Mercy continues to meet the challenges in today’s healthcare environment by embracing the Institute for Healthcare Improvement’s Triple Aim* and this report is organized around its three aims:

Better Health: Improving the health of populations

Better Care: Improving the patient experience of care

Better Value: Reducing the per capita cost of healthcare

We are pleased to present this 2015 Quality Report for the Mercy—Cedar Rapids healthcare system. This unique report illustrates our ongoing commitment to be transparent with quality data for Mercy Medical Center and MercyCare Community Physicians. It serves as our report card to business leaders and our community, and we hope it is a valuable resource as you make healthcare decisions.

Keeping the needs of our patients and community at the forefront, our hospital and clinics continue to evolve to ensure The Mercy Touch® will always be there for you. We remain true to the vision and mission of the Sisters of Mercy, who founded the hospital more than 114 years ago to “care for the poor and the sick.”

We continue our focus on forging and strengthening collaborative relationships with healthcare organizations and physicians to decrease costs, increase value, improve access and provide the highest quality of services to larger populations within our communities.

Mercy is committed to providing the right care at the right time, from treatments and therapies for the sick or injured to regular check-ups and health screenings that help prevent serious illnesses and diseases.

Thank you for entrusting us with your healthcare.

*The Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org).
In 2012, Mercy Medical Center and MercyCare clinics were the first in the area to publish an annual public report of safety and quality data to provide business leaders and healthcare consumers with meaningful quality and safety data they can apply when evaluating where to receive the highest level of care at the best value.

The data in this report reflects Mercy’s ongoing commitment to deliver the safest, highest quality of evidence-based care across the continuum of the Mercy healthcare system.

Mercy has established key partnerships and made significant investments to elevate the standard of care in our community based on the Medical Home model, focusing on the Triple Aim – improving patient experience, improving the health of the populations we serve and reducing costs.

Our hospital and clinics embrace and embody a culture of The Mercy Touch—our unique brand of patient-centered, high-quality, evidence-based care delivered with compassion.

Sources

In recent years, a great deal of energy has been invested in developing healthcare price and quality information, with the ultimate goal of motivating consumers to become more active and informed about their healthcare decisions. Ratings that encompass more data points and are open about how they analyze the information offer the highest value to consumers.

Mercy’s quality and safety data are measured by several external organizations and collected through our patient management software system, Epic.

Citations are noted throughout the report for your reference. Many of them are online sites that you may visit if you are interested in additional information.
A medical home is:

✓ A partnership that treats illnesses and prevents them;
✓ A system that emphasizes care coordination, making it easier for patients to get the care they need, when they need it—whether it is at their primary care provider’s office, a specialist, the hospital or home;
✓ The partnership leads to higher quality care and improves the patient’s experience.

With Mercy as your Medical Home, you and your employees can expect:

✓ A coordinated team of health professionals led by your primary care provider
  » Health information is available to anyone involved in your care through Cedar Rapids’ most comprehensive single electronic health record, part of our Epic patient management software system.
✓ Access and convenience
  » Access to the same health information your providers have through MyChart, to ensure the most effective partnership between you and your doctor.
  » Ability to communicate more effectively and easily with your doctors, through better coordination between providers and tools like MyChart.
  » MyChart allows patients to schedule appointments, email providers, refill prescriptions and more.

Our hospital-based medical home offers coordinated care with:

✓ Individualized follow-up care after hospitalizations.
✓ Medication management to ensure patients are properly following prescribed medication plans. This helps avoid the potential for drug interactions, particularly for those who take several medications to manage a chronic illness.
✓ Customized, individualized care in Mercy’s seamless healthcare system.

Manage your personal health information with MyChart

MyChart is a secure, personalized and convenient tool to access and manage your personal health information online.

Mercy-Cedar Rapids: Your Medical Home

Mercy and MercyCare Community Physicians’ clinics’ electronic patient management system, Epic, allows integration of multiple information systems at various points of contact into a single patient record through the most advanced medical record system available.

When all healthcare members contributing to your care plan have access to all of your patient information (through the Epic patient record management at Mercy) and are able to communicate, care is optimized and costs decrease through reduced emergency department visits and/or hospital readmissions. Fewer hospital visits and shorter stays result in cost savings for patients and the employers who support their health plans.

Fourteen of MercyCare’s affiliated clinics received patient-centered Medical Home recognition by the National Committee for Quality Assurance. This forward-thinking initiative decreases costs, improves quality and strengthens the patient-provider relationship.

All points of care are connected by a single electronic patient record

http://mychart.mercycare.org
Awards for Quality, Safety & Patient Satisfaction

Only hospital in C.R. named a 100 Top Hospitals® by Truven Health Analytics (2nd year in a row)

Re-designated an Advanced Primary Stroke Center by The Joint Commission in 2014

2014 Women's Choice Award for being voted one of America's Best Hospitals for Patient Experience by women (4th consecutive year)

One of the nation’s 97 best hospitals for joint replacement surgery by the Centers for Medicare & Medicaid Services (CMS)

Named among Becker’s Hospital Review’s 2014 published list of 125 Hospitals With Great Orthopedic Programs

2014 Medical Excellence quality awards for Mercy from CareChex®, a division of CompareIC®:

- Overall Hospital Care: #1 in State; #1 in Market
- Overall Medical Care: Top 10% in Nation; Top 10% in Region; Top 10% in State; #1 in Market
- Cardiac Care: Top 10% in Nation; Top 10% in Region; Top 10% in State; #1 in Market
- Heart Attack Treatment: Top 100 in Nation; Top 10% in Nation; Top 10% in Region; Top 10% in State; #1 in Market
- Joint Replacement: Top 10% in the Nation; Top 10% in Region
- Major Orthopedic Surgery: Top 10% in Nation; Top 10% in Region; Top 10% in State
- Pneumonia Care: Top 100 in Nation; Top 10% in Nation; Top 10% in Region; Top 10% in State; #1 in Market
- Pulmonary Care: Top 10% in Nation; Top 10% in Region; Top 10% in State; #1 in Market
- Stroke Care: Top 10% in Nation; Top 10% in Region; Top 10% in State

Hall Radiation Center accredited by the American College of Radiation Oncology

The Hall-Perrine Cancer Center’s Quality Oncology Practice Initiative® (QOPI) certification was renewed in 2014

Hall-Perrine Cancer Center received a gold level award from the American College of Surgeons Commission on Cancer with 3-year accreditation with commendation

Mercy Birthplace received award from Iowa Health Care Collaborative for work in eliminating elective deliveries prior to 39 weeks

2014 Case in Point Platinum Award from Decision Health for Medicare ACO that links University of Iowa Hospitals and Clinics with Mercy Medical Center

Iowa Recycling Award for Recycling Project of the Year

One of Health Care’s Most Wired hospital (7th time)

Mercy Medical Center/Mercy Physician Services named a Blue Zones Worksite®

Mercy received Corridor Business Journal’s Worksite Wellness Award

WELCOA Well Workplace Gold Award Winner

Mercy’s 8th & 8th Medical Office Building awarded LEED Silver Certification by the U.S. Green Building Council

Mercy’s Employee Health Center earned a 2014 Press Ganey Guardian of Excellence Award

2014 Diamond Level Sustainability Excellence Award from Strategic Print Solutions
MercyCare Clinics: Committed to quality & patient-centered care.

Fourteen of the MercyCare family practice clinics (in addition to Internist Associates of Iowa and Mercy’s Employee Health Center) have been recognized since 2013 by the National Committee for Quality Assurance as a Patient-Centered Medical Home.

Mercy’s commitment to the medical home philosophy began in January 2010. MercyCare clinics consistently outperform national averages for proactive screenings, preventive care and management of chronic conditions.

Nearly all consumers select hospitals based on safety and quality over cost*. While cost is an increasingly important factor, we understand that delivering the best care matters most to healthcare consumers. Not only does quality care benefit the patient through improved outcomes, it also benefits employers as employees return to work sooner after an illness or injury.

We know patients want coordinated care to easily navigate the healthcare system. Mercy continues to focus on forging and strengthening collaborative relationships with healthcare organizations and physicians to decrease costs, increase value, improve access and provide the highest quality of services to larger populations within our communities.

Mercy and MercyCare Community Physician clinics all use the same electronic patient management system, called Epic. This system enhances the organization’s ability to offer a more seamless delivery of care for patients, including greater collaboration and opportunity for innovation. Epic allows integration of multiple information systems at various points of contact into a single patient record.

*Duke, Christopher C. PhD; Smith, Brad PhD; Lynch, Wendy PhD; Slover, Michael MS. The Effects of Hospital Safety Scores, Total Price, Out-of-Pocket Cost, and Household Income on Consumers’ Self-reported Choice of Hospitals. Journal of Patient Safety; 2014.
MercyCare Clinics’ Quality Measures Show Commitment to Ensuring Patients Receive Needed Screenings, Testing and Preventive Care

Our providers take responsibility to ensure patients have the right screenings to help them proactively manage their healthcare, even if it’s been a while since they’ve been in for a visit. We know it’s less expensive to keep people healthy as opposed to treating an illness—plus, staying healthy enhances quality of life. Below are some of the screenings and tests we conduct, as well as a few spotlights that show specific percentages from patients who have made a MercyCare clinic their medical home.

### Adult weight screening (and follow-up)

71% of those who have the appropriate risk factors with a MercyCare primary physician have received this important screening for colon cancer. The national average is 56%.

### Diabetes A1c <8

67% Of patients with diabetes, 67% have received this important screening to reduce risks of complications and reduced quality of life. The national average is 52%.

### Hypertension

81% 81% of patients in a MercyCare medical home have this screening for high blood pressure (Normal blood pressure is <140/90). The national average is 58%.

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**One more tool to stay connected to patients.**

Epic is essential for MercyCare clinics as they maintain their Patient-Centered Medical Home recognition. Having one seamless health record for patients through Epic enhances the coordination of care across the entire Mercy system and the Corridor.

Manage your personal health information with MyChart

27,352 patients at Mercy Medical Center and MercyCare Community Physicians have signed up for a MyChart Account. MyChart allows patients to schedule appointments, email providers, refill prescriptions and more.

Patient Engagement with MyChart (July 1, 2013 through June 30, 2014)

- **Number of unique users who have sent a message to their provider:** 4,742 patients sent 13,948 secured messages.
- **Number of unique users accessing lab results:** 16,177 patients accessed 108,489 lab results.
- **Number of unique users accessing for health maintenance:** 16,185 patients accessed their health maintenance page 104,016 times.
- **Number of appointments scheduled:** 1,166 patients scheduled 2,037 appointments.
- **Number of eVisits conducted:** 80 patients completed 126 eVisits.

### Screenings

- Adult weight screening (and follow-up)
- Blood pressure
- Colorectal screening
- Diabetes A1c testing
- Diabetes A1c <8
- Diabetes blood pressure control
- Hypertension
- Hypothyroidism
- Mammograms
- Nicotine assessed
- Nicotine cessation advised
- Osteoporosis
- Pap
- Pneumovax
- Tetanus

*Source: NCQA - 2013 Commercial PPO*
Exceptional care across key quality measures

Medicare’s Hospital Compare reports on timely and effective care in key areas of hospital quality, so you can see how often Mercy and other hospitals perform recommended care for patients with certain conditions¹.

¹Source: www.hospitalcompare.hhs.gov
Hospital Quality Measures | MMC | IOWA AVG | NATL AVG
--- | --- | --- | ---
**Heart attack care**
Timely Heart Attack Care
Given PCI within 90 minutes of arrival | 100% | 95% | 96%
Effective care for heart attack patients
Given aspirin at discharge | 100% | 100% | 99%
Given a prescription for a statin at discharge | 100% | 99% | 98%
**Heart failure care**
Effective care for heart failure patients
Given discharge instructions | 98% | 93% | 95%
Given an evaluation of left ventricular systolic (LVS) function | 100% | 97% | 99%
Given an ACE inhibitor or ARB for LVS dysfunction | 100% | 95% | 97%
**Pneumonia care**
Pneumonia patients given the most appropriate initial antibiotic(s) | 99% | 93% | 96%
**Surgical Care**
Timely Surgical Care
Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery) | 97% | 98% | 98%
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection | 98% | 97% | 99%
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) | 99% | 98% | 98%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery | 100% | 99% | 99%
Effective Surgical Care
Outpatients having surgery who got the right antibiotic | 100% | 98% | 98%
Surgery patients given the right kind of antibiotic to help prevent infection | 100% | 99% | 99%
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery | 99% | 98% | 98%
Surgery patients whose urinary catheters were removed on the first or second day after surgery | 95% | 97% | 98%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery | 100% | 100% | 100%
**Emergency Department care**
Average time patients spent in the emergency department, before they were admitted to the hospital as an inpatient | 208 MIN | 201 MIN | 273 MIN
Average time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room | 67 MIN | 61 MIN | 97 MIN
Average time patients spent in the emergency department before being sent home | 129 MIN | 109 MIN | 133 MIN
Average time patients spent in the emergency department before they were seen by a healthcare professional | 19 MIN | 20 MIN | 24 MIN

Hospital Quality Measures (continued) | MMC | IOWA AVG | NATL AVG
--- | --- | --- | ---
**Emergency Department care (continued)**
Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication | 54 MIN | 44 MIN | 55 MIN
Percentage of patients who left the emergency department before being seen | 1% | 1% | 2%
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival | 79% | 57% | 61%
**Stroke care**
Timely stroke care
Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started | 100% | 67% | 73%
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at hospital | 100% | 98% | 98%
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at hospital | 93% | 94% | 95%
**Effective stroke care**
Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge | 97% | 99% | 99%
Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge | 100% | 96% | 95%
Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge | 97% | 92% | 95%
Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care & prevention during hospital stay | 100% | 85% | 90%
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services | 100% | 98% | 98%
**Blood clot**
Prevention
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery | 91% | 88% | 88%
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) | 97% | 93% | 94%
**Treatment**
Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time | 91% | 95% | 94%
Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding | 100% | 99% | 98%
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine | 99% | 78% | 82%
**Pregnancy & delivery**
Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary | 0% | 2% | 5%
Source: www.hospitalcompare.hhs.gov
Last updated Dec. 14, 2014
Seasonal influenza can cause severe illness and life-threatening complications. An estimated 200,000 people are hospitalized each year from flu-related complications. The best prevention is to get a flu vaccination.

Mercy patients who received the influenza vaccination while hospitalized (Oct. 2013 through March 2014):

**89%**

Mercy employees who received the influenza vaccination (Oct. through Dec. 2014):

**95%**

Mercy uses evidence-based protocols to provide the highest level of care so that patients can recover more quickly. Our emphasis on care coordination means patients get the care they need when they need it, as seamlessly as possible. Patients have access to outpatient services for continued care, if needed, once they are released.

Reducing lengths of stay by **0.1 days** saved **$1,000,000** in staffing and other associated costs at Mercy.

Source: Comparion Medical Analytics, Inc.

Exceeding standards for patients admitted to Mercy by reducing complications, mortality and readmissions

**Complications:** Reducing risks for complications for hospital patients
(Risk-adjusted complication index for Jan. – Sept. 2014)

Mercy is **21% better than the expected rate**

Source: Companion Medical Analytics, Inc.

**Mortality:** Reducing mortality of patients in the hospital
(Risk-adjusted mortality index for Jan. – Sept. 2014)

Mercy is **70% better than the expected rate**

Source: Companion Medical Analytics, Inc.

**Readmissions:** Reducing readmissions after a hospital stay
(Risk-adjusted readmission index for Jan. – Sept. 2014)

Mercy is **13% better than the expected rate**

Source: Companion Medical Analytics, Inc.

Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. Many of these events can be prevented if hospitals follow best practices for treating patients, which helps avoid unnecessary hospitalizations and reduce costs.
Reducing infections for patients hospitalized at Mercy

Reducing C Diff (Clostridium difficile) bacterial infections
(January – October 2014)

Mercy is **41%** better than the expected rate

Some medical conditions require patients to take antibiotics. While destroying the “bad” bacteria, antibiotics also destroy some “good” bacteria. Occasionally, this may result in C Diff infections in individuals who carry C Diff in their intestines. This can be very serious.

Central line associated bloodstream infections drop
(Number of patients)

Central line bloodstream infections occur when bacteria or viruses enter the bloodstream through an IV site. Intensive care patients are among the most vulnerable, since they are the most critically ill and must avoid risk of infection. These infections lead to thousands of deaths each year (according to the CDC), resulting in billions of dollars in associated costs. Although many of these infections may be treated with antibiotics, effectively preventing them leads to better patient outcomes and reduced costs.

Catheter associated urinary tract infection rates outperform national average
(January – October 2014)

Mercy is **50%** better than the expected rate

Like central line infections, catheter-associated urinary tract infections occur when bacteria or viruses enter the bloodstream through the site of the catheter. CDC guidelines are followed for insertion of catheters and care of patients with catheters to improve patient outcomes and reduce added costs.
As part of our ongoing efforts to improve the health and safety of patients and employees, Mercy began (in November 2014) using a Sanuvox Aseptix Ultra Violet System to provide an even higher level of sanitization in patient rooms.

The disinfection unit destroys bacteria and viruses by emitting UV-C light throughout the room via two light towers placed in the room by trained staff. The light reaches even the most difficult areas to clean. While staff members continue to fully clean and set up the rooms as they have in the past, the lighting system provides an extra layer of security knowing that patient rooms are completely disinfected for the next patient.
Improving patient outcomes with Mercy’s hospital-wide blood management program

Performing fewer blood transfusions means there are fewer complications and infections due to transfusions. That’s why Mercy initiated a blood management program to ensure that transfusions are appropriately given within evidence-based guidelines. When it is determined that a transfusion is needed, the best-practice transfusion strategies are taken to create the best outcomes.

Best-practice guidelines for using blood products have been established by the American Association of Blood Banks. Based on their guidelines, Mercy Medical Center’s Blood Management Committee (chaired by cardiologist Nicholas Hodgman, MD) implements, promotes and evaluates initiatives within the hospital for the blood management program.

Mercy’s blood management program results in lower monthly transfusion-to-hospital-discharge ratios (Nov. 2013 – Oct. 2014)

Reducing risks of blood clots for hospital patients

During any hospital stay, a patient is at risk for developing a blood clot. In fact, hospitalizations are the number one cause of a person developing a blood clot and the cost of this complication is approximately $33,000 per patient.

Our physician champion, Dr. Fadi Yacoub, leads the blood clot prevention team at Mercy Medical Center. Guided by national standards from The Joint Commission (TJC), CMS and the Agency for Healthcare Research and Quality (AHRQ), the team utilizes six specific quality metrics to guide best practice in regard to the prevention or treatment of blood clots.

Increased prevention measures reduce blood clots at Mercy Medical Center (last updated Dec. 18, 2014)

PATIENTS WHO GOT TREATMENT TO PREVENT BLOOD CLOTS ON THE DAY OF OR DAY AFTER HOSPITAL ADMISSION OR SURGERY

- Mercy: 91%
- State of Iowa: 88%
- National: 88%

PATIENTS WHO GOT TREATMENT TO PREVENT BLOOD CLOTS ON THE DAY OF OR DAY AFTER BEING ADMITTED TO THE INTENSIVE CARE UNIT (ICU)

- Mercy: 97%
- State of Iowa: 93%
- National: 94%

Source: www.hospitalcompare.hhs.gov
Spotlight on improving self-management of asthma & allergic disease

By improving inhaler education, Mercy is improving the quality of life and breathing for our asthma and COPD patients. Research shows that, when using inhalers, only 7% of users demonstrated perfect technique and 63% missed three or more steps.*

Effective use of metered dose inhalers helps keep individuals with respiratory issues healthier and helps reduce the number of visits to the Emergency Department.

*Annals of allergy and asthma, January 2015

Misuse of medical devices: a persistent problem in self-management of asthma and allergic disease

Bonds, Rana S. et al.
Annals of Allergy, Asthma & Immunology, Volume 114, Issue 1, 74 - 76.e2

Metered-dose inhaler (MDI) patient education reflects our commitment to better self-management

(Number of patients)
The Birthplace received an award from Iowa Health Care Collaborative for their work in eliminating elective deliveries prior to 39 weeks.

1Source: National Database of Nursing Quality Indicators®

Mercy reduces number of elective inductions at <39 weeks of gestation for better outcomes for babies

Mercy was one of only 100 hospitals in the nation last year to receive the March of Dimes’ “39+ Weeks Quality Improvement Service Package,” part of the March of Dimes “Healthy Babies are Worth the Wait™” campaign, which raises awareness of the importance of a full-term pregnancy. The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) standard recommends 39 completed weeks’ gestation prior to elective delivery. In 2012, 10 to 15 percent of all births in the US were performed early without medical reason. These births have increased risk of maternal and infant complications.

Cocoon program protects youngest population from pertussis (whooping cough)

Together with the Linn County Health Department, the Birthplace has been offering tetanus-diphtheria-acellular pertussis (Tdap) immunizations to new dads, significant others, grandparents, caregivers or anyone else who will be in contact with the newest addition to the family. Pertussis is cyclic in nature, with confirmed outbreaks every three to five years. According to the CDC, the highly contagious respiratory disease most commonly affects infants and young children and can be fatal, especially in babies less than one year of age. The CDC reports that, from Jan. 2 to Aug. 16, 2014, it received reports of 17,325 cases of pertussis, representing a 30% increase compared with the same time period in 2013.

224 vaccines administered
The first-ever Mercy Pediatric Clinic opened with locally experienced and respected pediatric providers Dr. Scott Nau, Dr. Wieslaw (Wes) Machnowski; and Dr. Rick Mersch.

The clinic opened with **3,500 patient transfers** in the first five months.

Nearly 5,000 patients served by the **Mercy Pediatric Clinic**

Pediatrician receives **national award** from patient nominations

Mercy Pediatric Clinic’s Rick Mersch, MD, FAAP, is one of only seven pediatricians nationally recognized as Parents magazine’s 2014 “Our Favorite Pediatricians.” Parents magazine chose Dr. Mersch for the award after receiving nine nominations on his behalf from patients during the nomination period last spring. Kara Corridan, Parents Health Director, said the number of nominations received for Dr. Mersch was high.
Nationally recognized heart care: saving time saves lives

Mercy Medical Center offers state-of-the-art technology, compassionate care and skilled, knowledgeable cardiologists and staff trained in the treatment of heart conditions, heart disease (cardiovascular disease) and stroke. The integration of the hospital with Mercy Cardiology Clinic continues to strengthen our cardiovascular services.

Collaboration drives quality

An important part of our cardiac team is Mercy Cardiology Clinic. On June 1, 2013, Mercy Medical Center assumed ownership and operations of Cedar Rapids Heart Center, an existing cardiology practice located in the 8th & 8th Medical Office Building on the Mercy campus. Since opening their doors in Cedar Rapids in 2007, Cedar Rapids Heart Center has built a strong cardiology practice based on fundamental principles and forged a successful partnership with Mercy through numerous initiatives.

An example of this successful collaboration is Mercy’s Heart Failure Center. It has a comprehensive team of doctors, nurses, dietitians, social workers, counselors, financial planners and pharmacists working together to help patients with heart conditions improve their quality of life. Each patient receives a personalized treatment plan from the Heart Failure Center coordinator.

Specialists offer expertise related to medications, symptoms, diet, exercise, financial support and emotional support. With a family-centered approach, the center extends education and support to both the patient and his or her family in an individual or group setting.

Leading the way in high-quality care by lowering adverse events and mortality in heart attack patients (2007 – June 2014)

Mercy lowers adverse events in heart attack patients through the efficiency and coordination of Mercy’s Emergency Department, cardiovascular lab and other cardiac team members in handling cardiac emergencies.

No serious adverse events since before 2007

Source: www.hospitalcompare.hhs.gov

The heart-related graphs on the following pages are illustrations of efforts that have resulted in the overall reduction in adverse effects in heart attack patients.
Improving heart failure patient outcomes by seeing provider within one week of hospitalization
(Percent of patients seen by a provider within one week, March 2012 – Sept. 2014)

Seeing the heart failure patient within a week of hospitalization allows the provider to make sure all discharge plans are being followed at home. Readmissions often result from confusion or misunderstanding of discharge instructions, including how to take medications. This visit helps make sure patients are doing everything right at home so that they don’t have to come back to the hospital.

Mercy increases use of home monitoring system to improve outcomes for heart failure patients
(Number of patients using Telemonitoring, Oct. 2012 – Sept. 2014)

Using a home monitoring system, called a Telemonitor, for our heart failure patients improves outcomes. In-home monitoring and transmitting of vitals, like blood pressure, to medical professionals can save unnecessary doctors’ or ER visits.
Dramatically reducing readmissions for heart attack and heart failure patients

[Numbers of readmissions, comparing 6-month periods from January 2013 to June 2014]

Incidences of heart attack and heart failure rise as our population ages. Preventing potential hospital readmissions helps patients experience a higher quality of life and reduces costs associated with another hospital visit.

Heart failure readmissions are 10% better than the national average

Heart attack readmissions are 13% better than the national average
Vascular complications after a cardiac stent at Mercy far below national average¹
(Percent of patients with complications from Jan. 2007 to March 2014)

Reducing number of blood transfusions after cardiac stent insertions¹
(Percent of patients receiving a blood transfusion after cardiac stent, July 2009 – June 2014)

Mercy has outperformed the national average for more than 7 years.

¹Source: National data from the American College of Cardiology–National Cardiovascular Database Registry
More Mercy patients receive a heart catheter at the wrist than national average resulting in better outcomes\(^1\)

(Percent of patients receiving heart catheter at the wrist, April 2011 – June 2013)

Following evidence-based care, Mercy’s experienced cardiologists are more frequently using the radial (wrist) artery approach, as opposed to a femoral (groin) approach to insert catheters into arteries. Why? Because the radial approach reduces patient discomfort, allows patients to move sooner and more freely and leads to earlier discharge. Using the radial artery approach also results in reduced complications.

\(^1\)Source: National data from the American College of Cardiology–National Cardiovascular Database Registry

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Mercy saves lives by opening blocked arteries faster than 90-minute national benchmark

(Percent of door-to-balloon times within 90 minutes, Jan. 2007 – Dec. 2014)

Mercy has achieved a milestone that very few hospitals around the nation can claim. Mercy’s cardiac team has treated blocked heart arteries in less than 90 minutes in every heart attack patient requiring it for more than 5.5 consecutive years. The American College of Cardiology (ACC) recommends 90 minutes or less, reflecting the critical time window of saving heart function and someone’s life.

Door-to-balloon time is a term coined by the ACC to describe the time it takes for physicians and hospital staff to recognize and treat a heart attack patient with balloon angioplasty, stents or both after the patient arrives at the hospital.

These efforts were recently acknowledged by Comparion, listing Mercy as one of the Top 100 hospitals in the nation. Mercy has had a dramatic decrease in adverse events or complications, which saves lives and reduces costs.
Nationally recognized quality stroke care

The Joint Commission, in conjunction with The American Heart Association/American Stroke Association, recognizes Mercy Medical Center as an Advanced Primary Stroke Center. Achievement of Primary Stroke Center Certification demonstrates Mercy’s dedication to achieve long-term success in improving outcomes for stroke patients, as well as to provide education on stroke prevention and early symptom recognition to the community.

This voluntary, two-year re-certification required a rigorous on-site review in February 2014. A Joint Commission expert reviewed Mercy’s compliance with the requirements for The Joint Commission’s Disease-Specific Care Certification program for stroke care and prevention.

Quality measurements for Mercy’s stroke care illustrate commitment to high quality


<table>
<thead>
<tr>
<th>Stroke Patients Quality Measure</th>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received venous thromboembolism (VTE) prophylaxis</td>
<td>97%</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>Discharged on antithrombotic therapy</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>With atrial fibrillation or flutter discharged on anticoagulation therapy</td>
<td>94%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Received IV thrombolytic therapy within 3 hours of last known well for patients arriving to the hospital within 2 hours of last known well</td>
<td>87%</td>
<td>63%</td>
<td>73%</td>
</tr>
<tr>
<td>Stroke patients received antithrombotic therapy by the second day after hospital arrival</td>
<td>99%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Discharged on a statin medication</td>
<td>96%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Given stroke education materials during hospital stay</td>
<td>100%</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>Assessed for rehabilitation</td>
<td>100%</td>
<td>98%</td>
<td>98%</td>
</tr>
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Source of Data: Comparion Medical Analytics Reporting
Source of State and National Performance Rates: Hospital Compare Second Qtr. 2013 through First Qtr. 2014 Discharges

A Level III trauma facility, Mercy Medical Center’s Emergency Department is fully equipped with state-of-the-art technology to handle the most serious healthcare emergencies. Physicians in Mercy’s Emergency Department are board-certified in emergency medicine. Our nurses are also specially trained, many nationally certified in emergency nursing.
Average time patients spent in the emergency department before being sent home
(Oct 2013 through Sept 2014)

- **MERCY**: 129 minutes
- **NATIONAL NORM**: 133 minutes
- **OTHER AREA HOSPITALS**: 145 minutes

Number of patients who left the ER without being seen
(Reported to CMS June 2014 for time period of Jan. 1 through Dec. 31, 2013)

- **MERCY**: 1%
- **NATIONAL NORM**: 2%

Source of Data: Comparison Medical Analytics Reporting
Source of State and National Performance Rates: Hospital Compare Second Qtr. 2013 through First Qtr. 2014 Discharges
Screening for infectious diseases in the ER expedites care and protects other patients and employees. Mercy now asks more extensive travel questions during initial assessments of ER patients. Questions include asking if the patient has traveled in the last 21 days or been exposed to any infectious diseases. If the answer is yes, they are questioned more extensively about where they have traveled and what type of diseases they have been in contact with to ensure appropriate protective and medical care measures are taken.

Early treatment for sepsis saves lives by providing opportunity for early treatment. On Oct. 1, 2014, Mercy instituted a standardized sepsis protocol for early assessment and treatment of septic patients. Sepsis, severe sepsis and septic shock can arise from a simple infection, such as pneumonia or urinary tract infection. Although it can affect anyone at any age, it is more common in infants, the elderly, and patients with chronic health conditions such as diabetes and immunosuppressive disorders seen in transplant patients. Sepsis is associated with mortality rates of more than 16 to 49%, which is more than 8 times higher than the rate for inpatient stays for other hospital admissions. Severe sepsis and septic shock are frequent causes of re-hospitalizations, especially during the first year after the initial hospitalization.

It has been shown that mortality from sepsis can be reduced when aggressive care is provided within 6 hours of hospital arrival.
New technology offers patients precise, radiotherapy treatments in minutes

Patients at Mercy’s Hall-Perrine Cancer Center are now able to receive powerful and precise radiotherapy cancer treatments within just a few minutes per day through a new TrueBeam™ advanced medical linear accelerator system. TrueBeam is the latest advancement in radiation technology available in the United States. It has the unique ability to capture 3-D images during treatment, which allows for high-dose, narrowly targeted radiation delivery while monitoring the patient’s breathing and compensating for movement of the tumor while the dose is being delivered.

TrueBeam is the latest advancement in radiation technology available in the United States.

New stereotactic body radiation therapy (SBRT) treatment shortens treatment times

SBRT utilizes the most advanced technology to deliver a high dose of radiation to a small, targeted area, limiting the radiation dose to the surrounding tissue. Each treatment is targeted at the tumor with sub-millimeter accuracy. This precision is what allows the physician to give a high dose of radiation to the tumor volume while limiting side effects. SBRT is specialized treatment best utilized in certain lung, pancreas, liver and brain cancers.

New 3D mammography system improves breast cancer detection

As part of a joint community-wide effort, Mercy Medical Center offers 3D mammography (digital breast tomosynthesis) technology. A recent study published in JAMA (Journal of the American Medical Association) demonstrated 3D mammography finds a 41 percent increase in the detection of invasive breast cancers and a 29 percent increase in the detection of all breast cancers as compared to conventional 2D mammography alone. The use of 3D mammography has also seen up to a 15 percent reduction in recall rates. This decrease in callbacks is expected to reduce the number of patients needing additional imaging for possible mammographic changes on their screening exams.

Catching cancer early: 87% of cancers diagnosed at Mercy are in early stages

Mercy improves outcomes by finding breast cancer earlier

(Stage of breast cancer diagnosed in 2000 – 2011 at Mercy versus 1,590 hospitals in all states*)

Mercy’s Hall-Perrine Cancer Center strives to find cancer as early as possible. The lower the stage, the better the outcome. For example, Mercy finds breast cancer earlier (stage 0-2) and has a lower percentage of stage 4 patients.

*Based on the most recently reported data available.
More Mercy breast cancer patients have surgically removed sentinel lymph node tissue to check for cancer

(MQMBC - National Quality Measures for Breast Centers)

Mercy’s Dr. Reid has completed this important measure with EVERY PATIENT

Mercy’s Dr. Reid

More Mercy breast cancer patients have a lumpectomy than a mastectomy

(Compared to the Midwest Region)

Mercy is 18% better than the national average

Having a lumpectomy when medically appropriate, rather than a mastectomy, reduces the time needed for recovery and also reduces costs. It also results in higher breast tissue conservation.

Participating in more clinical trials to find better ways to prevent, diagnose & treat cancer

Most life-saving drugs used for treating cancer were first tested in clinical trials before they became standards of care. In 2013, Mercy participated in 57 clinical trials. As of October 2014, that number grew to 81. In 2014, there were 138 patients accrued to clinical trials which included studies on cancer treatment, symptom management, cancer prevention and genetics.

Symptom management studies

In addition to cancer treatment, clinical trials conducted at the Hall-Perrine Cancer Center also participate in “symptom management” studies that focus on improving the quality of life of patients undergoing cancer treatment by searching for ways to reduce harsh side effects.

Removing the sentinel node (the first lymph node or nodes that the cancer is most likely to spread to) reduces the likelihood of a second surgery and improves patient outcomes by detecting whether cancer has spread.

Mercy’s Vincent Reid, MD is the only surgical oncologist in Iowa that is a member of the NQMBC Surgeon program and the only fellowship-trained oncologic surgeon in Cedar Rapids.
Margin Probe: removing cancer, removing doubt

The trend toward more lumpectomies rather than mastectomies will grow at Mercy, particularly with last year’s addition of the MarginProbe® System. Mercy is the only hospital to offer this system in Iowa. It allows surgeons to determine whether cancer is present in the surrounding tissue during surgery for breast cancer, as opposed to waiting for days after the surgery to have that information. If the probe indicates that cancer remains at the edge of the removed tissue, surgeons can remove the additional tissue right then—saving time and the potential need for a second procedure.

Having a “clean margin” around the site of the cancer improves the likelihood of a successful outcome through the course of treatment. MarginProbe allows surgeons to preserve as much breast tissue as possible while removing as much tissue as needed to achieve the best result. Most important, patients at Hall-Perrine Cancer Center find it reassuring and appreciate the lower surgery costs and quicker return to their normal routines.

Certified by the Quality Oncology Practice Initiative (QOPI)
Mercy’s Hall-Perrine Cancer Center has achieved certification by the QOPI® Certification Program, an affiliate of the American Society of Clinical Oncology, and its Quality Oncology Practice Initiative® for meeting the highest standards of quality cancer care in the area of hematology-oncology. Certification was most recently renewed in July 2014.

Through this independent review of practices and core quality metrics, the Hall-Perrine Cancer Center was identified as scoring better than 77% of the registered practices. Out of the 850 registered practices in the QOPI system, we performed better than 635 of them.

Demonstrations of the Hall-Perrine’s quality in these areas include having zero medication errors—a significant accomplishment given that our staff averages more than 2,400 medication administrations in one month. A single dose of chemotherapy goes through 20 safety checks before it is given to a patient.

Accredited by the American College of Radiation Oncology (ACRO)
In the area of radiation oncology, Mercy has attained ACRO accreditation, a voluntary process in which professional peers identify standards indicative of a quality practice. An audit was conducted to assure that the standards are followed. An on-site inspection took place where the professional peer group extensively reviewed medical records, verified procedural processes and interviewed the center’s medical providers.

The Hall-Perrine Cancer Center achieved this accreditation in 2014, and only one other radiation oncology program in Iowa has undergone this rigorous accreditation process.

Accredited by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS)
As the first hospital in the area accredited by the ACoS in 1990, Mercy was re-accredited again in 2014, having received the CoC’s highest award—a Three-Year Approval with Commendation. The surveyors awarded seven extra commendations for exceeding industry standards, giving Hall-Perrine Cancer Center a “gold level” designation.

Reducing the Time Between a Screening Mammogram and Diagnostic Mammogram
(June - December 2014)
Mercy Women’s Center = 7.17 days
NQMBC Average = 7.56 days
Surgical outcomes gain national attention

Mercy performs better than the national rate for avoiding serious complications.\(^1\) We take many actions to provide the best surgical outcomes; for example, a multidisciplinary team met and identified the need to standardize Mercy’s preoperative assessment process. Our clinical outcomes team presented this process at the Truven Health Advantage Conference (a national quality conference) in Orlando, FL, in April 2014.

Prior to having surgery, a patient must have a preoperative history and physical to identify potential risks. The awareness of preoperative cardiac and pulmonary risks leads to appropriate consultation and safer surgery for patients. Mercy has made this a community-wide initiative, providing education to primary care providers and other healthcare providers who assess their patients prior to surgery.

Declining complications in general surgery mean better outcomes

(General surgery risk-adjusted complication index for July – Sept. 2014)

Mercy is \(23\%\) better than the expected rate

\(^1\)Source: Comparon Medical Analytics

Concerned about out-of-pocket costs? Check with your health insurance provider for accurate cost information.

The healthcare payment system is incredibly complex. Out-of-pocket payments are largely based on your insurance plan and what selections you made within that plan, including the deductible, copayment, and coinsurance.

Mercy offers competitive pricing and, based on publicly available pricing information, there are many instances where your out-of-pocket expenses at Mercy would be less than or comparable to the cost of an outpatient surgical center.

www.mercycare.org/ASK
New treatment offers improved quality of life for severe asthma patients

Mercy Pulmonology Clinic offers access to the area’s only board-certified interventional pulmonologist, Dr. Eduardo Celis. Dr. Celis is certified in pulmonary and critical care medicine and has trained in bronchial thermoplasty for the past two years as part of a clinical trial at Henry Ford Hospital in Detroit, MI. This new, FDA-approved treatment for severe asthma is aimed at improving a patient’s quality of life and providing long-lasting asthma control.

Asthma is one of the nation’s most common and costly diseases with more than 20 million asthma sufferers.

Awarded 97 Best Hospitals per CMS for Joint Replacements

Mercy Medical Center also has been named among Becker’s Hospital Review’s 2014 published list of 125 Hospitals With Great Orthopedic Programs. The hospital is in the Top 10% in the nation for Medical Excellence in Major Orthopaedic Surgery in 2015, according to CareChex®, a division of Comparision®.

Providing exceptional service & convenient access resulting in high patient satisfaction

The Benefit of a Single Medical Record

1. Mercy has the area’s most comprehensive single electronic medical record.

2. Medication lists and test results from the hospital and clinic are at the fingertips of the patient’s healthcare team. This ensures patients receive the safest and highest quality care when and where they need it, regardless of whether they’re at home, the doctor’s office or the hospital.

3. Mercy makes getting your test results easy through MyChart, a secured and personalized tool for easy access to personal health information when and where you want it.

4. Test results from other clinics and healthcare providers not affiliated with Mercy are not automatically integrated into your primary care physician’s medical record, which is why it is important to make Mercy your medical home.
Less Waiting = Faster Care

More patients are choosing MercyCare’s urgent care clinics

Increased access to Mercy’s four urgent care facilities (Marion, Cedar Rapids North, Cedar Rapids South and North Liberty) have resulted in more patients choosing Mercy. Patients are taking advantage of these convenient options.

Average Lobby Wait Time at MercyCare Urgent Care locations

6 MIN 5 MIN 15 MIN 11 MIN

MARION NORTH LIBERTY NORTH SOUTH

Percent of time lobby wait time is less than 20 minutes

80%

We’ve found that preventing illness and keeping patients healthy only helps improve their satisfaction.

92%

MercyCare Community Physicians: Patient satisfaction overall mean score for the past year for all family practice and specialty clinics.

New clinic opened in Marion

MercyCare East Post Road opened in March 2014 to increase access for patients living in the growing community of Marion.

Number of providers continues to grow to provide increased access to medical homes

MercyCare clinics continue to expand and add new providers to accommodate patient growth. For example, three new providers were added in Marion. Also, clinics are practicing team-based care to enhance quality and streamline processes, resulting in the ability to serve more patients.

Urgent care patient volumes grow with increased access

(Growth by location, Feb. – April 2014)
Press-Ganey patient satisfaction scores show Mercy ranks high

Mercy Medical Center’s patient satisfaction scores are rising as the hospital continues to focus on delivering an exceptional experience based on models of patient/person-centered care and evidence-based standards. Our employees have a long-standing commitment to delivering compassionate, high quality care with The Mercy Touch® and our overall rating and likelihood to recommend scores are a reflection of that work.

Patients rate Mercy Medical Center high

More patients likely to recommend Mercy Medical Center compared to national/state averages

Selected by National Quality Forum to help guide national improved health

Ten groups in communities located across the country are collaborating to further improve the health of their populations by field testing the National Quality Forum’s Improving Population Health by Working with Communities—Action Guide 1.0. Mercy Medical Center, in collaboration with Abbe Center for Community Mental Health, was selected as one of these groups and we are partnering to improve the health and well-being of tenants living at Geneva Tower in downtown Cedar Rapids.

The Guide and the field testing are part of a three-year project funded by the U.S. Department of Health and Human Services to stimulate effective collaboration to improve the nation’s health.

Supporting Families Battling Cancer: The Hall-Perrine Cancer Center’s Family Cancer Resource Center has touched more than 820 individuals in the local and surrounding communities. The Center’s support has ranged from:

✓ Providing financial assistance to 17 families affected by cancer with needs such as snow removal, school supplies and fees, uninsured expenses, pet respite and other expenses.

✓ Providing 32 backpacks filled with school supplies.

✓ Providing a little happiness by hosting the 2014 Holiday Magic celebration for families touched by cancer with 350+ attendees.

✓ Hosting Caregiver retreats for any family members caring for the person with cancer at home.

Mercy’s food services get rave reviews

Press Ganey patient satisfaction scores for our Food & Nutritional Services continue at 90% or greater. Mercy has surpassed 5 continuous years for these outstanding scores. And we’re still going.
Working together to reduce costs

Employers are challenged to implement strategies and look for opportunities to play a significant role in reducing the rising costs of healthcare.

Although the rate at which costs are rising has slowed down, companies now pay significantly more toward employee health insurance benefits than they did just five years ago.

There is a strong business case for employer wellness programs, including: higher employee retention due to increased job satisfaction; increased productivity and fewer sick days; and increased retention.

At Mercy, we’ve faced similar challenges and have found effective means to reduce cost and improve employee health, as well as costs for our patients through our focus on quality.

We are committed to partnering with other businesses to help them experience the same successes we have had in reducing our costs per member and improving overall employee health.

We’re sharing our results as a case study for results that could be replicated in your business with the help of MercyCare’s Business Health Solutions.

Partnering for Better Health

Last year, we established the Primary Care Quality Network by partnering with a group of primary care physicians who focus on quality, value and patient satisfaction.

Mercy also developed a robust, tiered, outcomes-based wellness incentive program for all employees, regardless of whether they are on the health plan.

Mercy employees’ premium costs have not risen for 2 years in a row!

This can partly be attributed to Mercy’s ability to keep down the cost per member per month (PMPM, or the cost for each member enrolled in employee health plans).

As a member of Planetree, Mercy is now working toward becoming a Planetree-designed facility with upcoming site visits and evaluations in collaboration with the national Planetree organization. Designation decisions are made by an independent committee whose membership includes individuals with extensive experience with such organizations as the American Hospital Association, the Institute for Healthcare Improvement and The Joint Commission, among others.

We’re sharing our results as a case study for results that could be replicated in your business with the help of MercyCare’s Business Health Solutions.

See next page for Mercy’s Health Plan PM/PM cost trends.

Planetree: The playbook for The Mercy Touch

Planetree is best described as the playbook for The Mercy Touch. Mercy’s affiliation with Planetree, a national patient-centered care philosophy, unites Mercy staff on all levels to offer a common goal – to create the ultimate experience through the achievement of patient/ person-centered care based on evidence and standards. We accomplish this in 10 “plays” - or components - related to the offering of high-quality, personalized and compassionate caregiving. This same caregiving takes into account the healing process of the whole person - body, mind and spirit - while nurturing the source at which care originates: fellow caregivers.
Mercy’s costs **decrease** for each member enrolled in employee health plans

(Trend line, percentage change in per member per month cost, 2008 – projected 2015)

How has Mercy managed to **reduce** employee health plan costs?

Below is a timeline of all the Mercy initiatives to decrease PMPM costs. Reducing healthcare costs depends on an ongoing commitment, willingness to try new things and continued development of current programs by layering in initiatives and benefit plan design strategies.

**2005**
✓ Wellness plan initiated, with 20% incentive on medical premium

**2006**
✓ Health Risk Assessments

**2007**
✓ Generic Drugs – incentives for employees to purchase generic drugs: In 2007 38% of our drugs were generic, today 88.5%.
✓ Wellness programs point-based system, with points earned for: attending classes; weight and smoking programs; preventive exams (dental, physical, etc.); fitness center visits.

**2008**
No changes due to Flood of 2008

**2009**
✓ Domestic network created
✓ Employee Pharmacy established onsite
✓ Tobacco-free campus policy initiated

**2010**
✓ Pharmacy co-pay changed from a dollar co-pay to a percentage co-pay

**2011**
✓ Established an Employee Health Center on Mercy campus: A unique and convenient employee benefit, this full-service clinic addresses acute care, work-related injuries and preventive care
✓ Stand-alone vision plan
✓ Fat-free fryer for healthier food preparation

**2012 plan design**
✓ Healthier You Partnership created. This is a voluntary program designed to improve quality of life for individuals while reducing costs. Participants are employees and covered dependents with chronic disease and/or high medical claims, who most need our support. Specially-trained health coaches help employees identify and remove barriers as well as help them learn how to manage their care.
✓ Increased the employee premium discount to 30% if components of the wellness program were achieved

**2013**
✓ Primary Care Quality Network partnership: Partnered with a group of primary care physicians who focus on quality, value and patient satisfaction
✓ Developed a robust, tiered, outcomes-based wellness incentive program for all employees, regardless of whether they are on the health plan
✓ Health Risk Assessments required for spouses on Mercy’s insurance

**2014**
✓ WellAware – a voluntary 10-week wellness coaching program, available to those employees who are at risk for developing chronic disease.
Examining each element of a comprehensive approach to creating a **culture of wellness**

### 1) BENEFIT DESIGN
- Generic drug program
- Domestic network
- Pharmacy co-pay change
- Primary care network – tiered levels
- Annual HRAs
- Employee Assistance Program

### 2) ONSITE HEALTHCARE SERVICES*
- Onsite employee outpatient pharmacy
- Onsite employee health center
- Acute, preventive and worker injury care
- Available for employees and dependents

### 3) POLICY DESIGN
- Smoke-free campus
- Lactation areas for mothers
- Flexible work time
- Supporting employee participation in community benefit activities

### 4) INCENTIVE DESIGN
- 35% premium incentive
- Transition to outcome-based incentives
- Strategies to involve the non-covered in wellness

### 5) WELLNESS PROGRAMMING*
- Wellness committee and champions
- Health Risk Assessments/Biometrics
- Healthier You Program
- WellAware Program
- Smoking cessation
- Educational seminars
- Healthcare utilization education
- Chronic Disease Self-Management Course
- Weight management classes
- Wellness events (such as Weight Tracker, Bike to Work or Wellness Olympics)

Examining each element of a comprehensive approach to creating a culture of wellness

*For more information about establishing onsite health services and/or wellness programming, call Mercy’s Business Health Solutions

See next page for more info.
HYP program

Healthier You Partnership (HYP) is a voluntary program designed to improve quality of life for individuals while reducing costs. Participants are employees and covered dependents with chronic disease and/or high medical claims, who most need our support. Specially-trained health coaches help employees identify and remove barriers as well as help them learn how to manage their care.

WellAware coaching program works with employees to improve health and quality of life

Mercy’s WellAware program provides specialized, intensive health and wellness coaching to improve the health and overall wellbeing of Mercy’s employees and their spouses. The WellAware coaching group is a select number of Mercy employees and spouses who are covered by Mercy’s insurance and are likely to benefit from personalized coaching.

The graphs below show Mercy’s success in improving biometric outcomes and quality of life scores in WellAware participants. Participant satisfaction scores reflect employees’ positive experiences in the program, with an overall satisfaction score of 99.7%.

Mercy Medical Center sees improvement in 2014 biometric outcomes

(Percentage of participants who improved from 2013 to 2014)

WellAware participants report improved quality of life

Average increase in quality of life scores

(On a rating of 100)

- REPORTED HEALTH: 20.37
- PHYSICAL HEALTH: 18.19
- MENTAL HEALTH: 20.94
- OVERALL QUALITY OF LIFE: 18.19

Reducing workers’ compensation cost at Mercy Medical Center

Employee visits for workers’ comp to the emergency department are more costly than urgent care visits. Mercy sends employees not needing emergency care to its Employee Health Center (EHC). In 2014, this resulted in savings of more than $150,000. Area businesses can experience similar results by sending workers’ comp cases to a MercyCare Urgent Care or Mercy Occupational Health.

To learn more about establishing an employee health center at your company, contact Mercy’s Business Health Solutions at (319) 369-4411.
Cost savings for 215 new workers’ comp visits at Mercy’s Employee Health Center
(March 2013 – Nov. 2014)

$846.50 – $117.58 = $728.92
Average ED visit cost   Average EHC visit cost   Average Savings Per Visit
(difference in cost)

Comparing prices for procedures at Mercy Medical Center and other area hospitals
Mercy Medical Center realizes that in this era of increasing healthcare costs and consumer-driven financing alternatives, the need for pricing transparency is increasingly important.

Beginning in January 2007, Mercy began to voluntarily publicize hospital charge information via the Iowa Hospital Association website. This public portal allows consumers to conduct searches of charges associated with all hospital inpatient services, as well as providing the opportunity to compare hospitals to one another. Consumers should keep in mind that each individual’s treatment is unique and there are many variables (such as diabetes, high blood pressure or other health factors) that determine out-of-pocket costs.

To access the site, go to www.iowahospitalcharges.com.

Focused care: Reducing Mercy employee work-site injury visits to ER
(ER visits trend line)

Mercy’s Employee Health Center receives award for excellence
Mercy’s Employee Health Center was given the 2014 Press Ganey Guardian of Excellence Award for reaching high rankings in patient experience. The Guardian of Excellence Award is given to organizations that have achieved the 95th percentile or higher overall for four consecutive quarters. It is awarded annually based on data from reports of the previous years.

Occupational Medicine increases provider access for employers
Mercy offers work injury access points at all four MercyCare Urgent Care clinics, in addition to MercyCare Occupational Health, MercyCare North, South and Occupational Health also offer occupational health services including pre-employment physicals, DOT physicals, drug testing, vision screening, hearing screening, breath alcohol testing and other diagnostic testing.

Reducing worksite injuries through isokinetic testing
This testing detects injuries during pre-employment physicals, potentially helping employers save money by understanding an employee’s baseline for physical health.
Wellmark ACO (Mercy is a member) reports quality & cost-saving improvements

Mercy Cedar Rapids, along with five other Accountable Care Organizations (ACOs), is participating in the Wellmark Blue Cross and Blue Shield’s ACO savings model, which represents more than 358,000 members. The Wellmark ACO also includes Mercy Medical Center – Des Moines, Genesis Health Systems, Wheaton Franciscan and the University of Iowa Hospitals and Clinics.

Together, these organizations have improved the Wellmark ACO quality scores by more than 35% and saved more than $12 million in healthcare costs during the first two years. These savings were achieved by:

- Reducing hospital admissions by nearly 12 percent
- Reducing readmissions by 7 percent
- Reducing emergency department visits by nearly 11 percent

ACOs are designed to improve the quality of care, while slowing increases in healthcare costs. ACO primary care providers assume responsibility for managing the health of their patients, whether they are healthy or in need of care. Providers help coordinate care across the entire system – whether the patient is being seen in a primary care clinic, specialty clinic or hospital. Wellmark offers payments for providers who reach their established quality goals and slow the rate of healthcare spending.

Mercy continues working to reduce the cost of care. 

**Spotlight:** Cardiology Services cost per case 
(2010 – June 2014)

MercyCare Clinics offer competitively priced in-office procedures

MercyCare offers convenient access to many types of in-office testing, such as general X-ray and lab services, in a number of its 21 clinics located around the Corridor.

- These in-office services are available with a simple co-pay
- Coordinate your testing with your MercyCare provider to ensure you receive the best care and value available

Mercy Medical Center offers competitively priced hospital procedures

Check with your health insurance provider for accurate out-of-pocket costs, which are based on your insurance plan and selections made within that plan, including the deductible, copayment and coinsurance.

Mercy offers flexible payment options, including payment plans and financial assistance.

For questions regarding pricing at Mercy Medical Center, contact a Mercy Financial Counselor at (319) 369-4505.

Reducing waste and protecting the environment for all

Strategic Print Solutions (SPS) presented Mercy Medical Center with the 2014 Diamond Level Sustainability Excellence Award for outstanding achievement in Green Print Practices:

- **453 gallons** of oil saved in the production of new toner cartridges
- **2,263 lbs.** of recycled toner cartridge plastic and metal
- **1,131 lbs.** of recycled cardboard from toner cartridge boxes
- **2,489 lbs.** reduction of CO2 emissions.
Having a medical home at Mercy offers individuals access to coordinated care to help reduce their risks for chronic disease and allow them to live longer, happier and healthier lives. The medical home model of care also helps reduce costs for patients, as well as their employers.

Mercy’s continued focus on forging and strengthening collaborative relationships with strategic healthcare organizations and physicians has led to substantial results both in improving quality, patient experience and reducing costs. Our hospital and clinics have made a significant investment to elevate the standard of care in our community based on the medical home model of care and by focusing on the Triple Aim – improving patient experience, improving the health of the populations we serve and reducing costs.

Thank you for taking the time to review this report.