CLICK HERE FOR HOSPITAL'S STATEMENT

Each hospital was given the opportunity to provide additional information regarding their data. Click here to read what the hospitals have written about their programs.
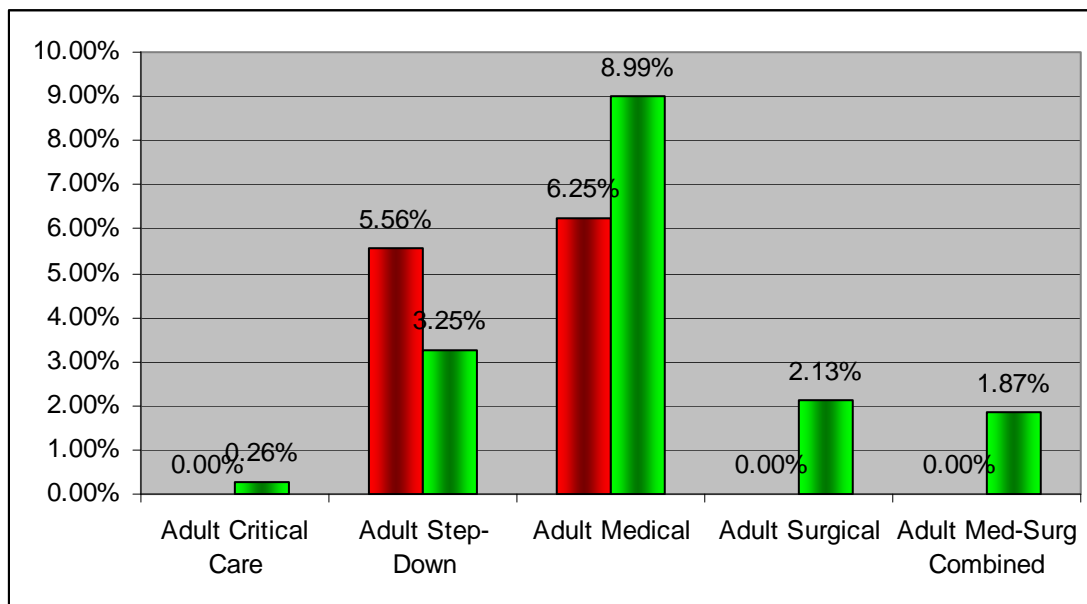
Pressure Ulcer Prevalence
March and September 2007 studies. Lower rate reflects better performance.

The data provided here was collected at two separate days, one in March 2007 and one in September 2007. If you look at the hospital report, you can see different measure rates across the five different types of units in the same hospital. The differences may be caused by differences in the types of patients that are being treated in the different units, differences that may affect their risks for the outcome being measured. It is also possible that the differences in rates are attributable to differences in the care provided across the different units.

The columns of this chart represent the types of units in the hospital. The height of the columns represents the pressure ulcer prevalence rate – the percentage of patients that had at least one stage II or greater nosocomial (hospital-acquired) "bedsore" on the day that the pressure ulcer study was done. Not all hospitals have all types of units.

Sample Hospital vs. Peer Group Rate

Bar chart comparing Sample Hospital (red) vs. Peer Group Rate (green):
- Adult Critical Care: Sample Hospital 0.00%, Peer Group 0.26%
- Adult Step-Down: Sample Hospital 5.56%, Peer Group 3.25%
- Adult Medical: Sample Hospital 6.25%, Peer Group 8.99%
- Adult Surgical: Sample Hospital 0.00%, Peer Group 2.13%
- Adult Med-Surg Combined: Sample Hospital 0.00%, Peer Group 1.87%

Data Source: MHA Patients First project
See Statistical Appendix for analysis of statistical significance of measure rates.

Click here for more information

Please note that if the hospital had a 0.00% rate, there will be no bar listed on the chart. Likewise, if they did not report on that particular unit, there will be no bar listed on the chart. **Please click on the Click here for more information link to take you to the detailed information behind these rates as shown below.**

The measure specifications adopted by the National Quality Forum define a pressure ulcer as "any lesion caused by unrelieved pressure resulting in damage of underlying tissue."

| Sample Hospital Patients with hospital-acquired ulcers	Critical Care	Medical	Unit Type Medical-Surgical	Step Down	Surgical
	0	1	2	0	0
Patients studied	24	18	32	20	40
Hospital Rate	0.00%	5.56%	6.25%	0.00%	0.00%
Peer Group Performance Data					
Mass. Acute Care Hospitals 100-199 beds rate	0.26%	3.25%	8.99%	2.13%	1.87%

Patient Falls per 1,000 Patient Days

For the period of October 2006 – March 2007. Lower rate reflects better performance.

The data provided here was collected during the period of October 2006 – March 2007. If you look at the hospital report, you can see different measure rates across the five different types of units in the same hospital. The differences may be caused by differences in the types of patients that are being treated in the different units, differences that may affect their risks for the outcome being measured. It is also possible that the differences in rates are attributable to differences in the care provided across the different units.

The columns of this chart represent the types of units in the hospital. The height of the columns represents the Patient falls rate per 1,000 patient days. Not all hospitals have all types of units.
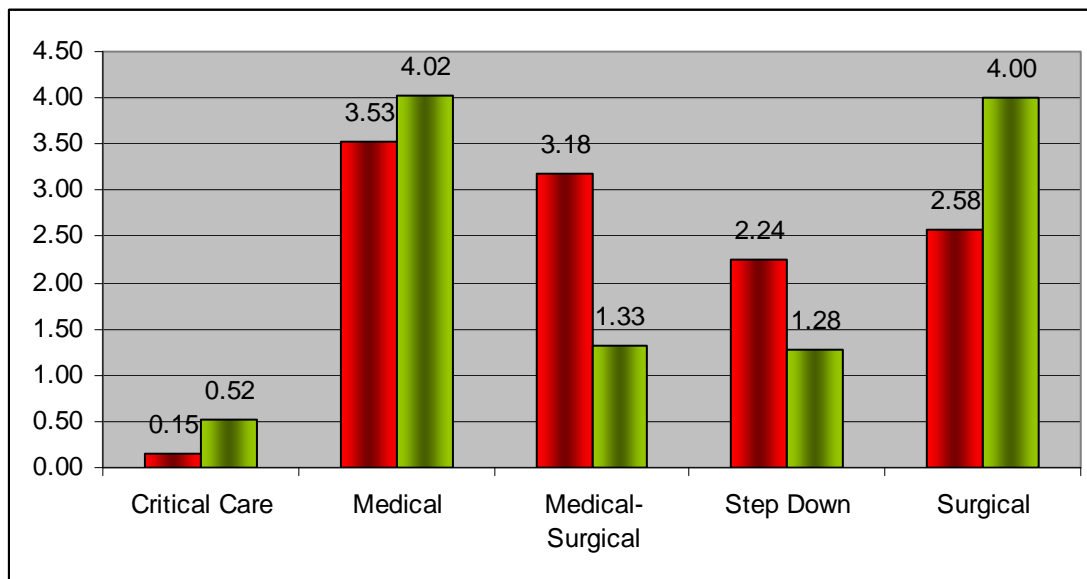
Sample Hospital vs. Peer Group Rate

Data Source: MHA Patients First project
See Statistical Appendix for analysis of statistical significance of measure rates.

Click here for more information

Please note that if the hospital had a 0.00 rate, there will be no bar listed on the chart. Likewise, if they did not report on that particular unit, there will be no bar listed on the chart. **Please click on the** Click here for more information **link to take you to the detailed information behind these rates as shown below.**

The measure specifications adopted by the National Quality Forum define a fall as "an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient."

Sample Hospital	Critical Care	Medical	Unit Type Medical-Surgical	Step Down	Surgical
Patient Falls	1	9	6	7	4
Patient Days	6,558	2,547	1,884	3,122	1,548
Hospital Rate	0.15	3.53	3.18	2.24	2.58
Peer Group Performance Data					
Mass. Acute Care Hospitals 100-199 beds rate	0.52	4.02	1.33	1.28	4.00

Patient Falls with Injury per 1,000 Patient Days
For the period of October 2006 – March 2007. Lower rate reflects better performance.
▬ Sample Hospital vs. ▬ Peer Group Rate
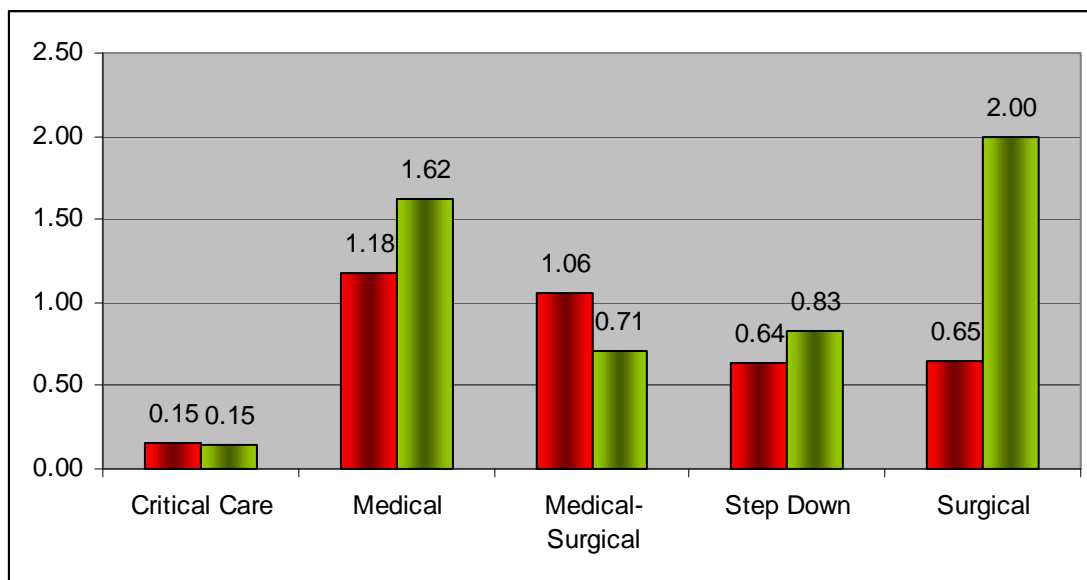
Data Source: MHA Patients First project
See Statistical Appendix for analysis of statistical significance of measure rates.

Click here for more information

Please note that if the hospital had a 0.00 rate, there will be no bar listed on the chart. Likewise, if they did not report on that particular unit, there will be no bar listed on the chart. **Please click on the Click here for more information link to take you to the detailed information behind these rates as shown below.**

The measure specifications adopted by the National Quality Forum define an injury to have occurred even when the fall results only in application of a dressing, ice, cleaning of a wound, limb elevation or topical medication. Of course, medical or nursing care interventions that are more serious (e.g., suturing, casting, traction, consultation for internal injury) would also be classified and counted as injuries. The falls with injury data reported here reflect injuries of any type.

Sample Hospital	Critical Care	Medical	Unit Type Medical-Surgical	Step Down	Surgical
Patient Falls with Injury	1	3	2	2	1
Patient Days	6,558	2,547	1,884	3,122	1,548
Hospital Rate	0.15	1.18	1.06	0.64	0.65
Peer Group Performance Data					
Mass. Acute Care Hospitals 100-199 beds rate	0.15	1.62	0.71	0.83	2.00

Heart Attack Care

For the period of January 2006 to December 2006.

▬ Sample Hospital vs. ▬ U.S. Hospital Average

By holding your mouse over the "i" button below the measure name, you can see the entire name as well as a definition. For more information about these and the remaining measures, please see the Hospital Compare website.

ACEI for LVS Function	Aspirin at Arrival	Aspirin at Discharge	Beta Blocker at Arrival	Beta Blocker at Discharge	Fibrinolytic Medication	PCI 90 Minutes of Arrival	Smoking Cessation Counseling
88% / 83%	100% / 93%	99% / 90%	99% / 87%	99% / 90%	34%	83%* / 55%	93% / 89%

Data Source: U.S. Dept. HHS Hospital Compare website
*Scores with fewer than 25 cases are unreliable for predicting hospital's performance.

Click here for more information

Clicking on this link will take you to the detailed information behind these rates as shown here.
Please click on the Click here for more information link to take you to the detailed information behind these rates as shown below. For more information about these and the remaining measures, please see the Hospital Compare website.

	Heart Attack (AMI) Care							
Sample Hospital	ACEI for LVS Function	Aspirin at Arrival	Aspirin at Discharge	Beta Blocker at Arrival	Beta Blocker at Discharge	Fibrinolytic Medication	PCI 120 Minutes of Arrival	Smoking Cessation Counseling
Number of Reported Cases*	76 patients	132 patients	451 patients	117 patients	455 patients	-	12 patients*	123 patients
Indicator Score	88%	100%	99%	99%	99%	N/A	83%	93%
Mass. All Hospitals Average Indicator	85%	98%	96%	95%	97%	29%	65%	92%

Score								
U.S. All Hospitals Average Indicator Score	83%	93%	90%	87%	90%	34%	55%	89%
U.S. Top 10% Hospitals	100%	100%	100%	100%	100%	100%	88%	100%