

**Reporting Period for Clinical Process Measures: Second Quarter 2008 through First Quarter 2009 Discharges**

## 241370-ST GABRIELS HOSPITAL

Address: 815 SOUTHEAST SECOND STREET  
City, State, ZIP: LITTLE FALLS, MN 56345  
Phone Number: (320) 632-5441  
County Name: MORRISON

Type of Facility: Critical Access Hospitals  
Type of Ownership: Voluntary non-profit - Private  
Accreditation Status: No  
Emergency Service Provided: Yes

Participation in a Systematic Database for:  
Cardiac Surgery: Does Not Have a Program

Hospital Quality Measures		Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Higher Than	State Average	National Average
<b>Acute Myocardial Infarction (AMI)</b>					
AMI-1	Aspirin at Arrival	100% of 3 patients(1,3)	100%	95%	94%
AMI-2	Aspirin Prescribed at Discharge	100% of 2 patients(1,3)	100%	93%	93%
AMI-3	ACEI or ARB for LVSD	100% of 1 patients(1,3)	100%	93%	91%
AMI-4	Adult Smoking Cessation Advice/Counseling	0 patients(3)	100%	93%	96%
AMI-5	Beta-Blocker Prescribed at Discharge	100% of 3 patients(1,3)	100%	91%	94%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0 patients(3)	100%	42%	41%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0 patients(3)	98%	94%	79%
<b>Heart Failure (HF)</b>					
HF-1	Discharge Instructions	74% of 19 patients(1)	99%	70%	77%
HF-2	Evaluation of LVS Function	97% of 32 patients	100%	85%	90%
HF-3	ACEI or ARB for LVSD	100% of 7 patients(1)	100%	86%	89%
HF-4	Adult Smoking Cessation Advice/Counseling	100% of 1 patients(1)	100%	86%	92%
<b>Pneumonia (PN)</b>					
PN-2	Pneumococcal Vaccination	86% of 58 patients	99%	84%	85%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	100% of 28 patients	100%	91%	92%
PN-4	Adult Smoking Cessation Advice/Counseling	87% of 15 patients(1)	100%	81%	90%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	95% of 64 patients	100%	95%	93%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	97% of 36 patients	98%	88%	88%
PN-7	Influenza Vaccination	91% of 47 patients	99%	83%	85%

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<b>Surgical Care Improvement Project (SCIP)</b>					
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	94% of 234 patients(2)	99%	87%	90%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	100% of 233 patients(2)	100%	94%	94%
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	84% of 229 patients(2)	99%	91%	89%
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	N/A(5)	100%	86%	87%
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal	N/A(5)	100%	95%	97%
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period	N/A(5)	100%	85%	87%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	N/A(5)	99%	88%	87%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	N/A(5)	98%	87%	85%

**Footnote Legend**

**0 patients: No patients met the criteria for inclusion in the measure calculation.**

1. The number of cases is too small (n<25) for purposes of reliably predicting hospital performance.
2. Measure reflects the hospital's indication that its submission was based upon a sample of its relevant discharges.
3. Rate reflects fewer than maximum possible quarters of data.
4. Inaccurate information submitted and suppressed for one or more quarters.
5. No data are available for publication from the hospital for this measure.

**PN-7 is reported by Flu Season ONLY**

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

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**30-Day Risk-Standardized Mortality Measures**

	Hospital Quality Measures	Your Hospital Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*
<b>Acute Myocardial Infarction (AMI)</b>										
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Number of Cases Too Small*	15	Will Not be Reported	16.6%	in the <b>Nation</b> that Performed ...	131	2814	54	1610
						in the <b>State</b> that Performed ...	5	41	0	80
<b>Heart Failure (HF)</b>										
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	No Different than U.S. National Rate	49	11.5%(8.1%,16.2%)	11.1%	in the <b>Nation</b> that Performed ...	213	3812	163	585
						in the <b>State</b> that Performed ...	5	101	1	24
<b>Pneumonia (PN)</b>										
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	No Different than U.S. National Rate	118	10.7%(7.6%,14.9%)	11.5%	in the <b>Nation</b> that Performed ...	253	3934	284	343
						in the <b>State</b> that Performed ...	4	117	0	10

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

**241370-ST GABRIELS HOSPITAL**

<b>30-Day Risk-Standardized Readmission Measures</b>										
Hospital Quality Measures	Your Hospital Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate	Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small*	
<b>Acute Myocardial Infarction (AMI)</b>										
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-day Readmission Rate	Number of Cases Too Small*	11	Will Not be Reported	19.9%	in the <b>Nation</b> that Performed ...	36	2488	52	1944
						in the <b>State</b> that Performed ...	0	34	1	92
<b>Heart Failure (HF)</b>										
READM-30-HF	Heart failure (HF) 30-Day Readmission Rate	No Different than U.S. National Rate	54	22.4%(18%,27.7%)	24.5%	in the <b>Nation</b> that Performed ...	180	3854	233	520
						in the <b>State</b> that Performed ...	3	105	1	22
<b>Pneumonia (PN)</b>										
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	No Different than U.S. National Rate	127	15.1%(11.9%,19%)	18.2%	in the <b>Nation</b> that Performed ...	88	4199	198	349
						in the <b>State</b> that Performed ...	0	120	1	10

**Footnote Legend**

\*The Number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.

5. No data are available for publication from the hospital for this measure.

**Hospital Quality Alliance: Improving Care Through Information**  
*Hospital CAHPS(HCAHPS) Survey*

**Reporting Period for HCAHPS Measures: Second Quarter 2008 through First Quarter 2009 Discharges**

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**HCAHPS Survey Completion and Response Rate**

**Number of Completed Surveys** 258

**Survey Response Rate** 40

**HCAHPS Composites and Items**

		Your Hospital's Adjusted Score			State Average			U.S. Average			
HCAHPS Composites		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	
Composite 1 (Q1 to Q3)	Communication with Nurses	5	19	76	4	20	76	6	20	74	
Composite 2 (Q5 to Q7)	Communication with Doctors	5	15	80	4	16	80	5	15	80	
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	5	24	71	7	25	68	12	26	62	
Composite 4 (Q13 & Q14)	Pain Management	7	27	66	6	26	68	8	24	68	
Composite 5 (Q16 & Q17)	Communication about Medicines	16	21	63	18	21	61	23	18	59	
Hospital Environment Items		% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	
Q8	Cleanliness of Hospital Environment	5	18	77	7	18	75	10	20	70	
Q9	Quietness of Hospital Environment	8	26	66	9	31	60	13	31	56	
Discharge Information Composite		% Yes		% No		% Yes		% No			
Composite 6 (Q19 & Q20)	Discharge Information	87		13		83		17		80	

**Hospital Quality Alliance: Improving Care Through Information**  
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**Reporting Period for HCAHPS Measures: Second Quarter 2008 through First Quarter 2009 Discharges**

**241370-ST GABRIELS HOSPITAL**

<b>HCAHPS Overall Ratings</b>										
		<b>Your Hospital's Adjusted Score</b>			<b>State Average</b>			<b>U.S. Average</b>		
<b>(Q 21)</b>	<b>Overall Rating of this Hospital</b>	<b>% 0 to 6 rating</b>	<b>% 7 and 8 rating</b>	<b>% 9 and 10 rating</b>	<b>% 0 to 6 rating</b>	<b>% 7 and 8 rating</b>	<b>% 9 and 10 rating</b>	<b>% 0 to 6 rating</b>	<b>% 7 and 8 rating</b>	<b>% 9 and 10 rating</b>
Overall Rating of Hospital <i>(0 = Worst Hospital 10 = Best Hospital)</i>		7	24	69	7	25	68	10	25	65
<b>(Q 22)</b>	<b>Willingness to Recommend this Hospital</b>	<b>% No: Definitely or Probably Not Recommend</b>	<b>% Yes: Probably Recommend</b>	<b>% Yes: Definitely Recommend</b>	<b>% No: Definitely or Probably Not Recommend</b>	<b>% Yes: Probably Recommend</b>	<b>% Yes: Definitely Recommend</b>	<b>% No: Definitely or Probably Not Recommend</b>	<b>% Yes: Probably Recommend</b>	<b>% Yes: Definitely Recommend</b>
Willingness to Recommend this Hospital		3	28	69	4	25	71	6	26	68

**Footnote Legend**

- 6. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- 7. Survey results are based on less than 12 months of data.
- 8. Survey results are not available for this reporting period.
- 9. No patients were eligible for the HCAHPS Survey.
- 11. There were discrepancies in the data collection process.