A LETTER FROM CHERYLE WATTS MITVALSKY

Welcome to Mercy’s first annual Quality Report. This report reflects our commitment to deliver excellent, innovative and compassionate healthcare across the continuum of care at Mercy Medical Center and MercyCare Clinics.

Check out www.mercycare.org/quality for a listing of quality initiatives and results.

As chairperson of the Quality & Patient Safety Committee of Mercy’s Board of Trustees, I am proud to be part of an organization that is transparent with its quality data. It is the right thing to do for our patients and community. As a healthcare consumer, I understand the value of having this information at my fingertips to make wise decisions about where my family receives care. And business owners will appreciate this resource as they look for ways to expand productivity, reduce absences and improve the health of their employees.

The Quality Report is evidence that Mercy is well-positioned to meet the many challenges of the present and future healthcare environment. Here is just one example — in 2013, Medicare payments will be reduced to hospitals with high numbers of patient readmissions within 30 days. Mercy proactively recognized the value of reducing readmissions, and, in fact, was recognized in 2011 for being in the top 3% of facilities in the nation for low readmission rates.* One part of the equation was Mercy’s early adoption and substantial investment in telemonitoring (in-home monitoring technology), which has helped reduce the number of times patients have been readmitted, as well as length of stays.

In January 2010, MercyCare Clinics started an innovative quality program tracking 115 different metrics, such as preventive screenings. Each location is committed to becoming a proactive, patient-centered Medical Home (certified by the National Committee for Quality Assurance), with an increasing shift in focus to prevention with enhanced care coordination.

In this report you’ll learn more about the Accountable Care Organization that Mercy Medical Center and MercyCare Clinics formed with University of Iowa Health Care to reduce Medicare expenditures through enhanced care coordination. Mercy also became a member of the statewide University of Iowa Health Alliance to address escalating costs, fragmented care and uncertainties involving healthcare reform.

Ensuring quality and patient safety is never ending. We take pride in our patient-centered approach provided with The Mercy Touch® and want you to know how we compare to other hospitals across the state and nation.

Sincerely,

Cheryle Watts Mitvalsky, Chairperson of the Quality & Patient Safety Committee of Mercy’s Board of Trustees

*March 2011; Commonwealth Fund Report
Letter From Cheryl Mitvalsky

WHY DOES OUR NATIONAL HEALTHCARE SYSTEM NEED TO CHANGE?
- Improving care to manage rising costs
- Fragmented care
- University of Iowa Health Alliance
- Intro to ACOs
- Mercy Medical Center and UI Health Care Participate in ACO

NURTURING A CULTURE OF QUALITY & SAFETY
- Inpatient Quality Data
- Saving lives by preventing falls
- Timely & effective care
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- Effective pneumonia care
- Effective surgical care
- Technology
- Employee flu shots
- Co-management with Cedar Rapids Heart Center, PC
- Infection control
- Evidence-based protocols
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SPOTLIGHTING THE HEALTH OF OUR COMMUNITIES
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- Parish Nurse Education Program
- Cancer services
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NETTING BEST RESULTS
- Cedar Rapids is nationally recognized for quality care
- Continuous process improvement
- Chronic Disease Management: Improving health and reducing risk
- Telemonitoring

OUR HIGHEST STANDARDS FOR PATIENT EXPERIENCE
- Patient experience
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- Planetree Initiative
- Epic
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REACHING FOR THE STARS
- Award-winning care
- Awards and recognition
Why does our national healthcare system need to change?

IMPROVING CARE TO MANAGE RISING COSTS

National healthcare spending is expected to hit a whopping $4.6 trillion by 2020—nearly double the spending levels in 2010. If these projections become reality, healthcare spending in the U.S. would be 19.8% of overall U.S. spending (up from 17.6% in 2009 & 2010).¹

What does this mean to you?

Total healthcare spending will rise to $13,709 average per person by 2020, up from $8,649 in 2011.

Changing the way we deliver healthcare will both decrease costs and make it simpler for patients to get the care they need.

One in four Americans – and two out of three Americans over 65 – have multiple chronic conditions. According to a new report issued by the Centers for Medicare and Medicaid Services (CMS), care for its beneficiaries with multiple chronic conditions accounts for 93% of Medicare fee-for-service expenditures. According to the analysis of the proposed regulation for ACOs, Medicare could potentially save as much as $960 million over three years while increasing the quality of care its beneficiaries receive.

Medical care is one of eight major groups in the Consumer Price Index (CPI).

Mercy’s increased emphasis on wellness and preventive care, as well as healthcare services at the Employee Health Center, contributed to these results.

FRAgMENTED CARE INCREASES COSTS & DECREASES QUALITY

Many people see more than one doctor. The way healthcare stands now, it is difficult for doctors to coordinate a patient’s care. A failure to coordinate care can often lead to patients not getting the care they need, receiving duplicative care or being at increased risk of suffering medical errors. Care coordination decreases costs and increases the quality of care.

The healthcare system is expensive and difficult to navigate for patients. Changing the way we deliver healthcare will both decrease costs and make it simpler for patients to get the care they need.

2012 INCREASE IN HEALTHCARE COSTS
(Per Member Per Month Rate)

Mercy’s increased emphasis on wellness and preventive care, as well as healthcare services at the Employee Health Center, contributed to these results.

U.S. HEALTHCARE COSTS HIGHER THAN OTHER DEVELOPED COUNTRIES

Americans spend nearly twice as much on healthcare as those in other developed countries. Why? There are many reasons, such as rising chronic disease and spiraling insurance costs – but one thing is certain, we must initiate changes now. At Mercy, we are working hard to find innovative solutions to increase efficiencies and improve the effectiveness of healthcare to our community.
UNIVERSITY OF IOWA HEALTH ALLIANCE

Mercy—Cedar Rapids, along with University of Iowa Healthcare, Genesis and Mercy Health System, announced in April 2012 that we signed a memorandum of understanding to establish an official collaborative relationship. The new University of Iowa Health Alliance (UIHA) is designed to provide patients with a seamless, patient-centered care experience in order to improve the health status of patients and communities.

UIHA will bring real benefits to the founding members, to many other independent providers and organizations wishing to join the network, and to the people of Iowa we serve every day.

to provide patients with a seamless, patient-centered care experience for whatever they need
The UHCA is the larger structure supporting sub-projects like the Mercy CR/UIHC Accountable Care Organization. Collaboration within the Alliance allows for more projects to be taken on jointly, which will increase the bargaining power and effectiveness of each organization.

INTRO TO ACOs

The Centers for Medicare & Medicaid Services (CMS) established the Medicare Shared Savings Program (Shared Savings Program) to facilitate coordination and cooperation among providers in order to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO).

Instead of patients having to navigate the complex health system on their own, these ACOs emphasize relationships with primary care providers and work hand-in-hand with patients to meet their healthcare needs. Doctors and hospitals in an ACO communicate with you and with each other to make sure you get the care you need when you’re sick, and the support you need to stay healthy.

ACOs will encourage providers to work more closely together than ever before and offer incentives to providers that better coordinate a patient’s care and treat patients, including doctors’ offices, hospitals and other healthcare settings. It’s simply a group of doctors, hospitals and other healthcare providers who work together to provide you with better care.

An ACO is different from other healthcare models that try to lower expenses. An ACO is not a Health Maintenance Organization (HMO), managed care or insurance company. Unlike these models, an ACO can’t tell you which healthcare providers to see and can’t change your Medicare benefits. Patients always have the right to choose any doctor or hospital who accepts Medicare at any time, regardless of whether or not they participate in an ACO.

Helpful Links: For more information about the Shared Savings Program, visit www.mercycare.org/aco

Mercy Medical Center and UI Health Care announced July 9 that they were selected to participate in the Medicare Shared Savings Program ACO.

Through the Shared Savings Program, Mercy and UI Health Care will work with CMS to provide Medicare fee-for-service beneficiaries with high-quality service and care, while reducing the growth in Medicare expenditures through enhanced care coordination.

A Continuum of Care model has been established as part of Mercy’s collaboration in the ACO with UI Health Care

A Continuum of Care model has been established as part of Mercy’s collaboration in the ACO with UI Health Care. ACOs target multiple high-risk Medicare patients including: cardiac (AMI), diabetes and congestive heart failure (CHF). Alignment of these multidisciplinary services will enhance coordination and improve care, particularly for individuals in one or more of these groups.

Utilizing the concept of population health management, this initiative will target Medicare patients by four levels of risk stratification within primary care, ranging from those with low risk for disease who could benefit from lifestyle management solutions to individuals with multiple chronic diseases who have frequent hospitalizations or emergency room visits.
Nurturing a culture of quality & safety

Mercy adheres to the highest standards established by healthcare governing agencies, achieving nationally ranked quality.

INPATIENT QUALITY DATA
Our goal is to achieve the perfect patient experience, which means providing you timely, courteous and safe care with the best possible outcomes.
SAVING LIVES BY PREVENTING FALLS

Unintentional falls are a threat to the lives, independence and health of adults ages 65 and older, and are the leading cause of injury deaths for this age group. They are also the most common cause of non-fatal injuries and hospital admissions for trauma. (Source: CDC)

Mercy focuses on preventing patient falls through standard interventions, like having patients’ eyeglasses within reach. Assessments for Fall Risk are regularly made throughout a patient’s stay and those determined to be high risk for falling wear yellow slippers and have yellow blankets to help staff easily identify those at greater risk.

From 2009 to 2011 at Mercy Medical Center: 59% improvement in falls

TIMELY & EFFECTIVE CARE

Hospital Compare also reports on performance in Timely and Effective Care so you can see how often Mercy (and other hospitals) provide care that gets the best results for patients with certain conditions. This helps you see which hospitals give recommended care most often as part of the overall care provided. On the next page are some of Mercy’s results for effective heart attack, pneumonia and surgical care. See more results at www.hospitalcompare.hhs.gov

IMPROVING CARE THROUGH INFORMATION:
HOSPITAL INPATIENT CLINICAL PROCESSES PERFORMANCE

For Patients Discharged from First Quarter 2011 though Fourth Quarter 2011

<table>
<thead>
<tr>
<th>Hospital Quality Measures</th>
<th>Mercy Performance Aggregate Rate for All Four Quarters</th>
<th>State Average</th>
<th>National Average</th>
</tr>
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<tbody>
<tr>
<td>Acute Myocardial Infarction (AMI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin at Arrival</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Aspirin prescribed at discharge</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>ACEI or ARB for LVD</td>
<td>100%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Adult Smoking Cessation Advice/Counseling</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Beta-Blocker Prescribed at Discharge</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Statin Prescribed at Discharge</td>
<td>100%</td>
<td>96%</td>
<td>97%</td>
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<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
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<tr>
<td>Discharge Instructions</td>
<td>81%</td>
<td>89%</td>
<td>92%</td>
</tr>
<tr>
<td>Evaluation of LV Function</td>
<td>100%</td>
<td>96%</td>
<td>99%</td>
</tr>
<tr>
<td>ACEI or ARB for LVD</td>
<td>100%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Adult Smoking Cessation Advice/Counseling</td>
<td>90%</td>
<td>97%</td>
<td>99%</td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Vaccination</td>
<td>98%</td>
<td>94%</td>
<td>95%</td>
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<tr>
<td>Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic received in the Hospital</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>Adult Smoking Cessation Advice/Counseling</td>
<td>93%</td>
<td>96%</td>
<td>98%</td>
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<td>Initial Antibiotic Received within 6 Hours of Hospital Arrival</td>
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<td>95%</td>
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<td>Initial Antibiotic Selection for Cap in Immunocompetent Patient</td>
<td>97%</td>
<td>93%</td>
<td>95%</td>
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<tr>
<td>Influenza Vaccination</td>
<td>94%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Pneumococcal Antibiotic Received Within 1 Hour Prior to Surgical Incision</td>
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<td>90%</td>
<td>96%</td>
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<tr>
<td>Pneumococcal Antibiotic Selection for Surgical Patients</td>
<td>100%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Pneumococcal Antibiotics Discontinued within 24 Hours After Surgery End Time</td>
<td>100%</td>
<td>96%</td>
<td>97%</td>
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<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery Patients with Appropriate Hair Removal</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day 2 or 3</td>
<td>95%</td>
<td>94%</td>
<td>94%</td>
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<tr>
<td>Surgery Patients with Postoperative Temperature Management</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</td>
<td>99%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Surgery Patients Who Received Appropriate Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery or 24 Hours After Surgery</td>
<td>98%</td>
<td>96%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Source: Hospital Compare.hhs.gov; Posted Oct. 11, 2012
TECHNOLOGY FOR ADVANCED TREATMENTS & DIAGNOSES
Mercy is committed to providing the latest technologies to provide the most advanced treatments and diagnoses possible.

First in nation – IV chemo robot
Mercy’s Hall-Perrine Cancer Center will very soon have the nation’s only IV chemotherapy robot, which eliminates the potential for human error in the delivery of highly sensitive and expensive chemotherapy drugs. The new robotic system compounds and dispenses ready-to-administer IV chemotherapy medications with extreme accuracy.

SPECT-CT: Advanced imaging
Another exciting new technology advancement is the SPECT/CT (Single-Photon Emission Computed Tomography scanner). SPECT/CT allows physicians two separate imaging methods: a nuclear medicine SPECT scan to measure physiologic (body functions) activity and a CT scanner to record anatomic (body structure) information. Putting these together into one image allows precise detailing that can make a significant difference in the care of a patient.

Da Vinci robotic surgery
In March 2012, Mercy Medical Center was one the first hospitals in Iowa to offer patients a single incision gall bladder removal utilizing da Vinci robotic surgery. This advanced surgical technique was recently approved by the Food and Drug Administration (FDA), making Mercy among the first sites nationwide to offer this technology.

Metabolic Breast Imaging
Women with dense breast tissue now have access to the best imaging technology available. Mercy was the first hospital in Iowa to offer low-dose MBI beginning in Oct. 2011. The first FDA-cleared technology used for breast imaging as a complement to mammography, MBI identifies tumors in dense breast tissue that are often not visible with X-ray-based analog or digital mammography. Earlier detection means earlier treatment and increased survival rates.

Medication Verification
Mercy utilizes a medication administration system called Bedside Medication Verification/electronic Medication Administration Record (BMV/eMAR) throughout inpatient areas at the hospital. To ensure you are receiving the right medication at the correct dosage, a nurse will use a handheld scanner and scan your wristband to validate the medication to make sure they match.

Most Wired
Mercy Medical Center was just named a MOST WIRED Hospital for the fifth time in seven years (according to the results of the recent Most Wired Survey by the American Hospital Association).
EMPLOYEE FLU SHOTS: KEEPING OUR EMPLOYEES & PATIENTS FLU-FREE

CDC Overview
Influenza (the flu) is a contagious respiratory illness caused by a virus. It can cause mild to severe illness, and at times can lead to death. The best way to prevent seasonal flu is by getting a seasonal flu vaccination each year. Each year in the United States on average, 5% to 20% of the population gets the flu; on average, more than 200,000 people are hospitalized from flu-related complications, and about 36,000 people die from flu-related causes. Some people, such as older people, young children, and people with certain health conditions, are at higher risk for serious flu complications—the patient population we serve.

Mercy provides employees with the choice to participate in the Influenza Vaccine Campaign, and those who opt to decline are required to complete additional tasks in an effort to decrease the risk of transmission. It is important to note that even if employees must decline the vaccine due to allergies or other medical conditions, they are not “counted” as part of total individuals who did receive the vaccine. Therefore, the percentage of those who declined the vaccine includes those who have to do so for health reasons.

Mercy Medical Center Vaccines
95% of Mercy Medical Center employees received the flu vaccine in both the 2010 and 2011 seasons.

MercyCare Community Physician Clinics Vaccines
In the 2011 season, 94% of MercyCare Clinics employees received the flu vaccine — up from 78% the previous year (2010).

The national influenza immunization rate for hospital employees during the 2011-2012 flu season was 77.8%. The rate for all healthcare workers combined during the same time period was 63%.

(Source: Iowa Healthcare Collaborative Influenza Vaccination Reporting Update; Oct. 15, 2012)

CO-MANAGEMENT WITH CEDAR RAPIDS HEART CENTER, PC YIELDS HIGHER QUALITY HEART CARE
Mercy and C.R. Heart entered into a co-management agreement in 2010 with the goal to enhance quality measures for heart care. Dr. Cam Campbell, Medical Director of Mercy’s Cardiovascular Services and Medical Director of C.R. Heart, has proven to be a great physician champion for our patients and an outstanding participant in many of our heart-related outreach efforts, such as ‘Walk With a Doc’ and numerous educational speaking opportunities.

The culture at Mercy changed because of Dr. Campbell’s commitment to transparency of data, confirming areas of excellence and highlighting those needing improvement. For example, as the delay in arrival (51-minute average in 2005) was noted, cardiologists’ arrival times changed dramatically. Objective and transparent data changed the culture quickly. Dr. Campbell also instigated efforts for chest pain patients identified as having low or intermediate risk for cardiac disease in the Emergency Department to have the option to receive diagnostic stress testing prior to discharge. This initiative increases the likelihood for patients who may be at risk for heart attack to seek immediate treatment and, potentially, saves their lives.

FASTER HEART ATTACK RESPONSE TIMES BY CARDIOLOGISTS IN CO-MANAGEMENT AGREEMENT (ST SEGMENT MYOCARDIAL INFARCTION PATIENTS EVALUATED IN EMERGENCY DEPARTMENT)
Mercy Medical Center Jan 2010 - March 2012

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Non Co-Management</th>
<th>Co-Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Q 10</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>2nd Q 10</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>3rd Q 10</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>4th Q 10</td>
<td>21</td>
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<tr>
<td>1st Q 11</td>
<td>12</td>
<td>11.8</td>
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<td>2nd Q 11</td>
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<td>12</td>
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<td>3rd Q 11</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>4th Q 11</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>1st Q 2012</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

*Note: the cardiologist response times for the co-management group, C.R. Heart, are significantly lower, distinguishing their commitment to arrive promptly to care for patients.
**INFECTION CONTROL IS A KEY SAFETY GOAL**

**Hand Hygiene**

In 2004, the Joint Commission added Hand Hygiene as a National Patient Safety Goal. It continues to be a key element in preventing the spread of infection. In 2011, Mercy Medical Center changed how audits are performed—so we can track individual department compliance as well as house-wide compliance. Departments are now observing each other—not just their own staff—making it a more multi-focal perspective. From the Infection Prevention standpoint, if we see a department that is getting a high compliance rate, we observe to validate. Also, if we see a department with a lower compliance rate, we observe to find potential barriers.

Research continually shows that compliance rates will trend down over time if not prioritized. Last year was our first year over the past four years that we saw this occur. What happened? Lots of new changes to the system. From the Infection Prevention standpoint, our focus was on other initiatives to decrease healthcare-associated infections (with new products, process changes, etc.). From the bedside perspective, the focus was adding patient hand hygiene education and products. Overall, Mercy Medical Center had a decrease in healthcare-associated infections for 2011. But to sustain our success, we will push to improve our hand hygiene rate for 2012.

Patient satisfaction scores in how our customers perceive our hand hygiene is also another key way we check our compliance. Overall, the scores were >90%, which complemented what we are seeing.

**Ventilator-Associated Pneumonia in the Intensive Care Center Decreased Substantially**

<table>
<thead>
<tr>
<th>VAP Rate</th>
<th>2010</th>
<th>2011</th>
<th>2012 (thru June)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.4</td>
<td>2.5</td>
<td>0</td>
</tr>
</tbody>
</table>

Ventilator-Associated Pneumonia (VAP) is a lung infection that develops in a person who is on a ventilator (a machine that helps somebody breathe). Our ICC follows CDC guidelines to prevent VAP, which includes adherence to hand hygiene guidelines, daily assessment of the ability to remove the patient from the ventilator, oral care using CHG (ChlorHexidine Gluconate), and keeping the patient’s head of the bed elevated to prevent aspiration.

**Catheter-Associated Blood Stream Infections in the Intensive Care Center Decreased Substantially**

<table>
<thead>
<tr>
<th>CAB/IC Rate</th>
<th>2010</th>
<th>2011</th>
<th>2012 (thru June)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.9</td>
<td>0.5</td>
<td>0</td>
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</tbody>
</table>

Catheter-Associated Blood Stream Infections are infections that occur when bacteria or viruses enter the bloodstream through a catheter. ICC staff members follow CDC guidelines when caring for patients with catheters. Strict guidelines are followed for insertion of catheters and special care is taken once one is in place to prevent infection, including adherence to the hospital’s organization-wide hand hygiene program and removing the catheters when no longer needed.
MRSA SCREENINGS FOR HIGH-RISK PATIENTS TO REDUCE INFECTION

MRSA, a type of antibiotic-resistant bacteria, continues to be prevalent in our community. Almost half of the positive cultures we see are people who have known MRSA in their past. Another 45% has an infection or was screened and found to be colonized (a carrier) of MRSA in their nose. So as we watch our environment and staff here to reduce transmission, Mercy Medical Center screens all high-risk patients for MRSA on admission. We also use isolation and chlorhexidine bath wipes to decrease transmission to others. From the standpoint of community “pressure” to emerging infections, we are beginning the journey to antibiotic stewardship.

EVIDENCE-BASED PROTOCOLS

The Right Stent for the Right Cardiac Patient

Even before the 2009 national guidelines were updated that included recommendations for cardiac stent insertion, Mercy was advocating against a “one stent fits all” philosophy. When considering whether to insert a drug-eluting (DES) versus bare-metal (BMS) stent, the decision should be based on:

- The ability of the patient to comply with prolonged dual-antiplatelet therapy
- The bleeding risk in patients undergoing chronic oral anticoagulation
- The possibility that the patient may need surgery during the ensuing year

Mercy’s achievement in reducing the number of drug-eluting stents (see next page) has been one of the direct benefits of our co-management agreement with the C.R. Heart Center and our cardiovascular medical director, Dr. Cam Campbell. Looking at the numbers under the co-management agreement, you can see C.R. Heart has provided patient-centered care through ensuring adherence to national guideline recommendations in regards to the appropriate stent being inserted into each and every patient. This approach to patient-centered care assists in improving patient safety and highlights the importance of tailoring treatment recommendations for each patient – another example of The Mercy Touch in action.

Obstructive Sleep Apnea (OSA) Screening Prior to Surgery to Reduce Potential for Complications

The department of Anesthesia and the pre-operative assessment committee recognized the need to screen patients for undiagnosed obstructive sleep apnea prior to surgery to increase patient safety in the perioperative setting.

**Plan**
- Mercy Medical Executive committee approved the use of the questionnaire screening tool in June of 2012 to identify patients at risk for OSA.
- The tool is completed during the Pre-Admission Surgical Evaluation appointment (phone or in person); abnormals are faxed to the healthcare provider conducting the pre-op history & physical.
- Education to physicians to standardize OSA screening.

**Do**

**Act**
- Analysis of post-operative complications and audit results may require possible revisions of the questionnaire screening tool and additional education to physicians performing the pre-op history and physical.

**Study**
- The completed tool is a permanent part of the patient’s record.
- Medical record audits will identify use of screening tool and perioperative recommendations by the physicians conducting the pre-op history & physical.
- Evaluation of the metrics will be ongoing and reported to physicians.

**MERCYCARE QUALITY PROGRAMS OUT-PERFORM NATIONAL AVERAGES**

MercyCare providers participate in five quality programs through Wellmark, Medicare, Humana, Meaningful Use and the National Committee for Quality Assurance Medical Home to ensure their patients are receiving the best possible care. MercyCare is unique because in January 2010 the clinics started their own quality program, which now measures more aspects of healthcare than any other quality program for which they take part in.

Quality programs like MercyCare’s measure the quality of patient care by tracking many different metrics of wellness to keep you healthy. As of July 1, 2012, there were 115 different metrics being tracked in MercyCare clinics, such as percentage of patients who have had mammograms, had their Body Mass Index (BMI) checked at their appointment, completed allergy lists in their charts, etc. Keeping these records helps MercyCare providers prevent health problems and detect cancer. Preventing health problems rather than treating them not only saves lives, it also helps save patients money.

Since beginning of the quality program, MercyCare has consistently outperformed national averages for proactive screenings, preventive care and management of chronic conditions.

<table>
<thead>
<tr>
<th>Measure</th>
<th>MercyCare</th>
<th>Commercial Plans</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index Measured</td>
<td>98%</td>
<td>40.7%</td>
<td>50.4%</td>
<td>42.2%</td>
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<tr>
<td>Screened for Osteoporosis</td>
<td>78%</td>
<td>N/A</td>
<td>68.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Received a Mammogram</td>
<td>96%</td>
<td>70.8%</td>
<td>68.5%</td>
<td>51.3%</td>
</tr>
<tr>
<td>Screened for Cervical Cancer</td>
<td>92%</td>
<td>77%</td>
<td>N/A</td>
<td>67.2%</td>
</tr>
<tr>
<td>Screened for Colorectal Cancer</td>
<td>95%</td>
<td>62.6%</td>
<td>57.6%</td>
<td>N/A</td>
</tr>
<tr>
<td>Smokers Advised to Quit &amp; Received Cessation Advice</td>
<td>78%</td>
<td>76.7%</td>
<td>N/A</td>
<td>73.6%</td>
</tr>
<tr>
<td>Diabetics who Received an Eye Exam</td>
<td>76%</td>
<td>57.7%</td>
<td>64.6%</td>
<td>53.1%</td>
</tr>
<tr>
<td>HbA1c &lt;5.6% of Hemoglobin A1c levels Tested</td>
<td>98%</td>
<td>89.9%</td>
<td>90.4%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Diabetes Who Have Good Glycemic Control (A1c&lt;8)</td>
<td>90%</td>
<td>62.3%</td>
<td>65.6%</td>
<td>46.9%</td>
</tr>
<tr>
<td>LDL Cholesterol Screening</td>
<td>90%</td>
<td>85.6%</td>
<td>87.8%</td>
<td>74.7%</td>
</tr>
</tbody>
</table>

MercyCare numbers are based on FY12 performance. Health plan percentages are based on Health Maintenance Organization (HMO) performance. Percentages are calculated using patients who are in a certain age group or who have received a diagnosis that makes it appropriate to receive screenings. For example, only women over the age of 65 need to receive osteoporosis screenings, so that is the only group measured.

Body Mass Index (BMI) is a measure evaluates the number of patients who have their BMI regularly checked to assess their risk for obesity and related conditions. If you’re at risk for obesity and related conditions, MercyCare providers will provide options such as wellness coaching to help you before you develop a serious problem.

- In the United States, more people die from obesity than from AIDS, all cancers and accidents combined. (National Committee for Quality Assurance, State of Healthcare Quality 2011 report)
- Being obese raises your risk for many serious medical conditions, including Type II Diabetes, heart disease, high blood pressure, some cancers and strokes. (National Committee for Quality Assurance, State of Healthcare Quality 2011 report)
- Evidence suggests healthcare expenses for obese adults are an estimated 37% higher than for those of normal weight. It is estimated that a 10% reduction in body weight for those who are obese could reduce personal lifetime healthcare expenditures for obesity-related diseases by up to $5,300. (National Business Group on Health: http://www.businessgrouphealth.org/preventive/topics/)

Hypertension measures the percent of patients with high blood pressure that is well controlled.

- Almost 33.5% of Americans have high blood pressure, which leads to an increased risk of heart disease. (National Committee for Quality Assurance, State of Healthcare Quality 2011 report)
- Approximately 69% of people who have a first heart attack, 77% of people who have a stroke and 79% of people with congestive heart failure have high blood pressure.

MercyCare Outperforms National Average in Assessing Obesity Risk in Patients

Hypertension: Measures the percent of patients with high blood pressure that is well controlled.

- Almost 33.5% of Americans have high blood pressure, which leads to an increased risk of heart disease. (National Committee for Quality Assurance, State of Healthcare Quality 2011 report)
- Approximately 69% of people who have a first heart attack, 77% of people who have a stroke and 79% of people with congestive heart failure have high blood pressure.

Focus on Prevention

MercyCare Community Physicians (MercyCare) providers don’t just want to treat patients’ illnesses — they want to prevent them from happening. By adding the focus of prevention, medical costs are reduced and chronic conditions are better managed. Catching health problems in their early stages greatly improves the odds for survival.

MercyCare is so committed to this mindset that all locations are working to become Patient-Centered Medical Homes as certified by the National Committee for Quality Assurance. The Medical Home is a simple innovative approach to healthcare that starts with your family doctor and provides coordinated, personalized, high-quality care. The Medical Home focus is enhanced care coordination, which leads to illness prevention. Patients are scheduled to receive all necessary preventive care for their age, and chronic conditions are better managed so they don’t escalate into larger, life-threatening problems.

(For more information related to chronic disease management, please refer to Chronic Disease Management in the Managing Costs section.)

Spotlighting the health of our communities
**Parish Nurse Education Program**

Mercy has committed to developing a Parish Nurse (PN) Outreach Ministry to various denominations with the addition of six part-time parish nurses. These nurses provide care focusing on the body, mind and spirit - a holistic approach with individuals, families, congregants and surrounding neighborhoods. Mercy became an affiliate of International Parish Nurse Resource Center to begin offering the program in March 2010 at a reduced rate to area nurses. To date, 51 nurses have graduated from the hospital’s Parish Nursing program.

Studies show having parish nurses helps reduce hospital admissions and increases patients’ compliance with disease processes because they have someone they know and trust to discuss concerns.

Parish Nurses know how to strategically connect people with the resources and community services they need. They develop activities, programs and health education offerings designed to increase the resilience of individuals, families and communities.

The nurses make hospital and home-bound visits and provide spiritual support for parishioners. The PN does an initial health needs assessment survey of the parish and develops a health program based on this information in collaboration with church leadership, and establishes a Health Cabinet to provide support and feedback on the outcomes of parish nurse activities.
WORLD-CLASS CANCER CARE

Today, one person in Linn County dies of cancer each day and, until recently, 20 percent of patients left Cedar Rapids for cancer care. Mercy’s Hall-Perrine Cancer Center opened in spring 2012 to offer access to the best possible care with the latest technology and treatments close to home.

A Legacy of Leading-Edge Cancer Care

The Margaret and Howard Hall Radiation Center, based at Mercy Medical Center, was the first treatment center west of the Mississippi to offer cobalt-beam radiation treatment technology in 1956. Now our new Hall-Perrine Cancer Center is integrated with Hall Radiation Center to form one center offering world-class care all under one roof right here at home.

Holistic Approach

A whole-person approach is provided by a team of dedicated experts, ranging from oncology certified nurses to specially trained social workers and dietitians, to nurse navigators and a PhD physicist and specially trained physicians. Connected to Mercy Medical Center, other elements required for cancer care (such as lab, X-ray, pathology, radiology and imaging) are conveniently accessible.

At Hall-Perrine Cancer Center, we also understand that a cancer center with world-class care means supporting services that are of great value to patients but are unreimbursed — services like nurse navigators, social workers, dietitians, exercise specialists, genetics nurse practitioners, massage therapists and a lymphedema specialist.

Top Technology

Hall-Perrine Cancer Center features the latest technologies, including PET/CT, Trilogy Linear Accelerator and a wide bore CT.

Last fiscal year, 14,621 treatments took place at Hall Radiation using Brachytherapy, the Trilogy Linear Accelerator and TomoTherapy image guided radiation therapy (IGRT), and High-Dose Rate (HDR) radiation therapy.

Mercy provided $396,894 in cancer charity care to patients in need in our community in FY 2012.

Patient-Centered Means Putting Patients’ Needs First

This is patient-centered care at its best. We know because we asked patients, their families, survivors and physicians for their input. The Third floor is dedicated to Hematology/Oncology, with knowledgeable and skilled care provided by Oncology Associates at Mercy Medical Center. Like the rest of the cancer center, this space was carefully designed with input from patients, their families and medical experts. Patients have the option of private or semi-private infusion stations, customized temperature controls for each treatment chair, heated flooring, personal coat closets for safe storage of personal items, natural lighting, a puzzle area and a comforting view of natural green space.

Care Regardless of Ability to Pay

Mercy provides cancer care regardless of an individual’s ability to pay. In FY 2012 Mercy provided $396,894 in total charity care for cancer services.

Fellowship Trained Oncologic Surgeon Brings New Level of Expertise

As facility and care delivery visions are being realized, another key component to enhancing patient-centered care has become a reality — adding a fellowship trained oncologic surgeon to provide a new level of expertise to Cedar Rapids. Dr. Vincent Reid of Oceanside, New York, joined the Medical Staff in July 2012. Trained at Sloan Kettering Cancer Center in New York, Dr. Reid brings a wealth of experience in treating multiple cancers, with interests in cancers of the head, neck, melanoma care and breast cancer among others.
MANAGING EMPLOYEE HEALTH

In October 2011, Mercy Medical Center opened the community’s first on-site employee health center, designed to meet the healthcare needs of Mercy’s 2,780 employees, as well as MercyCare’s 460 employees and their families. The new Mercy Employee Health Center offers convenient access to coordinated care provided through the services of MercyCare Community Physicians.

“On-site health clinics have become increasingly popular among forward-thinking, large companies looking for ways to address employee healthcare needs,” said Dr. Tim Sagers, Medical Director of Mercy’s Employee Health Center. “Mercy is proud to lead the way in Eastern Iowa by providing this unique service to our employees and their families.”

Features of the new Mercy Employee Health Center include:

- Convenient hours: 7 a.m. to 7 p.m.
- Same-day appointments for illness or acute care
- Appointments scheduled at the employee’s convenience
- 24/7 on-call coverage
- Dedicated, full-time physician on staff
- Private patient care suites

From October 2011 to September 2012, 32% of Mercy and MercyCare employees had utilized the Employee Health Center at least once.

The Mercy Employee Health Center not only offers a unique convenience for employees, it’s also helping Mercy Medical Center drive down costs and improve the health of employees. The Employee Health Center uses the Healthier You Partnership (HYP) program to identify the highest utilizers of healthcare dollars in the organization through analysis of claims data. Then, the employees are invited to partner with a health coach to focus attention on setting goals to improve their overall health and wellbeing.

MercyCare Business Health Solutions (BHS) helps employers focus on preventing employee health problems. The Wellness Coaching program identifies employees who have metabolic disease and then invites them to partake in a 12-week wellness coaching program. The wellness coach assists them in setting goals and improving their overall health and well-being. Identifying employees who have, or are at risk for having, metabolic disease gives MercyCare the opportunity to help fix problems and prevent them from becoming more serious.

MERCY’S EMPLOYEE HEALTH CENTER SHOWS HIGH PATIENT SATISFACTION:
APRIL - JUNE 2012

Mean Scores

Region 6 Sites Jan - June 2012 (n=4,175)
Region 6 Sites include clinics in the Midwest of a similar size.
CEDAR RAPIDS IS NATIONALLY RECOGNIZED FOR QUALITY CARE

Did you know that in March 2012 the charitable foundation Commonwealth Fund ranked Cedar Rapids as the 11th best performing for referral regions in the U.S.? Rankings are accumulated by measuring each region in the U.S. based on measures of Access, Prevention & Treatment, Potentially Avoidable Hospital Use & Cost, and Healthy Lives. In March 2011, the same foundation recognized Mercy as being in the top 3 percent of all facilities with respect to low readmission rates.

Netting best results

In March 2011 the Commonwealth Fund recognized Mercy as being in the top 3 percent of all facilities in the nation with respect to low readmission rates.
This past year, Mercy served 120 people and conducted 16 community workshops through our Chronic Disease Self-Management Program (CDSMP), serving individuals from at least four area counties who range in age from their 20s through 80s to manage conditions such as depression, COPD, arthritis, diabetes, cancer and heart disease. Mercy participated in a Stanford University pilot study of the CDSMP, which assisted with the re-evaluation of the curriculum and updates for facilitator training. Mercy’s CDSMP Program Coordinator will be one of the first master trainers in Iowa to go through the updated training process.

Some Examples of Standardizing Clinical Processes at the Hospital to Achieve Excellent Outcomes include:

- 100% of surgical patients over the past year received the recommended antibiotic.
- Establishing a standard process the nursing staff follows in the event a patient begins having symptoms of stroke or heart attack while in the hospital receiving care for a different diagnosis.
- 100% of acute myocardial infarction patients for the past 3 years with the “door to balloon” time less than 90 minutes (national standard = 90 minutes) - see chart below.
  
  Door to balloon measures the amount of time from a patient’s arrival at the hospital to time of diagnosis, treatment initiation, and finally the opening of the patient’s blocked artery. During a heart attack, every second counts and opening a blockage is critical to minimize permanent damage to the muscle of the heart. Mercy’s team of healthcare providers has made it a priority to work seamlessly together to coordinate care and hone their response times into a finely tuned, standardized process. This sustained achievement has been one of the direct benefits of Mercy’s co-management agreement with C.R. Heart Center and the leadership of Cardiologist Dr. Cam Campbell, also Medical Director of Mercy’s Cardiovascular Services.

Process improvement efforts focus on standardization to reduce variation. Standard processes allow for increased efficiency, consistency and minimized error.

Lean and Sigma: Eliminating Waste & Improving Processes

Lean tools are among the process improvement methods utilized to gain efficiency. Efficient processes improve care by eliminating waste — the key to improving quality, cost and delivery of healthcare:

- Educating Mercy Medical Center staff regarding appropriate labeling and disposing of medical waste and working with our vendor to increase savings resulting in a yearly savings of $142,264.
- MercyCare has gone from using seven different vaccine vendors in their many locations to just three. This project helped us negotiate lower group rates on the cost of vaccines and ensure they’re all stored and mixed in the same, safe way. This project saved MercyCare $25,611 annually.
- Lean projects also include making the registration process easier and faster for patients, providing an answering service that will appropriately route patient calls after hours so you always have access to the care you need, and efficient storing of records so your information is always protected and easy to find.

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MERCY DOOR TO BALLOON (D2B) PERCENT WITHIN THE NATIONAL BENCHMARK OF 90 MINUTES, JAN 2007 - JUNE 2012

CHRONIC DISEASE MANAGEMENT: IMPROVING HEALTH AND REDUCING RISK

This past year, Mercy served 120 people and conducted 16 community workshops through our Chronic Disease Self-Management Program (CDSMP), serving individuals from at least four area counties who range in age from their 20s through 80s to manage conditions such as depression, COPD, arthritis, diabetes, cancer and heart disease. Mercy participated in a Stanford University pilot study of the CDSMP, which assisted with the re-evaluation of the curriculum and updates for facilitator training. Mercy’s CDSMP Program Coordinator will be one of the first master trainers in Iowa to go through the updated training process.
More than 133 million Americans, or 45 percent of the population, have at least one chronic condition. Research shows that chronic diseases are a major contributor to rising healthcare spending in the U.S. About $1.7 trillion annually goes toward the treatment of chronic illness. Chronic disease also takes a toll on the nation’s economy by lowering productivity and slowing economic growth.

For example, diabetes alone costs the economy $147 billion in 2007 due to medical costs and loss of productivity. It also is the 7th leading cause of death in the United States and can lead to serious complications such as blindness, heart disease and limb amputation. Nearly 26 million Americans are diabetic and another 79 million are pre-diabetic. Managing chronic diseases, like diabetes, will help lower costs and increase patients’ quality of life. (National Committee for Quality Assurance, State of Healthcare Quality 2011 report)

The higher the A1C level, the higher the risk of diabetes complications. 90% of MercyCare patients with diabetes have A1C levels of less than 8%

WEB-BASED IN-HOME TELEMONITORING REDUCES HOSPITAL STAYS

Web-based in-home telemonitoring equipment allows physicians and nurses to closely monitor patients’ medical conditions while they are in the comfort of their own homes. The system is based and managed from the Mercy Home Care office, 2740 First Ave. SE, seven days a week. Mercy was the first hospital in the Cedar Rapids area to offer this technology.

The use of telemonitors has been attributed for a reduction in both the number of times patients have needed to be readmitted to the hospital, as well as the number of days patients needed to remain in the hospital. The use of this technology allows for monitoring of patient symptoms in a much more cost-effective and comfortable location — their home! Savings have been estimated in excess of $1.6 million.

REDDUCTION IN HOSPITAL READMISSIONS

February 2008 - February 28, 2010  n = 139

44% decrease in hospitalizations  P = <0.0001

REDDUCTION IN TOTAL # OF DAYS IN THE HOSPITAL

February 2008 - February 28, 2010  n = 139

37% decrease in # of days in the hospital  P = <0.0001

A normal A1C level for someone without diabetes ranges from 4.5 to 6 %. When the A1C test is used to diagnose diabetes, an A1C level at or above 6.5 % on two separate tests indicates diabetes. A result between 5.7 and 6.4 percent is considered prediabetes, which indicates a high risk of developing diabetes.
Our expert physicians and specially trained staff work together to provide a compassionate and comprehensive experience for patients. It is our sincere commitment to set the bar for healthcare and, more importantly, to thoughtfully address the concerns and needs of patients and their families.

Words and pictures can only suggest our advanced technologies, our dedicated staff and our compassionate philosophy. To be truly understood, the mercy touch must be experienced.
**HCAHPS COMPARISON OF U.S. PLANETREE DESIGNATED HOSPITAL AVERAGE, CENTERS FOR MEDICINE & MEDICAID SERVICES NATIONAL AVERAGE & MERCY MEDICAL CENTER**

In October 2011, Mercy Medical Center announced its membership with Planetree, a national organization with a model of care for a patient-centered, holistic approach to healthcare, promoting mental, emotional, spiritual, social and physical healing.

Mercy has long been known for providing The Mercy Touch to its patients and the Planetree philosophy fits well with our culture. Planetree institutions have generated improvements in outcomes, including increased patient satisfaction, increased staff retention, enhanced staff recruitment, decreased lengths of stay and improved patient safety.

To learn more, visit www.planetree.org

**What are HCAHPS?**

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national, standardized survey that asks patients about their experiences during a recent hospital stay. Created to publicly report the patient’s perspective of hospital care, the survey asks a random sample of recently discharged patients about important aspects of their hospital experience.

**HCAHPS COMPARISON OF U.S. PLANETREE DESIGNATED HOSPITAL AVERAGE, CENTERS FOR MEDICINE & MEDICAID SERVICES NATIONAL AVERAGE & MERCY MEDICAL CENTER**

From Hospital Compare: HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) provides a standardized instrument and data collection methodology for measuring patients perspectives on hospital care. (1/1/11 - 12/31/11, posted 10/11/12)

* Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
EPIC
In February 2012, Mercy Medical Center and MercyCare Community Physician clinics system made the investment and began an implementation of a new electronic patient management system called Epic. This system will have a tremendously positive influence on the organization’s ability to offer The Mercy Touch through a more seamless delivery of care for patients. Epic allows Mercy and the MercyCare clinics to integrate multiple information systems at various points of contact into a single patient record through the most advanced medical record system available.

URGENT CARE EXPANSION & ACCESS
Healthcare can’t always wait for a regular appointment with your doctor, so many MercyCare clinics offer extended hours and all offer same-day appointments for acute illness. Urgent care is also available for MercyCare patients who need care for acute health problems after hours or can’t wait to get in to their primary care provider. Urgent Care is also available to treat worker injuries without an appointment. MercyCare Urgent Care not only treats worker injuries, but offers business health services such as drug screenings, DOT physicals, etc. during extended hours and on weekends.

MercyCare North and MercyCare South are established urgent care clinics in Cedar Rapids and MercyCare just opened another urgent care clinic in Marion so patients don’t have to travel as far. MercyCare Urgent Care hours are 7:30 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m., Saturday and Sunday. The clinics are also open on most holidays.
Award-winning care is the evidence of our commitment to national-level quality and patient-focused healthcare. Our goal is to achieve the perfect patient experience, which means providing you timely, courteous and safe care with the best possible outcomes. This list of awards is evidence of our outstanding care to our patients.

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"We can never say it is enough."

CATHERINE MCAULEY
FOUNDRESS OF THE SISTERS OF MERCY
AWARDS & RECOGNITION

- **Chest Pain Center Accreditation** with Percutaneous Coronary Intervention from The Society of Chest Pain Centers
- **Most Wired** by the American Hospital Association
- **High Performing Hospital** in Pulmonology in U.S. News & World Report’s 2011-12 Best Hospitals
- **State and national recognition** in the CareChex® 2011 release of America’s Top Quality Hospitals:
  - #1 in the State and among the Top 100 in the Nation for both Major Orthopedic Surgery and Joint Replacement
  - Top 100 in the Nation for excellence in Overall Hospital, Overall Medical and Overall Surgical Care
  - Top 100 in Nation for excellence in Gastrointestinal Care, Gastrointestinal Hemorrhage, Hip Fracture Repair, Joint Replacement, Major Bowel Procedures, Neurological Care, Major Orthopedic Surgery, Pulmonary Care and Stroke Care
- **Certified by the QOPI® Certification Program**, an affiliate of the American Society of Clinical Oncology, and its Quality Oncology Practice Initiative®
- **Top 100 Hospitals for Patient Experience** by WomenCertified
- **Breast Imaging Center of Excellence** by the American College of Radiology
- **Accredited by the Commission on Cancer (CoC)** of the American College of Surgeons
- **41 nurses recognized as 100 Iowa Great Iowa Nurses** since 2005
- **Accredited** by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories
- **Disease-Specific Care (DSC)** Certification for Advanced Primary Stroke