

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

**150101-PARKVIEW WHITLEY HOSPITAL**

Address: 353 N OAK ST  
 City, State, ZIP: COLUMBIA CITY, IN 46725  
 Phone Number: (260) 248-9302  
 County Name: WHITLEY

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 1 patients(1)	100% of 1 patients(1)	100% of 2 patients(1)	100% of 2 patients(1)	100% of 6 patients(1)	100%	94%	94%
AMI-2	Aspirin Prescribed at Discharge	100% of 1 patients(1)	0 patients	50% of 2 patients(1)	100% of 1 patients(1)	75% of 4 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	100% of 1 patients(1)	0 patients	100% of 1 patients(1)	100%	95%	94%
AMI-5	Beta-Blocker Prescribed at Discharge	100% of 1 patients(1)	0 patients	0 patients	100% of 1 patients(1)	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%
<b>Heart Failure (HF)</b>									
HF-1	Discharge Instructions	100% of 6 patients(1)	67% of 6 patients(1)	75% of 4 patients(1)	80% of 5 patients(1)	81% of 21 patients(1)	98%	76%	74%
HF-2	Evaluation of LVS Function	71% of 7 patients(1)	100% of 11 patients(1)	100% of 12 patients(1)	88% of 8 patients(1)	92% of 38 patients	100%	92%	88%
HF-3	ACEI or ARB for LVSD	100% of 1 patients(1)	100% of 4 patients(1)	0% of 1 patients(1)	0 patients	83% of 6 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 1 patients(1)	100% of 8 patients(1)	100%	94%	91%

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<b>Pneumonia (PN)</b>									
PN-1	Oxygenation Assessment	100% of 27 patients	100% of 33 patients	100% of 29 patients	100% of 19 patients(1)	100% of 108 patients	100%	99%	99%
PN-2	Pneumococcal Vaccination	100% of 17 patients(1)	100% of 25 patients	100% of 20 patients(1)	100% of 15 patients(1)	100% of 77 patients	99%	86%	83%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	93% of 15 patients(1)	100% of 14 patients(1)	90% of 10 patients(1)	100% of 8 patients(1)	96% of 47 patients	100%	91%	90%
PN-4	Adult Smoking Cessation Advice/Counseling	100% of 13 patients(1)	100% of 12 patients(1)	100% of 6 patients(1)	100% of 7 patients(1)	100% of 38 patients	100%	91%	88%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	100% of 22 patients(1)	93% of 28 patients	100% of 17 patients(1)	100% of 15 patients(1)	98% of 82 patients	100%	95%	93%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	89% of 19 patients(1)	95% of 21 patients(1)	94% of 18 patients(1)	88% of 8 patients(1)	92% of 66 patients	97%	85%	87%
PN-7	Influenza Vaccination	96% of 26 patients	100% of 34 patients	N/A	N/A	98% of 60 patients	97%	83%	79%
<b>Surgical Care Improvement Project (SCIP)</b>									
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	92% of 12 patients(1)	86% of 14 patients(1)	91% of 11 patients(1)	94% of 16 patients(1)	91% of 53 patients	98%	89%	87%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	100% of 12 patients(1)	71% of 14 patients(1)	91% of 11 patients(1)	94% of 16 patients(1)	89% of 53 patients	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	100% of 12 patients(1)	93% of 14 patients(1)	91% of 11 patients(1)	94% of 16 patients(1)	94% of 53 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	100% of 25 patients	100% of 15 patients(1)	100% of 18 patients(1)	100% of 58 patients	100%	97%	95%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	88% of 17 patients(1)	75% of 16 patients(1)	56% of 16 patients(1)	88% of 25 patients	78% of 74 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	82% of 17 patients(1)	75% of 16 patients(1)	56% of 16 patients(1)	88% of 25 patients	77% of 74 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*	
<b>Acute Myocardial Infarction (AMI)</b>										
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	No Different than U.S. National Rate	30	17.6%(13.3%,22.6%)	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	78	9.9%(7.1%,13.8%)	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	176	12.3%(9.3%,15.9%)	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.

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

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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*
<b>Acute Myocardial Infarction (AMI)</b>										
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-day Readmission Rate	Number of Cases Too Small*	17	Will Not be Reported	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	No Different than U.S. National Rate	86	24.9%(20.4%,30.2%)	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	No Different than U.S. National Rate	174	17.4%(14.1%,21.2%)	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>	366
<b>Survey Response Rate</b>	45

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	2	14	84	5	19	76	6	20	74			
Composite 2 (Q5 to Q7)	Communication with Doctors	1	10	89	4	15	81	5	15	80			
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	3	20	77	9	26	65	12	26	62			
Composite 4 (Q13 & Q14)	Pain Management	6	22	72	6	25	69	8	24	68			
Composite 5 (Q16 & Q17)	Communication about Medicines	15	18	67	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	5	19	76	8	20	72	10	21	69			
Q9	Quietness of Hospital Environment	10	31	59	12	34	54	13	31	56			
Discharge Information Composite		% Yes		% No		% Yes		% No					
Composite 6 (Q19 & Q20)	Discharge Information	84		16		81		19		80		20	

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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>		5	20	75	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	23	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.