Percutaneous coronary intervention (PCI) is a procedure that uses a balloon to open blocked blood vessels and increase blood flow to the heart. Doctors may perform PCI or give medicine to open the blockage, or they may do both. It is important that this therapy is given quickly after a heart attack.

Statins are drugs used to lower cholesterol. Cholesterol levels that are too high can increase the chances of getting heart disease, stroke and other problems. For patients who have had one or more heart attacks and have high cholesterol, taking Statins can lower the chance of another heart attack.
Toledo Hospital
Clinical Quality Indicators

Effective - Heart Failure

This page shows information on effective measures for patients who had heart failure. "Effective care" means patients are given treatments that scientific evidence has shown leads to the best results for heart failure patients. These measures have been adopted from leading quality organizations nationally. Our goal is to continually improve our performance.

The green bar graphs show the hospital results over three years (if available) in half-year increments. Hospitals may not have patients who meet the criteria for every time period. Not applicable (N/A) is noted on the graph if this happens. Hospital results are compared to national averages, shown by the small black boxes. Depending on the measure, it may be better to be above or below the national average. The arrow in the upper right corner of the graph shows the desired direction of the results.

**Why is this important?**

It is important to provide heart failure patients with information about their condition and care when they leave the hospital. Education about medicines, diet, signs to watch for, and activities may prevent a repeat hospital stay.

A left ventricular systolic (LVS) function test checks how well the heart is pumping.

Angiotensin converting enzyme inhibitors (ACEI) and angiotensin receptor blockers (ARB) are medicines used to treat heart failure or decreased heart function. Left ventricular systolic dysfunction (LVSD) means the heart is not pumping as well as possible.

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**Percent of patients who receive specific discharge instructions**

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<tbody>
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<td>68.2%</td>
<td>67.9%</td>
<td>74.8%</td>
<td>78.0%</td>
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**Percent of patients who receive LVS function assessment**

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<tbody>
<tr>
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<td>98.6%</td>
<td>97.9%</td>
<td>98.6%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.3%</td>
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**Percent of patients with LVSD given ACEI or ARB at discharge**

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<tbody>
<tr>
<td>Oct-Sept</td>
<td>90.6%</td>
<td>88.2%</td>
<td>97.1%</td>
<td>90.0%</td>
<td>100.0%</td>
<td>93.8%</td>
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Toledo Hospital
Clinical Quality Indicators

Effective - Pneumonia

This page shows information on effective measures for patients who had pneumonia. "Effective care" means patients are given treatments that scientific evidence has shown leads to the best results for pneumonia patients. These measures have been adopted from leading quality organizations nationally. Our goal is to continually improve our performance.

The green bar graphs show the hospital results over three years (if available) in half-year increments. Hospitals may not have patients who meet the criteria for every time period. Not applicable (N/A) is noted on the graph if this happens. Hospital results are compared to national averages, shown by the small black boxes. Depending on the measure, it may be better to be above or below the national average. The arrow in the upper right corner of the graph shows the desired direction of the results.

Why is this important?

A blood test shows what medicine will best treat your pneumonia.

Antibiotics treat infection and each one is different. Hospitals should pick the antibiotic that best treats the infection type for each pneumonia patient.
Effective - Surgical Care

This page shows information on effective measures for patients who had certain surgical procedures. "Effective care" means patients are given treatments that scientific evidence has shown leads to the best results for patients who have these surgical procedures. These measures have been adopted from leading quality organizations nationally. Our goal is to continually improve our performance.

The green bar graphs show the hospital results over three years (if available) in half-year increments. Hospitals may not have patients who meet the criteria for every time period. Not applicable (N/A) is noted on the graph if this happens. Hospital results are compared to national averages, shown by the small black boxes. Depending on the measure, it may be better to be above or below the national average. The arrow in the upper right corner of the graph shows the desired direction of the results.

**Why is this important?**

Getting an antibiotic within one hour before surgery reduces the risk of wound infection. Hospitals should make sure surgery patients get antibiotics at the right time.

Certain antibiotics are recommended to help prevent wound infection for certain types of surgery.

It is important for hospitals to stop giving preventive antibiotics within 24 hours after surgery to avoid side effects and other problems associated with antibiotic use. For certain surgeries, however, antibiotics may be needed for a longer time.

Even if heart surgery patients do not have diabetes, keeping their blood sugar under good control (200 mg/dL or less when checked first thing in the morning) after surgery lowers the risk of infection and other problems.
Effective - Surgical Care (Continued)

**Percent of patients whose postoperative urinary catheter was removed on post operative day 1 or 2**

Surgery patients can develop infections when urinary catheters are left in place too long after surgery. Research shows that most surgery patients should have their urinary catheters removed within 2 days to help prevent infection.

**Percent of patients with perioperative temperature management**

Medical research shows that patients whose body temperatures drop during surgery have a greater risk of infection and their wounds may not heal as quickly. Hospitals can prevent surgical complications by keeping a patient’s body temperature normal or near normal during the time period 15 minutes before the end of surgery to 30 minutes after anesthesia ended.

**Percent of patients who got treatment at the right time to help prevent blood clots before/after surgery**

Treatments to prevent blood clots need to be started at the right time. The best time to start treatment is 24 hours before surgery to 24 hours after surgery.