



Accreditation Quality Report





Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in the key area of National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.




Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission






Summary of Quality Information

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.







For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Critical Access Hospital	Accredited	3/24/2011	3/23/2011	5/4/2011
 Home Care	Accredited	3/24/2011	3/23/2011	3/23/2011
 Pathology and Clinical Laboratory	Accredited	3/23/2011	3/22/2011	3/22/2011

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Pathology and Clinical Laboratory

Critical Access Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Critical Access Hospital	2011 National Patient Safety Goals		 *
Home Care	2011 National Patient Safety Goals		 *
Pathology and Clinical Laboratory	2011 National Patient Safety Goals		 *



Locations of Care

* Primary Location

Locations of Care	Available Services	
Buena Vista Regional Medical Center * 1525 West Fifth Street Storm Lake, IA 50588	<ul style="list-style-type: none"> • Acute Care • CT Scanner (Imaging/Diagnostic Services) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • General Laboratory Tests • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Interventional Radiology (Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Mammography (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) 	<ul style="list-style-type: none"> • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Orthopedic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Psychiatric Unit • Surgical Unit (Inpatient) • Swing Beds • Teleradiology (Imaging/Diagnostic Services) • Toxicology • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services)



















2011 National Patient Safety Goals

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Critical Access Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
	Eliminating Transfusion Errors	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
	Preventing Multi-Drug Resistant Organism Infections	
	Preventing Central-Line Associated Blood Stream Infections	
	Preventing Surgical Site Infections	
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	
	Communicating Medications to the Next Provider	
	Providing a Reconciled Medication List to the Patient	
	Settings in Which Medications are Minimally Used	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	



CMS Mortality Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2007 through June 2010
Last Updated: January 26, 2012

The U.S. National 30-day Death Rate from Heart Attack = 16%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Attack = 15.3%	Not Available		
Number of Medicare Heart Attack Patients = 28			
Out of 4645 hospitals in U.S.	101 hospitals in the U.S. Better than U.S. National Rate	2740 hospitals in the U.S. No different than U.S. National Rate	36 hospitals in the U.S. Worse than U.S. National Rate
	1768 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 114 hospitals in Iowa	0 hospitals in Iowa Better than U.S. National Rate	39 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	75 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Heart Failure = 11%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Failure = 12.6%	Not Available		
Number of Medicare Heart Failure Patients = 79			
Out of 4841 hospitals in U.S.	194 hospitals in the U.S. Better than U.S. National Rate	3880 hospitals in the U.S. No different than U.S. National Rate	119 hospitals in the U.S. Worse than U.S. National Rate
	648 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 118 hospitals in Iowa	0 hospitals in Iowa Better than U.S. National Rate	100 hospitals in Iowa No different than U.S. National Rate	3 hospitals in Iowa Worse than U.S. National Rate
	15 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Pneumonia = 12%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Pneumonia = 12.6%	Not Available		
Number of Medicare Pneumonia Patients = 137			

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



CMS Mortality Rates

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate			
The rates displayed in this table are from data reported for discharges July 2007 through June 2010			
Last Updated: January 26, 2012			
Out of 4877 hospitals in U.S.	201 hospitals in the U.S. Better than U.S. National Rate	4089 hospitals in the U.S. No different than U.S. National Rate	220 hospitals in the U.S. Worse than U.S. National Rate
	367 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 118 hospitals in Iowa	4 hospitals in Iowa Better than U.S. National Rate	105 hospitals in Iowa No different than U.S. National Rate	5 hospitals in Iowa Worse than U.S. National Rate
	4 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.



CMS Readmission Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2007 through June 2010
Last Updated: January 26, 2012

The U.S. National Rate for Readmissions for Heart Attack Patients = 20%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Attack Patients = 0%	Not Available		
Number of Medicare Heart Attack Patients = 22			
Out of 4553 hospitals in U.S.	30 hospitals in the U.S. Better than U.S. National Rate	2417 hospitals in the U.S. No different than U.S. National Rate	36 hospitals in the U.S. Worse than U.S. National Rate
	2070 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 112 hospitals in Iowa	0 hospitals in Iowa Better than U.S. National Rate	29 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	83 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Heart Failure Patients = 25%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Failure Patients = 26.2%	Not Available		
Number of Medicare Heart Failure Patients = 81			
Out of 4857 hospitals in U.S.	117 hospitals in the U.S. Better than U.S. National Rate	3969 hospitals in the U.S. No different than U.S. National Rate	199 hospitals in the U.S. Worse than U.S. National Rate
	572 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 118 hospitals in Iowa	3 hospitals in Iowa Better than U.S. National Rate	104 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	11 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Pneumonia Patients = 17.3%	Not Available		

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



CMS Readmission Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2007 through June 2010
Last Updated: January 26, 2012






Number of Medicare Pneumonia Patients = 138

Out of 4897 hospitals in U.S.	45 hospitals in the U.S. Better than U.S. National Rate	4356 hospitals in the U.S. No different than U.S. National Rate	132 hospitals in the U.S. Worse than U.S. National Rate
	364 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 118 hospitals in Iowa	1 hospitals in Iowa Better than U.S. National Rate	114 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	3 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Readmission Rates please see user guides.

Symbol Key

-  This organization achieved the best possible results
-  This organization's performance is above the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is below the target range/value.
-  Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

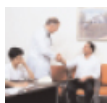
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	Not Available	0%

Question			Explanation					
How often did doctors communicate well with patients?			Patients reported how often their doctors communicated well with them during their hospital stay. “Communicated well” means doctors explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .					
Doctors “always” communicated well			Doctors “usually” communicated well			Doctors “sometimes” or “never” communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	83%	80%	0% ³	14%	15%	0% ³	3%	5%

Question			Explanation					
How often did nurses communicate well with patients?			Patients reported how often their nurses communicated well with them during their hospital stay. “Communicated well” means nurses explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .					
Nurses “always” communicated well			Nurses “usually” communicated well			Nurses “sometimes” or “never” communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	80%	76%	0% ³	17%	19%	0% ³	3%	5%

Question			Explanation					
How often did patients receive help quickly from hospital staff?			Patients reported how often they were helped quickly when they used the call button or needed help in getting to the bathroom or using a bedpan .					
Patients "always" received help as soon as they wanted			Patients "usually" received help as soon as they wanted			Patients "sometimes" or "never" received help as soon as they wanted		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	69%	64%	0% ³	25%	25%	0% ³	6%	11%



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	Not Available	0%

Question	Explanation								
How often was patients' pain well controlled?	If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. "Well controlled" means their pain was well controlled and that the hospital staff did everything they could to help patients with their pain.								
Pain was "always" well controlled	Pain was "usually" well controlled			Pain was "sometimes" or "never" well controlled					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
0% ³	71%	69%	0% ³	24%	24%	0% ³	5%	7%	

Question	Explanation								
How often did staff explain about medicines before giving them to patients?	If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told what the medicine was for and what side effects it might have before they gave it to the patient.								
Staff "always" explained	Staff "usually" explained			Staff "sometimes" or "never" explained					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
0% ³	64%	61%	0% ³	20%	18%	0% ³	16%	21%	



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	Not Available	0%

Question			Explanation					
How often were the patients' rooms and bathrooms kept clean?			Patients reported how often their hospital room and bathroom were kept clean.					
Room was "always" clean			Room was "usually" clean			Room was "sometimes" or "never" clean		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	78%	72%	0% ³	17%	19%	0% ³	5%	9%

Question			Explanation					
How often was the area around patients' rooms kept quiet at night?			Patients reported how often the area around their room was quiet at night .					
"Always" quiet at night			"Usually" quiet at night			"Sometimes" or "never" quiet at night		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	62%	58%	0% ³	31%	31%	0% ³	7%	11%

Question			Explanation		
Were patients given information about what to do during their recovery at home?			The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had discussed the help they would need at home . Patients also reported whether they were given written information about symptoms or health problems to watch for during their recovery .		
Yes, staff did give patients this information			No, staff did not give patients this information		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	85%	82%	0% ³	15%	18%



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Survey Date Range	Number of Completed Surveys	Survey Response Rate
April 2010 through March 2011	Not Available	0%




Question			Explanation					
How do patients rate the hospital overall?			After answering all other questions on the survey, patients answered a separate question that asked for an overall rating of the hospital . Ratings were on a scale from 0 to 10, where “0” means “worst hospital possible” and “10” means “best hospital possible.”					
Patients who gave a rating of 9 or 10 (high)			Patients who gave a rating of 7 or 8 (medium)			Patients who gave a rating of 6 or lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	75%	68%	0% ³	20%	23%	0% ³	5%	9%

Question			Explanation					
Would patients recommend the hospital to friends and family?			The survey asked patients whether they would recommend the hospital to their friends and family.					
YES, patients would definitely recommend the hospital			YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% ³	75%	70%	0% ³	22%	25%	0% ³	3%	5%











2011 National Patient Safety Goals

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."




Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	
	Communicating Medications to the Next Provider	
	Providing a Reconciled Medication List to the Patient	
	Settings in Which Medications are Minimally Used	
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	






2011 National Patient Safety Goals

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

Pathology and Clinical Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."