AN ENDURING COMMITMENT TO QUALITY HEALTHCARE
Many things have changed during the course of Mercy–Cedar Rapids’ 117-year history. Through its unwavering commitment to surpassing standards, the organization successfully navigates an always-evolving healthcare environment to enhance and transform care in eastern Iowa. Guided by the compassionate spirit of its founding Sisters, Mercy Medical Center and MercyCare Community Physicians remain focused on providing exceptional healthcare, exemplified by the quality initiatives highlighted in the pages of this 2018 Quality Report. We are proud to provide this report as a demonstration of an enduring commitment to safety, quality and transparent information.

With healthcare policy conversations ongoing at state and national levels, Mercy continues to effectively lead in an uncertain landscape by embracing the Institute for Healthcare Improvement’s Quadruple Aim*. This report is organized around the Quadruple Aim’s four central points:

**BEST CARE**
Improving the patient’s experience of care

**BEST PROVIDERS**
Improving the clinician’s experience of care

**BEST HEALTH**
Improving the health of populations

**BEST VALUE**
Reducing the per capita cost of healthcare

Extraordinary people delivering exceptional care sets Mercy–Cedar Rapids apart and confirms that in times of change one certainty always remains: The Mercy Touch® is there when you need it with the high-quality care you deserve.

THANK YOU FOR READING THIS REPORT AND ENTRUSTING YOUR BEST HEALTH TO US.

---

*The Quadruple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org).*
EXECUTIVE SUMMARY

It’s difficult to understand healthcare data sometimes. At Mercy–Cedar Rapids, it’s important to us to provide our community with a clear, easy-to-read report on our measures of care. We hope this Quality Report meets that goal and acts as a tool to help you gauge Mercy Medical Center and MercyCare clinics as leaders in innovational, transformational, quality-driven healthcare at a great value.

Through the medical home model of care, centered on the Quadruple Aim (improving patient experience, improving clinician experience, improving the health of the populations we serve and reducing costs), our healthcare system remains unwavering in its commitment to raising the standard of care in eastern Iowa. That’s The Mercy Touch.

ABOUT OUR DATA

Cost, quality and safety statistics are important things to know when making the best healthcare choices.

Mercy’s quality and safety information is measured by many respected organizations and collected through the Epic electronic data and medical record system.

Citations are noted throughout this report for reference. Many of them are available online and may be visited for more information.

Look for these icons on the pages ahead to note examples of Quadruple Aim components in action:
TABLE OF CONTENTS

CONVENIENCE, ACCESS, AND THE PATIENT EXPERIENCE: 8
MyChart 8
MercyCare Family Practice and Urgent Care 12
Transforming Care (Specialty Clinics) 15
Satisfaction 18

QUALITY CARE: 20
Advancements 20
Initiatives 22
Measures 26
Awards 52

COST OF CARE: 54
MercyCare Business 55
Health Solutions (BHS) 56
BHS at Work 56
Patient Tools 59
ONE MEDICAL RECORD BUILDS ONE MEDICAL HOME

When a patient builds a medical home with Mercy, they’re committing to their very best health by streamlining medical records into a comprehensive health history — a benefit that helps providers and patients.

Mercy’s electronic records system, Epic, helps MercyCare clinics maintain their Level 3 Patient-Centered Medical Home status—the highest possible—while combining progress notes from multiple providers, lab results, medication logs and more into one medical record. This means better doctor-to-doctor communication, stronger coordination of care and, ultimately, a healthier community. At the same time, costs are saved through fewer emergency visits and hospital stays — a plus for employers supporting insurance coverage.

Through MyChart (a secure and personalized web-based tool), patients have transparent access to notes about their health, along with the ability to contact their Mercy providers and nurses, schedule appointments and urgent care eArrival visits, as well as refill prescriptions. MyChart is also a venue for patients to sign up for appointment-reminder texts, test-result messages and more, all based on personal preference. New capabilities for patients in 2017 include the opportunity to save advanced directives within MyChart and the ability to submit electronic requests for proxy access to family accounts — these new advancements continue to empower people with tools to conveniently manage their own health.

http://mychart.mercycare.org

*unique users
Mercy’s Hall-Perrine Cancer Center surgical oncologist, Vincent Reid, MD, FACS, saw Red that same day. His biopsy confirmed suspicions — squamous cell carcinoma of the neck.

“The last thing I expected was that he was going to tell me it was cancer,” Red says. “The very next thing that I did not expect was that he was going to tell me it was Stage 4.”

But it was.

“I did a little checking because I wasn’t completely convinced I was going to come to Mercy for surgery and treatment,” Red explains. “When you’re getting ready to go through cancer treatment, it’s a big part of your life. Why wouldn’t you look everywhere? I actually talked to pretty much everybody in the area to include a place in Chicago.”

Hall-Perrine Cancer Center’s four different radiation technologies, the experience of the cancer team, the quality of Mercy’s specialists, in addition to a myriad of other factors, ultimately helped Red make the decision he felt was best for his health.

“I felt more comfortable with the options here,” he states. “I picked Mercy. I doubt I’d still be here if I hadn’t.”

Mercy Ear, Nose & Throat Clinic otolaryngologist Shane Gailushas, MD, performed surgery to try to find the source of Red’s five cancerous lymph nodes after scans were inconclusive.

Red began treatment with Hall-Perrine Cancer Center medical oncologist Samuel Wood, MD, for chemotherapy and radiation oncologist Wook Lee, MD, for therapy on TrueBeam® with its advanced imaging and powerful treatment modes and TomoTherapy® with its computerized CT scanning and 360-degree, rotating radiation beam.

His treatment was complete by November.

“His PET scan came back negative,” says Dr. Gailushas. “It was a good result, but he’s still on close surveillance. The first two years after treatment are the most critical. So Red has close follow-up visits with me and radiation therapy.”

Red’s choice to build a medical home at Mercy makes his follow-up appointments easier.

His comprehensive medical record is in one place for each of his Mercy doctors to access, saving valuable time and streamlining their communication about his care.

Today, through the new perspective of a cancer survivor, Red looks at each day as a gift.

“You’ve got to have a little faith that you’re going to get through it,” he tells others who are fighting their own cancer battles. “You’ve got to have faith. It’s amazing what you can do with a little determination, wonderful nurses, terrific doctors and the prayers of friends and family, along with The Mercy Touch.”

Harold “Red” Drew, 59, had a swollen lymph node on his neck in June 2016. Two rounds of antibiotics later, it was still there and more had popped up. When his dentist raised concerns, Red decided it was time to switch physicians.

Vince Taeger, MD, MercyCare North Liberty, was glad to welcome the Cedar Rapids man to his family practice.

“The first time I saw Mr. Drew he had multiple swollen lymph nodes that were easily identifiable,” Dr. Taeger says.

He suspected cancer.

A MEDICAL HOME STARTS WITH MERCY Care FAMILY Practice

MercyCare Family Practice patients are pleased with their care, especially when helpful tools (like the team-based model of care embraced throughout the clinic) make each visit as smooth as possible. Because so many people choose to make Mercy their medical home, family-practice providers have access to their patients’ comprehensive health history, which helps build the best possible care, and that results in happier patients and healthier communities.

NCQA Level 3 Patient-Centered Medical Home

MercyCare clinics have achieved Level 3 — the highest level possible — of the Patient-Centered Medical Home recognition by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving healthcare quality. NCQA medical home standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement. Clinicians demonstrate the benchmarks of patient-centered care, including open scheduling, expanded hours and appropriate use of proven health information systems.

Research shows that medical homes lead to increased quality of healthcare, lower healthcare costs and boost both the provider and patient experience of care.

Don’t have a family doc? We’ll help you find one.

Choosing a primary care provider is an important step toward building a medical home at Mercy. Through the Find-A-Doc program, our compassionate liaison assists in finding the best available MercyCare provider to meet a person’s unique health needs. Starting the process is as simple as calling (319) 369-4444, Monday through Friday. In 2017, the Find-A-Doc service expanded to an online form—mercycare.org/findadoc—offering one more convenient outlet for finding care.

Expanding access: MercyCare Prairie Creek

MercyCare Prairie Creek — one of the largest and most comprehensive clinics in the Corridor — opened in January 2017, offering family-practice and urgent care services on the city’s quickly developing southwest side. A regional medical hub creating convenient access to a variety of health services for patients and numerous employers in the area, the clinic houses imaging and lab services, occupational and physical therapies, and mental health counseling. In July 2017, MercyCare Occupational Health at Prairie Creek opened under the care of Jeffrey Westpheling, MD, MPH, expanding Mercy’s occupational healthcare to two convenient Cedar Rapids locations. Services at Prairie Creek include management, treatment and care of workplace injuries, pre-employment physicals and testing, fit-for-duty exams and many more services for employers.

Expanding access: MercyCare Health Partners

Mercy expanded its care for patients with complex medical issues at MercyCare Health Partners clinic in June 2016. Since then, the clinic has grown from 50 to approximately 450 patients. By referral only, Health Partners treats complex patients who face barriers to healthcare by providing affordable, accessible care. The clinic’s social worker helps patients achieve their best quality of life through connections to community resources, while counseling is available to help strengthen mental health. A pharmacist and nurses also help patients achieve their health goals. Simultaneously, Health Partners reduces hospital readmissions and prevents unnecessary emergency room visits, saving healthcare dollars.

Reducing unnecessary emergency room visits by treating patients with complex conditions

[Graph showing a 32% decrease in emergency room visits per Health Partners patient]
**MERCY CARE URGENT CARE EXPANDS ACCESS TO FEEL BETTER, FAST**

At MercyCare Urgent Care, access to a healthcare professional without a prior appointment is one reason patients appreciate this quick connection to care. In January, MercyCare Prairie Creek opened on Cedar Rapids’ southwest side, including an urgent care clinic. MercyCare Urgent Care also opened a new clinic inside Mercy’s Hiawatha Medical Park in November. Both locations expanded patient access to this convenient care in 2017.

Expanding convenience: eArrival

Your time is valuable. Minor illnesses don’t have a place in your busy day. Thanks to the convenient eArrival system at merycare.org/earrival or through MyChart, you can check in to any MercyCare Urgent Care electronically from home, the office or anyplace on the go. Because the clinic was expecting you, you’ll wait less in the lobby, saving you even more time.

Total urgent care patient volume GREW WITH INCREASED ACCESS

(Growth by location, fiscal year 2014 through 2017)

<table>
<thead>
<tr>
<th></th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>11,707</td>
<td>12,972</td>
<td>13,229</td>
<td>13,520</td>
</tr>
<tr>
<td>North</td>
<td>12,577</td>
<td>22,557</td>
<td>32,649</td>
<td>32,545</td>
</tr>
<tr>
<td>Liberty</td>
<td>4,946</td>
<td>6,931</td>
<td>5,470</td>
<td>5,180</td>
</tr>
<tr>
<td>Prairie</td>
<td>1,139</td>
<td>1,439</td>
<td>1,774</td>
<td>31,774</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Patients Waiting Less Than 30 Min to See a MercyCare Urgent Care Provider*</th>
<th>71% of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>17,792</td>
<td>101,671</td>
</tr>
<tr>
<td>North</td>
<td>20,577</td>
<td>101,714</td>
</tr>
<tr>
<td>Liberty</td>
<td>22,552</td>
<td>20,9% Growth over 4 years</td>
</tr>
<tr>
<td>Prairie</td>
<td>23,029</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>71%</td>
<td></td>
</tr>
</tbody>
</table>

*overall average from four locations

**MERCY’S SPECIALTY CARE CLINICS**

Mercy's specialty care clinics allow more people to stay within their preferred medical home for their comprehensive health needs — transforming care through multidisciplinary collaborations, advanced treatment and the quality care of The Mercy Touch.

- **Ear, Nose and Throat (ENT): Hearing and Balance Clinic**
  
  Mercy ENT is the only neurotologist-led care team in Cedar Rapids providing sub-specialty medical, rehabilitation and surgical care for diseases of the ear, hearing and balance. This comprehensive team includes an otolaryngologist and neurotologist, audiologists, physical therapists and a pharmacist. With a team-based approach, they provide care for patients with hearing loss, atactic, balance and vertigo conditions, as well as patients undergoing surgical procedures like cochlear implants, tubes and other advanced procedures — keeping a patient’s care conveniently centralized.

- **Urology: Advanced Prostate Cancer Clinic**
  
  A comprehensive collaboration between Mercy Urology Clinic and the Hall-Perrine Cancer Center was created in April 2017 to care for men diagnosed with intermediate to high-risk prostate cancer. The Advanced Prostate Cancer Clinic consists of Mercy’s three urologists, an oncology nurse practitioner and nursing staff. The team initiates androgen (male hormone) deprivation therapy according to guidelines, provides patient education, monitors and manages side effects related to treatment, refers to radiation oncology as appropriate, and provides long-term follow up.

This comprehensive team approach walks with patients through diagnosis and treatment to survivorship — strengthening quality care. Twenty-six patients are currently receiving care through this special prostate clinic.

- **Hall-Perrine Cancer Center: Gastrostomy Tube Clinic**
  
  Hall-Perrine Cancer Center initiated its Gastrostomy Tube (G-Tube) Clinic in October 2016 as an opportunity to improve management of enteral feeding tubes. An enteral tube helps people who are at risk of malnutrition receive nutrients directly into their stomach or intestine.

Consisting of a nurse practitioner, registered nurse, registered dietitian and speech therapist, the team coordinates insertion of gastrostomy tubes, makes recommendations for enteral feedings, manages common side effects of enteral nutrition and site care, provides communication with durable medical equipment providers, transitions patients off tube feedings as appropriate and coordinates discontinuation of enteral feeding tubes. Together, these efforts help ensure the best possible health and comfort of G-tube patients. Since its inception, this clinic has cared for 17 patients.

- **Pharmacy: Anticoagulation Clinic**
  
  Mercy’s Anticoagulation Clinic is a pharmacist-led, interdisciplinary clinic, which manages more than 1,000 patients taking anticoagulants, like warfarin, to reduce the risk of blood clots. Care is individualized and tailored to the patient’s specific needs, including selection of the most appropriate anticoagulant, proper dosing, monitoring and follow up. Assessing quality management of warfarin, in particular, helps reduce the risk of bleeding and thromboembolism.

**77.82%* (Goal is greater than 60%)**

Patients who have their warfarin managed by Mercy’s Anticoagulation Clinic have excellent control of their medication.

*Percentage of time in therapeutic range (TTR), gold-standard for assessing quality. Cumulative average of TTR from June through October 2017.
EXPERIENCING QUALITY: 
LUVERNE’S STORY

A dizzy spell prompted Luverne Druecker, 80, to visit his family doctor, Bradley Beer, MD, at MercyCare Blairs Ferry. Concerned about possible inner ear issues, Dr. Beer referred him to Aaron Benson, MD, at Mercy Ear, Nose & Throat (ENT) Clinic.

The Marion resident had been living with serious hearing loss for countless years. An objective hearing test called an audiogram, which measures loudness, pitch and how many words can be discriminated, confirmed it.

“It was hard and exhausting to hear people in a conversation,” Luverne says. “People will repeat things once, but if you don’t hear it the second time you’re probably not going to hear it at all. So after a while you just let it go or you guess at what they’re saying and give a dumb answer.”

Luverne had tossed aside the idea of continuing the pastimes he enjoyed or being able to clearly converse with family — a fact that made it tough for the grandfather of three to build special bonds.

“Kaden, our youngest grandson, is 12,” he says. “I pretty much couldn’t hear him at all. I couldn’t talk to him.”

When Dr. Benson mentioned a cochlear implant — a computer-like device surgically implanted in the cochlea of the inner ear to stimulate the auditory nerve — Luverne regained hope.

“It was hard and exhausting to hear people in a conversation,” Luverne says. “People will repeat things once, but if you don’t hear it the second time you’re probably not going to hear it at all. So after a while you just let it go or you guess at what they’re saying and give a dumb answer.”

“Kaden, our youngest grandson, is 12,” he says. “I pretty much couldn’t hear him at all. I couldn’t talk to him.”

Dr. Benson reviewed all my tests and said I’d be a prime candidate for a cochlear implant,” Luverne remembers. “I was very interested. I wanted to do it.”

In December 2016, Luverne became Mercy’s first cochlear implant patient. One month later, the device was programmed and stimulated by Mercy ENT Clinic audiologist Megan Palmer, AuD, CCC-A with the help of an external magnet and processor, which communicate to the internal implant.

“Luverne’s quality of life was pretty poor before the implant,” says Dr. Palmer. “He often would misunderstand what was being said and wasn’t able to answer questions. Now, after the implant, he is able to speak for himself, answer questions, make jokes and generally seems to have more energy.”

Today, as he gets used to new sounds and tones, Luverne is thrilled with his decision to get a cochlear implant. His new device helped him hear well enough to volunteer as an AARP tax preparer. He’s also able to carry on conversations with his grandkids easier than ever before.

“I couldn’t talk to them before, but now I can,” he says with a smile as he enjoys making new memories with his family.

“We change people’s lives,” Dr. Benson states. “People who can’t hear become isolated, both because they don’t want to interact but also because they can’t. We bring them back to the world.”
Patients appreciate the convenience of Hiawatha Medical Park for outpatient eye surgery

In response to significant demand for conveniently located and more accessible care, Mercy opened its Hiawatha Medical Park in July 2017—home to outpatient eye surgery, as well as an urgent care clinic, with imaging and pharmacy services coming in 2018. As healthcare consumers trend toward the ease and cost savings of outpatient services, the patient satisfaction scores of Hiawatha Medical Park’s outpatient eye surgery center demonstrate an appreciation for the quality care at this new facility.

PATIENT SATISFACTION SCORES DEMONSTRATE GREAT EXPERIENCES

With the convenience of MyChart, the team-based model of care at family practice, the ease of eArrival at urgent care, and the expansion of comprehensive specialty care, patients report high satisfaction with Mercy as their medical home.

Mercy Medical Center’s Press Ganey patient satisfaction scores continue to surpass norms as the Planetree Gold Designated® hospital focuses on delivering exceptional experiences based on person-centered care and evidence-based standards. The overall rating and likely-to-recommend scores are further reflections of Mercy’s enduring commitment to compassionate, high-quality care.

MORE PATIENTS WOULD DEFINITELY recommend Mercy Medical Center compared to national/state averages*

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMC</td>
<td>78.9%</td>
</tr>
<tr>
<td>All Surveyed Hospitals</td>
<td>73.3%</td>
</tr>
<tr>
<td>Large Hospitals</td>
<td>72.6%</td>
</tr>
<tr>
<td>Medium Hospitals</td>
<td>72.3%</td>
</tr>
<tr>
<td>All Hospitals in the State</td>
<td>71.2%</td>
</tr>
</tbody>
</table>

HIGH PERCENT OF PATIENTS rate their experience at Mercy a 9 or 10 than other hospitals*

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMC</td>
<td>75.9%</td>
</tr>
<tr>
<td>All Surveyed Hospitals</td>
<td>73.2%</td>
</tr>
<tr>
<td>Large Hospitals</td>
<td>72.0%</td>
</tr>
<tr>
<td>Medium Hospitals</td>
<td>71.4%</td>
</tr>
<tr>
<td>All Hospitals in the State</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

*Press Ganey, Inpatient Report, January through December 2017

95%*

PATIENT SATISFACTION AVERAGES 95% FOR HIAWATHA MEDICAL PARK OUTPATIENT EYE SURGERIES.*

*Press Ganey, August through November 2017
ADVANCEMENTS IN CARE SUPPORT QUALITY OUTCOMES

Embracing advancements in care is one building block of unwavering support for quality outcomes that surpasses expectations. These highlights demonstrate a sampling of innovative progressions in care, which help Mercy’s patients achieve their very best health.

Better mental health in the palm of your hand
Mercy Employee Assistance Program (EAP) provides professional, confidential therapy sessions to help the community’s workforce overcome conditions that adversely affect job performance, like relationship problems, family challenges, emotional and mental health concerns, along with substance abuse issues.

In 2017, EAP began piloting telehealth visits — video sessions that can be conducted from a smartphone or tablet. This advancement offers a convenient option for employees who have difficulty breaking away from their busy work day to attend an in-person visit.

The video EAP opportunity will expand to more companies in 2018, giving even more workers easier access to tools to build their healthiest lives.

Stereotactic body radiation therapy (SBRT): Precision cancer treatment in less time
Inside the Hall-Perrine Cancer Center, Hall Radiation Center continues to be the leader in radiation therapy technology, offering a variety of options for patient care, including SBRT.

Typically used for small, early-stage tumors or isolated recurrent tumors and some metastatic disease, SBRT delivers a high dose of radiation to the cancer through detailed imaging, conformal planning and pinpoint accuracy to deliver precise treatments. Either the TrueBeam linear accelerator or the TomoTherapyHD system is used based on specific patient factors. SBRT can be completed in one to five treatments rather than several weeks of radiation — an advantage for patients.

More than 120 patients have been treated with the SBRT advancement in radiation oncology since 2012.

High-dose rate brachytherapy: Targeting tumors with high accuracy
Hall Radiation oncologists are able to treat certain gynecological and early-stage breast cancers with high levels of accuracy — and with fewer treatments — using high-dose rate brachytherapy (HDR).

A special applicator allows the dose of radiation to be applied directly to the tumor, resulting in highly effective treatment to the cancerous tissue while reducing dose to nearby healthy tissue, which limits side effects.

Hall Radiation Center fully upgraded its HDR treatment platform to the Nucletron® microSelectron® Digital system in December 2017. Hall-Perrine Cancer Center remains the only facility in the community to offer HDR treatments and has delivered more than 650 treatments throughout the past five years.

Using biology to fight lung cancer through immunotherapy
Hall-Perrine Cancer Center’s medical oncologists have responded to rapid changes in lung cancer by treating eligible patients through immunotherapy — the stimulation of a person’s own immune system to fight cancer.

Immunotherapy differs from chemotherapy in many ways. Traditional chemotherapy directly attacks tumors while the medication is in the body. The new immunotherapy reignites the human immune system, teaching it to distinguish and eliminate cancer cells even after treatment is complete.

Following the results of a November 2016 clinical trial, “Keynote-24,” showing immunotherapy’s superior outcomes over chemotherapy in the treatment of advanced non-small cell lung cancer, the National Comprehensive Cancer Network updated its guidelines for treatment and Hall-Perrine Cancer Center immediately adopted a new practice in accordance, treating the first eligible immunotherapy patient in January 2017 through this latest advancement in medical oncology.

QUALITY REPORT 2018
PROGRESSIVE INITIATIVES LEAD TO THE HEALTHIEST RESULTS

Mercy’s forward-thinking initiatives support the safest, highest quality care leading to the healthiest outcomes for patients while improving the experience of care for nurses and providers. These pages offer a few examples of the organization’s commitment to innovative, progressive care.

Identifying Lynch Syndrome cancers can help families recognize risk

Following National Comprehensive Cancer Network’s Guidelines for Genetics/Familial High Risk Assessment, Mercy’s general surgery, surgical oncology, medical oncology and oncology genetics began collaborating in July 2016 to identify Lynch Syndrome in colon cancer through pathology testing.

Lynch Syndrome is a genetic mutation that puts its carriers at high risk of colon and other types of cancers. Patients with Lynch Syndrome-positive tumors are at risk of developing a second cancer later and their biological family may also be at risk if they carry the genetic mutation, too. Knowing and understanding this valuable genetic information encourages those at risk to consider risk-reducing interventions. At Mercy, 48 colon tumors have been screened of cancers. Patients with Lynch Syndrome-positive

Holding breath saves healthy heart tissue when treating left-sided breast cancer

Using a treatment technique called “deep inspiration breath hold,” radiation oncologists and physicists in Hall-Perrine Cancer Center are lowering the risk of ischemic heart disease. Through advanced CT imaging, a patient’s breathing cycle is scanned and the location of their heart is analyzed. A computerized treatment plan compares the patient’s normal breathing pattern to information from holding his or her breath. The cancer-fighting treatment approach that allows the lowest dose of radiation to the heart is identified and used. A 2017 quality study conducted by Hall-Perrine Cancer Center physicists confirmed that less healthy heart tissue was exposed in patients treated with the deep inspiration breath hold technique, which should result in a 6.6% reduction in the risk of heart disease later in life.

Healthcare changes are easier with Mercy Post-Acute Care Transitions

Moving from hospital to home — whether that’s a private residence, assisted living or another care facility — can be overwhelming for patients with health challenges. Mercy Post-Acute Care Transitions (MPACT) was expanded in 2017 as a guiding resource to help patients maintain Mercy, their preferred medical home, as their health needs change.

One telephone call to the MPACT office (319-398-6850) offers a caring hand that leads patients and their loved ones through any confusion, making care transitions smooth and free from uncertainty. With progressions like the expansion of geriatric care transitions smooth and free from uncertainty. Thirty-eight new graduates have been hired at the apprentice level — they join

Proactive response to the nation’s opioid crisis supports better population health

In October 2017, the president declared the opioid (narcotics/painkillers) crisis to be a national public health emergency. As a trusted healthcare organization with an unwavering mission, Mercy’s proactive, provider-driven response — following Centers for Disease Control and Prevention (CDC) guidelines — plays an important role in addressing this issue locally.

As opioids are linked to longer hospital recovery times in conjunction with imperative surgical procedures, the hospital’s Enhanced Recovery After Surgery (ERAS) program (read more about ERAS on page 44) decreases the use of these medications. By administering acetaminophen before surgery and utilizing anesthesia nerve blocks, fewer opioids are involved in the patient’s hospital care, translating to faster recovery.

For shorter-term opioid prescriptions, Mercy’s Epic electronic records system helps physicians verify the very best dosage for the specific healthcare need, reducing the likelihood of leftover pills that might be forgotten in home medicine cabinets. Mercy will soon pilot a program with the Iowa Board of Pharmacy’s Prescription Monitoring Program to help providers have real-time access to their patients’ use of controlled substances — staying at the forefront of the opioid conversation to support the community’s best health.

Nurse residency program expands to give soon-to-be nurses a unique opportunity

Mercy Medical Center and local colleges/universities have a solid history of collaboration in an effort to address the industry-wide shortage of healthcare professionals.

In January 2017, this collaboration soared to new heights through Mercy’s innovative New Grad Apprentice (NGA) program, which empowers the next generation of nurses with hands-on training that complements classroom education — giving these soon-to-be registered nurses a unique advantage in the working world, right on the heels of graduation.

Under the umbrella of the hospital’s well-established Nurse Graduate Residency Program (NGRP — a year of cohort support for newly board-certified RNs), including courses with 3G high-fidelity simulations to bolster core competencies, skill-building, critical-thinking and soft-skill exercises, the six-week NGA addition allows a bachelor- or associate-level graduate to be hired at Mercy as an apprentice while he or she waits to take registered nursing boards. In NGA’s six-week window, new grad review basic care skills before passing boards and moving into the NGRP as new registered nurses. They are able to obtain regulatory, hospital-wide training; gain exposure to the medical record system, Epic; and observe the roles of nurses on his or her unit.

Thirty-eight new graduates have been hired at the apprentice level — they join the 526 new graduates hired through the NGRP since it launched in 2009. No other hospitals in the Corridor are using this innovative hiring approach, which is one reason the initiative was honored with a 2017 Corridor Business Journal Workforce Award.

Ultimately, exposure to the workplace culture allows the new grad time to build relationships with nursing peers, offers them a glimpse of the hands-on caregiving that awaits, gives them a chance to continue honing education skills through life-like simulations and results in another step forward for quality care.

*July 2016 through October 2017

**Through January 2018
Bridging the service gap with children’s mental health urgent care

In response to a statewide shortage of mental health professionals, Mercy Family Counseling and Linn-Mar Community School District began a partnership in October 2015 to speed up access to care. The partnership continues — with a referral from a Linn-Mar counselor, students have access to a counseling appointment within 24 to 48 hours of the call as opposed to the industry norm of a two- to three-month wait. Linn-Mar educators report feeling more equipped to help students and families, while families report the counseling sessions have helped them better understand their child’s mental state and how to best offer support.

The majority of students are middle-school age, with symptoms most commonly related to depression and anxiety. More than 40 students have accessed services since September 2017, with most students utilizing three sessions each.

Also in 2017, Mercy Family Counseling expanded children’s psychiatric care within the community by the addition of child/adolescent psychiatrist Rene Duregger, MD, to its Hiawatha clinic.

Given doctors more tools to enhance their experience of care

Because Mercy’s providers are so deeply committed to enhancing the health of their patients, it’s important they remember to take time to care for themselves, too. Mercy Medical Staff and Physician Relations sponsored an event in October 2017 for physicians, their significant others and support staff to learn strategies for lowering stress, improving work-life balance and building a more ideal practice. Approximately 90 attendees (including 62 Mercy-employed, independent and contracted providers) enjoyed dinner followed by a presentation from Dr. Dike Drummond, a Mayo-trained family doctor, executive coach, and CEO of TheHappyMD.com. They also received a copy of Dr. Drummond’s book, “Stop Physician Burnout.”

Medical Staff and Physician Relations keep the self-wellness tips at the front of mind through bi-weekly and monthly communications. The teams also make sure new providers are equipped with information on caring for mind, body and spirit when they join Mercy, extending The Mercy Touch back to the people who carry it out for patients.

These useful tips and strategies help Mercy doctors to continue providing the very best and highest quality patient care.

Mercy’s Community Benefit carries the quality care of The Mercy Touch beyond hospital walls

The Community Benefit program is one way Mercy proves its commitment to enhancing the health of the communities it serves. The activities of Community Benefit explain how employees live the Mercy mission beyond hospital and clinic walls. Below is a sampling of fiscal year 2017 Community Benefit endeavors that make an impact on the health of populations locally, and even around the world.

Read more about Community Benefit’s impact in the organization’s 2017 Annual Report.

• Mercy partnered with Mount Mercy University by providing flu vaccines that nursing students administered at a women’s shelter and low-income housing complex.
• Through donations of supplies and medications, Mercy supported mission trips to Ghana, Haiti, Sudan and Zambia.
• Mercy served as a clinical site for area healthcare students, giving budding professionals a chance to engage in hands-on experience.
• 500 nursing students
• 21 radiology students
• 78 other students
• Mercy’s Food & Nutrition Services prides itself on strong partnerships with local farmers, sharing the health benefits of fresh ingredients throughout the meals made in the Mercy Café. Since 2011, Mercy’s fresh food efforts have steadily expanded, investing big dollars back into the local economy and boosting health along the way.

<table>
<thead>
<tr>
<th>Year</th>
<th>Pounds of food</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>17,825.30</td>
<td>$43,765.00</td>
</tr>
<tr>
<td>2012</td>
<td>18,881.25</td>
<td>$40,304.68</td>
</tr>
<tr>
<td>2013</td>
<td>20,825.85</td>
<td>$47,288.54</td>
</tr>
<tr>
<td>2014</td>
<td>39,593.94</td>
<td>$112,331.93</td>
</tr>
<tr>
<td>2015</td>
<td>46,516.06</td>
<td>$148,403.85</td>
</tr>
<tr>
<td>2016</td>
<td>60,642.49</td>
<td>$179,887.21</td>
</tr>
</tbody>
</table>

Family Caregivers Center addresses the needs of those caring for loved ones with chronic conditions

Research shows family caregivers become susceptible to the development of their own chronic health conditions and can suffer mental decline when they don’t have access to supportive resources. The Family Caregivers Center plays an important role in Mercy’s quality care by acting as a hub of support, setting both the caregiver and care-receiver on a path toward the best possible health.

Trained volunteers work to assist those caring for adults with chronic conditions — family caregivers — in developing an individualized plan that connects the caregiver to helpful resources. The center follows a community-focused model. No matter where a loved one or a caregiver receives healthcare, the caregiver can find assistance at the Family Caregivers Center.

From January 2016 through December 2017
• 422 supportive events have been held
• 5,897 people have visited the center
KEY MEASURES
You deserve the safest, highest-quality healthcare leading to the best outcome. Mercy patients have received that level of care for generations. The pages ahead offer key comparisons of Mercy’s services to national and state norms whenever possible, offering a transparent view of how our care performs, all in an effort to help our patients make important healthcare decisions that justify trust in the enduring care of The Mercy Touch.

MercyCare Measures
Through MercyCare’s Quality Program, clinics consistently outperform national averages for proactive screening, preventive care and management of chronic conditions. The right medical screening at the right time can slow or prevent serious illnesses. Better health means a better quality of life and staying healthy versus treating sickness saves money. The segment below represents a sampling of MercyCare’s routine screenings and tests from July through December 2017 and highlights a few against national averages.

COLORECTAL SCREENING

76%
OF PATIENTS WITH A MERCY CARE PRIMARY PHYSICIAN RECEIVED THIS AGE-APPROPRIATE SCREENING FOR COLON CANCER.
THE NATIONAL AVERAGE IS 58%* 

DIABETES RETINAL EXAM

69%
OF MERCY CARE PATIENTS WITH DIABETES RECEIVED THIS SCREENING TO MONITOR POSSIBLE COMPLICATIONS.
THE NATIONAL AVERAGE IS 47.5%* 

MAMMOGRAMS

74.7%
OF MERCY CARE PATIENTS RECEIVED THIS IMPORTANT BREAST CARE SCREENING WHEN NEEDED.
THE NATIONAL AVERAGE IS 70%* 

HOSPITAL QUALITY MEASURES

Blood Clot Prevention (Lower percentages are better)
Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it.

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Cancer, External Beam Radiation Therapy (Higher percentages are better, January through December 2016)
Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>81%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Colonoscopy Follow-Up (Higher percentages are better, January through December 2016)
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>94%</td>
<td>93%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Preventive Care - Influenza Vaccination (Higher percentages are better)

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>90%</td>
<td>89%</td>
</tr>
</tbody>
</table>

EMERGENCY DEPARTMENT - TIMELY EMERGENCY CARE

Average (median) time patients spent in the emergency department before they were admitted to the hospital as an inpatient

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>208 MIN</td>
<td>236 MIN</td>
<td>297 MIN</td>
</tr>
</tbody>
</table>

Average (median) time patients spent in the emergency department before they were seen by a healthcare professional

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>82 MIN</td>
<td>110 MIN</td>
<td>121 MIN</td>
</tr>
</tbody>
</table>

Prevalent Care - Pregnancy & Delivery (Lower percentages are better)

<table>
<thead>
<tr>
<th>MMC</th>
<th>IOWA AVG</th>
<th>NATL AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

¹www.medicare.gov/hospitalcompare, last updated March 31, 2017, unless otherwise noted.
²Quantros — Not enough encounters to report to Hospital Compare
³Includes contracted healthcare workers
RAISING THE STANDARD OF CARE THROUGH VACCINATION

Seasonal influenza is a serious illness that can cause life-threatening complications. Hospitalizations in the U.S. for flu-related illness reached 310,000 during the 2015-2016 flu season.* The CDC-recommended flu vaccination is a simple step to keep this severe illness at bay.

More patients received influenza vaccination while hospitalized (October 2016 through March 2017)

99.5%
MERCY EMPLOYEES AND VOLUNTEERS RECEIVED THE INFLUENZA VACCINATION IN SUPPORT OF SAFETY AND PREVENTION
(October through December 2017)

98.7%1
MERCY

92%2
IOWA

93%2
NATIONAL

Because Mercy is committed to raising the standard of safety and care in our community, it implemented an influenza vaccination policy for its healthcare workers in 2016. Expanding the organization’s commitment to protection against vaccine-preventable illness, Mercy enhanced this policy in 2017 following CDC immunization recommendations to include measles, mumps and rubella, along with chicken pox.

FASTER RECOVERY MEANS A SHORTER HOSPITAL STAY

Mercy follows evidence-based protocols to provide the highest level of care so patients recover quickly. Our focus on seamless care coordination means patients get the healthcare they need when they need it. Patients have access to outpatient services for continued care, if needed, upon discharge.

Reducing lengths of hospital stays (Average lengths of stay for January through September 2017)

3.4 DAYS
MERCY

3.5 DAYS
NATIONAL NORM

Reducing lengths of stay by .1 days saves an estimated $1,079,000 in staffing and other associated costs at Mercy.

1Quantros
2Hospital Compare
SURPASSING STANDARDS FOR PATIENTS ADMITTED TO MERCY BY REDUCING COMPLICATIONS, MORTALITY AND READMISSION

Complications: Reducing risks for complications for hospital patients
(Risk-adjusted complications index for January through September 2017)¹

Mortality: Reducing mortality of patients in the hospital
(Risk-adjusted mortality index for January through September 2017)²

Readmission: Reducing readmission after a hospital stay
(Risk-adjusted readmission index for January through September 2017)³

REDUCING INFECTIONS FOR HOSPITALIZED PATIENTS

A central line infection can occur when bacteria or viruses enter the bloodstream through an IV site. Critically ill patients, like those in intensive care, are among the most vulnerable to these types of infections that lead to thousands of deaths each year (according to the CDC), resulting in billions of dollars in associated costs. While many of these infections may be treated with antibiotics, effective prevention is what leads to better patient outcomes and reduced costs.

MERCY IS 33% BETTER THAN THE EXPECTED RATE

MERCY IS 63% BETTER THAN THE EXPECTED RATE

MERCY IS 15% BETTER THAN THE EXPECTED RATE

REDUCING RISKS OF MDRO INFECTIONS

According to the CDC, multi drug resistant organisms (MDROs), including methicillin-resistant staphylococcus aureus (more commonly known as MRSA) and vancomycin-resistant enterococci (VRE) are bacteria that are resistant to at least one of the antibiotics usually used to treat them.

Patients who have MDRO infections experience increased length of hospital stay, higher costs and are at a greater risk of death.

By following CDC recommendations for preventing MDROs and improving use of antibiotics, Mercy has had a 70% reduction in MRSA and VRE hospital-acquired infections since 2013.
**MERCY’S SEPSIS SCREENING OUTPERFORMS NATIONAL STANDARDS**

Sepsis is a dangerous condition triggered by infections. It’s a side effect that can strike at any age but is most common in patients with weaker immune systems, infants or the elderly and can result in organ failure or death. Thanks to Mercy’s sepsis protocol and Epic screening tool, caregivers are alerted to the early warning signs of this serious illness, which leads to faster diagnosis and treatment, putting Mercy ahead of national norms.

Leading the way in sepsis reporting compliance
(January 2016 through March 2017)

Instances of sepsis mortality fall below the national rate thanks to Mercy’s protocol
(January 2010 to September 2017)

Mercy’s sepsis protocol has earned the organization a five-star rating (the best possible) from Healthgrades® for its role in saving lives.

**HOSPITAL-WIDE BLOOD MANAGEMENT PROGRAM IMPROVES PATIENT OUTCOMES**

Mercy’s blood management program confirms transfusions are appropriately given within evidence-based guidelines, because fewer blood transfusions mean fewer complications and infections. When a patient needs a transfusion, best-practice strategies are followed to ensure the best outcome.

Best-practice guidelines for using blood products have been established by the American Association of Blood Banks. Based on those guidelines, Mercy Medical Center’s Blood Utilization Committee implements, promotes and evaluates initiatives within the hospital for the blood management program.

Lower monthly transfusion-to-hospital discharge ratios
(January 2017 through December 2017)

Mercy’s sepsis protocol has earned the organization a five-star rating (the best possible) from Healthgrades® for its role in saving lives.

**REDUCING RISKS OF BLOOD CLOTS FOR HOSPITALIZED PATIENTS**

A hospitalized patient is at risk for developing a blood clot during any stay due to factors like decreased mobility. In fact, hospitalizations are the number one cause of blood clots. This complication costs approximately $50,000 per patient.

Increased prevention measures reduce blood clots at Mercy Medical Center
(January through September 2017)

¹Quantros
²Hospital Compare
BIRTHPLACE SURPASSES STANDARD OF CARE

Perinatal Care Measurements are set forth by The Joint Commission to ensure patient safety and the highest quality care. Mercy Birthplace evaluates all five areas of perinatal care: elective delivery, cesarean section, antenatal steroids, healthcare-associated bloodstream infections in newborns and exclusive breastmilk feeding. Tracking these performance-improving strategies means mothers and babies receive the best possible care.

Birthplace outperforms standards for elective deliveries

(1 to 2 weeks before due date)

An “elective delivery” is to induce labor prior to 39 weeks gestation with no medical necessity. Early-term elective delivery can lead to complications.

1 ³Quantros
2 ²Hospital Compare

0% ¹
2% ²
2% ²
62% ¹

OF NEWBORNS BENEFITED FROM EXCLUSIVE BREASTMILK FEEDING AT MERCY IN 2017.

Closed pump systems and lactation home visits support exclusive breastmilk feeding measure

Mercy Birthplace is the only hospital in Iowa to offer the Spectra® breast pump to aid mothers who choose to breastfeed their newborns. The ultimate in efficiency, comfort and style, this device is a closed pump system, which includes a barrier between pump and collection. This barrier helps prevent milk contamination and that translates to healthier babies.

Mercy lactation consultants provide home visits for Birthplace families, bringing The Mercy Touch to the door of new parents. These visits help guide moms through any questions, problems or challenges they might have with breastfeeding while checking in on mom and baby’s overall health, too. This important home visit not only supports exclusive breastmilk feeding, it also helps identify potential health problems sooner rather than later, helping families maintain their very best health. In 2017, Mercy lactation consultants conducted 814 home visits.

1 ³Quantros
2 ²Hospital Compare

THE BEST PEDIATRIC CARE NOW, HEALTHIER ADULTS LATER

Type 1 diabetes (often referred to as juvenile diabetes), though a chronic health condition, can be managed with education and monitoring from pediatric experts. Improving the health of children through monitoring chronic conditions like diabetes early on means the next generation will be more equipped to manage their illness as they grow into active adults, building their healthiest possible lives.

At Mercy Pediatric Clinic, the pediatric diabetes care team led by Sara Goslin Neff, ARNP, C-PNP, MSN, empowers children and parents to effectively control this disease through services like insulin pump downloads every two to four weeks with insulin adjustments; monitoring patients’ continuous glucose readings or offering their own iPro® continuous glucose monitoring in clinic; quarterly provider visits; and consultations for new juvenile diabetes/Type 1 diabetes, pre-diabetes and Type 2 diabetes patients. The team also has a diabetes-trained registered nurse on call 24/7 for patients and families to access.

Mercy’s pediatric diabetes team provides important patient and family education, like encouraging consistent insulin bolus with all meals, routinely testing blood glucose levels and giving correction insulin for high blood glucose readings — the results of which demonstrate improvement in reaching the target A1C blood sugar reading of 7.5. The team also works closely with schools and daycares to provide education and support for its patients, which includes authoring school plans to help support the goal of achieving a healthy A1C.

Patients demonstrate more effective diabetes management in correlation with education

(Target A1C range 7.5)
**BEST PRACTICES LEAD TO BEST OUTCOMES IN CARDIOLOGY**

The Heart Center at Mercy

Since obtaining approval by the State Health Facilities Council in November 2016, Mercy worked diligently toward the next step in its award-winning, comprehensive heart program: open heart surgery. With the addition of experienced cardiothoracic and vascular surgeon C.C. Lee, MD, FACS, in June 2017, the Cardiothoracic and Vascular Clinic joined the scope of Mercy’s heart clinics, including Cardiology and Pediatric Cardiology. Together, with heart and vascular services that meet or exceed national standards of care, these teams form The Heart Center at Mercy.

Its comprehensive teams of doctors, nurses, dietitians, social workers, counselors, financial planners and pharmacists work together through the Heart Failure Center to help patients with heart conditions improve quality of life with a personalized treatment plan. Specialists offer expertise related to medications, symptoms, diet, exercise, financial support and emotional support with a family-centered approach. Education and support to both patient and family is extended in individual or group settings.

The Heart Center at Mercy houses advanced technology, compassionate care, expert cardiologists, surgeons and staff trained in the treatment of heart conditions, heart disease (cardiovascular) and stroke — one more reason patients follow their hearts to The Mercy Touch.

November 2017

- Mercy completed its first open heart surgery, providing more timely access to life-saving care in the community.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>Mercy completed its first open heart surgery, providing more timely access to life-saving care in the community.</td>
</tr>
<tr>
<td>December</td>
<td>Using the latest technology, Mercy completed off-pump “beating heart” coronary artery bypass — a minimally invasive alternative to traditional bypass surgery for sicker patients or those with multiple health issues that prevent traditional open heart surgery. Rather than stopping the heart, technological advances and new types of operating equipment allow the surgeon to stabilize portions of the heart during surgery without the use of a heart-lung machine. Mercy became the first hospital in Iowa to implant the Medtronic Azure™ pacemaker with BlueSync™ technology — capable of sending alerts about clinically relevant events.</td>
</tr>
</tbody>
</table>

Reducing readmissions for heart attack and heart failure patients on Medicare

July 2013 through June 2016

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
<th>Mercy</th>
<th>National Norm</th>
<th>Top 10% Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart Failure</strong></td>
<td>18.6%</td>
<td>15.7%</td>
<td>16.3%</td>
<td><strong>16.3%</strong></td>
</tr>
<tr>
<td><strong>Heart Attack</strong></td>
<td>21.6%</td>
<td>15.7%</td>
<td>16.3%</td>
<td><strong>16.3%</strong></td>
</tr>
</tbody>
</table>

Lowering complication and mortality in heart attack patients symbolizes efficiency

January 2016 through June 2017

Mercy lowers complications and mortality in heart attack patients through the efficiency and coordination of its Emergency Department, cardiovascular lab, open heart program and other cardiac team members in handling cardiac emergencies.
Complications after coronary stent placement at Mercy are FAR BELOW NATIONAL AVERAGES
(Percent of patients with bleeding complications July 2016 through June 2017)[3]

Mercy keeps number of blood transfusions LOW after coronary intervention
(Percent of patients receiving a blood transfusion after coronary intervention July 2016 through June 2017)[3]

<table>
<thead>
<tr>
<th>Complications after coronary stent placement</th>
<th>Mercy</th>
<th>NATIONAL NORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy: 0%</td>
<td>MERCY</td>
<td>2.4%</td>
</tr>
<tr>
<td>National norm: 0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mercy is leading the way in radiation-free treatment for arrhythmias
(Percent fluoroscopy-free ablations 2016 versus 2017)

Atrial fibrillation (AFib) — a type of arrhythmia — is an abnormal beating of the heart. Treatment varies depending upon severity and can sometimes require a procedure called ablation that uses fluoroscopy, a type of radiation. At Mercy, our specialists trend toward fluoroscopy-free ablations, a safer and more advanced treatment option.

Fluoroscopy-free AFib ablations*

<table>
<thead>
<tr>
<th>Year</th>
<th>MERCY</th>
<th>NATIONAL NORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>52%</td>
<td></td>
</tr>
</tbody>
</table>

Fluoroscopy-free EP flutter and SVT ablations*

<table>
<thead>
<tr>
<th>Year</th>
<th>MERCY</th>
<th>NATIONAL NORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>81%</td>
<td></td>
</tr>
</tbody>
</table>

More patients receive a heart catheter at the wrist at Mercy
(Percent of patients receiving heart catheter at the wrist July 2016 through June 2017, higher percentages are better)[3]

Following evidence-based care, Mercy’s experienced cardiologists more frequently use the radial (wrist) artery approach as opposed to a femoral (groin) approach to insert catheters into arteries. 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 fewer complications.

Mercy saves lives by opening blocked arteries faster than 90-minute national benchmark
(Percent door-to-balloon times within 90 minutes)

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 by opening a blocked artery after the patient arrives at the hospital.

Stroke care demonstrates attention to quality, ensuring the right care at the right time
(January through December 2017)[1]

STROKE PATIENTS QUALITY MEASURE

<table>
<thead>
<tr>
<th>MERCY PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>With deep vein thrombosis (DVT) prophylaxis</td>
</tr>
<tr>
<td>Discharged on antithrombotic therapy</td>
</tr>
<tr>
<td>With atrial fibrillation or flutter discharged on anticoagulation therapy</td>
</tr>
<tr>
<td>Received IV thrombolytic therapy</td>
</tr>
<tr>
<td>Stroke patients received antithrombotic therapy by the second day after hospital arrival</td>
</tr>
<tr>
<td>Discharged on a statin medication</td>
</tr>
<tr>
<td>Given stroke education materials during hospital stay</td>
</tr>
<tr>
<td>Assessed for rehabilitation</td>
</tr>
</tbody>
</table>

Mercy’s Cardiac-Stroke Center is certified by The Joint Commission, a symbol of the highest level of care. [1] Quantrax
EXPERIENCING QUALITY: 
VANCE’S STORY

It was two days before Vance Nunemaker’s son, Tyler, would pitch for Prairie High School in the state championship baseball game. Vance was both excited and nervous as the game approached. He shrugged off some danger signs his body was sending, attributing them to a case of the jitters. When Vance arrived for work at General Mills the next morning, the signs weren’t as subtle.

“When I ran up a flight of stairs that was pretty much it,” he says. “They called the first responders in our plant and they brought an ambulance in. Next thing you know, I’m on a gurney headed toward Mercy hospital.”

Cardiologist Amandeep Dhaliwal, MD, FACC, was waiting for Vance in Mercy’s Emergency Room. “He was having some pain when he was in the ER and he had some risk factors for heart disease,” recalls Dr. Dhaliwal. “I ordered an EKG and it was normal, but his blood work was slightly abnormal. We made the decision to do a cardiac catheterization (cath) on him.”

It was a good call. Vance was having a heart attack. “Time is muscle, so the longer it took for him to get to the cath lab, the more likely it was that he would damage that area of his heart muscle permanently,” says Dr. Dhaliwal. “Things happened appropriately such that we were able to make the call and treat him in a timely manner. I’m glad we did.”

One of Vance’s coronary arteries was completely blocked and another was severely narrowed. Dr. Dhaliwal placed three stents utilizing a catheter inserted through Vance’s wrist and admitted him to the hospital overnight.

Vance was relieved that doctors recognized the abnormalities in his blood work and acted quickly, resulting in a positive outcome. However, lying in a hospital bed was not where he wanted to be on the eve of his son’s championship baseball game.

“I knew this was going to be his last high school baseball game and he was going to be the starting pitcher and it would have been terrible for me to miss it,” he says.

Vance spoke with his doctors and was cleared for release from Mercy the next day, in time for the opening pitch. “I couldn’t have been cared for any better than I was,” he says. “Everything happened so fast and it was so unexpected. Just to be through it, to be in the hospital one day and then healthy enough to be back out the next and to share my son’s experience was incredible.”


Amandeep S. Dhaliwal, MD, FACC, Mercy Cardiology Clinic
FAST ER

As an Area Level III Trauma Care Facility, Mercy Medical Center’s Emergency Room is fully equipped with advanced technology to handle the most serious healthcare emergencies. Physicians in Mercy’s Emergency Department are board-certified in emergency medicine and nurses are specially trained, many nationally-certified, in emergency nursing.

Average time patients spent in the Emergency Department before they were seen by a healthcare professional
(April 2016 through March 2017)²

<table>
<thead>
<tr>
<th></th>
<th>MIN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy</td>
<td>17</td>
<td>Other Area Hospitals</td>
<td>28</td>
</tr>
</tbody>
</table>

Average time patients spent in the Emergency Department before being admitted to the hospital as an inpatient
(April 2016 through March 2017)²

<table>
<thead>
<tr>
<th></th>
<th>MIN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy</td>
<td>60</td>
<td>Other Area Hospitals</td>
<td>208</td>
</tr>
<tr>
<td>National Norm</td>
<td>208</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of patients who left the Emergency Department without being seen
(January through December 2016)²

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy</td>
<td>1</td>
</tr>
<tr>
<td>National Norm</td>
<td>2</td>
</tr>
</tbody>
</table>
**SURGICAL CARE BEYOND NATIONAL STANDARDS**

Mercy takes many actions to ensure the best surgical outcomes, performing better than national norms. Prior to surgery, a patient has a pre-operative history and physical to identify potential risks. The awareness of pre-operative cardiac and pulmonary risks leads to appropriate consultation and safer surgery outcomes. 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.

Lower complications in general surgery means better outcomes

(General surgery risk-adjusted complications index January through October 2017)*

![Graph showing comparison between MMC and national norm for general surgery complications]

One example of the ways Mercy is reducing infection:

Lowering the ratio of infection at surgical site for abdominal hysterectomy

![Graph showing comparison between MMC and national norm for abdominal hysterectomy infections]

Perioperative Surgical Home model of care helps Mercy’s surgery patients recover faster

The American Society of Anesthesiologists’ Perioperative Surgical Home (PSH) is a national model of care that is patient-centered, team-based and focused on getting patients through surgery and on the path to recovery quicker and safer with the highest quality care at an improved value. Mercy Medical Center is one of 57 healthcare organizations nationwide that comprise the PSH.

Following this protocol-driven and coordinated system of care, Mercy’s interdisciplinary team includes the patient, their primary care provider, surgeon, anesthesiologist, other physician/specialty providers, nursing staff, social worker, care coordinator and therapists who collaborate before, during and after surgery to ensure the best possible outcome for patients.

Part of PSH efforts at Mercy includes the Enhanced Recovery After Surgery (ERAS) program. Eight easy-to-understand steps are available for patients (in a video or a handout) to learn how they will play an active role in their own healthcare. Simple tools — eat, drink, move, breathe — focus on getting patients back to usual activities and work together to provide better pain control and healing. A daily activity calendar is one of the many tools created for patients and their loved ones to understand dos and don’ts from the night before surgery all the way through discharge. The calendar is used as an aid to avoid complications (such as infections) and it encourages faster healing.

Improved pain control options using fewer narcotics, local anesthetic nerve blocks, and other pain-relieving medications, are key parts of providing comfort with fewer complications after surgery and help to achieve a rapid return to health and activity.

Since implementing the ERAS program, Mercy has seen a reduction in length of stay for colon surgery patients*
Sue Harrington, 67, is a go-getter in every sense of the word. She’s an avid walker, teaches exercise class, golfs, volunteers at a local care center and does her best to keep up with six grandchildren. A painful left knee just didn’t have a place in her busy schedule.

“I was walking four to six miles a day; it got to the point where I felt like my knee was going to give out and collapse. I didn’t let the pain stop me, but I was definitely favoring the other leg, which could have been bad down the road,” says Sue.

Sue went to see Sandeep Munjal, MD, orthopedic surgeon at Physician’s Clinic of Iowa. Dr. Munjal determined Sue was a good candidate for a partial knee replacement utilizing the Mako™ Robotic-Arm Assisted Surgery System at Mercy. Mercy was the first hospital in eastern Iowa to offer the Mako system for partial knee and total hip replacements. The surgeon-controlled robotic arm enables accurate alignment and placement of implants.

“Accuracy is essential,” says Dr. Munjal. “For a good outcome, you need to align and position the implants just right. The Mako system enables me to personalize partial knee and total hip procedures to achieve accuracy and reproducibility previously not possible with conventional means.”

Sue was actually the first patient to receive a partial knee replacement with the Mako robotic-arm system at Mercy. The results exceeded her expectations. Just five hours after her surgery, Sue was out of bed and walking — with her surgeon by her side.

“Dr. Munjal asked if I wanted to go for a walk. I said, ‘Sure!’ We walked to the surgery area to show the staff how well I was doing. It was about a quarter of a mile walk. It was incredible — a few hours out of surgery and here I am walking with very little assistance. It was an experience I won’t forget!”

Sue did not require a hospital stay and was discharged later that same day.

“I’m pleased Sue has had such a positive outcome,” says Dr. Munjal. “Offering this new technology to our patients is part of our commitment to providing the most advanced healthcare and achieving the best results.”

Partial knee replacement using the Mako system is an option for adults living with early- to mid-stage osteoarthritis that has not yet progressed to all three compartments of the knee. It’s less invasive than traditional total knee surgery. A pre-surgical plan is created based on a CT scan of the patient’s knee and the surgeon uses the robotic arm during surgery to resurface the diseased portion of the knee, sparing healthy bone and surrounding tissue for a more natural-feeling knee. The surgeon then secures an implant in the joint to allow the knee to move smoothly again.

Sue was able to quickly return to all her favorite activities and without the worry, or the knee pain, she experienced before.

“I’m so glad everything turned out like it did. I couldn’t have asked for a better outcome or a better doctor,” says Sue. “I think he’s wonderful. And the staff and technology at Mercy are top-notch.”

Sandeep Munjal, MD, orthopedic surgeon, PCI

PULMONOLOGY SURPASSES NATIONAL NORMS

The irreversible lung damage of chronic pulmonary diseases, like COPD and emphysema, often result in hospital readmission for patients living with these incurable conditions. Mercy pulmonology follows best practices that reduce the length of hospitalization and decrease the likelihood of readmission soon after discharge, allowing patients the comfort of their own homes as their fragile lungs regain balance.

Outperforming national norms in readmission for patients with general pulmonary care needs
(Risk-adjusted readmissions index, November 2016 through November 2017)¹

Length of stay is shorter than the national average
(Risk-adjusted readmissions index, November 2016 through November 2017)¹

4.0 DAYS MERCY
1 DAY 1 DAY 1 DAY 1 DAY

4.6 DAYS NATIONAL NORM
1 DAY 1 DAY 1 DAY 1 DAY .6 DAY

TREATING CANCER EARLIER FOR BETTER OUTCOMES

Hall-Perrine Cancer Center offers advanced technologies and treatments with a person-centered focus, which helps patients transition from diagnosis to treatment faster. Because every cancer is unique, a multidisciplinary team is tailored to each patient’s needs and may include a medical oncologist, radiation oncologist, oncologic surgeon, oncology nurse navigator, oncology genetic counselors and other specialists. The patient’s treatment plan is evaluated through a team-based approach to ensure the best possible outcome and the highest quality care.

Hall-Perrine Cancer Center is the ONLY Center in Cedar Rapids accredited by the American College of Radiation Oncology (ACRO) and the only one to offer a comprehensive radiation treatment program including all treatment modalities. Radiation oncologists develop an individualized plan for each patient on one of four advanced technologies: TomoTherapy HDA, Trilogy, TrueBeam, and Nucleotron high dose rate (HDR) brachytherapy.

FIVE MOST COMMON CANCER SITES SEEN IN OUR MALE PATIENTS:* PROSTATE COLON LUNG/BRONCHUS SKIN HEMATOPOIETIC (BLOOD)

FIVE MOST COMMON CANCER SITES SEEN IN OUR FEMALE PATIENTS:* BREAST COLON LUNG/BRONCHUS THYROID HEMATOPOIETIC (BLOOD)

MERCY IS 25% BETTER THAN THE EXPECTED RATE

¹Quantras
The lower the stage, the better the outcome

No matter which part of the body cancer attacks, Hall-Perrine Cancer Center’s team of experts understands that catching cancer early is essential to improving patient outcomes — the lower the stage, the better the outcome. Using some of our commonly diagnosed cancer sites as an example, Mercy finds colon cancer and breast cancer earlier (Stage 0-2) and has a lower percentage of Stage 4 patients.

**Based on the most recently reported data available

**American Association for Cancer Research, Cancer Today; JAMA, Feb. 2012

---

**Advanced Technology Leads to Better Surgical Oncology Outcomes**

Patients should have their cancer addressed by a multidisciplinary treatment team. Hall-Perrine Cancer Center’s Surgical Oncology Department offers the highest level of cancer care under the direction of the only fellowship-trained oncologic surgeon in Cedar Rapids, Vincent Reid, MD, FACS.

**Average number of days to surgery**

**MarginProbe**: Removing cancer, removing doubt

Hall-Perrine Cancer Center was the first hospital in Iowa to use MarginProbe® technology to detect any remaining cancerous tissue during breast cancer surgery. MarginProbe delivers clarity in real-time, reducing doubt and the likelihood of a second surgery.

MarginProbe reduces the need for a second surgery

**SAVI SCOUT**: A better patient experience for better surgery outcomes

An alternative to wire localization, SAVI SCOUT is a breast localization and surgical guidance system used to precisely locate and direct the removal of a tumor during a lumpectomy or surgical biopsy procedure. SAVI SCOUT uses non-radioactive, radar technology to provide real-time surgical guidance during breast surgery. Rather than a wire placed immediately before surgery, a reflector can be placed in the breast up to 30 days prior to the surgical procedure. Then, during the surgery, the technology accurately detects the location of the reflector and the tumor.

The new technology also allows for the incision to be more strategically placed by breast surgeons, and helps reduce the discomfort associated with needle localization lumpectomy, resulting in better cosmetic outcomes.

Mercy was the first hospital in Iowa to offer SAVI SCOUT as a standard of care in 2016 for breast cancer surgery patients, demonstrating its ongoing commitment to offering the most advanced treatment options available for breast cancer patients.

---

MORE COLON CANCERS ARE DIAGNOSED IN STAGE 1 AT MERCY THAN OTHER HOSPITALS.

19 DAYS MERCY

30 DAYS NATIONAL NORM*

18-24% SAVI SCOUT

**American Association for Cancer Research, Cancer Today; JAMA, Feb. 2012**
AWARDS AND RECOGNITIONS FOR QUALITY, SAFETY AND PATIENT SATISFACTION

- Rated one of the nation’s 100 Top Hospitals® by Truven Health Analytics for the fifth consecutive year.
- Two Mercy nurses were named among Iowa’s 100 Great Nurses for 2017 in recognition of their outstanding contributions to quality care.
- Healthgrades named Mercy one of America’s 50 Best Hospitals in 2017.
- Mercy Employee Health Center received the Press Ganey Guardian of Excellence Award by reaching the 95th percentile for patient experience and medical practice.
- The quality care of Mercy Cardiac Cath Lab was featured in Cath Lab Digest in June 2017.
- Hospice of Mercy achieved We Honor Veterans Partner Level 1 from National Hospice and Palliative Care Organization as a demonstration of its work in helping service men and women relieve un-mourned grief to transition through end of life with more peace.
- Mercy Medical Center received a Corridor Business Journal Workforce Award in Hiring Strategies of Iowa Graduates as a demonstration of its innovative practices.
- Standard & Poor’s affirms A-level credit rating with a stable outlook.
- Mercy was named one of Health Care’s Most Wired hospitals for the 11th time since 2006.
- Moody’s affirms Mercy’s A2-level credit rating with a stable outlook.
- Mercy’s medical excellence and patient safety were honored in the CareChex® 2018 Quality Awards (see next page).

CARECHEX QUALITY AWARDS

OVERALL HOSPITAL CARE
TOP 10% IN NATION, REGION AND STATE

GENERAL SURGERY
TOP 10% IN NATION, REGION AND STATE
NO. 1 IN MARKET

INTERVENTIONAL CORONARY CARE
TOP 10% IN STATE
NO. 1 IN MARKET

ORTHOPEDIC CARE
TOP 10% IN NATION AND STATE

ORTHOPEDIC CARE
TOP 10% IN NATION AND STATE

TRAUMA CARE
NO. 1 IN MARKET

OVERALL SURGICAL CARE
TOP 10% IN NATION, REGION AND STATE
NO. 1 IN STATE
NO. 1 IN MARKET

HEART FAILURE TREATMENT
TOP 10% IN NATION, REGION AND STATE
NO. 1 IN MARKET

NEUROLOGICAL CARE
TOP 100 IN NATION

TOP 10% IN NATION, REGION AND STATE
NO. 1 IN MARKET

SPINAL FUSION
TOP 10% IN NATION, REGION AND STATE

STROKE CARE
TOP 100 IN NATION
TOP 10% IN NATION, REGION AND STATE
NO. 1 IN STATE
NO. 1 IN MARKET

VASCULAR SURGERY
TOP 10% IN STATE
NO. 1 IN MARKET

ADDITIONALLY, MERCY EARNED PATIENT SAFETY AWARDS IN THE FOLLOWING 15 CLINICAL CATEGORIES:

- OVERALL HOSPITAL CARE
- OVERALL SURGICAL CARE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE
- GALL BLADDER REMOVAL
- GASTROINTESTINAL CARE
- GENERAL SURGERY
- HEART FAILURE TREATMENT
- JOINT REPLACEMENT
- MAJOR BOWEL PROCEDURES
- MAJOR NEURO-SURGERY
- ORTHOPEDIC CARE
- MAJOR ORTHOPEDIC SURGERY
- STROKE CARE
- TRAUMA CARE
- VASCULAR SURGERY
STAYING AHEAD OF HEALTH INSURANCE COSTS

It’s no secret that high health insurance costs have an impact on businesses — as one of the largest employers in the Cedar Rapids/Iowa City Corridor¹, Mercy feels that too and has implemented mitigation strategies to help us stay ahead of costly insurance curve. These efforts have helped save money for covered employees as premiums across the state continue to rise.

Total average cost savings for Mercy employees by keeping health insurance premium increases minimal

(Cumulative savings from 2014 to 2017.)

$772.44 SINGLE COVERAGE
$1,448.28 FAMILY COVERAGE

Some of these mitigation strategies can be easily implemented at other local businesses, thanks to MercyCare Business Health Solutions (BHS).

Through a wide scope of services to help care for the mental and physical health of employees, including on-site healthcare, MercyCare Telehealth, Employee Assistance Program (EAP), occupational medicine, work-injury rehab center, and health and wellness services, BHS helps eastern Iowa organizations seize opportunities to lower health insurance costs by empowering employees to lead healthier lives.

BHS partners with companies to tailor a plan using any combination of programs to meet the specific goals of each business.

BHS launched MercyCare Match in 2017 as one more tool to help partner companies ensure the best health for their employees. Through an online form, employees fill out their preferences and get matched with the MercyCare primary care provider who best meets their unique needs.

Having access to quality primary care creates a healthier workforce and offers companies a convenient benefit for new employees who are moving to the area, or those established employees who need to find a doctor.

Business leaders who are contemplating opportunities to mitigate health benefit costs can connect with BHS at (319) 558-0305 or businesshealthsolutions.org to learn more.

¹Cedar Rapids Metro Economic Alliance, Regional Stats & Data
²Based on 2014 through 2016 “Average health insurance premium increases for Iowa employers” David P. Lind Benchmark as reported by the Des Moines Register, October 2016. Presumed 2017 average increase of 8% following 2015-2016 trend.
BHS MODELS ARE WORKING AT MERCY

Increased policy usage is one contributing factor to rising health insurance costs, and it’s also an area that can be managed through comprehensive health promotion strategies to boost overall employee wellness and lower instances of common illness.

Two examples of health promotion at work at Mercy include wellness coaching and an on-site health clinic for employees. These programs have helped our staff reach their health goals while helping the organization mitigate rising costs.

WellAware Coaching Program improves employee health and quality of life

Mercy’s voluntary, 10-week WellAware Coaching Program helps those at risk of developing chronic diseases. The graphs below show success in improving biometric outcomes and quality-of-life scores through this educational program. An overall satisfaction score of 99.46% demonstrates that employees find value in this program.

Wellness coaching improves biometric outcomes

(Percentage of participants who improved from 2016 to 2017)

Wellness coaching quality of life scores pre- versus post-program prove success

(Based on a standardized quality of life scoring tool, administered pre- and post-coaching)

On-site access to clinical care reduces workers’ compensation costs and visits to the ER.

The Employee Health Center is a unique and convenient benefit for employees. This full-service clinic addresses short-term illness, work-related injuries, and offers preventative and primary care. Located in the 8th and 8th Medical Building on Mercy’s campus, it offers same-day appointments that give employees and their immediate family fast access to care. The center is also open to Mercy retirees and volunteers.

Visiting an emergency department rather than an urgent care for non-emergent workers’ comp is more costly.

Mercy sends employees who are not in need of emergency care to its Employee Health Center. In 2017, this resulted in savings of more than $182,000.
Cost savings for 150 new workers' comp visits at Mercy's Employee Health Center (Calendar year 2017)

$1,617
AVERAGE ER VISIT COST

$117
AVERAGE EHC VISIT COST

$1,481
AVERAGE SAVINGS PER VISIT

SAVING SUPPLY COSTS, SUPPORTING QUALITY, AND HELPING THE LOCAL ECONOMY

Mercy joined Captis® in 2017, a collaborative network of 65 hospitals and health systems — including Mayo Clinic — focused on reducing supply costs through the aggregation of buying power.

Captis members collaborate to vet and purchase high-quality products at the best possible cost, resulting in better efficiency and lower expenses through a compliance-based model that includes contracting strategies with pricing benefits.

Small changes have big results — a simple switch from white to brown paper towels saved Mercy $60,000 alone — and these big results position the organization to better achieve financial goals, which helps ensure the resources to support comparable wages and benefits.

Mercy’s enduring commitment to the community goes far beyond healthcare — it helps the local economy, too.

(2017 economic impact on Linn County made by the hospital and its staff*)

Income added to the economy: $212,834,921
Employee support of local retail business: $79,645,394
Employee support through sales tax (6%): $4,778,724

PRICE TRANSPARENCY HELPS PATIENTS SAVE MONEY

In this time of increasing healthcare costs, price transparency is important to provide patients with solid financial information so they can make smart decisions about their care.

Mercy began to voluntarily publicize hospital charge information via the Iowa Hospital Association website in 2007. This public portal allows patients to conduct searches of charges associated with all hospital inpatient services, as well as the opportunity to compare hospitals to one another. Visit www.iowahospitalcharges.com to learn more.

Mercy’s price comparison tool is available through MyChart, telephone at (319) 369-4505, or online at mercycare.org. Based on procedure (CPT) and diagnosis codes, health insurance information and patient/provider information, Mercy’s financial counselors can estimate the net cost of medical services provided.

Patients are reminded that each individual’s treatment is unique and there are many variables (such as health factors and insurance policy coverage) that determine out-of-pocket costs. Both of these tools, however, offer patients a good estimate of what costs may be.

Mercy Medical Center offers competitively priced hospital inpatient 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 deductible, copayment and coinsurance.

Mercy offers flexible payment options including payment plans. For questions regarding pricing at Mercy Medical Center, contact a Mercy financial counselor at (319) 369-4505.

Mercy’s Financial Assistance Program may be helpful to qualifying patients as well and can be learned about under Financial Info & Billing at mercycare.org/patients.

MercyCare clinics offer in-office testing

MercyCare offers convenient access to many types of in-office testing, such as general X-ray and lab services, in a number of its clinics. These in-office services often are available with a simple copay. Coordinate testing with your MercyCare provider to ensure the best care and value available.

*MercyCare clinics offer in-office testing

MercyCare offers convenient access to many types of in-office testing, such as general X-ray and lab services, in a number of its clinics. These in-office services often are available with a simple copay. Coordinate testing with your MercyCare provider to ensure the best care and value available.
Quality care that endures... That’s *The Mercy Touch*.

As Mercy and MercyCare remain committed to raising the standard of care in our community based on the medical home model with a focus on the Quadruple Aim — improving patient experience of care, improving physician experience of care, improving the health of the populations we serve, all while reducing costs — we hope this report has provided you with transparent, valuable information to help you make well-informed healthcare decisions.

Thank you for reading this report.