

Reporting Period for Clinical Process Measures: Third Quarter 2008 through Second Quarter 2009 Discharges

151323-PARKVIEW LAGRANGE HOSPITAL

Address: 207 N TOWNLINE ROAD
City, State, ZIP: LAGRANGE, IN 46761
Phone Number: (260) 463-9000
County Name: LAGRANGE

Type of Facility: Critical Access Hospitals
Type of Ownership: Government - Federal
Accreditation Status: Yes
Emergency Service Provided: Yes

Participation in a Systematic Database for:
Cardiac Surgery: Does Not Have a Program

Hospital Quality Measures		Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Higher Than	State Average	National Average
Acute Myocardial Infarction (AMI)					
AMI-1	Aspirin at Arrival	100% of 1 patients(1,3)	100%	94%	94%
AMI-2	Aspirin Prescribed at Discharge	100% of 1 patients(1,3)	100%	95%	93%
AMI-3	ACEI or ARB for LVSD	0 patients(3)	100%	94%	92%
AMI-4	Adult Smoking Cessation Advice/Counseling	0 patients(3)	100%	99%	96%
AMI-5	Beta-Blocker Prescribed at Discharge	100% of 1 patients(1,3)	100%	94%	94%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 patients(3)	100%	31%	45%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0 patients(3)	99%	79%	81%
Heart Failure (HF)					
HF-1	Discharge Instructions	75% of 36 patients	99%	80%	78%
HF-2	Evaluation of LVS Function	95% of 41 patients	100%	93%	90%
HF-3	ACEI or ARB for LVSD	100% of 3 patients(1)	100%	90%	90%
HF-4	Adult Smoking Cessation Advice/Counseling	100% of 8 patients(1)	100%	95%	92%
Pneumonia (PN)					
PN-2	Pneumococcal Vaccination	100% of 37 patients	100%	90%	86%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	91% of 32 patients	100%	92%	92%
PN-4	Adult Smoking Cessation Advice/Counseling	100% of 17 patients(1)	100%	95%	90%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	100% of 46 patients	100%	95%	94%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	95% of 40 patients	98%	86%	88%
PN-7	Influenza Vaccination	100% of 28 patients	100%	88%	85%

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Hospital Quality Measures		Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Higher Than	State Average	National Average
Surgical Care Improvement Project (SCIP)					
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	89% of 27 patients	99%	90%	91%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	100% of 27 patients	100%	95%	95%
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	72% of 25 patients	99%	90%	90%
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	0 patients	99%	91%	89%
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal	100% of 39 patients	100%	99%	97%
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period	75% of 4 patients(1)	100%	86%	87%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	100% of 19 patients(1)	100%	88%	88%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	95% of 19 patients(1)	99%	85%	86%

Footnote Legend

0 patients: No patients met the criteria for inclusion in the measure calculation.

1. The number of cases is too small (n<25) for purposes of reliably predicting hospital performance.
2. Measure reflects the hospital's indication that its submission was based upon a sample of its relevant discharges.
3. Rate reflects fewer than maximum possible quarters of data.
4. Inaccurate information submitted and suppressed for one or more quarters.
5. No data are available for publication from the hospital for this measure.

PN-7 is reported by Flu Season ONLY

Hospital Quality Alliance: Improving Care Through Information
Hospital Performance

Reporting Period for Outcome Measures: Third Quarter 2005 through Second Quarter 2008 Discharges

151323-PARKVIEW LAGRANGE HOSPITAL

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Phone Number: (260) 463-9000
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Participation in a Systematic Database for:
Cardiac Surgery: Does Not Have a Program

30-Day Risk-Standardized Mortality Measures

	Hospital Quality Measures	Your Hospital Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk-Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*
Acute Myocardial Infarction (AMI)										
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Number of Cases Too Small*	13	Will Not be Reported	16.6%	in the Nation that Performed ...	131	2814	54	1610
						in the State that Performed ...	3	76	1	37
Heart Failure (HF)										
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	No Different than U.S. National Rate	68	11.6%(8.2%,16.2%)	11.1%	in the Nation that Performed ...	213	3812	163	585
						in the State that Performed ...	5	106	5	2
Pneumonia (PN)										
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	No Different than U.S. National Rate	103	11%(7.7%,15.4%)	11.5%	in the Nation that Performed ...	253	3934	284	343
						in the State that Performed ...	9	100	5	4

Reporting Period for Outcome Measures: Third Quarter 2005 through Second Quarter 2008 Discharges

151323-PARKVIEW LAGRANGE HOSPITAL

30-Day Risk-Standardized Readmission Measures										
Hospital Quality Measures	Your Hospital Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*	
Acute Myocardial Infarction (AMI)										
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-day Readmission Rate	Number of Cases Too Small*	11	Will Not be Reported	19.9%	in the Nation that Performed ...	36	2488	52	1944
						in the State that Performed ...	6	62	0	49
Heart Failure (HF)										
READM-30-HF	Heart failure (HF) 30-Day Readmission Rate	No Different than U.S. National Rate	90	21.1%(17.3%,26%)	24.5%	in the Nation that Performed ...	180	3854	233	520
						in the State that Performed ...	12	103	2	1
Pneumonia (PN)										
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	No Different than U.S. National Rate	109	17.2%(13.4%,21.8%)	18.2%	in the Nation that Performed ...	88	4199	198	349
						in the State that Performed ...	11	101	1	5

Footnote Legend

*The Number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.

5. No data are available for publication from the hospital for this measure.

Hospital Quality Alliance: Improving Care Through Information
Hospital CAHPS(HCAHPS) Survey

Reporting Period for HCAHPS Measures: Third Quarter 2008 through Second Quarter 2009 Discharges

151323-PARKVIEW LAGRANGE HOSPITAL

Address: 207 N TOWNLINE ROAD	Type of Facility: Critical Access Hospitals	Participation in a Systematic Database for:
City, State, ZIP: LAGRANGE, IN 46761	Type of Ownership: Government - Federal	Cardiac Surgery: Does Not Have a Program
Phone Number: (260) 463-9000	Accreditation Status: Yes	
County Name: LAGRANGE	Emergency Service Provided: Yes	

HCAHPS Survey Completion and Response Rate

Number of Completed Surveys	249
Survey Response Rate	38

HCAHPS Composites and Items

HCAHPS Composites		Your Hospital's Adjusted Score			State Average			U.S. Average					
		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always			
Composite 1 (Q1 to Q3)	Communication with Nurses	2	18	80	4	19	77	6	19	75			
Composite 2 (Q5 to Q7)	Communication with Doctors	0	14	86	4	15	81	5	15	80			
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	5	26	69	8	26	66	11	26	63			
Composite 4 (Q13 & Q14)	Pain Management	2	21	77	6	24	70	8	24	68			
Composite 5 (Q16 & Q17)	Communication about Medicines	17	24	59	22	19	59	22	19	59			
Hospital Environment Items		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always			
Q8	Cleanliness of Hospital Environment	6	19	75	8	19	73	10	20	70			
Q9	Quietness of Hospital Environment	6	36	58	11	33	56	12	31	57			
Discharge Information Composite		% Yes		% No		% Yes		% No					
Composite 6 (Q19 & Q20)	Discharge Information	85		15		82		18		81		19	

Hospital Quality Alliance: Improving Care Through Information
Hospital CAHPS(HCAHPS) Survey

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HCAHPS Overall Ratings										
		Your Hospital's Adjusted Score			State Average			U.S. Average		
(Q 21)	Overall Rating of this Hospital	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating	% 0 to 6 rating	% 7 and 8 rating	% 9 and 10 rating
Overall Rating of Hospital <i>(0 = Worst Hospital 10 = Best Hospital)</i>		3	17	80	8	22	70	10	25	65
(Q 22)	Willingness to Recommend this Hospital	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Willingness to Recommend this Hospital		2	22	76	4	25	71	6	26	68

Footnote Legend

- 6. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- 7. Survey results are based on less than 12 months of data.
- 8. Survey results are not available for this reporting period.
- 9. No or very few patients were eligible for the HCAHPS survey. The scores shown, if any, reflect a very small number of surveys.
- 11. There were discrepancies in the data collection process.