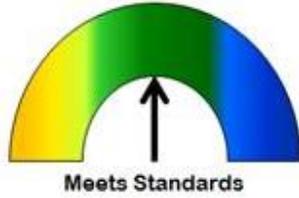
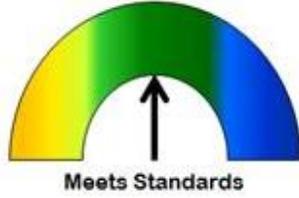


Timely and Effective Care Measures

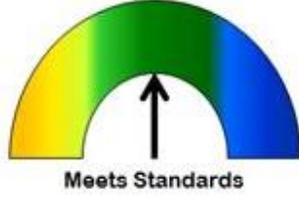
Colonoscopy

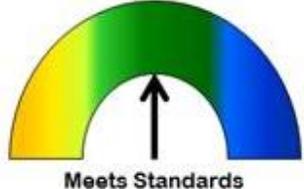
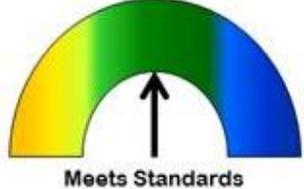
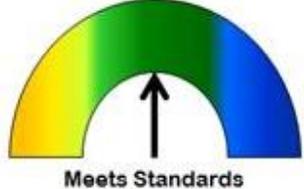
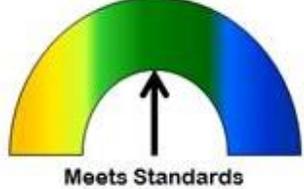
The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer beginning at age 50. A colonoscopy is one test doctors can use to find precancerous polyps (abnormal growths) or colorectal cancer. During a colonoscopy, the physician may remove polyps that are found. Individuals between the ages of 50 and 75 who are not at high risk should have a screening colonoscopy every 10 years. Regular screening colonoscopies are not recommended for most people over 75 years of age, because the benefits of having colonoscopies are small compared to the potential increase in risks. If the physician finds precancerous polyps, he or she will determine the appropriate time for a patient to have a follow-up colonoscopy. This typically depends on the size, type, and number of polyps removed. In most cases, experts recommend waiting at least three years between the first colonoscopy that identifies the polyps and a repeat colonoscopy.

	MMH	Colorado	National	
Percentage of patients receiving appropriate recommendations for follow-up screening colonoscopy if indicated	86%	87%	74%	
Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	80%	65%	80%	

Timely Emergency Care

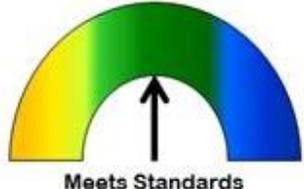
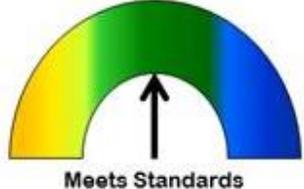
Timely and effective care is important for good patient outcomes. Delays can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times can vary due to the number of patients being seen and MMH sees our sickest and most critical patients first. We strive to see all patients in a timely manner to ensure they get the best care we can provide.

	MMH	Colorado	National	
Pain Management for Broken Bones				
Average time Emergency Department patient who came to the Emergency Department with broken bones had to wait before getting pain medication	42	43	52	

Left Without Being Seen Percentage of patients who left the Emergency Department before being seen by the Emergency Department Physician	1%	1%	2%	
Door to Floor Time Average time patients spent in the Emergency Department before they were admitted to the hospital as an inpatient	206 min	210 min	214 min	
Decision to Admission Time Average time patients spent in the Emergency Department after the physician had decided to admit them as an inpatient	115 min	63 min	60 min	
Door to Door Time Average time spent in the Emergency Department before being discharged	110 min	120 min	115 min	
Door to Doctor Time Average time spent in the Emergency Department before being seen by a physician	14 min	14 min	19 min	

Preventative Care

MMH understands that we play a critical role in keeping our community healthy, educating patients and providing preventative services are just a couple of the way we ensure our community stays healthy. Providing immunizations to our staff, volunteers, students, and medical providers is another way we help to keep our patients and community safe.

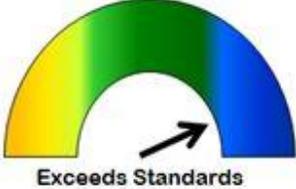
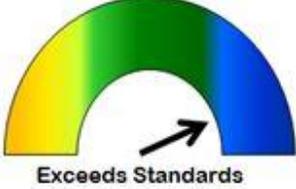
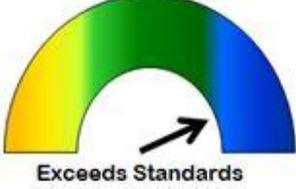
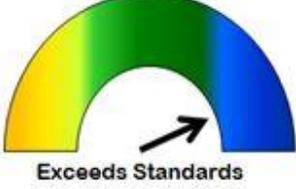
	MMH	Colorado	National	
Flu Vaccine Patient who were assessed and given or offered and declined a flu vaccine	95%	95%	95%	
Healthcare Worker Vaccines Care provider and MMH staff who received a flu vaccine	94%	97%	86%	

Stroke

A stroke, sometimes called a "brain attack", occurs when blood flow to the brain is interrupted. When a stroke occurs, brain cells in the immediate area begin to die because they stop getting the oxygen and nutrients they need to function. There are two major kinds of stroke:

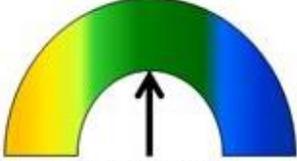
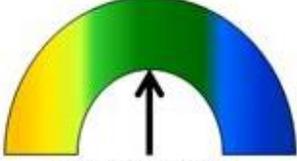
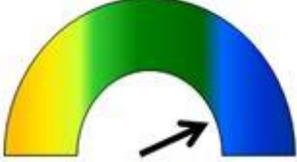
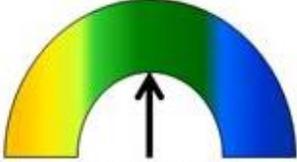
- An ischemic stroke is caused by a blood clot that blocks or plugs a blood vessel or artery in the brain.
- A hemorrhagic stroke is caused by a blood vessel in the brain that breaks and bleeds into the brain.

Strokes can cause a loss of the ability to speak, memory problems, or paralysis on one side of the body. Getting the right care at the right time can help reduce the risk of complications and another stroke. These measures show some of the standards of stroke care that hospitals should follow for adults who have had a stroke.

	MMH	Colorado	National	
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of hospital admission	100%	99%	98%	 Exceeds Standards
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of hospital admission	100%	99%	97%	 Exceeds Standards
Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots at discharge	100%	100%	99%	 Exceeds Standards
Ischemic stroke patients needing medicine to lower bad cholesterol, who were given a prescription for this medicine at discharge	100%	98%	97%	 Exceeds Standards
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services	100%	100%	98%	 Exceeds Standards

Blood Clot Prevention

Because hospital patients often stay in bed for long periods of time, all patients admitted to a hospital are at increased risk of developing blood clots in their veins (also called venous thromboembolism, or VTE) that can break off and travel to other parts of the body, like the heart, brain, or lung. MMH strives to prevent blood clots by routinely evaluating patients for their risk of developing blood clots and using appropriate prevention and treatment procedures. Prevention can include compression stockings, blood thinners, and/or other medicines.

	MMH	Colorado	National	
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery	97%	96%	94%	 Meets Standards
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)	96%	98%	97%	 Meets Standards
Patients with blood clots who got treatment, which includes using two different blood thinner medicines at the same time	100%	97%	94%	 Exceeds Standards
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine	93%	92%	92%	 Meets Standards

Pregnancy and Delivery Care

Guidelines developed by doctors and researchers say it's best to wait until the 39th completed week of pregnancy to deliver a baby because important fetal development takes place in the baby's brain and lungs during the last few weeks of pregnancy. Sometimes women go into early labor, and early deliveries can't be prevented. Sometimes, doctors decide that inducing labor or delivering a baby early by C-section (called "elective delivery") is in the best interest of the mother and the baby. In these cases, early deliveries are medically necessary. However, some doctors may also decide to induce labor or deliver babies by C-section early as a convenience to themselves or their patient. This practice isn't recommended. MMH works with doctors and patients to avoid early elective deliveries when they're not medically necessary

	MMH	Colorado	National
Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary	0%	1%	3%

