

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

**150021-PARKVIEW HOSPITAL**

Address: 2200 RANDALIA DR  
City, State, ZIP: FORT WAYNE, IN 46805  
Phone Number: (260) 373-4000  
County Name: ALLEN

Type of Facility: Short-term  
Type of Ownership: Voluntary non-profit - Private  
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
<b>Acute Myocardial Infarction (AMI)</b>									
AMI-1	Aspirin at Arrival	100% of 27 patients(2)	100% of 61 patients	100% of 50 patients	98% of 54 patients	99% of 192 patients(2)	100%	94%	94%
AMI-2	Aspirin Prescribed at Discharge	98% of 57 patients(2)	100% of 119 patients	100% of 111 patients	99% of 106 patients	99% of 393 patients(2)	100%	92%	92%
AMI-3	ACEI or ARB for LVSD	100% of 7 patients(1,2)	100% of 18 patients(1)	100% of 20 patients(1)	100% of 11 patients(1)	100% of 56 patients(2)	100%	90%	90%
AMI-4	Adult Smoking Cessation Advice/Counseling	100% of 29 patients(2)	100% of 62 patients	100% of 61 patients	100% of 60 patients	100% of 212 patients(2)	100%	95%	94%
AMI-5	Beta-Blocker Prescribed at Discharge	98% of 62 patients(2)	100% of 119 patients	99% of 110 patients	100% of 115 patients	100% of 406 patients(2)	100%	96%	93%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 patients(2)	0 patients	0 patients	0 patients	0 patients(2)	100%	30%	40%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	71% of 7 patients(1,2)	72% of 25 patients	71% of 14 patients(1)	65% of 20 patients(1)	70% of 66 patients(2)	96%	75%	75%
<b>Heart Failure (HF)</b>									
HF-1	Discharge Instructions	79% of 53 patients(2)	75% of 53 patients(2)	71% of 59 patients(2)	62% of 56 patients(2)	72% of 221 patients(2)	98%	76%	74%
HF-2	Evaluation of LVS Function	99% of 78 patients(2)	96% of 78 patients(2)	95% of 75 patients(2)	92% of 73 patients(2)	95% of 304 patients(2)	100%	92%	88%
HF-3	ACEI or ARB for LVSD	100% of 11 patients(1,2)	89% of 18 patients(1,2)	100% of 18 patients(1,2)	79% of 19 patients(1,2)	91% of 66 patients(2)	100%	88%	88%
HF-4	Adult Smoking Cessation Advice/Counseling	100% of 13 patients(1,2)	100% of 12 patients(1,2)	100% of 13 patients(1,2)	100% of 16 patients(1,2)	100% of 54 patients(2)	100%	94%	91%

**Hospital Quality Alliance: Improving Care Through Information**  
*Hospital Performance*

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<b>Pneumonia (PN)</b>									
PN-1	Oxygenation Assessment	100% of 40 patients(2)	100% of 39 patients(2)	100% of 38 patients(2)	100% of 33 patients(2)	100% of 150 patients(2)	100%	99%	99%
PN-2	Pneumococcal Vaccination	95% of 38 patients(2)	83% of 29 patients(2)	87% of 30 patients(2)	90% of 29 patients(2)	89% of 126 patients(2)	99%	86%	83%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	76% of 17 patients(1,2)	79% of 24 patients(1,2)	83% of 18 patients(1,2)	95% of 21 patients(1,2)	84% of 80 patients(2)	100%	91%	90%
PN-4	Adult Smoking Cessation Advice/Counseling	100% of 13 patients(1,2)	100% of 20 patients(1,2)	95% of 19 patients(1,2)	100% of 16 patients(1,2)	99% of 68 patients(2)	100%	91%	88%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	88% of 33 patients(2)	94% of 32 patients(2)	97% of 33 patients(2)	92% of 24 patients(1,2)	93% of 122 patients(2)	100%	95%	93%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	84% of 19 patients(1,2)	83% of 24 patients(1,2)	100% of 22 patients(1,2)	91% of 23 patients(1,2)	90% of 88 patients(2)	97%	85%	87%
PN-7	Influenza Vaccination	92% of 49 patients(2)	88% of 43 patients(2)	N/A	N/A	90% of 92 patients(2)	97%	83%	79%
<b>Surgical Care Improvement Project (SCIP)</b>									
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	91% of 118 patients(2)	92% of 146 patients(2)	97% of 136 patients(2)	97% of 133 patients(2)	94% of 533 patients(2)	98%	89%	87%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	98% of 121 patients(2)	99% of 148 patients(2)	98% of 140 patients(2)	99% of 136 patients(2)	99% of 545 patients(2)	100%	94%	93%

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<b>Surgical Care Improvement Project (SCIP)</b>									
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	79% of 116 patients(2)	76% of 135 patients(2)	87% of 129 patients(2)	89% of 117 patients(2)	82% of 497 patients(2)	98%	86%	86%
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	N/A	86% of 42 patients(2)	98% of 43 patients(2)	86% of 43 patients(2)	90% of 128 patients(2)	100%	88%	84%
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal	N/A	98% of 213 patients(2)	99% of 185 patients(2)	100% of 172 patients(2)	99% of 570 patients(2)	100%	97%	95%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	85% of 93 patients(2)	89% of 109 patients(2)	91% of 109 patients(2)	94% of 107 patients(2)	90% of 418 patients(2)	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	82% of 93 patients(2)	85% of 109 patients(2)	88% of 109 patients(2)	87% of 107 patients(2)	86% of 418 patients(2)	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*
<b>Acute Myocardial Infarction (AMI)</b>										
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	No Different than U.S. National Rate	676	16.7%(14.3%,19.5%)	16.6%	in the <b>Nation</b> that Performed ...	131	2814	54	1610
						in the <b>State</b> that Performed ...	3	76	1	37
<b>Heart Failure (HF)</b>										
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	No Different than U.S. National Rate	914	11.3%(9.6%,13.1%)	11.1%	in the <b>Nation</b> that Performed ...	213	3812	163	585
						in the <b>State</b> that Performed ...	5	106	5	2
<b>Pneumonia (PN)</b>										
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	No Different than U.S. National Rate	673	12.2%(10.2%,14.2%)	11.5%	in the <b>Nation</b> that Performed ...	253	3934	284	343
						in the <b>State</b> 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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<b>30-Day Risk-Standardized Readmission Measures</b>										
	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*
<b>Acute Myocardial Infarction (AMI)</b>										
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-day Readmission Rate	No Different than U.S. National Rate	680	19.4%(17.1%,22.1%)	19.9%	in the <b>Nation</b> that Performed ...	36	2488	52	1944
						in the <b>State</b> that Performed ...	6	62	0	49
<b>Heart Failure (HF)</b>										
READM-30-HF	Heart failure (HF) 30-Day Readmission Rate	Better than U.S. National Rate	1078	19.9%(17.8%,22.1%)	24.5%	in the <b>Nation</b> that Performed ...	180	3854	233	520
						in the <b>State</b> that Performed ...	12	103	2	1
<b>Pneumonia (PN)</b>										
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	Better than U.S. National Rate	707	15.4%(13.4%,17.8%)	18.2%	in the <b>Nation</b> that Performed ...	88	4199	198	349
						in the <b>State</b> 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 Survey Completion and Response Rate	
<b>Number of Completed Surveys</b>	334
<b>Survey Response Rate</b>	47

HCAHPS Composites and Items											
		Your Hospital's Adjusted Score			State Average			U.S. Average			
HCAHPS Composites		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	
Composite 1 (Q1 to Q3)	Communication with Nurses	4	21	75	5	19	76	6	20	74	
Composite 2 (Q5 to Q7)	Communication with Doctors	4	18	78	4	15	81	5	15	80	
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	9	29	62	9	26	65	12	26	62	
Composite 4 (Q13 & Q14)	Pain Management	6	25	69	6	25	69	8	24	68	
Composite 5 (Q16 & Q17)	Communication about Medicines	28	19	53	23	19	58	23	18	59	
Hospital Environment Items		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	
Q8	Cleanliness of Hospital Environment	11	27	62	8	20	72	10	21	69	
Q9	Quietness of Hospital Environment	11	37	52	12	34	54	13	31	56	
Discharge Information Composite		% Yes		% No		% Yes		% No		% No	
Composite 6 (Q19 & Q20)	Discharge Information	82		18		81		19		80	

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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>		9	20	71	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		8	18	74	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.