

Reporting Period for Clinical Process Measures: Fourth Quarter 2007 through Third Quarter 2008 Discharges

150146-PARKVIEW NOBLE HOSPITAL

Address: 401 SAWYER ROAD
City, State, ZIP: KENDALLVILLE, IN 46755
Phone Number: (260) 347-8700
County Name: NOBLE

Type of Facility: Short-term
Type of Ownership: Government - Local
Accreditation Status: Yes
Emergency Service Provided: Yes

	Hospital Quality Measures	Your Hospital Performance for Fourth Quarter 2007	Your Hospital Performance for First Quarter 2008	Your Hospital Performance for Second Quarter 2008	Your Hospital Performance for Third Quarter 2008	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	0 patients	100% of 1 patients(1)	100% of 1 patients(1)	0 patients	100% of 2 patients(1)	100%	94%	94%
AMI-2	Aspirin Prescribed at Discharge	0 patients	100% of 1 patients(1)	100% of 1 patients(1)	0 patients	100% of 2 patients(1)	100%	92%	92%
AMI-3	ACEI or ARB for LVSD	0 patients	0 patients	0 patients	0 patients	0 patients	100%	90%	90%
AMI-4	Adult Smoking Cessation Advice/Counseling	0 patients	0 patients	0 patients	0 patients	0 patients	100%	95%	94%
AMI-5	Beta-Blocker Prescribed at Discharge	0 patients	100% of 2 patients(1)	0 patients	0 patients	100% of 2 patients(1)	100%	96%	93%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 patients	0 patients	0 patients	0 patients	0 patients	100%	30%	40%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0 patients	0 patients	0 patients	0 patients	0 patients	96%	75%	75%
Heart Failure (HF)									
HF-1	Discharge Instructions	82% of 11 patients(1)	29% of 17 patients(1)	46% of 13 patients(1)	44% of 9 patients(1)	48% of 50 patients	98%	76%	74%
HF-2	Evaluation of LVS Function	94% of 18 patients(1)	86% of 22 patients(1)	89% of 18 patients(1)	78% of 18 patients(1)	87% of 76 patients	100%	92%	88%
HF-3	ACEI or ARB for LVSD	33% of 3 patients(1)	67% of 3 patients(1)	100% of 2 patients(1)	0% of 2 patients(1)	50% of 10 patients(1)	100%	88%	88%
HF-4	Adult Smoking Cessation Advice/Counseling	100% of 1 patients(1)	100% of 4 patients(1)	100% of 2 patients(1)	100% of 4 patients(1)	100% of 11 patients(1)	100%	94%	91%

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Hospital Performance

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Pneumonia (PN)									
PN-1	Oxygenation Assessment	100% of 31 patients	100% of 24 patients(1)	100% of 31 patients	100% of 22 patients(1)	100% of 108 patients	100%	99%	99%
PN-2	Pneumococcal Vaccination	100% of 24 patients(1)	100% of 22 patients(1)	100% of 24 patients(1)	100% of 14 patients(1)	100% of 84 patients	99%	86%	83%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	92% of 12 patients(1)	100% of 6 patients(1)	100% of 5 patients(1)	75% of 8 patients(1)	90% of 31 patients	100%	91%	90%
PN-4	Adult Smoking Cessation Advice/Counseling	100% of 10 patients(1)	100% of 4 patients(1)	100% of 3 patients(1)	100% of 5 patients(1)	100% of 22 patients(1)	100%	91%	88%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	100% of 23 patients(1)	100% of 15 patients(1)	100% of 24 patients(1)	100% of 17 patients(1)	100% of 79 patients	100%	95%	93%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	84% of 19 patients(1)	100% of 12 patients(1)	100% of 19 patients(1)	100% of 13 patients(1)	95% of 63 patients	97%	85%	87%
PN-7	Influenza Vaccination	86% of 29 patients	96% of 25 patients	N/A	N/A	91% of 54 patients	97%	83%	79%
Surgical Care Improvement Project (SCIP)									
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	100% of 23 patients(1)	96% of 25 patients	95% of 20 patients(1)	100% of 16 patients(1)	98% of 84 patients	98%	89%	87%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	96% of 23 patients(1)	100% of 25 patients	100% of 20 patients(1)	100% of 16 patients(1)	99% of 84 patients	100%	94%	93%

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Surgical Care Improvement Project (SCIP)									
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	80% of 20 patients(1)	83% of 24 patients(1)	85% of 20 patients(1)	100% of 16 patients(1)	86% of 80 patients	98%	86%	86%
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	N/A	0 patients	0 patients	0 patients	0 patients	100%	88%	84%
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal	N/A	93% of 45 patients	100% of 29 patients	100% of 27 patients	97% of 101 patients	100%	97%	95%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	97% of 32 patients	97% of 30 patients	89% of 27 patients	96% of 26 patients	95% of 115 patients	98%	87%	86%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	94% of 32 patients	97% of 30 patients	81% of 27 patients	96% of 26 patients	92% of 115 patients	97%	84%	83%

Footnote Legend

0 patients: This hospital treated patients in this condition, but 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

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

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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*	21	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	143	12.2%(9.1%,15.9%)	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	171	11.1%(8.2%,14.7%)	11.5%	in the Nation that Performed ...	253	3934	284	343
						in the State that Performed ...	9	100	5	4

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.

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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*	16	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	163	23.2%(19.3%,27.5%)	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	185	15%(12%,18.5%)	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: Fourth Quarter 2007 through Third Quarter 2008 Discharges

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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>		6	22	72	9	23	68	10	26	64

		Your Hospital's Adjusted Score			State Average			U.S. Average		
(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		3	22	75	5	25	70	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 patients were eligible for the HCAHPS Survey.
- 11. There were discrepancies in the data collection process.