REGION 1

2010 MINNESOTA
Health Care Quality
REPORT

MINNESOTA DEPARTMENT OF HEALTH, HEALTH ECONOMICS PROGRAM
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MINNESOTA MDH DEPARTMENT OF HEALTH

MINNESOTA'S VISION *A Better State of Health*

This report was updated in January 2011 to incorporate minor technical corrections.

November 2010

Dear Community Member:

We are pleased to provide this report of the Minnesota Statewide Quality Reporting and Measurement System. It enhances our state's quality data and market transparency for health care and is a building block for transformation of health care.

This quality report is a critical component of Minnesota's nation-leading health reform law of 2008. The law requires the Minnesota Department of Health (MDH) to develop a standardized set of quality measures for hospitals and physician clinics across the state and to produce a public report on health care quality. These efforts build on important work that has been done in Minnesota for many years by MN Community Measurement (MNCM), Stratis Health and the Minnesota Hospital Association (MHA) and have drawn upon their multi-stakeholder, community-wide processes for measure development and selection. Through the requirements in the 2008 law, MDH has expanded the reach of this work:

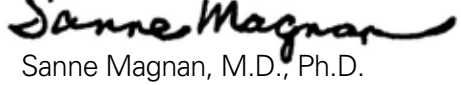
1. **Scope.** Approximately 520 Minnesota clinics have reported data to the state system in the first year of required data submission, increasing by over 40 percent the number of physician clinics that reported voluntarily to MNCM. We now have a more complete picture of health care in urban and rural areas. Hospitals are also now submitting data on more than 40 quality measures.
2. **Risk adjustment.** The information on quality builds on the work done by MNCM. The results have been risk-adjusted to reflect the complexity of the patients that providers serve. This requirement aims to ensure that the results are fair for all providers, regardless of the makeup of their patient populations.

Comprehensive information about health care quality is a cornerstone of our health reform initiative – which has been called "Minnesota's Vision for a Better State of Health." Throughout the implementation of our vision, we have been working hard to achieve the "Triple Aim" of improving the health of the population, the patient experience of care and the affordability of health care. Quality reporting is a vital component of these goals; if we want to truly improve our state's health in the future, we must first have robust, fair and accurate information about the quality of health care being provided today. This information is also a critical building block of provider peer grouping (PPG), another component of the 2008 state health reform law. PPG will compare providers on a combined measure of risk-adjusted cost and quality. The risk-adjusted quality information presented in this report will be part of the peer grouping analysis. In the future, the release of these risk-adjusted results will be part of the yearly release of PPG.

I thank the providers who have been important partners as we have expanded Minnesota's quality measurement system. I also want to thank our partners at MNCM and Minnesota's non-profit health plans for playing a key role in developing new quality measures and supporting providers' efforts to submit data. We also appreciate the effective collaboration with MHA, Stratis Health, the Institute for Clinical Systems Improvement and the Minnesota Medical Association in supporting providers' efforts both to submit data and to improve quality. We have had substantive conversations about these efforts, and I hope these discussions will continue as we work to improve health care value in Minnesota – and the health of all Minnesotans.

In summary, this quality report is an important stepping stone toward a value-based health care system in Minnesota – one that reflects both quality and cost. Together, those elements will provide a better picture of health care value in our state, encourage redesign of care and payment based on value and allow consumers to choose providers based on both quality and cost. With such information we can reach our vision of a better state of health care – and a better state of health.

Sincerely,



Sanne Magnan, M.D., Ph.D.
Commissioner

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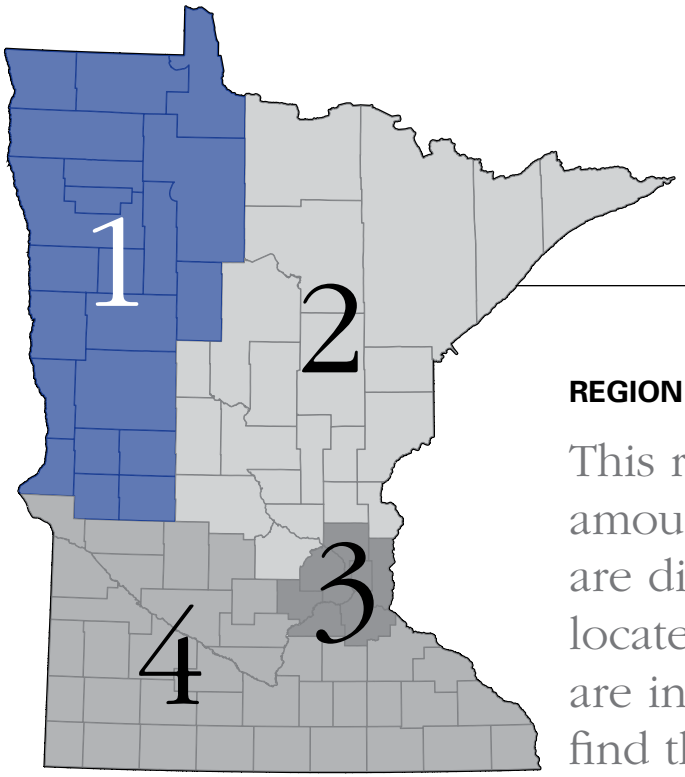


REGION 1

This report is separated into four regions due to the large amount of data included. Physician clinics and hospitals are divided into regions based on the county where they are located. The list on the next page identifies which counties are included under each region. Use this information to find the region you are interested in.

REGION 1
Northwest and West Central
Becker
Beltrami
Clay
Clearwater
Douglas
Grant
Hubbard
Kittson
Lake of the Woods
Mahnomen
Marshall
Norman
Otter Tail
Pennington
Polk
Pope
Red Lake
Roseau
Stevens
Traverse
Wilkin

REGION 2
Northeast and Central
Aitkin
Benton
Carlton
Cass
Chisago
Cook
Crow Wing
Isanti
Itasca
Kanabec
Koochiching
Lake
Mille Lacs
Morrison
Pine
Sherburne
St. Louis
Stearns
Todd
Wadena
Wright

REGION 3
Twin Cities Metro
Anoka
Carver
Dakota
Hennepin
Ramsey
Scott
Washington

REGION 4
Southwest, Southeast and South Central
Big Stone
Blue Earth
Brown
Chippewa
Cottonwood
Dodge
Faribault
Fillmore
Freeborn
Goodhue
Houston
Jackson
Kandiyohi
Lac Qui Parle
Le Sueur
Lincoln
Lyon
Martin
McLeod
Meeker
Mower
Murray
Nicollet
Nobles
Olmsted
Pipestone
Redwood
Renville
Rice
Rock
Sibley
Steele
Swift
Wabasha
Waseca
Watonwan
Winona
Yellow Medicine

What is high quality health care?

High quality in health care can be described as *"doing the right thing, at the right time, in the right way – and having the best possible results."*

The Institute of Medicine states that high quality health care is:

Effective: Treatment uses scientific knowledge and medical experience to increase the chances of getting the best results, and decrease the chances of getting bad results, including death.

Safe: Treatment does not result in medical complications or cause harm to the patient that can be prevented.

Patient-centered: Doctors, nurses, and other medical staff treat patients with respect, dignity and compassion, and are responsive to patients' needs, values, and preferences.

Timely: Patients get the care they need without harmful delays.

Efficient: Treatment does not waste doctors' or patients' time or money.

Equitable: The same level of care is available to everyone, including men, women and children of all cultures, incomes, education level, social status or any other characteristics.

Methods Overview

- This report includes information about the quality of care provided by physician clinics and hospitals in one region of the state. Readers may easily compare the results of a particular physician clinic or hospital with a statewide average on most measures.
- Much of the data for this report was collected as part of the Minnesota Statewide Quality Reporting and Measurement System.
  - Physician clinics are required to report data at the clinic level. Data collected directly from physician clinics included in this report relates to care provided in 2009. While participation in these data collection systems is required under state law, not all physician clinics submitted data. Those clinics are included in this report with a note they did not submit required data. For more information on which physician clinics are included, see the Physician Clinic Inclusion section on page 120.
  - Hospital results are available on 43 measures. The time periods covered by each measure vary; more details are available in Appendix Two.
- Results are publicly reported for those physician clinics submitting data on 30 or more patients for each measure, while hospital results are reported for those hospitals with data on 25 or more patients for each measure. These numbers are considered the minimum standards for valid public reporting and align with established reporting standards in Minnesota and at the national level. Physician clinics and hospitals that submitted data on fewer numbers of patients are included in this report with a note they did not have sufficient data for public reporting purposes.
- Some physician clinic measures were "not applicable" for a particular clinic given the specialties at the clinic site and have been noted as such in this report.
- Results are risk-adjusted, meaning that results are adjusted to account for differences in patient populations that are beyond the control of a doctor or hospital. This is done in order to make results comparable regardless of patient characteristics. For example, hospital outcome measures, such as death rates for patients with a broken hip, take into account how sick individual patients are. Similarly, results for physician clinics assume that physician clinics have the same proportion of patients covered by commercial insurance, Medicare, and MN health care programs or are uninsured. More details about how risk adjustment was carried out for particular categories of measures is available in Appendices One and Two.
- This report uses the terms "physician clinic" and "medical group" to describe the settings in which physicians provide medical services. For purposes of this report, a physician clinic is a specific location in which a physician practices, while a medical group may be a larger organization that includes multiple physician clinics.
- Some results are calculated at the medical group level. For those measures, each physician clinic associated with a particular medical group has been given the medical group's score for that measure. While those measure results include a broader population of patients than any one individual clinic, each individual physician clinic contributed to the medical group's score.
- More detail about physician performance, data collection and methodology is available in Appendix One. Additional information about hospital performance, data collection and methodology is available in Appendix Two.

Health Care Quality in Minnesota

Quality in health care, including in doctor's offices and hospitals, can be described as *"doing the right thing, at the right time, in the right way – and having the best possible results."*

This report provides information on how well physician clinics, like your doctor's office, and hospitals in Minnesota care for patients with a wide range of health problems. It can:

- Help you choose a hospital or physician clinic for yourself,
- Provide useful information for your loved ones if they need to visit the doctor's office or hospital for care,
- Encourage clinics and hospitals to improve their quality, and
- Help everyone learn more about health care quality.

Why should you look at this information?

Don't people receive high quality care in all physician clinics or hospitals? Here are the facts:

- All clinics and hospitals do not provide the same quality of care. Some are better than others.
- A particular clinic or hospital might do a very good job on some health problems and not on other health issues.
- Your doctor, or the specialist or surgeon he or she recommends, may be highly skilled, but clinic and hospital quality also depend on how well all of the staff, such as nurses, take care of you, and on how well the clinic or hospital is organized.
- For the physician measures, some clinics do better at managing chronic or ongoing conditions than others. Some physician clinics may also do a better job of treating different conditions like asthma or diabetes. Keep in mind that clinics vary in how well they do at managing these different conditions.
- Whenever people go to the hospital, they risk getting a new health problem while getting medical care for an existing problem. Hospitals vary in how well they protect patients from these risks.

Given these facts, the goal of this report is to give you information you can use to increase your chances of getting the best possible care when you need it.

How should you use this report?

How can this information help you? First, you can use this information to **help you choose a clinic or hospital**. The physician clinic measures are for different health conditions and preventive care. If you or someone you care about has one of these conditions, you can use this information to **choose a clinic**. This also applies to hospitals where you can use the hospital measures to **choose a hospital** that's right for you if you are being admitted to the hospital in the near future. It can help you **find a clinic or hospital that is especially good** at treating the conditions you face, or especially good at avoiding complications in the case of the hospital measures.

The best way to use this particular report is also to **look for patterns in the scores.** Some clinics or hospitals may do very well across the board; others may do well in some areas and not in others; still others may really show problems in a wide range of areas. Look carefully for these patterns. At the same time, if there is a particular operation, medical condition, or complication that is of particular concern to you, you will want to give more consideration to information related to those concerns.

A few things to keep in mind as you use this information:

This information is a starting point for looking at the quality of care at a particular clinic or hospital. The overall scores and specific topic results are not the final word. There are a few things to keep in mind when looking at this report.

- **This report doesn't cover all conditions, preventive treatments, surgeries or complications.**

  Additional information may be included in future reports.

- **Don't presume that because a clinic or hospital does well (or poorly) in one area of health care, that it will do well (or poorly) in all areas.**

  Physician clinics and hospitals have strengths and weaknesses in providing different types of care.

- **In some cases the specific measures track serious failures in a hospital's performance which happen only once in a great while.**

  You have to be careful when comparing hospitals on these very rare events. The numbers are so small that it is hard to know when a difference means something or just happened by chance. For example, only a handful of patients experience bad reactions to a blood transfusion out of a million people each year.

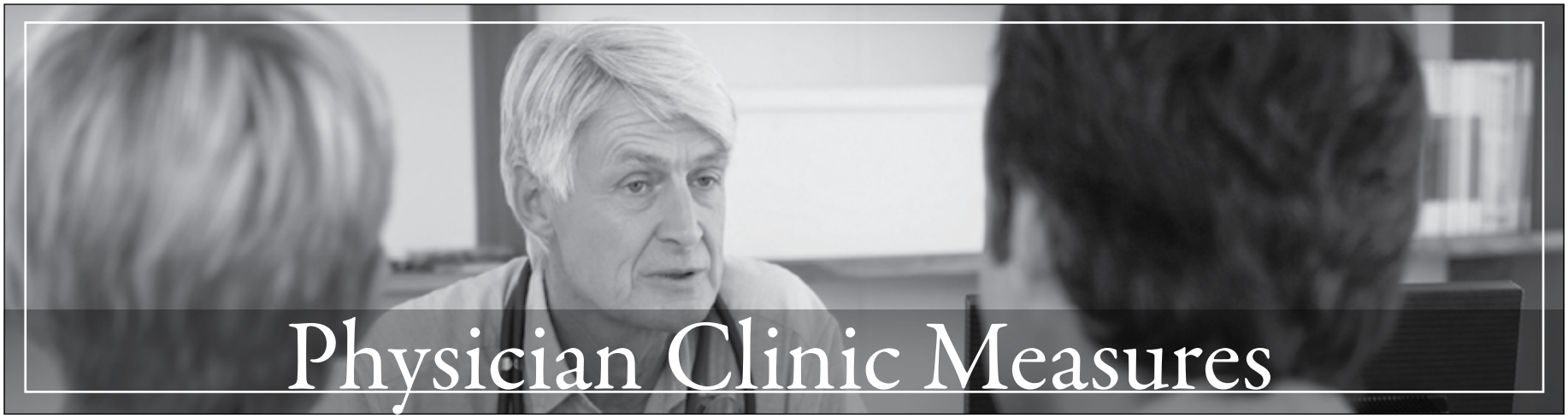
- **Don't give too much weight to small differences between clinics or hospitals.**

  Even on more common events, be careful not to give too much weight to small differences. For example, if in one hospital, 25 people out of a thousand had too much bleeding after an operation, and in another hospital, 26 people out a thousand did, that's a really small difference and you shouldn't worry about it.

REGION 1

Physician Clinic Measures

Northwest and West Central: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wilkin



Physician Clinic Measures

Choose the health care quality topic you want to learn about.

Physician clinic quality information is available for three main topics in this section. These areas include:

- Chronic Conditions (Ongoing Conditions)
- Acute Conditions (Shorter Term Illnesses)
- Preventive Care (Avoiding Illness)

One topic may be of greater interest to you than others. For example, if you or a loved one has a chronic or ongoing condition like diabetes, you will probably be interested in the "Chronic Conditions" topic. However, if you are interested in finding out how well your clinic does with keeping you healthy, check out the "Preventive Care" section.

Each topic includes information on several different quality indicators. A quality indicator is information, in this case a percentage rate, that shows how often patients had a particular experience when they received medical care. These experiences reflect a particular aspect of health care quality. Each health topic is briefly described below, with examples of quality indicators for that topic. To learn about all the indicators presented for each topic, please turn to the appropriate page noted in the index at the start of this section.

Chronic Conditions: Chronic conditions are ongoing and cannot be cured, but can be managed with the right kinds of treatments. This section includes measures related to chronic conditions like diabetes, vascular care, high blood pressure, and asthma.

Acute Conditions: Acute conditions are illnesses that don't last very long, typically less than three months. This section includes measures for the treatment of acute conditions like colds and sore throats in children, as well as bronchitis in adults.

Preventive Care: Preventive care can help keep you healthy, as well as detect certain illnesses early, when treatment can be more effective. This section includes preventive measures like cancer screenings, chlamydia tests, and childhood immunizations.

More Information about the Results

Be sure to note whether a higher or lower percentage rate is better for the measure you are interested in. **For all of the physician clinic measures, a higher percentage rate is always going to be better.** Keep in mind the percentage rate is related to how many patients out of one hundred reached the treatment goals, or received the right type of medication. For example, if the clinic rate for the "Best Care for Adults with Diabetes" measure is 36%, this means 36 out of 100 patients achieved the five goals outlined in this measure.

QUALITY OF CARE FOR CHRONIC CONDITIONS SECTION CONTENTS

Quality of Care for Chronic Conditions

Chronic health conditions are ongoing health conditions like diabetes or heart disease. These conditions are prevalent and costly. For example, in 2007 about 7.8% of the US population had diabetes. This translates to a cost of $174 billion in direct costs like medical expenses, and indirect costs like disability and work loss. Not only are these conditions expensive, but they can be difficult to manage and lead to other medical conditions. However, there are treatments and treatment goals which have been proven to help those with chronic conditions stay healthy and limit their risk of other complications. **The following section includes measures that help patients with chronic conditions stay healthy.**

The Best Care for Adults with Diabetes

What is the measure?
The best care for diabetes includes helping patients achieve five goals. This measure shows the percentage of diabetes patients, ages 18-75, who met all five goals:

1) Blood Sugar Control: Most recent HbA1C test in the last 12 months has a level of less than 8%
2 Blood Pressure Control: Most recent blood pressure in the last 12 months was less than 130/80 mm Hg
3) Cholesterol Control: Most recent LDL or "bad" cholesterol was less than 100 mg/dl
4) Daily aspirin use (or a documented contraindication) for those ages 41 or older
5) Tobacco free status: No smoking or chewing of tobacco

Why is this important?
The five goals identified in this measure have been shown to have the greatest impact on the health of those with diabetes. Heart disease and stroke are the leading causes of early death among people with diabetes. Those diabetes patients who meet the five goals outlined in this measure will greatly lower their risk of heart attacks, blood vessel damage and other vascular diseases. They will also experience fewer problems with their kidneys, eyes and nervous system.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Performance on this measure ranged from zero percent to 57 percent.

MEASURE SOURCE: Optimal Diabetes Care Composite

The Best Care for Adults with Vascular Disease

What is the measure?
The best care for vascular disease includes helping patient achieve four goals. This measure shows the percentage of vascular patients ages 18-75, who met all four goals:

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

1) Blood Pressure Control: Most recent blood pressure in the last 12 months was less than 130/80 mm Hg
2) Cholesterol Control: Most recent LDL or "bad" cholesterol was less than 100 mg/dl
3) Daily aspirin use (or a documented contraindication)
4) Tobacco Free Status: No smoking or chewing of tobacco

Why is this important?
Vascular disease is any condition that affects the blood vessels and limits their ability to supply blood, oxygen and nutrients to the body from the heart. Vascular disease is most commonly due to hardening of the arteries or the slow build-up of fatty substances over time along the blood vessel wall, which make it harder for the heart to pump blood through the artery. Depending on which arteries become blocked, different parts of the body can be affected by this reduction in blood flow, which is also called ischemia. A blockage in the coronary arteries, or the blood vessels of the heart, can lead to chest pain or a heart attack. Achieving the four treatment goals in this measure will help stop the build-up of fatty substances along the blood vessel wall that make it harder for the heart to pump blood.

Performance on this measure ranged from zero percent to 63 percent.

MEASURE SOURCE: Optimal Vascular Care Composite

The Best Care for Adults with High Blood Pressure

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

What is the measure?
The best treatment for high blood pressure includes keeping blood pressure below 140/90 mmHg. This measure shows the percentage of adults, ages 18-85, diagnosed with high blood pressure that had a blood pressure reading lower than 140/90 mmHg.

Why is this important?
High blood pressure, also known as hypertension, is a major risk factor for other diseases including heart attack, heart disease, kidney failure and stroke. Having your blood pressure monitored regularly and working with your doctor to keep your blood pressure below 140/90 mmHg can reduce your risk of developing these conditions.

High blood pressure is often called the "silent killer" because many people don't know they have it. The only way to know is to have your blood pressure checked.

Performance on this measure ranged from 34 percent to 85 percent.

MEASURE SOURCE: HEDIS: Controlling High Blood Pressure

The Best Care for Children and Adults with Asthma

What is the measure?
The best treatment for asthma includes a prescription medication (such as an inhaler) to control the symptoms. This measure shows the percentage of asthma patients, ages 5-56, who were prescribed appropriate medication.

Why is this important?
Asthma is one of the most common chronic conditions in the United States. It causes the tiny airways that bring air to the lungs to narrow, reducing the flow of oxygen to the body. For asthma sufferers, a trigger such as cigarette smoke, perfume, allergies or dust in the air can cause the tiny airways to constrict, choking the flow of oxygen to the body's systems. Symptoms of asthma include difficulty breathing or shortness of breath, a tight feeling in the chest, coughing and wheezing. Inhaled corticosteroids are the recommended therapy for those with moderate to severe asthma. When used regularly they are proven to reduce the inflammation in the airways caused by asthma.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Performance on this measure ranged from 81 percent to 97 percent.

MEASURE SOURCE: HEDIS: Use of Appropriate Medications for People with Asthma

QUALITY OF CARE FOR ACUTE CONDITIONS SECTION CONTENTS

Quality of Care for Acute Conditions

Acute health conditions usually happen suddenly and do not last long. Typically, acute illnesses last less than three months. A sore throat or a cold are both considered acute conditions. Treating these illnesses might not involve any prescription medication. In fact, the best treatment could be over-the-counter medication or getting some rest. **The following section includes measures for acute conditions where the best treatment was given for the identified illness.** This includes measures showing whether antibiotics were appropriately prescribed.

The Best Care for Children with a Cold

What is the measure?
Treatment of the common cold should not include prescribing antibiotics. This measure shows the percentage of children, 3 months to 18 years, diagnosed with a cold and not given an antibiotic.

Why is this important?
The most effective cure for the common cold is self-care at home. This can include over-the-counter medication, drinking fluids, and getting plenty of rest. There are over 200 viruses which can cause this illness, and antibiotics are not effective against viruses such as colds.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Remember, antibiotics are medicines that kill bacteria, not viruses. Taking antibiotics for viral illnesses, like the common cold, will not work. Even worse, using antibiotics when they are not needed may make them less likely to work for other illnesses in the future.

Performance on this measure ranged from 40 percent to 97 percent.

MEASURE SOURCE: HEDIS: Appropriate Treatment for Children with Upper Respiratory Infection

The Best Care for Children with a Sore Throat

What is the measure?
In some cases, the treatment of a sore throat includes prescribing antibiotics. This measure shows the percentage of children, ages 2-18, diagnosed with a sore throat and given a strep test and antibiotics rather than just receiving antibiotics without a strep test.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Why is this important?
Most sore throats are caused by viruses and go away on their own after about a week. Sore throats not caused by viruses are usually caused by a bacterium called group A Streptococcus, and commonly called strep throat. Strep throat can be treated with antibiotics. Untreated strep throat can lead to rare but serious complications.

Performance on this measure ranged from 27 percent to 99 percent.

MEASURE SOURCE: HEDIS: Appropriate Testing for Children with Pharyngitis

The Best Care for Adults with Bronchitis

What is the measure?
Treatment of bronchitis in adults should not include prescribing antibiotics. This measure shows the percentage of adults 18 - 64 years, diagnosed with acute bronchitis and not given an antibiotic.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Why is this important?
Acute bronchitis is sometimes also called a chest cold. The most effective cure for acute bronchitis is similar to when you have a cold. It can include over-the-counter medication to help quiet your cough, drinking fluids and getting plenty of rest.

Antibiotics are medicines that kill bacteria. Only one in ten cases of bronchitis are bacterial, which means 9 out of 10 cases of bronchitis won't be cured with an antibiotic. Also, using antibiotics when they are not needed may make them less likely to work for other illnesses in the future.

Performance on this measure ranged from seven percent to 57 percent.

MEASURE SOURCE: HEDIS: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

QUALITY OF PREVENTIVE CARE SECTION CONTENTS

Quality of Preventive Care

Preventive care keeps you healthy by avoiding an illness altogether or detecting it early when treatment can be most effective. Receiving the right screenings and treatments are an important part of health care quality. For example, cancer screenings done at the right time can help detect abnormal cells early before they turn into cancer. **The following section includes preventive care measures where the right screenings or treatments were given at the right time for the identified illness.**

The Best Care to Help Prevent Breast Cancer

What is the measure?
Women of a certain age should get a regular mammogram to check for signs of breast cancer. This measure shows the percentage of women, ages 52-69, who had a mammogram during the past two years.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Why is this important?
A mammogram is the screening test used to check for breast cancer. It detects cancer early, when it can be treated most successfully. Breast cancer is the most common cancer affecting women in the United States. It is also the second leading cause of cancer death in women.

Performance on this measure ranged from 55 percent to 91 percent.

MEASURE SOURCE: HEDIS: Breast Cancer Screening

The Best Care to Help Prevent Cervical Cancer

What is the measure?
Prevention of cervical cancer in women includes getting a regular Pap test. This measure shows the percentage of women, ages 24-64, who received a Pap test in the last 3 years.

Why is this important?
Cervical cancer develops slowly. Getting regular screenings can lead to early detection and successful treatment. Screening is done using Pap tests in which cells are taken from the cervix. The cells are then examined for abnormalities.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Performance on this measure ranged from 50 percent to 89 percent.

MEASURE SOURCE: HEDIS: Cervical Cancer Screening

The Best Care to Help Prevent Colorectal Cancer

What is the measure?
Adults of a certain age should receive a test to check for colorectal cancer. This measure shows the percentage of adults, ages 51-80, who received one or more of four proven screening tests:

- Fecal occult blood test
- Flexible sigmoidoscopy
- Double contrast barium enema
- Colonoscopy

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Why is this important?
Most colorectal cancer begins as a polyp. A polyp is a growth projecting from the colon or rectum. Polyps can be detected during screening exams. The removal of the polyp can be the key to preventing colon cancer.

Performance on this measure ranged from 43 percent to 94 percent.

MEASURE SOURCE: HEDIS: Colorectal Cancer Screening

The Best Care to Help Prevent Cancer

What is the measure?
Tests to check for cancer are an important part of preventive care for people of a certain age. This measure shows the percentage of adults, ages 51-80, who received appropriate cancer tests.

For women, this measure includes getting tested for:

- Breast cancer
- Cervical cancer, and
- Colorectal cancer

For men, this measure includes getting tested for:

- Colorectal cancer

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Why is this important?
Cancer is the result of uncontrolled growth and spread of abnormal cells. Each type of cancer varies in how fast it grows and how it may spread in the body. The causes of cancer are complex and they may involve the individual's inherited genetics, as well as outside factors such as exposure to chemicals, smoke and the sun. Getting the right cancer screenings can catch the cancer early, leading to more successful treatment.

Performance on this measure ranged from 15 percent to 89 percent.

MEASURE SOURCE: HEDIS: Cancer Screening Combined

The Best Care to Detect Chlamydia

What is the measure?
Testing for Chlamydia is important for the health of teenage and young women who are having sex. This measure shows the percentage of sexually-active females, ages 16-25, who received a Chlamydia test.

Why is this important?
Chlamydia is the most common sexually-transmitted infection in the United States. Many infected people have no symptoms. If left untreated, it can lead to infertility, or complications during pregnancy.

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Performance on this measure ranged from 15 percent to 81 percent.

MEASURE SOURCE: HEDIS: Chlamydia Screening in Women

The Best Care to Provide Childhood Immunizations

What is the measure?
Protecting children from diseases involves getting important shots (vaccinations) when they will do the most good. This measure shows the percentage of children who received all of these vaccinations by the age of two:

- Diphtheria and Tetanus
- Polio
- Measles, Mumps and Rubella
- H Influenza Type B
- Hepatitis B
- Chicken Pox
- Pneumococcal

When choosing a clinic, look for the clinic that has a ***HIGHER RATE.***

Why is this important?
Before immunizations, infectious diseases often harmed or even killed infants, children and adults. While some of these diseases have been greatly reduced or even eliminated, these diseases could return and spread if children are not immunized against them. It is important that vaccinations are given at the right time for them to work the best.

Performance on this measure ranged from 54 percent to 92 percent.

MEASURE SOURCE: HEDIS: Childhood Immunization Status

Quality of Care

When choosing a clinic, look for the clinic that has a higher rate.

Note on Percentage Rates:
The rate shows how many patients out of one hundred reached the treatment goals or received the best medication.

	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
ADA													
Bridges Medical Center	9%	*	*	*	*	*	*	*	*	*	*	*	*
ALEXANDRIA													
Alexandria Clinic	9%	22%	66%	97%	68%	76%	20%	88%	82%	90%	89%	16%	65%
Broadway Medical Center	5%	10%	52%	*	55%	65%	7%	79%	75%	77%	35%	35%	*
Midway Medical Clinic	+	+	*	*	*	*	*	*	*	*	*	*	*
ASHBY													
ELEAH Medical Center	*	*	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%
BAGLEY													
Clearwater Health Services Clinic	6%	8%	*	*	*	*	*	86%	76%	*	*	*	*
BARNESVILLE													
Barnesville Area Clinic	+	+	*	*	*	*	*	*	*	*	*	*	*
BAUDETTE													
LakeWood Health Center Clinic	8%	11%	*	*	*	*	*	80%	59%	*	*	*	*

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120). For more detailed information, see appendices starting on page 72.

Quality of Care

When choosing a clinic, look for the clinic that has a higher rate.

Note on Percentage Rates:
The rate shows how many patients out of one hundred reached the treatment goals or received the best medication.

	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
BEMIDJI													
MeritCare- Bemidji Family Medicine	14%	24%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
MeritCare- Bemidji North	15%	30%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
MeritCare- Internal Medicine	24%	33%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
CHOKIO													
Graceville Health Center Clinic	*	*	*	*	*	*	*	75%	81%	*	*	*	*
CROOKSTON													
Altru Health System	5%	17%	74%	89%	77%	57%	21%	82%	79%	53%	*	28%	73%
RiverView Clinic North	11%	8%	*	*	45%	27%	*	84%	68%	*	*	34%	*
DETROIT LAKES													
MeritCare	14%	24%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
St. Mary's Innovis Health Clinic	18%	27%	*	*	*	*	*	*	*	*	*	*	*
EAST GRAND FORKS													
MeritCare	20%	27%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
RiverView Clinic East Grand Forks	*	*	*	*	45%	27%	*	84%	68%	*	*	34%	*

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120). For more detailed information, see appendices starting on page 72.

Quality of Care

When choosing a clinic, look for the clinic that has a higher rate.

Note on Percentage Rates:
The rate shows how many patients out of one hundred reached the treatment goals or received the best medication.

	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
ELBOW LAKE													
ELEAH Medical Center	4%	5%	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%
EVANSVILLE													
ELEAH Medical Center	*	*	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%
FERTILE													
RiverView Clinic	*	*	*	*	45%	27%	*	84%	68%	*	*	34%	*
FOSSTON													
Innovis Health	9%	19%	50%	92%	83%	71%	8%	80%	78%	70%	*	33%	84%
FRAZEE													
St. Mary's Innovis Health Clinic	11%	18%	*	*	*	*	*	*	*	*	*	*	*
GLENWOOD													
Glenwood Medical Center	1%	18%	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%
HALLOCK													
Kittson Memorial Clinic	+	+	*	*	*	*	*	72%	53%	*	*	*	*

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120). For more detailed information, see appendices starting on page 72.

Quality of Care

When choosing a clinic, look for the clinic that has a higher rate.

Note on Percentage Rates:
The rate shows how many patients out of one hundred reached the treatment goals or received the best medication.

	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
HALSTAD													
MeritCare	*	*	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
HAWLEY													
MeritCare	14%	18%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
HENNING													
Henning Medical Clinic	5%	20%	68%	86%	72%	74%	17%	72%	78%	*	*	17%	*
HOFFMAN													
ELEAH Medical Center	*	*	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%
MAHNOMEN													
MeritCare	27%	24%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
MOORHEAD													
Innovis Health	19%	*	50%	92%	83%	71%	8%	80%	78%	70%	*	33%	84%
MeritCare- South Moorhead Family Medicine	20%	21%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
MeritCare- South Moorhead Internal Medicine	28%	38%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120). For more detailed information, see appendices starting on page 72.

Quality of Care

When choosing a clinic, look for the clinic that has a higher rate.

Note on Percentage Rates:
The rate shows how many patients out of one hundred reached the treatment goals or received the best medication.

	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
MORRIS													
ELEAH Medical Center - Morris Prairie Medical	13%	14%	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%
Stevens Community Medical Center	9%	17%	*	*	89%	50%	18%	90%	79%	*	*	25%	*
NEW YORK MILLS													
MeritCare	24%	37%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
OKLEE													
First Care Medical Services Clinic	+	+	*	*	*	*	*	*	*	*	*	*	*
OTTERTAIL													
MeritCare	*	*	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
Ottertail Area Medical Clinic	6%	*	68%	86%	72%	74%	17%	72%	78%	*	*	17%	*
PARK RAPIDS													
Erickson Medical Clinic	+	+	*	*	*	*	*	*	*	*	*	*	*
Innovis Health	14%	26%	50%	92%	83%	71%	8%	80%	78%	70%	*	33%	84%
PARKERS PRAIRIE													
Broadway Medical Center	3%	9%	52%	*	55%	65%	7%	79%	75%	77%	35%	35%	*

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Quality of Care

When choosing a clinic, look for the clinic that has a higher rate.

Note on Percentage Rates:
The rate shows how many patients out of one hundred reached the treatment goals or received the best medication.

	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
PELICAN RAPIDS													
MeritCare	10%	20%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
PERHAM													
MeritCare	27%	28%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
RED LAKE FALLS													
RiverView Clinic	*	*	*	*	45%	27%	*	84%	68%	*	*	34%	*
ROSEAU													
Altru Health System	5%	22%	74%	89%	77%	57%	21%	82%	79%	53%	*	28%	73%
STARBUCK													
Stevens Community Medical Center	8%	*	*	*	89%	50%	18%	90%	79%	*	*	25%	*
THIEF RIVER FALLS													
MeritCare- Thief River Falls Northwest Clinic	13%	21%	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
TWIN VALLEY													
MeritCare	19%	*	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120). For more detailed information, see appendices starting on page 72.

Quality of Care

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Note on Percentage Rates:
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	Chronic Conditions				Acute Conditions			Prevention					
	The Best Care for...				The Best Care For...			The Best Care To...					
	Adults with Diabetes	Adults with Vascular Disease	Adults with High Blood Pressure	Children and Adults with Asthma	Children with a Cold	Children with a Sore Throat	Adults with Bronchitis	Help Prevent Breast Cancer	Help Prevent Cervical Cancer	Help Prevent Colorectal Cancer	Help Prevent Cancer	Detect Chlamydia	Provide Childhood Immunizations
Overall Minnesota Average	**28%**	**34%**	**70%**	**92%**	**87%**	**86%**	**19%**	**83%**	**80%**	**72%**	**53%**	**49%**	**80%**
ULEN													
MeritCare	*	*	69%	93%	90%	78%	13%	84%	79%	79%	62%	31%	88%
WARREN													
North Valley Health Center	+	+	*	*	*	*	*	*	*	*	*	*	*
WARROAD													
Altru Health System	7%	*	74%	89%	77%	57%	21%	82%	79%	53%	*	28%	73%
WHEATON													
Wheaton Community Medical Center	13%	*	51%	91%	73%	72%	12%	79%	76%	43%	15%	35%	70%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120). For more detailed information, see appendices starting on page 72.

REGION 1

Hospital Measures

Northwest and West Central: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wilkin

Hospital Measures

Choose the health care quality topic you want to learn about.

Hospital quality information is available for four topics:

- Heart Conditions
- Surgeries
- Medical Complications and Infections
- Other Conditions

One topic may be of greater interest to you than others. For example, if you or a loved one has a heart problem, you will probably be interested in the "Heart Conditions" topic. However, anyone facing a hospital stay should be interested in the topic "Medical Complications and Infections in the Hospital" since it discusses problems that can occur for any hospital patient. All the information refers to care provided for adult patients.

Each topic includes information on several different quality indicators. A quality indicator is a piece of information, usually a percentage rate, that shows how often patients had a particular experience when they received medical care. These experiences reflect a particular aspect of health care quality. Each health topic is briefly described below, with examples of quality indicators for that topic. To learn about all the indicators presented for each topic, please turn to the appropriate page noted in the index at the start of this section.

Heart Conditions: This section includes measures related to whether patients received the best type of care for heart attacks and heart failure.

Surgeries: This section includes information associated with heart surgeries and surgery to repair an abnormally enlarged artery supplying blood to the lower half of the body. There is also information regarding surgery-related complications and treatments.

Medical Complications and Infections in the Hospital for Adult Patients: This section includes problems or complications that can be experienced by any hospital patient, as well as infection prevention measures.

Other Conditions: This section includes information about the best types of treatment for pneumonia patients, and problems related to hip fracture surgeries, and childbirth, specifically how often a birth-related injury occurs to the mother.

More Information about the Results

Be sure to note whether a higher or lower percentage rate is better for the measure you are interested in. This will vary across the different measures for hospitals. Keep in mind the percentage rate is related to how many patients out of one hundred met the criteria outlined in the measure. For example, if the hospital rate for the "Heart Attack: Aspirin Given When Patients Arrived at the Hospital" measure is 88%, this means 88 out of 100 heart attack patients received aspirin when they arrived at the hospital.

QUALITY OF CARE FOR HEART CONDITIONS SECTION CONTENTS

Quality of Care for Heart Attacks

Quality of Care for Heart Failure

Quality of Care for Heart Conditions

HEART ATTACKS

A heart attack (also called acute myocardial infarction or AMI) 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.

The symptoms of a heart attack can include:

- chest pain *(often described as a crushing, squeezing or burning pain in the center of the chest that 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.

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.

The Best Care for Heart Attack Patients

What is the measure?
This measure shows the percent of patients receiving ALL of the appropriate care that they should have received based on their clinical condition. For heart attack patients this includes the remaining measures in this section:

- Aspirin Given When Patients Arrive at the Hospital
- Aspirin Given When Patients were Released from the Hospital
- Patients Given ACE Inhibitor or ARB Prescription for left ventricular systolic dysfunction (LVSD) When Released from the Hospital
- Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
- Patients Given Beta Blocker Prescription When Released from the Hospital
- Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival
- Patients Given PCI Within 90 Minutes of Hospital Arrival

The measure takes patient individuality into consideration, looking at one patient and his/her episode of care at a time, related to heart attacks (also known as acute myocardial infarction or AMI).

Why is this important?
This measure is a composite, or all-or-none, quality of care measure called an appropriate care measure (ACM). These types of measures are patient-focused measures that provide a way of looking at whether a patient received ALL of the "appropriate" or "right care" (recommended treatments) that he or she should have received, based on his or her clinical condition.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Performance on this measure ranged from 88 percent to 100 percent.

MEASURE SOURCE: Acute Myorcardial Infarction Appropriate Care Measure (AMI-ACM)

Heart Attack: Aspirin Given When Patients Arrived at the Hospital

What is the measure?
This measure shows the percent of heart attack patients who were given (or took) aspirin within 24 hours of arrival at the hospital.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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 (also known as an acute myocardial infarction or AMI). Chewing an aspirin as soon as symptoms of a heart attack begin may help reduce the severity of the attack. This chart shows the percent of heart attack patients who were given (or took) aspirin within 24 hours of arrival at the hospital.

Performance on this measure ranged from 93 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (AMI-1: Aspirin at arrival)

Heart Attack: Aspirin Prescribed When Patients were Released from the Hospital

What is the measure?
This measure shows the percent of heart attack patients who were prescribed aspirin when they were discharged from the hospital.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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 health care provider before using aspirin on a regular basis to make sure it's safe for you.

Performance on this measure ranged from 95 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-2: Aspirin prescribed at discharge)

Heart Attack: Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital

What is the measure?
This measure is used to assess the percent of heart attack patients with left ventricular systolic dysfunction (LVSD) who were prescribed an ACE Inhibitor or ARB when they were discharged from the hospital. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
ACE (angiotensin converting enzyme) inhibitors and ARBs (angiotensin receptor blockers) 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. Since 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.

Performance on this measure ranged from 96 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-3: ACEI or ARB for Left Ventricular Systolic Dysfunction (LVSD))

Heart Attack: Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

What is the measure?
This measure shows the percent of heart attack patients with a history of smoking cigarettes, who were given advice/counseling about stopping smoking while they were in the hospital. For the purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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.

Performance on this measure ranged from 99 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-4: Adult smoking cessation advice/counseling)

Heart Attack: Patients Given Beta Blocker Prescription When Released from the Hospital

What is the measure?
This measure shows the percent of heart attack patients who were prescribed a beta-blocker when they were discharged from the hospital.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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.

Performance on this measure ranged from 93 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(AMI-5: Beta-blocker prescribed at discharge)

Heart Attack: Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival

What is the measure?
This measure shows the percent of heart attack patients receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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. Fibrinolytic drugs are medicines that can help dissolve blood clots in blood vessels and improve blood flow to your heart. You should get them within 30 minutes of arrival at the hospital.

MEASURE SOURCE: Hospital Compare Measure (AMI-7a: Fibrinolytic therapy received within 30 minutes of hospital arrival)

Heart Attack: Patients Given PCI Within 90 Minutes of Hospital Arrival

What is the measure?
This measure shows the percentage of heart attack patients receiving primary Percutaneous Coronary Intervention (PCI) during the hospital stay. For the purposes of this measure, the PCI was received within 90 minutes or less from the time the patient arrived at the hospital.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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. Percutaneous Coronary Interventions (PCI) are procedures that are among the most effective ways to open blocked blood vessels and 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:

- 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.

Performance on this measure ranged from 87 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (AMI-8a: Primary percutaneous coronary intervention (PCI) received within 90 minutes of hospital arrival)

HEART FAILURE

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.

Symptoms of heart failure may include:

- 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.

Heart failure can be a result of heart condition due to

- hardening of the arteries, also known as coronary artery disease,
- a heart attack,
- cardiomyopathy (heart muscle damage from infection or alcohol or drug abuse), or
- an overworked heart (caused over time by conditions like high blood pressure, kidney disease, diabetes, or a defect from birth).

The Best Care for Heart Failure Patients

What is the measure?
This measure shows the percent of patients receiving ALL of the appropriate care that they should have received based on their clinical condition. For heart failure patients this includes the remaining measures in this section:

- Patients Given Instructions When Released from the Hospital
- Patients Given Evaluation of Left Ventricular Systolic (LVS) Function While in the Hospital or Scheduled for After the Patient was Released
- Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital
- Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

The measure takes patient individuality into consideration, looking at one patient and their episode of care at a time, related to heart failure.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
This measure is a composite, or all-or-none, quality of care measure called an appropriate care measure (ACM). These types of measures are patient-focused measures that provide a way of looking at whether a patient received ALL of the "appropriate" or "right care" (recommended treatments) that he or she should have received, based on his or her clinical condition. Each patient is unique and may not be eligible for every type of care for a condition. The measure takes this into consideration.

Performance on this measure ranged from 26 percent to 98 percent.

MEASURE SOURCE: Heart Failure Appropriate Care Measure (HF-ACM)

Heart Failure: Patients Given Instructions When Released from the Hospital

What is the measure?
This measure shows the percent of heart failure patients given written discharge instructions or educational materials when they were discharged from the hospital.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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:

- 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

Performance on this measure ranged from 50 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(HF-1: Discharge instructions)

Heart Failure: Patients Given Evaluation of Left Ventricular Systolic (LVS) Function While in the Hospital or Scheduled for After the Patient was Released

What is the measure?
This measure shows the percent of heart failure patients with documentation in the hospital record that left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
The proper treatment for heart failure depends on what area of your heart is affected. An important test is to check how your heart is pumping, called an "evaluation of the left ventricular systolic function." It can tell your health care provider whether the left side of your heart is pumping properly.

Performance on this measure ranged from 70 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(HF-2: Evaluation of left ventricular systolic (LVS) function)

Heart Failure: Patients Given ACE Inhibitor or ARB Prescription for Left Ventricular Systolic Dysfunction (LVSD) When Released from the Hospital

What is the measure?
This measure shows the percent of heart failure patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
ACE (angiotensin converting enzyme) inhibitors and ARBs (angiotensin receptor blockers) 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. Since 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.

Performance on this measure ranged from 81 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(HF-3: ACEI or ARB for left ventricular systolic dysfunction (LVSD))

Heart Failure: Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

What is the measure?
This measure shows the number of heart failure patients with a history of smoking cigarettes, who are given advice or counseling about stopping smoking while in the hospital. For the purposes of the measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE***.

Why is this important?
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.

Performance on this measure ranged from 96 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(HF-4: Adult smoking cessation advice/counseling)

Quality of Care for Heart Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Note on Percentage Rates:
The rate shows how many patients out of one hundred received the described treatment.

HOSPITAL NAME	Heart Attack								Heart Failure				
	The Best Care for Heart Attack Patients	Aspirin Given When Patients Arrived at the Hospital	Aspirin Prescribed When Patients were Released from the Hospital	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Beta Blocker Prescription When Released from the Hospital	Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival	Patients Given PCI Within 90 Minutes of Hospital Arrival	The Best Care for Heart Failure Patients	Patients Given Instructions When Released from the Hospital	Patients Given Evaluation of LVS Function While in the Hospital or Scheduled for After the Patient was Released	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from the Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
Overall Minnesota Average	**97%**	**95%**	**93%**	**94%**	**90%**	**90%**	*	**94%**	**83%**	**70%**	**83%**	**86%**	**83%**
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	*	*	*	*	*	*	*	*	82%	73%	94%	*	*
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	75%	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	94%	100%	*	*	*	*	*	*	81%	75%	95%	100%	*
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	85%	93%	95%	*	*
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	47%	*	70%	*	*
North Country Regional Hospital - Bemidji	*	*	*	*	*	*	*	*	81%	81%	99%	90%	*
	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better

* Sufficient data not available. For more detailed information, see appendices starting on page 124.

Quality of Care for Heart Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Note on Percentage Rates:
The rate shows how many patients out of one hundred received the described treatment.

HOSPITAL NAME	Heart Attack								Heart Failure				
	The Best Care for Heart Attack Patients	Aspirin Given When Patients Arrived at the Hospital	Aspirin Prescribed When Patients were Released from the Hospital	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Beta Blocker Prescription When Released from the Hospital	Patients Given Fibrinolytic Medication Within 30 Minutes of Hospital Arrival	Patients Given PCI Within 90 Minutes of Hospital Arrival	The Best Care for Heart Failure Patients	Patients Given Instructions When Released from the Hospital	Patients Given Evaluation of LVS Function While in the Hospital or Scheduled for After the Patient was Released	Patients Given ACE Inhibitor or ARB Prescription for LVSD When Released from the Hospital	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
Overall Minnesota Average	**97%**	**95%**	**93%**	**94%**	**90%**	**90%**	*	**94%**	**83%**	**70%**	**83%**	**86%**	**83%**
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*
Riverview Hospital - Crookston	*	*	*	*	*	*	*	*	35%	*	78%	*	*
St Francis Medical Center - Breckenridge	*	*	*	*	*	*	*	*	88%	85%	93%	*	*
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	*	84%	88%	94%	*	*
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	*	*	*	*	92%	*	94%	*	*
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better

* Sufficient data not available. For more detailed information, see appendices starting on page 124.

QUALITY OF CARE FOR SURGERIES SECTION CONTENTS

Quality of Care for Surgeries

HEART SURGERIES

When arteries carrying blood to the heart get blocked, this can lead to a heart attack. There are a number of surgical interventions which can unblock these blood vessels and restore blood flow. Since these surgeries are so technically difficult, outcomes will generally be better at hospitals that perform more of these procedures. The measures in this section report the number of surgeries performed and the death rate for heart bypass surgery and angioplasty heart surgery.

Use the information in this section to see how hospitals compare in their quality of care related to heart surgeries.

Heart Bypass Surgery: Number of Operations and Death Rate

When choosing a hospital, look for the hospital that has a ***HIGHER NUMBER OF OPERATIONS*** and ***LOWER DEATH RATE***.

What is the measure?
Heart bypass surgery can restore good blood flow to the heart. The coronary artery bypass graft (CABG) surgery reroutes, or "bypasses," blood around clogged arteries to improve blood flow and oxygen to the heart. These measures show the number of times a hospital performed a CABG and the rate of patient deaths related to the surgery. Research shows that, in general, when hospitals do these procedures frequently, they are more likely to have good results. Often, but not always, a hospital that has a higher number of operations will have lower death rates.

Why is this important?
The arteries that bring blood to the heart muscle can become clogged by fat and other substances. This can slow or stop blood flow through the heart's blood vessels, leading to chest pain or a heart attack. A bypass surgery may be recommended to implant tissue from another part of the body to act as a tube that allows blood to flow around one or more blocked or narrowed arteries.

Although CABG is a fairly common form of open heart surgery, it is a technically difficult procedure. Errors during the surgery may lead to other health problems, such as heart attack, stroke, and death. About 3-4% of patients die from CABG surgery. Your surgical risks are related to your age, other medical conditions and the number of procedures you have during one operation. Hospitals that perform more of these surgeries have been associated with better outcomes, including a lower number of deaths.

MEASURE SOURCE: AHRQ Inpatient Quality Indicators (IQI 5: CABG Volume and IQI 12: CABG Mortality Rate)

Angioplasty Heart Surgery: Number of Operations and Death Rate

What is the measure?
Percutaneous transluminal coronary angioplasty (PTCA) can restore good blood flow to the heart. PTCA surgery involves inserting a tube through the leg or arm, into the heart, to open blocked arteries and keep them open. These measures show the number of times a hospital performed this procedure and the rate of patient deaths related to the surgery. Research shows that, in general, when hospitals do these procedures frequently, they are more likely to have good results. Often, but not always, a hospital that has a higher number of procedures will have lower death rates.

Why is this important?
The arteries that bring blood to the heart muscle can become clogged by fat and other substances. This can slow or stop blood flow through the heart's blood vessels, leading to chest pain or a heart attack. A PTCA may be recommended to open blocked arteries and improve blood to flow to the heart. A catheter (long hollow tube) is inserted through the leg or arm, into the heart, to open blocked arteries.

When choosing a hospital, look for the hospital that has a ***HIGHER NUMBER OF OPERATIONS*** and ***LOWER DEATH RATE***.

Although PTCA is a fairly common form of heart surgery, it is a technically difficult procedure. Errors during surgery may lead to other health problems. About 1.31% of U.S. patients die from PTCA surgery. Your surgical risks are related to your age and other medical conditions.

MEASURE SOURCE: AHRQ Inpatient Quality Indicators (IQI 6: PTCA Volume and IQI 30: PTCA Mortality Rate)

OTHER SURGERIES

Every year, more than 15 million Americans have surgery. Of these surgeries, those that are not related to an emergency are called elective surgeries. In these cases you have time to learn about your operation. You can also use this time to work with your doctor and make sure this is the right treatment for you. It is also important to consider the type of care provided at the hospital, which can reduce your risk of complications or infections. There are steps hospitals can take to lower the risk of complication and provide higher quality of care related to surgeries. An example would be ordering the best medications to prevent blood clots after an operation.

Use the information in this section to see how hospitals compare in their quality of care related to surgeries.

Surgical Repair of an Abdominal Aortic Aneurysm: Number of Operations and Death Rate

What is the measure?

These measures show the quality of hospital care related to the surgical repair of an enlarged artery or vein supplying blood to the lower half of the body. The table below shows the number of times a hospital performed this operation and rate of patient deaths related to the surgery. This procedure is somewhat rare. Research shows that, in general, when hospitals do these procedures frequently, they are more likely to have good results. Often, but not always, a hospital that has a higher number of operations will have lower death rates.

Why is this important?

When choosing a hospital, look for the hospital that has a ***HIGHER NUMBER OF OPERATIONS*** and ***LOWER DEATH RATE***.

Surgery to repair an abdominal aortic aneurysm (AAA) is recommended if the aneurysm causes additional symptoms or grows to a size that is likely to burst. Abdominal aortic aneurysm repair is a fairly rare form of surgery. It is a technically difficult procedure with a high death rate compared to other forms of surgery. Surgeons completing AAA repair need to have great skill using complex equipment. Technical errors may lead to other health problems, such as irregular heartbeat, heart attack, injury to the large intestine (colonic ischemia), and death.

MEASURE SOURCE: AHRQ Inpatient Quality Indicators (IQI 4: Abdominal aortic aneurysm (AAA) repair volume and IQI 11: Abdominal aortic aneurysm (AAA) repair mortality rate)

Vaginal Hysterectomy Surgical Site Infection Rate

What is the measure?
This measure shows the percent of vaginal hysterectomy patients with a surgical site infection.

Why is this important?
Surgical site infections are a common complication of care. They can increase the length and cost of a hospital stay. About 2.6 percent of operations are complicated by surgical site infections every year. By following proven strategies for infection prevention, these rates can be reduced. This would save the patient from this potentially serious complication and the hospital the additional resources associated with that care.

When choosing a hospital, look for the hospital that has a ***LOWER INFECTION RATE.***

MEASURE SOURCE: Healthcare-Associated Infection Measure (Vaginal hysterectomy surgical site infection rate)

Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries

What is the measure?
This measure shows the percent of surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries. In this case, the recommended venous thromboembolism (VTE) prophylaxis, or treatment to prevent blood clots, was ordered anytime from hospital arrival to 24 hours after surgery end time.

Why is this important?
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.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

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.

Performance on this measure ranged from 75 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-VTE-1: Surgery patients with recommended venous thromboembolism prophylaxis ordered)

Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery

What is the measure?
This measure shows the percent of surgery patients who got treatment at the right time to help prevent blood clots after certain types of surgeries. 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.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Why is this important?
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.

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.

Performance on this measure ranged from 66 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-VTE-2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery)

Quality of Care for Surgeries

When choosing a hospital, please check to see if the higher or lower rate is better.

Number of Operations: The number of these surgeries performed.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals, identifying it as performing the **SAME, BETTER,** or **WORSE.**

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

	Heart Surgeries						Other Surgeries						
	Heart Bypass Surgery			Angioplasty Heart Surgery			Surgical Repair of an Abdominal Aortic Aneurysm			Vaginal Hysterectomy Surgical Site Infection			
HOSPITAL NAME	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	When Compared to Expected Rate	Infection Rate	Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries	Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery
Overall Minnesota Average												**87%**	**86%**
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	*	*	*	*	*	*	*	*	*	SAME	1%	96%	95%
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	*	*	*	*	*	*	*	*	*	SAME	0%	92%	82%
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	*	*	*	*	*
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*
North Country Regional Hospital - Bemidji	*	*	*	*	*	*	*	*	*	SAME	1%	90%	88%
												HIGHER is better	HIGHER is better

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

For more detailed information, see appendices starting on page 124.

Quality of Care for Surgeries

When choosing a hospital, please check to see if the higher or lower rate is better.

Number of Operations: The number of these surgeries performed.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals, identifying it as performing the **SAME, BETTER,** or **WORSE.**

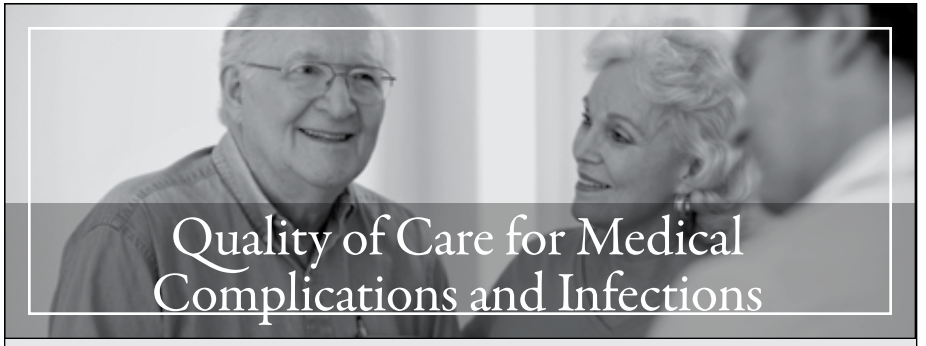
When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

	Heart Surgeries						Other Surgeries						
	Heart Bypass Surgery			Angioplasty Heart Surgery			Surgical Repair of an Abdominal Aortic Aneurysm			Vaginal Hysterectomy Surgical Site Infection			
HOSPITAL NAME	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	Number of Operations	Risk Adjusted Death Rate	When Compared to Expected Rate	When Compared to Other Hospitals	Infection Rate	Surgery Patients Whose Doctors Ordered Treatment to Prevent Blood Clots After Certain Types of Surgeries	Surgery Patients Who Received Treatment at the Right Time to Prevent Blood Clots After Certain Types of Surgery
Overall Minnesota Average												**87%**	**86%**
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*
Riverview Hospital - Crookston	*	*	*	*	*	*	*	*	*	*	*	*	*
St Francis Medical Center - Breckenridge	*	*	*	*	*	*	*	*	*	*	*	*	*
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	*	*	*	*	92%	92%
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	*	*	*	*	*	SAME	0%	75%	66%
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
												HIGHER is better	HIGHER is better

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

For more detailed information, see appendices starting on page 124.

SECTION CONTENTS



Quality of Care for Medical Complications and Infections

MEDICAL COMPLICATIONS IN THE HOSPITAL FOR ADULT PATIENTS

Certain complications can arise after surgery. These may be life threatening, ultimately resulting in death if not caught in time. These complications include conditions like acute renal failure, which is when the kidneys stop working properly. Other complications might be pneumonia or cardiac arrest. However, there are steps that hospitals can take to limit the number of complications.

The measures in this section show the rates of several complications. Use this information to see how well hospitals are doing to prevent various problems. Those hospitals with a lower rate on the three measures are doing a better job in their quality of care for medical complications.

Medical Complications: Death Rate From Failure to Identify and Treat a Serious Complication

What is the measure?
Patients may develop serious health conditions while they are in the hospital after surgery. These conditions can result in permanent disability and even death, if not treated quickly. This patient safety measure shows the rate of deaths from these surgery complications.

Why is this important?
When a patient dies this way, the death is called a failure to rescue. The serious health conditions after surgery included in the failure to rescue measure include:

- Acute renal failure (sudden kidney failure)
- Deep venous thrombosis (blood clot that forms in a vein deep in the body)
- Pneumonia
- Sepsis (blood infection)
- Shock and/or cardiac arrest (severe heart attack)
- Upper gastrointestinal bleeding (in the esophagus, stomach, and first part of the intestine)

When choosing a hospital, look for the hospital that has a ***LOWER RATE.***

In 2003, about 128 patients died for every 1,000 patients at risk of developing these additional health problems in the hospital. Early detection of serious health conditions after surgery and their quick treatment may prevent a patient from dying.

Many hospitals have developed systems to detect patients in crisis and to respond immediately. Nursing staff need to be able to notice problems and accurately understand what they mean and respond with appropriate care.

MEASURE SOURCE: AHRQ Patient Safety Indicator (PSI 4: Death among surgical inpatients with serious treatable complications)

Medical Complications: Rate of Patients with Bed Sores

What is the measure?
A pressure ulcer is a skin wound that forms when patients stay in one position for too long without shifting their weight. This patient safety measure shows the percent of patients that develop pressure ulcers, also known as decubitus ulcers or bed sores, during their stay in the hospital.

When choosing a hospital, look for the hospital that has a ***LOWER RATE.***

Why is this important?
Constant pressure against the skin reduces the blood supply to that area and that skin dies. People with limited ability to move are at risk of developing bed sores while in the hospital. This often happens if you use a wheelchair or you are unable to get out of bed, even for a short period of time after surgery or an injury. People with thin skin, like skin that has lost muscle and fat under the skin, also can develop pressure ulcers if they repeatedly rub against something, such as a bed sheet, cast, or brace. The most common places for pressure ulcers are over boney areas like the elbow, heels, hips, ankles, shoulders, back, and the back of the head.

Pressure ulcers often cause infections that can lead to longer hospital stays, higher costs, and even death. In the U.S., 7 to 10% of patients will develop a pressure ulcer during their hospital stay. Those most at risk include older people, stroke victims, and people with dementia or head injuries. Seniors are at higher risk as they typically have thin skin. Health conditions that affect blood flow, such as diabetes, and poor diet increase the chance of pressure ulcers.

Care processes in hospitals can help prevent pressure ulcers. These include making sure that patients change position every 2 hours or more. Hospitals also use protection and padding to prevent rubbing against the skin, and maintain hydration, nutrition and hygiene.

MEASURE SOURCE: AHRQ Patient Safety Indicator (PSI 3: Pressure ulcer)

Medical Complications: Rate of Blood Clots in the Lung or Large Vein After an Operation

What is the measure?
This patient safety measure shows the percent of patients that develop two problems with blood clots after surgery: postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT).

Why is this important?
Deep vein thrombosis (DVT) is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein blood clots occur in the lower leg or thigh. A pulmonary embolism (PE) is a sudden plug in a lung artery, usually due to a blood clot that traveled to the lung from a vein in the leg. PE is a serious condition. It can damage the lungs and other organs in the body and cause death.

When choosing a hospital, look for the hospital that has a ***LOWER RATE.***

Both DVT and PE can happen after surgery, especially if patients are unable to leave their beds. People having hip or knee replacement surgeries are at greater risk of having problem blood clots. Remaining still during any type of surgery can lead to clots developing. The longer you are under general anesthesia, the greater your risk of serious clots. An estimated 8.96 out of 1000 patients developed PEs after surgeries in the U.S. in 2000.

Hospitals can help prevent problems with blood clots by providing blood thinning medications to people at risk of clots, by using methods to squeeze the legs to improve blood flow and by having patients move as soon as possible after surgery.

MEASURE SOURCE: AHRQ Patient Safety Indicator (PSI 12: Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT))

INFECTION PREVENTION

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.

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:

- 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.

Call your doctor or local hospital immediately if you have any of these signs.

Infection Prevention: Central Line Infection (CLI) Prevention

What is the measure?

A Central Line Infection Prevention Bundle is a package of proven interventions that produce dramatic reductions in the incidence of bloodstream infections. These types of infections are common in Intensive Care Units where intravenous catheters are used.

This measure shows the percent of patients who were given all of the following evidence-based interventions:

- Use of hand hygiene by the person performing the procedure.
- Documentation that the person performing the procedure is using precautions, such as wearing a sterile gown and gloves and covering the patient's head and body with a large sterile drape.
- Documentation of the use of an antiseptic wipe(s).
- Documentation from the caregiver about why they chose the site or documentation about the clinical evidence supporting the caregiver's choice of the site.
- Daily assessment is performed regarding the continued necessity of catheter use.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Why is this important?

Infections are a common complication of care. They can increase the length and cost of a hospital stay. By following proven strategies for infection prevention, infection rates can be reduced. This would save the patient from this potentially serious complication and the hospital the additional resources associated with that care. In this case, following the Central Line Infection Prevention Bundle would significantly reduce infections in this area.

Performance on this measure ranged from zero percent to 100 percent.

MEASURE SOURCE: Healthcare-Associated Infection Measure (Central Line Infection (CLI) Prevention Bundle Compliance)

Infection Prevention: Ventilator Associated Pneumonia (VAP) Prevention

What is the measure?
A Ventilator Associated Pneumonia Bundle is a package of evidence-based interventions that produce dramatic reductions in the incidence of ventilator-associated pneumonia. These types of infections are common in Intensive Care Units where mechanical ventilators are used.

This measure shows the percent of patients who are given every step in the package of evidence-based interventions. The steps are:

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

- Documentation that the head of the bed is elevated more than 30 degrees or greater.
- Documentation that appropriate medication is given to prevent ulcers (sores).
- Documentation of the use of appropriate mechanical equipment to prevent ulcers (sores). Documentation of reduced sedation or an assessment of why sedation is not reduced.
- Documentation that there is a daily assessment of whether the patient can be weaned of the need for the ventilator.

Why is this important?
Infections are a common complication of care. They can increase the length and cost of a hospital stay. By following proven strategies for infection prevention, infection rates can be reduced. This would save the patient from this potentially serious complication and the hospital the additional resources associated with that care. In this case, following the Ventilator Associated Pneumonia Prevention measure would significantly reduce infections in this area.

Performance on this measure ranged from 79 percent to 100 percent.

MEASURE SOURCE: Healthcare-Associated Infection Measure (Ventilator Associated Pneumonia (VAP) Prevention Bundle Compliance)

Infection Prevention: Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection

What is the measure?
This measure shows the percent of surgical patients with prophylactic antibiotics, also known as preventative antibiotics, started within one hour before the surgical incision.

NOTE: *Patients who got vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.*

Why is this important?
Surgical wound infections can be prevented. Medical research shows that surgery patients who get antibiotics within the hour before their surgery 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.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Performance on this measure ranged from 53 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-1: Prophylactic antibiotic received within one hour prior to surgical incision)

Infection Prevention: Surgery Patients Given the Best Antibiotic to Help Prevent Infection

What is the measure?
This measure shows the percent of surgical patients who received the best prophylactic antibiotics, also known as preventive antibiotics, consistent with current guidelines for their surgical procedure. These guidelines are specific to each type of surgical procedure.

Why is this important?
Surgical wound infections can be prevented. Medical research has shown that certain antibiotics work better to prevent wound infections for certain types of surgery. Hospital staff should make sure patients get the antibiotic that works best for their type of surgery.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Performance on this measure ranged from 91 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-2: Prophylactic antibiotic selection for surgical patients)

Infection Prevention: Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time

What is the measure?
This measure shows the percent of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time (within 48 hours for coronary artery bypass graft (CABG) or other cardiac surgery).

NOTE: *The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.*

Why is this important?
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. Continuing the medication longer than necessary can increase the risk of side effects such as stomach aches and serious types of diarrhea. Also, when antibiotics are used for too long, patients can develop resistance to them and the antibiotics won't work as well.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Performance on this measure ranged from 59 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-3: Prophylactic antibiotics discontinued within 24 hours after surgery end time)

Infection Prevention: All Heart Surgery Patients Whose Blood Sugar (Blood Glucose) is Kept Under Good Control in the Days Right After Surgery

What is the measure?
This measure shows the percent of cardiac surgery patients with controlled 6 A.M. blood glucose (≤ 200 mg/dL) on postoperative day one and postoperative day two with Surgery End Date being postoperative day zero.

Why is this important?
Even if heart surgery patients do not have diabetes, keeping their blood sugar under good control after surgery lowers the risk of infection and other problems. "Under good control" means their blood sugar should be 200 mg/dL or less when checked first thing in the morning.

Performance on this measure ranged from 50 percent to 97 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-4: Cardiac surgery patients with controlled 6 a.m. postoperative blood glucose)

Infection Prevention: Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method

What is the measure?
This measure shows the percent of surgery patients with appropriate surgical site hair removal. No hair removal, or hair removal with clippers or hair removal cream is considered appropriate. Shaving is considered inappropriate.

Why is this important?
Preparing a patient for surgery may include removing body hair from skin in the area where the surgery will be done. Medical research has shown that shaving with a razor can increase the risk of infection. It is safer to use electric clippers or hair removal cream.

Performance on this measure ranged from 77 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Inf-6: Surgery patients with appropriate hair removal)

Infection Prevention: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period

What is the measure?
This measure is used to assess the percent of surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period. The perioperative period is defined as 24 hours prior to surgical incision through discharge from the post-anesthesia care/recovery area.

Why is this important?
It is often standard procedure to stop patients' usual medications for awhile before and after their surgery. But if patients who have been taking beta blockers suddenly stop taking them, they can have heart problems such as a fast heart beat. For these patients, staying on beta blockers before and after surgery makes it less likely that they will have heart problems.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Performance on this measure ranged from 52 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (SCIP-Card-2: Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period)

Quality of Care for Medical Complications and Infections

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME, BETTER,** or **WORSE.**

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Medical Complications						Infection Prevention							
	Deaths From Failure to Identify and Treat a Serious Complication		Patients with Bed Sores		Blood Clots in the Lung or Large Vein After an Operation		Central Line Infection (CLI) Prevention	Ventilator Associated Pneumonia (VAP) Prevention	Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection	Surgery Patients Given the Best Antibiotic to Help Prevent Infection	Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time	All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery	Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate								
Overall Minnesota Average							**87%**	**96%**	**86%**	**94%**	**94%**	**87%**	**96%**	**87%**
Bridges Medical Services - Ada	*	*	*		*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	11%	SAME	0%	BETTER	0%	BETTER	*	99%	95%	98%	98%	*	100%	91%
ELEAH Medical Center - Elbow Lake	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	*	*	0%	BETTER	0%	SAME	*	*	88%	97%	93%	*	100%	87%
LakeWood Health Center - Baudette	*	*	0%	SAME	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	1%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	1%	SAME	1%	SAME	*	*	*	*	*	*	*	*
North Country Regional Hospital - Bemidji	13%	SAME	0%	BETTER	1%	SAME	100%	100%	96%	97%	97%	*	100%	87%
							↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better

* Sufficient data not available.

For more detailed information, see appendices starting on page 124.

Quality of Care for Medical Complications and Infections

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME, BETTER,** or **WORSE.**

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

	Medical Complications						Infection Prevention							
	Deaths From Failure to Identify and Treat a Serious Complication		Patients with Bed Sores		Blood Clots in the Lung or Large Vein After an Operation									
HOSPITAL NAME	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Risk Adjusted Rate	When Compared to Expected Rate	Central Line Infection (CLI) Prevention	Ventilator Associated Pneumonia (VAP) Prevention	Surgery Patients Given an Antibiotic Within an Hour Before Surgery to Help Prevent Infection	Surgery Patients Given the Best Antibiotic to Help Prevent Infection	Surgery Patients Whose Preventive Antibiotics Were Stopped at the Right Time	All Heart Surgery Patients Whose Blood Sugar is Kept Under Good Control Right After Surgery	Surgery Patients Needing Hair Removed Before Surgery Using a Safer Method	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
Overall Minnesota Average							**87%**	**96%**	**86%**	**94%**	**94%**	**87%**	**96%**	**87%**
North Valley Health Center - Warren	*	*	3%	SAME	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	0%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Riverview Hospital - Crookston	*	*	1%	SAME	1%	SAME	*	*	83%	95%	97%	*	100%	*
St Francis Medical Center - Breckenridge	*	*	1%	SAME	0%	SAME	*	*	*	*	*	*	*	*
St Joseph's Area Health Services - Park Rapids	*	*	0%	SAME	0%	BETTER	90%	82%	*	*	*	*	100%	*
St Mary's Regional Health Center - Detroit Lakes	*	*	0.%	SAME	0%	BETTER	*	*	96%	100%	96%	*	100%	84%
Stevens Community Medical Center - Morris	*	*	2%	SAME	0%	SAME	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
							HIGHER is better	HIGHER is better	HIGHER is better	HIGHER is better	HIGHER is better	HIGHER is better	HIGHER is better	HIGHER is better

* Sufficient data not available.

For more detailed information, see appendices starting on page 124.

QUALITY OF CARE FOR OTHER CONDITIONS SECTION CONTENTS

Quality of Care for Other Conditions

PNEUMONIA CARE

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. 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:

- Difficulty breathing
- "Wet" cough. Your mucus may look green or bloody.
- Chest pain
- Fever and chills
- Fatigue

These measures show some of the recommended treatments for pneumonia.

The Best Care for Pneumonia Patients

What is the measure?
This measure shows the percent of patients receiving ALL of the appropriate care that they should have received based on their clinical condition. For pneumonia patients
this includes the remaining measures in this section:

- Patients Assessed and Given Pneumonia Vaccination
- Blood Test Given to Patient Prior to Receiving Antibiotics
- Patients Given Advice or Counseling About Quitting Smoking While in the Hospital
- Patients Given Initial Antibiotic(s) Within Six Hours After Getting to the Hospital
- Patients Given the Most Appropriate Initial Antibiotic(s)
- Patients Assessed and Given Influenza Vaccination

The measure takes patient individuality into consideration, looking at one patient and his/her episode of care at a time, as it relates to pneumonia.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Why is this important?
This measure is a composite, or all-or-none, quality of care measure called an appropriate care measure (ACM). These types of measures are patient-focused measures that provide a way of looking at whether a patient received ALL of the "appropriate" or "right care" (recommended treatments) that he or she should have received, based on his or her clinical condition. Each patient is unique and may not be eligible for every type of care for a condition. The measure will take this into consideration.

Performance on this measure ranged from 33 percent to 100 percent.

MEASURE SOURCE: Pneumonia (PN) Appropriate Care Measure (PN-ACM)

Pneumonia: Patients Assessed and Given Pneumonia Vaccination

What is the measure?
This measure shows the percent of pneumonia patients who were assessed and given the pneumonia (also known as pneumococcal) vaccination. This includes patients age 65 and older who were screened and given the pneumococcal vaccination prior to being released from the hospital, if indicated.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Why is this important?
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.

Performance on this measure ranged from nine percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-2: Pneumococcal vaccination)

Pneumonia: Blood Test Given to Patient Prior to Receiving Antibiotics

What is the measure?
This measure shows the percent of pneumonia patients that had a blood culture or blood test done in the Emergency Department before getting their first dose of hospital antibiotics. This measure focuses on treatment provided to Emergency Department patients prior to being admitted to the hospital.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Why is this important?
Different types of bacteria can cause pneumonia. A blood culture is a test that can help your health care 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, it is important for the accuracy of the test that blood culture be conducted before any antibiotics are started. It is also important to start antibiotics as soon as possible.

Performance on this measure ranged from 73 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-3b: Blood cultures performed in the emergency department prior to initial antibiotic received in hospital)

Pneumonia: Patients Given Advice or Counseling About Quitting Smoking While in the Hospital

What is the measure?
This measure shows the percent of pneumonia patients with a history of smoking cigarettes who were given advice or counseling about stopping smoking while in the hospital. For purposes of this measure, a smoker is someone who has smoked cigarettes anytime during the year before being in the hospital.

Why is this important?
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 chance of getting pneumonia again.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Performance on this measure ranged from 67 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-4: Adult smoking cessation advice/counseling)

Pneumonia: Patients Given Initial Antibiotic(s) Within Six Hours After Getting to the Hospital

What is the measure?
This measure shows the percent of pneumonia patients who received their first dose of antibiotics within six hours of arrival at the hospital. Patients who get pneumonia during their stay at the hospital are not counted in this measure.

Why is this important?
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.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Performance on this measure ranged from 85 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(PN-5c: Initial antibiotic received within 6 hours of hospital arrival)

Pneumonia: Patients Given the Most Appropriate Initial Antibiotic(s)

What is the measure?
This measure shows the percent of immunocompetent patients with Community-Acquired Pneumonia who got an initial antibiotic regimen during the first 24 hours that was consistent with current guidelines.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Why is this important?
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 Process of Care measure named 'Blood Test Given to Patient Prior to Receiving Antibiotics'.

Performance on this measure ranged from 73 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure
(PN-6: Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients)

Pneumonia: Patients Assessed and Given Influenza Vaccination

What is the measure?
This measure shows the percent of pneumonia patients age 50 years and older, hospitalized during October, November, December, January, February, or March who were screened for influenza vaccine status and were vaccinated prior to being released from the hospital, if this is the right treatment for the patient. The influenza vaccine is commonly known as the flu shot.

Why is this important?
Influenza vaccinations, or flu shots, reduce the risk of influenza, a serious and sometimes deadly lung infection that can spread quickly in a community or facility. Hospitals should check to make sure that pneumonia patients, particularly those who are age 50 or older, get a flu shot during flu season to protect them from another lung infection and to help prevent the spread of influenza.

When choosing a hospital, look for the hospital that has a ***HIGHER RATE.***

Since a flu shot is effective for just one flu season, the period of time used to calculate this rate is the flu season (from approximately November through March).

Performance on this measure ranged from 12 percent to 100 percent.

MEASURE SOURCE: Hospital Compare Measure (PN-7: Influenza vaccination)

HIP FRACTURE TREATMENT

A hip fracture, also known as a broken hip, more commonly occurs in older adults. Usually hip fractures are caused by a fall or some type of blow to the side of the hip. Other medical conditions, like osteoporosis, can make bones weaker and more likely to break. In fact, more than 300,000 hip fractures annually are due to osteoporosis.

Treatments for hip fractures, like surgery, have certain risks associated with them. Health problems from hip fracture surgery may include risk for pneumonia or a blood clot in the leg that may travel to a lung and cause damage. If not recognized and effectively treated, these can lead to life-threatening problems. Some surgery complications, including death, can be prevented through better care processes at the hospital.

Use this measure to see how well a hospital is doing at preventing deaths after hip fracture surgery.

Hip Fracture Surgery: Death Rate for Patients with a Broken Hip

What is the measure?
This measure shows the percent of patients who died in the hospital, who came in with a broken hip (hip fracture).

When choosing a hospital, look for the hospital that has a ***LOWER RATE***.

Why is this important?
Among older people, hip fractures are a common serious injury. If you already have other health problems, you are more likely to have complications after surgery to repair a cracked or broken hip bone. To decrease the risks, surgery may be delayed a couple of days to treat other medical problems, such as heart or lung conditions.

Health problems from hip fracture surgery may include risk for pneumonia or a blood clot in the leg that may travel to a lung and cause damage. If not recognized and effectively treated, these can lead to life-threatening problems. In the U.S., 3.1% of patients having hip fracture surgery will die in the hospital as a result of the surgery. Some surgery complications, including death, can be prevented through better care processes at the hospital.

MEASURE SOURCE: AHRQ Quality Indicator (IQI 19: Hip fracture mortality rate)

CHILDBIRTH

Childbirth can sometimes lead to tears in the perineum. This is the area between a woman's vagina and anus. A more serious tear is referred to as obstetric trauma. However, these tears are often preventable. This is true for births where medical instruments, like forceps, are used. These tears can also occur when no medical instruments are used to deliver the baby. Better quality of care for childbirth is associated with a lower number of obstetric tears.

When planning for the delivery of your baby, discuss this quality measurement data with your doctor to see how to get the best care during the birth of your child. You can use the measures in this section to see how well a hospital is doing with its quality of care during childbirth.

Childbirth: Rate of Obstetric Tearing – Vaginal Delivery WITH Medical Instruments

What is the measure?

This measure shows the percent of women who suffer serious vaginal tears while giving birth, when a health care provider was helping to deliver the baby using a forceps or other medical instrument.

Why is this important?

When choosing a hospital, look for the hospital that has a ***LOWER RATE***.

During vaginal childbirth, women can tear the skin and muscles between the vagina and anus, the "perineum." Small tears can heal well on their own or may require stitches. Serious tears require surgery to repair and may take several months to heal. These serious tears are referred to as obstetric traumas. At least 4 percent of women who deliver vaginally experience a serious tear in their perineum. Tears are more common in women having their first vaginal birth.

Serious tears can happen even when medical instruments are not used or when an attempted vaginal delivery ends with cesarean-section. However, mothers who have their babies delivered vaginally with the assistance of instruments usually have higher rates of serious tears. These tears are often preventable, and the percentage of deliveries involving serious tears is considered an indicator of quality of care during childbirth.

MEASURE SOURCE: AHRQ Quality Indicators (PSI 18: Obstetric trauma – vaginal delivery with instrument)

Childbirth: Rate of Obstetric Tearing – Vaginal Delivery WITHOUT Medical Instruments

What is the measure?
This measure shows the percent of women who suffer serious vaginal tears while giving birth where no forceps or other medical instruments were used to assist with delivering a baby.

When choosing a hospital, look for the hospital that has a ***LOWER RATE***.

Why is this important?
During vaginal childbirth, women can tear the skin and muscles between the vagina and anus, the "perineum." Small tears can heal well on their own or may require stitches. Serious tears require surgery to repair and may take several months to heal. These serious tears are referred to as obstetric traumas. At least 4 percent of women who deliver vaginally experience a serious tear in their perineum. Tears are more common in women having their first vaginal birth.

Serious tears can happen even when medical instruments are not used or when an attempted vaginal delivery ends with cesarean-section. These tears are often preventable, and the percentage of deliveries involving serious tears is considered an indicator of quality of care during childbirth.

MEASURE SOURCE: AHRQ Quality Indicators (PSI 19: Obstetric trauma – vaginal delivery without instrument)

Quality of Care for Other Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate, or observed rate where applicable, measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME, BETTER,** or **WORSE.**

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Pneumonia Care							Hip Fracture		Childbirth			
								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	
	The Best Care for Pneumonia Patients	Patients Assessed and Given Pneumonia Vaccination	Blood Test Given to Patient Prior to Receiving Antibiotics	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital	Patients Given the Most Appropriate Initial Antibiotic(s)	Patients Assessed and Given Influenza Vaccination	Risk Adjusted Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate
Overall Minnesota Average	**85%**	**83%**	**91%**	**84%**	**93%**	**87%**	**83%**						
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	91%	97%	91%	100%	95%	88%	100%	2%	SAME	8%	SAME	2%	SAME
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	100%	100%	*	*	100%	*	*	*	*	*	*	0%	BETTER
Glacial Ridge Hospital - Glenwood	*	9%	*	*	*	*	*	*	*	*	*	4%	SAME
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	89%	99%	93%	92%	96%	92%	92%	0%	SAME	13%	SAME	4%	SAME
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	90%	100%	*	*	92%	94%	96%	*	*	*	*	2%	SAME
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	47%	41%	*	*	91%	*	37%	*	*	*	*	5%	SAME
North Country Regional Hospital - Bemidji	86%	96%	93%	94%	97%	89%	97%	1%	SAME	18%	SAME	3%	SAME
	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better						

* Sufficient data not available. For more detailed information, see appendices starting on page 124.

Quality of Care for Other Conditions

When choosing a hospital, please check to see if the higher or lower rate is better.

Risk Adjusted Rate: This takes the severity of each patient's illness into account.

When Compared to Expected: This comparison is based on how the hospital's risk adjusted rate, or observed rate where applicable, measures up to the expected rate of other similar hospitals around the country, identifying it as performing the **SAME, BETTER,** or **WORSE.**

When selecting a hospital, look for one with at least a **SAME** rating and ideally a **BETTER** rating.

HOSPITAL NAME	Pneumonia Care							Hip Fracture		Childbirth			
								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	
	The Best Care for Pneumonia Patients	Patients Assessed and Given Pneumonia Vaccination	Blood Test Given to Patient Prior to Receiving Antibiotics	Patients Given Advice or Counseling About Quitting Smoking While in the Hospital	Patients Given Initial Antibiotic(s) Within 6 Hours After Getting to the Hospital	Patients Given the Most Appropriate Initial Antibiotic(s)	Patients Assessed and Given Influenza Vaccination	Risk Adjusted Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate	Observed Rate	When Compared to Expected Rate
Overall Minnesota Average	**85%**	**83%**	**91%**	**84%**	**93%**	**87%**	**83%**						
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	75%	84%	*	*	93%	74%	*	*	*	*	*	5%	SAME
Riverview Hospital - Crookston	64%	80%	*	*	91%	77%	77%	*	*	*	*	0%	BETTER
St Francis Medical Center - Breckenridge	92%	97%	*	*	96%	95%	98%	*	*	*	*	5%	SAME
St Joseph's Area Health Services - Park Rapids	75%	82%	98%	*	93%	88%	96%	*	*	*	*	2%	SAME
St Mary's Regional Health Center - Detroit Lakes	91%	98%	92%	*	97%	94%	95%	5%	SAME	11%	SAME	4%	SAME
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	4%	SAME
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*
	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better	↑ HIGHER is better						

* Sufficient data not available. For more detailed information, see appendices starting on page 124.

Appendix 1: Physician Clinic Measures

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 RESULTS DATA

Physician Clinic Name:
Reports the physician clinic name alphabetically under the city in which it is located.

Medical Group Name:
Reports the medical group of which the clinic is a part. A medical group may have one or more clinics.

Risk Adjusted Rate:
Reports the physician clinic rate adjusted to the average statewide payer mix. The risk adjusted rate accounts for differences in the physician clinic's patient population beyond the provider's control. This adjustment is based on insurance payer type. The three payer categories include Medicare, commercial, and MN health care programs/uninsured.

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 reported rate. This range takes into account potential variance in the rate if different patients were included in the sample. 95-percent-asymmetrical confidence intervals are calculated for each measure for each medical group. Asymmetrical confidence intervals are used to avoid confidence interval lower-bound values less than zero and upper bound values greater than one hundred. For the calculation of risk adjusted confidence intervals, a weighted average of the variance for the payer categories was used.* Large differences between individual physician clinics' rates may be significant and small differences are usually not significant.

Distribution of Patient Population or Medical Group Distribution of Patient Population: Medicare/Commercial/MN Health Care Programs and uninsured for Optimal Diabetes and Optimal Vascular Care.
Reports the patient distribution for each physician clinic or medical group between these three insurance categories. These columns show the patient distribution prior to any risk adjustment.

Total Population or Sample:
Reports whether the results are based on the physician clinic or medical group's total population or a sample of the total population for that measure.

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.

Non-risk Adjusted Rate:
Reports the value when the numerator is divided by the denominator prior to any risk-adjustment. 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 or treatment goals were reached.

Confidence Interval of Non-risk Adjusted Rate:
Reports the margin of error for the non-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. 95-percent-asymmetrical confidence intervals are calculated for each measure for each medical group. Asymmetrical confidence intervals are used to avoid confidence interval lower-bound values less than zero and upper bound values greater than one hundred. Large differences between individual physician clinics' rates may be significant and small differences are usually not significant.

* Curtin, LR and RJ Klein. "Direct Standardization (Age-Adjusted Death Rates)." Centers for Disease Control and Prevention and National Center for Health Statistics. Healthy People 2000 Statistical Notes No. 6. 1995.

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Optimal Diabetes Care									Optimal Vascular Care								
				Distribution of Patient Population									Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**28%**	**28–29%**	**29%**	**55%**	**16%**			**28%**	**28-29%**	**34%**	**34-35%**	**43%**	**47%**	**9%**			**34%**	**34-35%**
ADA																			
Bridges Medical Center	Bridges Medical Center	9%	5%-19%	48%	44%	8%	Total Population	62	10%	5%-20%	*	*	*	*	*	*	*	*	*
ALEXANDRIA																			
Alexandria Clinic	Alexandria Clinic	9%	5%-16%	40%	49%	11%	Sample	120	10%	6%-17%	22%	16%-31%	57%	34%	9%	Sample	120	23%	16%-31%
Broadway Medical Center	Broadway Medical Center	5%	3%-8%	39%	46%	14%	Sample	218	5%	3%-9%	10%	6%-15%	56%	35%	9%	Sample	195	10%	7%-15%
Midway Medical Clinic	Midway Medical Clinic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ASHBY																			
ELEAH Medical Center	ELEAH Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
BAGLEY																			
Clearwater Health Services Clinic	Clearwater Health Services	6%	4%-14%	47%	33%	20%	Sample	60	10%	5%-20%	8%	3%-20%	34%	55%	11%	Total Population	39	8%	3%-20%
BARNESVILLE																			
Barnesville Area Clinic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BAUDETTE																			
LakeWood Health Center Clinic	Lakewood Health Center Clinic	8%	3%-17%	35%	39%	26%	Sample	80	8%	3%-15%	11%	6%-20%	56%	31%	14%	Total Population	80	13%	7%-22%
BEMIDJI																			
MeritCare- Bemidji Family Medicine	MeritCare	14%	11%-18%	8%	72%	20%	Total Population	587	13%	11%-16%	24%	18%-31%	17%	70%	13%	Total Population	253	21%	17%-27%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120).

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Optimal Diabetes Care									Optimal Vascular Care								
				Distribution of Patient Population									Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**28%**	**28–29%**	**29%**	**55%**	**16%**			**28%**	**28-29%**	**34%**	**34-35%**	**43%**	**47%**	**9%**			**34%**	**34-35%**
MeritCare- Bemidji North	MeritCare	15%	9%-23%	12%	65%	23%	Total Population	142	13%	9%-20%	30%	19%-43%	15%	76%	8%	Total Population	84	29%	20%-39%
MeritCare- Internal Medicine	MeritCare	24%	21%-28%	17%	73%	10%	Total Population	638	24%	21%-28%	33%	28%-37%	26%	65%	8%	Total Population	454	33%	29%-37%
CHOKIO																			
Graceville Health Center Clinic	Graceville Health Center Clinic	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
CROOKSTON																			
Altru Health System	Altru Health System	5%	2%-13%	36%	49%	15%	Sample	61	5%	2%-13%	17%	9%-28%	53%	35%	12%	Sample	60	17%	9%-28%
RiverView Clinic North	RiverView Health	11%	5%-22%	14%	67%	20%	Sample	66	9%	4%-18%	8%	3%-22%	31%	50%	19%	Total Population	32	13%	5%-28%
DETROIT LAKES																			
MeritCare	MeritCare	14%	11%-18%	13%	70%	17%	Total Population	463	14%	11%-17%	24%	19%-29%	22%	67%	12%	Total Population	344	21%	17%-26%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	18%	12%-25%	29%	48%	23%	Sample	120	18%	12%-25%	27%	19%-35%	37%	49%	14%	Total Population	122	25%	19%-34%
EAST GRAND FORKS																			
MeritCare	MeritCare	20%	14%-27%	7%	81%	12%	Total Population	293	17%	13%-22%	27%	18%-37%	10%	80%	10%	Total Population	182	26%	21%-33%
RiverView Clinic East Grand Forks	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ELBOW LAKE																			
ELEAH Medical Center	ELEAH Medical Center	4%	2%-11%	37%	43%	20%	Total Population	65	5%	2%-13%	5%	1%-18%	34%	34%	31%	Total Population	32	6%	2%-20%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120).

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Optimal Diabetes Care									Optimal Vascular Care								
				Distribution of Patient Population									Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**28%**	**28–29%**	**29%**	**55%**	**16%**			**28%**	**28-29%**	**34%**	**34-35%**	**43%**	**47%**	**9%**			**34%**	**34-35%**
EVANSVILLE																			
ELEAH Medical Center	ELEAH Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
FERTILE																			
RiverView Clinic	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
FOSSTON																			
Innovis Health	Innovis Health	9%	4%-19%	57%	32%	12%	Sample	60	8%	4%-18%	19%	10%-31%	36%	47%	16%	Sample	55	18%	10%-30%
FRAZEE																			
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	11%	5%-21%	25%	52%	23%	Sample	60	10%	5%-20%	18%	10%-30%	33%	57%	10%	Total Population	51	16%	8%-28%
GLENWOOD																			
Glenwood Medical Center	Glenwood Medical Center	1%	0%-4%	35%	40%	25%	Total Population	257	1%	0%-3%	18%	12%-26%	54%	32%	14%	Total Population	118	18%	12%-26%
HALLOCK																			
Kittson Memorial Clinic	Kittson Memorial Clinic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HALSTAD																			
MeritCare	MeritCare	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
HAWLEY																			
MeritCare	MeritCare	14%	8%-25%	16%	77%	7%	Total Population	57	14%	7%-25%	18%	8%-32%	18%	71%	10%	Total Population	50	14%	7%-26%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120).

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Optimal Diabetes Care									Optimal Vascular Care								
				Distribution of Patient Population									Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**28%**	**28–29%**	**29%**	**55%**	**16%**			**28%**	**28-29%**	**34%**	**34-35%**	**43%**	**47%**	**9%**			**34%**	**34-35%**
HENNING																			
Henning Medical Clinic	Tri-County Hospital	5%	3%-14%	39%	51%	10%	Sample	60	5%	2%-14%	20%	10%-37%	53%	35%	12%	Total Population	34	18%	8%-34%
HOFFMAN																			
ELEAH Medical Center	ELEAH Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MAHNOMEN																			
MeritCare	MeritCare	27%	20%-36%	14%	66%	20%	Total Population	85	32%	23%-42%	24%	14%-40%	15%	72%	13%	Total Population	39	21%	11%-36%
MOORHEAD																			
Innovis Health	Innovis Health	19%	10%-32%	42%	32%	27%	Sample	60	18%	11%-30%	*	*	*	*	*	*	*	*	*
MeritCare- South Moorhead Family Medicine	MeritCare	20%	15%-26%	9%	76%	15%	Total Population	358	18%	14%-22%	21%	15%-28%	16%	74%	10%	Total Population	194	24%	18%-30%
MeritCare- South Moorhead Internal Medicine	MeritCare	28%	23%-34%	11%	77%	12%	Total Population	357	26%	22%-31%	38%	31%-46%	19%	73%	8%	Total Population	213	36%	30%-42%
MORRIS																			
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	13%	6%-24%	11%	75%	15%	Total Population	55	9%	4%-20%	14%	7%-25%	22%	71%	7%	Total Population	58	14%	7%-25%
Stevens Community Medical Center	Stevens Community Medical Center	9%	6%-13%	33%	54%	13%	Total Population	305	10%	7%-13%	17%	11%-25%	38%	49%	13%	Total Population	107	16%	10%-24%
NEW YORK MILLS																			
MeritCare	MeritCare	24%	18%-31%	24%	65%	11%	Total Population	167	25%	19%-32%	37%	28%-48%	35%	54%	11%	Total Population	85	38%	28%-48%

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120).

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Optimal Diabetes Care									Optimal Vascular Care								
				Distribution of Patient Population									Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		28%	28–29%	29%	55%	16%			28%	28-29%	34%	34-35%	43%	47%	9%			34%	34-35%
OKLEE																			
First Care Medical Services Clinic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OTTERTAIL																			
MeritCare	MeritCare	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Ottertail Area Medical Clinic	Tri-County Hospital	6%	2%-19%	41%	38%	22%	Total Population	37	5%	2%-18%	*	*	*	*	*	*	*	*	*
PARK RAPIDS																			
Erickson Medical Clinic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Innovis Health	Innovis Health	14%	8%-21%	39%	48%	13%	Sample	120	13%	8%-21%	26%	19%-34%	54%	38%	8%	Sample	120	27%	20%-35%
PARKERS PRAIRIE																			
Broadway Medical Center	Broadway Medical Center	3%	2%-10%	48%	43%	10%	Sample	60	3%	1%-11%	9%	4%-19%	50%	35%	15%	Sample	60	8%	4%-18%
PELICAN RAPIDS																			
MeritCare	MeritCare	10%	5%-18%	11%	68%	21%	Total Population	100	10%	6%-17%	20%	11%-34%	24%	63%	13%	Total Population	45	22%	13%-36%
PERHAM																			
MeritCare	MeritCare	27%	22%-32%	19%	69%	12%	Total Population	351	26%	22%-31%	28%	23%-34%	29%	62%	9%	Total Population	249	29%	23%-34%
RED LAKE FALLS																			
RiverView Clinic	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120).

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Optimal Diabetes Care									Optimal Vascular Care								
				Distribution of Patient Population									Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**28%**	**28–29%**	**29%**	**55%**	**16%**			**28%**	**28-29%**	**34%**	**34-35%**	**43%**	**47%**	**9%**			**34%**	**34-35%**
ROSEAU																			
Altru Health System	Altru Health System	5%	3%-12%	15%	80%	5%	Sample	60	3%	1%-11%	22%	13%-33%	34%	56%	10%	Sample	62	19%	11%-31%
STARBUCK																			
Stevens Community Medical Center	Stevens Community Medical Center	8%	4%-17%	35%	54%	11%	Total Population	57	7%	3%-17%	*	*	*	*	*	*	*	*	*
THIEF RIVER FALLS																			
MeritCare- Thief River Falls Northwest Clinic	MeritCare	13%	10%-17%	13%	50%	37%	Total Population	455	14%	11%-17%	21%	16%-26%	21%	43%	36%	Total Population	303	21%	17%-26%
TWIN VALLEY																			
MeritCare	MeritCare	19%	11%-31%	23%	62%	15%	Total Population	53	19%	11%-31%	*	*	*	*	*	*	*	*	*
ULEN																			
MeritCare	MeritCare	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
WARREN																			
North Valley Health Center	North Valley Health Center	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
WARROAD																			
Altru Health System	Altru Health System	7%	3%-16%	23%	61%	16%	Sample	61	8%	4%-18%	*	*	*	*	*	*	*	*	*
WHEATON																			
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	13%	9%-23%	54%	29%	17%	Total Population	48	21%	12%-34%	*	*	*	*	*	*	*	*	*

* Sufficient data not available. + Data not reported (for information on Physician Clinic Inclusion see page 120).

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Controlling High Blood Pressure									Use of Appropriate Medications for People with Asthma									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**70%**	**68–72%**	**28%**	**60%**	**12%**			**70%**	**68–72%**	**92%**	**92–92%**	**NA**	**77%**	**23%**			**92%**	**92–92%**
ADA																			
Bridges Medical Center	Bridges Medical Center	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ALEXANDRIA																			
Alexandria Clinic	Alexandria Clinic	66%	45%-86%	58%	2%	40%	Sample	79	86%	77%-92%	97%	90%-100%	N/A	49%	51%	Total Population	74	97%	91%-99%
Broadway Medical Center	Broadway Medical Center	52%	50%-54%	46%	2%	52%	Sample	72	72%	42%-90%	*	*	N/A	*	*	*	*	*	*
Midway Medical Clinic	Midway Medical Clinic	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ASHBY																			
ELEAH Medical Center	ELEAH Medical Center	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%
BAGLEY																			
Clearwater Health Services Clinic	Clearwater Health Services	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BARNESVILLE																			
Barnesville Area Clinic		*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BAUDETTE																			
LakeWood Health Center Clinic	Lakewood Health Center Clinic	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BEMIDJI																			
MeritCare- Bemidji Family Medicine	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%

* Sufficient data not available.

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Controlling High Blood Pressure									Use of Appropriate Medications for People with Asthma									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**70%**	**68–72%**	**28%**	**60%**	**12%**			**70%**	**68–72%**	**92%**	**92–92%**	**NA**	**77%**	**23%**			**92%**	**92–92%**
MeritCare- Bemidji North	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
MeritCare- Internal Medicine	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
CHOKIO																			
Graceville Health Center Clinic	Graceville Health Center Clinic	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
CROOKSTON																			
Altru Health System	Altru Health System	74%	58%-90%	6%	69%	25%	Sample	83	72%	52%-86%	89%	82%-94%	N/A	75%	25%	Total Population	102	89%	82%-94%
RiverView Clinic North	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
DETROIT LAKES																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
EAST GRAND FORKS																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
RiverView Clinic East Grand Forks	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ELBOW LAKE																			
ELEAH Medical Center	ELEAH Medical Center	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%

* Sufficient data not available.

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Controlling High Blood Pressure									Use of Appropriate Medications for People with Asthma									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**70%**	**68–72%**	**28%**	**60%**	**12%**			**70%**	**68–72%**	**92%**	**92–92%**	**NA**	**77%**	**23%**			**92%**	**92–92%**
EVANSVILLE																			
ELEAH Medical Center	ELEAH Medical Center	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%
FERTILE																			
RiverView Clinic	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
FOSSTON																			
Innovis Health	Innovis Health	50%	38%-62%	14%	62%	25%	Sample	65	34%	12%-65%	92%	85%-96%	N/A	56%	44%	Total Population	105	91%	85%-95%
FRAZEE																			
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
GLENWOOD																			
Glenwood Medical Center	Glenwood Medical Center	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%
HALLOCK																			
Kittson Memorial Clinic	Kittson Memorial Clinic	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
HALSTAD																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
HAWLEY																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%

* Sufficient data not available.

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Controlling High Blood Pressure									Use of Appropriate Medications for People with Asthma									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**70%**	**68–72%**	**28%**	**60%**	**12%**			**70%**	**68–72%**	**92%**	**92–92%**	**NA**	**77%**	**23%**			**92%**	**92–92%**
HENNING																			
Henning Medical Clinic	Tri-County Hospital	68%	48%-87%	0%	42%	58%	Sample	69	58%	39%-75%	86%	66%-99%	N/A	34%	66%	Total Population	32	94%	80%-98%
HOFFMAN																			
ELEAH Medical Center	ELEAH Medical Center	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%
MAHNOMEN																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
MOORHEAD																			
Innovis Health	Innovis Health	50%	38%-62%	14%	62%	25%	Sample	65	34%	12%-65%	92%	85%-96%	N/A	56%	44%	Total Population	105	91%	85%-95%
MeritCare- South Moorhead Family Medicine	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
MeritCare- South Moorhead Internal Medicine	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
MORRIS																			
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%
Stevens Community Medical Center	Stevens Community Medical Center	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
NEW YORK MILLS																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%

* Sufficient data not available.

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Controlling High Blood Pressure									Use of Appropriate Medications for People with Asthma									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**70%**	**68–72%**	**28%**	**60%**	**12%**			**70%**	**68–72%**	**92%**	**92–92%**	**NA**	**77%**	**23%**			**92%**	**92–92%**
OKLEE																			
First Care Medical Services Clinic		*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
OTTERTAIL																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
Ottertail Area Medical Clinic	Tri-County Hospital	68%	48%-87%	0%	42%	58%	Sample	69	58%	39%-75%	86%	66%-99%	N/A	34%	66%	Total Population	32	94%	80%-98%
PARK RAPIDS																			
Erickson Medical Clinic		*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
Innovis Health	Innovis Health	50%	38%-62%	14%	62%	25%	Sample	65	34%	12%-65%	92%	85%-96%	N/A	56%	44%	Total Population	105	91%	85%-95%
PARKERS PRAIRIE																			
Broadway Medical Center	Broadway Medical Center	52%	50%-54%	46%	2%	52%	Sample	72	72%	42%-90%	*	*	N/A	*	*	*	*	*	*
PELICAN RAPIDS																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
PERHAM																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
RED LAKE FALLS																			
RiverView Clinic	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*

* Sufficient data not available.

Quality of Care for Chronic Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Controlling High Blood Pressure									Use of Appropriate Medications for People with Asthma									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**70%**	**68–72%**	**28%**	**60%**	**12%**			**70%**	**68–72%**	**92%**	**92–92%**	**NA**	**77%**	**23%**			**92%**	**92–92%**
ROSEAU																			
Altru Health System	Altru Health System	74%	58%-90%	6%	69%	25%	Sample	83	72%	52%-86%	89%	82%-94%	N/A	75%	25%	Total Population	102	89%	82%-94%
STARBUCK																			
Stevens Community Medical Center	Stevens Community Medical Center	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
THIEF RIVER FALLS																			
MeritCare- Thief River Falls Northwest Clinic	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
TWIN VALLEY																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
ULEN																			
MeritCare	MeritCare	69%	57%-82%	14%	71%	16%	Sample	187	69%	56%-80%	93%	90%-95%	N/A	63%	37%	Total Population	326	91%	88%-94%
WARREN																			
North Valley Health Center	North Valley Health Center	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
WARROAD																			
Altru Health System	Altru Health System	74%	58%-90%	6%	69%	25%	Sample	83	72%	52%-86%	89%	82%-94%	N/A	75%	25%	Total Population	102	89%	82%-94%
WHEATON																			
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	51%	32%-71%	13%	69%	18%	Sample	153	46%	28%-66%	91%	87%-94%	N/A	63%	37%	Total Population	229	92%	87%-95%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Appropriate Treatment for Children with Upper Respiratory Infection									Appropriate Testing for Children with Pharyngitis								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**87%**	**87–87%**	**NA**	**56%**	**44%**			**87%**	**87–87%**	**86%**	**86–86%**	**NA**	**71%**	**29%**			**86%**	**86–86%**
ADA																			
Bridges Medical Center	Bridges Medical Center	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ALEXANDRIA																			
Alexandria Clinic	Alexandria Clinic	68%	60%-75%	N/A	52%	48%	Total Population	153	68%	60%-75%	76%	68%-82%	N/A	61%	39%	Total Population	161	75%	67%-81%
Broadway Medical Center	Broadway Medical Center	55%	48%-61%	N/A	47%	53%	Total Population	239	54%	48%-61%	65%	55%-74%	N/A	60%	40%	Total Population	92	64%	54%-73%
Midway Medical Clinic	Midway Medical Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ASHBY																			
ELEAH Medical Center	ELEAH Medical Center	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%
BAGLEY																			
Clearwater Health Services Clinic	Clearwater Health Services	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BARNESVILLE																			
Barnesville Area Clinic		*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BAUDETTE																			
LakeWood Health Center Clinic	Lakewood Health Center Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BEMIDJI																			
MeritCare- Bemidji Family Medicine	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Appropriate Treatment for Children with Upper Respiratory Infection									Appropriate Testing for Children with Pharyngitis								
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**87%**	**87–87%**	**NA**	**56%**	**44%**			**87%**	**87–87%**	**86%**	**86–86%**	**NA**	**71%**	**29%**			**86%**	**86–86%**
MeritCare- Bemidji North	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
MeritCare- Internal Medicine	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
CHOKIO																			
Graceville Health Center Clinic	Graceville Health Center Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
CROOKSTON																			
Altru Health System	Altru Health System	77%	72%-81%	N/A	42%	58%	Total Population	323	76%	71%-80%	57%	50%-63%	N/A	58%	42%	Total Population	206	54%	47%-61%
RiverView Clinic North	RiverView Health	45%	37%-55%	N/A	35%	65%	Total Population	129	50%	42%-59%	27%	18%-37%	N/A	56%	44%	Total Population	82	29%	21%-40%
DETROIT LAKES																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
EAST GRAND FORKS																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
RiverView Clinic East Grand Forks	RiverView Health	45%	37%-55%	N/A	35%	65%	Total Population	129	50%	42%-59%	27%	18%-37%	N/A	56%	44%	Total Population	82	29%	21%-40%
ELBOW LAKE																			
ELEAH Medical Center	ELEAH Medical Center	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Appropriate Treatment for Children with Upper Respiratory Infection									Appropriate Testing for Children with Pharyngitis								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**87%**	**87–87%**	**NA**	**56%**	**44%**			**87%**	**87–87%**	**86%**	**86–86%**	**NA**	**71%**	**29%**			**86%**	**86–86%**
EVANSVILLE																			
ELEAH Medical Center	ELEAH Medical Center	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%
FERTILE																			
RiverView Clinic	RiverView Health	45%	37%-55%	N/A	35%	65%	Total Population	129	50%	42%-59%	27%	18%-37%	N/A	56%	44%	Total Population	82	29%	21%-40%
FOSSTON																			
Innovis Health	Innovis Health	83%	78%-87%	N/A	43%	57%	Total Population	332	83%	78%-87%	71%	65%-77%	N/A	49%	51%	Total Population	258	69%	63%-74%
FRAZEE																			
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*_	*
GLENWOOD																			
Glenwood Medical Center	Glenwood Medical Center	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%
HALLOCK																			
Kittson Memorial Clinic	Kittson Memorial Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
HALSTAD																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
HAWLEY																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Appropriate Treatment for Children with Upper Respiratory Infection									Appropriate Testing for Children with Pharyngitis								
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**87%**	**87–87%**	**NA**	**56%**	**44%**			**87%**	**87–87%**	**86%**	**86–86%**	**NA**	**71%**	**29%**			**86%**	**86–86%**
HENNING																			
Henning Medical Clinic	Tri-County Hospital	72%	63%-79%	N/A	30%	70%	Total Population	147	70%	62%-77%	74%	64%-82%	N/A	29%	71%	Total Population	146	66%	58%-74%
HOFFMAN																			
ELEAH Medical Center	ELEAH Medical Center	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%
MAHNOMEN																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
MOORHEAD																			
Innovis Health	Innovis Health	83%	78%-87%	N/A	43%	57%	Total Population	332	83%	78%-87%	71%	65%-77%	N/A	49%	51%	Total Population	258	69%	63%-74%
MeritCare- South Moorhead Family Medicine	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
MeritCare- South Moorhead Internal Medicine	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
MORRIS																			
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%
Stevens Community Medical Center	Stevens Community Medical Center	89%	75%-96%	N/A	61%	39%	Total Population	36	89%	75%-96%	50%	36%-64%	N/A	62%	38%	Total Population	42	52%	38%-67%
NEW YORK MILLS																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%

* Sufficient data not available.

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Appropriate Treatment for Children with Upper Respiratory Infection									Appropriate Testing for Children with Pharyngitis								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**87%**	**87–87%**	**NA**	**56%**	**44%**			**87%**	**87–87%**	**86%**	**86–86%**	**NA**	**71%**	**29%**			**86%**	**86–86%**
OKLEE																			
First Care Medical Services Clinic		*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
OTTERTAIL																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
Ottertail Area Medical Clinic	Tri-County Hospital	72%	63%-79%	N/A	30%	70%	Total Population	147	70%	62%-77%	74%	64%-82%	N/A	29%	71%	Total Population	146	66%	58%-74%
PARK RAPIDS																			
Erickson Medical Clinic		*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
Innovis Health	Innovis Health	83%	78%-87%	N/A	43%	57%	Total Population	332	83%	78%-87%	71%	65%-77%	N/A	49%	51%	Total Population	258	69%	63%-74%
PARKERS PRAIRIE																			
Broadway Medical Center	Broadway Medical Center	55%	48%-61%	N/A	47%	53%	Total Population	239	54%	48%-61%	65%	55%-74%	N/A	60%	40%	Total Population	92	64%	54%-73%
PELICAN RAPIDS																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
PERHAM																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
RED LAKE FALLS																			
RiverView Clinic	RiverView Health	45%	37%-55%	N/A	35%	65%	Total Population	129	50%	42%-59%	27%	18%-37%	N/A	56%	44%	Total Population	82	29%	21%-40%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Appropriate Treatment for Children with Upper Respiratory Infection									Appropriate Testing for Children with Pharyngitis								
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**87%**	**87–87%**	**NA**	**56%**	**44%**			**87%**	**87–87%**	**86%**	**86–86%**	**NA**	**71%**	**29%**			**86%**	**86–86%**
ROSEAU																			
Altru Health System	Altru Health System	77%	72%-81%	N/A	42%	58%	Total Population	323	76%	71%-80%	57%	50%-63%	N/A	58%	42%	Total Population	206	54%	47%-61%
STARBUCK																			
Stevens Community Medical Center	Stevens Community Medical Center	89%	75%-96%	N/A	61%	39%	Total Population	36	89%	75%-96%	50%	36%-64%	N/A	62%	38%	Total Population	42	52%	38%-67%
THIEF RIVER FALLS																			
MeritCare- Thief River Falls Northwest Clinic	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
TWIN VALLEY																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
ULEN																			
MeritCare	MeritCare	90%	88%-92%	N/A	42%	58%	Total Population	994	90%	88%-92%	78%	75%-82%	N/A	56%	44%	Total Population	595	79%	75%-82%
WARREN																			
North Valley Health Center	North Valley Health Center	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
WARROAD																			
Altru Health System	Altru Health System	77%	72%-81%	N/A	42%	58%	Total Population	323	76%	71%-80%	57%	50%-63%	N/A	58%	42%	Total Population	206	54%	47%-61%
WHEATON																			
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	73%	69%-76%	N/A	44%	56%	Total Population	752	73%	70%-76%	72%	69%-76%	N/A	55%	45%	Total Population	618	71%	68%-75%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Avoidance of Antibiotics in the Treatment of Adult Bronchitis								
				Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**19%**	**19–20%**	**NA**	**87%**	**13%**			**19%**	**19–20%**
ADA										
Bridges Medical Center	Bridges Medical Center	*	*	N/A	*	*	*	*	*	*
ALEXANDRIA										
Alexandria Clinic	Alexandria Clinic	20%	14%-27%	N/A	80%	20%	Total Population	162	20%	14%-27%
Broadway Medical Center	Broadway Medical Center	7%	3%-18%	N/A	81%	19%	Total Population	48	8%	3%-20%
Midway Medical Clinic	Midway Medical Clinic	*	*	N/A	*	*	*	*	*	*
ASHBY										
ELEAH Medical Center	ELEAH Medical Center	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%
BAGLEY										
Clearwater Health Services Clinic	Clearwater Health Services	*	*	N/A	*	*	*	*	*	*
BARNESVILLE										
Barnesville Area Clinic		*	*	N/A	*	*	*	*	*	*
BAUDETTE										
LakeWood Health Center Clinic	Lakewood Health Center Clinic	*	*	N/A	*	*	*	*	*	*
BEMIDJI										
MeritCare- Bemidji Family Medicine	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

Avoidance of Antibiotics in the Treatment of Adult Bronchitis

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population: Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**19%**	**19–20%**	**NA**	**87%**	**13%**			**19%**	**19–20%**
MeritCare- Bemidji North	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
MeritCare- Internal Medicine	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
CHOKIO										
Graceville Health Center Clinic	Graceville Health Center Clinic	*	*	N/A	*	*	*	*	*	*
CROOKSTON										
Altru Health System	Altru Health System	21%	10%-38%	N/A	71%	29%	Total Population	35	23%	12%-39%
RiverView Clinic North	RiverView Health	*	*	N/A	*	*	*	*	*	*
DETROIT LAKES										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	N/A	*	*	*	*	*	*
EAST GRAND FORKS										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
RiverView Clinic East Grand Forks	RiverView Health	*	*	N/A	*	*	*	*	*	*
ELBOW LAKE										
ELEAH Medical Center	ELEAH Medical Center	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Avoidance of Antibiotics in the Treatment of Adult Bronchitis								
				Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**19%**	**19–20%**	**NA**	**87%**	**13%**			**19%**	**19–20%**
EVANSVILLE										
ELEAH Medical Center	ELEAH Medical Center	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%
FERTILE										
RiverView Clinic	RiverView Health	*	*	N/A	*	*	*	*	*	*
FOSSTON										
Innovis Health	Innovis Health	8%	5%-13%	N/A	62%	38%	Total Population	229	8%	5%-12%
FRAZEE										
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	N/A	*	*	*	*	*	*
GLENWOOD										
Glenwood Medical Center	Glenwood Medical Center	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%
HALLOCK										
Kittson Memorial Clinic	Kittson Memorial Clinic	*	*	N/A	*	*	*	*	*	*
HALSTAD										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
HAWLEY										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

Avoidance of Antibiotics in the Treatment of Adult Bronchitis

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population: Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**19%**	**19–20%**	**NA**	**87%**	**13%**			**19%**	**19–20%**
HENNING										
Henning Medical Clinic	Tri-County Hospital	17%	8%-28%	N/A	60%	40%	Total Population	72	13%	7%-22%
HOFFMAN										
ELEAH Medical Center	ELEAH Medical Center	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%
MAHNOMEN										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
MOORHEAD										
Innovis Health	Innovis Health	8%	5%-13%	N/A	62%	38%	Total Population	229	8%	5%-12%
MeritCare- South Moorhead Family Medicine	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
MeritCare- South Moorhead Internal Medicine	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
MORRIS										
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%
Stevens Community Medical Center	Stevens Community Medical Center	18%	8%-34%	N/A	84%	16%	Total Population	31	16%	7%-33%
NEW YORK MILLS										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

Avoidance of Antibiotics in the Treatment of Adult Bronchitis

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population: Medicare	Medical Group Distribution of Patient Population: Commercial	Medical Group Distribution of Patient Population: MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**19%**	**19–20%**	**NA**	**87%**	**13%**			**19%**	**19–20%**
OKLEE										
First Care Medical Services Clinic		*	*	N/A	*	*	*	*	*	*
OTTERTAIL										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
Ottertail Area Medical Clinic	Tri-County Hospital	17%	8%-28%	N/A	60%	40%	Total Population	72	13%	7%-22%
PARK RAPIDS										
Erickson Medical Clinic		*	*	N/A	*	*	*	*	*	*
Innovis Health	Innovis Health	8%	5%-13%	N/A	62%	38%	Total Population	229	8%	5%-12%
PARKERS PRAIRIE										
Broadway Medical Center	Broadway Medical Center	7%	3%-18%	N/A	81%	19%	Total Population	48	8%	3%-20%
PELICAN RAPIDS										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
PERHAM										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
RED LAKE FALLS										
RiverView Clinic	RiverView Health	*	*	N/A	*	*	*	*	*	*

* Sufficient data not available.

Quality of Care for Acute Conditions

See page 73 for an explanation of terms.

Avoidance of Antibiotics in the Treatment of Adult Bronchitis

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population: Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**19%**	**19–20%**	**NA**	**87%**	**13%**			**19%**	**19–20%**
ROSEAU										
Altru Health System	Altru Health System	21%	10%-38%	N/A	71%	29%	Total Population	35	23%	12%-39%
STARBUCK										
Stevens Community Medical Center	Stevens Community Medical Center	18%	8%-34%	N/A	84%	16%	Total Population	31	16%	7%-33%
THIEF RIVER FALLS										
MeritCare- Thief River Falls Northwest Clinic	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
TWIN VALLEY										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
ULEN										
MeritCare	MeritCare	13%	11%-17%	N/A	77%	23%	Total Population	454	13%	11%-17%
WARREN										
North Valley Health Center	North Valley Health Center	*	*	N/A	*	*	*	*	*	*
WARROAD										
Altru Health System	Altru Health System	21%	10%-38%	N/A	71%	29%	Total Population	35	23%	12%-39%
WHEATON										
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	12%	9%-17%	N/A	75%	25%	Total Population	257	12%	9%-17%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Breast Cancer Screening									Cervical Cancer Screening									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**83%**	**82–83%**	**9%**	**86%**	**5%**			**83%**	**82–83%**	**80%**	**80–81%**	**NA**	**84%**	**16%**			**80%**	**80–81%**
ADA																			
Bridges Medical Center	Bridges Medical Center	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ALEXANDRIA																			
Alexandria Clinic	Alexandria Clinic	88%	85%-90%	10%	82%	8%	Total Population	517	87%	84%-90%	82%	79%-85%	N/A	81%	19%	Total Population	671	82%	79%-84%
Broadway Medical Center	Broadway Medical Center	79%	74%-83%	8%	84%	8%	Total Population	344	78%	74%-83%	75%	70%-79%	N/A	79%	21%	Total Population	403	75%	70%-79%
Midway Medical Clinic	Midway Medical Clinic	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ASHBY																			
ELEAH Medical Center	ELEAH Medical Center	79%	77%-81%	3%	86%	11%	Total Population	1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population	1975	75%	73%-77%
BAGLEY																			
Clearwater Health Services Clinic	Clearwater Health Services	86%	74%-93%	2%	73%	24%	Total Population	49	86%	73%-93%	76%	62%-87%	N/A	70%	30%	Total Population	47	74%	60%-85%
BARNESVILLE																			
Barnesville Area Clinic		*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BAUDETTE																			
LakeWood Health Center Clinic	Lakewood Health Center Clinic	80%	64%-91%	0%	71%	29%	Total Population	35	80%	64%-90%	59%	43%-73%	N/A	70%	30%	Total Population	40	58%	42%-71%
BEMIDJI																			
MeritCare- Bemidji Family Medicine	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Breast Cancer Screening									Cervical CancerScreening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**83%**	**82–83%**	**9%**	**86%**	**5%**			**83%**	**82–83%**	**80%**	**80–81%**	**NA**	**84%**	**16%**			**80%**	**80–81%**
MeritCare- Bemidji North	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
MeritCare- Internal Medicine	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
CHOKIO																			
Graceville Health Center Clinic	Graceville Health Center Clinic	75%	59%-87%	3%	69%	29%	Total Population	35	74%	58%-86%	81%	68%-90%	N/A	77%	23%	Total Population	48	81%	68%-90%
CROOKSTON																			
Altru Health System	Altru Health System	82%	79%-85%	3%	86%	11%	Total Population	613	82%	79%-85%	79%	76%-82%	N/A	79%	21%	Total Population	795	79%	76%-82%
RiverView Clinic North	RiverView Health	84%	75%-90%	0%	92%	8%	Total Population	74	84%	74%-90%	68%	59%-75%	N/A	78%	22%	Total Population	130	67%	58%-74%
DETROIT LAKES																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
EAST GRAND FORKS																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
RiverView Clinic East Grand Forks	RiverView Health	84%	75%-90%	0%	92%	8%	Total Population	74	84%	74%-90%	68%	59%-75%	N/A	78%	22%	Total Population	130	67%	58%-74%
ELBOW LAKE																			
ELEAH Medical Center	ELEAH Medical Center	79%	77%-81%	3%	86%	11%	Total Population	1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population	1975	75%	73%-77%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Breast Cancer Screening									Cervical Cancer Screening									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**83%**	**82–83%**	**9%**	**86%**	**5%**			**83%**	**82–83%**	**80%**	**80–81%**	**NA**	**84%**	**16%**			**80%**	**80–81%**
EVANSVILLE																			
ELEAH Medical Center	ELEAH Medical Center	79%	77%-81%	3%	86%	11%	Total Population	1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population	1975	75%	73%-77%
FERTILE																			
RiverView Clinic	RiverView Health	84%	75%-90%	0%	92%	8%	Total Population	74	84%	74%-90%	68%	59%-75%	N/A	78%	22%	Total Population	130	67%	58%-74%
FOSSTON																			
Innovis Health	Innovis Health	80%	77%-83%	5%	83%	12%	Total Population	960	79%	77%-82%	78%	75%-80%	N/A	77%	23%	Total Population	1161	77%	74%-79%
FRAZEE																			
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
GLENWOOD																			
Glenwood Medical Center	Glenwood Medical Center	79%	77%-81%	3%	86%	11%	Total Population	1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population	1975	75%	73%-77%
HALLOCK																			
Kittson Memorial Clinic	Kittson Memorial Clinic	72%	61%-81%	0%	88%	12%	Total Population	66	71%	59%-81%	53%	41%-65%	N/A	78%	22%	Total Population	69	54%	42%-65%
HALSTAD																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
HAWLEY																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Breast Cancer Screening								Cervical Cancer Screening							
				Medical Group Distribution of Patient Population								Medical Group Distribution of Patient Population					
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**83%**	**82–83%**	**9%**	**86%**	**5%**		**83%**	**82–83%**	**80%**	**80–81%**	**NA**	**84%**	**16%**		**80%**	**80–81%**
HENNING																	
Henning Medical Clinic	Tri-County Hospital	72%	65%-78%	2%	79%	18%	Total Population 211	70%	63%-75%	78%	72%-83%	N/A	61%	39%	Total Population 251	75%	69%-80%
HOFFMAN																	
ELEAH Medical Center	ELEAH Medical Center	79%	77%-81%	3%	86%	11%	Total Population 1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population 1975	75%	73%-77%
MAHNOMEN																	
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population 2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population 3875	79%	78%-80%
MOORHEAD																	
Innovis Health	Innovis Health	80%	77%-83%	5%	83%	12%	Total Population 960	79%	77%-82%	78%	75%-80%	N/A	77%	23%	Total Population 1161	77%	74%-79%
MeritCare- South Moorhead Family Medicine	MeritCare	84%	82%-85%	5%	87%	8%	Total Population 2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population 3875	79%	78%-80%
MeritCare- South Moorhead Internal Medicine	MeritCare	84%	82%-85%	5%	87%	8%	Total Population 2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population 3875	79%	78%-80%
MORRIS																	
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	79%	77%-81%	3%	86%	11%	Total Population 1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population 1975	75%	73%-77%
Stevens Community Medical Center	Stevens Community Medical Center	90%	82%-95%	9%	75%	16%	Total Population 75	88%	79%-94%	79%	70%-85%	N/A	78%	22%	Total Population 108	77%	68%-84%
NEW YORK MILLS																	
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population 2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population 3875	79%	78%-80%

* Sufficient data not available.

Quality of Preventive Care

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Breast Cancer Screening									Cervical Cancer									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**83%**	**82–83%**	**9%**	**86%**	**5%**			**83%**	**82–83%**	**80%**	**80–81%**	**NA**	**84%**	**16%**			**80%**	**80–81%**
OKLEE																			
First Care Medical Services Clinic		*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
OTTERTAIL																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
Ottertail Area Medical Clinic	Tri-County Hospital	72%	65%-78%	2%	79%	18%	Total Population	211	70%	63%-75%	78%	72%-83%	N/A	61%	39%	Total Population	251	75%	69%-80%
PARK RAPIDS																			
Erickson Medical Clinic		*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
Innovis Health	Innovis Health	80%	77%-83%	5%	83%	12%	Total Population	960	79%	77%-82%	78%	75%-80%	N/A	77%	23%	Total Population	1161	77%	74%-79%
PARKERS PRAIRIE																			
Broadway Medical Center	Broadway Medical Center	79%	74%-83%	8%	84%	8%	Total Population	344	78%	74%-83%	75%	70%-79%	N/A	79%	21%	Total Population	403	75%	70%-79%
PELICAN RAPIDS																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
PERHAM																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
RED LAKE FALLS																			
RiverView Clinic	RiverView Health	84%	75%-90%	0%	92%	8%	Total Population	74	84%	74%-90%	68%	59%-75%	N/A	78%	22%	Total Population	130	67%	58%-74%

* Sufficient data not available.

Quality of Preventive Care

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Breast Cancer Screening									Cervical Cancer Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**83%**	**82–83%**	**9%**	**86%**	**5%**			**83%**	**82–83%**	**80%**	**80–81%**	**NA**	**84%**	**16%**			**80%**	**80–81%**
ROSEAU																			
Altru Health System	Altru Health System	82%	79%-85%	3%	86%	11%	Total Population	613	82%	79%-85%	79%	76%-82%	N/A	79%	21%	Total Population	795	79%	76%-82%
STARBUCK																			
Stevens Community Medical Center	Stevens Community Medical Center	90%	82%-95%	9%	75%	16%	Total Population	75	88%	79%-94%	79%	70%-85%	N/A	78%	22%	Total Population	108	77%	68%-84%
THIEF RIVER FALLS																			
MeritCare- Thief River Falls Northwest Clinic	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
TWIN VALLEY																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
ULEN																			
MeritCare	MeritCare	84%	82%-85%	5%	87%	8%	Total Population	2896	83%	82%-85%	79%	78%-81%	N/A	79%	21%	Total Population	3875	79%	78%-80%
WARREN																			
North Valley Health Center	North Valley Health Center	*	*	*	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
WARROAD																			
Altru Health System	Altru Health System	82%	79%-85%	3%	86%	11%	Total Population	613	82%	79%-85%	79%	76%-82%	N/A	79%	21%	Total Population	795	79%	76%-82%
WHEATON																			
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	79%	77%-81%	3%	86%	11%	Total Population	1578	79%	77%-81%	76%	74%-78%	N/A	78%	22%	Total Population	1975	75%	73%-77%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Colorectal Cancer Screening									Cancer Combined Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**72%**	**69–74%**	**20%**	**76%**	**4%**			**72%**	**69–74%**	**53%**	**50–55%**	**20%**	**77%**	**3%**			**53%**	**50–55%**
ADA																			
Bridges Medical Center	Bridges Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ALEXANDRIA																			
Alexandria Clinic	Alexandria Clinic	90%	78%-100%	18%	78%	5%	Sample	65	91%	67%-98%	89%	77%-100%	18%	78%	5%	Sample	65	90%	66%-98%
Broadway Medical Center	Broadway Medical Center	77%	46%-100%	15%	78%	7%	Sample	66	76%	45%-93%	35%	28%-41%	15%	78%	7%	Sample	66	33%	23%-45%
Midway Medical Clinic	Midway Medical Clinic	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ASHBY																			
ELEAH Medical Center	ELEAH Medical Center	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%
BAGLEY																			
Clearwater Health Services Clinic	Clearwater Health Services	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
BARNESVILLE																			
Barnesville Area Clinic		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
BAUDETTE																			
LakeWood Health Center Clinic	Lakewood Health Center Clinic	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
BEMIDJI																			
MeritCare- Bemidji Family Medicine	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Colorectal Cancer Screening									Cancer Combined Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**72%**	**69–74%**	**20%**	**76%**	**4%**			**72%**	**69–74%**	**53%**	**50–55%**	**20%**	**77%**	**3%**			**53%**	**50–55%**
MeritCare- Bemidji North	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
MeritCare- Internal Medicine	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
CHOKIO																			
Graceville Health Center Clinic	Graceville Health Center Clinic	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
CROOKSTON																			
Altru Health System	Altru Health System	53%	33%-73%	6%	82%	12%	Sample	82	48%	27%-70%	*	*	*	*	*	*	*	*	*
RiverView Clinic North	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
DETROIT LAKES																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
EAST GRAND FORKS																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
RiverView Clinic East Grand Forks	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ELBOW LAKE																			
ELEAH Medical Center	ELEAH Medical Center	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%

* Sufficient data not available.

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Colorectal Cancer Screening									Cancer Combined Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**72%**	**69–74%**	**20%**	**76%**	**4%**			**72%**	**69–74%**	**53%**	**50–55%**	**20%**	**77%**	**3%**			**53%**	**50–55%**
EVANSVILLE																			
ELEAH Medical Center	ELEAH Medical Center	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%
FERTILE																			
RiverView Clinic	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
FOSSTON																			
Innovis Health	Innovis Health	70%	44%-95%	9%	79%	11%	Sample	81	66%	40%-85%	*	*	*	*	*	*	*	*	*
FRAZEE																			
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
GLENWOOD																			
Glenwood Medical Center	Glenwood Medical Center	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%
HALLOCK																			
Kittson Memorial Clinic	Kittson Memorial Clinic	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
HALSTAD																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
HAWLEY																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%

* Sufficient data not available.

Quality of Preventive Care

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Colorectal Cancer Screening									Cancer Combined Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**72%**	**69–74%**	**20%**	**76%**	**4%**			**72%**	**69–74%**	**53%**	**50–55%**	**20%**	**77%**	**3%**			**53%**	**50–55%**
HENNING																			
Henning Medical Clinic	Tri-County Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
HOFFMAN																			
ELEAH Medical Center	ELEAH Medical Center	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%
MAHNOMEN																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
MOORHEAD																			
Innovis Health	Innovis Health	70%	44%-95%	9%	79%	11%	Sample	81	66%	40%-85%	*	*	*	*	*	*	*	*	*
MeritCare- South Moorhead Family Medicine	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
MeritCare- South Moorhead Internal Medicine	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
MORRIS																			
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%
Stevens Community Medical Center	Stevens Community Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
NEW YORK MILLS																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Colorectal Cancer Screening									Cancer Combined Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**72%**	**69–74%**	**20%**	**76%**	**4%**			**72%**	**69–74%**	**53%**	**50–55%**	**20%**	**77%**	**3%**			**53%**	**50–55%**
OKLEE																			
First Care Medical Services Clinic		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
OTTERTAIL																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
Ottertail Area Medical Clinic	Tri-County Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
PARK RAPIDS																			
Erickson Medical Clinic		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Innovis Health	Innovis Health	70%	44%-95%	9%	79%	11%	Sample	81	66%	40%-85%	*	*	*	*	*	*	*	*	*
PARKERS PRAIRIE																			
Broadway Medical Center	Broadway Medical Center	77%	46%-100%	15%	78%	7%	Sample	66	76%	45%-93%	35%	28%-41%	15%	78%	7%	Sample	66	33%	23%-45%
PELICAN RAPIDS																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
PERHAM																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
RED LAKE FALLS																			
RiverView Clinic	RiverView Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available.

Quality of Preventive Care

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Colorectal Cancer Screening									Cancer Combined Screening								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**72%**	**69–74%**	**20%**	**76%**	**4%**			**72%**	**69–74%**	**53%**	**50–55%**	**20%**	**77%**	**3%**			**53%**	**50–55%**
ROSEAU																			
Altru Health System	Altru Health System	53%	33%-73%	6%	82%	12%	Sample	82	48%	27%-70%	*	*	*	*	*	*	*	*	*
STARBUCK																			
Stevens Community Medical Center	Stevens Community Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
THIEF RIVER FALLS																			
MeritCare- Thief River Falls Northwest Clinic	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
TWIN VALLEY																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
ULEN																			
MeritCare	MeritCare	79%	68%-90%	10%	84%	6%	Sample	107	80%	66%-89%	62%	46%-79%	10%	84%	6%	Sample	102	62%	44%-77%
WARREN																			
North Valley Health Center	North Valley Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
WARROAD																			
Altru Health System	Altru Health System	53%	33%-73%	6%	82%	12%	Sample	82	48%	27%-70%	*	*	*	*	*	*	*	*	*
WHEATON																			
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	43%	2%-83%	7%	87%	6%	Sample	97	39%	12%-75%	15%	6%-24%	7%	87%	6%	Sample	97	7%	2%-21%

* Sufficient data not available.

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PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Chlamydia Screening									Childhood Immunization Status									
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medical Group Distribution of Patient Population			Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
				Medicare	Commercial	MN Health Care Programs							Medicare	Commercial	MN Health Care Programs				
Overall Minnesota Clinic Average		**49%**	**49–50%**	**NA**	**77%**	**23%**			**49%**	**49–50%**	**80%**	**78–81%**	**NA**	**63%**	**37%**			**80%**	**78–81%**
ADA																			
Bridges Medical Center	Bridges Medical Center	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ALEXANDRIA																			
Alexandria Clinic	Alexandria Clinic	16%	11%-22%	N/A	55%	45%	Total Population	204	16%	12%-22%	65%	9%-100%	N/A	42%	58%	Sample	69	63%	35%-85%
Broadway Medical Center	Broadway Medical Center	35%	27%-44%	N/A	60%	40%	Total Population	125	34%	27%-43%	*	*	N/A	*	*	*	*	*	*
Midway Medical Clinic	Midway Medical Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
ASHBY																			
ELEAH Medical Center	ELEAH Medical Center	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%
BAGLEY																			
Clearwater Health Services Clinic	Clearwater Health Services	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BARNESVILLE																			
Barnesville Area Clinic		*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BAUDETTE																			
LakeWood Health Center Clinic	Lakewood Health Center Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
BEMIDJI																			
MeritCare- Bemidji Family Medicine	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Chlamydia Screening									Childhood Immunization Status								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**49%**	**49–50%**	**NA**	**77%**	**23%**			**49%**	**49–50%**	**80%**	**78–81%**	**NA**	**63%**	**37%**			**80%**	**78–81%**
MeritCare- Bemidji North	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
MeritCare- Internal Medicine	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
CHOKIO																			
Graceville Health Center Clinic	Graceville Health Center Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
CROOKSTON																			
Altru Health System	Altru Health System	28%	24%-32%	N/A	74%	26%	Total Population	426	28%	24%-33%	73%	57%-88%	N/A	47%	53%	Sample	63	71%	57%-82%
RiverView Clinic North	RiverView Health	34%	21%-50%	N/A	54%	46%	Total Population	46	33%	21%-47%	*	*	N/A	*	*	*	*	*	*
DETROIT LAKES																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
EAST GRAND FORKS																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
RiverView Clinic East Grand Forks	RiverView Health	34%	21%-50%	N/A	54%	46%	Total Population	46	33%	21%-47%	*	*	N/A	*	*	*	*	*	*
ELBOW LAKE																			
ELEAH Medical Center	ELEAH Medical Center	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Chlamydia Screening									Childhood Immunization Status								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**49%**	**49–50%**	**NA**	**77%**	**23%**			**49%**	**49–50%**	**80%**	**78–81%**	**NA**	**63%**	**37%**			**80%**	**78–81%**
EVANSVILLE																			
ELEAH Medical Center	ELEAH Medical Center	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%
FERTILE																			
RiverView Clinic	RiverView Health	34%	21%-50%	N/A	54%	46%	Total Population	46	33%	21%-47%	*	*	N/A	*	*	*	*	*	*
FOSSTON																			
Innovis Health	Innovis Health	33%	28%-38%	N/A	57%	43%	Total Population	406	33%	29%-38%	84%	73%-94%	N/A	42%	58%	Sample	67	83%	69%-92%
FRAZEE																			
St. Mary's Innovis Health Clinic	St. Mary's Innovis Health	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
GLENWOOD																			
Glenwood Medical Center	Glenwood Medical Center	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%
HALLOCK																			
Kittson Memorial Clinic	Kittson Memorial Clinic	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
HALSTAD																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
HAWLEY																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Chlamydia Screening									Childhood Immunization Status								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**49%**	**49–50%**	**NA**	**77%**	**23%**			**49%**	**49–50%**	**80%**	**78–81%**	**NA**	**63%**	**37%**			**80%**	**78–81%**
HENNING																			
Henning Medical Clinic	Tri-County Hospital	17%	10%-28%	N/A	52%	48%	Total Population	71	21%	13%-32%	*	*	N/A	*	*	*	*	*	*
HOFFMAN																			
ELEAH Medical Center	ELEAH Medical Center	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%
MAHNOMEN																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
MOORHEAD																			
Innovis Health	Innovis Health	33%	28%-38%	N/A	57%	43%	Total Population	406	33%	29%-38%	84%	73%-94%	N/A	42%	58%	Sample	67	83%	69%-92%
MeritCare- South Moorhead Family Medicine	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
MeritCare- South Moorhead Internal Medicine	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
MORRIS																			
ELEAH Medical Center - Morris Prairie Medical	ELEAH Medical Center	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%
Stevens Community Medical Center	Stevens Community Medical Center	25%	16%-37%	N/A	67%	33%	Total Population	55	27%	17%-40%	*	*	N/A	*	*	*	*	*	*
NEW YORK MILLS																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Chlamydia Screening									Childhood Immunization Status								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**49%**	**49–50%**	**NA**	**77%**	**23%**			**49%**	**49–50%**	**80%**	**78–81%**	**NA**	**63%**	**37%**			**80%**	**78–81%**
OKLEE																			
First Care Medical Services Clinic		*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
OTTERTAIL																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
Ottertail Area Medical Clinic	Tri-County Hospital	17%	10%-28%	N/A	52%	48%	Total Population	71	21%	13%-32%	*	*	N/A	*	*	*	*	*	*
PARK RAPIDS																			
Erickson Medical Clinic		*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
Innovis Health	Innovis Health	33%	28%-38%	N/A	57%	43%	Total Population	406	33%	29%-38%	84%	73%-94%	N/A	42%	58%	Sample	67	83%	69%-92%
PARKERS PRAIRIE																			
Broadway Medical Center	Broadway Medical Center	35%	27%-44%	N/A	60%	40%	Total Population	125	34%	27%-43%	*	*	N/A	*	*	*	*	*	*
PELICAN RAPIDS																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
PERHAM																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
RED LAKE FALLS																			
RiverView Clinic	RiverView Health	34%	21%-50%	N/A	54%	46%	Total Population	46	33%	21%-47%	*	*	N/A	*	*	*	*	*	*

* Sufficient data not available.

Quality of Preventive Care

See page 73 for an explanation of terms.

PHYSICIAN CLINIC NAME	MEDICAL GROUP NAME	Chlamydia Screening									Childhood Immunization Status								
				Medical Group Distribution of Patient Population									Medical Group Distribution of Patient Population						
		Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate	Risk Adjusted Rate	Confidence Interval of Risk Adjusted Rate	Medicare	Commercial	MN Health Care Programs	Total Population or Sample	Sample Size	Non-Risk Adjusted Rate	Confidence Interval of Non-Risk Adjusted Rate
Overall Minnesota Clinic Average		**49%**	**49–50%**	**NA**	**77%**	**23%**			**49%**	**49–50%**	**80%**	**78–81%**	**NA**	**63%**	**37%**			**80%**	**78–81%**
ROSEAU																			
Altru Health System	Altru Health System	28%	24%-32%	N/A	74%	26%	Total Population	426	28%	24%-33%	73%	57%-88%	N/A	47%	53%	Sample	63	71%	57%-82%
STARBUCK																			
Stevens Community Medical Center	Stevens Community Medical Center	25%	16%-37%	N/A	67%	33%	Total Population	55	27%	17%-40%	*	*	N/A	*	*	*	*	*	*
THIEF RIVER FALLS																			
MeritCare- Thief River Falls Northwest Clinic	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
TWIN VALLEY																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
ULEN																			
MeritCare	MeritCare	31%	29%-33%	N/A	67%	33%	Total Population	1457	32%	30%-34%	88%	76%-99%	N/A	50%	50%	Sample	82	89%	76%-95%
WARREN																			
North Valley Health Center	North Valley Health Center	*	*	N/A	*	*	*	*	*	*	*	*	N/A	*	*	*	*	*	*
WARROAD																			
Altru Health System	Altru Health System	28%	24%-32%	N/A	74%	26%	Total Population	426	28%	24%-33%	73%	57%-88%	N/A	47%	53%	Sample	63	71%	57%-82%
WHEATON																			
Wheaton Community Medical Center	Wheaton Community Medical Center Clinic	35%	31%-39%	N/A	60%	40%	Total Population	678	37%	33%-40%	70%	63%-78%	N/A	50%	50%	Sample	111	71%	55%-83%

* Sufficient data not available.

DATA SOURCES AND DATA COLLECTION PROCEDURES

MEASURES REPORTED DIRECTLY BY PHYSICIAN CLINICS

Physician clinics directly report data on the optimal diabetes and optimal vascular care measures. All data elements are specified by the Minnesota Department of Health in Minnesota Rules Chapter 4654 and its technical appendices. These data elements are described at a more detailed level in MN Community Measurement's 2010 Direct Data Submission (DDS) Guide and Summary Data Submission (SDS) Guide (both relating to 2009 dates of service). These guides provide detailed steps and instructions to ensure submitted data meets rigorous standards.

Under Minnesota Rules Chapter 4654, physician clinics are required to submit data at a summary level. Physician clinics may meet these data submission requirements in one of two ways: 1) they may choose to submit data through the Direct Data Submission process as part of an agreement with MN Community Measurement (MNCM) and authorize MNCM to submit summary data results to MDH on their behalf; or 2) they may submit summary levels of information directly to MNCM's portal through the Summary Data Submission process. Data submitted through the DDS process are audited by MNCM. Virtually all clinics (519 out of 523 on the optimal diabetes measure and 518 out of 520 on the optimal vascular care measure) used the DDS process in reporting data on 2009 dates of service.

Regardless of which data submission method they use, physician clinics must first register through the MNCM Data Portal. Once registered, they indicate which data submission process they intend to use. In this reporting cycle, physician clinics could opt to report data on a clinic's total patient population or to submit data for a random sample of the clinic's entire patient population. Detailed instructions for sampling are also provided in the DDS Guide and SDS Guide. Data is collected from medical records by clinic abstractors either extracting the data from an electronic medical record through a data query or by abstracting the data from a paper-based medical record. Physician clinics complete numerous quality checks of the data before it is submitted to MNCM. All appropriate HIPAA requirements are followed for data submitted through the DDS process. These requirements do not apply to summary data submission because no patient-identifiable information is reported.

The required data elements are submitted directly through the portal by physician clinics. If the data is submitted through the DDS process, an extensive validation process is followed. MNCM uses the National Committee for Quality Assurance's (NCQA) "8 and 30" File Sampling Procedure, developed in 1996 in consultation with Johns Hopkins University. For a detailed description of this procedure, see www.ncqa.org.

CLAIMS-BASED MEASURES CALCULATED AT THE MEDICAL GROUP LEVEL

The data source of claims-based measures calculated at the medical group level is the health plan administrative claims database which is supplemented by medical record review for some measures. Most data elements are specified by the Healthcare Effectiveness Data and Information Set (HEDIS) 2009 Technical Specifications (2008 dates of service). HEDIS is produced and maintained by the National Committee for Quality Assurance (NCQA). The technical specifications provide detailed steps and instructions to ensure that the submitted data meets rigorous standards. Some data elements are specified by MNCM and provided to the health plans.

The data elements are collected by the health plans using data collection and reporting standards that follow the annual HEDIS calendar. In addition, each health plan follows an extensive validation process to ensure quality measures follow the standards described in Volume 5, HEDIS Compliance Audit ®: Standards, Policies and Procedures. All health plan data are audited by an NCQA-certified HEDIS auditor.

MNCM develops a Data Structure document with detailed steps and instructions to ensure that the submitted data meets rigorous standards. In 2009, ten data sources – Blue Cross and Blue Shield of Minnesota, FirstPlan of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne, PrimeWest Health System (county-based purchaser), Sanford Health Plan, South Country Health Alliance (county-based purchaser), UCare – submitted data to MNCM for purposes of public reporting. The submitted health plan data reflects patients/members enrolled in the following products: commercial HMO/POS/PPO, Medicare Cost, Medicare Risk, and Minnesota Health Care Programs (Prepaid Medical Assistance including dual eligibles, MinnesotaCare, General Assistance Medical Care). These data do not include patients who are uninsured, patients who self pay, or patients who are served by Medicaid/Medicare fee-for-service.

All data files are submitted to MNCM for aggregation and validation. These processes are performed by an independent vendor under contract with MNCM. Files are carefully reviewed to ensure conformance with the data structure and to identify unusual or unanticipated patterns. The files are also checked for proper formatting, missing and invalid values, and to confirm accurate record counts. Preliminary health plan rates are calculated and returned to each health plan for additional validation.

Once these checks are finalized, the data files from all ten health plans are aggregated to create a comprehensive data file of results by medical group. The aggregated data file is then checked for accurate record counts, and preliminary MNCM rates are calculated. The preliminary rates are carefully reviewed by MNCM staff and the data aggregation vendor. Particular attention is paid to notable changes from previous years at the statewide and medical group levels.

In this report, MDH is assigning the medical group score to each physician clinic that is part of that medical group. Approximately 40 physician clinics report they are now part of another medical group; these physician clinics received the medical group's score of which they were a part during the measurement period.

METHODOLOGY

MEASURES REPORTED DIRECTLY BY PHYSICIAN CLINICS

Two measures are reported directly by physician clinics– Optimal Diabetes Care and Optimal Vascular Care. These measures are "all-or-none" composite measures, meaning that each component of the measure must be achieved for a clinic to receive credit for providing optimal care for a particular patient. Each year, these measure specifications are reviewed against current evidence-based guidelines and input is sought from community experts. The measure specifications are incorporated into Minnesota Rules Chapter 4654 and its technical appendices.

Physician clinics without specialties related to a given measure have a "not applicable" designation in the table of results.

Eligible Population Specifications
The eligible populations for these measures are identified by physician clinics. Standard definitions for the eligible population for each measure include elements such as age, appropriate diagnosis codes, and number of visits needed in the measurement timeframe. Each required element is outlined in Minnesota Rules Chapter 4654 and further specified in the 2010 DDS and SDS Guide.

Patient Attribution to Physician Clinics
Medical groups must attribute each patient to a single physician clinic. Each medical group's patient attribution method must be identified by the medical group using one of three possible methods and is then reviewed by MNCM as part of the denominator certification process.

Sampling from Total Population
For this reporting cycle, physician clinics could either submit data on their full population or a random sample of at least 60 patients. The 2010 DDS and SDS Guides describe accepted methods to select a random sample. This step is reviewed by MNCM as part of the denominator certification process.

Numerator Specifications
The numerator is the number of patients identified from either the eligible population or the random sample who meet the numerator targets. These targets are specified by the Minnesota Department of Health in Minnesota Rules Chapter 4654 and its technical appendices. MNCM audits results of physician clinics using the DDS submission process.

Calculating Non-Risk Adjusted Rates
Physician clinic rates are calculated as 100 times the number who meet the numerator specifications divided by the number in the denominator for the measure. Rates from measures using the total eligible population are straightforward calculations whereby the total eligible population serves as the denominator. For clinics that sampled their populations, the rates calculated for the measures require weighting to account for the total eligible population. Due to the dynamic nature of clinic patient populations, rates and 95 percent asymmetrical confidence intervals are calculated for each measure for each clinic regardless of whether clinics report on a full population or a sample. Asymmetrical confidence intervals are used to avoid confidence interval lower-bound values less than zero and upper-bound values greater than one hundred. Physician clinic rates are reported as percentages. Physician clinic rates are first calculated for each clinic and then a statewide clinic rate average is calculated. The statewide average rate is used when comparing a single physician clinic to the performance of all physician clinics.

Risk Adjustment
Minnesota Statutes 62U.02 requires the Commissioner of Health to establish a system of risk-adjusting quality measures and to issue annual public reports on provider quality. The results in this report are published on a risk-adjusted basis in the main part of the document, while the technical appendices show both risk-adjusted and unadjusted results. Physician clinic results are adjusted by primary product type (commercial, Medicare, and MN health care programs/uninsured). Essentially, the risk-adjusted results assume that all physician clinics have the same distribution of patients between these three different categories and multiplies their actual result for each product type by the statewide distribution of patients by product type. The calculation of confidence intervals for risk adjusted rates uses a similar methodology as described above for the calculation of non-risk adjusted rates. However, a weighted average of the variance for the different payer categories is used in the confidence interval calculation.*

* Curtin, LR and RJ Klein. "Direct Standardization (Age-Adjusted Death Rates)." Centers for Disease Control and Prevention and National Center for Health Statistics. Healthy People 2000 Statistical Notes No. 6. 1995.

Example of Risk Adjustment Using Payer Mix

Example 1 UNADJUSTED RATE	COMMERCIAL	MN PUBLIC PROGRAMS	MEDICARE	TOTAL
CLINC A				
# of patients	340	20	40	400
% distribution of patients	85.0%	5.0%	10.0%	100.0%
% meeting measure	65.0%	45.0%	55.0%	63.0%
CLINIC B				
# of patients	100	100	200	400
% distribution of patients	25.0%	25.0%	50.0%	100.0%
% meeting measure	65.0%	45.0%	55.0%	55.0%
STATEWIDE				
% distribution of patients	73.0%	12.0%	15.0%	100.0%
RISK ADJUSTED RATES TO STATEWIDE PAYER MIX				
Clinic A				61.1%
Clinic B				61.1%

Example 2 UNADJUSTED RATE	COMMERCIAL	MN PUBLIC PROGRAMS	MEDICARE	TOTAL
CLINC A				
# of patients	320	30	50	400
% distribution of patients	80.0%	7.5%	12.5%	100.0%
% meeting measure	62.5%	20.0%	68.0%	60.0%
CLINIC B				
# of patients	120	200	80	400
% distribution of patients	30.0%	50.0%	20.0%	100.0%
% meeting measure	66.7%	50.0%	75.0%	60.0%
STATEWIDE				
% distribution of patients	73.0%	12.0%	15.0%	100.0%
RISK ADJUSTED RATES TO STATEWIDE PAYER MIX				
Clinic A				58.2%
Clinic B				65.9%

When a physician clinic has less than 10 patients in a payer category, the statewide rate is incorporated into the payer category rate in proportion to the number of patients under 10 in a payer category. For example, if a clinic has 6 Medicare patients, 60% of the Medicare rate for the clinic would be based on the clinic's data and 40% would be based on the statewide average for Medicare payers. This adjustment is made to address issues with small sample sizes.

Page 119 provides two examples of the risk adjustment methodology. In example one, Clinics A and B have a different patient payer mix, but their performance by product type is the same. Under risk adjustment, the overall performance for both clinics is the same as they had the same performance by product type. Without risk adjustment, Clinic A appears to perform better than Clinic B, but this is generally due to the fact that Clinic A has more commercial patients with higher performance and Clinic B has more Medicare and public program patients with lower performance. In the second example, Clinics A and B have the same unadjusted overall rate of performance, but their patient payer mix and performance by product type is different. When results for Clinics A and B are adjusted to reflect a statewide average distribution of patients by product type, the overall performance for Clinic A decreases and the overall performance for Clinic B increases. The unadjusted performance of individual clinics is adjusted to account for potential differences in patient populations which may be outside of the influence of a clinic. This product mix adjustment is done to make clinic results more comparable, regardless of patient characteristics.

Limitations

Although participation in the Minnesota Statewide Quality Reporting and Measurement System was required beginning in 2010, not all physician clinics submitted their results. Therefore, the results collected do not represent all physician clinics that serve patients in Minnesota. In addition, a physician clinic's results are publicly reported only if a minimum threshold of 30 patients is met. For this reason, MDH is not including results for 140 (or 24 percent) physician clinics reporting data on the optimal vascular measure or 47 (or eight percent) physician clinics submitting data on the optimal diabetes care measure.

Physician Clinic Inclusion

A multistep approach was used to determine which physician clinics would be included in this report. The clinics listed in this document were required to submit data on the Optimal Diabetes Care and/or Optimal Vascular Care measures under Minnesota Rules Chapter 4654. Medical groups with HEDIS data who were not required to report on the diabetes or vascular measures are not included in this report. The following considerations were used to determine which physician clinics are included.

- In this first year of mandatory reporting, it was not uniformly understood among physician clinics that reporting is required at a site level. Physician clinics may only combine reporting across clinics when they meet certain criteria, including that various sites are commonly owned and share common clinical staff across their various sites. MDH recognizes that was a change from how some physician clinics previously reported on a voluntary basis and that new physician clinics may not have understood that results for a satellite clinic may not be combined with results from a main clinic. Recognizing this is a transition year for physician clinic reporting, MDH is publishing the results as they were reported at an aggregated level rather than noting that results were not submitted specifically for a satellite clinic location. In future years, MDH will call greater attention to this issue in the report.

- In May 2010, MDH mailed letters to known physician clinics in the state who had not registered with MNCM. Those clinics which did not register and submit data and were determined to have relevant specialists are included in the report. The same assumption regarding satellite clinics was used when reviewing these clinics. Those clinics that were part of a medical group which did submit data are not included separately from their medical group in this report.

- Physician clinics which registered with MNCM, but did not submit measure data for diabetes and vascular care were compared with the specialty information submitted by the clinic during the registration process. If the specialties onsite were appropriate for measure reporting, the clinic is included in this report. If the specialties onsite were not appropriate for measure reporting, the clinic is not included in this report.

CLAIMS-BASED MEASURES CALCULATED AT THE MEDICAL GROUP LEVEL

Two types of measures are calculated at the medical group level and reported for each affiliated physician clinic – measures that use an administrative data only method and measures that use a hybrid method. The following measures use the administrative method:

- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma
- Avoidance of Antibiotic Treatment of Adults with Bronchitis

The following measures used the hybrid method:

- Cancer Screening Combined
- Childhood Immunization Status (Combo 3)
- Controlling High Blood Pressure
- Colorectal Cancer Screening

Each year, these measure specifications are reviewed against current evidence-based guidelines and input is sought from community experts at the national level. Measurement specifications for medical group results were calculated using NCQA's 2009 HEDIS Technical Specifications along with MNCM-specific numerator specifications for some measures.

Physician clinics without specialties related to a given measure have a "not applicable" designation in the table of results.

Eligible Population Specifications

The eligible populations for the administrative and hybrid measures are identified by each participating health plan utilizing its respective administrative databases. NCQA's 2009 HEDIS Technical Specifications provide the standard definitions for the eligible population for each measure, which include data elements such as age, continuous enrollment, and anchor date requirements.

Rates for measures using the administrative method are wholly derived from health plan claims data, while rates for measures using the hybrid method are derived from a combination of health plan claims data and medical record review data. For administrative measures, the entire eligible population is the denominator. For hybrid measures, the eligible population serves as the sampling frame from which to draw the denominator.

Patient Attribution to Medical Groups

Health plans assign patients to a medical group using a frequency-based attribution logic and a standard medical group definition using Tax Identification Numbers. Administrative billing codes identify the frequency of patient visits to medical groups. For most measures, patients are assigned to the medical group they visited most frequently during the measurement year. Patients who visit two or more medical groups with the same frequency are attributed to the medical group visited most recently. For three measures – Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with Upper Respiratory Infection and Avoidance of Antibiotic Treatment of Adults with Bronchitis – patients are assigned to the clinic they visited for the specific service.

Sampling for Hybrid Measures
As noted previously, the hybrid method requires each participating health plan to first identify the eligible population meeting measurement specifications using its administrative databases. This population of eligibles serves as the sampling frame from which to draw the denominator (the patients for whom medical record review would be completed). The resource-intensive nature of medical record review necessitates a random sample of the eligible population. Medical record review is conducted for all enrollees drawn for the sample.

MNCM uses a two-stage, random sampling process. This strategy has been designed with statisticians to ensure reporting for the maximum number of medical groups while minimizing the impact of weighting on the results for any one medical group. The sampling procedure starts with the health plans providing a data file containing a record for each eligible patient for each hybrid measure. This file also identifies eligible patients that have also been selected for the annual HEDIS sample. Additional patients are then selected from the remaining eligible population to meet MNCM minimum reporting requirements.

Numerator Specifications
For administrative measures, the numerator is the number of patients from the eligible population who meet numerator targets. For hybrid measures, the numerator is the number of patients from the sample who meet numerator targets.

Weighting
Because data for hybrid measures are taken from a sample, results are weighted to obtain accurate rates. This allows for aggregation and unbiased reporting by medical group. Weighting is a cost-saving measure that enables MNCM to draw a sample on which to estimate medical group and statewide rates. Weighting is applied to efficiently utilize health plan resources for data collection on a randomly sampled population.

Weights are calculated for each sampling stratum (i.e. health plan/health plan product/medical group). A weight is equal to the total eligible population for that stratum divided by the total sample size. In calculating rates for a population – medical group or statewide – the denominator is the sum of the weights for all patients in that population, and the numerator is the sum of the weights for patients in the population who meet the numerator targets.

Calculating Non-Risk Adjusted Rates
Rates are expressed as percentages. They are calculated as 100 times the number who meet the numerator targets divided by the number who are eligible for the measure. Rates calculated for measures using the administrative method are straightforward. However, rates calculated for measures using the hybrid method require weighting because of the sampling procedures. Rates and 95-percent-asymmetrical confidence intervals are calculated for each measure for each medical group. Asymmetrical confidence intervals are used to avoid confidence interval lower-bound values less than zero and upper bound values greater than one hundred. Confidence intervals for the hybrid measures have also been calculated to take account of the complex sampling design and weighting using SAS survey.

Rates
Rates are calculated at both a statewide level and at a medical group level. Statewide rates include those patients attributed to a medical group AND those who could not be attributed to a medical group (i.e., all patients regardless of medical group affiliation). Medical group average rates include ONLY those patients who are attributed to medical groups. This rate is used when comparing a single medical group to the performance of all medical groups. The medical group average may be slightly higher than the statewide average, because it includes patients who access care more frequently.

Risk Adjustment

Results for measures calculated at the medical group level are also risk adjusted by primary payer type. Similar to results for the optimal diabetes care and optimal vascular care measures, the risk-adjusted results assume that all medical groups have the same distribution of patients by primary payer type (commercial, Medicare, and MN health care programs/uninsured) and multiplies their actual result for each product type by the statewide distribution of patients by product type. The calculation of confidence intervals for risk adjusted rates uses a similar methodology as described above for the calculation of non-risk adjusted rates. However, a weighted average of the variance for the different payer categories is used in the confidence interval calculation.*

Similar to optimal diabetes and optimal vascular care, when a medical group has less than 10 patients in a payer category, the statewide rate is incorporated into the payer category rate in proportion to the number of patients under 10 in a payer category. For example, if a medical group has 6 Medicare patients, 60% of the Medicare rate for the medical group would be based on the medical group's data and 40% would be based on the statewide average for Medicare payers. This adjustment is made to address issues with small sample sizes. Not all measures in these categories apply to each primary product type; the risk adjustment methodology accounts for these variations across measures.

Limitations

The physician clinics identified in this report do not represent all medical groups in Minnesota. MDH is aligning with MNCM's established minimum thresholds for public reporting. Only medical groups that meet these thresholds are reported. For the hybrid measures, a minimum threshold of 60 patients per medical group is required. For the administrative measures, a minimum threshold of 30 patients per medical group is required. It should also be noted that medical groups reported for some measures may not be reported for all measures.

Also, data used to calculate rates for these measures reflect patients insured through ten health plans. Medical groups with patients who are insured through other health plans, who are uninsured, who self pay, or who are served by a fee-for-service program are not reflected in these results. Therefore, the data for these measures don't necessarily represent a medical group's entire patient population.

Finally, while MDH is reporting these medical group level results at the clinic level, readers should be aware that these results reflect the performance of the entire medical group with which the clinic is affiliated rather than only that clinic's performance. MDH chose to report these results at the clinic level in order to present information in a more consumer-friendly manner.

Caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors.

* Curtin, LR and RJ Klein. "Direct Standardization (Age-Adjusted Death Rates)." Centers for Disease Control and Prevention and National Center for Health Statistics. Healthy People 2000 Statistical Notes No. 6. 1995.

Appendix 2: Hospital Measures

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 (AHRQ) 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. NOTE: The Observed Tearing Vaginal Delivery with or without Medical Instruments (PSI 18 and PSI 19) measures are not risk adjusted; therefore, the value of the confidence interval of the observed rate is compared 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 125 for an explanation of terms.

HOSPITAL NAME	Heart Attack																Heart Failure											
	The Right Care for Heart Attack Patients (AMI-ACM)		Aspirin Given When Patients Arrived at the Hospital (AMI-1)		Aspirin Given When Patients were 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%**			
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Douglas County Hospital - Alexandria	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	82%	83	73%	45	94%	83	*	*	*	*		
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	75%	28	*	*	*	*		
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Lake Region Healthcare Corporation - Fergus Falls	94%	33	100%	31	*	*	*	*	*	*	*	*	*	*	*	*	81%	111	75%	69	95%	111	100%	34	*	*		
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	85%	39	93%	27	95%	38	*	*	*	*		
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	47%	43	*	*	70%	43	*	*	*	*		

* Sufficient data not available.

Quality of Care for Heart Conditions

See page 125 for an explanation of terms.

HOSPITAL NAME	Heart Attack																Heart Failure									
	The Right Care for Heart Attack Patients (AMI-ACM)		Aspirin Given When Patients Arrived at the Hospital (AMI-1)		Aspirin Given When Patients were 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
Overall Minnesota Average	97%		95%		93%		94%		90%		90%		*		94%		83%		70%		83%		86%		83%	
North Country Regional Hospital - Bemidji	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	81%	113	81%	84	99%	113	90%	30	*	*
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Riverview Hospital - Crookston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	35%	40	*	*	78%	40	*	*	*	*
St Francis Medical Center - Breckenridge	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	88%	50	85%	39	93%	41	*	*	*	*
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	84%	32	88%	25	94%	32	*	*	*	*
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	92%	36	*	*	94%	36	*	*	*	*
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available.

Quality of Care for Heart Surgeries

See page 125 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
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
North Country Regional Hospital - Bemidji	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Riverview Hospital - Crookston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

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

Quality of Care for Heart Surgeries

See page 125 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 Medical Center - Breckenridge	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

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

Quality of Care for Other Surgeries

See page 125 & 126 for an explanation of terms.

HOSPITAL NAME	Surgical Repair of an Abdominal Aortic Aneurysm								Vaginal Hysterectomy Sugical 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%**						
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	*	*	*	*	*	*	*	*	1	64	1.56%	0	10	0.00%	1	74	1.35%	0.03%-7.53%	1.08%	SAME
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	*	*	*	*	*	*	*	*	0	10	0.00%	0	45	0.00%	0	55	0.00%	0.00%-6.71%	1.53%	SAME
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
North Country Regional Hospital - Bemidji	*	*	*	*	*	*	*	*	1	65	1.54%	0	2	0.00%	1	67	1.49%	0.04%-8.32%	1.01%	SAME
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

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

Quality of Care for Other Surgeries

See page 125 & 126 for an explanation of terms.

HOSPITAL NAME	Surgical Repair of an Abdominal Aortic Aneurysm								Vaginal Hysterectomy Sugical 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%						
Riverview Hospital - Crookston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Francis Medical Center - Breckenridge	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	*	*	*	*	0	27	0.00%	0	0	0.00%	0	27	0.00%	0.00%-13.66%	0.99%	SAME
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

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

Quality of Care for Other Surgeries

See page 125 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%**	
Bridges Medical Services - Ada	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*
Douglas County Hospital - Alexandria	96%	153	95%	153
ELEAH Medical Center - Elbow Lake	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	92%	76	82%	76
LakeWood Health Center - Baudette	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*
Mahnomen Health Center	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*
North Country Regional Hospital - Bemidji	90%	220	88%	219
North Valley Health Center - Warren	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*

* Sufficient data not available.

Quality of Care for Other Surgeries

See page 125 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%**	
Riverview Hospital - Crookston	*	*	*	*
St Francis Medical Center - Breckenridge	*	*	*	*
St Joseph's Area Health Services - Park Rapids	92%	40	92%	40
St Mary's Regional Health Center - Detroit Lakes	75%	53	66%	53
Stevens Community Medical Center - Morris	*	*	*	*
Wheaton Community Hospital	*	*	*	*

* Sufficient data not available.

Quality of Care for Medical Complications

See page 125 for an explanation of terms.

HOSPITAL NAME	Deaths from Failure to Identify and Treat a Serious Complication (PSI-4)							Patients with Bed Sores (PSI-3)							Blood Clots in Lung or Large Vein After an Operation (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
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	0	49	0.00%	1.70%	SAME	0.00%	0.00-3.98%	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	3	32	9.38%	10.64%	SAME	11.11%	0.00-23.53%	3	775	0.39%	1.89%	BETTER	0.36%	0.00-1.31%	2	1536	0.13%	1.00%	BETTER	0.13%	0.00-0.64%
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	0	57	0.00%	1.76%	SAME	0.00%	0.00-3.64%	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	0	61	0.00%	1.82%	SAME	0.00%	0.00-3.44%	0	49	0.00%	0.99%	SAME	0.00%	0.00-2.85%
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	0	93	0.00%	1.76%	SAME	0.00%	0.00-2.85%	0	52	0.00%	1.01%	SAME	0.00%	0.00-2.75%
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	*	*	*	*	*	*	*	0	836	0.00%	1.82%	BETTER	0.00%	0.00-0.93%	2	613	0.33%	1.00%	SAME	0.33%	0.00-1.13%
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	0	52	0.00%	1.80%	SAME	0.00%	0.00-3.78%	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	2	163	1.23%	1.72%	SAME	1.29%	0.00-3.46%	0	38	0.00%	0.89%	SAME	0.00%	0.00-3.42%
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	2	320	0.63%	1.73%	SAME	0.60%	0.00-2.14%	3	223	1.35%	0.99%	SAME	1.37%	0.03-2.70%
North Country Regional Hospital - Bemidji	3	34	8.82%	8.71%	SAME	12.79%	0.00-26.22%	1	1152	0.09%	1.79%	BETTER	0.09%	0.00-0.88%	7	1248	0.56%	1.00%	SAME	0.57%	0.01-1.13%
North Valley Health Center - Warren	*	*	*	*	*	*	*	1	36	2.78%	1.70%	SAME	2.97%	0.00-7.63%	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	0	115	0.00%	1.73%	SAME	0.00%	0.00-2.57%	0	92	0.00%	0.99%	SAME	0.00%	0.00-2.08%
Riverview Hospital - Crookston	*	*	*	*	*	*	*	3	200	1.50%	1.82%	SAME	1.50%	0.00-3.40%	3	225	1.33%	0.99%	SAME	1.36%	0.02-2.69%

* Sufficient data not available.

Quality of Care for Medical Complications

See page 125 for an explanation of terms.

HOSPITAL NAME	Number of Deaths from Failure to Identify and Treat a Serious Complication — PSI-4							Number of Patients with Bed Sores — PSI-3							Number of Blood Clots in Lung or Large Vein After an Operation — 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 Medical Center - Breckenridge	*	*	*	*	*	*	*	1	193	0.52%	1.77%	SAME	0.52%	0.00-2.49%	0	109	0.00%	1.07%	SAME	0.00%	0.00-1.84%
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	1	261	0.38%	1.85%	SAME	0.35%	0.00-2.00%	0	532	0.00%	0.94%	BETTER	0.00%	0.00-0.89%
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	*	*	*	1	277	0.36%	1.77%	SAME	0.35%	0.00-1.98%	1	671	0.15%	0.96%	BETTER	0.16%	0.00-0.94%
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	4	265	1.51%	1.71%	SAME	1.64%	0.00-3.35%	0	150	0.00%	0.97%	SAME	0.00%	0.00-1.65%
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available.

Quality of Infection Prevention

See page 125 & 126 for an explanation of terms.

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%**	
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	*	*	99%	209	95%	374	98%	371	98%	358	*	*	100%	494	91%	111
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	*	*	*	*	88%	157	97%	157	93%	152	*	*	100%	215	87%	46
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
North Country Regional Hospital - Bemidji	100%	45	100%	57	96%	468	97%	470	97%	461	*	*	100%	594	87%	117
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available.

Quality of Infection Prevention

See page 125 & 126 for an explanation of terms.

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%**	
Riverview Hospital - Crookston	*	*	*	*	83%	36	95%	37	97%	35	*	*	100%	39	*	*
St Francis Medical Center - Breckenridge	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
St Joseph's Area Health Services - Park Rapids	90%	42	82%	45	*	*	*	*	*	*	*	*	100%	72	*	*
St Mary's Regional Health Center - Detroit Lakes	*	*	*	*	96%	141	100%	140	96%	136	*	*	100%	186	84%	43
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available.

Quality of Care for Other Conditions

See page 125 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%**	
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	91%	219	97%	151	91%	77	100%	44	95%	141	88%	78	100%	93
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	100%	31	100%	25	*	*	*	*	100%	25	*	*	*	*
Glacial Ridge Hospital - Glenwood	*	*	9%	32	*	*	*	*	*	*	*	*	*	*
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	89%	131	99%	93	93%	73	92%	26	96%	97	92%	65	92%	62
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	90%	52	100%	40	*	*	*	*	92%	40	94%	32	96%	25
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	47%	64	41%	44	*	*	*	*	91%	55	*	*	37%	30
North Country Regional Hospital - Bemidji	86%	193	96%	118	93%	138	94%	52	97%	138	89%	90	97%	90
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	75%	60	84%	45	*	*	*	*	93%	45	74%	27	*	*

* Sufficient data not available.

Quality of Care for Other Conditions

See page 125 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%**	
Riverview Hospital - Crookston	64%	52	80%	41	*	*	*	*	91%	34	77%	30	77%	26
St Francis Medical Center - Breckenridge	92%	87	97%	65	*	*	*	*	96%	48	95%	38	98%	41
St Joseph's Area Health Services - Park Rapids	75%	76	82%	57	98%	42	*	*	93%	58	88%	42	96%	27
St Mary's Regional Health Center - Detroit Lakes	91%	100	98%	64	92%	36	*	*	97%	61	94%	53	95%	41
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* Sufficient data not available.

Quality of Care for Other Conditions

See page 125 for an explanation of terms.

HOSPITAL NAME	Death Rate for Patients with a Broken Hip (IQI-19)							Obstetric Tearing Vaginal Delivery WITH Medical Instruments (PSI-18)						Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments (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	Confidence Interval of Observed Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Confidence Interval of Observed Rate
Bridges Medical Services - Ada	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Clearwater Health Services - Bagley	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Douglas County Hospital - Alexandria	2	121	2.00%	2.80%	SAME	1.70%	0.00-4.70%	2	25	8.00%	14.22%	SAME	0.00-18.63%	10	460	2.17%	2.44%	SAME	0.84-3.51%
ELEAH Medical Center - Elbow Lake	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
First Care Medical Services - Fosston	*	*	*	*	*	*	*	*	*	*	*	*	*	0	46	0.00%	2.44%	BETTER	0.00-0.00%
Glacial Ridge Hospital - Glenwood	*	*	*	*	*	*	*	*	*	*	*	*	*	1	25	4.00%	2.44%	SAME	0.00-11.68%
Kittson Memorial Hospital - Hallock	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lake Region Healthcare Corporation - Fergus Falls	0	60	0.00%	2.80%	SAME	0.00%	0.00-4.30%	8	60	13.33%	14.22%	SAME	4.73-21.93%	7	173	4.05%	2.44%	SAME	1.11-6.98%
LakeWood Health Center - Baudette	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lifecare Medical Center - Roseau	*	*	*	*	*	*	*	*	*	*	*	*	*	2	98	2.04%	2.44%	SAME	0.00-4.84%
Mahnomen Health Center	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MeritCare Thief River Falls Northwest Medical Center	*	*	*	*	*	*	*	*	*	*	*	*	*	7	142	4.93%	2.44%	SAME	1.37-8.49%
North Country Regional Hospital - Bemidji	1	71	1.00%	3.50%	SAME	1.20%	0.00-4.70%	15	83	18.07%	14.22%	SAME	9.79-26.35%	17	581	2.93%	2.44%	SAME	1.56-4.30%
North Valley Health Center - Warren	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Perham Memorial Hospital and Home	*	*	*	*	*	*	*	*	*	*	*	*	*	3	57	5.26%	2.44%	SAME	0.00-11.06%
Riverview Hospital - Crookston	*	*	*	*	*	*	*	*	*	*	*	*	*	0	78	0.00%	2.44%	BETTER	0.00-0.00%

* Sufficient data not available.

Quality of Care for Other Conditions

See page 125 for an explanation of terms.

HOSPITAL NAME	Death Rate for Patients with a Broken Hip — IQI-19							Rate of Obstetric Tearing Vaginal Delivery WITH Medical Instruments — PSI-18						Rate of Obstetric Tearing Vaginal Delivery WITHOUT Medical Instruments — 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	Confidence Interval of Observed Rate	Numerator	Sample Size	Observed Rate	Expected Rate	When Compared to Expected Rate	Confidence Interval of Observed Rate
St Francis Medical Center - Breckenridge	*	*	*	*	*	*	*	*	*	*	*	*	*	5	111	4.50%	2.44%	SAME	0.65-8.36%
St Joseph's Area Health Services - Park Rapids	*	*	*	*	*	*	*	*	*	*	*	*	*	1	64	1.56%	2.44%	SAME	0.00-4.60%
St Mary's Regional Health Center - Detroit Lakes	3	45	7.00%	3.60%	SAME	5.40%	1.20-9.70%	4	38	10.53%	14.22%	SAME	0.77-20.28%	13	363	3.58%	2.44%	SAME	1.67-5.49%
Stevens Community Medical Center - Morris	*	*	*	*	*	*	*	*	*	*	*	*	*	3	78	3.85%	2.44%	SAME	0.00-8.11%
Wheaton Community Hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

* 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 permisson, 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 inhospital 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 on applicable measures 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 inhospital 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. PSI 18 and PSI 19 are the only applicable AHRQ measures in this report which are not risk adjusted because there are not materially important risk factors available in the state inpatient discharge data.

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 calcu-

lated 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 denominator. 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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