

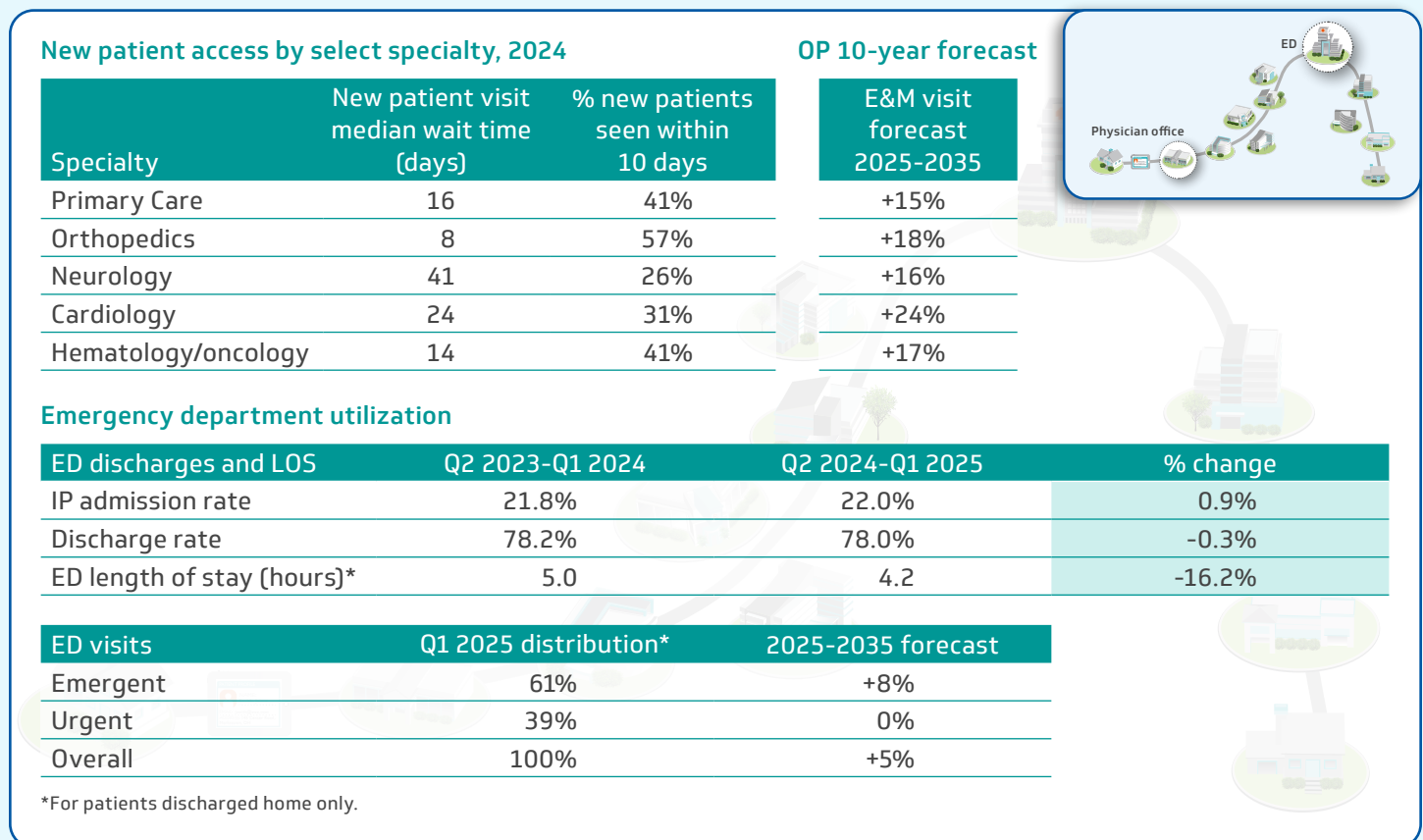
# DATA ON THE EDGE

## System of CARE scorecard: Q2 2024 to Q1 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 2024 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 for peer benchmarking, detailed trends (see pages 4-11) are also shown by Vizient hospital cohort. The academic medical center (AMC) cohort is defined as comprehensive AMC and large, specialized complex care medical center hospital. The community hospital cohort is defined as complex care medical center, community hospital, small community hospital and critical access hospital.

Figure 1. System of CARE scorecard

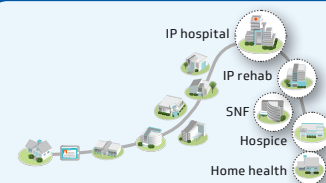


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Figure 1. System of CARE scorecard (continued)

## Observation services utilization

Observation	Q2 2023-Q1 2024	Q2 2024-Q1 2025	% change
Observation length of stay (hours)	35.7	32.6	-8.8%



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

## Inpatient utilization

IP utilization	Q2 2023-Q1 2024	Q2 2024-Q1 2025	% change
IP % admitted from ED	67%	68%	1.3%
IP % not admitted from ED	33%	32%	-2.7%
ALOS (days)	5.53	5.49	-0.7%
Mortality rate	2.4%	2.3%	-4.4%
30-day readmission rate	12.0%	12.3%	2.2%
Average cost/IP stay	\$10,365	\$10,860	4.8%
Average cost/IP day	\$1,873	\$1,977	5.5%

Average occupancy rate	Q1-Q4 2023	Q1-Q4 2024	% change
General acute care units	81.3%	81.6%	0.4%
Intensive care units	65.3%	68.4%	4.7%

IP forecast, 2025-2035: Discharges: +5%, ALOS: +5%, Days: +10%

## Post-acute care: IP disposition by location

Discharge disposition	% of total discharges Q2 2023-Q1 2024	% of total discharges Q2 2024-Q1 2025	% change
Home health	14.6%	14.8%	1.7%
Skilled nursing facilities	10.3%	10.4%	1.0%
IP rehab	2.7%	2.8%	1.1%
Hospice	2.2%	2.3%	2.1%
<b>Total to PAC</b>	<b>29.8%</b>	<b>30.3%</b>	<b>1.4%</b>

PAC forecast, 2025-2035: +31%

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. Sg2 CARE Grouper definitions are used to define emergent and urgent visits. 30-day readmission rates include all causes for readmission. 0% indicates the forecast is flat (less than  $\pm 1\%$ ). ALOS = average length of stay; CARE = Clinical Alignment and Resource Effectiveness; ED = emergency department; IP = inpatient; OP = outpatient; PAC = post-acute care; SNF = skilled nursing facility. 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 July 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 (Q1 2022 to Q1 2025)*

- Patient access remains a challenge. New patients are not seen within 10 days for over half of the top-volume specialties—all projected to grow over the next decade—which highlights the need to expand access and enhance patient experience.
- ED throughput is improving, with a shorter average length of stay and a stable admission rate at 22%, while emergent visits now make up a growing share of ED volume.
- Observation ALOS has declined in recent quarters, but volume is projected to grow by 12% over the next decade, indicating future pressure on short-stay capacity.
- Inpatient ALOS has remained steady and 65% of admissions originate from the ED. Persistently high occupancy across units continues to constrain flexibility for new or elective cases.
- Quality performance is improving, while costs are increasing. Data show rising direct costs per case and per day along with changes in mortality rates (slight decrease) and 30-day readmission rates (slight increase).
- The percentage of IP discharges to post-acute care have held steady, yet projected growth is substantial, highlighting a need to reassess post-acute capacity as demand grows.

### *AMC vs community hospital comparisons*

- ED ALOS remains higher at AMCs (4.7 hours) than community hospitals (3.5 hours). Community hospitals also discharge more ED patients than AMCs (~80% vs ~75%), indicating more treat-and-release volumes in non-academic settings.
- Observation ALOS is similar across AMCs and community hospitals (33.7 vs. 32.6 hours), with modest recent declines. Inpatient ALOS remains higher at AMCs than community hospitals (6.1 vs 4.8 days), reflecting greater acuity, though ALOS for both has plateaued.
- 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 remains high across both cohorts, with AMCs operating at relatively higher levels across unit types, escalating capacity constraints as demand increases.
- Cost increases are more pronounced at AMCs (10%–16%) than community hospitals (6%–16%), potentially due to higher 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.

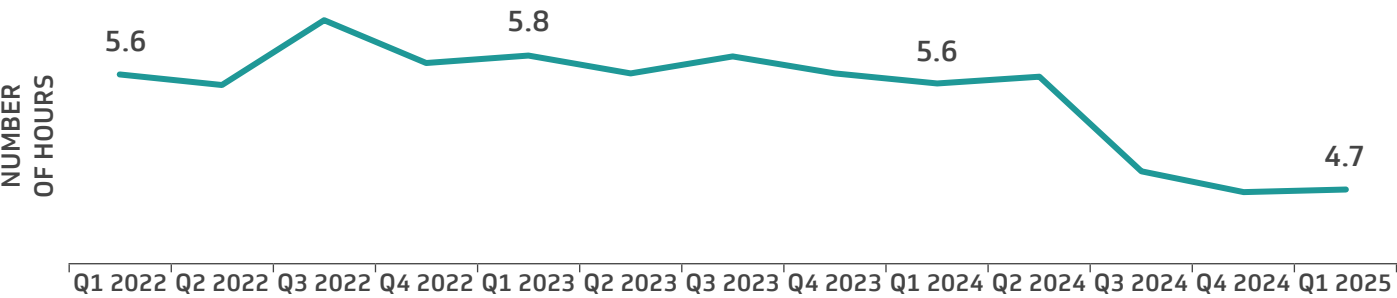
Sources: Data from AAMC-Vizient Clinical Practice Solutions Center®, Vizient Clinical Data Base, and Vizient Operational Data Base, used with permission of Vizient, Inc. All rights reserved. Accessed July 2025. Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization 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, contact [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. ED average length of stay\*, AMCs, Q1 2022-Q1 2025

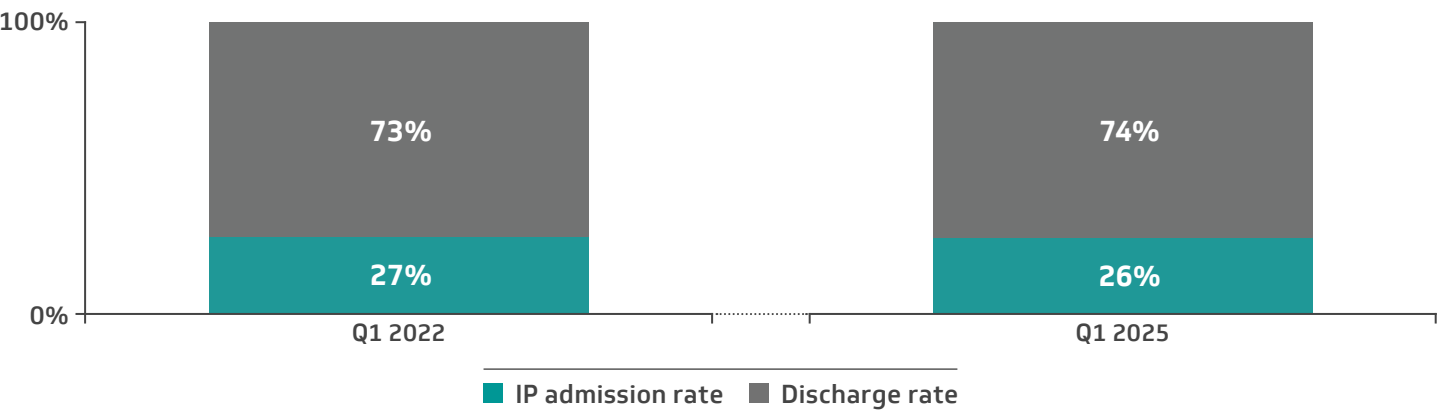


\*ED patients discharged from ED only. Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 3. ED discharge and inpatient admission trends, AMCs, Q1 2022-Q1 2025



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

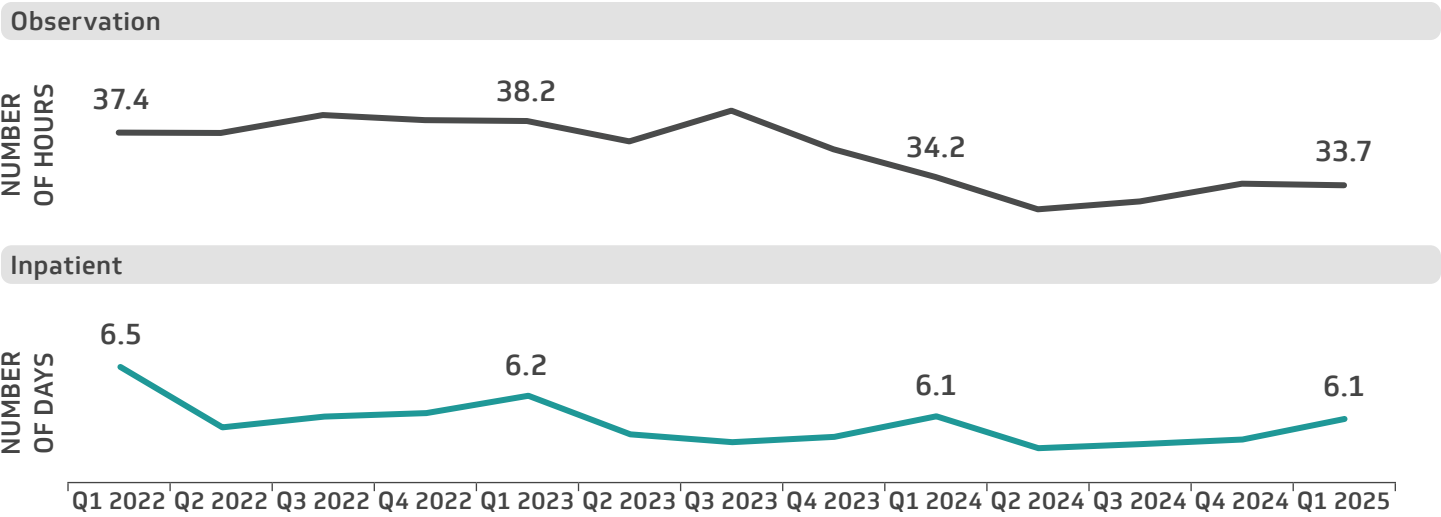
Key questions for consideration

- 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?

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



Figure 4. Average length of stay, AMCs, Q1 2022-Q1 2025

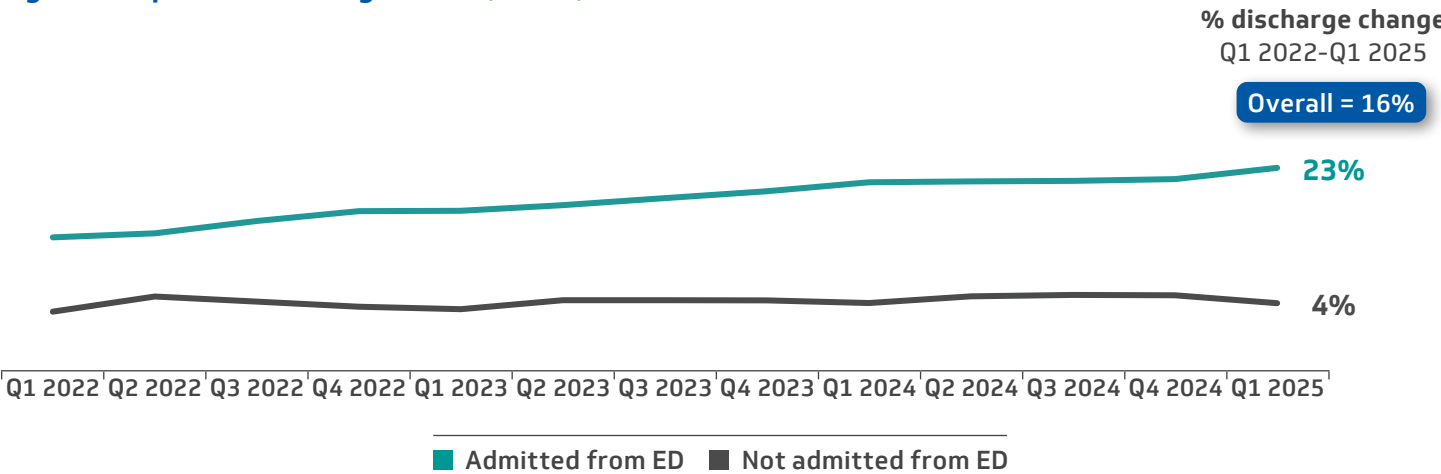


Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 5. Inpatient discharge trends, AMCs, Q1 2022-Q1 2025

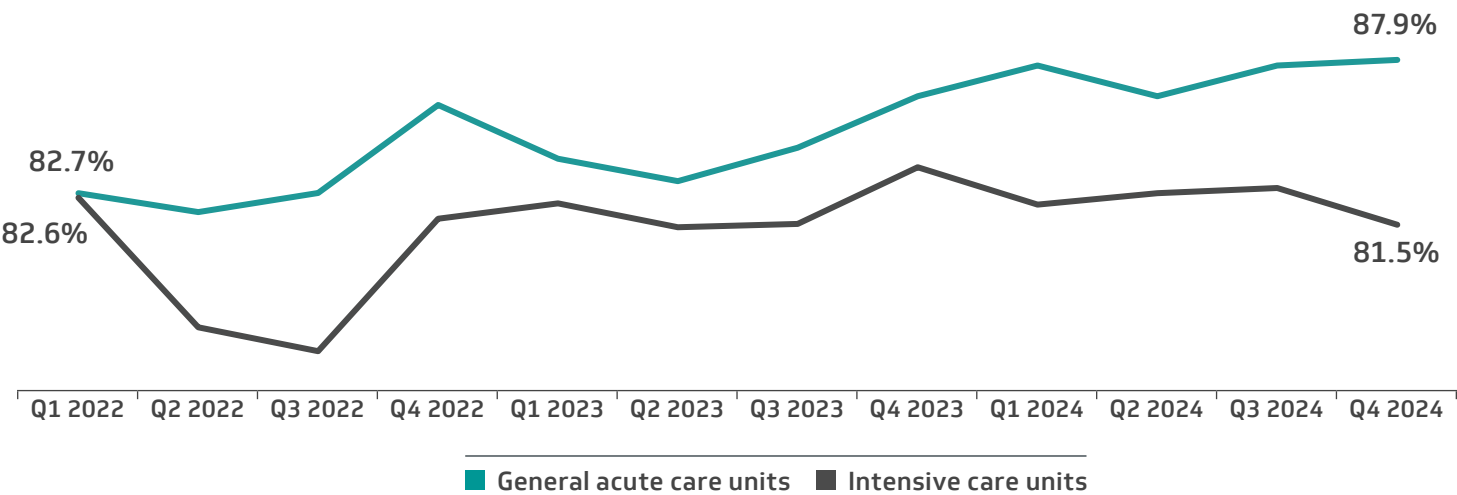


Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 6. Inpatient occupancy rate by unit type, AMCs, Q1 2022-Q1 2024



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 7. 30-day readmission rate, AMCs Q1 2022-Q1 2025

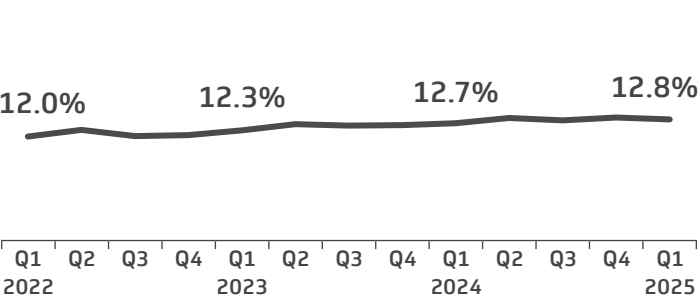
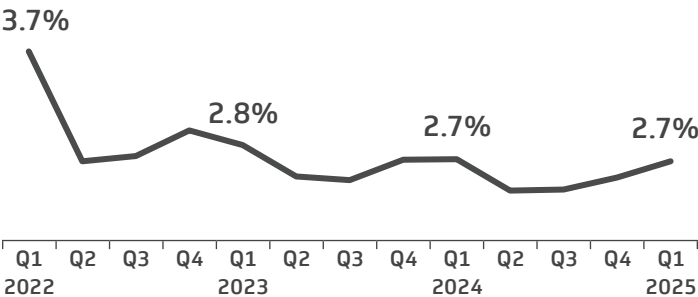


Figure 8. Mortality rate, AMCs Q1 2022-Q1 2025

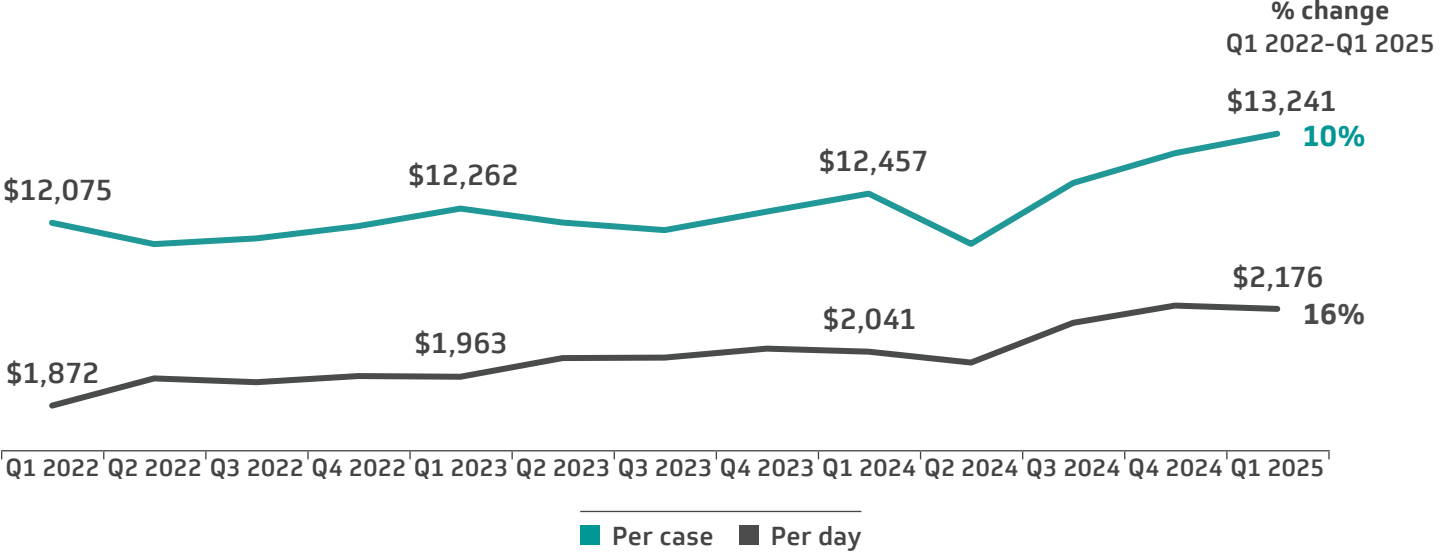


Note: Analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 9. Average direct cost, AMCs, Q1 2022-Q1 2025

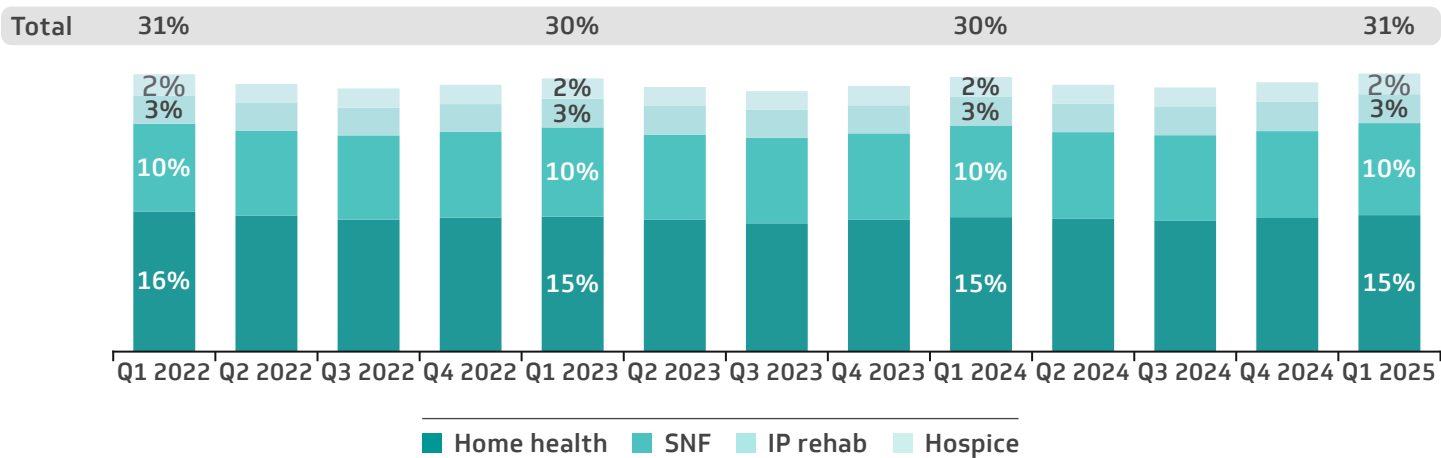


Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 10. % of inpatient discharges to post-acute care, AMCs, Q1 2022-Q1 2025



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

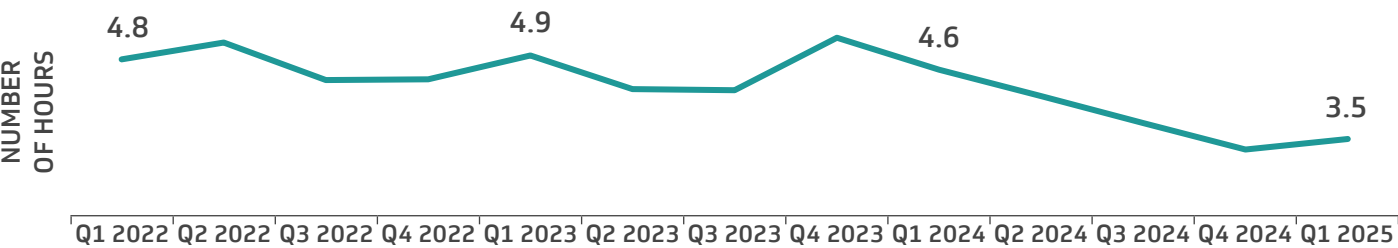
Key questions for consideration

- 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 11. ED average length of stay\*, community hospitals, Q1 2022-Q1 2025

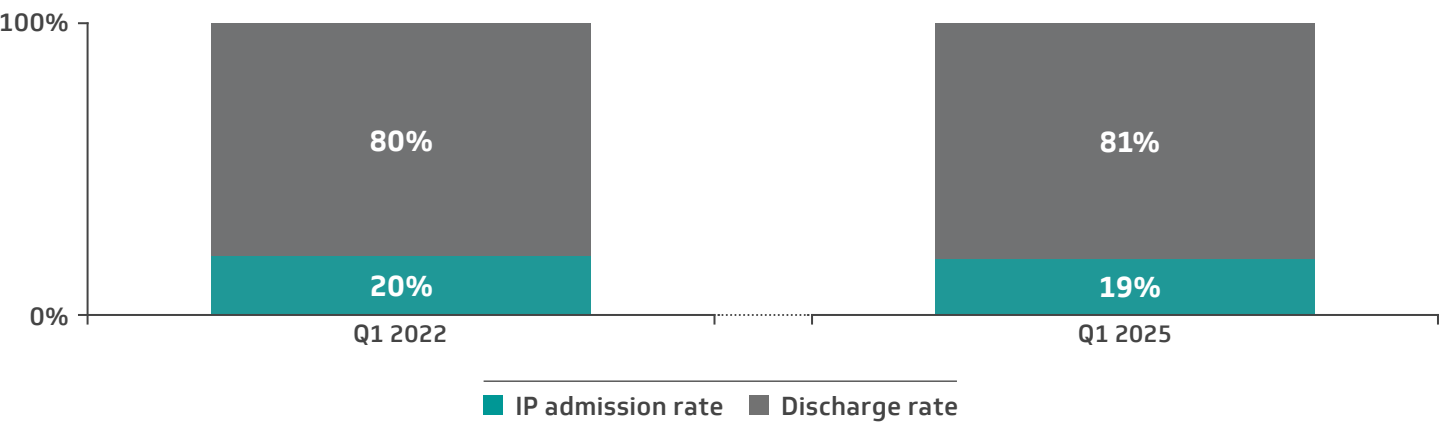


\*ED patients discharged from ED only. Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 12. ED discharge and inpatient admission trends, community hospitals, Q1 2022-Q1 2025



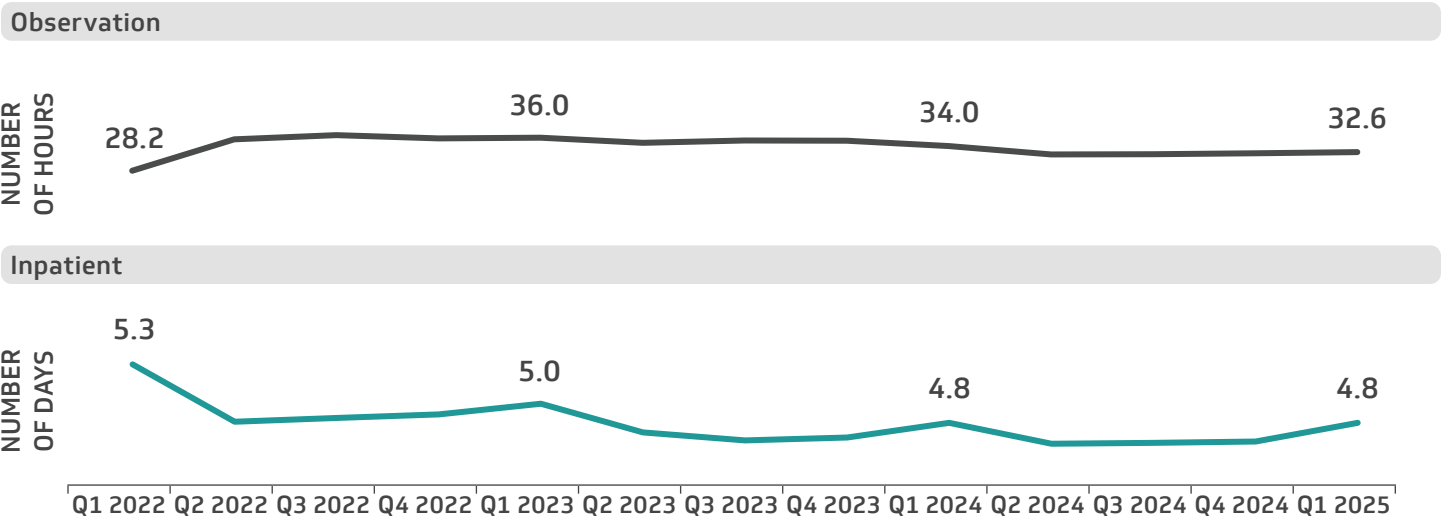
Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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?

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

Figure 13. Average length of stay, community hospitals, Q1 2022-Q1 2025

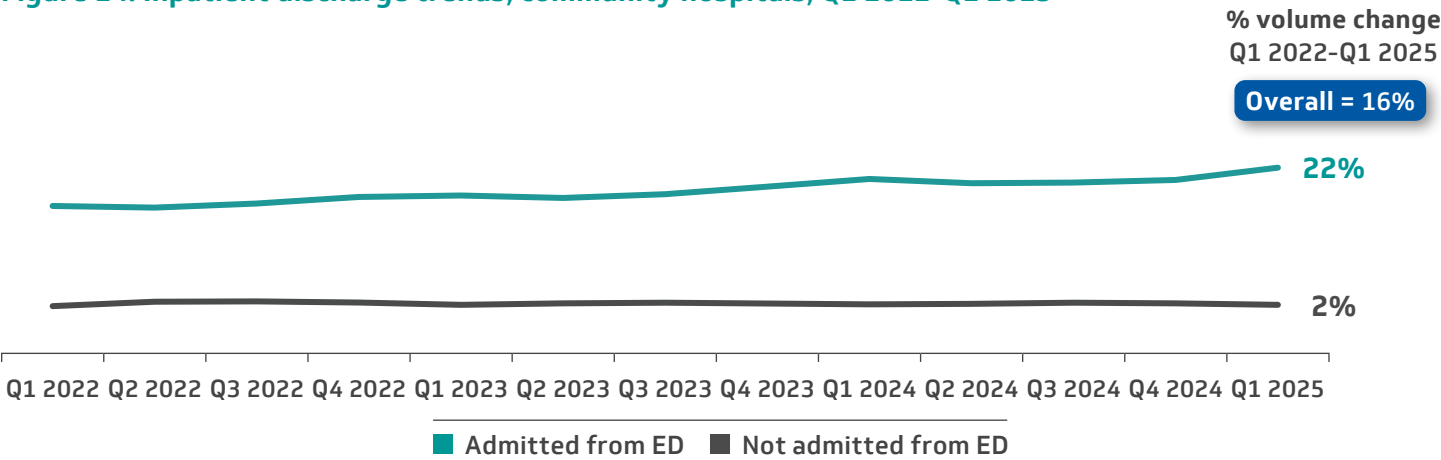


Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 14. Inpatient discharge trends, community hospitals, Q1 2022-Q1 2025

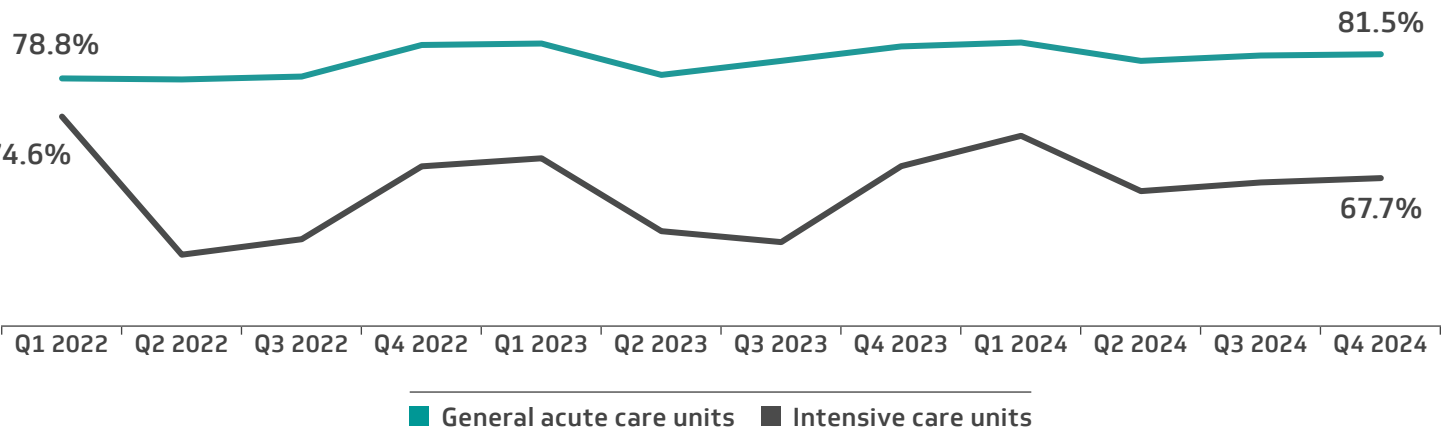


Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 15. Inpatient occupancy rate by unit type, community hospitals, Q1 2022-Q4 2024



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?
- Are your current unit configurations aligned with evolving patterns of patient acuity and length of stay?

Figure 16. 30-day readmission rate, community hospitals, Q1 2022-Q1 2025

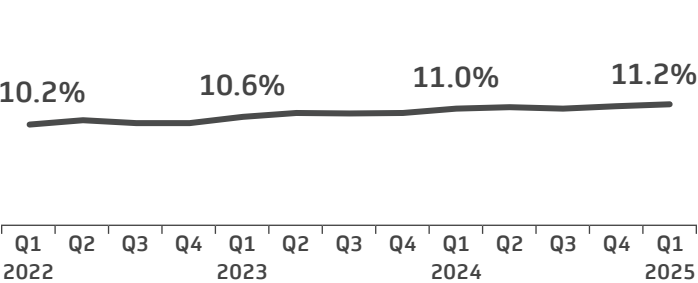
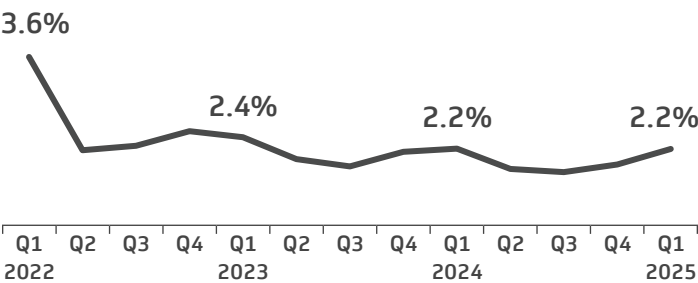


Figure 17. Mortality rate, community hospitals Q1 2022-Q1 2025

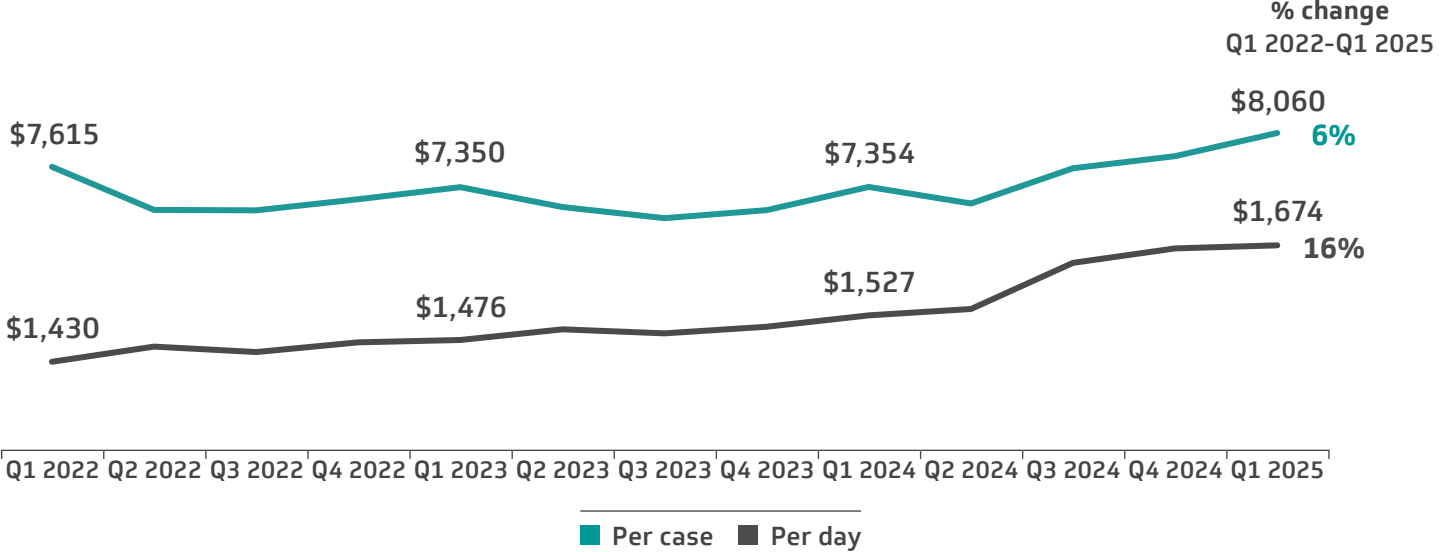


Note: Analysis excludes 0–17 age group. 30-day readmission rates include all causes for readmission. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

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 18. Average direct cost, community hospitals, Q1 2022-Q1 2025

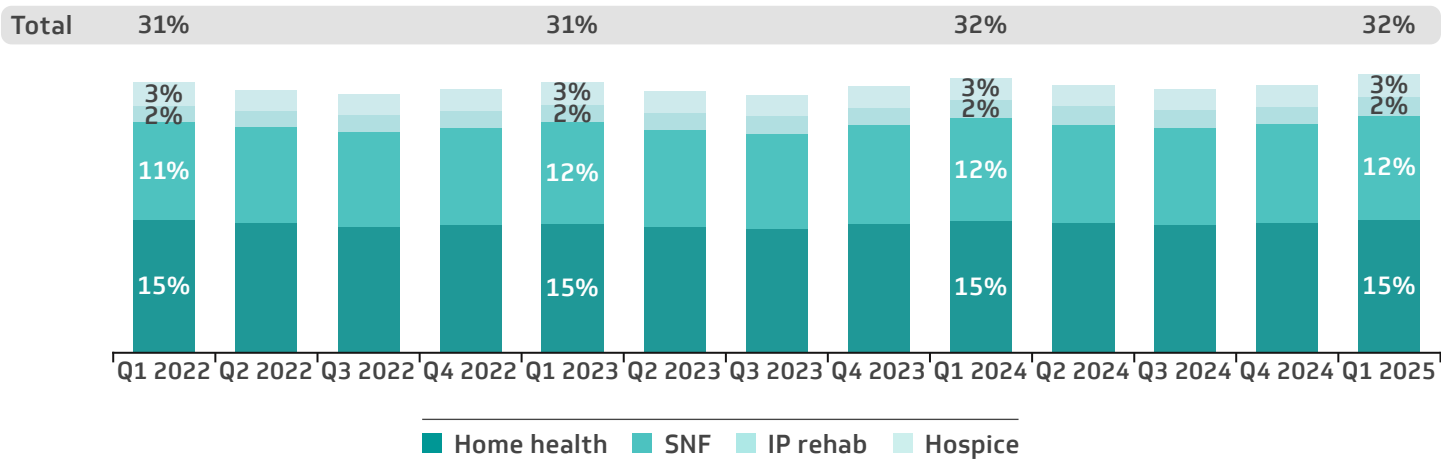


Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Key questions for consideration

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

Figure 19. % of inpatient discharges to post-acute care, community hospitals, Q1 2022-Q1 2025



Note: Analysis excludes 0–17 age group. Percentages may not add to shown total values 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 ANALYTICS

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—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 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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