

Dignity Health Quality Transparency Dashboard

Mercy Medical Center Mt. Shasta

At Dignity Health Mercy Medical Center Mt. Shasta, our mission is to provide high quality compassionate health care for all who seek it, and we strive for the best, safest care for our patients. We're participating in the Hospital Quality Transparency Dashboard project to enable consumers to make informed choices about their health care through publicly available data about our hospital, and we encourage others to do the same. Below are our recent results for five outcome measures out of hundreds that we track, showing how we compare to other hospitals in California and across the U.S. **Remember, lower numbers indicate better patient care for that specific measure.**

OUTCOME MEASURES

 Lower is better	 CLABSI	 Colon SSI	 NTSV	 Sepsis Mortality	 30-day Readmission
Mercy Medical Center Mt. Shasta	N/A	N/A	33.33	6.52	N/A
Measure Period	1/1/2022 – 12/31/2022				
California State Level	0.89	0.88	23.90	18.97	14.94
Measure Period	4/1/2021 – 3/31/2022		1/1/2021 – 12/31/2021		7/1/2020 – 6/30/2021
National Level	0.97	0.86	26.30	15.00	15.00
Measure Period	4/1/2021 – 3/31/2022		1/1/2021 – 12/31/2021		7/1/2020 – 6/30/2021

PROGRAM STATUS

☒ Yes ☐ Deliveries are not available at this hospital	Maternity Safety Program (Program Status Measure) This hospital has a Maternity Safety Program in place. A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.
☒ Yes	Sepsis Protocol (Program Status Measure) This hospital has a Sepsis Protocol in place. A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection and inflammatory response which is present throughout the body.
☒ Yes	Respiratory Monitoring Program (Program Status Measure) This hospital has a Respiratory Monitoring program in place. Respiratory monitoring provides guidance for assessment of risk of respiratory depression, and includes continuous monitoring of breathing and functioning of the lungs and circulatory system when indicated.

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OUTCOME MEASURE DEFINITIONS



CLABSI – CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTION

A central line-associated blood stream infection is a serious infection that occurs when bacteria or germs enter the bloodstream through an IV called a central line. A central line allows access to a major vein close to the heart and can stay in place for weeks or months. It is mainly used for medication delivery and blood draws. Central line infections are measured using the Centers for Disease Control and Prevention Standardized Infection Ratio (SIR). This ratio is the observed number of infections divided by the number of expected infections. Values less than 1.00 show that the number of observed infections was lower than expected. Values more than 1.00 show that the number of infections was higher than expected. N/A means the scoring related to predicted infections is not available.



COLON SSI – SURGICAL SITE INFECTION FROM COLON SURGERY

A surgical site infection occurs after surgery and is caused by bacteria or germs in the part of the body where the surgery took place. Surgical site infections for colon surgery are measured using the Centers for Disease Control and Prevention Standardized Infection Ratio (SIR). This ratio is the observed number of infections divided by the number of expected infections. Values less than 1.00 show that the number of observed infections was lower than expected. Values more than 1.00 show that the number of infections was higher than expected. N/A means the scoring related to predicted infections is not available.



NTSV – NULLIPAROUS, TERM, SINGLETON, VERTEX CESAREAN BIRTH RATE

The percentage of cesarean (surgical) births among first-time mothers who are at least 37 weeks pregnant with one baby in a head down position (not breech or transverse). Lower values indicate that fewer cesareans were performed in the hospital among primarily low risk, first-time mothers.



SEPSIS MORTALITY

Sepsis or septic shock is the body's extreme response to an infection. It is a life-threatening medical emergency that is a risk for patients admitted to an emergency department or hospital care setting. Without timely treatment, sepsis can lead to tissue damage, organ failure (e.g., kidney, lungs, liver, etc.), and death. Sepsis infection is measured by the percent of patients who die in the hospital. A lower number shows a better outcome.



30-DAY READMISSION – HOSPITAL-WIDE ALL-CAUSE 30-DAY UNPLANNED READMISSION RATE

The percentage of patients who were unexpectedly readmitted within 30 days of discharge from the hospital for any reason. Lower values indicate that fewer cases were unexpectedly readmitted after discharge.