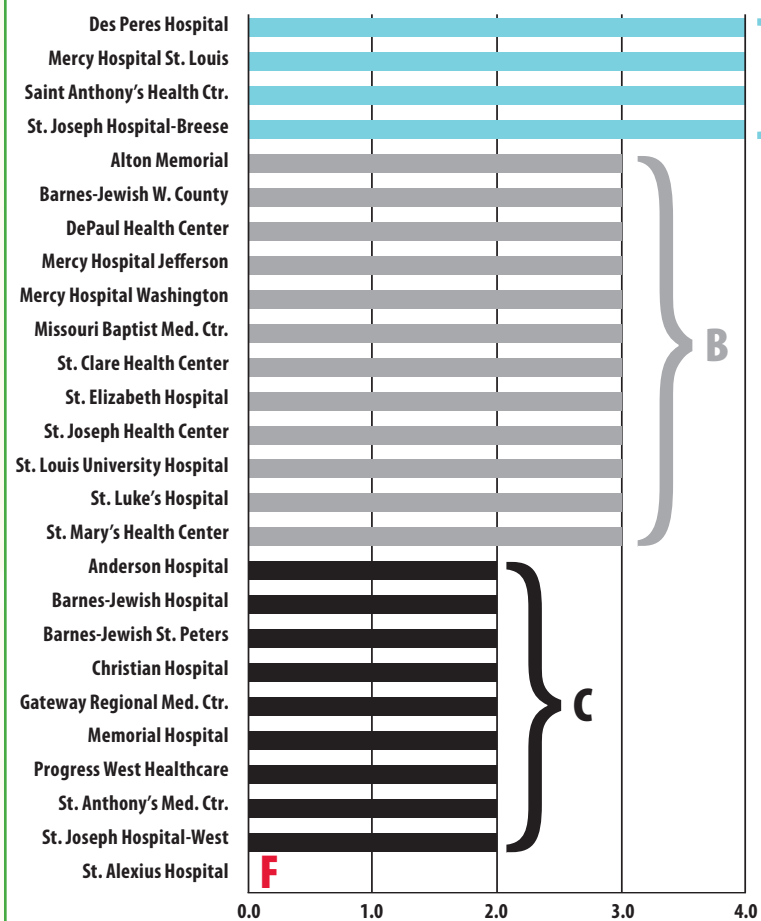


How safe is your hospital?

THE LEAPFROG HOSPITAL SAFETY SCORE is an A, B, C, D, or F letter grade reflecting how safe hospitals are for patients. This score can be used as one source of information about the safety of hospitals in your area. The Leapfrog Hospital Safety Score is assigned based on a hospital's performance across 26 measures, ranging from rates of hospital acquired infections to whether the hospital has systems in place to prevent medication errors. The measures used in the score are determined with the guidance of a panel of patient safety experts from across the country.

Leapfrog Hospital Safety Score assigns equal weight to hospital efforts to improve patient safety (process and structural measures) and outcomes.

Leapfrog Hospital Safety Score St. Louis Area Hospitals, May 2015



Some performance survey answers may be taken from the American Hospital Association survey.

Leapfrog Hospital Safety Score

Process & Structural Measures

Leapfrog Hospital Survey

- Computerized Physician Order Entry
- ICU Physician Staffing
- Safe Practices
 - Leadership Structures & Systems
 - Culture Measurement
 - Teamwork Training & Skill Building
 - Identification/Mitigation of Risks & Hazards
 - Nursing Workforce
 - Medication Reconciliation
 - Hand Hygiene
 - Care of the Ventilated Patient

Hospital Compare (Recommended Care)

- Antibiotic 1 hour prior to surgical incision
- Appropriate Antibiotic
- Antibiotics stopped 24 hours after surgery
- Blood Clot Prevention Treatment
- Urinary catheter removed after surgery

Outcome Measures

Hospital Compare (Hosp.-Acquired Condition)

- Foreign object retained after surgery
- Intravascular air embolism
- Stage 3 or 4 pressure ulcer (bedsore)
- A Fall
- Central-Line Catheter Infections
- Catheter-Associated Urinary Tract Infections
- Surgical Site Infection of the Colon

AHRQ Patient Safety Indicator

- Death among surgical inpatients
- Iatrogenic Pneumothorax (lung collapse)
- Accidental puncture or laceration
- Postoperative Measures:
 - Respiratory Failure
 - Pulmonary embolism or deep vein thrombosis (lung or leg blood clot)
 - Wound dehiscence (surgical incision reopens) after abdominal surgery



**MIDWEST
HEALTH
INITIATIVE**

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St. Louis, MO 63124
314-721-7800
www.midwesthealthinitiative.org

References

- 1 Agency for Healthcare Research and Quality
- 2 Norton's Bankruptcy Law Advisor, May 2000
- 3 New England Journal of Medicine, April 2009

A consumer guide to hospitals in St. Louis



We all want to make the best possible health care decisions for ourselves and our families. However, it can be difficult to know which treatments, hospitals and physicians offer the greatest opportunity for the best result.

This brochure contains hospital quality and safety information from the federal government and national quality organizations. This information can help patients and their physicians choose a hospital for certain conditions or procedures.

What's Inside:

- Hospital Readmission Rates
- Hospital Safety Scores
- Hospital Infection Rates

WHY DO I NEED TO KNOW?

Adverse medication events cause more than 770,000 injuries and deaths each year at a cost as high as \$5.6 billion annually.¹

An estimated \$19.5 billion dollars in health care costs are attributable to medical errors.²



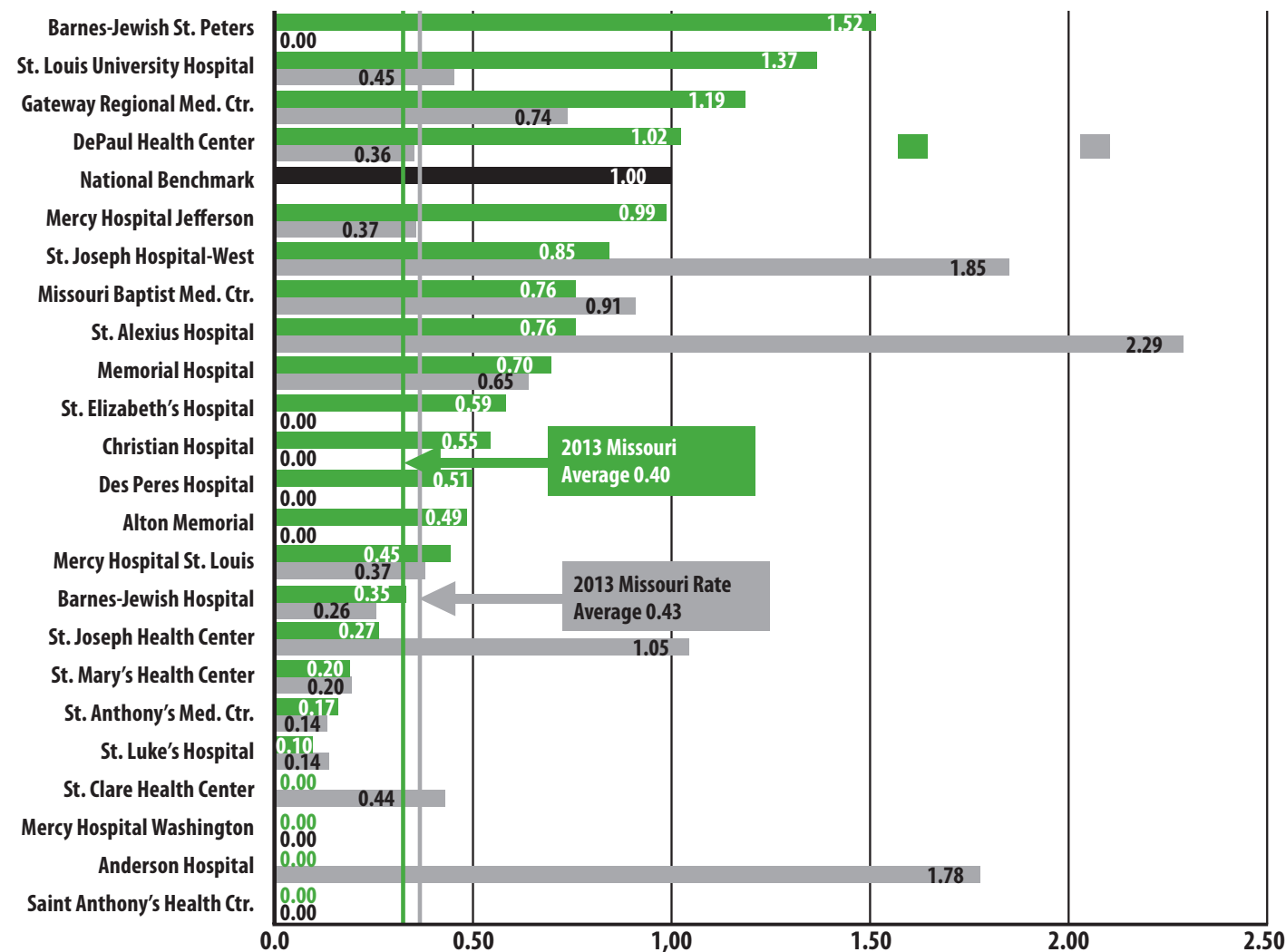
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PATIENT SATISFACTION

How often were patients treated at my hospital satisfied?

St. Louis Area Hospitals Central Line-Associated Bloodstream Infections (ICU Only) Standardized Infection Ratio, 2013-2014

Lower scores are better



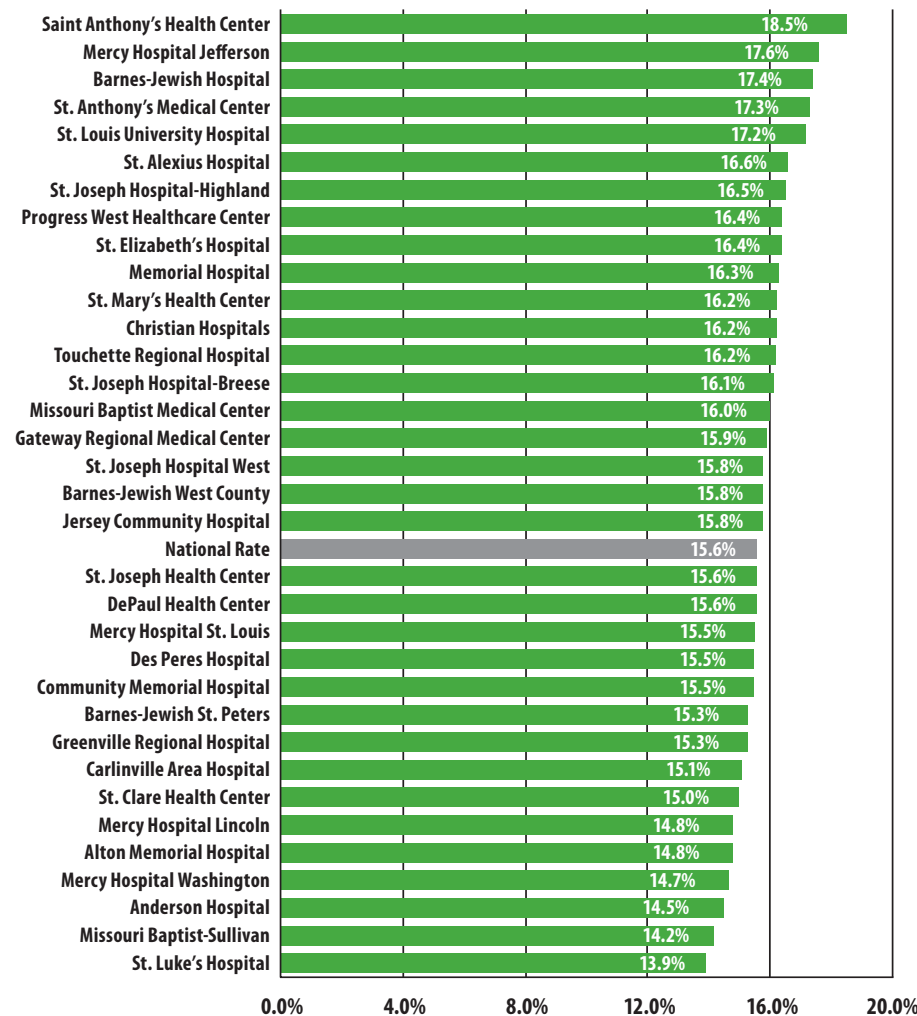
Source: CMS Hospital Compare. The standardized infection ratio (SIR) used to adjust for risk by CMS is calculated by dividing the number of observed infections by the number of expected infections, using infection rates from a standard population during a baseline time period.

Want to know more about the quality of care at your hospital?
Visit www.whynotthebest.org
Visit www.hospitalcompare.gov

RECOMMENDED CARE

How often did my hospital provide recommended care?

St. Louis Area Hospitals All-Cause, Risk-Adjusted 30-Day Readmission Rates, 2012-2013



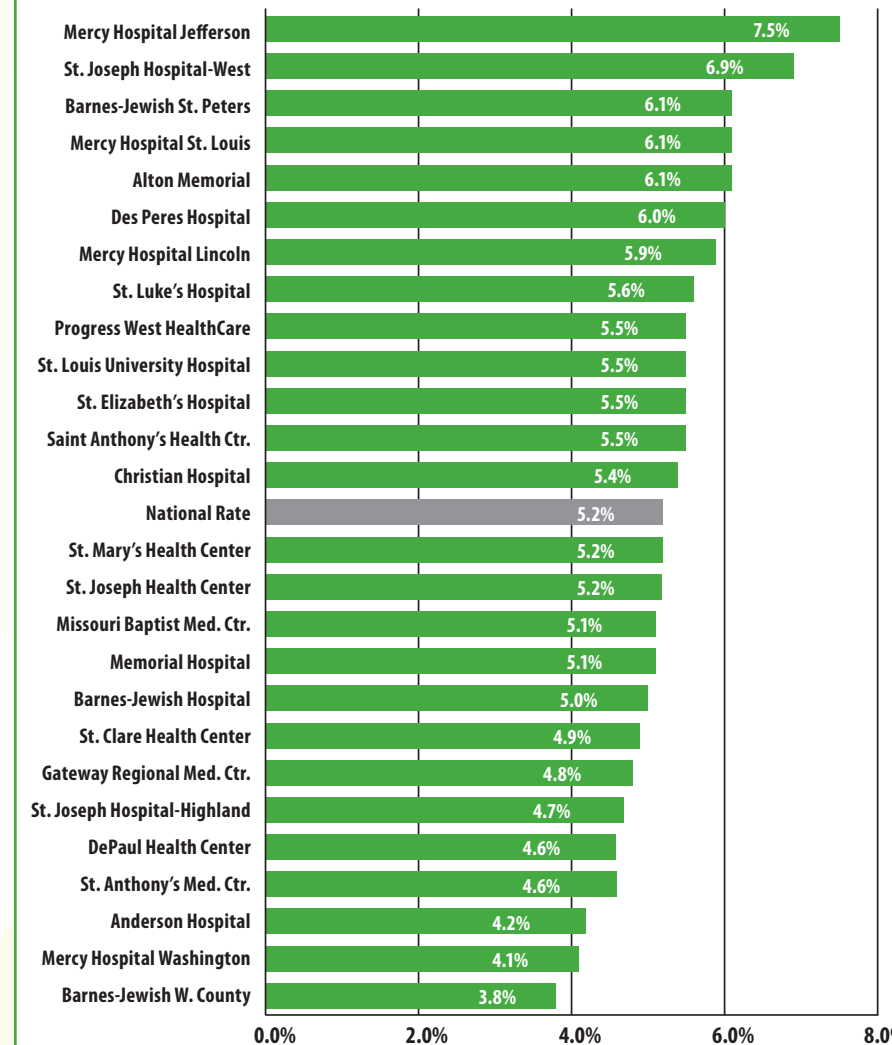
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HOSPITAL READMISSIONS

How often did patients at my hospital need to return?

EVERY YEAR MORE THAN A MILLION AMERICANS have hip and knee replacements, which account for 1 in 5 orthopedic surgeries. The number of these surgeries is only expected to grow as the population ages. Arthritis is the most common reason for joint replacement in the elderly. Meanwhile, an increase in overweight and obese individuals is driving demand among younger adults. The graphs below show the variation in readmissions and complications rates of these common procedures.

St. Louis Area Hospitals Risk-Standardized Readmission Rate Elective Hip and Knee Surgery, 2010-2013



St. Louis Hospitals 2010-2013 Elective Hip and Knee Surgery Complication Rates	
Barnes-Jewish St. Peters	4.7
St. Elizabeth's Hospital	4.7
St. Mary's Health Center	4.7
St. Anthony's Health Ctr.	4.4
Memorial Hospital	4.0
Mercy Hospital Jefferson	3.7
Alton Memorial Hospital	3.6
Mercy Hospital Lincoln	3.6
St. Clare Health Center	3.6
St. Joseph Hospital-Highland	3.5
St. Joseph Hospital-West	3.5
Des Peres Hospital	3.4
St. Joseph Health Center	3.4
National Rate	3.3
Barnes-Jewish W. County	3.3
St. Anthony's Med. Ctr.	3.3
Christian Hospital	3.2
Progress West HealthCare	3.2
St. Louis University Hospital	3.2
Anderson Hospital	3.1
St. Joseph Hospital-Breese	3.1
St. Luke's Hospital	3.1
Gateway Regional Med. Ctr.	2.9
Barnes-Jewish Hospital	2.8
Mercy Hospital Washington	2.8
DePaul Health Center	2.7
Mercy Hospital St. Louis	2.7
Missouri Baptist Med. Ctr.	2.7

Source: Medicare.gov.

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