

At CRMC, we are committed to providing safe healthcare to our patients. Everyone plays an important role – the doctors, nurses, technicians, you and your family. This section provides information about our efforts to create safer systems and improved patient outcomes.

- [Quality Reports – Our results](#)
- [Keeping Patients Safe – What we are doing](#)
- [What you can do as a patient – Speak up](#)
- [What you can expect during your hospital stay](#)
- [What you can do to prevent infection](#)
- [Fall Prevention Tips](#)
- [Our Patient Stories](#)
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- [For More Information](#)

We undergo a rigorous evaluation process for quality and safety and are accredited by [The Joint Commission](#) and Healthcare Facilities Accreditation Program ([HFAP](#)). These organizations set the standards by which healthcare delivery systems are measured. CRMC's focus is on exceeding the patient safety standards they have identified. These include improvements in the accuracy of patient information, safety of high alert medications, prevention of infections and improving the effectiveness of communication between caregivers.

Patient safety is one of the nation's most pressing healthcare challenges. Government agencies, purchasers of group healthcare, and healthcare providers are working together to make the healthcare system safer for all. To that end:

1. We continually look for ways to improve processes to ensure the highest level of safety and to ensure very good care
2. We are interested in learning from patients how we might improve
3. We continually review the literature for research on the latest information regarding evidence based medicine and the most current effective treatments

Our Results

CRMC is committed to public accountability as we work to offer the highest quality medical care for our patients. We work with the Hospital Quality Alliance (HQA) a partnership of hospitals, government agencies, and other healthcare organizations to report our performance data on measures of care for heart attack, heart failure, pneumonia and surgical infection prevention. National comparisons are available at the [Hospital Compare](#) website and State comparisons are available at [Focus on Hospitals](#) website. CRMC has pledged to participate in the Institute for Healthcare Improvements (IHI) 100,000 Lives Campaign. The first ever national campaign to save 100,000 lives by implementing proven healthcare improvement techniques in the following areas:

- [Heart Attack Care](#)
- [Heart Failure Care](#)
- [Pneumonia Care](#)
- [Surgical Infection Prevention Care](#)

Heart Attack Care

The information in this section shows how often CRMC provided recommended treatment for people with heart attacks who were in the hospital. A heart attack also called an acute myocardial infarction (AMI) occurs when the arteries leading to the heart become blocked and the heart does not receive enough oxygen and nutrients from the blood. The part of the heart muscle that is not receiving enough blood may become damaged or die.

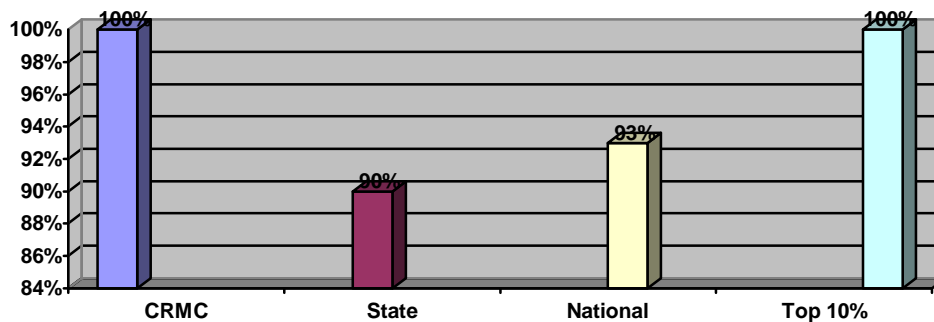
The measures below show our performance compared to state and national benchmarks, as well as explanations about the measurement data.

#1: Patients Who Receive Aspirin at Arrival

This measure shows the percentage of patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival. Higher percentages are better.

Why is receiving aspirin at arrival important?

The early use of aspirin in patients with heart attack results in a significant reduction in heart attack complications and subsequent mortality. Aspirin helps prevent blood clots from forming. Taking an aspirin as soon as symptoms of a heart attack begin may help reduce the severity of the attack. Aspirin can have side effects like stomach inflammation, bleeding, or allergic reactions. Aspirin is not for everyone. Talk to your doctor before taking aspirin on a regular basis.



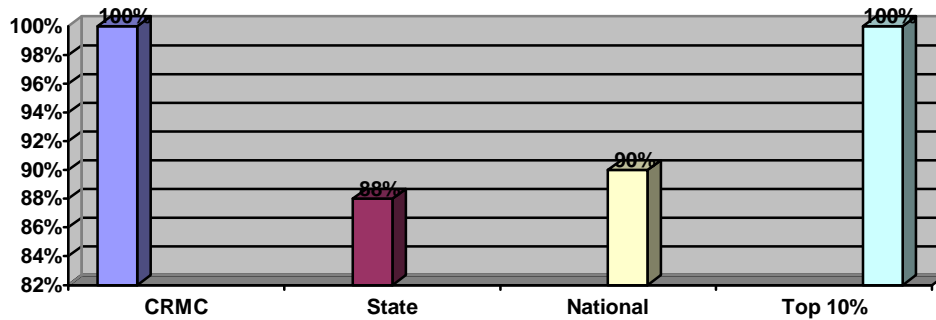
Data from April 2006-March 2007

#2 Patients who received Aspirin Prescribed at Discharge

This measure shows the percentage of patients without aspirin contraindications who are given aspirin at discharge. Higher percentages are better.

Why is receiving aspirin at discharge important?

Aspirin therapy in patients who have suffered heart attacks reduces the risk of complications and death. Aspirin helps prevent blood clots from forming. After a heart attack, continued use of aspirin may reduce the risk of another heart attack. Aspirin can have side effects like stomach inflammation, bleeding, or allergic reactions. Aspirin is not for everyone. Talk to your doctor before taking aspirin on a regular basis.



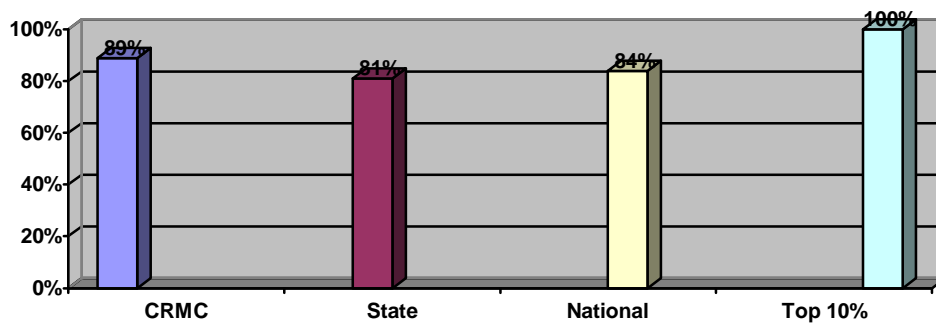
Data from April 2006-March 2007

#3 ACE Inhibitor for Left Ventricular Systolic Dysfunction

This measure shows the percentage of patients with left ventricular systolic dysfunction (LVSD) who were given an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) when they were discharged from the hospital. Higher percentages are better.

Why is receiving an ACE Inhibitor important?

ACE inhibitors are a type of medicine used to treat heart attacks, heart failure, or a decreased function of the left heart chamber. ACE inhibitors or ARB's help reduce the risk of death from a heart attack. Continued use may prevent heart failure.



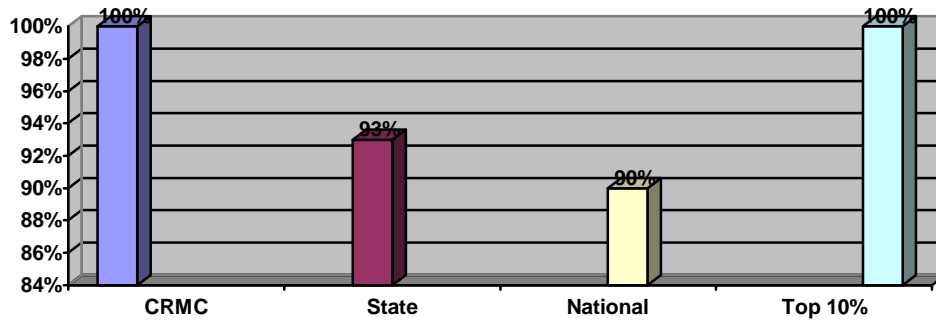
Data from April 2006-March 2007

#4 Adult Smoking Cessation Counseling

This measure shows the percentage of patients with a history of smoking cigarettes (anytime during the year prior to hospitalization), who are given smoking cessation advice or counseling during their hospital stay. Higher percentages are better.

Why is it important to help patients stop smoking?

Smoking cessation reduces mortality and morbidity in all populations. Patients who receive even brief smoking-cessation advice from their physicians are more likely to quit.



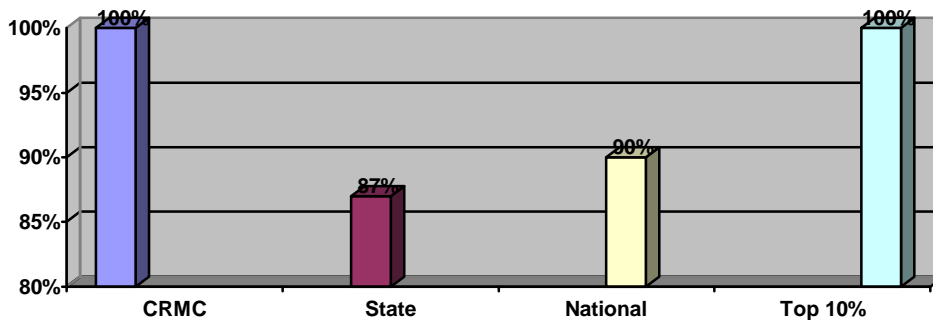
Data from April 2006-March 2007

#5 Patients who were Prescribed a Beta Blocker at Discharge

This measure shows the percentage of patients without beta blocker contraindications who were given a beta blocker when they were discharged from the hospital. Higher percentages are better.

Why is receiving a beta blocker at discharge important?

Beta blockers are a type of medicine that has been shown to reduce death after a heart attack. Beta blockers relieve the stress on the heart by slowing the heart rate and reducing the energy with which the heart muscles contract to pump blood. This allows more blood to feed the heart muscles.



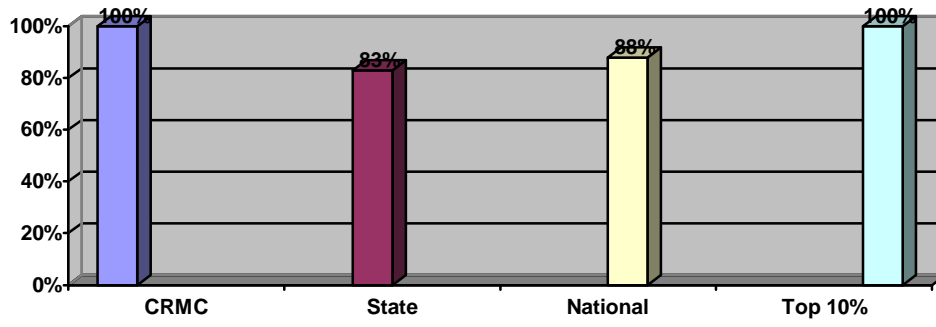
Data from April 2006-March 2007

#6 Patients who Received a Beta Blocker at Arrival

This measure shows the percentage of patients without beta blocker contraindications who were given a beta blocker within 24 hours after hospital arrival. Higher percentages are better.

Why is receiving a beta blocker at arrival important?

The early use of beta blockers in patients with heart attack reduces the chance of death and other complications. Beta blockers relieve the stress on the heart by slowing the heart rate and reducing the energy with which the heart muscles contract to pump blood. This allows more blood to feed the heart muscle.



Data from April 2006-March 2007

Heart Failure Care

The information in this section shows how often CRMC provided recommended treatment for people with heart failure who were in the hospital. Heart failure also called Congestive Heart Failure (CHF) occurs when the right or left side of the heart is unable to pump blood at a sufficient rate which results in fluid overload in the lungs or body.

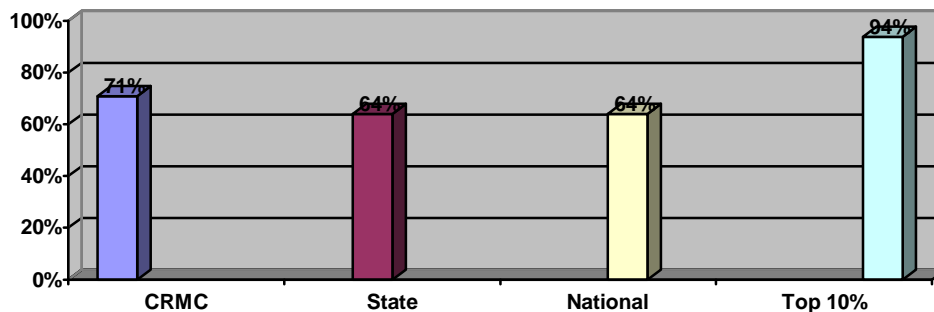
The measures below show our performance compared to state and national benchmarks, as well as explanations about the measurement data.

#1 Discharge Instructions

This measure shows the percentage of patients who were discharged to home with written instructions or educational material addressing all of the following: activity level, diet, medications, follow up appointment, weight monitoring, and what to do if symptoms worsen. Higher percentages are better.

Why is it important for a patient to receive discharge instructions?

Patients with heart failure need to have good compliance with their medications, diet, and weight monitoring in order to decrease symptoms and complications of heart failure. Health care professionals need to ensure patients and their caregivers understand these instructions.



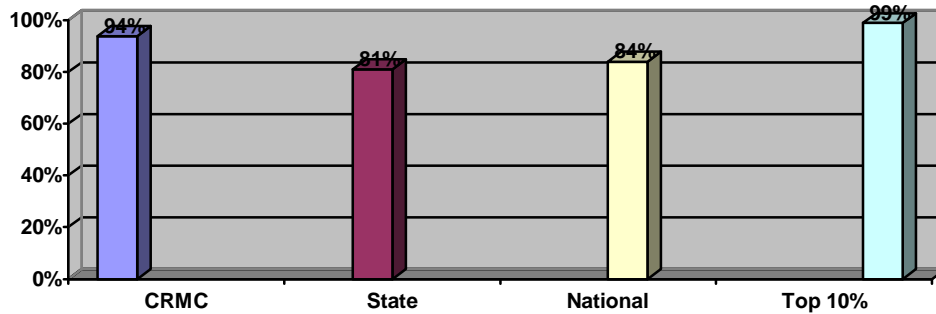
Data from April 2006-March 2007

#2 Left Ventricular Function Assessment

This measure shows the percentage of patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge. Higher percentages are better.

Why is it important to have a left ventricular function assessment?

Left side of the heart assessment is one of the most important parts of managing heart failure. The appropriate selection of medications to reduce the chance of death and/or complications in heart failure requires the identification of patients with impaired left side of the heart function. There are several tests that can be used to assess LVF, including echocardiograms, nuclear medicine scans and cardiac catheterization.



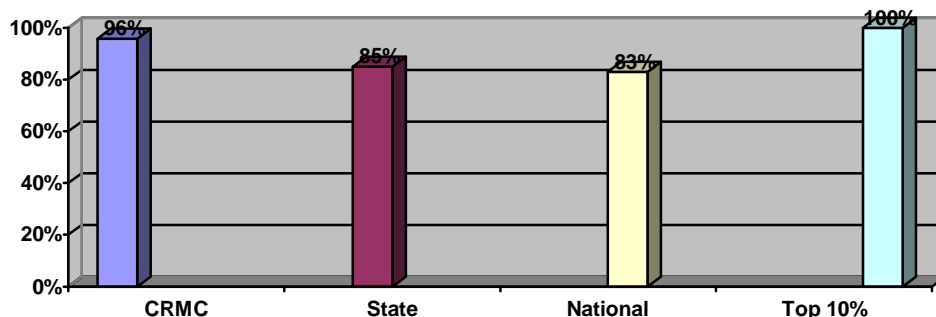
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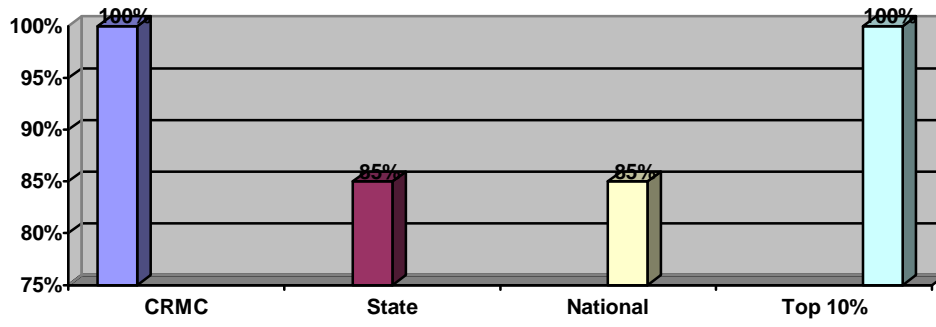
Data from April 2006-March 2007

#4 Adult Smoking Cessation Counseling

This measure shows the percentage of patients with a history of smoking cigarettes (anytime during the year prior to hospitalization), who are given smoking cessation advice or counseling during their hospital stay. Higher percentages are better.

Why is it important to help patients stop smoking?

Smoking cessation reduces death and medical complications in all populations. Patients who receive even brief smoking-cessation advice from their physicians are more likely to quit.



Data from April 2006-March 2007

Pneumonia Care

The information in this section shows how often CRMC provided recommended treatment for people with pneumonia who were in the hospital. Pneumonia is an infection or inflammation that fills your lungs with fluid, lowering the oxygen level in your blood. Symptoms of pneumonia can include fever, feeling tired, difficulty breathing or being short of breath, chills, cough, and chest pain.

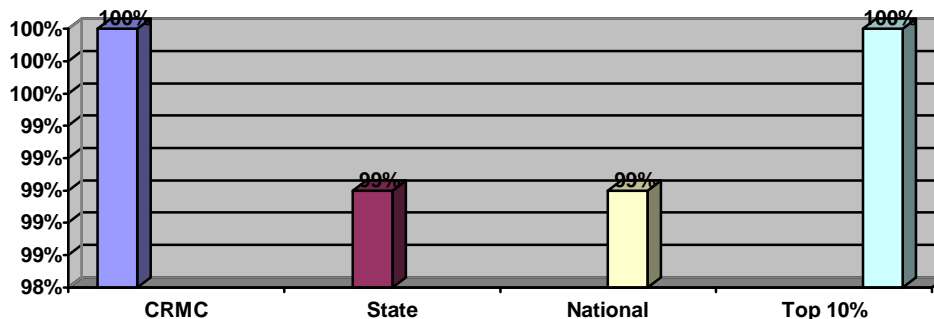
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#1 Oxygenation Assessment

This measure shows the percentage of patients who had an assessment of oxygenation by blood gas measurement or pulse oximetry (small electrode attached to your finger or earlobe) within 24 hours prior to or after arrival at the hospital. Higher percentages are better.

Why is oxygenation assessment important?

Inadequate oxygen in the blood is common in pneumonia and is known to increase potential death. It is important to measure the amount of oxygen in your blood to see if you need oxygen therapy. Giving supplemental oxygen helps reduce this risk.



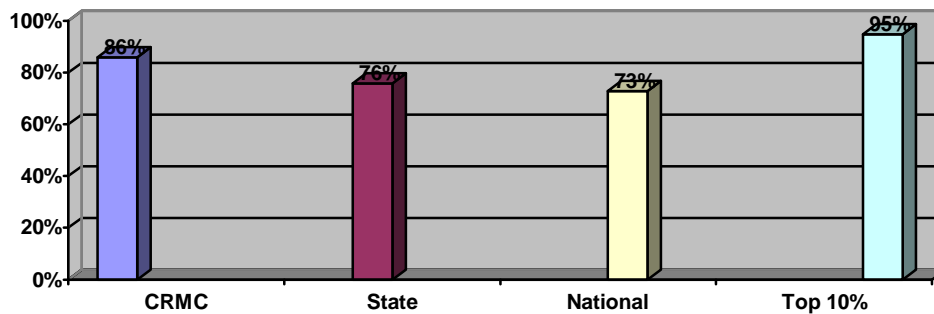
Data from April 2006-March 2007

#2 Pneumococcal Vaccination (Pneumonia Shot)

This measure shows the percentage of patients age 65 and older who were screened for pneumococcal vaccine status and were given the vaccine prior to discharge, if needed. Higher percentages are better.

Why is the Pneumococcal Vaccine important?

The pneumonia vaccine may help prevent or lower the risk of complications from pneumonia caused by bacteria. It may also help prevent future infections. The federal government recommends that all adults over the age of 65 receive a pneumonia vaccination, as well as other adults and children with certain conditions that make them susceptible to pneumonia.



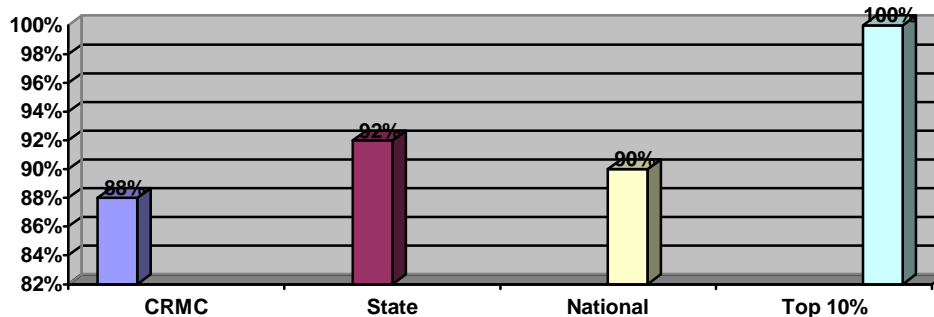
Data from April 2006-March 2007

#3 Blood Cultures Performed Before the First Antibiotic is Received

This measure shows the percentage of patients who had their blood culture specimen taken prior to the first hospital dose of antibiotics. Higher percentages are better.

Why is it important to have the blood culture taken prior to the first hospital dose of antibiotics?

Blood cultures help the physician to determine what type of antibiotic should be used for the pneumonia. The information the physician receives from the blood culture is more accurate if the culture is completed before the antibiotic is given.



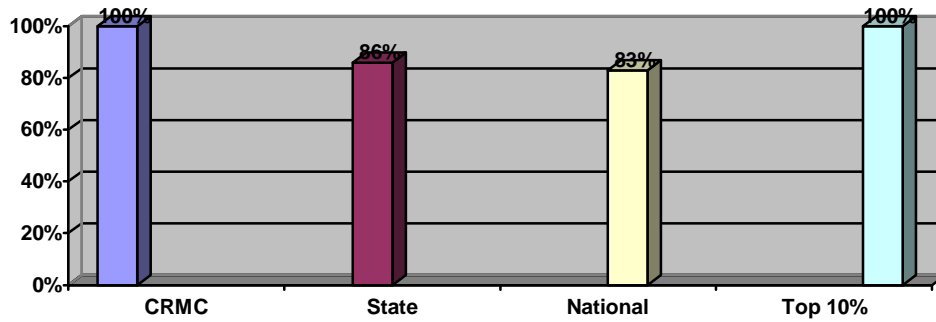
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#4 Adult Smoking Cessation Counseling

This measure shows the percentage of patients with a history of smoking cigarettes (anytime during the year prior to hospitalization), who are given smoking cessation advice or counseling during their hospital stay. Higher percentages are better.

Why is it important to help patients stop smoking?

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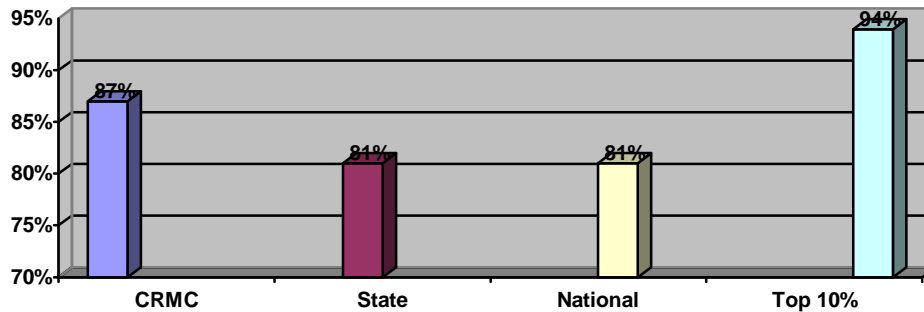
Data from April 2006-March 2007

#5 Initial Antibiotic Received Within 4 hours of Hospital Arrival

This measure shows the percentage of patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital. Higher percentages are better.

Why is it important to receive antibiotics in this time period?

There is evidence that when pneumonia patients receive antibiotics in a timely period the patient outcome is improved.



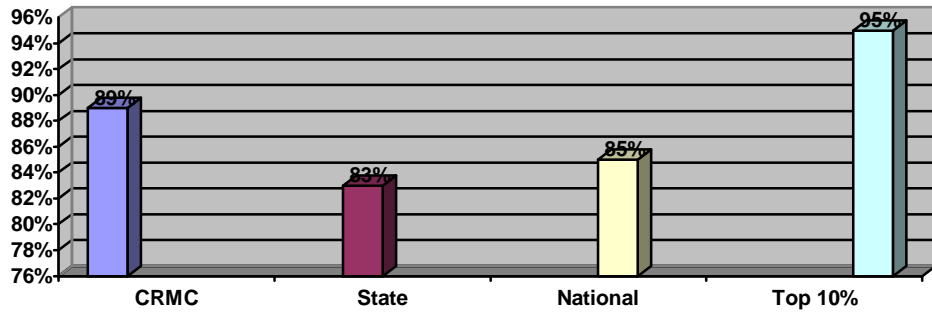
Data from April 2006-March 2007

#6 Initial Antibiotic Selection for Community Acquired Pneumonia in Immunocompetent Patients

This measure shows the percentage of patients with a suppressed immune system and had a community acquired pneumonia who received an initial antibiotic during the first 24 hours in the hospital that is consistent with current guidelines. Higher percentages are better.

Why is it important to receive an initial antibiotic that is consistent with current guidelines?

There is evidence that when pneumonia patients receive an antibiotic that is recommended by current guidelines for their pneumonia patient outcomes are improved.



Data from April 2006-March 2007

Surgical Infection Prevention Care

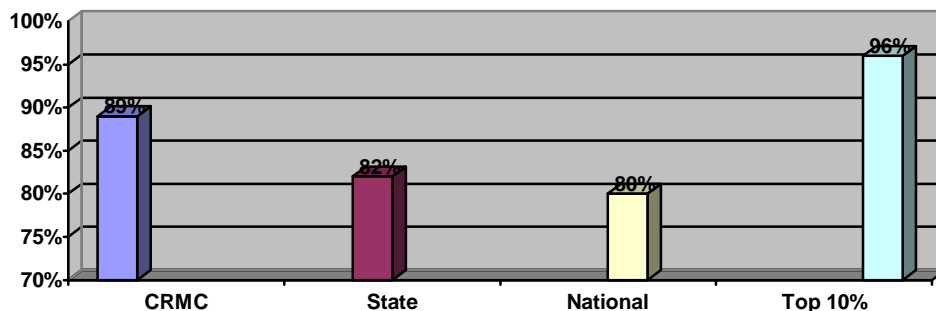
The information in this section shows how often CRMC provided recommended treatment for people who have certain types of surgery at the hospital. Surgical infection prevention care is providing treatments which have been shown to help prevent a post-operative infection at the incision site.

The measures below show our performance compared to state and national benchmarks, as well as explanations about the measurement data.

#1 Prophylactic Antibiotic Received Within 1 hour Prior to Surgical Incision

This measure shows the percentage of patients who received an antibiotic within one hour of surgical incision. Higher percentages are better.

Why is it important to receive an antibiotic one hour prior to surgical incision?
The goal of giving an antibiotic one hour prior to the incision is to establish the antibiotic within your blood system to prevent bacteria from growing in your incision.



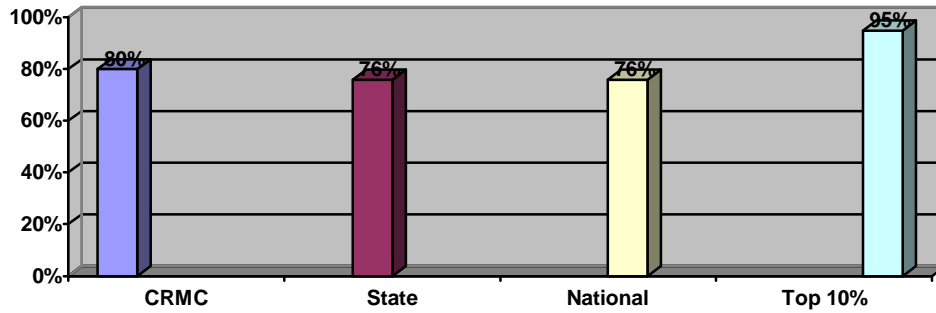
Data from April 2006-March 2007

#2 Prophylactic (for prevention not treatment) Antibiotics Discontinued Within 24 hours after Surgery End Time

This measure shows the percentage of patients who had their post operative antibiotic stopped within 24 hours after the surgery ended.

Why is it important to have the antibiotic stopped at or before 24 hours after the surgery ended?

The goal of prophylactic antibiotics is to help prevent infection with as little risk to the patient as possible. It is important to maintain the antibiotic in the blood during your operation but once the incision is closed the antibiotic should be stopped unless the physician has specific reasons for continuing the antibiotic.



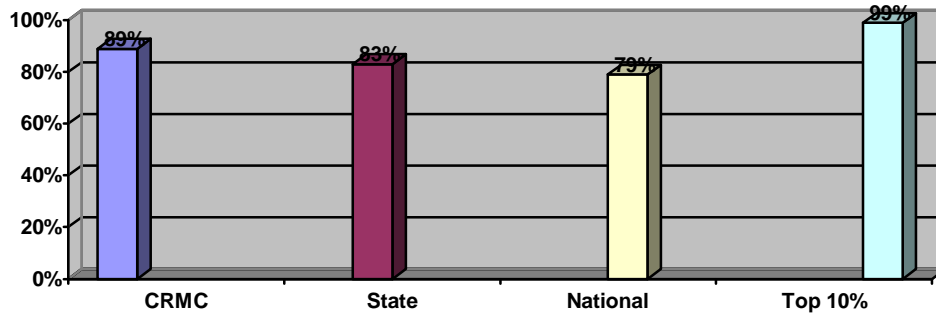
Data from April 2006-March 2007

#3 Surgery Patients with Recommended Venous Thrombolism Prophylaxis Ordered

This measure shows the percentage of patients who had recommended venous thrombolism (blood clot) prevention prior to a specific surgery.

Why is it important to have venous thrombolism prophylaxis?

The goal of prophylactic treatment is to help prevent blood clots with as little risk to the patient as possible. Surgery patients are at more risk than the general public to get a blood clot, therefore prevention is best practice.



Data from April 2006-March 2007

Our Actions to Keep Patients Safe

- Utilize an automated medication dispensing system (Pyxis) that provides an increased ability to prevent medication errors. Pyxis is provided at each nurses station.
- Provide personal protective equipment and rinseless hand sanitizer in every patient room which reduces the transmission of infections.
- Provide information to patients and family to help them understand the care they receive.
- Involve the patient in care decisions.
- Participate in hospital accreditations and surveys.
- Participate in public reporting initiatives.
- Research best practice.
- Implemented a fall prevention program to decrease patient falls.
- Implemented a program to double check high risk medication with two staff members instead of one.
- Staff education regarding patient safety goals.
- Reconcile home medications with medications given at the hospital; give every patient a list of current medications on discharge.
- Implemented state wide arm band colors for fall risk, code status, etc.
- Implemented “hand off “ communication, which standardizes the information shared from one caregiver to the next.

What You Can Do as a Patient: SPEAK UP

The single most important thing you can do to ensure very good care and prevent medical errors is to be an active partner in your own healthcare. This means getting involved in your care and asking questions to your healthcare providers. We want your experience at Capital Region to be very good; you can help us in this process by telling us what very good care is to you! Here are some items that will help ensure very good care.

- Keep a current list of your medications
- Make sure you get your test results
- Make sure you understand your test results
- Speak up, be an active participant in your care
- If you have concerns about patient care or safety in the hospital please contact hospital administration at 573-632-5000 or efarnsworth@mail.crmc.org
If concerns are not addressed by the hospital then contact Joint Commission's office of Quality Monitoring at 1-800-994-6610 or complaint@jcaho.org

What to Expect During Your Hospital Stay

- Staff will ask you to identify yourself with your name and date of birth
- Staff will ask for a complete list of your medications, including vitamins and herbal medications
- Staff will check your armband when you receive medications, are given blood, are taken for a diagnostic test or when they take blood for tests

What You Can do to Prevent Infection

- Wash your hands before eating, after using the restroom, before and after touching any wounds
- Ask your caregiver to wash their hands prior to providing your care
- When prescribed antibiotics take the medication exactly as directed
- Maintain good hygiene, including teeth
- Cover your mouth and nose whenever you cough or sneeze
- Do not visit family or friends if you have symptoms of a cold or flu

Fall Prevention Tips

At home:

- Take a fresh look at your home environment, then take a few simple steps to prevent falls. For example: Remove clutter you can trip over from stairs and places where you walk. This may include items such as papers, books, clothes, and shoes.
- Remove small throw rugs or use double-sided tape to secure them.
- Ensure your home has sturdy handrails and adequate lighting on all staircases.
- Keep items used most often in cabinets you can reach without a stool.
- Wear shoes that give good support and have non-slip soles.
- Improve lighting inside your home.
- Install grab bars next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on the shower floors.
- Have your eyes checked annually to keep your vision sharp.
- Talk to your doctor or pharmacist about all the medicines you take, including over-the-counter items. Some medicines or combinations of medicines can make you drowsy, which can lead to a fall.

In hospital:

CAPITAL REGION MEDICAL CENTER RECOGNIZES PATIENT SAFETY AS ONE OF OUR NUMBER ONE PRIORITIES. FALLS ARE ONE OF THESE PATIENT SAFETY CONCERNS. CAPITAL REGION HAS BEEN IN THE PROCESS OF PERFORMING A FAILURE MODES AND EFFECT ANALYSIS (FMEA) THROUGH A GROUP OF DEDICATED EMPLOYEES TO PREVENT PATIENT FALLS. PATIENTS ARE ASSESSED FOR POTENTIAL FALL RISKS UPON ADMISSION AND THROUGHOUT THEIR HOSPITAL STAY, IF THEY ARE DEEMED TO BE AT RISK FOR FALLS WE INSTITUTE FALL RISK STANDARDS OF CARE. HERE ARE SOME OF THE PREVENTION METHODS USED WHEN INDICATIONS ARE IDENTIFIED THAT A PATIENT IS AT RISK FOR A POTENTIAL FALL.

THREE INDICATORS TO IDENTIFY PATIENTS AT FALL RISK IN OUR FACILITY:

1. *RUBY RED SLIPPERS*: *All of our fall risk patients have the CRMC issued red socks on.*



2. *Yellow Stars*: Yellow “falling” stars are placed on the door of anyone who qualifies as a fall risk.



3 .Yellow “FALL RISK” ID BAND: All patients identified as being at risk for a fall have the CRMC issued Yellow Fall Risk Id wristband.

You can help Capital Region in this process by letting us know if you are at risk for falls. Always asking for assistance when getting up for a walk or to the restroom. Being aware of the information above.

Our Patient Stories

(Include actual patient letters here)

Patient Satisfaction Information

Our patient's complete satisfaction with their care is a priority to our organization. Capital Region Medical Center has partnered with Press Ganey, the nation's leading vendor of healthcare satisfaction measurement and improvement of services, to ensure our patients, families and visitors receive very good care clinically, emotionally and spiritually.

To measure our patient's satisfaction within our organization a Press Ganey survey is mailed to our patients. The feedback from the surveys is used for process improvements. The feedback is vital in meeting and exceeding our patient's expectations. Below is a scanned image of the inpatient survey.

(Insert picture of actual survey with questions-probable HCAHPS)

For more Information Regarding Quality and Patient Safety

- Capital Region Quality department 573-632-5000 or mwhite@mail.crmc.org
- Joint Commission on Accreditation of Healthcare Organizations
www.jointcommission.org
- Healthcare Facilities Accreditation Program www.do-online.osteotech.org
- Institute for Healthcare Improvement (IHI) www.ihl.org
- Agency for Healthcare Research and Quality www.ahrq.gov