

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

General information

GRADY MEMORIAL HOSPITAL

80 JESSE HILL, JR DRIVE SE
ATLANTA, GA 30303
(404) 616-4252

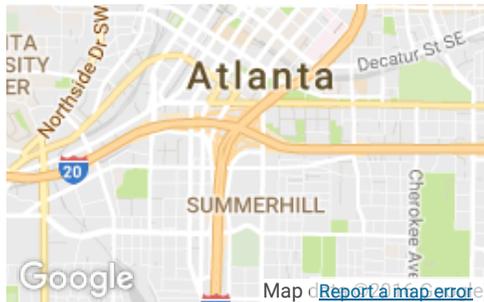


Overall rating :

1 out of 5 stars

[Learn more about the overall ratings](#)

Distance : 0.5 miles



General information

- Hospital type : Acute Care Hospitals
- Provides emergency services : Yes
- Participates in : Cardiac Surgery Registry, Nursing Care Registry, General Surgery Registry
- Able to receive lab results electronically : Yes
- Able to track patients' lab results, tests, and referrals electronically between visits : Yes
- Uses outpatient [safe surgery checklist](#) : Yes
- Uses inpatient [safe surgery checklist](#) : Yes

Survey of patients' experiences

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Survey of patients' experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown



Overall rating :

1 out of 5 stars

[Learn more about the overall ratings](#)

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Hospital type: Acute Care Hospitals
Provides emergency services: Yes

here to compare hospitals based on 11 important hospital quality topics.

Find out why these [measures](#) and the [star ratings](#) are important.

[Learn more about the data and star ratings.](#)

[Get the current data collection period.](#)

[Get tips for printing star images.](#)

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Patient survey summary star rating. More stars are better. Learn more	3 out of 5 stars		
Patients who reported that their nurses "Always" communicated well	75%	79%	80%
Patients who reported that their doctors "Always" communicated well	79%	83%	82%
Patients who reported that they "Always" received help as soon as they wanted	55%	67%	68%
Patients who reported that their pain was "Always" well controlled †	69%	71%	71%
Patients who reported that staff "Always" explained about medicines before giving it to them	60%	64%	65%
Patients who reported that their room and	68%	72%	74%

that their room and bathroom were "Always" clean			
Patients who reported that the area around their room was "Always" quiet at night	63%	68%	62%
Patients who reported that YES, they were given information about what to do during their recovery at home	80%	85%	87%
Patients who "Strongly Agree" they understood their care when they left the hospital	51%	51%	52%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	68%	71%	72%
Patients who reported YES, they would definitely recommend the hospital	70%	70%	71%

Timely & effective care

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Provides emergency services: Yes

Timely & effective care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

▼ Colonoscopy follow-up

A **colonoscopy** is one test doctors can use to find precancerous **polyps** (abnormal growths) or colorectal cancer. Scientific evidence shows that the following measures represent best practices for follow-up colonoscopies.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
NEW Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	84%	61%	74%
NEW Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	89%	84%	80%

▼ Heart attack care

An acute myocardial infarction (AMI)—or heart attack—happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of recommended treatments provided, if appropriate, for most adults who have had a heart attack.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ Timely heart attack care

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital <i>A lower number of minutes is better</i>	Not Available ^{3,7}	63 Minutes	57 Minutes
Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG <i>A lower number of minutes is better</i>	Not Available ^{1,3}	8 Minutes	7 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival <i>Higher percentages are better</i>	Not Available ^{3,7}	56%	59%
Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department <i>Higher percentages are better</i>	Not Available ^{1,3}	97%	97%
Heart attack patients who got drugs to break up blood clots within 30 minutes of arrival <i>Higher percentages are better</i>	Not Available ^{2,7}	57%	55%
Heart attack patients given a procedure to open blocked blood	Not Available ^{1,2,3}	93%	95%

Open blocked blood vessels within 90 minutes of arrival
Higher percentages are better

Hospital Compare data are reported using the median only. However, the median is often referred to as the 'average' on the Hospital Compare website to allow for ease of understanding.

▼ **Heart failure care**

Heart failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the recommended treatments provided for most adults with heart failure.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ **Effective heart failure care**

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Heart failure patients given an evaluation of left ventricular systolic (LVS) function <i>Higher percentages are better</i>	100% ^{2,3}	99%	98%

▼ **Pneumonia care**

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ **Effective pneumonia care**

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	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Pneumonia patients given the most appropriate initial antibiotic(s) <i>Higher percentages are better</i>	100% ^{2,3}	95%	95%

▼ Surgical care

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients, including:

- Giving the recommended antibiotics at the right time before surgery;
- Stopping the antibiotics within the right timeframe after surgery;
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels; and
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods like special stockings that increase circulation in the legs.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ Timely surgical care

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection <i>Higher percentages are better</i>	99% ^{2,3}	99%	99%

<p>Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) <i>Higher percentages are better</i></p>	98% ^{2,3}	99%	98%
<p>Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery <i>Higher percentages are better</i></p>	100% ^{2,3}	100%	100%

▼ **Effective surgical care**

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
<p>Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery <i>Higher percentages are better</i></p>	95% ^{2,3}	98%	98%
<p>Surgery patients who were given the right kind of antibiotic to help prevent infection <i>Higher percentages are better</i></p>	100% ^{2,3}	99%	99%
<p>Surgery patients whose urinary catheters were removed on the first or second day after surgery <i>Higher percentages are better</i></p>	100% ^{2,3}	98%	98%

▼ Emergency department care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before getting care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ Timely emergency department care

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication <i>A lower number of minutes is better</i>	74 Minutes	59 Minutes	53 Minutes
Percentage of patients who left the emergency department before being seen <i>Lower percentages are better</i>	10%	3%	2%
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival <i>Higher percentages are better</i>	Not Available ¹	63%	68%

<p>Volume legend (patients annually):</p> <p><u>Low</u>: 0 - 19,999 <u>Medium</u>: 20,000 - 39,999 <u>High</u>: 40,000 - 59,999 <u>Very High</u>: 60,000+</p>	<p>GRADY MEMORIAL HOSPITAL</p>
<p>Emergency department volume</p>	<p>Very High</p>
<p>Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient <i>A lower number of minutes is better</i></p>	<p>646 Minutes²</p> <p>Other Very High volume hospitals: Nation: 344 Minutes Georgia: 388 Minutes</p>
<p>Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room <i>A lower number of minutes is better</i></p>	<p>345 Minutes²</p> <p>Other Very High volume hospitals: Nation: 134 Minutes Georgia: 149 Minutes</p>
<p>Average (median) time patients spent in the emergency department before leaving from the visit <i>A lower number of minutes is better</i></p>	<p>427 Minutes</p> <p>Other Very High volume hospitals: Nation: 174 Minutes Georgia: 183 Minutes</p>
<p>Average (median) time patients spent in the emergency department before they were seen by a healthcare professional <i>A lower number of minutes is better</i></p>	<p>88 Minutes</p> <p>Other Very High volume hospitals: Nation: 32 Minutes Georgia: 44 Minutes</p>

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▼ Preventive care

Hospitals and healthcare providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how

preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Patients assessed and given influenza vaccination <i>Higher percentages are better</i>	96% ²	92%	94%
Healthcare workers given influenza vaccination <i>Higher percentages are better</i>	97%	86%	84%

▼ Children's asthma care

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ Effective children's asthma care

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Children and their caregivers who received a home management plan of care document while	Not Available	Not Available ⁵	88%

hospitalized for asthma
Higher percentages are better

▼ Stroke care

A stroke, sometimes called a "brain attack," occurs when blood flow to the brain is interrupted. When a stroke occurs, brain cells in the immediate area begin to die because they stop getting the oxygen and nutrients they need to function. There are 2 major kinds of stroke:

An ischemic stroke is caused by fatty build-up or a blood clot that blocks or plugs a blood vessel or artery in the brain.

A hemorrhagic stroke is caused by a blood vessel in the brain that breaks and bleeds into the brain.

Strokes can cause a loss of the ability to speak, memory problems, or paralysis on one side of the body. Getting the right care at the right time can help reduce the risk of complications and another stroke. These measures show some of the standards of stroke care that hospitals should follow, for adults who have had a stroke.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ Timely stroke care

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started Higher percentages are better	Not Available ^{1,2}	85%	84%
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of hospital admission Higher percentages are better	99% ²	98%	98%
Ischemic or hemorrhagic stroke	99% ²	98%	97%

<p>hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of hospital admission <i>Higher percentages are better</i></p>			
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▼ Effective stroke care

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
<p>Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots at discharge <i>Higher percentages are better</i></p>	99% ²	99%	99%
<p>Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge <i>Higher percentages are better</i></p>	100% ²	97%	97%
<p>Ischemic stroke patients needing medicine to lower bad cholesterol, who were given a prescription for this medicine at discharge <i>Higher percentages are better</i></p>	100% ²	97%	97%
<p>Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay</p>	93% ²	95%	94%

hospital stay <i>Higher percentages are better</i>			
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services <i>Higher percentages are better</i>	99% ²	99%	98%

▼ Blood clot prevention & treatment

Because hospital patients often have to stay in bed for long periods of time, any patient who is admitted to the hospital is at increased risk of developing a blood clot in the veins (known as [venous thromboembolism](#)). Blood clots can break off and travel to other parts of the body and cause serious problems, even death. Fortunately, there are safe, effective, and proven methods to prevent blood clots or to treat them when they occur.

The measures listed below show how well hospitals are providing recommended care known to prevent or treat blood clots and how often blood clots occur that could have been prevented.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ Blood clot prevention

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery <i>Higher percentages are better</i>	92% ²	93%	94%
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) <i>Higher percentages are better</i>	88% ²	97%	97%

<p>Patients who developed a blood clot while in the hospital who <i>did not</i> get treatment that could have prevented it <i>Lower percentages are better</i></p>	3% ²	2%	3%
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▼ Blood clot treatment

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
<p>Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time <i>Higher percentages are better</i></p>	98% ²	93%	94%
<p>Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner caused unplanned complications <i>Higher percentages are better</i></p>	100% ^{2,3}	100%	99%
<p>Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine <i>Higher percentages are better</i></p>	100% ²	93%	92%

▼ Pregnancy & delivery care

... providing care to pregnant women... hospitals and doctors can improve outcomes for a safe delivery and a healthy baby.

This measure shows the percentage of pregnant women who had elective deliveries 1-3 weeks early (either vaginally or by C-section) whose early deliveries weren't medically necessary. Higher numbers may indicate that hospitals aren't doing enough to discourage this unsafe practice.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
<p>Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary <i>Lower percentages are better</i></p>	0% ²	2%	3%

Complications

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Overall rating ⓘ:

1 out of 5 stars

[Learn more about the overall ratings](#)

Distance ⓘ: 0.5 miles

Hospital type: Acute Care Hospitals
 Provides emergency services: Yes

Complications

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

▼ Surgical complications

This section shows serious complications that patients with Original Medicare experienced during a hospital stay or after having certain inpatient surgical procedures. These complications can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

[Find out why these measures are important.](#)

[Get more information about the hip/knee data.](#)

[Get more information about the AHRQ data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of complications for hip/knee replacement patients	Number of Cases Too Small ¹	3.0%
Serious complications (From AHRQ ⓘ)	Worse than the National Rate	0.90
Deaths among patients with serious treatable complications after surgery (From AHRQ ⓘ)	No Different than the National Rate	136.48 per 1,000 patient discharges

▼ Healthcare-associated infections

Healthcare-associated infections, or HAIs, are infections that people get while they're getting treatment for another condition in a healthcare setting. HAIs can occur in all settings of care, including acute care hospitals, long term acute care hospitals, rehabilitation facilities, surgical centers, cancer hospitals, and skilled nursing facilities. Many of these infections can be prevented through the use of proper procedures and precautions. Below, different HAIs for each hospital are compared to the U.S. benchmark.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL
Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	No Different than National Benchmark

Central line-associated bloodstream infections (CLABSI) in ICUs only	No Different than National Benchmark
Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	Better than the National Benchmark
Catheter-associated urinary tract infections (CAUTI) in ICUs only	Better than the National Benchmark
Surgical site infections from colon surgery (SSI: Colon)	No Different than National Benchmark
Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	Worse than the National Benchmark
Methicillin-resistant <i>Staphylococcus Aureus</i> (MRSA) Blood Laboratory-identified Events (Bloodstream infections)	No Different than National Benchmark
<i>Clostridium difficile</i> (C.diff.) Laboratory-identified Events (Intestinal infections)	No Different than National Benchmark

Readmissions & deaths

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1 out of 5 stars

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Distance : 0.5 miles

Hospital type: Acute Care Hospitals
Provides emergency services: Yes

Readmissions & deaths

Measures of readmission show when patients who have had a recent hospital stay need to go back into a hospital again for unplanned care within 30 days of leaving the hospital.

Measures of death show when patients die, for any reason, within 30 days of admission to a hospital.

Hospitals can often prevent these events by following best practices for treating patients.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

▼ 30-day readmissions & deaths by medical condition

▼ Chronic obstructive pulmonary disease (COPD)

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	No Different than the National Rate	20.0%
Death rate for COPD patients	No Different than the National Rate	8.0%

▼ Heart attack

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission for heart attack patients	No Different than the National Rate	16.8%
Death rate for heart attack patients	No Different than the National Rate	14.1%

▼ Heart failure

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission for heart failure patients	No Different than the National Rate	21.9%

Failure patients	Rate	
Death rate for heart failure patients	No Different than the National Rate	12.1%

▼ **Pneumonia**

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission for pneumonia patients	No Different than the National Rate	17.1%
Death rate for pneumonia patients	No Different than the National Rate	16.3%

▼ **Stroke**

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission for stroke patients	No Different than the National Rate	12.5%
Death rate for stroke patients	Worse than the National Rate	14.9%

▼ **30-day readmissions & deaths by surgical procedure**

▼ **Coronary artery bypass graft (CABG)**

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission for coronary artery bypass graft (CABG) surgery patients	Number of Cases Too Small ¹	14.4%

Death rate for CABG surgery patients	Number of Cases Too Small ¹	3.2%
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▼ **Hip/knee replacement**

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission after hip/knee replacement	Number of Cases Too Small ¹	4.6%

▼ **30-day hospital-wide readmission**

	GRADY MEMORIAL HOSPITAL	NATIONAL RATE
Rate of readmission after discharge from hospital (hospital-wide)	No Different than the National Rate	15.6%

Use of medical imaging

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Overall rating :

1 out of 5 stars

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Distance : 0.5 miles

Hospital type: Acute Care Hospitals
Provides emergency services: Yes

Use of medical imaging

These measures give you information about hospitals' use of medical imaging tests (like mammograms, MRIs, and CT scans) for outpatients based on the following:

- Protecting patients' safety, like keeping patients' exposure to radiation and other risks as low as possible;
- Following up properly when screening tests like mammograms show a possible problem; and
- Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be

inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. It doesn't include medical imaging tests done for patients who have been admitted to the hospital as inpatients.

These measures are based on Medicare claims data.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	GEORGIA AVERAGE	NATIONAL AVERAGE
<p>Outpatients with low-back pain who had an MRI without trying recommended treatments first, such as physical therapy</p> <p>If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain. <i>Lower percentages are better</i></p>	Not Available ¹	39.2%	39.5%
<p>Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within the 45 days following a screening mammogram</p> <p>A follow-up rate near zero may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow-up.</p>	5.9%	8.6%	8.9%
<p>Outpatient CT scans of the chest that were "combination" (double) scans</p> <p>If a number is high, it</p>	2.6%	2.9%	2.1%

<p>may mean that too many patients have a double scan when a single scan is all they need. <i>Lower percentages are better</i></p>			
<p>Outpatient CT scans of the abdomen that were “combination” (double) scans</p> <p>If a number is high, it may mean that too many patients have a double scan when a single scan is all they need. <i>Lower percentages are better</i></p>	6.7%	9.0%	8.4%
<p>Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery</p> <p>If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries. <i>Lower percentages are better</i></p>	1.8%	5.1%	4.8%
<p>Outpatients with brain CT scans who got a sinus CT scan at the same time</p> <p>If a number is high, it may mean that too many patients have both a brain and sinus scan, when a single scan is all they need. <i>Lower percentages are better</i></p>	6.5%	2.6%	2.9%

Payment & value of care

Payment & value of care

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 Provides emergency services: Yes

▼ **Medicare Spending per Beneficiary**

The Medicare Spending Per Beneficiary (MSPB or “Medicare hospital spending per patient”) measure shows whether Medicare spends more, less, or about the same on an episode of care for a Medicare patient treated in a specific inpatient hospital compared to how much Medicare spends on an episode of care across all inpatient hospitals nationally. This measure includes all Medicare Part A and Part B payments made for services provided to a patient during an episode of care, which includes the 3 days prior to the hospital stay, the inpatient hospital stay, and the 30 days after discharge from the hospital.

The payments included in this measure are price-standardized and risk-adjusted. Price standardization removes sources of variation that are due to geographic payment differences such as wage index and geographic practice cost differences, as well as indirect medical education (IME) or disproportionate share hospital (DSH) payments. Risk adjustment accounts for variation due to patient health status.

This result is a ratio calculated by dividing the amount Medicare spent per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per episode of care nationally. A lower ratio means that Medicare spent less per patient.

A ratio equal to the national average means that Medicare spends ABOUT THE SAME per patient for an episode of care initiated at this hospital as it does per episode of care across all inpatient hospitals nationally.

A ratio that is more than the national average means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per episode of care across all inpatient hospitals nationally.

A ratio that is less than the national average means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per episode of care across all inpatient hospitals nationally.

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL RATIO	GEORGIA AVERAGE	NATIONAL AVERAGE

	RATIO		
Medicare Spending per Beneficiary (displayed in ratio)	0.97	0.95	0.98

▼ Payment

The payment measures add up all payments made for care starting the day the patient enters the hospital and continuing for the next 30 days. This can include payments made to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient co-pays made during this time. Payments can be from Medicare, other health insurers, or the patients themselves. Looking at how payments vary is one way to see differences in how hospitals and other healthcare providers care for patients.

▼ Payment for heart attack patients

For more information, click on the links below:

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	NATIONAL AVERAGE PAYMENT
Payment for heart attack patients	Less than the National Average Payment	\$22,760

▼ Payment for heart failure patients

For more information, click on the links below:

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	NATIONAL AVERAGE PAYMENT
Payment for heart failure patients	Less than the National Average Payment	\$15,959

▼ Payment for pneumonia patients

Payment for pneumonia patients

For more information, click on the links below:

[Find out why these measures are important.](#)

[Get more information about the data.](#)

[Get the current data collection period.](#)

	GRADY MEMORIAL HOSPITAL	NATIONAL AVERAGE PAYMENT
Payment for pneumonia patients	No Different than the National Average Payment	\$14,817

▼ Value of care

Looking at payment measures together with quality-of-care measures (such as death rates) allows you to assess the value of care in hospitals.

The payment measures add up the payments for care starting the day the patient enters the hospital and continuing for the next 30 days. For example, this can include payments to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient co-pays made during this time. The quality measures below look at death rates in the first 30 days after patients are hospitalized. This includes deaths for any reason, not just from a heart attack, heart failure, or pneumonia.

▼ Value of care for heart attack patients

For more information, click on the links below:

[Find out why these measures are important.](#)

Get more information about [payment data](#) and [mortality data](#).

[Get the current data collection periods.](#)

	GRADY MEMORIAL HOSPITAL
Death rate for heart attack patients	No Different than the National Rate
Payment for heart attack patients	Less than the National Average Payment

The National Death Rate for heart attack patients this reporting period was **14.1%**.

The National Average Payment for heart attack patients this reporting period was **\$22,760**.

▼ Value of care for heart failure patients

For more information, click on the links below:

[Find out why these measures are important.](#)

Get more information about [payment data](#) and [mortality data](#).

[Get the current data collection periods.](#)

	GRADY MEMORIAL HOSPITAL
Death rate for heart failure patients	No Different than the National Rate
Payment for heart failure patients	Less than the National Average Payment

The National Death Rate for heart failure patients this reporting period was **12.1%**.

The National Average Payment for heart failure patients this reporting period was **\$15,959**.

▼ Value of care for pneumonia patients

For more information, click on the links below:

[Find out why these measures are important.](#)

Get more information about [payment data](#) and [mortality data](#).

[Get the current data collection periods.](#)

	GRADY MEMORIAL HOSPITAL
Death rate for pneumonia patients	No Different than the National Rate
Payment for pneumonia patients	No Different than the National Average Payment

The National Death Rate for pneumonia patients this reporting period was **16.3%**.

The National Average Payment for pneumonia patients this reporting period was **\$14,817**.

Footnotes

Footnote number	Footnote as displayed on Hospital Compare
1	The number of cases/patients is too few to report.
2	Data submitted were based on a sample of cases/patients.
3	Results are based on a shorter time period than required.
4	Data suppressed by CMS for one or more quarters.
5	Results are not available for this reporting period.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.
7	No cases met the criteria for this measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
9	No data are available from the state/territory for this reporting period.
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.
11	There were discrepancies in the data collection process.
12	This measure does not apply to this hospital for this reporting period.
13	Results cannot be calculated for this reporting period.
14	The results for this state are combined with nearby states to protect confidentiality.
15	The number of cases/patients is too few to report a star rating.
16	There are too few measures or measure groups reported to calculate a star rating or measure group score.
17	This hospital's star rating only includes data reported on inpatient services.
18	This result is not based on performance data; the hospital did not submit data and did not submit a waiver
*	For Maryland hospitals, no data are available to calculate a PSI 90 measure result; therefore, no performance decile or points are assigned for Domain 1 and the Total HAC score is dependent on the Domain 2 score.
**	This value was calculated using data reported by the hospital in compliance with the requirements outlined for this program and does not take into account information that became available at a later date.