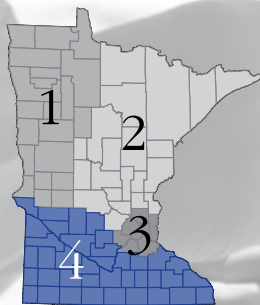




REGION 4



Hospital Measures

REGION 4 Southwest, Southeast and South Central, Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Redwood, Renville, Rice, Rock, Sibley, Steele, Swift,, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine



Hospital Measures

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Choose the health care quality topic you want to learn about.

Hospital quality information is available for four topics:

- Heart Conditions
- Surgeries
- Medical Complications and Infections
- Other Conditions

One topic may be of greater interest to you than others. For example, if you or a loved one has a heart problem, you will probably be interested in the “Heart Conditions” topic. However, anyone facing a hospital stay should be interested in the topic “Medical Complications and Infections in the Hospital” since it discusses problems that can occur for any hospital patient. All the information refers to care provided for adult patients.

Each topic includes information on several different quality indicators. A quality indicator is a piece of information, usually a percentage rate, that shows how often patients had a particular experience when they received medical care. These experiences reflect a particular aspect of health care quality. Each health topic is briefly described below, with examples of quality indicators for that topic. To learn about all the indicators presented for each topic, please turn to the appropriate page noted in the index at the start of this section.

Heart Conditions: This section includes measures related to whether patients received the best type of care for heart attacks and heart failure.

Surgeries: This section includes information associated with heart surgeries and surgery to repair an abnormally enlarged artery supplying blood to the lower half of the body. There is also information regarding surgery-related complications and treatments.

Medical Complications and Infections in the Hospital for Adult Patients: This section includes problems or complications that can be experienced by any hospital patient, as well as infection prevention measures.

Other Conditions: This section includes information about the best types of treatment for pneumonia patients, and problems related to hip fracture surgeries, and childbirth, specifically how often a birth-related injury occurs to the mother.

More Information about the Results

Be sure to note whether a higher or lower percentage rate is better for the measure you are interested in. This will vary across the different measures for hospitals. Keep in mind the percentage rate is related to how many patients out of one hundred met the criteria outlined in the measure. For example, if the hospital rate for the “Heart Attack: Aspirin Given When Patients Arrived at the Hospital” measure is 88%, this means 88 out of 100 heart attack patients received aspirin when they arrived at the hospital.

**QUALITY OF CARE FOR HEART CONDITIONS
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Quality of Care for Heart Failure

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Appendix Table. 206



HEART ATTACKS

A heart attack (also called acute myocardial infarction or AMI) happens when the arteries leading to the heart become blocked and the blood supply is slowed or stopped. When the heart muscle can't get the oxygen and nutrients it needs, the part of the heart tissue that is affected may die.

The symptoms of a heart attack can include:

- chest pain (*often described as a crushing, squeezing or burning pain in the center of the chest that may radiate to your arm or jaw*)
- shortness of breath
- dizziness or faintness
- sweating
- nausea
- cold or clammy skin
- a gray or very ill appearance.

Sometimes there may be no symptoms, especially if you have diabetes. Women sometimes have different symptoms, such as a different kind of chest pain and/or abdominal pain.

The Best Care for Heart Attack Patients

What is the measure?

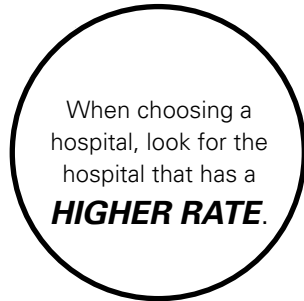
This measure shows the percent of patients receiving ALL of the appropriate care that they should have received based on their clinical condition. For heart attack patients this includes the remaining measures in this section:

- Aspirin Given When Patients Arrive at the Hospital
- Aspirin Given When Patients were Released from the Hospital
- Patients Given ACE Inhibitor or ARB Prescription for left ventricular systolic dysfunction (LVSD) When Released from the Hospital
- Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
- Patients Given Beta Blocker Prescription When Released from the Hospital
- Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival
- Patients Given PCI Within 90 Minutes of Hospital Arrival

The measure takes patient individuality into consideration, looking at one patient and his/her episode of care at a time, related to heart attacks (also known as acute myocardial infarction or AMI).

Why is this important?

This measure is a composite, or all-or-none, quality of care measure called an appropriate care measure (ACM). These types of measures are patient-focused measures that provide a way of looking at whether a patient received ALL of the “appropriate” or “right care” (recommended treatments) that he or she should have received, based on his or her clinical condition.



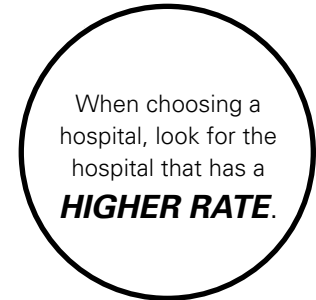
Performance on this measure ranged from 88 percent to 100 percent.

MEASURE SOURCE: Acute Myocardial Infarction Appropriate Care Measure (AMI-ACM)

Heart Attack: Aspirin Given When Patients Arrived at the Hospital

What is the measure?

This measure shows the percent of heart attack patients who were given (or took) aspirin within 24 hours of arrival at the hospital.



Why is this important?

The heart is a muscle that gets oxygen through blood vessels. Sometimes blood clots can block these blood vessels, and the heart can't get enough oxygen. This can cause a heart attack (also known as an acute myocardial infarction or AMI). Chewing an aspirin as soon as symptoms of a heart attack begin may help reduce the severity of the attack. This chart shows the percent of heart attack patients who were given (or took) aspirin within 24 hours of arrival at the hospital.

Performance on this measure ranged from 93 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (AMI-1: Aspirin at arrival)

Heart Attack: Aspirin Prescribed When Patients were Released from the Hospital

What is the measure?

This measure shows the percent of heart attack patients who were prescribed aspirin when they were discharged from the hospital.

Why is this important?

Blood clots can block blood vessels. Aspirin can help prevent blood clots from forming or help dissolve blood clots that have formed. Following a heart attack, continued use of aspirin may help reduce the risk of another heart attack. Aspirin can have side effects like stomach inflammation, bleeding, or allergic reactions. Talk to your health care provider before using aspirin on a regular basis to make sure it's safe for you.

Performance on this measure ranged from 95 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-2: Aspirin prescribed at discharge)



Heart Attack: Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital

What is the measure?

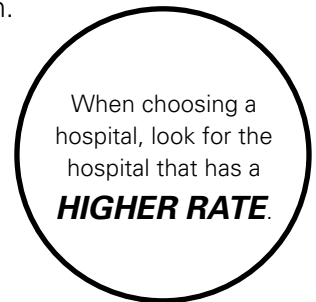
This measure is used to assess the percent of heart attack patients with left ventricular systolic dysfunction (LVSD) who were prescribed an ACE Inhibitor or ARB when they were discharged from the hospital. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

Why is this important?

ACE (angiotensin converting enzyme) inhibitors and ARBs (angiotensin receptor blockers) are medicines used to treat patients with heart failure and are particularly beneficial in those patients with heart failure and decreased function of the left side of the heart. Early treatment with ACE inhibitors and ARBs in patients who have heart failure symptoms or decreased heart function after a heart attack can also reduce their risk of death from future heart attacks. ACE inhibitors and ARBs work by limiting the effects of a hormone that narrows blood vessels, and may thus lower blood pressure and reduce the work the heart has to perform. Since the ways in which these two kinds of drugs work are different, your doctor will decide which drug is most appropriate for you. If you have a heart attack and/or heart failure, you should get a prescription for ACE inhibitors or ARBs if you have decreased heart function before you leave the hospital.

Performance on this measure ranged from 96 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-3: ACEI or ARB for Left Ventricular Systolic Dysfunction (LVSD))



Heart Attack: Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

What is the measure?

This measure shows the percent of heart attack patients with a history of smoking cigarettes, who were given advice/counseling about stopping smoking while they were in the hospital. For the purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.



Why is this important?

Smoking increases your risk for developing blood clots and heart disease that can result in a heart attack, heart failure or stroke. Smoking causes your arteries to thicken and your blood vessels to narrow. Fat and plaque stick to the walls of your arteries, which makes it harder for blood to flow. Reduced blood flow to your heart may result in chest pain, high blood pressure, and an increased heart rate. Smoking is also linked to lung disease and cancer, and can cause premature death. It is important that you get information to help you quit smoking before you leave the hospital. Quitting may help prevent another heart attack.

Performance on this measure ranged from 99 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-4: Adult smoking cessation advice/counseling)

Heart Attack: Patients Given Beta Blocker Prescription When Released from the Hospital

What is the measure?

This measure shows the percent of heart attack patients who were prescribed a beta-blocker when they were discharged from the hospital.



Why is this important?

Beta blockers are a type of medicine that is used to lower blood pressure, treat chest pain (angina) and heart failure, and to help prevent a heart attack. Beta blockers relieve the stress on your heart by slowing the heart rate and reducing the force with which your heart muscles contract to pump blood. They also help keep blood vessels from constricting in your heart, brain, and body. If you have a heart attack, you should get a prescription for a beta blocker before you leave the hospital.

Performance on this measure ranged from 93 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-5: Beta-blocker prescribed at discharge)

Heart Attack: Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival

What is the measure?

This measure shows the percent of heart attack patients receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Why is this important?

The heart is a muscle that gets oxygen through blood vessels. Sometimes blood clots can block these blood vessels and the heart can't get enough oxygen. This can cause a heart attack. Fibrinolytic drugs are medicines that can help dissolve blood clots in blood vessels and improve blood flow to your heart. You should get them within 30 minutes of arrival at the hospital.

MEASURE SOURCE: Hospital Compare Measure (AMI-7a: Fibrinolytic therapy received within 30 minutes of hospital arrival)

Heart Attack: Patients Given PCI Within 90 Minutes of Hospital Arrival

What is the measure?

This measure shows the percentage of heart attack patients receiving primary Percutaneous Coronary Intervention (PCI) during the hospital stay. For the purposes of this measure, the PCI was received within 90 minutes or less from the time the patient arrived at the hospital.

Why is this important?

The heart is a muscle that gets oxygen through blood vessels. Sometimes blood clots can block these blood vessels, and the heart can't get enough oxygen. This can cause a heart attack. Percutaneous Coronary Interventions (PCI) are procedures that are among the most effective ways to open blocked blood vessels and help prevent further heart muscle damage. A PCI is performed by a doctor to open the blockage and increase blood flow in blocked blood vessels. Improving blood flow to your heart as quickly as possible lessens the damage to your heart muscle. It also can increase your chances of surviving a heart attack. There are three procedures commonly described by the term PCI. These procedures all involve a catheter (a flexible tube) that is inserted, often through your leg, and guided through the blood vessels to the blockage. The three procedures are:

- Angioplasty - a balloon is inflated to open the blood vessel.
- Stenting - a small wire tube called a stent is placed in the blood vessel to hold it open.
- Atherectomy - a blade or laser cuts through and removes the blockage.

Performance on this measure ranged from 87 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (AMI-8a: Primary percutaneous coronary intervention (PCI) received within 90 minutes of hospital arrival)

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

HEART FAILURE

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. Your heart tries to pump more blood, but the muscle walls become weaker over time.

Symptoms of heart failure may include:

- shortness of breath from fluid in the lungs
- swelling (such as in legs, ankles or abdomen)
- dizziness
- fatigue
- weakness
- cold or clammy skin
- a rapid or irregular heartbeat.

Heart failure can be a result of heart condition due to

- hardening of the arteries, also known as coronary artery disease,
- a heart attack,
- cardiomyopathy (heart muscle damage from infection or alcohol or drug abuse), or
- an overworked heart (caused over time by conditions like high blood pressure, kidney disease, diabetes, or a defect from birth).

The Best Care for Heart Failure Patients

What is the measure?


This measure shows the percent of patients receiving ALL of the appropriate care that they should have received based on their clinical condition. For heart failure patients this includes the remaining measures in this section:

- Patients Given Instructions When Released from the Hospital
- Patients Given Evaluation of Left Ventricular Systolic (LVS) Function While in the Hospital or Scheduled for After the Patient was Released
- Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital
- Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

The measure takes patient individuality into consideration, looking at one patient and their episode of care at a time, related to heart failure.

Why is this important?

This measure is a composite, or all-or-none, quality of care measure called an appropriate care measure (ACM). These types of measures are patient-focused measures that provide a way of looking at whether a patient received ALL of the "appropriate" or "right care" (recommended treatments) that he or she should have received, based on his or her clinical condition. Each patient is unique and may not be eligible for every type of care for a condition. The measure takes this into consideration.



When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Performance on this measure ranged from 26 percent to 98 percent.

MEASURE SOURCE: Heart Failure Appropriate Care Measure (HF-ACM)

Heart Failure: Patients Given Instructions When Released from the Hospital

What is the measure?

This measure shows the percent of heart failure patients given written discharge instructions or educational materials when they were discharged from the hospital.

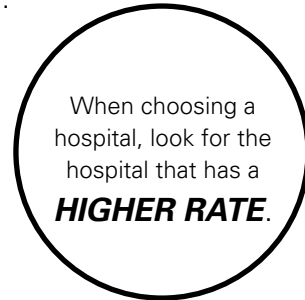
Why is this important?

Heart failure is a chronic condition. It results in symptoms such as shortness of breath, dizziness, and fatigue. Before you leave the hospital, the staff at the hospital should provide you with information to help you manage the symptoms after you get home. The information should include:

- activity level (what you can and can't do)
- diet (what you should, and shouldn't eat or drink)
- medications
- follow-up appointment
- watching your daily weight
- what to do if your symptoms get worse

Performance on this measure ranged from 50 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(HF-1: Discharge instructions)



Heart Failure: Patients Given Evaluation of Left Ventricular Systolic (LVS) Function While in the Hospital or Scheduled for After the Patient was Released

What is the measure?

This measure shows the percent of heart failure patients with documentation in the hospital record that left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge.

Why is this important?

The proper treatment for heart failure depends on what area of your heart is affected. An important test is to check how your heart is pumping, called an "evaluation of the left ventricular systolic function." It can tell your health care provider whether the left side of your heart is pumping properly.

Performance on this measure ranged from 70 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(HF-2: Evaluation of left ventricular systolic (LVS) function)




Heart Failure: Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital

What is the measure?

This measure shows the percent of heart failure patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

Why is this important?

ACE (angiotensin converting enzyme) inhibitors and ARBs (angiotensin receptor blockers) are medicines used to treat patients with heart failure and are particularly beneficial in those patients with heart failure and decreased function of the left side of the heart. Early treatment with ACE inhibitors and ARBs in patients who have heart failure symptoms or decreased heart function after a heart attack can also reduce their risk of death from future heart attacks. ACE inhibitors and ARBs work by limiting the effects of a hormone that narrows blood vessels, and may thus lower blood pressure and reduce the work the heart has to perform. Since the ways in which these two kinds of drugs work are different, your doctor will decide which drug is most appropriate for you. If you have a heart attack and/or heart failure, you should get a prescription for ACE inhibitors or ARBs if you have decreased heart function before you leave the hospital.

A circular callout box with a black border containing text.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Performance on this measure ranged from 81 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure

(HF-3: ACEI or ARB for left ventricular systolic dysfunction (LVSD))


Heart Failure: Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

What is the measure?

This measure shows the number of heart failure patients with a history of smoking cigarettes, who are given advice or counseling about stopping smoking while in the hospital. For the purposes of the measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

Why is this important?

Smoking increases your risk for developing blood clots and heart disease, which can result in a heart attack, heart failure or stroke. Smoking causes your blood vessels to thicken. Fat and plaque then stick to the wall of your blood vessels, which makes it harder for blood to flow. Reduced blood flow to your heart may result in chest pain, high blood pressure, and an increased heart rate. Smoking is linked to lung disease and cancer, and can cause premature death. It is important for your health that you get information to help you quit smoking before you leave the hospital.

A circular callout box with a black border containing text.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Performance on this measure ranged from 96 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure

(HF-4: Adult smoking cessation advice/counseling)

Quality of Care for Heart Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Note on Percentage Rates:

The rate shows how many patients out of one hundred received the described treatment.

HOSPITAL NAME	Heart Attack								Heart Failure				
	The Best Care for Heart Attack Patients	Aspirin Given When Patients Arrived at the Hospital	Aspirin Prescribed When Patients were Released from the Hospital	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Beta Blocker Prescription When Released from the Hospital	Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival	Patients Given PCI Within 90 Minutes of Hospital Arrival	The Best Care for Heart Failure Patients	Patients Given Instructions When Released from the Hospital	Patients Given Evaluation of LVS Function While in the Hospital or Scheduled for After the Patient was Released	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from the Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
Overall Minnesota Average	97%	95%	93%	94%	90%	90%	*	94%	83%	70%	83%	86%	83%
Albert Lea Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	78%	70%	95%	*	*
Appleton Municipal Hospital and Nursing Home	*	*	*	*	*	*	*	*	*	*	*	*	*
Austin Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	94%	94%	99%	*	*
Avera Marshall Regional Medical Center - Marshall	*	*	*	*	*	*	*	*	*	*	96%	*	*
Cannon Falls Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Chippewa County-Montevideo Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairmont Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	81%	70%	100%	100%	*
Fairview Red Wing Hospital	*	*	*	*	*	*	*	*	97%	96%	100%	*	*
Glencoe Regional Health Services	*	*	*	*	*	*	*	*	69%	*	96%	*	*
Granite Falls Municipal Hospital and Manor	*	*	*	*	*	*	*	*	*	*	*	*	*
Hendricks Community Hospital Association	*	*	*	*	*	*	*	*	*	*	*	*	*
Holy Trinity Hospital: Graceville Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Hutchinson Community Hospital	*	*	*	*	*	*	*	*	88%	83%	100%	*	*

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For more detailed information, see appendices starting on page 203.

Quality of Care for Heart Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Note on Percentage Rates:

The rate shows how many patients out of one hundred received the described treatment.

HOSPITAL NAME	Heart Attack								Heart Failure				
	The Best Care for Heart Attack Patients	Aspirin Given When Patients Arrived at the Hospital	Aspirin Prescribed When Patients were Released from the Hospital	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Beta Blocker Prescription When Released from the Hospital	Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival	Patients Given PCI Within 90 Minutes of Hospital Arrival	The Best Care for Heart Failure Patients	Patients Given Instructions When Released from the Hospital	Patients Given Evaluation of LVS Function While in the Hospital or Scheduled for After the Patient was Released	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from the Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
Overall Minnesota Average	97%	95%	93%	94%	90%	90%	*	94%	83%	70%	83%	86%	83%
Immanuel-St Josephs: Mayo Health System - Mankato	100%	100%	100%	100%	100%	100%	*	100%	91%	90%	97%	100%	*
Johnson Memorial Hospital - Dawson	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake City Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Madelia Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Madison Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Meeker County Memorial Hospital - Litchfield	*	*	*	*	*	*	*	*	32%	*	74%	*	*
Methodist Hospital: Mayo Clinic - Rochester	*	*	*	*	*	*	*	*	*	*	*	*	*
Minnesota Valley Health Center - Le Sueur	*	*	*	*	*	*	*	*	*	*	*	*	*
Murray County Memorial Hospital - Slayton	*	*	*	*	*	*	*	*	*	*	*	*	*
New Ulm Medical Center	*	*	*	*	*	*	*	*	97%	94%	100%	*	*
Northfield Hospital	*	*	*	*	*	*	*	*	69%	62%	98%	*	*
Olmsted Medical Center - Rochester	*	*	*	*	*	*	*	*	*	*	*	*	*
Ortonville Area Health Services	*	*	*	*	*	*	*	*	*	*	*	*	*

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* Sufficient data not available

For more detailed information, see appendices starting on page 203.

Quality of Care for Heart Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Note on Percentage Rates:

The rate shows how many patients out of one hundred received the described treatment.

HOSPITAL NAME	Heart Attack								Heart Failure				
	The Best Care for Heart Attack Patients	Aspirin Given When Patients Arrived at the Hospital	Aspirin Prescribed When Patients were Released from the Hospital	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Beta Blocker Prescription When Released from the Hospital	Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival	Patients Given PCI Within 90 Minutes of Hospital Arrival	The Best Care for Heart Failure Patients	Patients Given Instructions When Released from the Hospital	Patients Given Evaluation of LVS Function While in the Hospital or Scheduled for After the Patient was Released	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from the Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
Overall Minnesota Average	97%	95%	93%	94%	90%	90%	*	94%	83%	70%	83%	86%	83%
Owatonna Hospital	*	*	*	*	*	*	*	*	96%	95%	97%	*	*
Pipestone County Medical Center: Avera	*	*	*	*	*	*	*	*	*	*	*	*	*
Redwood Area Hospital - Redwood Falls	*	*	*	*	*	*	*	*	*	*	*	*	*
Renville County Hospital And Clinics - Olivia	*	*	*	*	*	*	*	*	*	*	*	*	*
Rice County District One Hospital - Faribault	*	*	*	*	*	*	*	*	78%	88%	90%	*	*
Rice Memorial Hospital - Willmar	*	*	*	*	*	*	*	*	84%	82%	97%	92%	*
River's Edge Hospital & Clinic - St. Peter	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Canby Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Hospital Luverne	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Jackson Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Regional Hospital Worthington	*	*	*	*	*	*	*	*	62%	85%	76%	*	*
Sanford Tracy Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Westbrook Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*

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For more detailed information, see appendices starting on page 203.

Quality of Care for Heart Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Note on Percentage Rates:

The rate shows how many patients out of one hundred received the described treatment.

HOSPITAL NAME	Heart Attack								Heart Failure				
	The Best Care for Heart Attack Patients	Aspirin Given When Patients Arrived at the Hospital	Aspirin Prescribed When Patients were Released from the Hospital	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Beta Blocker Prescription When Released from the Hospital	Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival	Patients Given PCI Within 90 Minutes of Hospital Arrival	The Best Care for Heart Failure Patients	Patients Given Instructions When Released from the Hospital	Patients Given Evaluation of LVS Function While in the Hospital or Scheduled for After the Patient was Released	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from the Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
Overall Minnesota Average	97%	95%	93%	94%	90%	90%	*	94%	83%	70%	83%	86%	83%
Sibley Medical Center - Arlington	*	*	*	*	*	*	*	*	*	*	*	*	*
Sleepy Eye Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Springfield Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
St Elizabeth Medical Center - Wabasha	*	*	*	*	*	*	*	*	*	*	*	*	*
St James Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
St Mary's Hospital: Mayo Clinic - Rochester	99%	100%	99%	100%	100%	100%	*	*	91%	89%	100%	96%	100%
Swift County Benson Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Tyler Healthcare Center: Avera	*	*	*	*	*	*	*	*	*	*	*	*	*
United Hospital District - Blue Earth	*	*	*	*	*	*	*	*	*	*	*	*	*
Waseca Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Windom Area Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Winona Health Services	90%	93%	*	*	*	*	*	*	98%	100%	98%	*	*

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* Sufficient data not available

For more detailed information, see appendices starting on page 203.

**QUALITY OF CARE FOR SURGERIES
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HEART SURGERIES

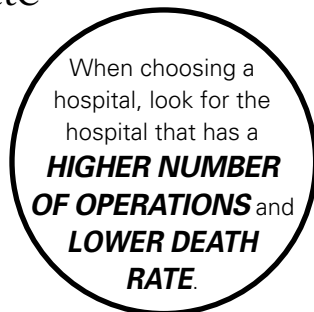
When arteries carrying blood to the heart get blocked, this can lead to a heart attack. There are a number of surgical interventions which can unblock these blood vessels and restore blood flow. Since these surgeries are so technically difficult, outcomes will generally be better at hospitals that perform more of these procedures. The measures in this section report the number of surgeries performed and the death rate for heart bypass surgery and angioplasty heart surgery.

Use the information in this section to see how hospitals compare in their quality of care related to heart surgeries.

Heart Bypass Surgery: Number of Operations and Death Rate

What is the measure?

Heart bypass surgery can restore good blood flow to the heart. The coronary artery bypass graft (CABG) surgery reroutes, or “bypasses,” blood around clogged arteries to improve blood flow and oxygen to the heart. These measures show the number of times a hospital performed a CABG and the rate of patient deaths related to the surgery. Research shows that, in general, when hospitals do these procedures frequently, they are more likely to have good results. Often, but not always, a hospital that has a higher number of operations will have lower death rates.



Why is this important?

The arteries that bring blood to the heart muscle can become clogged by fat and other substances. This can slow or stop blood flow through the heart’s blood vessels, leading to chest pain or a heart attack. A bypass surgery may be recommended to implant tissue from another part of the body to act as a tube that allows blood to flow around one or more blocked or narrowed arteries.

Although CABG is a fairly common form of open heart surgery, it is a technically difficult procedure. Errors during the surgery may lead to other health problems, such as heart attack, stroke, and death. About 3-4% of patients die from CABG surgery. Your surgical risks are related to your age, other medical conditions and the number of procedures you have during one operation. Hospitals that perform more of these surgeries have been associated with better outcomes, including a lower number of deaths.

MEASURE SOURCE: AHRQ Inpatient Quality Indicators (IQI 5: CABG Volume and IQI 12: CABG Mortality Rate)

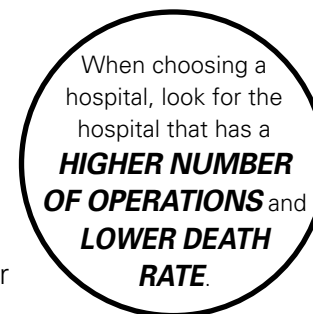
Angioplasty Heart Surgery: Number of Operations and Death Rate

What is the measure?

Percutaneous transluminal coronary angioplasty (PTCA) can restore good blood flow to the heart. PTCA surgery involves inserting a tube through the leg or arm, into the heart, to open blocked arteries and keep them open. These measures show the number of times a hospital performed this procedure and the rate of patient deaths related to the surgery. Research shows that, in general, when hospitals do these procedures frequently, they are more likely to have good results. Often, but not always, a hospital that has a higher number of procedures will have lower death rates.

Why is this important?

The arteries that bring blood to the heart muscle can become clogged by fat and other substances. This can slow or stop blood flow through the heart’s blood vessels, leading to chest pain or a heart attack. A PTCA may be recommended to open blocked arteries and improve blood to flow to the heart. A catheter (long hollow tube) is inserted through the leg or arm, into the heart, to open blocked arteries.



Although PTCA is a fairly common form of heart surgery, it is a technically difficult procedure. Errors during surgery may lead to other health problems. About 1.31% of U.S. patients die from PTCA surgery. Your surgical risks are related to your age and other medical conditions.

MEASURE SOURCE: AHRQ Inpatient Quality Indicators (IQI 6: PTCA Volume and IQI 30: PTCA Mortality Rate)

OTHER SURGERIES

Every year, more than 15 million Americans have surgery. Of these surgeries, those that are not related to an emergency are called elective surgeries. In these cases you have time to learn about your operation. You can also use this time to work with your doctor and make sure this is the right treatment for you. It is also important to consider the type of care provided at the hospital, which can reduce your risk of complications or infections. There are steps hospitals can take to lower the risk of complication and provide higher quality of care related to surgeries. An example would be ordering the best medications to prevent blood clots after an operation.

Use the information in this section to see how hospitals compare in their quality of care related to surgeries.

Surgical Repair of an Abdominal Aortic Aneurysm: Number of Operations and Death Rate

What is the measure?

These measures show the quality of hospital care related to the surgical repair of an enlarged artery or vein supplying blood to the lower half of the body. The table below shows the number of times a hospital performed this operation and rate of patient deaths related to the surgery. This procedure is somewhat rare. Research shows that, in general, when hospitals do these procedures frequently, they are more likely to have good results. Often, but not always, a hospital that has a higher number of operations will have lower death rates.

Why is this important?

Surgery to repair an abdominal aortic aneurysm (AAA) is recommended if the aneurysm causes additional symptoms or grows to a size that is likely to burst. Abdominal aortic aneurysm repair is a fairly rare form of surgery. It is a technically difficult procedure with a high death rate compared to other forms of surgery.

Surgeons completing AAA repair need to have great skill using complex equipment. Technical errors may lead to other health problems, such as irregular heartbeat, heart attack, injury to the large intestine (colonic ischemia), and death.

When choosing a hospital, look for the hospital that has a **HIGHER NUMBER OF OPERATIONS** and **LOWER DEATH RATE**.

MEASURE SOURCE: AHRQ Inpatient Quality Indicators (IQI 4: Abdominal aortic aneurysm (AAA) repair volume and IQI 11: Abdominal aortic aneurysm (AAA) repair mortality rate)

Vaginal Hysterectomy Surgical Site Infection Rate

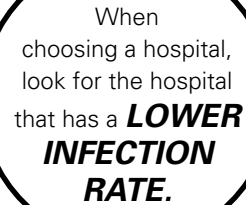
What is the measure?

This measure shows the percent of vaginal hysterectomy patients with a surgical site infection.

Why is this important?

Surgical site infections are a common complication of care. They can increase the length and cost of a hospital stay. About 2.6 percent of operations are complicated by surgical site infections every year. By following proven strategies for infection prevention, these rates can be reduced. This would save the patient from this potentially serious complication and the hospital the additional resources associated with that care.

MEASURE SOURCE: Healthcare-Associated Infection Measure (Vaginal hysterectomy surgical site infection rate)



When choosing a hospital, look for the hospital that has a **LOWER INFECTION RATE.**


Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries

What is the measure?

This measure shows the percent of surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries. In this case, the recommended venous thromboembolism (VTE) prophylaxis, or treatment to prevent blood clots, was ordered anytime from hospital arrival to 24 hours after surgery end time.

Why is this important?

Certain surgeries increase the risk that the patient will develop a blood clot (venous thromboembolism). When patients stay still for a long time after some types of surgery, they are more likely to develop a blood clot in the veins of the legs, thighs, or pelvis. A blood clot slows down the flow of blood, causing swelling, redness, and pain. A blood clot can also break off and travel to other parts of the body. If the blood clot gets into the lung, it is a serious problem that can cause death.



When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

To help prevent blood clots from forming after surgery, doctors can order treatments to be used just before or after the surgery. These include blood-thinning medications, elastic support stockings, or mechanical air stockings that help with blood flow in the legs.

Performance on this measure ranged from 75 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-VTE-1: Surgery patients with recommended venous thromboembolism prophylaxis ordered)

Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery

What is the measure?

This measure shows the percent of surgery patients who got treatment at the right time to help prevent blood clots after certain types of surgeries. These treatments need to be started at the right time, which is typically during the period that begins 24 hours before surgery and ends 24 hours after surgery.

Why is this important?

Many factors influence a surgery patient's risk of developing a blood clot, including the type of surgery. When patients stay still for a long time after some types of surgery, they are more likely to develop a blood clot in the veins of the legs, thighs, or pelvis. A blood clot slows down the flow of blood, causing swelling, redness, and pain. A blood clot can also break off and travel to other parts of the body. If the blood clot gets into the lung, it is a serious problem that can sometimes cause death.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Treatments to help prevent blood clots from forming after surgery include blood-thinning medications, elastic support stockings, or mechanical air stockings that help with blood flow in the legs.

Performance on this measure ranged from 66 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-VTE-2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery)



Quality of Care for Surgeries

When choosing a hospital, please check to see if the higher or lower rate is better.

Number of Operations: The number of these surgeries performed.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals, identifying it as performing the **SAME**, **BETTER**, or **WORSE**.

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME

HOSPITAL NAME	Heart Surgeries						Other Surgeries						
	Heart Bypass Surgery			Angioplasty Heart Surgery			Surgical Repair of an Abdominal Aortic Aneurysm			Vaginal Hysterectomy Surgical Site Infection			Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries
	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	When Compared to Other Hospitals	Infection Rate		
Overall Minnesota Average												87%	86%
Albert Lea Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	SAME	0%	97%	97%
Appleton Municipal Hospital and Nursing Home	*	*	*	*	*	*	*	*	*	*	*	*	*
Austin Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	98%	96%
Avera Marshall Regional Medical Center - Marshall	*	*	*	*	*	*	*	*	*	*	*	*	*
Cannon Falls Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Chippewa County-Montevideo Hospital	*	*	*	*	*	*	*	*	*	SAME	0%	*	*
Fairmont Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	97%	97%
Fairview Red Wing Hospital	*	*	*	*	*	*	*	*	*	SAME	1%	98%	98%
Glencoe Regional Health Services	*	*	*	*	*	*	*	*	*	*	*	*	*
Granite Falls Municipal Hospital and Manor	*	*	*	*	*	*	*	*	*	*	*	*	*
Hendricks Community Hospital Association	*	*	*	*	*	*	*	*	*	*	*	*	*
Holy Trinity Hospital: Graceville Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Hutchinson Community Hospital	*	*	*	*	*	*	*	*	*	*	*	96%	96%

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For more detailed information, see appendices starting on page 203.

Quality of Care for Surgeries

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 When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Heart Surgeries						Other Surgeries						
	Heart Bypass Surgery			Angioplasty Heart Surgery			Surgical Repair of an Abdominal Aortic Aneurysm			Vaginal Hysterectomy Surgical Site Infection			Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries
Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	When Compared to Other Hospitals	Infection Rate			
Overall Minnesota Average											87%	86%	
Immanuel-St Josephs: Mayo Health System - Mankato	*	*	*	272	1%	SAME	*	*	*	SAME	0%	93%	91%
Johnson Memorial Hospital - Dawson	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake City Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Madelia Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Madison Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Meeker County Memorial Hospital - Litchfield	*	*	*	*	*	*	*	*	*	*	*	*	*
Methodist Hospital: Mayo Clinic - Rochester	*	*	*	*	*	*	*	*	*	SAME	1%	100%	99%
Minnesota Valley Health Center - Le Sueur	*	*	*	*	*	*	*	*	*	*	*	*	*
Murray County Memorial Hospital - Slayton	*	*	*	*	*	*	*	*	*	*	*	*	*
New Ulm Medical Center	*	*	*	*	*	*	*	*	*	*	*	95%	93%
Northfield Hospital	*	*	*	*	*	*	*	*	*	*	*	86%	82%
Olmsted Medical Center - Rochester	*	*	*	*	*	*	*	*	*	SAME	5%	94%	94%
Ortonville Area Health Services	*	*	*	*	*	*	*	*	*	*	*	*	*

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HOSPITAL NAME

HOSPITAL NAME	Heart Surgeries						Other Surgeries						
	Heart Bypass Surgery			Angioplasty Heart Surgery			Surgical Repair of an Abdominal Aortic Aneurysm			Vaginal Hysterectomy Surgical Site Infection			Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries
	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	When Compared to Other Hospitals	Infection Rate		
Overall Minnesota Average												87%	86%
Owatonna Hospital	*	*	*	*	*	*	*	*	*	SAME	0%	86%	86%
Pipestone County Medical Center: Avera	*	*	*	*	*	*	*	*	*	*	*	*	*
Redwood Area Hospital - Redwood Falls	*	*	*	*	*	*	*	*	*	*	*	*	*
Renville County Hospital And Clinics - Olivia	*	*	*	*	*	*	*	*	*	*	*	*	*
Rice County District One Hospital - Faribault	*	*	*	*	*	*	*	*	*	*	*	87%	87%
Rice Memorial Hospital - Willmar	*	*	*	*	*	*	*	*	*	SAME	0%	94%	90%
River's Edge Hospital & Clinic - St. Peter	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Canby Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Hospital Luverne	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Jackson Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Regional Hospital Worthington	*	*	*	*	*	*	*	*	*	*	*	88%	*
Sanford Tracy Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Westbrook Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*

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Quality of Care for Surgeries

When choosing a hospital, please check to see if the higher or lower rate is better.

Number of Operations: The number of these surgeries performed.
Risk Adjusted Rate: This takes the severity of each patient's illness into account.
When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals, identifying it as performing the **SAME, BETTER,** or **WORSE.**
 When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Heart Surgeries						Other Surgeries						
	Heart Bypass Surgery			Angioplasty Heart Surgery			Surgical Repair of an Abdominal Aortic Aneurysm			Vaginal Hysterectomy Surgical Site Infection			
	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	When Compared to Other Hospitals	Infection Rate	Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries	Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery
Overall Minnesota Average												87%	86%
Sibley Medical Center - Arlington	*	*	*	*	*	*	*	*	*	*	*	*	*
Sleepy Eye Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Springfield Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
St Elizabeth Medical Center - Wabasha	*	*	*	*	*	*	*	*	*	*	*	*	*
St James Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
St Mary's Hospital: Mayo Clinic - Rochester	813	2%	BETTER	1289	1%	BETTER	230	2%	BETTER	*	*	100%	99%
Swift County Benson Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Tyler Healthcare Center: Avera	*	*	*	*	*	*	*	*	*	*	*	*	*
United Hospital District - Blue Earth	*	*	*	*	*	*	*	*	*	*	*	*	*
Waseca Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Windom Area Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Winona Health Services	*	*	*	*	*	*	*	*	*	SAME	0%	95%	95%

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 For more detailed information, see appendices starting on page 203.

**QUALITY OF CARE FOR MEDICAL
COMPLICATIONS AND INFECTIONS**

SECTION CONTENTS

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**Quality of Care for Medical
Complications and Infections**

**MEDICAL COMPLICATIONS IN THE HOSPITAL
FOR ADULT PATIENTS**

Certain complications can arise after surgery. These may be life threatening, ultimately resulting in death if not caught in time. These complications include conditions like acute renal failure, which is when the kidneys stop working properly. Other complications might be pneumonia or cardiac arrest. However, there are steps that hospitals can take to limit the number of complications.

The measures in this section show the rates of several complications. Use this information to see how well hospitals are doing to prevent various problems. Those hospitals with a lower rate on the three measures are doing a better job in their quality of care for medical complications.

Medical Complications: Death Rate From Failure to Identify and Treat a Serious Complication

What is the measure?

Patients may develop serious health conditions while they are in the hospital after surgery. These conditions can result in permanent disability and even death, if not treated quickly. This patient safety measure shows the rate of deaths from these surgery complications.

Why is this important?

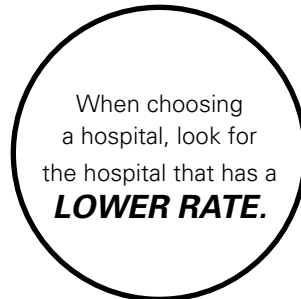
When a patient dies this way, the death is called a failure to rescue. The serious health conditions after surgery included in the failure to rescue measure include:

- Acute renal failure (sudden kidney failure)
- Deep venous thrombosis (blood clot that forms in a vein deep in the body)
- Pneumonia
- Sepsis (blood infection)
- Shock and/or cardiac arrest (severe heart attack)
- Upper gastrointestinal bleeding (in the esophagus, stomach, and first part of the intestine)

In 2003, about 128 patients died for every 1,000 patients at risk of developing these additional health problems in the hospital. Early detection of serious health conditions after surgery and their quick treatment may prevent a patient from dying.

Many hospitals have developed systems to detect patients in crisis and to respond immediately. Nursing staff need to be able to notice problems and accurately understand what they mean and respond with appropriate care.

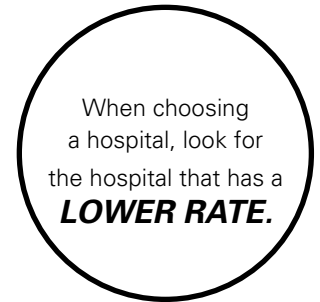
MEASURE SOURCE: AHRQ Patient Safety Indicator (PSI 4: Death among surgical inpatients with serious treatable complications)



Medical Complications: Rate of Patients with Bed Sores

What is the measure?

A pressure ulcer is a skin wound that forms when patients stay in one position for too long without shifting their weight. This patient safety measure shows the percent of patients that develop pressure ulcers, also known as decubitus ulcers or bed sores, during their stay in the hospital.



Why is this important?

Constant pressure against the skin reduces the blood supply to that area and that skin dies. People with limited ability to move are at risk of developing bed sores while in the hospital. This often happens if you use a wheelchair or you are unable to get out of bed, even for a short period of time after surgery or an injury. People with thin skin, like skin that has lost muscle and fat under the skin, also can develop pressure ulcers if they repeatedly rub against something, such as a bed sheet, cast, or brace. The most common places for pressure ulcers are over bony areas like the elbow, heels, hips, ankles, shoulders, back, and the back of the head.

Pressure ulcers often cause infections that can lead to longer hospital stays, higher costs, and even death. In the U.S., 7 to 10% of patients will develop a pressure ulcer during their hospital stay. Those most at risk include older people, stroke victims, and people with dementia or head injuries. Seniors are at higher risk as they typically have thin skin. Health conditions that affect blood flow, such as diabetes, and poor diet increase the chance of pressure ulcers.

Care processes in hospitals can help prevent pressure ulcers. These include making sure that patients change position every 2 hours or more. Hospitals also use protection and padding to prevent rubbing against the skin, and maintain hydration, nutrition and hygiene.

MEASURE SOURCE: AHRQ Patient Safety Indicator (PSI 3: Pressure ulcer)


Medical Complications: Rate of Blood Clots in the Lung or Large Vein After an Operation

What is the measure?

This patient safety measure shows the percent of patients that develop two problems with blood clots after surgery: postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT).

Why is this important?

Deep vein thrombosis (DVT) is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein blood clots occur in the lower leg or thigh. A pulmonary embolism (PE) is a sudden plug in a lung artery, usually due to a blood clot that traveled to the lung from a vein in the leg. PE is a serious condition. It can damage the lungs and other organs in the body and cause death.



When choosing a hospital, look for the hospital that has a **LOWER RATE.**

Both DVT and PE can happen after surgery, especially if patients are unable to leave their beds. People having hip or knee replacement surgeries are at greater risk of having problem blood clots. Remaining still during any type of surgery can lead to clots developing. The longer you are under general anesthesia, the greater your risk of serious clots. An estimated 8.96 out of 1000 patients developed PEs after surgeries in the U.S. in 2000.

Hospitals can help prevent problems with blood clots by providing blood thinning medications to people at risk of clots, by using methods to squeeze the legs to improve blood flow and by having patients move as soon as possible after surgery.

MEASURE SOURCE: AHRQ Patient Safety Indicator (PSI 12: Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT))

INFECTION PREVENTION

Hospitals can improve surgical care and reduce the risk of wound infection after surgery by providing the right medicines at the right time on the day of surgery.

There are also steps that you, as a patient, can take to make sure the surgery is as safe as possible. For example, your doctor or nurse can tell you how to wash with an antibiotic soap the day before surgery. You can also give your doctor or nurse a list of all your medications, including vitamins, herbal medicines, and over-the-counter medications. You should also tell your doctor or nurse about any allergies and bad reactions to anesthesia.

Sometimes patients get an infection after surgery, even if the hospital took steps to prevent it. Here are signs to look out for:

- The surgical wound is red, hot, and swollen.
- You have a fever of over 100 degrees after you go home.
- A smelly or yellow/green fluid is coming out of the wound.
- Your pain is increasing even though you are taking pain medication.

Call your doctor or local hospital immediately if you have any of these signs.

Infection Prevention: Central Line Infection (CLI) Prevention

What is the measure?

A Central Line Infection Prevention Bundle is a package of proven interventions that produce dramatic reductions in the incidence of blood-stream infections. These types of infections are common in Intensive Care Units where intravenous catheters are used.

This measure shows the percent of patients who were given all of the following evidence-based interventions:

- Use of hand hygiene by the person performing the procedure.
- Documentation that the person performing the procedure is using precautions, such as wearing a sterile gown and gloves and covering the patient's head and body with a large sterile drape.
- Documentation of the use of an antiseptic wipe(s).
- Documentation from the caregiver about why they chose the site or documentation about the clinical evidence supporting the caregiver's choice of the site.
- Daily assessment is performed regarding the continued necessity of catheter use.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Why is this important?

Infections are a common complication of care. They can increase the length and cost of a hospital stay. By following proven strategies for infection prevention, infection rates can be reduced. This would save the patient from this potentially serious complication and the hospital the additional resources associated with that care. In this case, following the Central Line Infection Prevention Bundle would significantly reduce infections in this area.

Performance on this measure ranged from zero percent to 100 percent.

MEASURE SOURCE: Healthcare-Associated Infection Measure (Central Line Infection (CLI) Prevention Bundle Compliance)


Infection Prevention: Ventilator Associated Pneumonia (VAP) Prevention

What is the measure?

A Ventilator Associated Pneumonia Bundle is a package of evidence-based interventions that produce dramatic reductions in the incidence of ventilator-associated pneumonia. These types of infections are common in Intensive Care Units where mechanical ventilators are used.

This measure shows the percent of patients who are given every step in the package of evidence-based interventions. The steps are:

- Documentation that the head of the bed is elevated more than 30 degrees or greater.
- Documentation that appropriate medication is given to prevent ulcers (sores).
- Documentation of the use of appropriate mechanical equipment to prevent ulcers (sores). Documentation of reduced sedation or an assessment of why sedation is not reduced.
- Documentation that there is a daily assessment of whether the patient can be weaned of the need for the ventilator.



When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Why is this important?

Infections are a common complication of care. They can increase the length and cost of a hospital stay. By following proven strategies for infection prevention, infection rates can be reduced. This would save the patient from this potentially serious complication and the hospital the additional resources associated with that care. In this case, following the Ventilator Associated Pneumonia Prevention measure would significantly reduce infections in this area.

Performance on this measure ranged from 79 percent to 100 percent.

MEASURE SOURCE: Healthcare-Associated Infection Measure (Ventilator Associated Pneumonia (VAP) Prevention Bundle Compliance)

Infection Prevention: Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection


What is the measure?

This measure shows the percent of surgical patients with prophylactic antibiotics, also known as preventative antibiotics, started within one hour before the surgical incision.

NOTE: *Patients who got vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.*

Why is this important?

Surgical wound infections can be prevented. Medical research shows that surgery patients who get antibiotics within the hour before their surgery are less likely to get wound infections. Getting an antibiotic earlier, or after surgery begins, is not as effective. Hospital staff should make sure surgery patients get antibiotics at the right time.



When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Performance on this measure ranged from 53 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-1: Prophylactic antibiotic received within one hour prior to surgical incision)

Infection Prevention: Surgery Patients Given the Best Antibiotic to Help Prevent Infection

What is the measure?

This measure shows the percent of surgical patients who received the best prophylactic antibiotics, also known as preventive antibiotics, consistent with current guidelines for their surgical procedure. These guidelines are specific to each type of surgical procedure.

Why is this important?

Surgical wound infections can be prevented. Medical research has shown that certain antibiotics work better to prevent wound infections for certain types of surgery. Hospital staff should make sure patients get the antibiotic that works best for their type of surgery.



Performance on this measure ranged from 91 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-2: Prophylactic antibiotic selection for surgical patients)

Infection Prevention: Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time

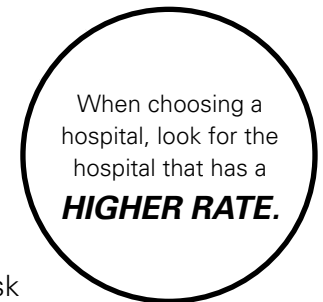
What is the measure?

This measure shows the percent of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time (within 48 hours for coronary artery bypass graft (CABG) or other cardiac surgery).

NOTE: *The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.*

Why is this important?

Antibiotics are often given to patients before surgery to prevent infection. Taking these antibiotics for more than 24 hours after routine surgery is usually not necessary. Continuing the medication longer than necessary can increase the risk of side effects such as stomach aches and serious types of diarrhea. Also, when antibiotics are used for too long, patients can develop resistance to them and the antibiotics won't work as well.



Performance on this measure ranged from 59 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-3: Prophylactic antibiotics discontinued within 24 hours after surgery end time)

Infection Prevention: All Heart Surgery Patients Whose Blood Sugar (Blood Glucose) is Kept Under Good Control in the Days Right After Surgery

What is the measure?

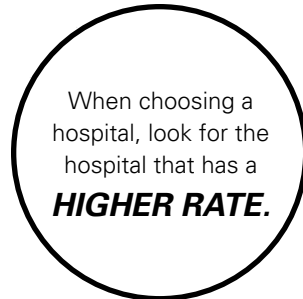
This measure shows the percent of cardiac surgery patients with controlled 6 A.M. blood glucose (≤ 200 mg/dL) on postoperative day one and postoperative day two with Surgery End Date being postoperative day zero.

Why is this important?

Even if heart surgery patients do not have diabetes, keeping their blood sugar under good control after surgery lowers the risk of infection and other problems. "Under good control" means their blood sugar should be 200 mg/dL or less when checked first thing in the morning.

Performance on this measure ranged from 50 percent to 97 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-4: Cardiac surgery patients with controlled 6 a.m. postoperative blood glucose)



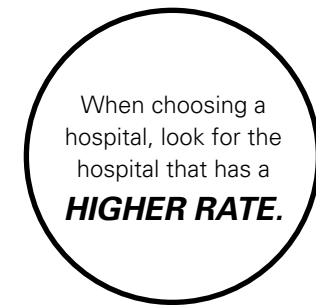
Infection Prevention: Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method

What is the measure?

This measure shows the percent of surgery patients with appropriate surgical site hair removal. No hair removal, or hair removal with clippers or hair removal cream is considered appropriate. Shaving is considered inappropriate.

Why is this important?

Preparing a patient for surgery may include removing body hair from skin in the area where the surgery will be done. Medical research has shown that shaving with a razor can increase the risk of infection. It is safer to use electric clippers or hair removal cream.



Performance on this measure ranged from 77 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(SCIP-Inf-6: Surgery patients with appropriate hair removal)

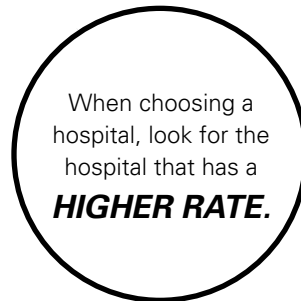
Infection Prevention: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period

What is the measure?

This measure is used to assess the percent of surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period. The perioperative period is defined as 24 hours prior to surgical incision through discharge from the post-anesthesia care/recovery area.

Why is this important?

It is often standard procedure to stop patients' usual medications for awhile before and after their surgery. But if patients who have been taking beta blockers suddenly stop taking them, they can have heart problems such as a fast heart beat. For these patients, staying on beta blockers before and after surgery makes it less likely that they will have heart problems.



Performance on this measure ranged from 52 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Card-2: Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period)

Quality of Care for Medical Complications and Infections

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME**, **BETTER**, or **WORSE**.

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME

HOSPITAL NAME	Medical Complications						Infection Prevention															
	Deaths From Failure to Identify and Treat a Serious Complication		Patients with Bed Sores		Blood Clots in the Lung or Large Vein After an Operation		Central Line Infection (CLI) Prevention		Ventilator Associated Pneumonia (VAP) Prevention		Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection		Surgery Patients Given the Best Antibiotic to Help Prevent Infection		Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time		All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery		Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method		Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	
	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate																
Overall Minnesota Average							87%	96%	86%	94%	94%	87%	96%	87%								
Albert Lea Medical Center: Mayo Health System	*	*	1%	SAME	0%	BETTER	*	*	98%	100%	98%	*	100%	96%								
Appleton Municipal Hospital and Nursing Home	*	*	*	*	*	*	*	*	*	*	*	*	*	*								
Austin Medical Center: Mayo Health System	*	*	0%	BETTER	1%	SAME	*	*	100%	99%	95%	*	100%	93%								
Avera Marshall Regional Medical Center - Marshall	*	*	1%	SAME	1%	SAME	*	*	88%	96%	93%	*	*	*								
Cannon Falls Medical Center: Mayo Health System	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*								
Chippewa County-Montevideo Hospital	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*								
Fairmont Medical Center: Mayo Health System	*	*	0%	BETTER	1%	SAME	*	*	94%	98%	97%	*	100%	100%								
Fairview Red Wing Hospital	0%	SAME	0%	BETTER	1%	SAME	*	*	99%	100%	95%	*	100%	100%								
Glencoe Regional Health Services	*	*	0%	SAME	0%	SAME	*	*	91%	91%	96%	*	100%	*								
Granite Falls Municipal Hospital and Manor	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*								
Hendricks Community Hospital Association	*	*	*	*	*	*	*	*	*	*	*	*	*	*								
Holy Trinity Hospital: Graceville Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*								
Hutchinson Community Hospital	*	*	0%	BETTER	1%	SAME	*	*	91%	97%	97%	*	100%	97%								

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* Sufficient data not available

For more detailed information, see appendices starting on page 203.

Quality of Care for Medical Complications and Infections

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

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HOSPITAL NAME	Medical Complications						Infection Prevention							
	Deaths From Failure to Identify and Treat a Serious Complication		Patients with Bed Sores		Blood Clots in the Lung or Large Vein After an Operation		Central Line Infection (CLI) Prevention	Ventilator Associated Pneumonia (VAP) Prevention	Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection	Surgery Patients Given the Best Antibiotic to Help Prevent Infection	Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time	All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery	Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate								
Overall Minnesota Average							87%	96%	86%	94%	94%	87%	96%	87%
Immanuel-St Josephs: Mayo Health System - Mankato	6%	SAME	0%	BETTER	1%	BETTER	98%	100%	97%	98%	96%	*	99%	95%
Johnson Memorial Hospital - Dawson	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake City Medical Center: Mayo Health System	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Madelia Community Hospital	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
Madison Hospital	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
Meeker County Memorial Hospital - Litchfield	*	*	1%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Methodist Hospital: Mayo Clinic - Rochester	7%	BETTER	0%	BETTER	0%	BETTER	78%	99%	98%	99%	97%	*	99%	93%
Minnesota Valley Health Center - Le Sueur	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Murray County Memorial Hospital - Slayton	*	*	0%	SAME	0%	SAME	*	*	89%	100%	98%	*	77%	*
New Ulm Medical Center	*	*	0%	BETTER	0%	BETTER	*	*	98%	100%	95%	*	100%	100%
Northfield Hospital	*	*	0%	SAME	0%	SAME	*	*	94%	99%	95%	*	99%	93%
Olmsted Medical Center - Rochester	*	*	0%	SAME	0%	SAME	*	*	92%	99%	97%	*	100%	100%
Ortonville Area Health Services	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*

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* Sufficient data not available

For more detailed information, see appendices starting on page 203.

Quality of Care for Medical Complications and Infections

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	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate																
Overall Minnesota Average							87%	96%	86%	94%	94%	87%	96%	87%								
Owatonna Hospital	*	*	2%	SAME	1%	SAME	*	*	93%	99%	97%	*	100%	97%								
Pipestone County Medical Center: Avera	*	*	1%	SAME	1%	SAME	*	*	92%	100%	97%	*	95%	*								
Redwood Area Hospital - Redwood Falls	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*								
Renville County Hospital And Clinics - Olivia	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*								
Rice County District One Hospital - Faribault	*	*	0%	BETTER	0%	SAME	*	*	90%	98%	91%	*	100%	98%								
Rice Memorial Hospital - Willmar	12%	SAME	0%	BETTER	0%	SAME	0%	88%	84%	98%	95%	*	100%	96%								
River's Edge Hospital & Clinic - St. Peter	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*								
Sanford Canby Medical Center	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*								
Sanford Hospital Luverne	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*								
Sanford Jackson Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*								
Sanford Regional Hospital Worthington	*	*	0%	SAME	0%	SAME	*	*	90%	98%	93%	*	99%	*								
Sanford Tracy Medical Center	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*								
Sanford Westbrook Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*								

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* Sufficient data not available
For more detailed information, see appendices starting on page 203.

Quality of Care for Medical Complications and Infections

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Risk Adjusted Rate: This takes the severity of each patient's illness into account.

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When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Medical Complications						Infection Prevention							
	Deaths From Failure to Identify and Treat a Serious Complication		Patients with Bed Sores		Blood Clots in the Lung or Large Vein After an Operation		Central Line Infection (CLI) Prevention	Ventilator Associated Pneumonia (VAP) Prevention	Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection	Surgery Patients Given the Best Antibiotic to Help Prevent Infection	Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time	All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery	Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate								
Overall Minnesota Average							87%	96%	86%	94%	94%	87%	96%	87%
Sibley Medical Center - Arlington	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Sleepy Eye Medical Center	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Springfield Medical Center: Mayo Health System	*	*	4%	SAME	*	*	*	*	*	*	*	*	*	*
St Elizabeth Medical Center - Wabasha	*	*	0%	SAME	0%	SAME	*	*	92%	100%	88%	*	100%	*
St James Medical Center: Mayo Health System	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
St Mary's Hospital: Mayo Clinic - Rochester	10%	BETTER	0%	BETTER	1%	BETTER	94%	98%	96%	97%	95%	90%	99%	95%
Swift County Benson Hospital	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Tyler Healthcare Center: Avera	*	*	3%	SAME	*	*	*	*	*	*	*	*	*	*
United Hospital District - Blue Earth	*	*	0%	SAME	0%	SAME	*	*	88%	96%	88%	*	100%	*
Waseca Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Windom Area Hospital	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
Winona Health Services	*	*	0%	BETTER	1%	SAME	*	88%	98%	98%	93%	*	100%	100%

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* Sufficient data not available

For more detailed information, see appendices starting on page 203.

**QUALITY OF CARE FOR OTHER CONDITIONS
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Appendix Table. 232



Quality of Care for Other Conditions

PNEUMONIA CARE

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. Pneumonia is caused by a viral or bacterial infection that fills your lungs with mucus. This lowers the oxygen level in your blood. Symptoms of pneumonia can include the following:

- Difficulty breathing
- “Wet” cough. Your mucus may look green or bloody.
- Chest pain
- Fever and chills
- Fatigue

These measures show some of the recommended treatments for pneumonia.


The Best Care for Pneumonia Patients

What is the measure?

This measure shows the percent of patients receiving ALL of the appropriate care that they should have received based on their clinical condition. For pneumonia patients this includes the remaining measures in this section:

- Patients Assessed and Given Pneumonia Vaccination
- Blood Test Given to Patient Prior to Receiving Antibiotics
- Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
- Patients Given Initial Antibiotic(s) Within Six Hours After Getting to the Hospital
- Patients Given the Most Appropriate Initial Antibiotic(s)
- Patients Assessed and Given Influenza Vaccination

The measure takes patient individuality into consideration, looking at one patient and his/her episode of care at a time, as it relates to pneumonia.

A circular callout box with a black border containing text.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Why is this important?

This measure is a composite, or all-or-none, quality of care measure called an appropriate care measure (ACM). These types of measures are patient-focused measures that provide a way of looking at whether a patient received ALL of the “appropriate” or “right care” (recommended treatments) that he or she should have received, based on his or her clinical condition. Each patient is unique and may not be eligible for every type of care for a condition. The measure will take this into consideration.


Performance on this measure ranged from 33 percent to 100 percent.

MEASURE SOURCE: Pneumonia (PN) Appropriate Care Measure (PN-ACM)

Pneumonia: Patients Assessed and Given Pneumonia Vaccination

What is the measure?

This measure shows the percent of pneumonia patients who were assessed and given the pneumonia (also known as pneumococcal) vaccination. This includes patients age 65 and older who were screened and given the pneumococcal vaccination prior to being released from the hospital, if indicated.

A circular callout box with a black border containing text.

When choosing a hospital, look for the hospital that has a **HIGHER RATE.**

Why is this important?

The pneumococcal vaccine may help you prevent, or lower the risk of complications of pneumonia caused by bacteria. It may also help you prevent future infections. Patients with pneumonia should be asked if they have been vaccinated recently for pneumonia and, if not, should be given the vaccine.

Performance on this measure ranged from nine percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-2: Pneumococcal vaccination)

Pneumonia: Blood Test Given to Patient Prior to Receiving Antibiotics

What is the measure?

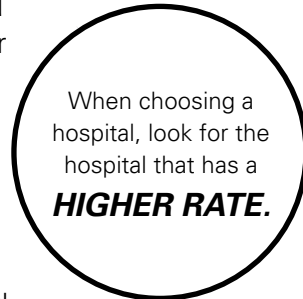
This measure shows the percent of pneumonia patients that had a blood culture or blood test done in the Emergency Department before getting their first dose of hospital antibiotics. This measure focuses on treatment provided to Emergency Department patients prior to being admitted to the hospital.

Why is this important?

Different types of bacteria can cause pneumonia. A blood culture is a test that can help your health care provider identify which bacteria may have caused your pneumonia, and which antibiotic should be prescribed. A blood culture is not always needed, but for patients who are first seen in the hospital emergency department, it is important for the accuracy of the test that blood culture be conducted before any antibiotics are started. It is also important to start antibiotics as soon as possible.

Performance on this measure ranged from 73 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-3b: Blood cultures performed in the emergency department prior to initial antibiotic received in hospital)



Pneumonia: Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

What is the measure?

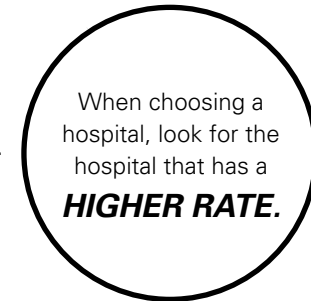
This measure shows the percent of pneumonia patients with a history of smoking cigarettes who were given advice or counseling about stopping smoking while in the hospital. For purposes of this measure, a smoker is someone who has smoked cigarettes anytime during the year before being in the hospital.

Why is this important?

Smoking damages your lungs and can make it hard to breathe. Smoking increases your chances of getting pneumonia or other chronic lung diseases like emphysema and bronchitis. Smoking is also linked to lung cancer, heart disease, and stroke, and can cause premature death. It is important for you to get information to help you quit smoking before you leave the hospital. Quitting may reduce your chance of getting pneumonia again.

Performance on this measure ranged from 67 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-4: Adult smoking cessation advice/counseling)



Pneumonia: Patients Given Initial Antibiotic(s) Within Six Hours After Getting to the Hospital

What is the measure?

This measure shows the percent of pneumonia patients who received their first dose of antibiotics within six hours of arrival at the hospital. Patients who get pneumonia during their stay at the hospital are not counted in this measure.

Why is this important?

Antibiotics are used to treat adults with pneumonia caused by bacteria. Early treatment with antibiotics can cure bacterial pneumonia and reduce the possibility of complications.



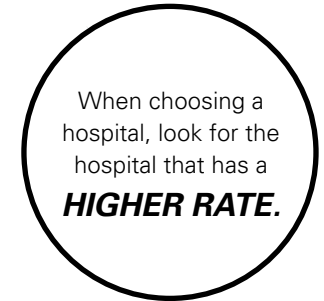
Performance on this measure ranged from 85 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(PN-5c: Initial antibiotic received within 6 hours of hospital arrival)

Pneumonia: Patients Given the Most Appropriate Initial Antibiotic(s)

What is the measure?

This measure shows the percent of immunocompetent patients with Community-Acquired Pneumonia who got an initial antibiotic regimen during the first 24 hours that was consistent with current guidelines.



Why is this important?

Pneumonia is a lung infection that is usually caused by bacteria or a virus. If pneumonia is caused by bacteria, hospitals will treat the infection with antibiotics. Different bacteria are treated with different antibiotics. To learn about how hospitals use a blood test to choose the most effective treatment for pneumonia patients, refer to the Process of Care measure named 'Blood Test Given to Patient Prior to Receiving Antibiotics'.

Performance on this measure ranged from 73 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(PN-6: Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients)

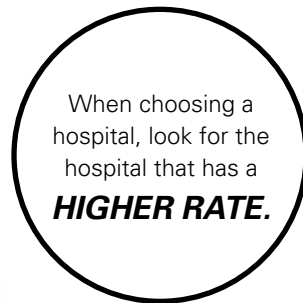
Pneumonia: Patients Assessed and Given Influenza Vaccination

What is the measure?

This measure shows the percent of pneumonia patients age 50 years and older, hospitalized during October, November, December, January, February, or March who were screened for influenza vaccine status and were vaccinated prior to being released from the hospital, if this is the right treatment for the patient. The influenza vaccine is commonly known as the flu shot.

Why is this important?

Influenza vaccinations, or flu shots, reduce the risk of influenza, a serious and sometimes deadly lung infection that can spread quickly in a community or facility. Hospitals should check to make sure that pneumonia patients, particularly those who are age 50 or older, get a flu shot during flu season to protect them from another lung infection and to help prevent the spread of influenza.



Since a flu shot is effective for just one flu season, the period of time used to calculate this rate is the flu season (from approximately November through March).

Performance on this measure ranged from 12 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(PN-7: Influenza vaccination)

HIP FRACTURE TREATMENT

A hip fracture, also known as a broken hip, more commonly occurs in older adults. Usually hip fractures are caused by a fall or some type of blow to the side of the hip. Other medical conditions, like osteoporosis, can make bones weaker and more likely to break. In fact, more than 300,000 hip fractures annually are due to osteoporosis.

Treatments for hip fractures, like surgery, have certain risks associated with them. Health problems from hip fracture surgery may include risk for pneumonia or a blood clot in the leg that may travel to a lung and cause damage. If not recognized and effectively treated, these can lead to life-threatening problems. Some surgery complications, including death, can be prevented through better care processes at the hospital.

Use this measure to see how well a hospital is doing at preventing deaths after hip fracture surgery.

Hip Fracture Surgery: Death Rate for Patients with a Broken Hip

What is the measure?

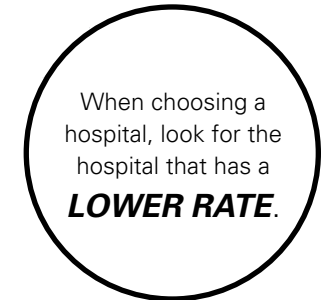
This measure shows the percent of patients who died in the hospital, who came in with a broken hip (hip fracture).

Why is this important?

Among older people, hip fractures are a common serious injury. If you already have other health problems, you are more likely to have complications after surgery to repair a cracked or broken hip bone. To decrease the risks, surgery may be delayed a couple of days to treat other medical problems, such as heart or lung conditions.

Health problems from hip fracture surgery may include risk for pneumonia or a blood clot in the leg that may travel to a lung and cause damage. If not recognized and effectively treated, these can lead to life-threatening problems. In the U.S., 3.1% of patients having hip fracture surgery will die in the hospital as a result of the surgery. Some surgery complications, including death, can be prevented through better care processes at the hospital.

MEASURE SOURCE: AHRQ Quality Indicator (IQI 19: Hip fracture mortality rate)



CHILDBIRTH

Childbirth can sometimes lead to tears in the perineum. This is the area between a woman's vagina and anus. A more serious tear is referred to as obstetric trauma. However, these tears are often preventable. This is true for births where medical instruments, like forceps, are used. These tears can also occur when no medical instruments are used to deliver the baby. Better quality of care for childbirth is associated with a lower number of obstetric tears.

When planning for the delivery of your baby, discuss this quality measurement data with your doctor to see how to get the best care during the birth of your child. You can use the measures in this section to see how well a hospital is doing with its quality of care during childbirth.


Childbirth: Rate of Obstetric Tearing – Vaginal Delivery WITH Medical Instruments

What is the measure?

This measure shows the percent of women who suffer serious vaginal tears while giving birth, when a health care provider was helping to deliver the baby using a forceps or other medical instrument.

Why is this important?

During vaginal childbirth, women can tear the skin and muscles between the vagina and anus, the "perineum." Small tears can heal well on their own or may require stitches. Serious tears require surgery to repair and may take several months to heal. These serious tears are referred to as obstetric traumas. At least 4 percent of women who deliver vaginally experience a serious tear in their perineum. Tears are more common in women having their first vaginal birth.



When choosing a hospital, look for the hospital that has a **LOWER RATE.**

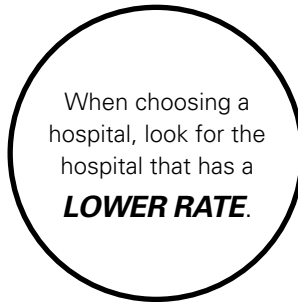
Serious tears can happen even when medical instruments are not used or when an attempted vaginal delivery ends with cesarean-section. However, mothers who have their babies delivered vaginally with the assistance of instruments usually have higher rates of serious tears. These tears are often preventable, and the percentage of deliveries involving serious tears is considered an indicator of quality of care during childbirth.

MEASURE SOURCE: AHRQ Quality Indicators (PSI 18: Obstetric trauma – vaginal delivery with instrument)

Childbirth: Rate of Obstetric Tearing – Vaginal Delivery WITHOUT Medical Instruments

What is the measure?

This measure shows the percent of women who suffer serious vaginal tears while giving birth where no forceps or other medical instruments were used to assist with delivering a baby.



Why is this important?

During vaginal childbirth, women can tear the skin and muscles between the vagina and anus, the “perineum.” Small tears can heal well on their own or may require stitches. Serious tears require surgery to repair and may take several months to heal. These serious tears are referred to as obstetric traumas. At least 4 percent of women who deliver vaginally experience a serious tear in their perineum. Tears are more common in women having their first vaginal birth.

Serious tears can happen even when medical instruments are not used or when an attempted vaginal delivery ends with cesarean-section. These tears are often preventable, and the percentage of deliveries involving serious tears is considered an indicator of quality of care during childbirth.

MEASURE SOURCE: AHRQ Quality Indicators (PSI 19: Obstetric trauma – vaginal delivery without instrument)

Quality of Care for Other Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate, or observed rate where applicable, measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME**, **BETTER**, or **WORSE**.

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Pneumonia Care							Hip Fracture		Childbirth			
	The Best Care for Pneumonia Patients	Patients Assessed and Given Pneumonia Vaccination	Blood Test Given to Patient Prior to Receiving Antibiotics	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital	Patients Given the Most Appropriate Initial Antibiotic(s)	Patients Assessed and Given Influenza Vaccination	Death Rate for Patients With a Broken Hip		Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments		Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments	
								Risk Adjusted Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate
Overall Minnesota Average	85%	83%	91%	84%	93%	87%	83%						
Albert Lea Medical Center: Mayo Health System	91%	98%	100%	*	96%	89%	98%	0%	SAME	*	*	2%	SAME
Appleton Municipal Hospital and Nursing Home	*	*	*	*	*	*	*	*	*	*	*	*	*
Austin Medical Center: Mayo Health System	93%	98%	99%	97%	97%	94%	97%	2%	SAME	*	*	1%	BETTER
Avera Marshall Regional Medical Center - Marshall	*	*	*	*	100%	*	*	*	*	24%	SAME	4%	SAME
Cannon Falls Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Chippewa County-Montevideo Hospital	39%	*	*	*	*	*	*	*	*	*	*	2%	SAME
Fairmont Medical Center: Mayo Health System	98%	100%	100%	93%	100%	98%	99%	4%	SAME	*	*	1%	SAME
Fairview Red Wing Hospital	93%	96%	98%	*	97%	98%	92%	0%	BETTER	*	*	2%	SAME
Glencoe Regional Health Services	*	*	*	*	*	*	*	*	*	*	*	5%	SAME
Granite Falls Municipal Hospital and Manor	64%	84%	*	*	91%	*	85%	*	*	*	*	*	*
Hendricks Community Hospital Association	*	*	*	*	*	*	*	*	*	*	*	*	*
Holy Trinity Hospital: Graceville Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Hutchinson Community Hospital	84%	93%	96%	*	100%	88%	100%	6%	SAME	17%	SAME	3%	SAME

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For more detailed information, see appendices starting on page 203.

Quality of Care for Other Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate, or observed rate where applicable, measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME**, **BETTER**, or **WORSE**.

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Pneumonia Care							Hip Fracture		Childbirth			
	The Best Care for Pneumonia Patients	Patients Assessed and Given Pneumonia Vaccination	Blood Test Given to Patient Prior to Receiving Antibiotics	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital	Patients Given the Most Appropriate Initial Antibiotic(s)	Patients Assessed and Given Influenza Vaccination	Death Rate for Patients With a Broken Hip		Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments		Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments	
								Risk Adjusted Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate
Overall Minnesota Average	85%	83%	91%	84%	93%	87%	83%						
Immanuel-St Josephs: Mayo Health System - Mankato	85%	92%	93%	100%	89%	90%	96%	4%	SAME	8%	SAME	2%	SAME
Johnson Memorial Hospital - Dawson	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake City Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	8%	SAME
Madelia Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
Madison Hospital	36%	*	*	*	*	*	*	*	*	*	*	*	*
Meeker County Memorial Hospital - Litchfield	*	*	*	*	*	*	*	*	*	*	*	1%	SAME
Methodist Hospital: Mayo Clinic - Rochester	92%	93%	*	*	*	*	62%	*	*	18%	SAME	1%	BETTER
Minnesota Valley Health Center - Le Sueur	*	*	*	*	*	*	*	*	*	*	*	*	*
Murray County Memorial Hospital - Slayton	*	*	*	*	*	*	*	*	*	*	*	*	*
New Ulm Medical Center	95%	98%	98%	*	98%	97%	100%	3%	SAME	17%	SAME	4%	SAME
Northfield Hospital	92%	92%	100%	*	98%	100%	93%	0%	SAME	0%	BETTER	3%	SAME
Olmsted Medical Center - Rochester	62%	85%	84%	*	88%	81%	*	*	*	4%	BETTER	2%	SAME
Ortonville Area Health Services	*	*	*	*	*	*	*	*	*	*	*	0%	BETTER

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HOSPITAL NAME	Pneumonia Care							Hip Fracture		Childbirth			
	The Best Care for Pneumonia Patients	Patients Assessed and Given Pneumonia Vaccination	Blood Test Given to Patient Prior to Receiving Antibiotics	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital	Patients Given the Most Appropriate Initial Antibiotic(s)	Patients Assessed and Given Influenza Vaccination	Death Rate for Patients With a Broken Hip		Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments		Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments	
								Risk Adjusted Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate
Overall Minnesota Average	85%	83%	91%	84%	93%	87%	83%						
Owatonna Hospital	88%	98%	*	*	93%	93%	98%	0%	SAME	21%	SAME	4%	SAME
Pipestone County Medical Center: Avera	*	*	*	*	*	*	*	*	*	*	*	4%	SAME
Redwood Area Hospital - Redwood Falls	89%	*	*	*	*	*	*	*	*	*	*	0%	BETTER
Renville County Hospital And Clinics - Olivia	56%	*	*	*	*	*	*	*	*	*	*	*	*
Rice County District One Hospital - Faribault	86%	95%	95%	*	100%	83%	97%	3%	SAME	5%	BETTER	2%	SAME
Rice Memorial Hospital - Willmar	94%	97%	99%	*	99%	95%	96%	9%	WORSE	26%	SAME	2%	SAME
River's Edge Hospital & Clinic - St. Peter	89%	94%	97%	*	100%	96%	88%	*	*	*	*	*	*
Sanford Canby Medical Center	81%	80%	*	*	*	*	*	*	*	*	*	10%	SAME
Sanford Hospital Luverne	86%	94%	*	*	91%	*	97%	*	*	*	*	4%	SAME
Sanford Jackson Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Regional Hospital Worthington	76%	84%	*	*	96%	*	*	*	*	*	*	2%	SAME
Sanford Tracy Medical Center	88%	*	*	*	*	*	*	*	*	*	*	*	*
Sanford Westbrook Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*

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Quality of Care for Other Conditions

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When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate, or observed rate where applicable, measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME**, **BETTER**, or **WORSE**.

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Pneumonia Care							Hip Fracture		Childbirth			
	The Best Care for Pneumonia Patients	Patients Assessed and Given Pneumonia Vaccination	Blood Test Given to Patient Prior to Receiving Antibiotics	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital	Patients Given the Most Appropriate Initial Antibiotic(s)	Patients Assessed and Given Influenza Vaccination	Death Rate for Patients With a Broken Hip		Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments	Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments		
								Risk Adjusted Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate
Overall Minnesota Average	85%	83%	91%	84%	93%	87%	83%						
Sibley Medical Center - Arlington	*	*	*	*	*	*	*	*	*	*	*	*	*
Sleepy Eye Medical Center	55%	*	*	*	*	*	*	*	*	*	*	*	*
Springfield Medical Center: Mayo Health System	79%	81%	*	*	*	*	*	*	*	*	*	0%	BETTER
St Elizabeth Medical Center - Wabasha	*	*	*	*	*	*	*	*	*	*	*	0%	BETTER
St James Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
St Mary's Hospital: Mayo Clinic - Rochester	83%	91%	84%	97%	90%	91%	67%	2%	BETTER	*	*	*	*
Swift County Benson Hospital	47%	61%	*	*	93%	*	*	*	*	*	*	*	*
Tyler Healthcare Center: Avera	*	*	*	*	*	*	*	*	*	*	*	*	*
United Hospital District - Blue Earth	93%	95%	96%	*	100%	*	92%	*	*	*	*	*	*
Waseca Medical Center: Mayo Health System	*	*	*	*	*	*	*	*	*	*	*	*	*
Windom Area Hospital	*	*	*	*	*	*	*	*	*	*	*	4%	SAME
Winona Health Services	92%	100%	97%	100%	99%	86%	100%	*	*	22%	SAME	5%	SAME

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