

| Heart Attack | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Heart Attack | <p>Why Heart Attack Care Measures are Important</p> <p>A heart attack (also called AMI or acute myocardial infarction) 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. These measures show some of the standards of care provided for most adults who have had a heart attack. The symptoms of a heart attack can include:</p> <ul style="list-style-type: none"> ▪ chest pain (often described as a crushing, squeezing, or burning pain in the center of the chest and 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 <p>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.</p> <p>For more information about heart health go to:</p> <ul style="list-style-type: none"> ▪ American Heart Association website www.americanheart.org ▪ National Library of Medicine and the National Institutes of Health website www.medlineplus.gov |
| Overall heart attack care (composite score) | <p>Overall Heart Attack Care</p> <p>This measure tells you how many heart attack patients received all of the appropriate care they qualified for.</p> <p>Higher percentage is better.</p> |
| Aspirin given on arrival | <p>Aspirin at Arrival</p> <p>This measure tells you the percent of heart attack patients who were given (or took) aspirin within 24 hours of arrival at the hospital.</p> <p>This information is important because 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. Chewing an aspirin as soon as symptoms of a heart attack begin may help reduce the severity of the attack.</p> <p>Higher percentages are better.</p> |

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| <p>Angioplasty (PCI) treatment received quickly</p> | <p>PCI Within 90 Minutes of Arrival</p> <p>This measure tells you the percent of heart attack patients who underwent angioplasty/heart stent, also known as Percutaneous Coronary Intervention (PCI), within specified time lines after arrival at a hospital.</p> <p>This information is important because 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. PCI are procedures that are among the most effective ways to open blocked blood vessels and to 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:</p> <ul style="list-style-type: none"> ▪ 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. <p>However, PCI is not available at every general hospital in Ohio.</p> <p>Higher percentages are better.</p> |
| <p>Smokers advised to quit</p> | <p>Smoking Cessation Advice</p> <p>This measure tells you the percent of heart attack patients with a history of smoking cigarettes who received advice before discharge from the hospital on how to quit smoking.</p> <p>This information is important because 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.</p> <p>Higher percentages are better.</p> |

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| <p>Medications for left ventricular systolic dysfunction (LVSD) prescribed at discharge</p> | <p>ACE Inhibitor or ARB at Discharge</p> <p>This measure tells you the percent of heart attack patients with left ventricular systolic dysfunction (LVSD) who were prescribed an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB) at discharge from the hospital.</p> <p>This information is important because ACE inhibitors and ARBs 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 lower blood pressure and reduce the work the heart has to perform. Because 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.</p> <p>Higher percentages are better.</p> |
| <p>Aspirin prescribed at discharge</p> | <p>Aspirin at Discharge</p> <p>This measure tells you the percent of heart attack patients prescribed aspirin at discharge from the hospital.</p> <p>This information is important because 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 healthcare provider before using aspirin on a regular basis to make sure it's safe for you.</p> <p>Higher percentages are better.</p> |
| <p>Beta blocker prescribed at discharge</p> | <p>Beta Blocker at Discharge</p> <p>This measure tells you the percent of heart attack patients prescribed a beta blocker at discharge from the hospital.</p> <p>This information is important because 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.</p> <p>Higher percentages are better.</p> |

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| Heart attack death | <p>Heart Attack Mortality Within 30 Days</p> <p>This measure tells you the percent of heart attack patients that died within 30 days. These percentages were calculated from Medicare data on patients discharged between July 2006 and June 2009. They do not include people in Medicare Advantage (managed care) plans or people who do not have Medicare.</p> <p>This information is important because one way to tell whether a hospital is doing a good job is to find out whether patients admitted to the hospital have death (mortality) rates that are better than, the same as or worse than U.S. National Rate, given how sick they were when they were admitted to the hospital. The death rates for each hospital have been risk-adjusted. This means that they take into account how sick patients were before they were admitted to the hospital.</p> <p>Lower percentages are better.</p> |
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| Heart Failure | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Heart Failure | <p>Why Heart Failure Care Measures are Important</p> <p>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. These measures show some of the standards of care provided for most adults with heart failure.</p> <p>Symptoms of heart failure may include:</p> <ul style="list-style-type: none"> ▪ 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 <p>Heart failure can be a result of heart condition due to:</p> <ul style="list-style-type: none"> ▪ hardening of the arteries, also known as coronary artery disease ▪ a heart attack ▪ cardiomyopathy (heart muscle damage from infection or alcohol or drug abuse) ▪ an overworked heart (caused over time by conditions like high blood pressure, kidney disease, diabetes, or a defect from birth) <p>For more information about heart health go to the:</p> <ul style="list-style-type: none"> ▪ American Heart Association website www.americanheart.org ▪ National Library of Medicine and the National Institutes of Health website www.medlineplus.gov |
| Overall heart failure care (composite score) | <p>Overall Heart Failure Care</p> <p>This measure tells you how many heart failure patients received all of the appropriate care they qualified for.</p> |

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| Left ventricular function assessed | <p>Left Ventricular Systolic (LVS) Function Assessment</p> <p>This measure tells you the percent of heart failure patients who had their left ventricular systolic (LVS) function evaluated before hospital arrival, during hospitalization or had a test planned following discharge.</p> <p>This information is important because the proper treatment for heart failure depends on what area of your heart is affected. An important test to check how your heart is pumping is called an “evaluation of the left ventricular systolic function.” It can tell your healthcare provider whether the left side of your heart is pumping properly. Other ways to check on how your heart is pumping include:</p> <ul style="list-style-type: none">▪ your medical history▪ a physical examination▪ listening to your heart sounds▪ other tests as ordered by a physician (like an ECG (electrocardiogram), chest X-ray, blood work and an echocardiogram) <p>Higher percentages are better.</p> |
| Smokers advised to quit | <p>Smoking Cessation Advice</p> <p>This measure tells you the percent of heart failure patients with a history of smoking cigarettes who received advice on how to quit smoking before hospital discharge.</p> <p>This information is important because 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.</p> <p>Higher percentages are better.</p> |

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| Medications for LVSD prescribed at discharge | <p>ACE Inhibitor or ARB at Discharge</p> <p>This measure tells you the percent of heart failure patients with left ventricular systolic dysfunction (LVSD) prescribed an angiotensin converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB) at discharge from the hospital.</p> <p>This information is important because ACE inhibitors and ARBs 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. Because the ways 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.</p> <p>Higher percentages are better.</p> |
| Written instructions given at discharge | <p>Discharge Instructions</p> <p>This measure tells you the percent of patients who received written instructions or educational material at hospital discharge addressing activity level, diet, discharge medications, follow-up appointment, weight monitoring and instructions if symptoms worsen.</p> <p>This information is important because 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 your:</p> <ul style="list-style-type: none">▪ 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 <p>Higher percentages are better.</p> |

| Heart Surgery | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Open heart surgery (# performed) | <p>Coronary Artery Bypass Graft (CABG)</p> <p>This measure tells you the total number of CABG (also known as open heart surgeries) performed for a 12-month period. Higher volumes (or number of surgeries) have been associated with better outcomes which represent better quality. The volume of open heart surgeries should be reviewed only in conjunction with open heart mortality.</p> <p>This information is important because according to the American Heart Association, open heart surgeries are one of the most commonly performed major operations. Open heart surgery is advised for selected groups of patients with significant narrowing and blockage of the heart arteries (coronary artery disease). This surgery creates new routes around narrowed and blocked arteries, allowing sufficient blood flow to deliver oxygen and nutrients to the heart muscle. Open heart surgery reroutes or 'bypasses' blood around clogged arteries to improve the supply of oxygenated blood to the heart. Thousands of bypass surgeries are performed each year and the death rate is relatively low. However, this relatively common procedure requires a high level of skill. Studies have shown that physicians and hospitals performing higher volumes of these procedures, thus having more experience, are more likely to have better outcomes. The experience level of the physician and staff are important questions a consumer should consider.</p> |
| Open heart surgery mortality (death) | <p>Coronary Artery Bypass Graft (CABG) Mortality</p> <p>This measure tells you the percent of deaths associated with open heart surgeries performed for a 12-month period. The mortality of open heart surgeries should be reviewed only in conjunction with open heart volume.</p> <p>This information is important because evidence shows that high mortality may be associated with poorer quality of care.</p> <p>Lower percentages are better.</p> |
| Angioplasty procedure (# performed) | <p>Percutaneous Transluminal Coronary Angioplasty (PTCA), or Balloon Angioplasty Volume</p> <p>This measure tells you the total number of procedures performed for a 12-month period. Higher volumes (or number of procedures) have been associated with better outcomes which represent better quality. The volume of PTCA procedures should be reviewed only in conjunction with PTCA mortality.</p> <p>This information is important because the build up of fats, cholesterol and other substances from the blood (referred to as plaque) can reduce blood and oxygen to the heart. PTCA is one of the most common procedures for opening damaged or obstructed coronary arteries. <i>Percutaneous</i> indicates that the blood vessel is accessed via a needle through the skin. <i>Transluminal</i> means that this procedure is performed through the blood vessel. <i>Coronary</i> is the artery that is being treated. <i>Angioplasty</i> is the reshaping of the blood vessel.</p> <p>Angioplasty is also referred to as a "balloon treatment." In this procedure, special balloons are used to open the arteries. The procedure also involves the use of stents to help keep the arteries open.</p> |

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| Angioplasty procedure mortality (death) | <p>Percutaneous Transluminal Coronary Angioplasty (PTCA) Mortality</p> <p>This measure tells you the percent of deaths associated with PTCA procedures performed for a 12-month period. The mortality of PTCA procedures should be reviewed only in conjunction with PTCA volume.</p> <p>This information is important because evidence shows that high mortality may be associated with poorer quality of care.</p> <p>Lower percentages are better.</p> |
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| Stroke | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Stroke | <p>Why Stroke Care Measures are Important</p> <p>Stroke happens when blood flow to the brain is blocked by a clot (ischemic stroke) or a blood vessel inside the brain breaks (hemorrhagic stroke). Both kinds of stroke can make brain cells die and cause permanent damage. The problems a person may have after a stroke like not being able to move one side of the body, or trouble talking, happen because brain cells in the part of the brain that controls moving or talking have died.</p> <p>Stroke can happen very fast. It is very important to know the warning signs for stroke and get to the hospital as fast as possible. The warning signs of stroke are:</p> <ul style="list-style-type: none"> ▪ sudden numbness or weakness of the face, arm or leg, especially on one side of the body ▪ sudden confusion, trouble talking or understanding ▪ sudden trouble seeing in one or both eyes ▪ sudden trouble walking, dizziness, loss of balance or coordination ▪ sudden, severe headache with no known cause <p>Not all the warning signs happen in every stroke. Don't ignore signs of a stroke even if they go away. Do not drive yourself to the hospital or wait for someone to drive you there. Call 9-1-1 right away! There are new treatments for stroke, but they must be given within three hours from the first sign of a stroke to work.</p> <p>The quality of care stroke patients get in the hospital can be compared to 10 care measures developed by the Joint Commission, the American Heart/Stroke Association and the Centers for Disease Control and Prevention (CDC). The Ohio Department of Health is currently collecting 10 stroke care measures from the 27 Ohio hospitals that are certified by The Joint Commission as Primary Stroke Centers. This certification is earned by hospitals that have acute stroke teams and other specialized resources needed to provide rapid, high-quality care that meets the special needs of stroke patients.</p> |
| Blood clot prevention treatment received | <p>Deep Vein Thrombosis (DVT) Prophylaxis</p> <p>This measure tells you the percent of patients with an ischemic stroke or a hemorrhagic stroke who are not able to get out of bed who received medicine or other treatments to stop blood clots by the end of the second day in the hospital.</p> <p>This information is important because people who have a stroke that causes paralysis in the legs have a higher chance of getting blood clots in the leg veins. Some of the treatments to prevent blood clots include getting a patient out of bed and walking as soon as possible or getting injections of a drug like heparin to stop blood clots.</p> <p>Higher percentages are better.</p> |

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| <p>Rapid assessment and early intervention of acute ischemic stroke patients</p> | <p>Thrombolytic Therapy Administered</p> <p>This measure tells you the percent of ischemic stroke patients who get to the hospital within 2 hours from the time stroke symptoms started and who were able to get t-PA (drugs used to break up or dissolve blood clots) within 3 hours from the time stroke symptoms started.</p> <p>This information is important because giving a drug to break up clots to ischemic stroke patients will help lower the chance of permanent damage from a stroke. Drugs that break up or dissolve blood clots can be used only on patients who have a stroke caused by a blood clot (ischemic stroke), who get to the hospital within 2 hours of the first sign of a stroke and who are carefully checked by a doctor to see if there are any reasons why the drug cannot be given.</p> <p>Higher percentages are better.</p> |
| <p>Patients with abnormal heart rhythm receiving blood clot prevention medication</p> | <p>Patients with Atrial Fibrillation Receiving Anticoagulation Therapy</p> <p>This measure tells you the percent of patients with an ischemic stroke and an irregular heartbeat who went home from the hospital on medicine to thin their blood and stop blood clots from forming in the heart or lungs.</p> <p>This information is important because an irregular heartbeat (atrial fibrillation) is an important risk factor for stroke. Controlling an irregular heartbeat that can cause blood clots prevents another stroke from happening.</p> <p>Higher percentages are better.</p> |
| <p>Medication to reduce blood clots by end of second day in hospital</p> | <p>Antithrombotic Therapy By End of Hospital Day Two</p> <p>This measure tells you the percent of patients with ischemic stroke who get medicine to reduce the chance of blood clots by the end of hospital day two.</p> <p>This information is important because the medicine to reduce the chance of blood clots works best if it is started by the second day that a stroke patient is in the hospital. Stopping blood clots from forming can keep another stroke from happening and can reduce the risk of dying from another stroke.</p> <p>Higher percentages are better.</p> |
| <p>Dysphagia screening</p> | <p>Dysphagia Screening</p> <p>This measure tells you the percent of patients with ischemic or hemorrhagic stroke who are tested for trouble swallowing before being given any food, liquids or medicine by mouth.</p> <p>This information is important because trouble swallowing is a potentially serious side effect of stroke that can cause pneumonia. All stroke patients should be tested for trouble swallowing before getting anything to eat or drink. Patients who do not pass the test should be checked by a speech therapist who can recommend the right treatment to help prevent pneumonia.</p> <p>Higher percentages are better.</p> |

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| Stroke education | <p>Stroke Education</p> <p>This measure tells you the percent of patients with ischemic or hemorrhagic stroke, or their caregivers, who were taught or given printed information while they were in the hospital to help them understand what to do at home. The teaching should include all of the following: personal risk factors for stroke, warning signs for stroke, how and when to call 9-1-1, the need to go to the doctor after getting out of the hospital and how to take medicines at home.</p> <p>This information is important because teaching patients and families about how to live after having a stroke and how to get help with problems that may come up at home is an important part of getting better.</p> <p>Higher percentages are better.</p> |
| Smokers advised to quit | <p>Smoking Cessation/Advice/Counseling</p> <p>This measure tells you the percent of patients with ischemic or hemorrhagic stroke with a history of smoking cigarettes that are given information about quitting smoking.</p> <p>This information is important because cigarette smoking is the single most changeable risk factor for stroke. Smoking nearly doubles the risk of ischemic stroke. Quitting smoking as soon as possible helps lower the chance of having another stroke.</p> <p>Higher percentages are better.</p> |
| Assessed for rehabilitation | <p>Assessed for Rehabilitation</p> <p>This measure tells you the percent of patients with an ischemic or hemorrhagic stroke who were tested to see what type of rehabilitation they needed to help them recover from some of the side effects of a stroke.</p> <p>This information is important because many people who have a stroke need rehabilitation to help them learn how to live with the after-effects of a stroke. Stroke rehabilitation should begin as soon as possible after the patient is in the hospital and the stroke is under control. It is very important for stroke patients to begin walking as soon as possible, and be able to do usual daily activities like feeding and dressing themselves. A well-designed rehabilitation program that starts as soon as possible after a stroke can help the patient recover faster and reduce disability.</p> <p>Higher percentages are better.</p> |

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| Discharged on cholesterol reducing medication | <p>Discharged on Cholesterol Reducing Medication</p> <p>This measure tells you the percent of ischemic stroke patients with LDL (bad cholesterol) higher than 100, or who were taking cholesterol-lowering medicine (statins) before going into the hospital who are sent home on cholesterol-lowering medicine.</p> <p>This information is important because high blood cholesterol is a well-known risk factor for a type of heart disease called coronary artery disease (CAD). Newer research has shown that high blood cholesterol is also a risk factor for ischemic stroke. Patients with CAD or who have had a stroke should have a blood test within the first 2 days in the hospital to check for high cholesterol. In patients with LDL above 100, lipid-lowering medicine should be started.</p> <p>Higher percentages are better.</p> |
| Discharged on blood clot reducing medication | <p>Discharged on Antithrombotic Therapy</p> <p>This measure tells you the percent of patients with an ischemic stroke who got a prescription for medicine to prevent blood clots when they were sent home from the hospital.</p> <p>This information is important because medicine to stop blood clots can help stop another stroke from happening.</p> <p>Higher percentages are better.</p> |

| Pneumonia | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Pneumonia | <p>Why Pneumonia Care Measures are Important</p> <p>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:</p> <ul style="list-style-type: none"> ▪ difficulty breathing ▪ "wet" cough(your mucus may look green or bloody) ▪ chest pain ▪ fever and chills ▪ fatigue <p>You should also be aware that flu shots reduce the risk of influenza, a serious and sometimes deadly lung infection that can spread quickly in a community. Hospitals should check to make sure that pneumonia patients get a flu shot during flu season to protect them from another lung infection and to help prevent the spread of influenza in the community.</p> <p>For more information about lung health go to</p> <ul style="list-style-type: none"> ▪ American Lung Association website www.lungusa.org ▪ National Library of Medicine and the National Institutes of Health website www.medlineplus.gov |
| Overall pneumonia care (composite score) | <p>Overall Pneumonia Care</p> <p>This measure tells you how many pneumonia patients received all of the appropriate care they qualified for.</p> |
| Blood culture performed | <p>Blood Culture Before Initial Antibiotic</p> <p>This measure tells you the percent of pneumonia patients in the hospital who had their blood taken and cultured in the emergency department before receiving their first antibiotic.</p> <p>This information is important because different types of bacteria can cause pneumonia. A blood culture is a test that can help your healthcare 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, the blood culture should be conducted before any antibiotics are started. It is also important to start antibiotics as soon as possible.</p> <p>Higher percentages are better.</p> |

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| Appropriate initial antibiotic selected | <p>Antibiotic Selection</p> <p>This measure tells you the percent of pneumonia patients who received the most appropriate initial antibiotic.</p> <p>This information is important because 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 measure named “Blood Culture Before Initial Antibiotic”.</p> <p>Higher percentages are better.</p> |
| Initial antibiotic given quickly | <p>Antibiotic Timing</p> <p>This measure tells you the percent of patients who were given their first dose of antibiotics within 6 hours of arrival at the hospital. Patients who get pneumonia during their stay at the hospital are not counted in this measure.</p> <p>This information is important because 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. However, there is controversy about the desirability of hospitals achieving a 100 percent score on this measure. Pneumonia can be difficult to diagnose quickly, and there is some concern that this measure provides hospitals an inappropriate incentive to use antibiotics for all potential pneumonia patients before making a firm diagnosis. Overuse of antibiotics reduces quality of healthcare because it can result in bacterial resistance to these antibiotics.</p> <p>Higher percentages are better.</p> |
| Pneumonia patients assessed and given flu vaccination | <p>Influenza Vaccination</p> <p>This measure tells you the percent of pneumonia patients who are 50 years or older that were assessed for and given the influenza vaccine, if needed, before discharge from the hospital during the flu season. Because a flu shot is effective for just one flu season, the period of time used to calculate this rate is the flu season - generally, November through March. Other measures on Hospital Compare are typically collected throughout the year.</p> <p>This information is important because flu shots are highly effective in preventing influenza-related pneumonia, a serious and sometimes deadly lung infection that is highly contagious. Patients who are 50 years or older are particularly vulnerable, and getting the flu shot during flu season helps protect them from another lung infection and prevent the spread of influenza.</p> <p>Higher percentages are better.</p> |

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| Smokers advised to quit | <p>Smoking Cessation Advice</p> <p>This measure tells you the percent of pneumonia patients with a history of smoking cigarettes who received advice before discharge from the hospital on how to quit smoking.</p> <p>This information is important because 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 chances of getting pneumonia again.</p> <p>Higher percentages are better.</p> |
| Pneumococcal vaccine given at discharge | <p>Pneumonia Vaccination</p> <p>This measure tells you the percent of pneumonia patients 65 years and older that were assessed for and given the pneumonia vaccine, if needed, before being discharged from the hospital.</p> <p>This information is important because 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.</p> <p>Higher percentages are better.</p> |

| Surgical Care | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Surgical Care | <p>Why Surgical Care Measures are Important</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>Call your doctor or local hospital immediately if you have any of these signs.</p> |
| Overall surgical care improvement (composite score) | <p>Overall Surgical Care</p> <p>This measure tells you how many surgery patients received all of the appropriate care they qualified for.</p> |
| Pre-surgery antibiotics (overall rate, open heart, other cardiac surgery, hip surgery, knee surgery, colon surgery, hysterectomy, vascular surgery) | <p>Preventive Antibiotic Started 1 Hour Before Surgery</p> <p>This measure tells you the percent of surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection.</p> <p>This information is important because surgical wound infections can be prevented. Patients given antibiotics, medicines that prevent and treat infections, within the hour before their operation 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.</p> <p>Higher percentages are better.</p> |
| Appropriate preventive antibiotics (overall rate, open heart, other cardiac surgery, hip surgery, knee surgery, colon surgery, hysterectomy, vascular surgery) | <p>Appropriate Antibiotic Received</p> <p>This measure tells you the percent of surgery patients who received the appropriate preventive antibiotic(s) for their surgery in order to prevent a surgical wound infection.</p> <p>This information is important because surgical wound infections can be prevented. Certain antibiotics are recommended to help prevent wound infection for particular types of surgery. Hospitals can reduce the risk of wound infection after surgery by making sure the patient gets the right medication at the right time on the day of their surgery.</p> <p>Higher percentages are better.</p> |

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| <p>Post-surgery antibiotics (overall rate, open heart, other cardiac surgery, hip surgery, knee surgery, colon surgery, hysterectomy, vascular surgery)</p> | <p>Preventive Antibiotic Stopped Within 24 Hours</p> <p>This measure tells you the percent of eligible surgical patients whose prophylactic or preventive antibiotics were stopped within 24 hours after surgery ended (or 48 hours after open heart surgery or other cardiac surgery). Antibiotics are medicines that prevent and treat infections.</p> <p>This information is important because 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 and can increase the risk of side effects, such as stomach aches, serious types of diarrhea, and resistance to the antibiotic (the use of too much antibiotic can prevent them from being effective). Also, when antibiotics are used for too long, patients can develop resistance to them and the antibiotics won't work as well. There are, however, exceptions. If the surgical site has been contaminated, there may be a need for additional antibiotics after 24 hours. Talk to your doctor to determine how long you should take antibiotics after surgery.</p> <p>Higher percentages are better.</p> |
| <p>Beta blocker therapy received during procedure</p> | <p>Beta Blocker Therapy Received During Procedure</p> <p>This measure tells you the percent of surgery patients on beta-blocker medicine before they went into the hospital who continued to get that medicine during the time before and after their operation (perioperative period). The perioperative period for the surgical care cardiac measures is defined as 24 hours before the operation starts through the time the patient leaves the recovery room.</p> <p>This information is important because beta blockers are medicines that reduce blood pressure by helping the heart beat more slowly and with less force. This helps the heart work better and lowers blood pressure in people with high blood pressure. This medicine has to be taken every day to keep blood pressure under control. Over a number of years, researchers compared the results of operations done on a large number of patients who were taking beta blockers before they went into the hospital. The patients who kept getting this medicine for the whole time they were in the hospital had a much lower death rate for up to 1 year after surgery than patients who did not have this medicine while they were in the hospital.</p> <p>Higher percentages are better.</p> |

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| <p>Blood clot prevention treatment ordered</p> | <p>Treatment Preventing Blood Clots Ordered</p> <p>This measure tells you the percent of patients with certain types of surgeries whose doctors ordered treatments to prevent blood clots, called venous thromboembolism (VTE) prophylaxis, anytime from hospital arrival to 48 hours after surgery has ended.</p> <p>This information is important because 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.</p> <p>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.</p> <p>Higher percentages are better.</p> |
| <p>Blood clot prevention treatment received</p> | <p>Treatment Preventing Blood Clots Received</p> <p>This measure tells you the percent of patients who received the appropriate treatment to prevent blood clots called venous thromboembolism (VTE) at the right time.</p> <p>This information is important because 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.</p> <p>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. 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.</p> <p>Higher percentages are better.</p> |

| Infection (Adult) | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Surgical site infection in open heart patients | <p>Surgical Site Infection – Open Heart</p> <p>This measure tells you the percent of patients who had coronary artery bypass graft (CABG), also known as open heart surgery, who developed a deep/serious surgical site infection (SSI) in the chest incision.</p> <p>This information is important because surgical site infections may be directly related to an operative procedure. Some SSIs are minor and involve only the outer layer of skin or just below the outer layer of skin. Other SSIs may be deeper and more serious.</p> <p>Lower percentages are better.</p> |
| Surgical site infection in C-section patients | <p>Surgical Site Infection – C-Section</p> <p>This measure tells you the percent of patients who had Cesarean section (C-section) deliveries who developed a deep/serious surgical site infection (SSI).</p> <p>This information is important because surgical site infections are infections that may be directly related to an operative procedure. Some SSIs are minor and involve only the outer layer of skin or just below the outer layer of skin. Other SSIs may be deeper and more serious.</p> <p>Lower percentages are better.</p> |
| Surgical site infection in knee replacement patients | <p>Surgical Site Infection – Knee Replacement</p> <p>This measure tells you the percent of patients who had a total knee replacement (only the first surgery for knee is counted) who developed a deep/serious surgical site infection.</p> <p>This information is important because surgical site infections (SSIs) are infections that may be directly related to an operative procedure. Some SSIs are minor and involve only the outer layer of skin or just below the outer layer of skin. Other SSIs may be deeper and more serious.</p> <p>Lower percentages are better.</p> |
| C. diff acquired while in the hospital | <p>Hospital Acquired <i>Clostridium difficile</i> (C. diff)</p> <p>This measure tells you the number of <i>Clostridium difficile</i> infections (CDI) identified by the hospital laboratory on or after day 4 of hospital admission per 10,000 patient days (total number of days spent by all patients in the hospital).</p> <p>This information is important because CDI is a bacterial infection that causes diarrhea and more serious intestinal conditions such as colitis. People who get CDI are usually taking antibiotics for another infection. <i>Clostridium difficile</i> bacteria are found in the feces of an infected person. Other people can become infected if they touch items or surfaces that are contaminated with the bacteria and then touch their mouth.</p> <p>Lower rates are better.</p> |

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| <p>MRSA blood stream infection acquired while in the hospital</p> | <p>Hospital Acquired Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Blood Stream Infections</p> <p>This measure tells you the number of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) blood stream infections identified by the hospital laboratory that developed on or after day 4 of hospital admission per 10,000 patient days (total number of days spent by all patients in the hospital).</p> <p>Note: If you are comparing this data to national data or another state's data, look specifically at the rate to identify if the unit was per 1000 or per 10,000 patient days.</p> <p>This information is important because bacteremia is an infection of the blood stream and can sometimes be life threatening. Unlike most infections, bacteremia spreads through the entire body sometimes causing the patient to become seriously ill. Bacteremia can most often be prevented by preventing the infections that often precede it.</p> <p>Lower rates are better.</p> |
| <p>MSSA blood stream infection acquired while in the hospital</p> | <p>Hospital Acquired Methicillin-Susceptible <i>Staphylococcus aureus</i> (MSSA) Blood Stream Infections</p> <p>This measure tells you the number of methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) blood stream infections identified by the hospital laboratory that developed on or after day 4 of hospital admission per 10,000 patient days (total number of days spent by all patients in the hospital).</p> <p>Note: If you are comparing this data to national data or another state's data, look specifically at the rate to identify if the unit was per 1000 or per 10,000 patient days.</p> <p>This information is important because bacteremia is an infection of the blood stream and can sometimes be life threatening. Unlike most infections, bacteremia spreads through the entire body sometimes causing the patient to become seriously ill. Bacteremia can most often be prevented by preventing the infections that often precede it.</p> <p>Lower rates are better.</p> |

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| <p>MRSA and MSSA blood stream infection acquired while in the hospital</p> | <p>Hospital Acquired Methicillin-Resistant and Methicillin-Susceptible <i>Staphylococcus aureus</i> (MRSA and MSSA) Blood Stream Infections</p> <p>This measure tells you the number of methicillin-resistant and methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) blood stream infections identified by the hospital laboratory that developed on or after day 4 of hospital admission per 10,000 patient days (total number of days spent by all patients in the hospital).</p> <p>Note: If you are comparing this data to national data or another state's data, look specifically at the rate to identify if the unit was per 1000 or per 10,000 patient days.</p> <p>This information is important because bacteremia is an infection of the blood stream and can sometimes be life threatening. Unlike most infections, bacteremia spreads through the entire body sometimes causing the patient to become seriously ill. Bacteremia can most often be prevented by preventing the infections that often precede it.</p> <p>Lower rates are better.</p> |
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| Infection Prevention | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Hand washing program | <p>Hand Washing Program</p> <p>This information tells you the facility's commitment towards promoting good hand washing practices among the healthcare workers.</p> <p>This information is important because keeping hands clean is one of the most important ways to prevent the spread of infection and illness. These performance measures are recommendations designed to improve hand washing practices of healthcare workers and to reduce transmission of harmful germs to patients in healthcare settings.</p> <ol style="list-style-type: none"> 1. Does your hospital have a program to improve hand hygiene practices? 2. Does your hospital teach principles of hand hygiene and proper use of gloves to all clinical staff upon hire? 3. Does your hospital monitor and provide feedback to clinical staff regarding their hand hygiene practices? 4. In your hospital's clinical settings, are alcohol-based hand-rubs available for use at the point of care? 5. In your hospital's clinical settings, are gloves available for use at the point of care? 6. Does your hospital prohibit the wearing of artificial nails by direct-care providers? <p>Having hand washing guidelines in place is better.</p> |
| Infection control staffing | <p>Infection Control Staffing</p> <p>This information tells you the facility's commitment to continually improve infection prevention and control functions and their contribution to healthcare and patient safety.</p> <p>This information is important because the strength of the infection control program is directly related to the expertise and knowledge of the infection control program staff. Certification is seen as a fundamental standard among major health professions. Published research studies support an association between board-certification status and positive clinical outcomes.</p> <ol style="list-style-type: none"> 1. Does your hospital employ a qualified Infection Control Professional (ICP)? 2. Does your hospital employ an Infection Control Professional (ICP) who is board-certified in infection control (CIC)? 3. Does your hospital have a board-certified Infectious Disease Physician either on staff or available for consult? <p>Having infection control staff is better.</p> |

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| Influenza vaccination for hospital employees | <p>Influenza Vaccination for Hospital Employees</p> <p>This measure tells you the percent of hospital employees who were vaccinated against seasonal influenza during the influenza season.</p> <p>This information is important because influenza is a respiratory illness caused by the influenza virus. Influenza spreads mainly from person to person. The virus is spread primarily by droplets that are generated by coughing and sneezing of infected persons. Transmission may also occur by touching a surface contaminated with influenza virus and then touching the eyes, nose or mouth. Influenza vaccination along with hand washing is the best way for healthcare workers to reduce the chance of becoming ill from influenza or giving influenza to their patients and co-workers.</p> <p>Higher percentages are better.</p> |
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| Patient Safety | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Bed sore | <p>Pressure Ulcer (Bed Sore)</p> <p>This measure tells you the number of stage 3 and 4 pressure ulcers per 1,000 discharges among patients who were in the hospital for longer than 4 days.</p> <p>This information is important because a bed sore or a pressure sore can develop when a person stays in one position for a long time without moving. The pressure of the person's weight, especially on bony areas, reduces the blood supply to that area and can cause the tissues beneath it to die. People who are elderly and have limited mobility such as being bedridden, restricted to a wheel chair or have poor circulation are most at risk of developing these pressure sores. The ulcer starts as reddened skin that gets progressively worse.</p> <p>Two-thirds of pressure sores occur in patients older than 70. The areas most commonly prone to pressure sores are hips and heels. Many of these ulcers can be healed before becoming more serious if detected promptly and treated at an early stage. Healthcare professionals have identified four stages of bed sores with stage three and four being the most severe. Catching the sore early is vital.</p> <p>You can help reduce or prevent bed sores by having good nutrition and proper support such as a foam or gel pad or a mattress. Change position often and avoid lying directly on your hipbones. It is also important to clean and keep the skin dry.</p> <p>Lower rates are better.</p> |
| Foreign object left in during procedure | <p>Foreign Body Left in During Procedure</p> <p>This measure tells you the number of foreign objects accidentally left in patients during a procedure.</p> <p>This information is important because although surgeons and operating room teams rely on the practice of counting sponges and instruments as a means to eliminate foreign bodies, practices are not standardized and every single event may signal a serious system failure that should be addressed.</p> <p>Zero is the best number.</p> |

| Patient Satisfaction | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Patient Satisfaction | <p>Why this Patient Survey is Important</p> <p>HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national, standardized survey of hospital patients. HCAHPS (pronounced "H-caps") was created to publicly report the patient's perspective of hospital care. The survey asks a random sample of recently discharged patients about important aspects of their hospital experience. This information allows consumers to make fair and objective comparisons between hospitals, and of individual hospitals, on 10 important measures of patients' perspectives of care. The goal is for each hospital to get at least 300 completed patient surveys per year.</p> <p>Patients are randomly selected to participate in the HCAHPS survey. Hospitals are not allowed to choose which patients are selected.</p> <p>Higher percentages are better.</p> |
| Number of completed surveys | <p>The number of completed surveys is the total number of patients who completed a survey. When at least 300 patients have completed the survey for a hospital, we can be more confident that the survey results are fully representative of patients' experiences at that hospital and are reliable for assessing the hospital's performance. However, smaller hospitals could sample all of their HCAHPS-eligible discharges but, because of their small size, still have fewer than 300 completed surveys.</p> |
| Survey response rate | <p>The survey response rate tells what percentage of patients who were asked to complete the survey actually did complete it. In general, the <i>higher</i> this response rate percentage, the more <i>confident</i> we can be that the survey results for a hospital are <i>representative</i> of patients' experiences at that hospital and are reliable for assessing the hospital's performance.</p> <p>Higher percentages are better.</p> |
| Communication with nurses | <p>This measure tells you the percent of patients who answered "always" to the following questions: During this hospital stay...</p> <ul style="list-style-type: none"> ▪ How often did nurses treat you with courtesy and respect? ▪ How often did nurses listen carefully to you? ▪ How often did nurses explain things in a way you could understand? <p>Higher percentages are better.</p> |
| Communication with doctors | <p>This measure tells you the percent of patients who answered "always" to the following questions: During this hospital stay...</p> <ul style="list-style-type: none"> ▪ How often did doctors treat you with courtesy and respect? ▪ How often did doctors listen carefully to you? ▪ How often did doctors explain things in a way you could understand? <p>Higher percentages are better.</p> |
| Responsiveness of hospital staff | <p>This measure tells you the percent of patients who answered "always" to the following questions:</p> <ul style="list-style-type: none"> ▪ During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? |

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| | <ul style="list-style-type: none"> ▪ How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? <p>Higher percentages are better.</p> |
| Pain management | <p>This measure tells you the percent of patients who answered “always” to the following questions: During this hospital stay...</p> <ul style="list-style-type: none"> ▪ How often was your pain well controlled? ▪ How often did the hospital staff do everything they could to help you with your pain? <p>Higher percentages are better.</p> |
| Communication about medicines | <p>This measure tells you the percent of patients who answered “always” to the following questions: Before giving you any new medicine...</p> <ul style="list-style-type: none"> ▪ How often did hospital staff tell you what the medicine was for? ▪ How often did hospital staff describe possible side effects in a way you could understand? <p>Higher percentages are better.</p> |
| Cleanliness of hospital environment | <p>This measure tells you the percent of patients who answered “always” to the following question: During this hospital stay...</p> <ul style="list-style-type: none"> ▪ How often your room and bathroom were kept clean? <p>Higher percentages are better.</p> |
| Quietness of hospital environment | <p>This measure tells you the percent of patients who answered “always” to the following question: During this hospital stay...</p> <ul style="list-style-type: none"> ▪ How often was the area around your room quiet at night? <p>Higher percentages are better.</p> |
| Discharge information | <p>This measure tells you the percent of patients who answered “Yes” to the following questions: During this hospital stay...</p> <ul style="list-style-type: none"> ▪ Did hospital staff talk with you about whether you would have the help you needed when you left the hospital? ▪ Did you get information in writing about what symptoms or health problems to look out for after you left the hospital? <p>Higher percentages are better.</p> |
| Overall rating of this hospital | <p>This measure tells you the percent of patients who rated the hospital as a 9 or 10 (ten being the best score) on the following question:</p> <ul style="list-style-type: none"> ▪ Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? <p>Higher percentages are better.</p> |
| Willingness to recommend this hospital | <p>This measure tells you the percent of patients who answered “YES” to the following question:</p> <ul style="list-style-type: none"> ▪ Would you recommend this hospital to your friends and family? <p>Higher percentages are better.</p> |

| Children's Asthma Care | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Asthma | <p>Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness, and trouble breathing. Click here for more information about Children's Asthma Care.</p> |
| Asthma relievers for pediatric patients | <p>Asthma Relievers</p> <p>This measure tells you the percentage of children with asthma who were given reliever medication (like albuterol) while hospitalized. Relievers are medications that relax the bands of muscle surrounding the airways and are used to quickly make breathing easier.</p> <p>This information is important because national guidelines for treating children with asthma recommend using relievers in the severe phase and gradually cutting down the dosage of medications to provide control of asthma symptoms.</p> <p>Although there are guidelines for medication therapy for children with asthma, there is evidence that these guidelines are not being consistently followed. Using the appropriate medications will lower the risk of severe illness and/or death.</p> <p>Higher percentages are better.</p> |
| Asthma corticosteroids for pediatric patients | <p>Systemic Corticosteroids for Asthma</p> <p>This measure tells you the percentage of children with asthma who were given oral or IV steroid medications while hospitalized. These medications work in the body as a whole, rather than just on the lungs. They help reduce inflammation and control allergic reactions.</p> <p>This information is important because oral or IV steroid medications control severe asthma well. That is why they are important for hospital care. Unfortunately, they can cause serious side effects when used long term. That is why they are mainly used for severe episodes or chronic severe asthma, which cannot be controlled with other medications (like inhaled or oral bronchodilators and anti-inflammatory medications).</p> <p>Higher percentages are better.</p> |

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| Infection (Pediatric) | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| Surgical site infections in pediatric neurosurgery patients | Coming January 2012 |
| Surgical site infections in pediatric heart and lung patients | Coming January 2012 |
| Surgical site infections in pediatric orthopedic patients | Coming January 2012 |
| Pre-surgery antibiotics for pediatric surgery patients | Coming January 2012 |

| Pregnancy/Delivery | |
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| Measure Name | What This Measure Means And Why This Information Is Important |
| C-section for low-risk moms having their first baby | <p>Cesarean Section (C-section) for Low-risk Moms Having Their First Baby</p> <p>This measure tells you the percent of babies delivered by C-section to moms having their first baby with no complications (i.e., baby was not breech, delivery was at full-term and mom was not having twins or multiples).</p> <p>This information is important because C-section delivery is associated with an increased risk of postpartum (after delivery) maternal death when compared with vaginal delivery. Also, women who have C-sections are at an increased risk for fatal blood clots, infection, and complications of anesthesia. Some hospitals now have C-section rates over 50%. The goal should be to manage the first delivery well, so it can result in a vaginal delivery and avoid repeat C-sections in future births. Research has found that many of these C-sections can be related to inducing labor and early admission.</p> <p>Lower percentages are better.</p> |
| Small babies born at the appropriate level of care | <p>Infants Under 1500 grams (3.3 lbs) Delivered at Level 1, 2 and 3 Maternity Hospitals</p> <p>This measure tells you the number of babies born at each level of care for Ohio hospitals with a maternity unit.</p> <ul style="list-style-type: none"> ▪ Level 1 hospitals should have the lowest percentage of small babies. Level 1 hospitals are not equipped to take care of these very small babies and any emergency delivery should result in a transfer. ▪ Level 2 hospitals will have slightly higher percentages, but are still not the best equipped to care for these small babies. ▪ Level 3 hospitals should have the highest percentage of small babies and are equipped to care for small babies depending on the baby's specific care needs. Level 3 hospitals have a neonatal intensive care unit (NICU). <p>This information is important because the best outcomes for very low birth weight (VLBW) infants occur when they are delivered in appropriate level maternity units. Babies born under 3.3 lbs have much better outcomes if delivered in a facility with immediate access to a regional or community level 3 NICU.</p> <p>Very low rates at Level 1 and 2 hospitals are better, with the higher rates at Level 3 hospitals. In some instances, the birth of a small baby at a Level 1 or 2 hospital may be unavoidable due to the urgent deliveries. The rates for Level 1 and 2 hospitals may include these emergency births.</p> |

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| <p>Steroids given to moms to help premature babies' lungs develop</p> | <p>Antenatal Steroids</p> <p>This measure tells you the percent of mothers receiving antenatal steroids (these steroids help to develop the baby's lungs) anytime prior to delivering a preterm baby. In some cases where steroids were not received, delivery may have occurred before the mom could be treated.</p> <p>This information is important because premature birth is the leading cause of newborn death. Compared to full-term babies, preterm babies have a greater risk of death or significant health and developmental problems (e.g., respiratory, intestinal, verbal, visual, neurologic, behavioral, emotional and cognitive). Currently, there are no reliable tests for preterm labor and little is known about how to prevent preterm birth. Nonetheless, there have been advancements in treatment that have improved survival rates, including the use of antenatal steroids to speed development of the fetus' lungs in preparation for premature birth.</p> <p>Higher percentages are better.</p> |
| <p>Scheduled delivery prior to a mom being full-term</p> | <p>Scheduled Delivery Prior to 39 Completed Weeks Gestation</p> <p>This measure tells you the percent of patients with scheduled vaginal deliveries or scheduled C-sections at 37 to 39 completed weeks of gestation.</p> <p>This information is important because for almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to scheduling a delivery for both vaginal or C-section. Compared to spontaneous labor (labor that is not induced), scheduled inductions result in more C-sections and longer hospital stay for the mom. Scheduled induction also doubles the C-section rate. Repeat scheduled C-sections before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis, and hypoglycemia (low blood sugar) for the newborn.</p> <p>Lower percentages are better.</p> |
| <p>Episiotomy</p> | <p>Episiotomy</p> <p>This measure tells you the percent of women with an episiotomy among women with vaginal births.</p> <p>This information is important because episiotomy is a surgical cut into a woman's perineum (the labial opening to the vagina) to enlarge the opening of the vagina just before a vaginal birth. The most recent review about the effects of episiotomy showed that routine use of this procedure did not provide any benefit and increased risk or harm. Harm from this procedure includes injury to the perineum, need for stitches, experience of pain and tenderness, period of healing, incontinence of stool or gas and pain with intercourse. A benchmark or goal for hospitals is 2% or less.</p> <p>Lower percentages are better.</p> |