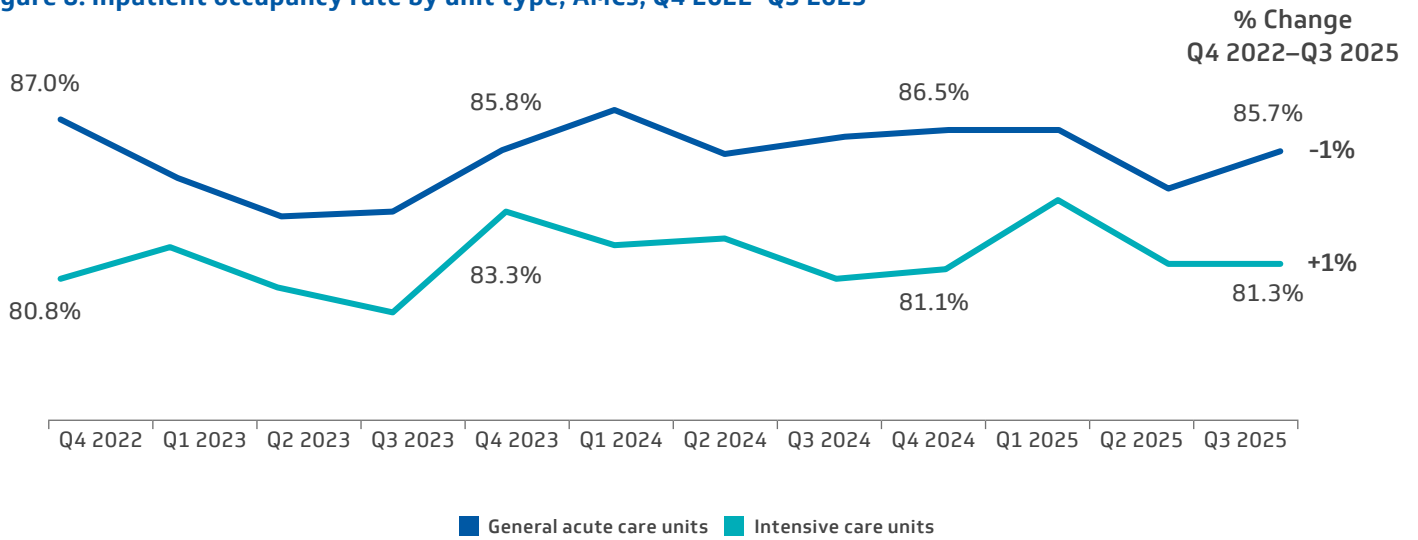
**Note:** Analysis excludes 0–17 age group.

**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, Q4 2022–Q3 2025**

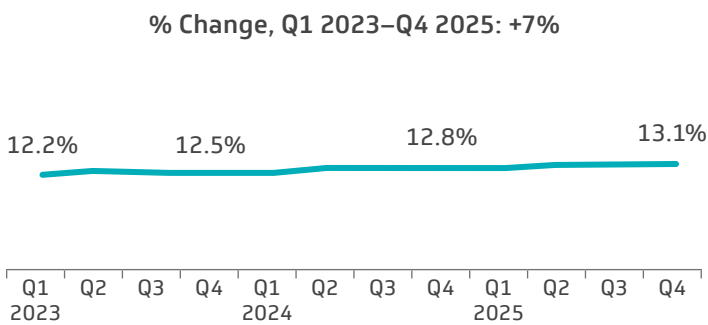


Source: Data from Vizient Operational Data Base used with permission of Vizient, Inc. All rights reserved.

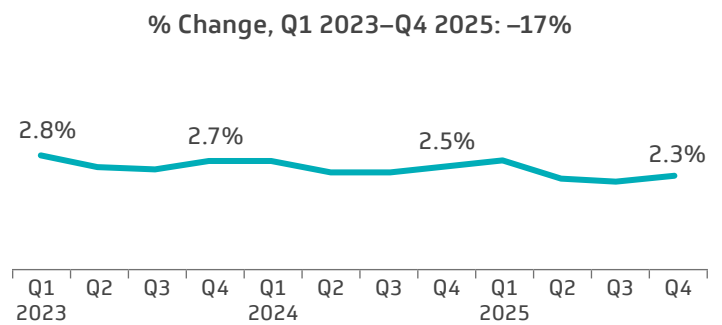
**Key questions for consideration**

- 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 Q1 2023–Q4 2025**



**Figure 10. Mortality rate, AMCs Q1 2023–Q4 2025**



\*Readmission rate for Q4 2025 includes October and November 2025 only.

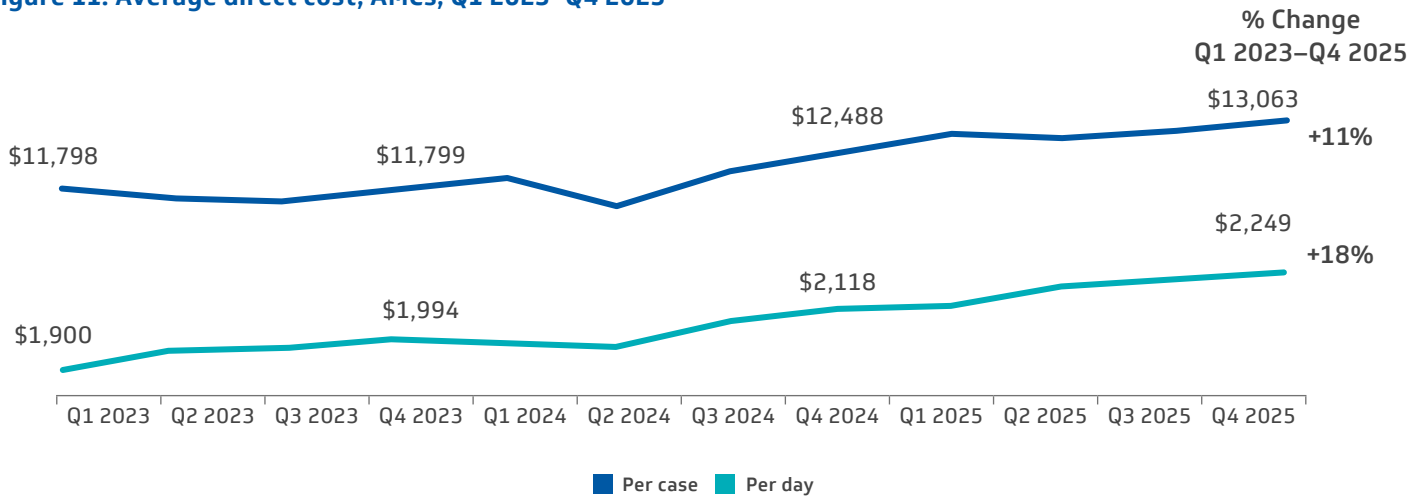
**Note:** Analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission.

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

**Key questions for consideration**

- What is driving the divergence between the declining mortality rate and rising readmission rate?
- What does this pattern signal about performance across inpatient care, care transitions, and post-acute coordination?

**Figure 11. Average direct cost, AMCs, Q1 2023–Q4 2025**

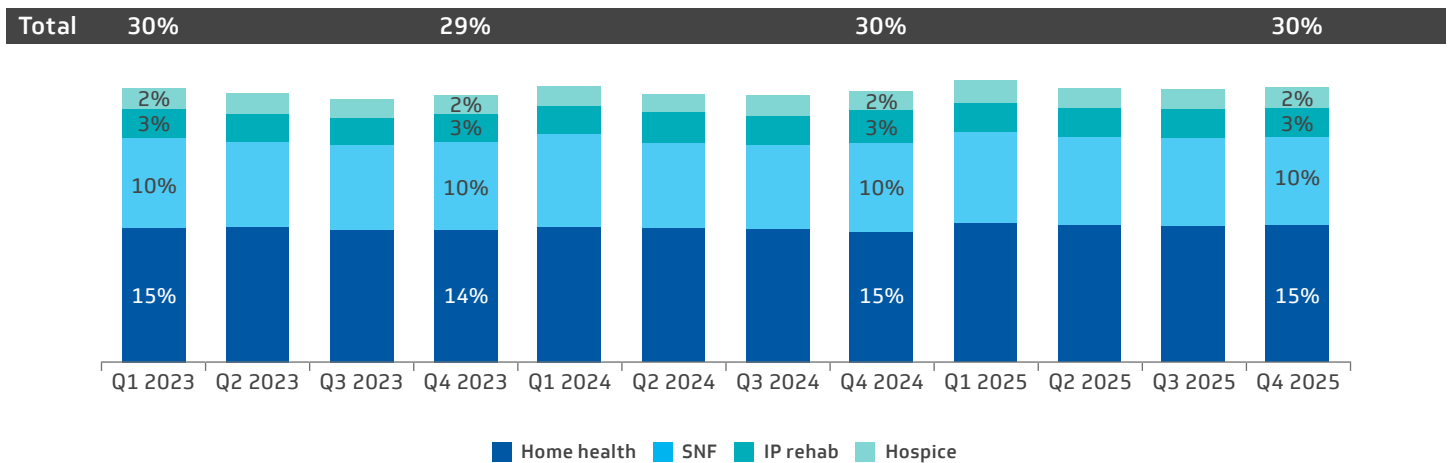


**Note:** Analysis excludes 0–17 age group.  
**Source:** Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

**Key questions for consideration**

- What is contributing most to rising direct cost per stay and per day: inflation, acuity, or operational inefficiency?
- What are the implications for staffing, standardization, throughput, and site of care?

**Figure 12. % of inpatient discharges to post-acute care, AMCs Q1 2023–Q4 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**

- What is driving the growing number of discharges to post-acute care, and what does it signal about inpatient acuity, quality, and discharge practices?
- How can community hospital leaders strengthen post-acute partnerships as patient volumes grow and throughput pressures increase?

## 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.

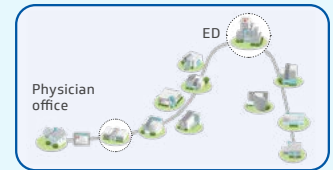
**Figure 13. System of CARE Scorecard, community hospitals**

### Emergency department utilization

ED discharges and LOS	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
IP admission rate	21%	21%	4.4%	4.4%
Discharge rate	79%	79%	4.2%	4.8%
ED length of stay (hours) <sup>†</sup>	2.4	2.9	-21.8%	-18.1%

ED discharges <sup>†</sup>	Q4 2025 distribution	Rolling four quarters distribution	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
Emergent	67%	66%	7.5%	7.6%
Urgent	33%	34%	-1.9%	-0.2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>4.6%</b>	<b>4.8%</b>



### Observation services utilization

Observation	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
Observation length of stay (hours)	33.5	33.6	-1.3%	-1.5%

### Inpatient utilization

IP discharges	Q4 2025 distribution	Rolling four quarters distribution	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
% Admitted from ED	78%	78%	4.4%	4.4%
% Not admitted from ED	22%	22%	-1.1%	-0.6%
IP discharges	100%	100%	3.1%	3.2%

IP utilization	Q4 2025	Rolling four quarters	Q4 2025 vs. Q4 2024 % change	Rolling four quarters YoY, % change
ALOS (days)	4.6	4.6	-1.6%	-1.2%
Mortality rate	1.7%	1.8%	-9.3%	-6.1%
30-day readmission rate**	11.4%	11.3%	3.9%	2.7%
Average cost/IP stay	\$7,493	\$7,449	3.4%	6.7%
Average cost/IP day	\$1,642	\$1,614	5.1%	8.1%

<sup>†</sup>For patients discharged home only. <sup>‡</sup>Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.

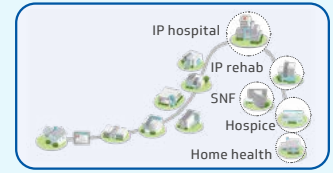
\*\*Readmission rate for Q4 2025 includes October and November 2025 only.

\*Click here for [Vizient hospital cohort definitions](#).

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

**Inpatient utilization (Cont'd)**

Average occupancy rate	Q3 2025	Rolling four quarters	Q3 2025 vs. Q3 2024 % change	Rolling four quarters YoY, % change
General acute care units	82%	84%	-3.6%	-1.9%
Intensive care units	64%	67%	-7.4%	-3.9%



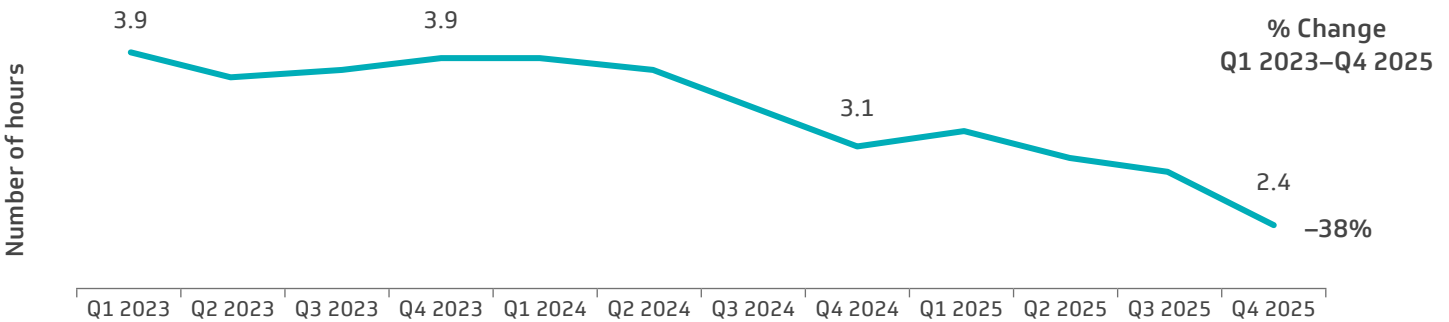
**Post-acute care: IP disposition by location**

Discharge disposition	% of total discharges Q4 2025	% of total discharges rolling four quarters	Q4 2025 vs. Q4 2024 % discharge change	Rolling four quarters YoY, % discharge change
Home health	15%	15%	4.3%	4.2%
Skilled nursing facilities	11%	11%	2.5%	2.7%
IP rehab	2%	2%	6.4%	4.5%
Hospice	3%	3%	3.3%	4.9%
<b>Total to PAC</b>	<b>31%</b>	<b>31%</b>	<b>3.7%</b>	<b>3.7%</b>

**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 March 2026. 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, 2026.

**Figure 14. ED average length of stay\*, community hospitals, Q1 2023–Q4 2025**



\*ED patients discharged from ED only.

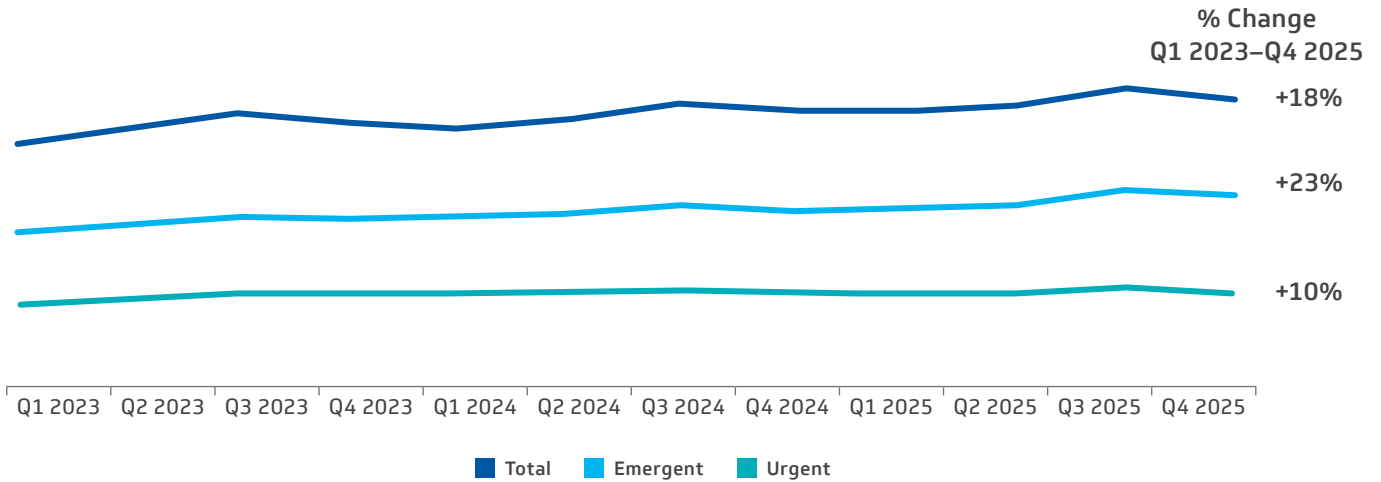
**Note:** Analysis excludes 0–17 age group.

**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, Q1 2023–Q4 2025**



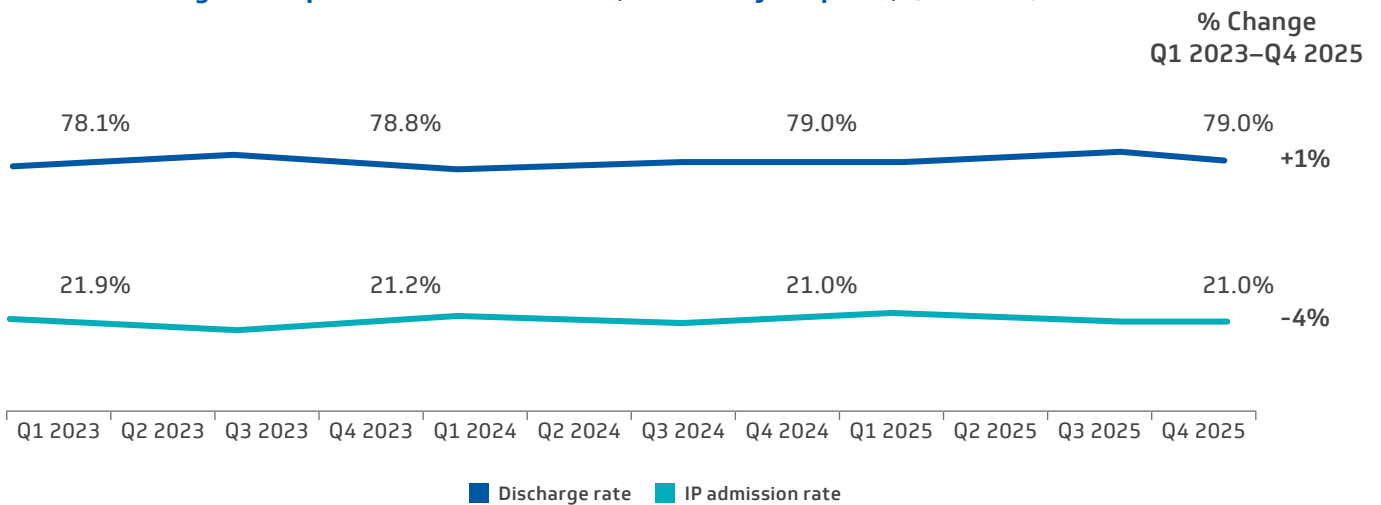
**Note:** Analysis excludes 0–17 age group. Emergent = CPT codes 99284, 99285, 99291, G0383, G0384 and G0390. Urgent = CPT codes 99281, 99282, 99283, G0380, G0381 and G0382.

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

**Key questions for consideration**

- What local factors are contributing to faster growth in emergent ED visits compared with urgent visits?
- How can community hospitals expand access strategies to reduce reliance on the ED as the primary front door to care?

**Figure 16. ED discharge and inpatient admission trends, community hospitals, Q1 2023–Q4 2025**



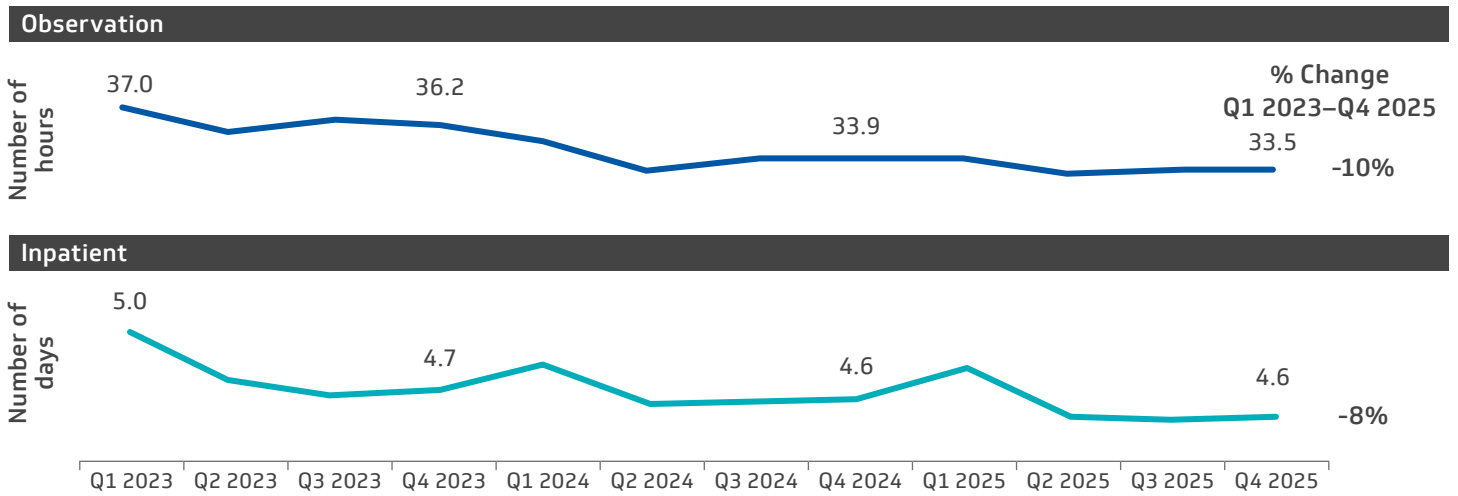
**Note:** Analysis excludes 0–17 age group.

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

**Key questions for consideration**

- What is contributing to stable ED admission rates despite rising emergent volume?
- What plans should be made for discharge workflows and downstream capacity as this pattern continues?

**Figure 17. Average length of stay, community hospitals, Q1 2023–Q4 2025**

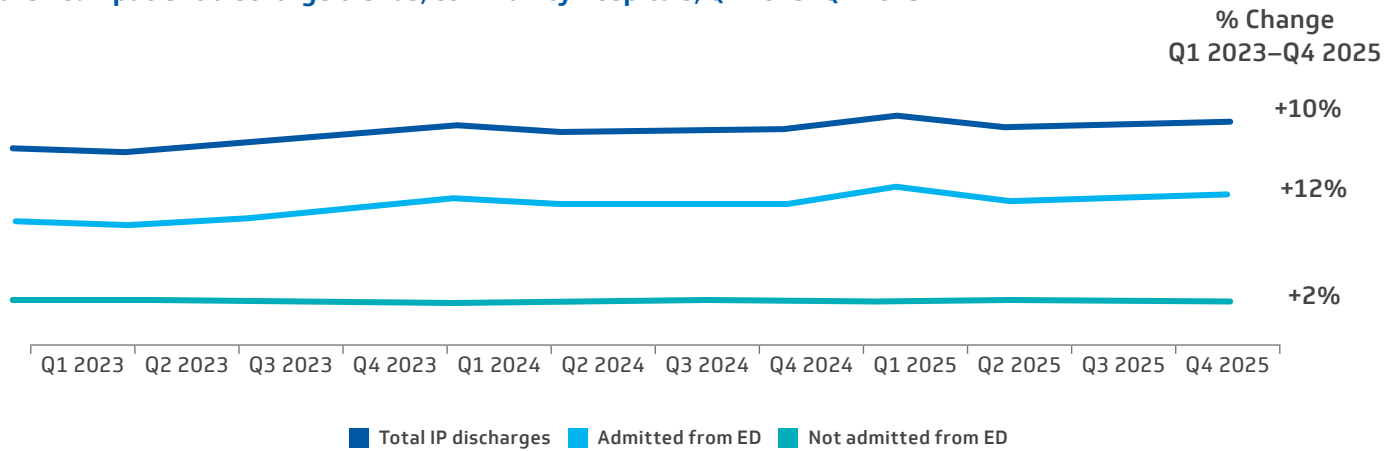


**Note:** Analysis excludes 0–17 age group.  
**Source:** Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

**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, Q1 2023–Q4 2025**

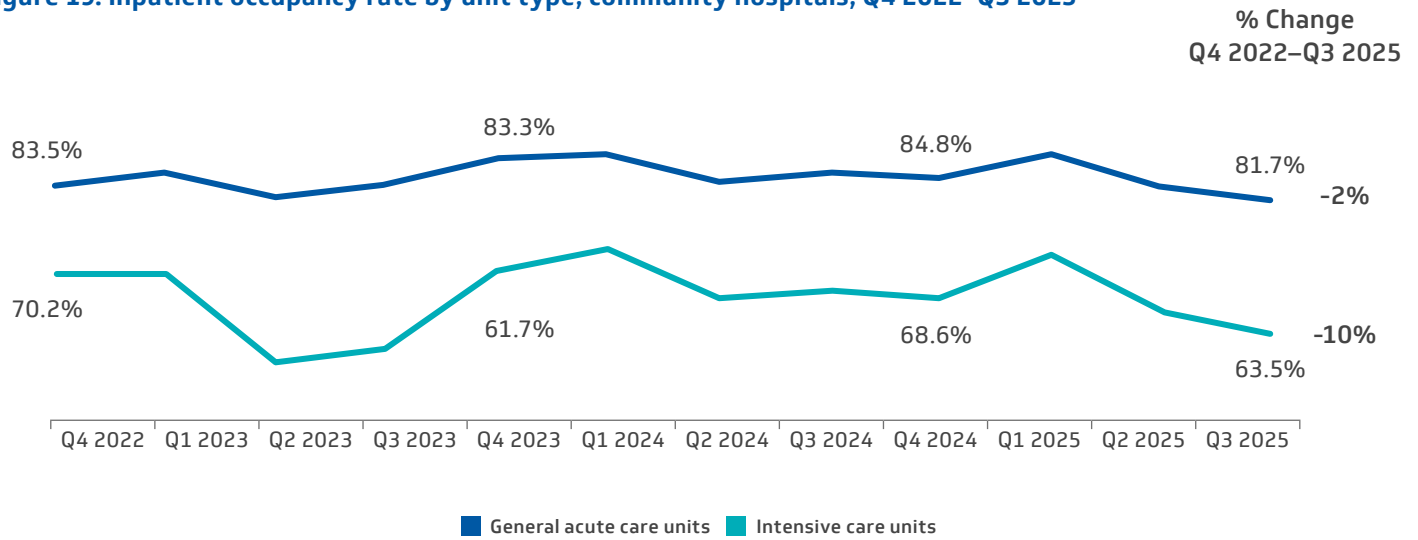


**Note:** Analysis excludes 0–17 age group.  
**Source:** Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

**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, Q4 2022–Q3 2025**

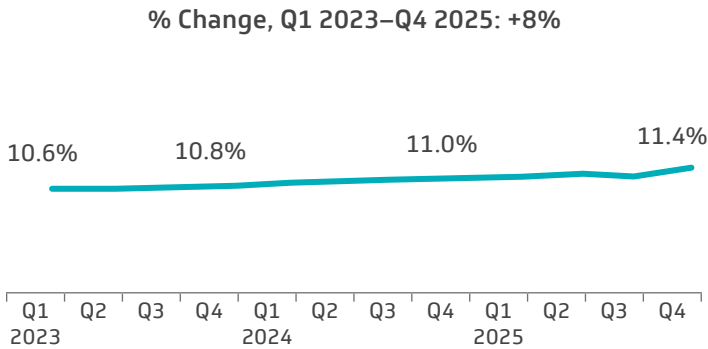


Source: Data from Vizient Operational Data Base used with permission of Vizient, Inc. All rights reserved.

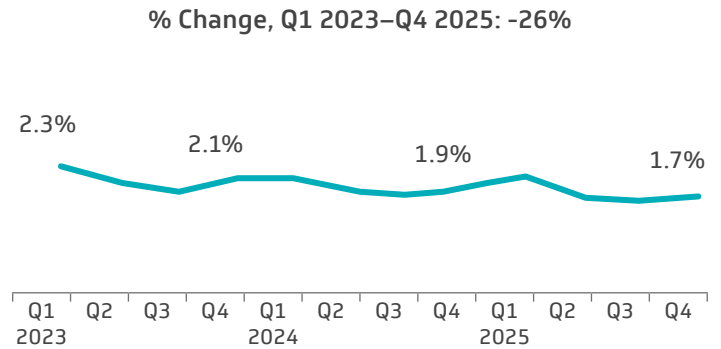
**Key questions for consideration**

- What strategies are being deployed at your hospital to optimize bed utilization across inpatient unit types?
- How should community hospital leaders think about bed mix, staffing, and flex capacity to support future growth?

**Figure 20. 30-day readmission rate\*, community hospitals, Q1 2023–Q4 2025**



**Figure 21. Mortality rate, community hospitals Q1 2023–Q4 2025**



\*Readmission rate for Q4 2025 includes October and November 2025 only.

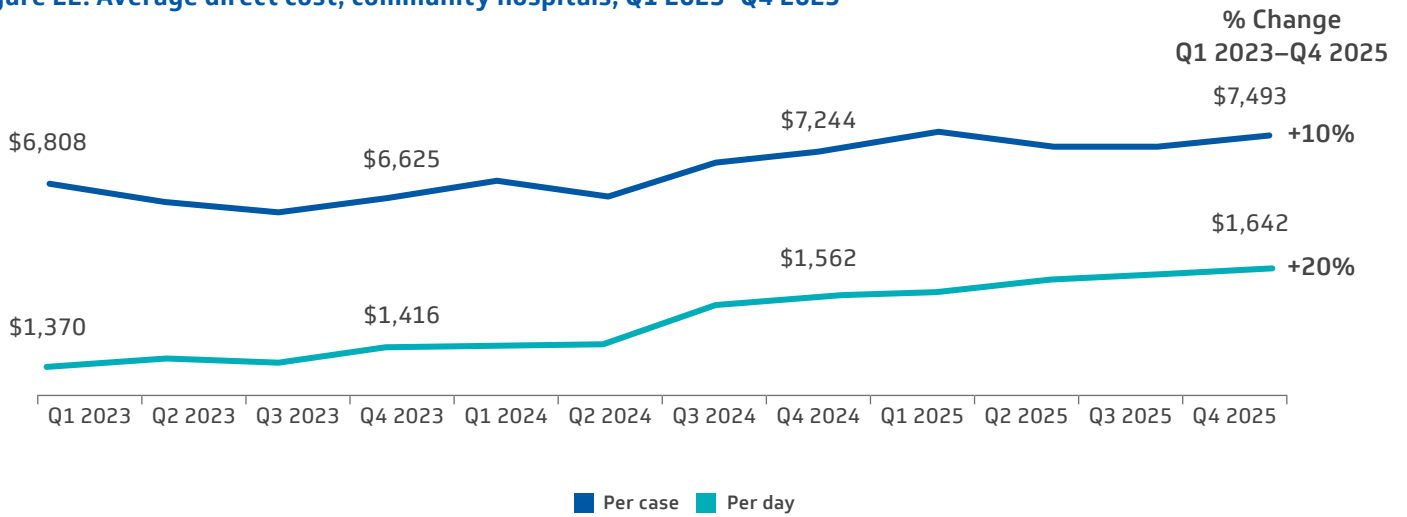
Note: Analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission.

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

**Key questions for consideration**

- What is driving the divergence between the declining mortality rate and rising readmission rate?
- What does this pattern signal about performance across inpatient care, care transitions, and post-acute coordination?

**Figure 22. Average direct cost, community hospitals, Q1 2023–Q4 2025**



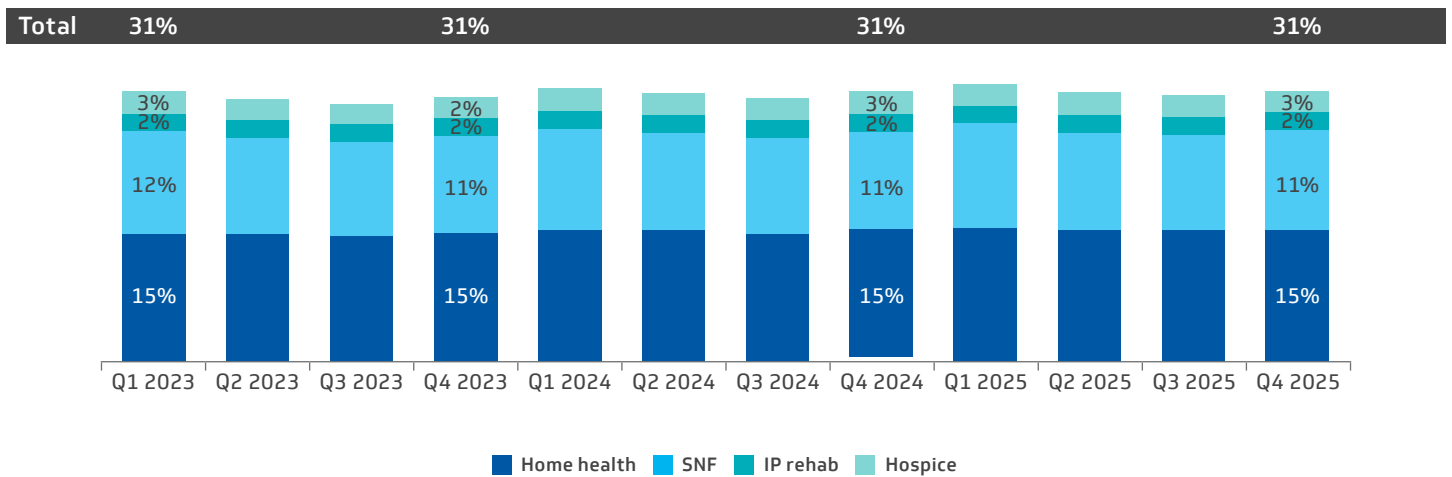
**Note:** Analysis excludes 0–17 age group.

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

**Key questions for consideration**

- What is contributing most to rising direct cost per stay and per day: inflation, acuity, or operational inefficiency?
- What are the implications for staffing, standardization, throughput, and site of care?

**Figure 23. % of inpatient discharges to post-acute care, community hospitals, Q1 2023–Q4 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**

- What is driving the growing number of discharges to post-acute care, and what does it signal about inpatient acuity, quality, and discharge practices?
- How can AMCs strengthen post-acute partnerships as patient volumes grow and throughput pressures increase?

# 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** (CDB) 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—that enable 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 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, Daniel Becker, and Barbara Mulhern.

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