

Survey of Patients' Experiences

	Methodist Jennie Edmundson	Iowa Average	National Average
Patients who reported that their nurses "Always" communicated well	81%	81%	79%
Patients who reported that their doctors "Always" communicated well	87%	84%	82%
Patients who reported that they "Always" received help as soon as they wanted	65%	70%	68%
Patients who reported that their pain was "Always" well controlled	72%	71%	71%
Patients who reported that staff "Always" explained about medicines before giving it to them	67%	66%	64%
Patients who reported that their room and bathroom were "Always" clean	71%	79%	73%
Patients who reported that the area around their room was "Always" quiet at night	55%	63%	61%
Patients who reported that YES, they were given information about what to do during their recovery at home	91%	88%	85%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73%	75%	71%
Patients who reported YES, they would definitely recommend the hospital	76%	74%	71%



Quality Measures

Timely & Effective Care

Timely Heart Attack Care	Methodist Jennie Edmundson	Iowa Average	National Average
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital <i>A lower number of minutes is better</i>	Not Available ⁵	58 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG <i>A lower number of minutes is better</i>	Not Available ^{1,3}	5 Minutes	7 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival <i>Higher percentages are better</i>	Not Available ⁵	49%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival <i>Higher percentages are better</i>	Not Available ^{1,3}	97%	96%
Heart attack patients given drugs to break up blood clots within 30 minutes of arrival <i>Higher percentages are better</i>	Not Available ⁷	Not Available	54%
Heart attack patients given PCI within 90 minutes of arrival <i>Higher percentages are better</i>	88%	94%	96%

Effective Heart Attack Care	Methodist Jennie Edmundson	Iowa Average	National Average
Heart attack patients given aspirin at discharge <i>Higher percentages are better</i>	100%	100%	99%
Heart attack patients given a prescription for a statin at discharge <i>Higher percentages are better</i>	100%	98%	98%

Footnote 1 = The number of cases/patients is too few to report.

Footnote 3 = Results are based on a shorter time period than required.

Footnote 5 = Results are not available for this reporting period.

Footnote 7 = No cases met the criteria for this measure.





Quality Measures

Heart Failure Care	Methodist Jennie Edmundson	Iowa Average	National Average
Heart failure patients given discharge instructions <i>Higher percentages are better</i>	88%	93%	94%
Heart failure patients given an evaluation of left ventricular systolic (LVS) function <i>Higher percentages are better</i>	99%	97%	99%
Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD) <i>Higher percentages are better</i>	97%	95%	97%

Pneumonia Care	Methodist Jennie Edmundson	Iowa Average	National Average
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics <i>Higher percentages are better</i>	100%	98%	98%
Pneumonia patients given the most appropriate initial antibiotic(s) <i>Higher percentages are better</i>	95%	93%	95%

Timely Surgical Care	Methodist Jennie Edmundson	Iowa Average	National Average
Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery) <i>Higher percentages are better</i>	95%	98%	98%
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection <i>Higher percentages are better</i>	98%	98%	99%
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) <i>Higher percentages are better</i>	99%	98%	98%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery <i>Higher percentages are better</i>	99%	98%	98%





Quality Measures

Effective Surgical Care	Methodist Jennie Edmundson	Iowa Average	National Average
Outpatients having surgery who got the right kind of antibiotic <i>Higher percentages are better</i>	96%	98%	98%
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery <i>Higher percentages are better</i>	100%	98%	98%
Surgery patients who were given the right kind of antibiotic to help prevent infection <i>Higher percentages are better</i>	100%	99%	99%
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery <i>Higher percentages are better</i>	Not Available ⁷	96%	97%
Surgery patients whose urinary catheters were removed on the first or second day after surgery <i>Higher percentages are better</i>	99%	97%	97%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery <i>Higher percentages are better</i>	100%	100%	100%

Footnote 7 = No cases met the criteria for this measure.





Quality Measures

Emergency Department Care	Methodist Jennie Edmundson	Iowa Average	National Average
Average time patients spent in the emergency department, before they were admitted to the hospital as an inpatient <i>A lower number of minutes is better</i>	169 Minutes ²	202 Minutes	274 Minutes
Average time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room <i>A lower number of minutes is better</i>	43 Minutes ²	58 Minutes	98 Minutes
Average time patients spent in the emergency department before being sent home <i>A lower number of minutes is better</i>	106 Minutes	108 Minutes	134 Minutes
Average time patients spent in the emergency department before they were seen by a healthcare professional <i>A lower number of minutes is better</i>	30 Minutes	21 Minutes	26 Minutes
Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication <i>A lower number of minutes is better</i>	45 Minutes	46 Minutes	57 Minutes
Percentage of patients who left the emergency department before being seen <i>Lower percentages are better</i>	0%	1%	2%
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival <i>Higher percentages are better</i>	Not Available ¹	55%	57%

Preventive Care	Methodist Jennie Edmundson	Iowa Average	National Average
Patients assessed and given influenza vaccination <i>Higher percentages are better</i>	83% ²	91%	90%
Patients assessed and given pneumonia vaccination <i>Higher percentages are better</i>	74% ²	90%	92%

Footnote 1 = The number of cases/patients is too few to report.

Footnote 2 = Data submitted were based on a sample of cases/patients.





Quality Measures

Timely Stroke Care	Methodist Jennie Edmundson	Iowa Average	National Average
Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started <i>Higher percentages are better</i>	Not Available ¹	64%	66%
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital <i>Higher percentages are better</i>	100%	98%	98%
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital <i>Higher percentages are better</i>	93%	93%	94%

Effective Stroke Care	Methodist Jennie Edmundson	Iowa Average	National Average
Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge <i>Higher percentages are better</i>	100%	99%	99%
Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge <i>Higher percentages are better</i>	Not Available ¹	95%	95%
Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge <i>Higher percentages are better</i>	90%	92%	94%
Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay <i>Higher percentages are better</i>	100%	82%	88%
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services <i>Higher percentages are better</i>	97%	97%	97%

Footnote 1 = The number of cases/patients is too few to report.



Quality Measures

Blood Clot Prevention	Methodist Jennie Edmundson	Iowa Average	National Average
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery <i>Higher percentages are better</i>	92% ²	87%	85%
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) <i>Higher percentages are better</i>	95% ²	90%	92%
Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it <i>Lower percentages are better</i>	Not Available ^{1,2}	8%	10%

Blood Clot Treatment	Methodist Jennie Edmundson	Iowa Average	National Average
Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time <i>Higher percentages are better</i>	83% ²	94%	93%
Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding <i>Higher percentages are better</i>	Not Available ^{1,2}	99%	97%
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine <i>Higher percentages are better</i>	100% ²	77%	75%

Pregnancy & Delivery Care	Methodist Jennie Edmundson	Iowa Average	National Average
Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary <i>Lower percentages are better</i>	0% ²	4%	6%

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Readmissions, Complications & Deaths

30-Day Outcomes. Unplanned Readmission & Death Rates	Methodist Jennie Edmundson	U.S. National Rate
Rate of unplanned readmission for heart attack patients	No Different than U.S. National Rate	18.3%
Death rate for heart attack patients	No Different than U.S. National Rate	15.2%
Rate of unplanned readmission for heart failure patients	No Different than U.S. National Rate	23.0%
Death rate for heart failure patients	No Different than U.S. National Rate	11.7%
Rate of unplanned readmission for pneumonia patients	No Different than U.S. National Rate	17.6%
Death rate for pneumonia patients	No Different than U.S. National Rate	11.9%
Rate of unplanned readmission after hip/knee surgery	No Different than U.S. National Rate	5.4%
Rate of unplanned readmission after discharge from hospital (hospital-wide)	No Different than U.S. National Rate	16.0%

Surgical Complications	Methodist Jennie Edmundson	U.S. National Rate
Rate of complications for hip/knee replacement patients	No Different than U.S. National Rate	3.4%
Serious complications (From AHRQ)	No Different than U.S. National Rate	0.61%
Deaths among patients with serious treatable complications after surgery (From AHRQ)	No Different than U.S. National Rate	110.25 per 1,000 patient discharges



Quality Measures

Healthcare – Associated Infections	Methodist Jennie Edmundson
Central line-associated bloodstream infections (CLABSI)	Not Available ¹³
Catheter-associated urinary tract infections (CAUTI)	Not Available ¹³
Surgical site infections from colon surgery (SSI: Colon)	No Different than U.S. National Benchmark
Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	Not Available ¹³
Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events (Bloodstream infections)	Not Available ¹³
Clostridium difficile (C.diff.) Laboratory-identified Events (Intestinal infections)	No Different than U.S. National Benchmark

Footnote 13 = The number of cases/patients is too few to report.



Use of Medical Imaging

	Methodist Jennie Edmundson	Iowa Average	National Average
<p>Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.) <i>Lower percentages are better</i></p>	30.8%	32.2%	37.2%
<p>Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram (A follow-up rate near zero may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow up.)</p>	10.9%	7.9%	8.8%
<p>Outpatient CT scans of the chest that were “combination” (double) scans (If a number is high, it may mean that too many patients are being given a double scan when a single scan is all they need.) <i>Lower percentages are better</i></p>	0.9%	3.5%	2.7%
<p>Outpatient CT scans of the abdomen that were “combination” (double) scans (If a number is high, it may mean that too many patients are being given a double scan when a single scan is all they need.) <i>Lower percentages are better</i></p>	4.1%	11.5%	10.5%
<p>Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries.) <i>Lower percentages are better</i></p>	7.5%	4.8%	5.3%
<p>Outpatients with brain CT scans who got a sinus CT scan at the same time (If a number is high, it may mean that too many patients are being given both a brain and sinus scan, when a single scan is all they need.) <i>Lower percentages are better</i></p>	0.8%	1.8%	2.7%

