



Appendix 2: Hospital Measures

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The following section provides more information about the measures outlined in this report. Additional data elements are included in the following detailed tables. These elements vary depending on the measure and the data source. The methods section provides more information on the data source and calculation for the various measures.

GUIDE TO UNDERSTANDING THE DETAILED MEASURE RESULT DATA

HOSPITAL COMPARE AND APPROPRIATE CARE MEASURES

Rate:

Reports the percentage calculated when the numerator is divided by the denominator. The denominator is the sum of all the eligible cases submitted. The numerator is the sum of all eligible cases submitted where recommended care was provided.

Sample Size:

Reports the number of patients meeting the criteria for inclusion in the measure and for whom data was submitted. This column is the denominator number used to calculate the rate.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHQ) MEASURES

Number of Operations:

Reports the total number of measure specified surgeries performed at the hospital (for example, the total volume of heart bypass surgeries).

Numerator:

Reports the sum of all eligible cases meeting the targets for the procedure or complication in the measure (for example, the number of patients with bed sores).

Sample Size:

Reports the number of patients meeting the criteria for inclusion in the measure and for whom data was submitted. This column is the denominator number used to calculate the rate.

Observed Rate:

Reports the value when the numerator is divided by the denominator prior to any risk adjustment.

Expected Rate:

Reports the rate expected from the hospital based on the performance of other similar hospitals around the country. This calculation takes severity of patient illness into account.

When Compared to Expected Rate:

Reports whether the results were significantly different from the hospital's expected performance, compared to other similar hospitals around the country. This is calculated by comparing the confidence interval of the risk adjusted rate (see below) with the expected rate. The expected rate is considered significantly different when it is higher or lower than the confidence interval range. If it is within the confidence interval range, the expected rate is not considered significantly different from the risk adjusted rate. In this case, the hospital's performance is considered average or the SAME as expected. If the expected rate is higher, the hospital is performing BETTER than expected. If the expected rate is lower, the hospital is performing WORSE than expected.

Risk Adjusted Rate:

Reports the hospital's performance rate when adjusted to an average case-mix. This case-mix takes the severity of patient illness into account.

Confidence Interval of Risk Adjusted Rate:

Reports the margin of error for the risk adjusted rate. Confidence intervals are a range of values which demonstrate the degree of certainty associated with the estimated rate. This range takes into account potential variance in the rate if different patients were included in the sample.

HEALTHCARE-ASSOCIATED INFECTION MEASURES

Central Line Infection Prevention and Ventilator Associated Pneumonia Measures

Rate:

Reports the percentage calculated when the numerator is divided by the denominator. The denominator is the sum of all the eligible cases submitted. The numerator is the sum of all eligible cases submitted where recommended care was provided.

Sample Size:

Reports the number of patients meeting the criteria for inclusion in the measure and for whom data was submitted. This column is the denominator number used to calculate the rate.

Vaginal Hysterectomy Surgical Site Infection Measure Risk Level 0 and Risk Level 1,2,3

Numerator:

Reports the sum of surgical site infections for each risk level category (i.e. Risk Level 0 or Risk Level 1,2,3).

Sample Size:

Reports the number of patients meeting the criteria for inclusion in the measure and for whom data was submitted. This column is the denominator number used to calculate the rate.

Infection Rate:

Reports the value when the numerator is divided by the denominator prior to any risk adjustment.

Risk Level Combined 0,1,2,3

Numerator:

Reports the sum of vaginal hysterectomy surgical site infections for all risk levels.

Sample Size:

Reports the number of patients meeting the criteria for inclusion in the measure and for whom data was submitted. This column is the denominator number used to calculate the rate.

Infection Rate:

Reports the percentage when the numerator is divided by the denominator prior to any risk-adjustment.

Confidence Interval of Combined Rate:

Reports the margin of error for the risk adjusted rate. Confidence intervals are a range of values which demonstrate the degree of certainty associated with the estimated rate. This range takes into account potential variance in the rate if different patients were included in the sample.

Expected Rate:

Reports the rate of the hospital when compared to the state average. This rate is adjusted for patient severity of illness and takes both risk categories into account.

When Compared to Expected Rate:

Reports whether the results were significantly different from the hospital's expected performance, compared to other Minnesota hospitals. This is calculated by comparing the confidence interval of the combined rate with the expected rate. The difference between the expected rate and the infection rate are considered significant when the expected rate is higher or lower than the confidence interval range. If the expected rate is within the confidence interval of the combined rate, it is not significantly different from the infection rate. In this case the hospital's performance is considered average or the SAME as expected. If the expected rate is higher, the hospital is performing BETTER than expected. If the expected rate is lower, the hospital is performing WORSE than expected.

Quality of Care for Heart Conditions

See page 260 for an explanation of terms.

HOSPITAL NAME	Heart Attack												Heart Failure																					
	The Right Care for Heart Attack Patients (AMI-ACM)		Aspirin Given When the Patient Arrived at the Hospital (AMI-1)		Aspirin Given When the Patient was Released from the Hospital (AMI-2)		Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital (AMI-3)		Patients Given Advice or Counseling About Quitting Smoking While in the Hospital (AMI-4)		Patients Given Beta Blocker Prescription When Released from the Hospital (AMI-5)		Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival (AMI-7a)		Patients Given PCI Within 90 Minutes of Hospital Arrival (AMI-8a)		The Right Care for Heart Failure Patients (HF-ACM)		Patients Given Instructions When Released from the Hospital (HF-1)		Patients Given Evaluation of Left Ventricular Systolic (LVS) Function While in the Hospital or Scheduled for After the Patient was Released (HF-2)		Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital (HF-3)		Patients Given Advice or Counseling About Quitting Smoking While in the Hospital (HF-4)									
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE						
Overall Minnesota Average	97%		95%		93%		94%		90%		90%		*		94%		83%		70%		83%		86%		83%									
Abbott Northwestern Hospital - Minneapolis	99%	878	100%	211	100%	786	98%	124	100%	280	100%	784	*	*	100%	58	92%	676	92%	556	100%	676	98%	252	100%	112								
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Fairview Ridges Hospital - Burnsville	91%	57	100%	54	95%	40	*	*	*	*	93%	42	*	*	*	*	91%	159	92%	119	98%	159	98%	40	*	*								
Fairview Southdale Hospital - Edina	98%	552	99%	359	99%	498	99%	110	100%	120	100%	514	*	*	96%	57	90%	329	89%	240	99%	329	95%	104	100%	40								
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Hennepin County Medical Center - Minneapolis	97%	201	100%	191	99%	185	100%	31	100%	80	100%	174	*	*	88%	43	90%	371	88%	309	100%	370	100%	173	100%	142								
Lakeview Memorial Hospital - Stillwater	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	92%	64	93%	44	97%	64	*	*	*	*	*	*	*	*	*	*		
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Mercy Hospital - Coon Rapids	98%	469	99%	305	100%	444	100%	59	100%	207	99%	442	*	*	96%	77	93%	340	93%	293	100%	340	99%	88	100%	74								
North Memorial Health Care - Robbinsdale	97%	305	99%	271	100%	281	97%	63	100%	79	99%	288	*	*	98%	61	85%	286	84%	208	98%	285	96%	104	96%	50								
Park Nicollet Methodist Hospital - St. Louis Park	97%	373	100%	299	99%	332	100%	61	100%	82	98%	339	*	*	95%	58	92%	441	91%	337	99%	441	98%	140	100%	58								
Queen Of Peace Hospital - New Prague	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	84%	31	*	*	97%	31	*	*	*	*	*	*	*	*	*	*		

* Sufficient data not available

Quality of Care for Heart Conditions

See page 260 for an explanation of terms.

HOSPITAL NAME	Heart Attack														Heart Failure													
	The Right Care for Heart Attack Patients (AMI-ACM)		Aspirin Given When the Patient Arrived at the Hospital (AMI-1)		Aspirin Given When the Patient was Released from the Hospital (AMI-2)		Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital (AMI-3)		Patients Given Advice or Counseling About Quitting Smoking While in the Hospital (AMI-4)		Patients Given Beta Blocker Prescription When Released from the Hospital (AMI-5)		Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival (AMI-7a)		Patients Given PCI Within 90 Minutes of Hospital Arrival (AMI-8a)		The Right Care for Heart Failure Patients (HF-ACM)		Patients Given Instructions When Released from the Hospital (HF-1)		Patients Given Evaluation of Left Ventricular Systolic (LVS) Function While in the Hospital or Scheduled for After the Patient was Released (HF-2)		Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital (HF-3)		Patients Given Advice or Counseling About Quitting Smoking While in the Hospital (HF-4)			
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	97%		95%		93%		94%		90%		90%		*		94%		83%		70%		83%		86%		83%			
Regina Medical Center - Hastings	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	98%	48	97%	34	100%	48	*	*	*	*	*	*
Regions Hospital - St. Paul	95%	429	100%	294	99%	375	97%	78	100%	157	98%	382	*	*	88%	57	94%	370	92%	289	100%	370	100%	108	100%	86		
Ridgeview Medical Center - Waconia	97%	39	100%	38	100%	26	*	*	*	*	100%	28	*	*	*	*	92%	104	92%	65	100%	104	92%	38	*	*		
St Francis Regional Medical Center - Shakopee	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	96%	84	97%	62	99%	84	*	*	*	*	*	*
St John's Hospital: Health East Care System - Maplewood	99%	81	99%	77	100%	35	*	*	*	*	100%	33	*	*	*	*	82%	235	80%	184	97%	229	97%	59	100%	28		
St Joseph's Hospital: HealthEast Care System - St Paul	96%	366	98%	165	99%	311	97%	60	99%	97	100%	308	*	*	89%	38	80%	256	76%	189	98%	248	94%	88	100%	41		
United Hospital - St Paul	98%	462	99%	277	99%	418	98%	52	100%	155	99%	384	*	*	98%	90	94%	453	93%	356	100%	452	99%	148	99%	78		
Unity Hospital - Fridley	98%	57	100%	53	*	*	*	*	*	*	100%	28	*	*	*	*	95%	195	96%	178	100%	193	98%	53	97%	32		
University Of Minnesota Medical Center: Fairview - Minneapolis	98%	197	100%	118	99%	170	*	*	100%	59	99%	178	*	*	*	*	92%	293	91%	236	99%	293	100%	114	100%	51		
Woodwinds Hospital: HealthEast Care System - Woodbury	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	70%	103	66%	86	97%	101	100%	26	*	*		

* Sufficient data not available

Quality of Care for Heart Surgeries

See page 260 for an explanation of terms.

HOSPITAL NAME	Heart Bypass Surgery								Angioplasty Heart Surgery							
	IQI-5	IQI-12							IQI-6	IQI-30						
	Number of Operations	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Number of Operations	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate
Abbott Northwestern Hospital - Minneapolis	367	4	366	1.10%	4.80%	BETTER	0.70%	0.00-1.90%	1824	28	1794	2.00%	2.00%	BETTER	1.10%	0.70-1.50%
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairview Ridges Hospital - Burnsville	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairview Southdale Hospital - Edina	189	2	188	1.10%	4.90%	SAME	0.60%	0.00-2.40%	480	12	466	3.00%	2.30%	SAME	1.60%	0.80-2.30%
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hennepin County Medical Center - Minneapolis	50	0	47	0.00%	2.70%	SAME	0.00%	0.00-5.00%	175	6	167	4.00%	2.50%	SAME	2.00%	0.80-3.30%
Lakeview Memorial Hospital - Stillwater	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospital - Coon Rapids	207	1	205	0.50%	3.90%	BETTER	0.40%	0.00-2.20%	954	12	927	1.00%	1.60%	SAME	1.10%	0.40-1.80%
North Memorial Health Care - Robbinsdale	108	2	107	1.90%	2.60%	SAME	2.10%	0.00-5.40%	540	11	534	2.00%	1.80%	SAME	1.60%	0.80-2.50%
Park Nicollet Methodist Hospital - St. Louis Park	221	9	218	4.10%	4.30%	SAME	2.80%	1.10-4.50%	473	11	460	2.00%	1.90%	SAME	1.80%	0.90-2.70%
Queen Of Peace Hospital - New Prague	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Regina Medical Center - Hastings	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Regions Hospital - St. Paul	137	4	137	2.90%	6.10%	BETTER	1.40%	0.00-3.20%	613	12	602	2.00%	2.60%	BETTER	1.10%	0.40-1.70%
Ridgeview Medical Center - Waconia	*	*	*	*	*	*	*	*	44	0	42	0.00%	0.80%	SAME	0.00%	0.00-4.70%

* Sufficient data not available or procedure is not performed at hospital.

Quality of Care for Heart Surgeries

See page 260 for an explanation of terms.

HOSPITAL NAME	Heart Bypass Surgery								Angioplasty Heart Surgery							
	IQI-5	IQI-12							IQI-6	IQI-30						
	Number of Operations	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Number of Operations	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate
St Francis Regional Medical Center - Shakopee	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St John's Hospital: Health East Care System - Maplewood	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Joseph's Hospital: HealthEast Care System - St Paul	180	7	177	4.00%	5.60%	BETTER	2.10%	0.40-3.70%	500	6	487	1.00%	1.80%	BETTER	0.90%	0.10-1.80%
United Hospital - St Paul	200	3	199	1.50%	4.90%	BETTER	0.90%	0.00-2.60%	810	14	800	2.00%	1.90%	SAME	1.30%	0.60-2.00%
Unity Hospital - Fridley	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
University Of Minnesota Medical Center: Fairview - Minneapolis	115	2	110	1.80%	3.10%	SAME	1.70%	0.00-4.70%	377	3	370	1.00%	1.90%	BETTER	0.60%	0.00-1.60%
Woodwinds Hospital: HealthEast Care System - Woodbury	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available or procedure is not performed at hospital.

Quality of Care for Other Surgeries

See page 260 & 261 for an explanation of terms.

HOSPITAL NAME	Surgical Repair of an Abdominal Aortic Aneurysm								Vaginal Hysterectomy Surgical Site Infection											
	IQI-4	IQI-11							RISK LEVEL 0			RISK LEVEL 1, 2, 3			COMBINED RISK LEVEL 0, 1, 2, 3					
	Number of Operations	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Infection Rate	Numerator	Sample Size	Infection Rate	Numerator	Sample Size	Infection Rate	Confidence Interval	Expected Rate	When Compared to Expected Rate
Overall Minnesota Average									0.99%			1.65%								
Abbott Northwestern Hospital - Minneapolis	122	4	122	3.00%	7.80%	BETTER	2.10%	0.00-4.80%	1	62	1.61%	1	89	1.12%	2	151	1.32%	0.16%-4.78%	1.38%	SAME
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairview Ridges Hospital - Burnsville	*	*	*	*	*	*	*	*	0	44	0.00%	0	11	0.00%	0	55	0.00%	0.00%-6.71%	1.12%	SAME
Fairview Southdale Hospital - Edina	36	3	36	8.00%	6.20%	SAME	6.60%	1.00-12.20%	0	117	0.00%	0	35	0.00%	0	152	0.00%	0.00%-2.43%	1.14%	SAME
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hennepin County Medical Center - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lakeview Memorial Hospital - Stillwater	*	*	*	*	*	*	*	*	3	66	4.55%	0	16	0.00%	3	82	3.66%	0.75%-10.69%	1.12%	SAME
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospital - Coon Rapids	41	0	41	0.00%	5.00%	SAME	0.00%	0.00-5.90%	0	140	0.00%	0	38	0.00%	0	178	0.00%	0.00%-2.07%	1.13%	SAME
North Memorial Health Care - Robbinsdale	47	5	47	11.00%	6.70%	SAME	7.70%	2.80-12.60%	0	29	0.00%	0	12	0.00%	0	41	0.00%	0.00%-9.00%	1.18%	SAME
Park Nicollet Methodist Hospital - St. Louis Park	50	3	50	6.00%	10.00%	BETTER	2.90%	0.00-6.30%	0	101	0.00%	5	114	4.39%	5	215	2.33%	0.76%-5.43%	1.34%	SAME
Queen Of Peace Hospital - New Prague	*	*	*	*	*	*	*	*	0	11	0.00%	0	15	0.00%	0	26	0.00%	0.00%-14.19%	1.37%	SAME
Regina Medical Center - Hastings	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Regions Hospital - St. Paul	40	3	40	8.00%	10.40%	BETTER	3.50%	0.00-7.40%	0	18	0.00%	0	103	0.00%	0	121	0.00%	0.00%-3.05%	1.55%	AVERAGE

* Sufficient data not available or procedure is not performed at hospital.

Quality of Care for Other Surgeries

See page 260 & 261 for an explanation of terms.

HOSPITAL NAME	Surgical Repair of an Abdominal Aortic Aneurysm								Vaginal Hysterectomy Surgical Site Infection											
	IQI-4	IQI-11							RISK LEVEL 0			RISK LEVEL 1, 2, 3			COMBINED RISK LEVEL 0, 1, 2, 3					
	Number of Operations	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Infection Rate	Numerator	Sample Size	Infection Rate	Numerator	Sample Size	Infection Rate	Confidence Interval	Expected Rate	When Compared to Expected Rate
Overall Minnesota Average									0.99%			1.65%								
Ridgeview Medical Center - Waconia	*	*	*	*	*	*	*	*	0	77	0.00%	0	22	0.00%	0	99	0.00%	0.00%-3.73%	1.14%	SAME
St Francis Regional Medical Center - Shakopee	*	*	*	*	*	*	*	*	1	16	6.25%	0	17	0.00%	1	33	3.03%	0.08%-16.88%	1.33%	SAME
St John's Hospital: Health East Care System - Maplewood	*	*	*	*	*	*	*	*	1	138	0.72%	1	69	1.45%	2	207	0.97%	0.12%-3.49%	1.21%	SAME
St Joseph's Hospital: HealthEast Care System - St Paul	34	4	34	12.00%	6.20%	SAME	9.30%	3.50-15.20%	0	22	0.00%	0	8	0.00%	0	30	0.00%	0.00%-12.30%	1.16%	SAME
United Hospital - St Paul	29	2	29	7.00%	7.70%	SAME	4.40%	0.00-9.80%	0	98	0.00%	1	66	1.52%	1	164	0.61%	0.02%-3.40%	1.25%	SAME
Unity Hospital - Fridley	*	*	*	*	*	*	*	*	1	31	3.23%	2	18	11.11%	3	49	6.12%	1.26%-17.89%	1.23%	WORSE
University Of Minnesota Medical Center: Fairview - Minneapolis	*	*	*	*	*	*	*	*	0	20	0.00%	0	20	0.00%	0	40	0.00%	0.00%-9.22%	1.32%	SAME
Woodwinds Hospital: HealthEast Care System - Woodbury	*	*	*	*	*	*	*	*	0	49	0.00%	0	17	0.00%	0	66	0.00%	0.00%-5.59%	1.16%	SAME

* Sufficient data not available or procedure is not performed at hospital.

Quality of Care for Other Surgeries

See page 260 for an explanation of terms.

Preventing Blood Clots After Certain Types of Surgeries

Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries (SCIP-VTE1)

Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery (SCIP-VTE2)

HOSPITAL NAME	Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries (SCIP-VTE1)		Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery (SCIP-VTE2)	
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	87%		86%	
Abbott Northwestern Hospital - Minneapolis	99%	207	98%	206
Children's Hospitals and Clinics - Minneapolis	*	*	*	*
Children's Hospitals and Clinics - St. Paul	*	*	*	*
Fairview Ridges Hospital - Burnsville	87%	101	82%	101
Fairview Southdale Hospital - Edina	97%	317	93%	316
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*
Hennepin County Medical Center - Minneapolis	98%	178	96%	177
Lakeview Memorial Hospital - Stillwater	82%	76	82%	76
Maple Grove Hospital	*	*	*	*
Mercy Hospital - Coon Rapids	99%	149	97%	149
North Memorial Health Care - Robbinsdale	97%	148	97%	148
Park Nicollet Methodist Hospital - St. Louis Park	93%	182	93%	180
Queen Of Peace Hospital - New Prague	*	*	*	*
Regina Medical Center - Hastings	96%	70	94%	70
Regions Hospital - St. Paul	92%	208	77%	208

* Sufficient data not available.

Quality of Care for Other Surgeries

See page 260 for an explanation of terms.

HOSPITAL NAME	Preventing Blood Clots After Certain Types of Surgeries			
	Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries (SCIP-VTE1)		Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery (SCIP-VTE2)	
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	87%		86%	
Ridgeview Medical Center - Waconia	100%	98	100%	98
St Francis Regional Medical Center - Shakopee	94%	84	92%	84
St John's Hospital: Health East Care System - Maplewood	90%	245	89%	242
St Joseph's Hospital: HealthEast Care System - St Paul	93%	202	89%	201
United Hospital - St Paul	97%	158	97%	158
Unity Hospital - Fridley	98%	223	96%	223
University Of Minnesota Medical Center: Fairview - Minneapolis	91%	228	89%	228
Woodwinds Hospital: HealthEast Care System - Woodbury	93%	124	92%	124

* Sufficient data not available.

Quality of Care for Medical Complications

See page 260 for an explanation of terms.

HOSPITAL NAME

HOSPITAL NAME	Number of Deaths from Failure to Identify and Treat a Serious Complication							Number of Patients with Bed Sores						Number of Blood Clots in Lung or Large Vein After an Operation							
	PSI-4							PSI-3						PSI-12							
	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate
Abbott Northwestern Hospital - Minneapolis	52	536	9.70%	12.14%	SAME	10.08%	7.36-12.81%	3	6980	0.04%	1.78%	BETTER	0.04%	0.00-0.37%	99	16307	0.61%	1.01%	BETTER	0.61%	0.46-0.77%
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	0	50	0.00%	1.72%	SAME	0.00%	0.00-3.87%	0	64	0.00%	1.01%	SAME	0.00%	0.00-2.47%
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	0	35	0.00%	1.72%	SAME	0.00%	0.00-4.62%	0	30	0.00%	1.02%	SAME	0.00%	0.00-3.59%
Fairview Ridges Hospital - Burnsville	1	49	2.04%	10.03%	SAME	2.57%	0.00-12.83%	1	1375	0.07%	1.81%	BETTER	0.07%	0.00-0.79%	4	2590	0.15%	0.96%	BETTER	0.16%	0.00-0.56%
Fairview Southdale Hospital - Edina	18	207	8.70%	12.15%	SAME	9.03%	4.62-13.43%	4	2743	0.15%	1.83%	BETTER	0.15%	0.00-0.65%	43	7136	0.60%	1.00%	BETTER	0.61%	0.38-0.85%
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2	176	1.14%	1.00%	SAME	1.16%	0.00-2.66%
Hennepin County Medical Center - Minneapolis	41	289	14.19%	11.71%	SAME	15.28%	11.48-19.08%	16	5019	0.32%	1.74%	BETTER	0.33%	0.00-0.72%	102	4156	2.45%	1.06%	WORSE	2.34%	2.04-2.64%
Lakeview Memorial Hospital - Stillwater	4	34	11.76%	12.98%	SAME	11.44%	1.13-21.74%	3	383	0.78%	1.87%	SAME	0.77%	0.00-2.12%	9	2437	0.37%	0.96%	BETTER	0.38%	0.00-0.79%
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospital - Coon Rapids	9	150	6.00%	11.19%	SAME	6.77%	1.35-12.18%	2	3358	0.06%	1.77%	BETTER	0.06%	0.00-0.53%	28	5714	0.49%	0.99%	BETTER	0.51%	0.24-0.77%
North Memorial Health Care - Robbinsdale	17	234	7.26%	11.01%	SAME	8.33%	3.90-12.75%	19	4626	0.41%	1.79%	BETTER	0.40%	0.01-0.80%	76	6621	1.15%	1.01%	SAME	1.14%	0.90-1.38%
Park Nicollet Methodist Hospital - St. Louis Park	17	191	8.90%	12.62%	SAME	8.90%	4.43-13.37%	5	4124	0.12%	1.80%	BETTER	0.12%	0.00-0.54%	43	7243	0.59%	0.99%	BETTER	0.61%	0.38-0.85%
Queen Of Peace Hospital - New Prague	*	*	*	*	*	*	*	0	155	0.00%	1.82%	SAME	0.00%	0.00-2.13%	1	220	0.45%	1.00%	SAME	0.46%	0.00-1.81%
Regina Medical Center - Hastings	*	*	*	*	*	*	*	0	211	0.00%	1.79%	SAME	0.00%	0.00-1.85%	6	575	1.04%	0.97%	SAME	1.10%	0.25-1.94%
Regions Hospital - St. Paul	33	363	9.09%	11.19%	SAME	10.25%	6.74-13.76%	5	5070	0.10%	1.75%	BETTER	0.10%	0.00-0.48%	94	6710	1.40%	1.02%	WORSE	1.40%	1.16-1.64%
Ridgeview Medical Center - Waconia	3	44	6.82%	8.64%	SAME	9.95%	0.00-21.82%	0	647	0.00%	1.87%	BETTER	0.00%	0.00-1.05%	12	1625	0.74%	0.97%	SAME	0.76%	0.26-1.26%

* Sufficient data not available.

Quality of Care for Medical Complications

See page 260 for an explanation of terms.

HOSPITAL NAME	Number of Deaths from Failure to Identify and Treat a Serious Complication							Number of Patients with Bed Sores						Number of Blood Clots in Lung or Large Vein After an Operation							
	PSI-4							PSI-3						PSI-12							
	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate
St Francis Regional Medical Center - Shakopee	4	27	14.81%	7.78%	WORSE	24.01%	8.09-39.93%	0	528	0.00%	1.79%	BETTER	0.00%	0.00-1.17%	2	1142	0.18%	0.97%	BETTER	0.18%	0.00-0.78%
St John's Hospital: Health East Care System - Maplewood	7	89	7.87%	11.65%	SAME	8.51%	1.57-15.46%	0	2093	0.00%	1.82%	BETTER	0.00%	0.00-0.58%	25	3727	0.67%	0.98%	SAME	0.70%	0.37-1.03%
St Joseph's Hospital: HealthEast Care System - St Paul	15	212	7.08%	13.58%	BETTER	6.57%	2.47-10.68%	2	3485	0.06%	1.78%	BETTER	0.06%	0.00-0.51%	56	4305	1.30%	1.03%	SAME	1.28%	0.98-1.58%
United Hospital - St Paul	34	231	14.72%	11.92%	SAME	15.58%	11.37-19.80%	4	4436	0.09%	1.79%	BETTER	0.09%	0.00-0.50%	47	7548	0.62%	0.99%	BETTER	0.64%	0.41-0.87%
Unity Hospital - Fridley	7	90	7.78%	10.71%	SAME	9.16%	1.98-16.35%	2	2416	0.08%	1.79%	BETTER	0.09%	0.00-0.63%	14	2917	0.48%	0.99%	BETTER	0.50%	0.13-0.87%
University Of Minnesota Medical Center: Fairview - Minneapolis	43	405	10.62%	12.35%	SAME	10.84%	7.71-13.98%	5	6432	0.08%	1.75%	BETTER	0.08%	0.00-0.42%	65	8608	0.76%	1.04%	BETTER	0.74%	0.53-0.95%
Woodwinds Hospital: HealthEast Care System - Woodbury	2	53	3.77%	7.13%	SAME	6.68%	0.00-18.54%	0	662	0.00%	1.82%	BETTER	0.00%	0.00-1.04%	12	2525	0.48%	0.96%	BETTER	0.50%	0.10-0.90%

* Sufficient data not available.

Quality of Infection Prevention

See page 260 & 261 for an explanation of terms.

HOSPITAL NAME

HOSPITAL NAME	Infection Prevention															
	Central Line Infection (CLI) Prevention		Ventilator Associated Pneumonia (VAP) Prevention		Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection (SCIP-INF-1)		Surgery Patients Given the Best Antibiotic to Help Prevent Infection (SCIP-INF-2)		Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time (SCIP-INF-3)		All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery (SCIP-INF-4)		Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method (SCIP-INF-6)		Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period (SCIP-CARD-2)	
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	87%		96%		86%		94%		94%		87%		96%		87%	
Abbott Northwestern Hospital - Minneapolis	96%	228	79%	212	97%	566	99%	580	97%	536	92%	158	100%	827	92%	197
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairview Ridges Hospital - Burnsville	100%	409	100%	362	97%	258	99%	257	96%	255	*	*	100%	380	94%	69
Fairview Southdale Hospital - Edina	94%	164	98%	180	98%	1856	99%	1881	95%	1795	90%	219	78%	2165	96%	583
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hennepin County Medical Center - Minneapolis	44%	126	80%	135	96%	295	98%	298	96%	277	84%	49	100%	413	97%	98
Lakeview Memorial Hospital - Stillwater	41%	29	*	*	97%	292	99%	292	99%	283	*	*	100%	461	95%	81
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospital - Coon Rapids	97%	184	100%	227	96%	503	99%	518	98%	483	97%	173	100%	718	95%	193
North Memorial Health Care - Robbinsdale	80%	269	98%	673	92%	556	95%	571	92%	545	50%	163	100%	722	76%	189
Park Nicollet Methodist Hospital - St. Louis Park	94%	123	91%	181	98%	634	99%	645	97%	596	92%	191	100%	847	88%	225
Queen Of Peace Hospital - New Prague	*	*	*	*	95%	104	98%	106	98%	103	*	*	100%	127	*	*
Regina Medical Center - Hastings	*	*	*	*	92%	180	99%	180	99%	178	*	*	100%	239	98%	42
Regions Hospital - St. Paul	95%	275	93%	202	93%	492	99%	505	95%	475	97%	146	99%	746	77%	213

* Sufficient data not available.

Quality of Infection Prevention

See page 260 & 261 for an explanation of terms.

HOSPITAL NAME

HOSPITAL NAME	Infection Prevention															
	Central Line Infection (CLI) Prevention		Ventilator Associated Pneumonia (VAP) Prevention		Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection (SCIP-INF-1)		Surgery Patients Given the Best Antibiotic to Help Prevent Infection (SCIP-INF-2)		Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time (SCIP-INF-3)		All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery (SCIP-INF-4)		Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method (SCIP-INF-6)		Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period (SCIP-CARD-2)	
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	87%		96%		86%		94%		94%		87%		96%		87%	
Ridgeview Medical Center - Waconia	83%	30	80%	96	96%	293	100%	294	100%	291	*	*	100%	418	100%	72
St Francis Regional Medical Center - Shakopee	99%	92	98%	144	96%	323	98%	323	98%	316	*	*	100%	474	92%	105
St John's Hospital: Health East Care System - Maplewood	65%	216	92%	294	93%	777	98%	779	96%	744	*	*	100%	910	89%	135
St Joseph's Hospital: HealthEast Care System - St Paul	90%	200	92%	334	94%	704	99%	712	97%	658	83%	196	99%	893	89%	241
United Hospital - St Paul	96%	158	88%	166	96%	565	98%	574	96%	542	92%	202	100%	752	91%	160
Unity Hospital - Fridley	93%	147	100%	200	96%	452	99%	452	97%	426	*	*	100%	720	93%	180
University Of Minnesota Medical Center: Fairview - Minneapolis	100%	180	99%	180	97%	388	98%	389	94%	368	89%	138	100%	635	95%	133
Woodwinds Hospital: HealthEast Care System - Woodbury	52%	101	84%	161	97%	975	100%	976	98%	955	*	*	100%	1122	97%	178

* Sufficient data not available.

Quality of Care for Other Conditions

See page 260 for an explanation of terms.

HOSPITAL NAME	Pneumonia Care													
	The Best Care for Pneumonia Patients (PN-ACM)		Patients Assessed and Given Pneumonia Vaccination (PN-2)		Blood Test Given to Patient Prior to Receiving Antibiotics (PN-3b)		Patients Given Advice or Counseling About Quitting Smoking While in the Hospital (PN-4)		Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital (PN-5c)		Patients Given the Most Appropriate Initial Antibiotic(s) (PN-6)		Patients Assessed and Given Influenza Vaccination (PN-7)	
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	85%		83%		91%		84%		93%		87%		83%	
Abbott Northwestern Hospital - Minneapolis	94%	470	98%	293	96%	234	100%	112	98%	283	96%	148	94%	224
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairview Ridges Hospital - Burnsville	82%	278	97%	179	96%	224	100%	43	93%	193	81%	120	94%	121
Fairview Southdale Hospital - Edina	91%	418	96%	291	99%	287	100%	68	98%	290	89%	186	89%	200
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hennepin County Medical Center - Minneapolis	77%	413	84%	132	86%	257	99%	173	88%	294	88%	94	70%	142
Lakeview Memorial Hospital - Stillwater	85%	66	88%	41	100%	29	*	*	96%	49	94%	35	80%	30
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospital - Coon Rapids	93%	420	97%	229	97%	183	100%	105	96%	291	96%	193	93%	169
North Memorial Health Care - Robbinsdale	58%	196	57%	107	89%	113	93%	55	96%	141	78%	96	68%	77
Park Nicollet Methodist Hospital - St. Louis Park	87%	666	92%	466	94%	356	100%	127	97%	348	93%	255	84%	333
Queen Of Peace Hospital - New Prague	89%	53	95%	40	97%	32	*	*	100%	37	91%	32	90%	29
Regina Medical Center - Hastings	87%	46	97%	29	100%	34	*	*	97%	35	87%	31	*	*
Regions Hospital - St. Paul	90%	529	94%	260	95%	141	100%	163	94%	333	93%	177	90%	247

* Sufficient data not available.

Quality of Care for Other Conditions

See page 260 for an explanation of terms.

HOSPITAL NAME	Pneumonia Care													
	The Best Care for Pneumonia Patients (PN-ACM)		Patients Assessed and Given Pneumonia Vaccination (PN-2)		Blood Test Given to Patient Prior to Receiving Antibiotics (PN-3b)		Patients Given Advice or Counseling About Quitting Smoking While in the Hospital (PN-4)		Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital (PN-5c)		Patients Given the Most Appropriate Initial Antibiotic(s) (PN-6)		Patients Assessed and Given Influenza Vaccination (PN-7)	
	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE	RATE	SAMPLE SIZE
Overall Minnesota Average	85%		83%		91%		84%		93%		87%		83%	
Ridgeview Medical Center - Waconia	94%	250	98%	189	100%	204	100%	38	98%	187	94%	134	94%	117
St Francis Regional Medical Center - Shakopee	96%	195	97%	121	100%	71	98%	50	99%	139	98%	85	92%	95
St John's Hospital: Health East Care System - Maplewood	89%	218	93%	138	97%	153	97%	38	99%	153	93%	116	95%	88
St Joseph's Hospital: HealthEast Care System - St Paul	80%	200	84%	132	93%	98	98%	46	96%	127	88%	80	87%	91
United Hospital - St Paul	92%	419	97%	222	95%	232	100%	125	97%	255	95%	170	94%	170
Unity Hospital - Fridley	94%	361	100%	212	95%	236	100%	92	97%	247	97%	158	98%	166
University Of Minnesota Medical Center: Fairview - Minneapolis	84%	324	86%	145	95%	215	100%	84	93%	191	90%	104	78%	136
Woodwinds Hospital: HealthEast Care System - Woodbury	93%	100	97%	63	97%	74	*	*	100%	75	95%	57	100%	40

* Sufficient data not available

Quality of Care for Other Conditions

See page 260 for an explanation of terms.

HOSPITAL NAME	Death Rate for Patients with a Broken Hip							Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments						Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments							
	IQI-19							PSI-18						PSI-19							
	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate
Abbott Northwestern Hospital - Minneapolis	2	161	1.00%	5.20%	BETTER	0.70%	0.00-2.50%	51	188	27.13%	14.22%	WORSE	27.13%	20.77-33.48%	103	2312	4.46%	2.44%	WORSE	4.46%	3.61-5.30%
Children's Hospitals and Clinics - Minneapolis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Children's Hospitals and Clinics - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fairview Ridges Hospital - Burnsville	1	72	1.00%	3.20%	SAME	1.30%	0.00-4.90%	41	262	15.65%	14.22%	SAME	15.65%	11.25-20.05%	35	1637	2.14%	2.44%	SAME	2.14%	1.44-2.84%
Fairview Southdale Hospital - Edina	7	205	3.00%	3.50%	SAME	2.80%	0.80-4.80%	58	332	17.47%	14.22%	SAME	17.47%	13.39-21.55%	83	1883	4.41%	2.44%	WORSE	4.41%	3.48-5.34%
Gillette Children's Specialty Healthcare - St. Paul	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hennepin County Medical Center - Minneapolis	1	37	3.00%	4.90%	SAME	1.60%	0.00-5.60%	14	106	13.21%	14.22%	SAME	13.21%	6.76-19.65%	36	2051	1.76%	2.44%	BETTER	1.76%	1.19-2.32%
Lakeview Memorial Hospital - Stillwater	1	58	2.00%	2.30%	SAME	2.20%	0.00-7.20%	7	36	19.44%	14.22%	SAME	19.44%	6.52-32.37%	8	434	1.84%	2.44%	SAME	1.84%	0.58-3.11%
Maple Grove Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospital - Coon Rapids	2	102	2.00%	5.00%	BETTER	1.10%	0.00-3.50%	29	143	20.28%	14.22%	SAME	20.28%	13.69-26.87%	44	1691	2.60%	2.44%	SAME	2.60%	1.84-3.36%
North Memorial Health Care - Robbinsdale	7	223	3.00%	3.50%	SAME	2.60%	0.70-4.60%	52	204	25.49%	14.22%	WORSE	25.49%	19.51-31.47%	107	2019	5.30%	2.44%	WORSE	5.30%	4.32-6.28%
Park Nicollet Methodist Hospital - St. Louis Park	9	219	4.00%	4.80%	BETTER	2.50%	0.90-4.10%	19	123	15.45%	14.22%	SAME	15.45%	9.06-21.83%	77	2706	2.85%	2.44%	SAME	2.85%	2.22-3.47%
Queen Of Peace Hospital - New Prague	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Regina Medical Center - Hastings	*	*	*	*	*	*	*	6	31	19.35%	14.22%	SAME	19.35%	5.45-33.26%	4	248	1.61%	2.44%	SAME	1.61%	0.05-3.18%
Regions Hospital - St. Paul	12	136	9.00%	6.00%	SAME	4.30%	2.40%-6.10%	19	92	20.65%	14.22%	SAME	20.65%	12.38-28.92%	36	1671	2.15%	2.44%	SAME	2.15%	1.46-2.85%
Ridgeview Medical Center - Waconia	2	85	2.00%	2.40%	SAME	2.90%	0.00-6.80%	12	83	14.46%	14.22%	SAME	14.46%	6.89-22.02%	18	765	2.35%	2.44%	SAME	2.35%	1.28-3.43%

* Sufficient data not available.

Quality of Care for Other Conditions

See page 260 for an explanation of terms.

HOSPITAL NAME	Death Rate for Patients with a Broken Hip							Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments						Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments							
	IQI-19							PSI-18						PSI-19							
	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate
St Francis Regional Medical Center - Shakopee	0	39	0.00%	3.30%	SAME	0.00%	0.00-4.80%	8	55	14.55%	14.22%	SAME	14.55%	5.23-23.86%	16	901	1.78%	2.44%	SAME	1.78%	0.91-2.64%
St John's Hospital: Health East Care System - Maplewood	6	143	4.00%	3.10%	SAME	3.90%	1.30-6.60%	27	214	12.62%	14.22%	SAME	12.62%	8.17-17.07%	33	2032	1.62%	2.44%	BETTER	1.62%	1.07-2.17%
St Joseph's Hospital: HealthEast Care System - St Paul	4	113	4.00%	5.30%	BETTER	1.90%	0.00-4.10%	15	53	28.30%	14.22%	WORSE	28.30%	16.17-40.43%	23	962	2.39%	2.44%	SAME	2.39%	1.43-3.36%
United Hospital - St Paul	2	133	2.00%	4.90%	BETTER	0.90%	0.00-3.00%	31	185	16.76%	14.22%	SAME	16.76%	11.37-22.14%	71	2093	3.39%	2.44%	WORSE	3.39%	2.62-4.17%
Unity Hospital - Fridley	2	109	2.00%	4.90%	BETTER	1.10%	0.00-3.40%	17	99	17.17%	14.22%	SAME	17.17%	9.74-24.60%	22	1195	1.84%	2.44%	SAME	1.84%	1.08-2.60%
University Of Minnesota Medical Center: Fairview - Minneapolis	5	45	11.00%	6.10%	SAME	5.30%	2.30-8.40%	14	61	22.95%	14.22%	SAME	22.95%	12.40-33.50%	44	1675	2.63%	2.44%	SAME	2.63%	1.86-3.39%
Woodwinds Hospital: HealthEast Care System - Woodbury	1	60	2.00%	3.30%	SAME	1.50%	0.00-5.40%	17	115	14.78%	14.22%	SAME	14.78%	8.30-21.27%	26	1121	2.32%	2.44%	SAME	2.32%	1.44-3.20%

* Sufficient data not available.

CMS HOSPITAL COMPARE MEASURES

Data Source and Data Collection Procedures

The Minnesota Statewide Quality Reporting and Measurement System began requiring all Minnesota hospitals to submit data on CMS “Process of Care” measures for which they had relevant patients in January 2010. Data reported here are related to earlier reporting cycles from hospitals that submitted their data to the Centers for Medicare and Medicaid Services. Data is included in this report for the following measures:

- Seven process of care measures related to heart attack care
- Four process of care measures related to heart failure care
- Six process of care measures related to pneumonia
- Eight process of care measures related to the surgical care improvement project

Data for all of these measures is for care provided from October 1, 2008 to September 30, 2009.

The information included in this report comes from the quality data submitted by hospitals to the Quality Improvement Organizations’ (QIO) Clinical Data Warehouse for all inpatient discharges. Except where noted, the data reflect twelve months of experience and is updated on a rolling basis. The data collection approach is primarily retrospective. Data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other

ICD-9-CM diagnosis and procedure codes, which require retrospective data entry.

The CMS Abstraction and Reporting Tool (CART) is a medical record data abstraction tool. Hospitals may use the CART to transmit abstracted data directly into the QIO Clinical Data Warehouse through www.QualityNet.org (a HIPAA-compliant, secure data transmission vehicle) or they may instruct a vendor to submit the data on their behalf using QNET. CART may also be used to transmit data directly to an ORYX vendor from a current Joint Commission-accredited hospital. The vendors transmit the data to the QIO Clinical Warehouse, if the hospital has authorized them to do so, on their behalf. Under The Joint Commission program, organizations that wish to be certified as ORYX vendors must pass certain tests that verify their capacity to correctly handle hospital data and calculate performance rates using the prescribed algorithms.

Both ORYX Vendors and CART data submissions include auditing procedures and edit checks, which assess whether data submitted is consistent with defined parameters for sample size, outliers, and missing data. The data for this publication has been audited/edited, but not validated.

Sampling

Whether or not a hospital uses sampling is determined by rules established by The Joint Commission and CMS. The same sampling methodology is used by hospitals for both their non-Medicare cases and Medicare cases and is based on the number of discharges per topic each quarter. More detailed information is available at www.QualityNet.org.

Calculating Rates

Each rate calculation is based on the hospital's relevant discharges. Only patients meeting certain criteria for a measure are included in the calculation of the rate for a measure.

The performance rate for individual hospitals is calculated by dividing the numerator by the denominator. The denominator is the sum of all eligible cases (as defined in the measure specifications) submitted to the QIO Clinical Data Warehouse for the reporting period. The numerator is the sum of all eligible cases submitted for the same reporting period where the recommended care was provided. The same data is used for individual hospital and state rate calculations.

A two-step process was used to calculate the state comparison group rates. The state comparison rate for each measure was calculated using all of the data submitted to the QIO Clinical Data Warehouse for hospitals with at least one case that met the measure's inclusion criteria (that is, for which the denominator was greater than zero).

First, the individual hospital performance rates were calculated using the method described above for all hospitals. Next, hospitals with "0 patients" were excluded from the calculation. For the state averages, a simple average was constructed where the numerator was the sum of all non-excluded hospitals' scores and the denominator was the total number of hospitals, each calculated at the individual state level. The state average is calculated before excluding rates that are suppressed on the CMS Hospital Compare website.

Limitations

In order to align with accepted national standards for public reporting with respect to the number of patients required for reliable public reporting, results are only included on those measures for hospitals with 25 or more cases. Because many hospitals have fewer than 25 cases in a reporting

period, results are not included for a considerable number of hospitals on some measures.

Risk Adjustment

The results for these measures are not risk adjusted because the measures relate to whether or not a patient received appropriate treatment rather than whether a particular outcome was achieved. Risk adjustment is performed for other measures for which patient characteristics influence a provider's results.

Appropriate Care Measures

The appropriate care measures utilize CMS measure data at the individual patient level for heart attack, heart failure and pneumonia care. With CMS permission, Stratis Health calculates these measures through an agreement with the hospital. The hospital grants Stratis Health access to utilize the hospital's data in the QIO Clinical Data Warehouse for the calculation of these three composite measures. Stratis Health must access the following CMS process of care measure data at the individual patient level:

- Seven related to heart attack care
- Four related to heart failure care
- Six related to pneumonia care

Data for the measures is for care provided from October 1, 2008 to September 30, 2009.

These measures are pass/fail measures at the individual patient level. The measures evaluate whether the patient received all of the appropriate treatments (as defined by the measure specifications). A patient is included if eligible (i.e. meets denominator criteria) for at least one of the measures in a topic (heart attack, heart failure or pneumonia). To be considered as having appropriate care, a patient must meet numerator criteria for each measure in which the patient

meets the denominator criteria. The measure calculation accounts for the fact that some treatments may not be appropriate for all patients. (For example, if the patient does not smoke, the “Patients given advice or counseling about quitting smoking while in the hospital (AMI-4)” is not applicable and the hospital will automatically be given credit for meeting this part of the measure.)

Each rate calculation is based on the hospitals’ relevant discharges. The numerator is the sum of all eligible cases where the recommended care was provided. The denominator is the sum of all eligible cases (as defined in the measure specifications) submitted to the QIO Clinical Data Warehouse for the reporting period. The performance rate for individual hospitals is calculated by dividing the numerator by the denominator. The same data is used for individual hospital and state rate calculations.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY MEASURES

Data Source and Data Collection Procedures

The Minnesota Statewide Quality Reporting and Measurement System began requiring all Minnesota hospitals to submit data on certain AHRQ measures for which they had relevant patients in January 2010. Virtually all Minnesota hospitals submit discharge data to the Minnesota Hospital Association. The AHRQ measures are calculated using this discharge data. Data is included in this report for care provided from October 1, 2008 to September 30, 2009 for the following measures:

- Seven Inpatient Quality Indicators
 - Abdominal aortic aneurysm repair volume (IQI 4)
 - Abdominal aortic aneurysm mortality rate (IQI 11)

- Coronary artery bypass graft volume (IQI 5)
- Coronary artery bypass graft mortality rate (IQI 12)
- Percutaneous transluminal coronary angioplasty volume (IQI 6)
- Percutaneous transluminal coronary angioplasty mortality rate (IQI 30)
- Hip fracture mortality rate (IQI 19)
- Five Patient Safety Indicators
 - Pressure ulcer (PSI 3)
 - Death among surgical inpatients with serious treatable complications (PSI 4)
 - Postoperative pulmonary embolism (PSI 12)
 - Obstetric trauma – vaginal delivery with instrument (PSI 18)
 - Obstetric trauma – vaginal delivery without instrument (PSI 19)

The Inpatient Quality Indicators (IQIs) and Patient Safety Indicators (PSIs) are sets of measures that provide a perspective on hospital quality of care using hospital administrative data.

- The IQIs reflect quality of care inside hospitals and include inpatient mortality for certain procedures and medical conditions; utilization of procedures for which there are questions of overuse, underuse, and misuse; and volume of procedures for which there is some evidence that a higher volume of procedures is associated with lower mortality.
- The PSIs are a set of indicators providing information on potential in-hospital complications and adverse events following surgeries, procedures, and child birth. The PSIs were developed after a comprehensive literature review, analysis of ICD-9-CM codes, review by a clinician panel, implementation of risk adjustment, and empirical analyses.

The IQIs and PSIs are software tools distributed free by the Agency for Healthcare Research and Quality (AHRQ). The software can be used to help hospitals identify potential problem areas that might need further study and which can provide an indirect measure of in-hospital quality of care. The IQI software programs can be applied to any hospital inpatient administrative data. These data are readily available and relatively inexpensive to use.

The IQIs and PSIs are respectively the second and third in the set of AHRQ Quality Indicators (QIs) developed by investigators at Stanford University and the University of California, under a contract with AHRQ. The software may be downloaded from www.qualityindicators.ahrq.gov.

Risk Adjustment

The AHRQ software adjusts provider results based on each individual patient's severity of illness.

Limitations

In order to align with accepted national standards for public reporting with respect to the number of patients required for reliable public reporting, results are only included for those hospitals with 25 or more cases for each measure. Because many hospitals have fewer than 25 cases in a reporting period, results are not included for a considerable number of hospitals on some measures.

NQF HEALTHCARE ASSOCIATED INFECTION MEASURES

Data Source and Data Collection Procedures

Minnesota Statutes 62J.82 requires hospitals to report on selected healthcare acquired infection measures. The Minnesota Hospital Association (MHA) and Stratis Health, in

collaboration with infection control practitioners, collect and report hospital-specific performance of the hospital-acquired infection measures published by the National Quality Forum (NQF). The selected measures were first published on the MN Hospital Quality Report (www.mnhospitalquality.org) in October 2009. Data included in this report is for care provided from April 1, 2009 to March 31, 2010 for the following measures:

- Central line bundle compliance
- Ventilator bundle
- Surgical site infection (SSI) rate for vaginal hysterectomy

The quality data included in this report comes from data submitted by each hospital directly to MHA on their data collection site. Each hospital must obtain the measure data via chart abstraction. Hospitals may take the measure information directly from the medical record, via observational audits or through a specifically designed documentation record (i.e. daily goals checklist). Hospitals must submit this data on a quarterly basis, no later than 45 days after the end of each quarter. If a hospital had no cases within a given quarter, the hospital must still report this data to MHA. The online reporting tool requires the hospital to enter the measure numerator and denominator by month. The SSI Rate for Vaginal Hysterectomy measure numerator and denominators must be broken down and submitted by risk level 0, 1, 2 and 3.

The Central Line Bundle Compliance and Ventilator Bundle measures require concurrent data collection and observation. The SSI Rate for Vaginal Hysterectomy measure requires a retrospective review. There is a 30 day data lag associated with this measure.

More information about the reporting of these three measures can be found at <http://www.mnhospitals.org/index/Infection1>.

Sampling

- Central Line Bundle Compliance and the Ventilator Bundle: Sampling is allowed for these measures if there are more than 15 cases per month at the hospital. If there are less than 15 cases, the total population must be reported.
- SSI Rate for Vaginal Hysterectomy: Sampling is not allowed for this measure. The measure includes 100% of eligible cases.

Calculating Rates

Each rate calculation is based on the hospital's relevant discharges. Only patients meeting certain criteria for a measure are included in the calculation of the rate for a measure.

- Central Line Bundle Compliance and the Ventilator Bundle: The performance rate for individual hospitals are calculated by dividing the numerator by the denominator. The denominator is the sum of all eligible cases (as defined in the measure specifications) submitted to MHA for the reporting period. The numerator is the sum of all eligible cases submitted for the same reporting period where the recommended care was provided. The same data is used for individual hospital and state rate calculations.
- SSI Rate for Vaginal Hysterectomy: The infection rate for individual hospitals in Risk Level 0 and Risk Level 1,2,3 are calculated by dividing the numerator by the denominator. The denominator is the sum of all eligible cases (as defined in the measure specifications) submitted to MHA for the reporting period. The numerator is the sum of all eligible cases submitted for the same reporting period where the recommended care was provided. The Combined Risk Level infection rate is calculated by adding the numerators and denominators of the two risk level categories and dividing the numerator by the de-

nominator. This combined infection rate is displayed in the Quality of Care for Surgeries table in the front of this report. The confidence intervals are exact poisson confidence intervals calculated by using the inverse gamma function as proposed by Leslie Daly (0 infections have a 95% confidence interval of 0 – 3.689.): (Daly, L. The Calculation of Exact Binomial and Poisson Confidence Limits; Comput. Biol. Med., Vol. 22, No. 5, pp 351-361, 1992). This confidence interval is compared to the expected rate to determine the significance of the results. If the expected rate falls within the confidence interval, the hospital's performance is average or the same as expected. If the expected rate falls above the confidence interval, the hospital's performance is average or better than expected. If the expected rate falls below the confidence interval, the hospital's performance is below average or worse than expected. More information on these calculations and their statistical significance is available at <http://www.mnhospitalquality.org/SSI.aspx?region=ALL&ct=Infection+Prevention&mc=SSIVH>.

To determine the state average for these measures, hospitals with "0 patients" in the measure denominator were excluded from the calculation. Then, the sum of all the numerators for Minnesota hospitals was divided by the sum of all the denominators of Minnesota hospitals.

Risk Adjustment

- Central Line Bundle Compliance and the Ventilator Bundle: The results for these measures are not risk adjusted because the measures relate to whether or not a patient received appropriate treatment rather than whether a particular outcome was achieved. Risk adjustment is performed for other measures for which patient characteristics influence a provider's results.

- SSI Rate for Vaginal Hysterectomy: The performance of each facility relative to SSI has been adjusted to reflect the risk associated with the reported procedure. Adjusting for these risk levels allows for comparisons of the facilities. If a facility has a high rate after the adjustment, one can have more confidence that the facility has SSI problems that are caused by factors other than the presence of many high risk patients. The risk factors that are used in adjusting a facility's performance are the degree of contamination of the wound at the time of the operation, the duration of the procedure, and the American Society of Anesthesiologists (ASA) score. The latter is an estimate of the patient's physical condition. A risk score of 0 indicates that the patient has a relatively low risk of developing a surgical site infection, while a 3 indicates that a patient has a relatively high risk of developing an infection for a particular surgical procedure. Occasionally risk levels are combined, as in 1,2,3. For these surgical procedures, the Centers for Disease Control found that SSI rates were similar whether the risk was a 1, 2 or a 3.

Limitations

In order to align with accepted national standards for public reporting with respect to the number of patients required for reliable public reporting, results are only included on those measures for hospitals with 25 or more cases. Because many hospitals have fewer than 25 cases in a reporting period, results are not included for a considerable number of hospitals on some measures.

NOTE: For the SSI rate for vaginal hysterectomy measure, this included a combined sample size of 25 for all risk levels (i.e. 0,1,2,3)



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