



QUALITY

& Performance / 2013



OUR LADY
OF THE LAKE
REGIONAL MEDICAL CENTER

QUALITY

& Performance / 2013

How good is the
QUALITY
of care you receive?



“At Our Lady of the Lake, we are committed to being transparent about our quality measures. We are also always working to improve how we deliver care. This makes us better by allowing our patients to become active participants in their healthcare.”

— K. Scott Wester, Chief Executive Officer
Our Lady of the Lake Regional Medical Center

// INTRODUCTION

When you leave the hospital, is your health better than when you were admitted? Were you pleased with the nursing staff, your room and your food? Did the staff treat you and your family with respect? These are some of the factors used to determine if we had a quality experience as a hospital patient.

At Our Lady of the Lake, we work every day to achieve these goals because we know what quality care means to our patients. In fact, **we define quality as your overall experience while in our care.** This includes your clinical care and the desired outcomes, as well as your satisfaction with your care team, the environment of our facility and even the technology that we have added to improve your care.

Quality can also be **measured.** Standard and accepted measurements of quality medical care include the use of evidence-based best practices, patient survival rates, hospital readmissions (a preventable return to the hospital within 30 days of discharge) and complications.

// HEALTHCARE QUALITY IS IN THE NEWS

Today, it is hard to ignore healthcare quality. From *U.S. News and World Report* to *Consumer Reports* to the federal government and its Hospital Compare website, there is a growing movement to report ratings of hospitals and private physicians. We support this transparency, believing it makes us better.

Two landmark reports by the Institute of Medicine, *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), arguably fueled the quality improvement movement

in hospitals. Since the reports were released, there has been a great deal of effort to measure and improve the quality of hospital care.

In this spirit, Our Lady of the Lake Regional Medical Center presents this Quality and Performance report.

Our goal is to give you an understanding of healthcare quality measures, and how improvements in these measures lead to better care and better health outcomes.

// PATIENT-FOCUSED, PATIENT-CENTERED CARE

Patients are at the center of everything we do by treating the whole person: mind, body and spirit. We continue to provide excellent clinical care that achieves positive results and adheres to the mission and values of Our Lady of the Lake's Catholic healthcare traditions.

We encourage you to become familiar with this report as well as with other objective information that evaluates healthcare quality. In addition, you can learn about our ongoing efforts at www.ololrhc.com.

How can the
QUALITY
of care be measured?

MEASURING QUALITY

Quality in healthcare is measured in two ways — processes and outcomes. **Process Measures** evaluate whether a hospital follows each step of recommended national guidelines that reliably lead to the best results when treating a patient for specific illnesses.

Core Measures, as determined by the Centers for Medicare and Medicaid Services (CMS), are an example of process measures

and provide step-by-step directions for caring for patients with certain illnesses or conditions. Taking every step in the core measure process is proven to reduce clinical variability and ensure clinical quality.

Outcome Measures are the data that contain important information from the patient and physician perspective. Outcomes equal results. These measures include mortality rates, patient satisfaction and readmission rates, among others.

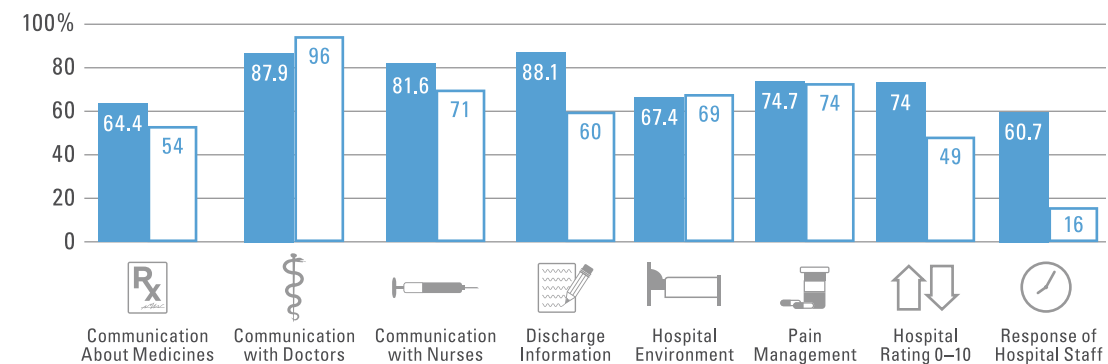
PATIENT SATISFACTION

Our Lady of the Lake uses the Hospital Consumer Assessment of Healthcare Providers and Systems Survey, or HCAHPS, to measure patient satisfaction and perceptions of the hospital experience. In use since 2008, this survey provides a standardized methodology for collecting and reporting information about patient satisfaction.

The HCAHPS survey was developed by the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ), and is endorsed by the National Quality Forum as the national standard for reporting patient satisfaction.

Patient Satisfaction Scores // Calendar Year 2013

The graph below compares patient satisfaction scores from Our Lady of the Lake to the national average of all other Magnet-designated* hospitals for 2013. **Our Lady of the Lake exceeds the Magnet standard** in six of eight categories of patient satisfaction.



*The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Developed by the American Nurses Credentialing Center (ANCC), Magnet designation is the ultimate credential for high-quality nursing care.

UNDERSTANDING QUALITY MEASUREMENTS

When evaluating quality, it is important to know that there is not one perfect measurement.

In order to make the most informed decision about your healthcare, we encourage you to look at several quality metrics and talk with your healthcare provider about options.

Shown below are some of the most notable organizations that publish objective healthcare quality information. *Always be sure to check the date of the published information. In many cases, data may be one or two years old.*

Quality Care
is the sum of each patient's **experience** while in our care.

Joint Commission

The Joint Commission evaluates and accredits more than 15,000 healthcare organizations and programs in the U.S. An independent, not-for-profit organization, The Joint Commission is the nation's predominant standards-setting and accrediting body in healthcare. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

www.jointcommission.org

Centers for Medicare & Medicaid Services: Hospitals

Through its Hospital Compare website, CMS provides information about the quality of care at over 4,000 Medicare-certified hospitals. This site helps patients make decisions about where to get healthcare as well as encouraging hospitals to improve their quality of care.

www.medicare.gov/hospitalcompare

Centers for Medicare & Medicaid Services: Physicians

CMS also provides information to help you find and choose a physician practice. Through Physician Compare, you can make better informed choices about choosing the right physician.

www.medicare.gov/physiciancompare

OUR APPROPRIATE CARE MEASURES IMPROVE BY 10%

Since 2011, the measures for appropriate care have improved by 10 percent at Our Lady of the Lake. **Appropriate Care Measures**, or ACMs, are a group of core measures tailored to a particular clinical condition. At Our Lady of the Lake, we track quality of care measures for the following common conditions:

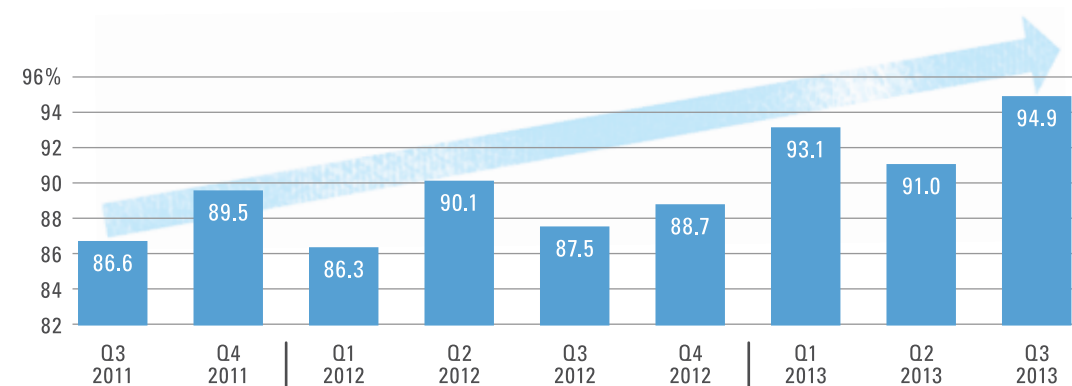
- ▶ Acute Myocardial Infarction (AMI/heart attack)
- ▶ Congestive Heart Failure (CHF)
- ▶ Community Acquired Pneumonia
- ▶ Surgical Care

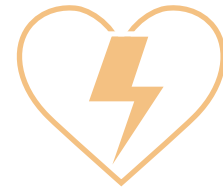


These measures were designed using evidence-based clinical research. This evidence shows that better care results when every patient with a given diagnosis receives every element of care that is appropriate to their clinical condition.

Our Appropriate Care Measures

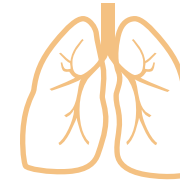
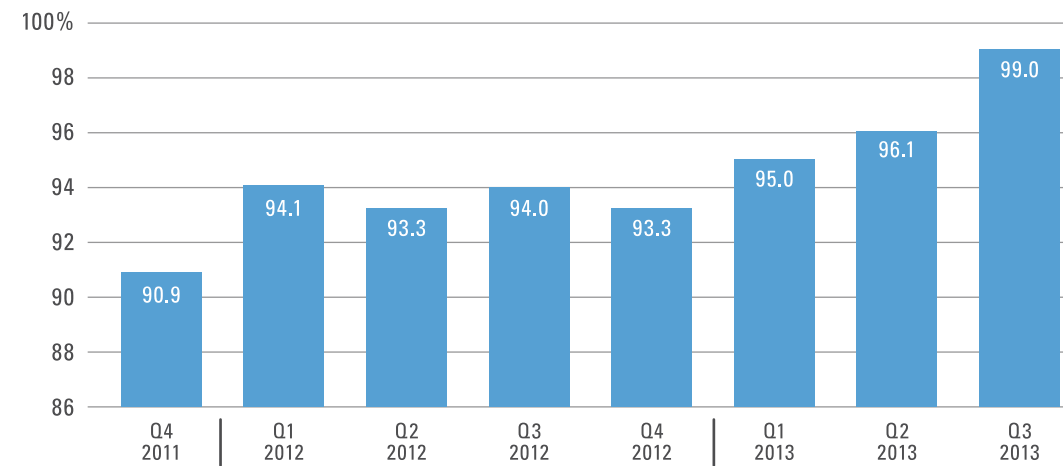
The ACM score is a measure of how often a hospital gets it right. Shown below is the composite ACM score at Our Lady of the Lake for nine previous quarters. This score includes indicators for heart attack, heart failure, pneumonia and surgical care. **This measure shows whether or not our patients received all the care they required.** As demonstrated by the graphic, we have steadily improved our ACM score from 2011 to 2013.





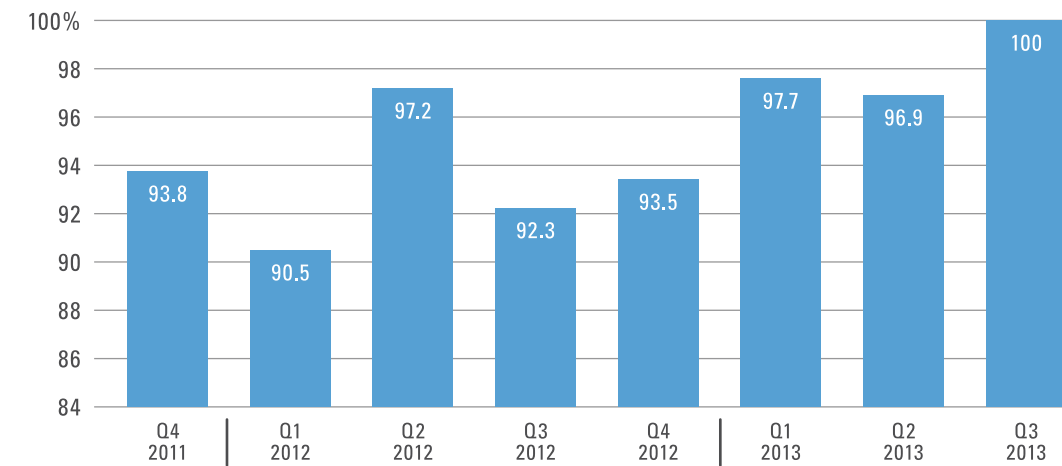
Appropriate Care Measures: Heart Attack Over the past eight quarters beginning in 2011, our appropriate care measures for heart attack have steadily climbed from 90.9 percent to 99 percent.

AMI ACM (%)



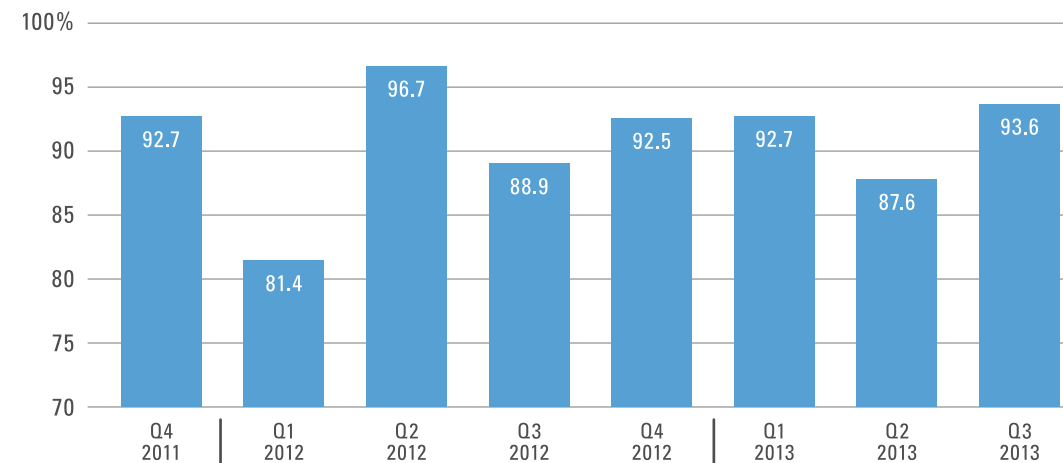
Appropriate Care Measures: Pneumonia During the most recent reporting quarter, we achieved a perfect score for appropriate care measures for pneumonia care. This outstanding result improves upon our beginning rate in 2011 of 93.8 percent.

PN Appropriate Care Measure Rate (%)



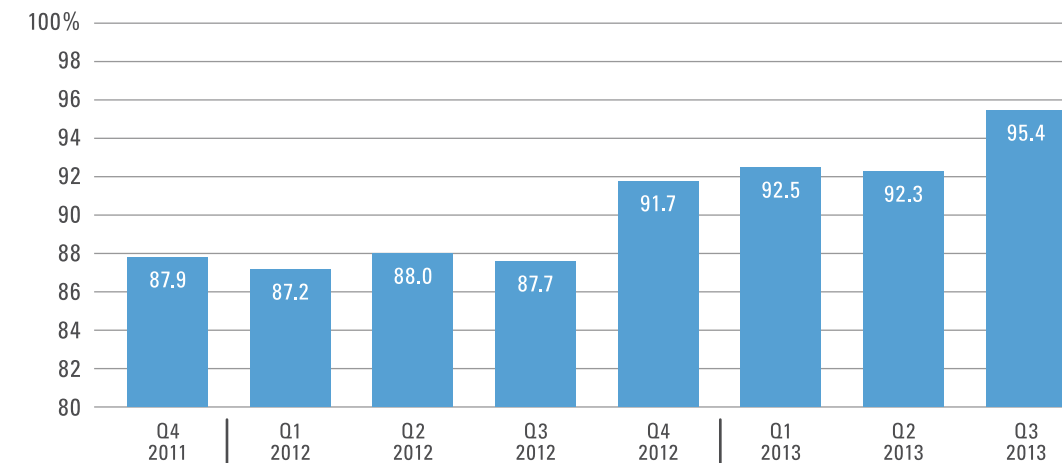
Appropriate Care Measures: Heart Failure Other than for two quarters that were outliers, our appropriate care measures for heart failure, beginning in 2011, have remained fairly constant.

HF Appropriate Care Measure Rate (%)



Appropriate Care Measures: Surgical Care Over the past eight quarters beginning in 2011, our appropriate care measures for surgical care have improved significantly, going from 87.9 percent to 95.4 percent most recently.

SC Appropriate Care Measure Rate (%)



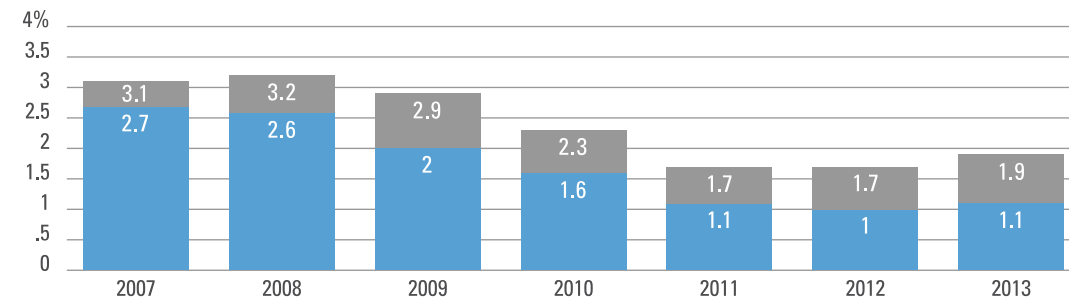
PATIENT SURVIVAL RATES IMPROVE BY 60% SINCE 2007

Hospital mortality rates refer to the percentage of patients who die while in the hospital. These rates are calculated by dividing the number of deaths among hospital patients with a specific medical condition or procedure by the total number of patients admitted for that same medical condition or procedure.

This risk adjustment method accounts for the impact of individual risk factors such as age, severity of illness and other medical problems that increase the risk of death of some patients in order to provide a realistic, comparable measurement.

Increasing Survival

Our Lady of the Lake has made substantial progress in lowering the mortality rate. Since 2007, we have steadily decreased mortality from 2.7 percent to 1.1 percent, a 60 percent reduction. This achievement is significant because Our Lady of the Lake treats some of our community's most critically ill and injured patients.

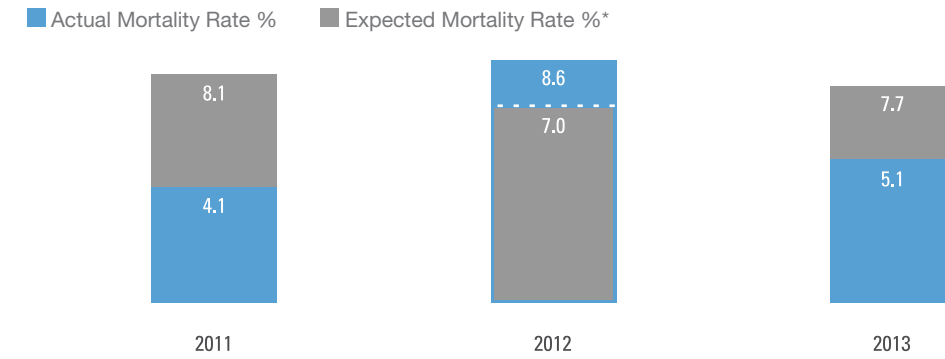


*Expected Rate – This is a comparison risk-standardization model that accounts for variables that impact mortality such as age, gender and overall health status.



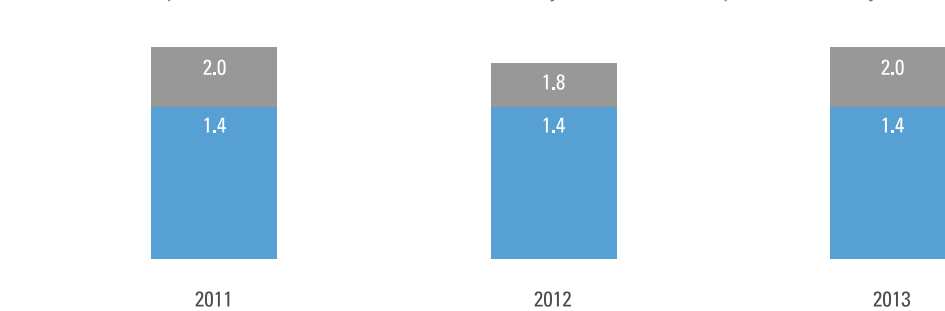
Mortality from Heart Attacks

In 2011 and 2013, mortality from heart attacks at Our Lady of the Lake was below the national expected rate. As the chart shows, there was a slight increase in heart attack mortality in 2012.



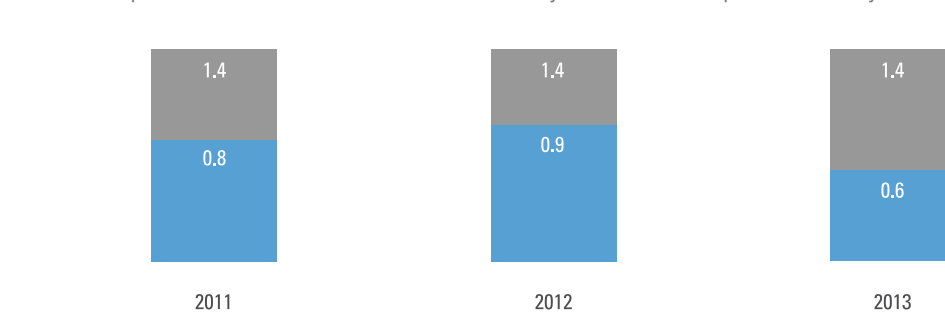
Mortality from Heart Failure

For each of the past three years, heart failure-related mortality at Our Lady of the Lake has been below the national expected rate.



Mortality from Pneumonia

For the past three years, pneumonia-related mortality at Our Lady of the Lake has been well below the national expected rate.



*Expected Rate – This is a comparison risk-standardization model that accounts for variables that impact mortality such as age, gender and overall health status.

// MORE TRAUMA PATIENTS WILL SURVIVE

Our Lady of the Lake is our community's only Trauma Center

The risk of death is considerably lower among patients requiring early operative intervention if they are treated at a designated trauma center.

This is the finding of a study conducted by the American College of Surgeons (ACS), the organization that verifies hospitals as trauma centers. Recently, Our Lady of the Lake's new trauma center received the ACS' designation as our community's only trauma center.

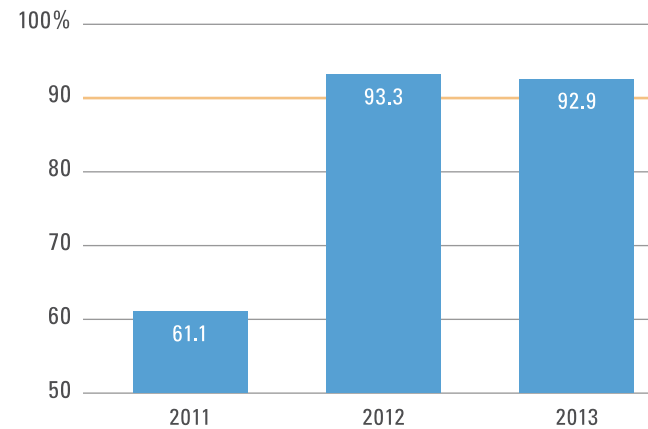
At the moment an injury occurs, all the right components of care are in place in a trauma center — emergency physicians and nurses, trauma surgeons, respiratory therapists, laboratory technicians, a blood center and even pastoral care.

Trauma patients who receive care at designated trauma centers are more likely to survive.

Trauma Mortality Prevention

Taller graph is better.

Our Lady of the Lake ranks in the top 10 percent of all U.S. hospitals for preventing trauma patient mortality.



// SAVING TIME SAVES LIVES

Our Lady of the Lake exceeds National Quality Benchmarks

STEMI, or ST-Elevation Myocardial Infarction, is a heart attack during which the major artery that supplies oxygen and nutrient-rich blood to the heart muscle is blocked. To effectively treat patients with this life-threatening emergency, time is of the essence.

As shown below, for each of the past six quarters, Our Lady of the Lake has exceeded the national rate and the average

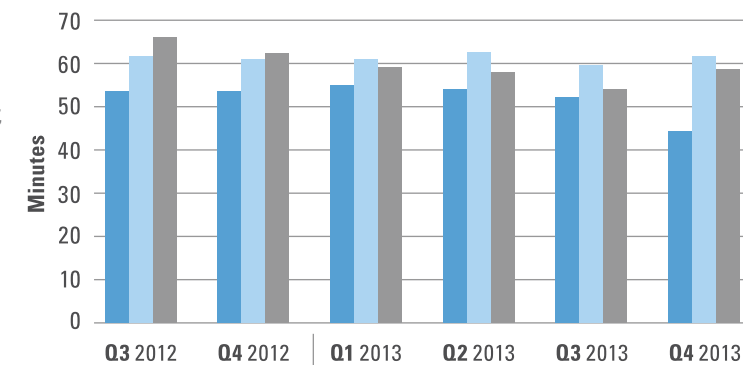
rate of all hospitals in Louisiana for the time needed to treat some of the most serious heart attack patients, those with STEMI.

The chart below compares, in minutes, the elapsed time from hospital arrival to the patient receiving the life-saving intervention, coronary angioplasty. This procedure, including the placement of a stent to support the inner walls of the artery, restores blood flow through narrow or blocked arteries.

Elapsed Time: from ER arrival to stent placement

Less time is better.

■ OLOLRMC
■ U.S. Hospitals
■ La. Hospitals



// DAVID'S STORY

“I was driving home from my hunting camp when I felt the heart attack coming on. This was my third heart attack so I knew all of the warning signs. I pulled over, called 911 and an ambulance came and took me to the Lake. From the time I arrived at the ER to the time I went to recovery was just amazing. It's incredible to think I had a heart

attack on a Sunday around 1:00 pm and went home on Wednesday morning.”

David* says he received exceptional care while at the Lake. “My doctor arrived within a few minutes. I was in recovery within two hours of his arrival, and returned home within three days. Who would have imagined ...”

**This is a factual story, but David is not the patient's real name.*

IMPROVING CARE BY REDUCING HOSPITAL READMISSIONS

Our Lady of the Lake participated in a CMS-funded project to find ways to lower readmissions. Using evidence-based care transition activities, the project was a remarkable success. The community-wide result was a reduction in the rate of unnecessary hospitalizations from almost 19 percent to approximately 13 percent. **This is a 32 percent improvement.**

During and after the project, team members discovered a key factor that influences readmission is when a patient is unable to make an appointment to see a primary care physician following discharge. In response, the Lake is developing transition clinics for discharged patients who don't have a primary care physician. These clinics will provide patients with access to follow-up care. This is an important step to reduce that patient's risk for a readmission.

ADDRESSING HOSPITAL READMISSIONS

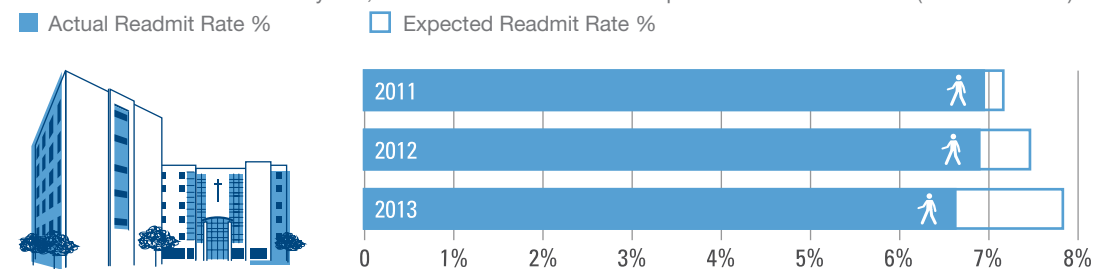
According to CMS, patients who successfully transition from the hospital to their home, and who are not readmitted within 30 days of discharge, will likely have improved outcomes, such as survival, functional ability and quality of life. In addition to access to follow-up care, there are several other factors that can influence

likelihood for readmission. These include the patient's overall health status, available support at home and adherence to physician advice once discharged from the hospital.

Nationally, 30-day readmission rates are reported for acute myocardial infarction (heart attacks), heart failure and pneumonia.

Readmissions

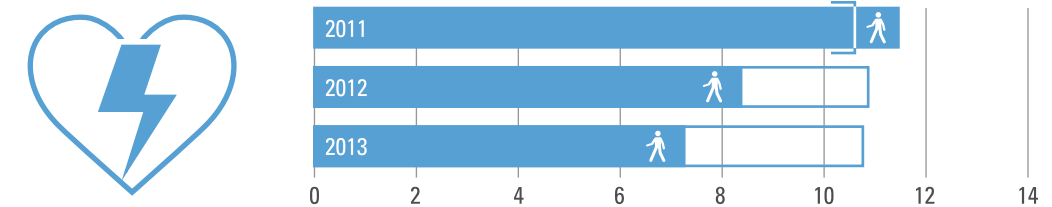
The blue bar represents the actual 30-day combined readmission rates for Our Lady of the Lake from 2011 to 2013. In each of these three years, our rate was lower than the expected* readmission rate. (Lower is better.)



*Expected Rate – This is a comparison risk-standardization model that accounts for variables that impact mortality such as age, gender and overall health status. Source: CareTracks, January 2011 – December 2013

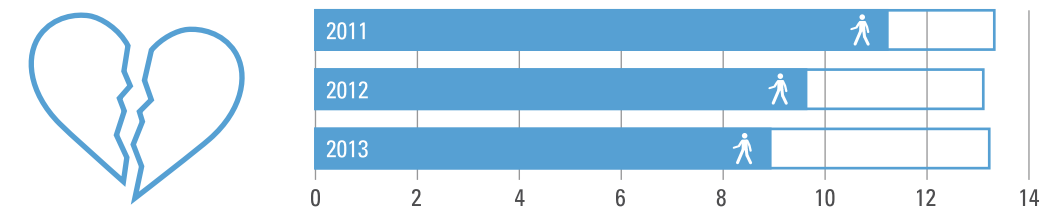
Readmissions Related to Heart Attacks

For two of the past three years, heart attack-related readmissions at Our Lady of the Lake have been below the national expected rate.



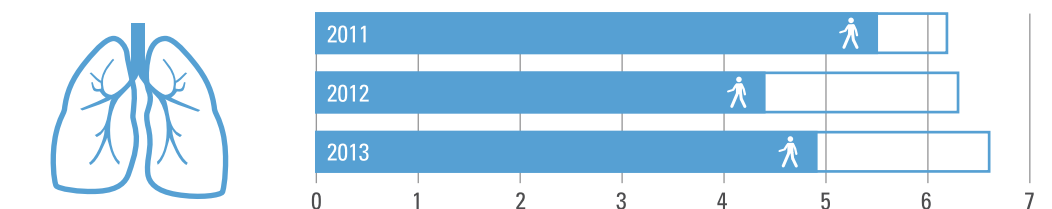
Readmissions Related to Heart Failure

For each of the past three years, heart failure-related readmissions at Our Lady of the Lake have been below the national expected rate.



Readmissions Related to Pneumonia

For each of the past three years, pneumonia-related readmissions at Our Lady of the Lake have been below the national expected rate.



*Expected Rate – This is a comparison risk-standardization model that accounts for variables that impact mortality such as age, gender and overall health status. Source: CareTracks, January 2011 – December 2013

BETTER THAN THE NATIONAL BENCHMARK FOR HOSPITAL ACQUIRED INFECTIONS

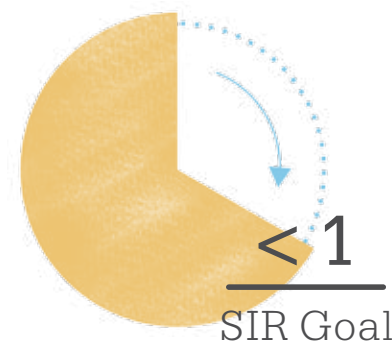
Hospital Acquired Infections (HAI) are infections that appear three days after a patient is admitted to a healthcare facility. About five to 10 percent of patients admitted to hospitals in the United States develop HAIs. Many of these infections can be prevented by healthcare workers taking proper precautions when caring for patients.

Common HAIs include catheter-associated urinary tract infections (CAUTI), central line associated blood stream infections (CLABSI) and surgical site infections (SSI).

In an effort to reduce the number of infections, Our Lady of the Lake, like all hospitals, tracks these incidences. **Our goal is to better understand how HAIs happen and to develop appropriate interventions.** Beginning in 2013, Our Lady of the Lake began using the **Standard Infection Ratio**

(SIR) in keeping with the new Centers for Disease Control and Prevention (CDC) methodology for comparison to national standards and benchmarking.

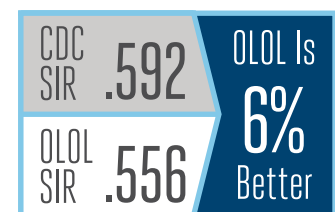
The SIR shows if a hospital has an excessive number of infections. SIR is calculated by dividing the number of observed infections by the number of expected infections.* **The goal is to achieve a SIR of less than one.**



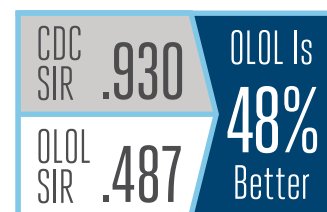
2013 Hospital Acquired Infections

The charts below compare the Standard Infection Rates (SIR) at Our Lady of the Lake to the national SIR benchmark established by the CDC's National Healthcare Safety Network. The comparisons are for Central Line Associated Blood Stream Infections (CLABSI), Catheter Associated Urinary Tract Infections (CAUTI) and Surgical Site Infections (SSI) for each of past four quarters. In all instances, our rates are less than the Standard Infection Ratio goal of less than 1.0. They are also less than the national benchmark established by the CDC.

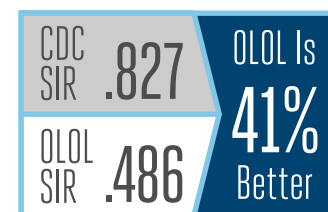
CLABSI
Central Line
Associated Blood Stream



CAUTI
Catheter Associated
Urinary Tract



SSI
Surgical Site
Infections



*The number of expected infections is calculated using rates from a standard population during a baseline time period, which represents a standard population's experience.

PATIENT SAFETY ROUNDS

A hands-on approach to improving the quality of care and patient safety.

Patient Safety Rounds are used at Our Lady of the Lake by our clinicians, team members and leadership to address the challenge of improving quality and patient safety.

Patient Safety Rounds

are an innovative practice that gives our frontline team members the chance to immediately improve the quality of care for their patients.

Our Lady of the Lake implemented twice-weekly safety rounds in 2006. Led by Scott Wester, CEO, and Dr. Stephen Hosea, Medical Director of Quality and Patient Safety, the safety rounds take a multidisciplinary approach by including all team members from the patient care area that is being visited.

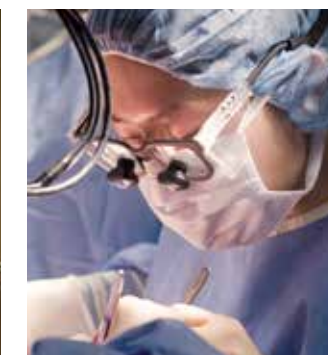
Patient Safety Rounds allow for the sharing of issues, concerns, unit-level solutions and best practices. Dr. Hosea says this open dialogue is robust, candid and earnest, and allows issues that are identified on one patient unit or floor to be shared with others.

"This sharing by team members on the unit, and the implementation of ideas that work, have had an immediate impact on patient safety," he said.

Studies have demonstrated that multi-disciplinary hospital rounds are an effective process that uses existing resources to simultaneously improve the quality of care and enhance patient education.

“At Our Lady of the Lake, we view Safety Rounds as a learning opportunity. This innovative practice gives team members a participatory process, and support from Administration, to immediately improve patient safety.”

— Stephen Hosea, MD



Our Commitment to QUALITY

How do we
improve
your care?

CREATING A CULTURE OF PATIENT SAFETY

To improve
quality,

we involve our team
members in all process
improvement decisions.

Our Lady of the Lake has a continuous focus on improving systems of care to make them more reliable and safer. To achieve this goal, we use the tools developed by the Agency for Healthcare Research and Quality (AHRQ). These tools, as well as our approach to improvement, are based on the fact that learning from errors and improving systems of care is the foundation of an informed, safe culture.

WHAT IS A CULTURE OF PATIENT SAFETY?

Safety culture refers to an organization's commitment to adopting practices that detect errors while learning from errors. The Institute of Medicine states that a culture of safety in healthcare requires three elements:

- ▶ A belief that healthcare processes can be designed to prevent failure even though these are high-risk processes.
- ▶ A commitment at the organizational level to detect and learn from errors.
- ▶ An environment that is perceived as *just and fair* because managers discipline only when an employee knowingly increases risk to patients and peers.

At Our Lady of the Lake, we are working to continually improve our culture of safety by studying past opportunities for improvement and involving our team members in all process improvement decisions.



Comparing QUALITY

How do we rank against national standards?



OUR LADY OF THE LAKE EXCEEDS NATIONAL PATIENT SAFETY BENCHMARKS BY 14%

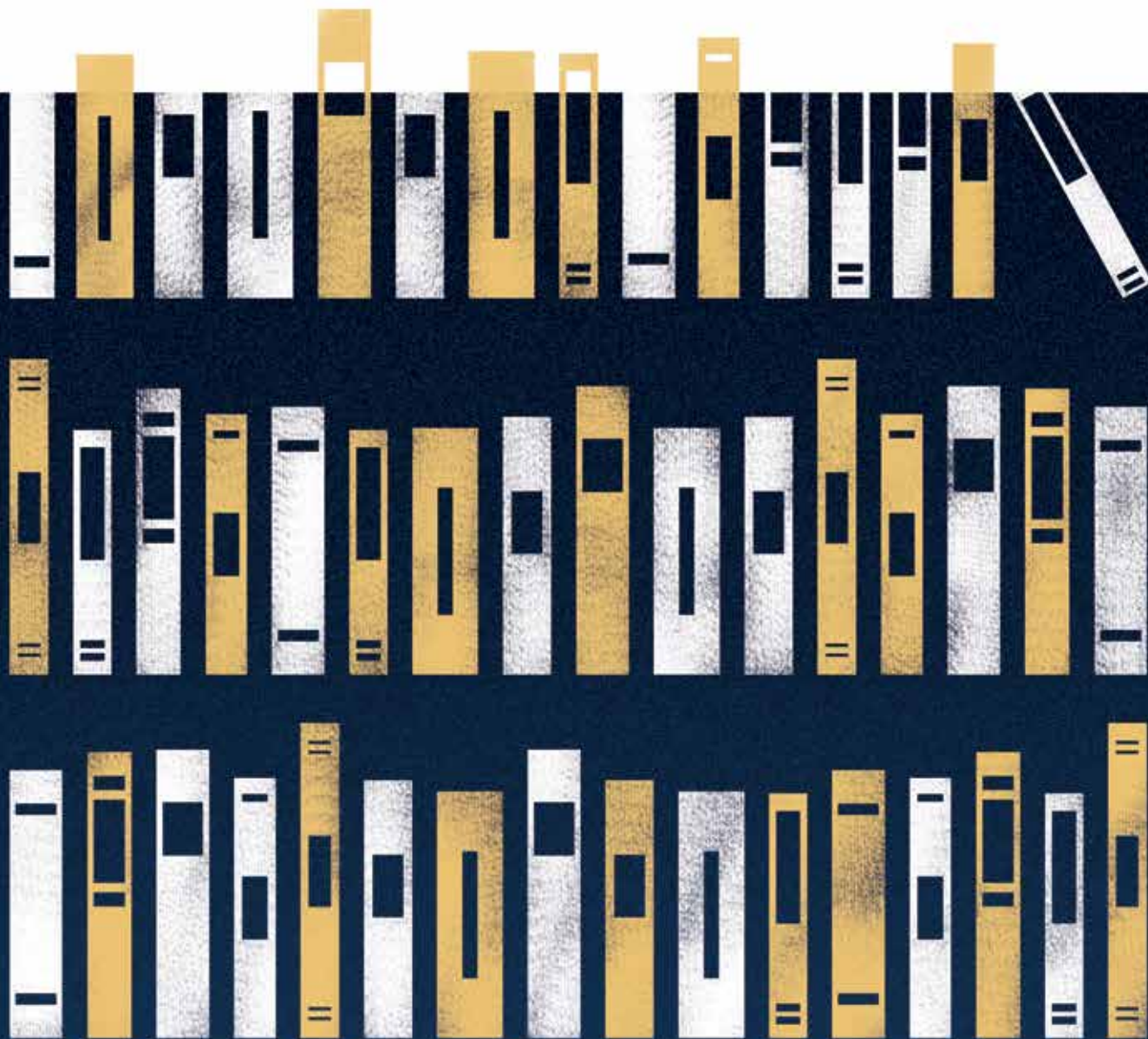
In our goal of supporting a culture of patient safety and quality improvement, Our Lady of the Lake has adopted patient safety culture assessment tools developed by the Agency for Healthcare Research and Quality (AHRQ). Shown below are the results of this **national team member survey** that measures the current status of our patient safety culture. For each measure, we exceed the national average score.

Question	National Average	OLOL	% Improvement over National Benchmark
My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.	73%	82%	+12%
My supervisor/manager seriously considers staff suggestions for improving patient safety.	76%	82%	+8%
After we make changes to improve patient safety, we evaluate their effectiveness.	69%	86%	+25%
Our procedures and systems are good at preventing errors from happening.	72%	78%	+8%
We are given feedback about changes put into place based on event reports.	56%	65%	+16%
In this unit, we discuss ways to prevent errors from happening again.	72%	78%	+8%
Staff will freely speak up if they see something that may negatively affect patient care.	75%	79%	+5%
Staff feel free to question the decisions or actions of those with more authority.	47%	54%	+15%
When a mistake is made, but is caught and corrected before affecting the patient, how often is this reported?	57%	70%	+23%
When a mistake is made, but has no potential to harm the patient, how often is this reported?	59%	71%	+20%
When a mistake is made that could harm the patient, but does not, how often is this reported?	74%	80%	+8%

Average Improvement over National Benchmark +14%

Our Stories:
How we demonstrate better

QUALITY



// BETTER CARE THROUGH BETTER **TECHNOLOGY**

Our Lady of the Lake has made a commitment to the adoption of innovative technology to provide clinicians with the most efficient methods of entering information into a patient's electronic medical record. Some of the newest technology simplifies the login process while increasing security and patient safety.

One example of technology used at Our Lady of the Lake is **Computerized Physician Order Entry** (CPOE). This is the electronic entry of patient care instructions into the medical record in a way that makes it easier

for physicians and nurses to double check their work and access nationally adopted standards of care. This improves care by:

- ▶ Decreasing delays in order completion.
- ▶ Reduces errors related to handwriting or transcription.
- ▶ Allows for order entry at the point of care or off-site.
- ▶ Provides error checking for duplicate or incorrect medication doses or tests.
- ▶ Simplifies inventory and posting of charges.

“When new technology is added, claims are often made promising better, quicker, faster. Our Lady of the Lake lives up to this promise. The result is I can keep my focus on patient care ... and be assured that all clinical orders are correct and are being followed.” — Shaun Kemmerly, MD

// **HEART & VASCULAR** INSTITUTE PROVIDES REGION'S BEST CARDIOVASCULAR CARE

With its opening in 2013, Our Lady of the Lake Heart & Vascular Institute provides Baton Rouge with the most advanced and top-rated standard for cardiovascular care.

The Lake performs the most heart procedures in Baton Rouge and surrounding areas. The new Heart & Vascular Institute builds upon our recognized center of excellence for cardiac care through its design that provides a healing and comforting environment to our patients. The Institute provides expanded cardiac services and the most advanced technology and research through the region's top cardiac surgeons. The result is a total patient care experience that will lead to better outcomes and patient safety.

“With the Heart & Vascular Institute, we are pushing quality forward using best practices and evidence-based medicine. We have developed disease management programs for conditions such as myocardial infarction, congestive heart failure and chest pain to improve patient outcomes by reducing readmission rates, length of stay and mortality. Our physicians, nurses and administration are working together to make the process better at every possible turn so patients receive the highest standard of care.” — Steven T. Gremillion, MD

OUR LADY OF THE LAKE CHILDREN'S HOSPITAL

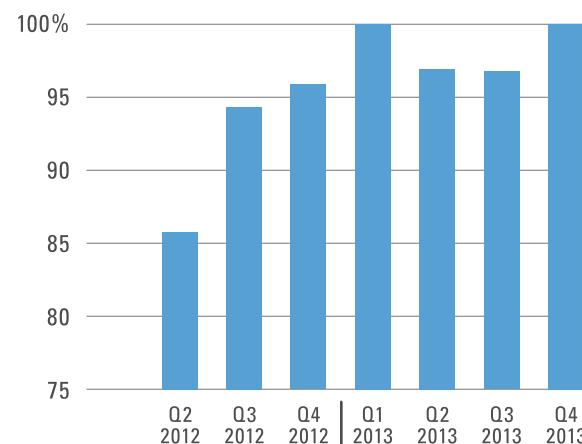
Our Lady of the Lake Children's Hospital is Louisiana's fastest growing children's hospital treating more than 90,000 young patients in 2013 from throughout Louisiana. Our Lady of the Lake Children's Hospital treats all children in need and relies on community support for the funding necessary to provide the highest quality of care to all children.



APPROPRIATE CARE MEASURES FOR PEDIATRIC ASTHMA PATIENTS

The ACM score for pediatrics is a patient-centered composite score that summarizes whether our young patients received all of the recommended treatments they should have received for asthma care. Since each patient is unique and may not require every type of care for a condition, the ACM scores take patient individuality into consideration. Shown here is the composite ACM score at Our Lady of the Lake Children's Hospital for eight previous quarters. As demonstrated by the graphic, **we have steadily improved our ACM score since 2012, reaching 100 percent most recently.**

Appropriate Care Measure Rate (%) for Asthma Care

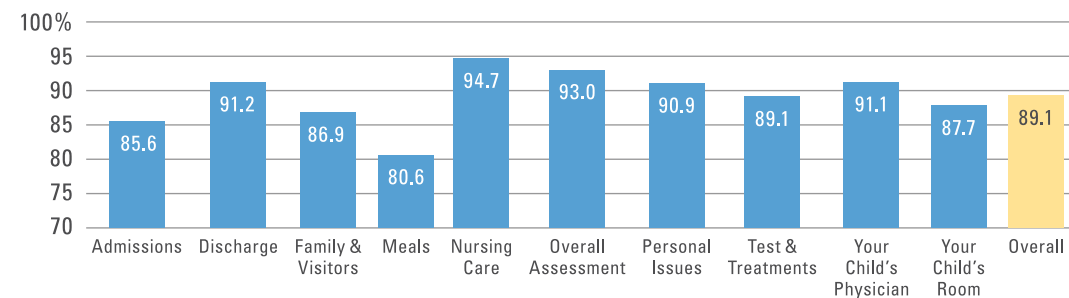


PATIENT SATISFACTION

Our Lady of the Lake Children's Hospital surveys families to obtain patient satisfaction information about the care their loved one received as well as their overall experience. The survey looks at the 10 quality measures shown below, with a top score being 100.

Pediatric Inpatient Scores

Each bar in the graph below represents a composite score for a single measure for the past two years. For example, the average two-year score for Admissions is 85. Our Overall average score is 89.1.



CHILDREN'S HOSPITALS ARE THE FOUNDATION OF PEDIATRIC HEALTH

Studies show a clear connection between a healing environment designed with children and their families in mind and improved healthcare safety and quality. Here's what a mother of one of our patients said about Our Lady of the Lake's Children's Hospital.

“Our son, Dayton, was accidentally run over by a truck while playing in the driveway. If not for the phenomenal treatment and care he received at Our Lady of the Lake Children's Hospital, he would not be the same person he is today.

that his carotid artery was broken and he had a massive stroke. He immediately went to surgery, which is a moment I'll never forget. We gathered around him to pray and even the nurses joined with us in prayer.

“We knew we had the winning team with us. The quality of specialized care that Dayton received at Our Lady of the Lake Children's Hospital is what helped him reach his potential for a full quality of life today.”

— Katie Suire



What do others say about us?



Our Lady of the Lake Honored with Consumer Choice Awards for 15 Years Running

In 2013, for the 15th consecutive year, Our Lady of the Lake Regional Medical Center was selected by the National Research Corporation as the Consumer Choice Award winner for the hospital with the highest overall quality and image in the Baton Rouge metropolitan area.

Joint Commission Accreditation

Achieving accreditation from The Joint Commission recognizes that Our Lady of the Lake complies with the highest national standards for safety and quality of care and is committed to continually improving care.

Top Ranked by U.S. News & World Report

Nationally recognized by *U.S. News & World Report* for the past three years as a number one hospital in the Baton Rouge Metro Area.

Top 10 Hospital in Nation

Recognized by Comparison as a Top 10 Hospital in the country for Stroke and Vascular Care, Gastrointestinal Care and Major Neurological Surgery. Rankings are based on best performance in various measures of quality relating to process of care, outcomes and patient satisfaction.

Hospital of the Year

Louisiana State Nurses Association Award earned in 2014, 2013, 2011, 2010 and 2008 for hospitals over 100 beds.

Women's Choice Award

In 2013 and 2012, Our Lady of the Lake received the Women's Choice Award as one of America's Best Hospitals for Patient Experience by Women.

Magnet Designation

Awarded for excellence in nursing services by the American Nurses Credential Center's Magnet Recognition Program®. Only five percent of hospitals achieve Magnet status.

Level II Trauma Center

Designated by the American College of Surgeons as the region's only Level II designated trauma center, ensuring the best possible care for seriously injured patients.

Stroke Center of Excellence

In collaboration with the American Heart Association, this recognition from the Joint Commission certifies that we follow the best practices for stroke care.

National Cancer Institute Community Cancer Centers Program

We are one of only 30 U.S. cancer centers selected to work with the National Cancer Institute Community Cancer Centers Program.

NICHE: Nurses Improving Care for Healthsystem Elders

Recognized for excellence in nursing by the Hartford Institute for Geriatric Nursing at New York University.

Respiratory Care Department of the Year

Our Respiratory Therapy Department earned this award from the national magazine *ADVANCE* for Respiratory Care and Sleep Medicine.

Lung Cancer Alliance

Our Cancer Center, in partnership with Mary Bird Perkins, was designated as a Center of Excellence for Lung Cancer Screening.

AASM Accreditation of Sleep Disorders Centers

This accreditation reflects a commitment to ensure that patients with sleep disorders receive the highest quality of care.

Center of Blue Distinction for Cardiac Care

From Blue Cross Blue Shield of Louisiana, this recognizes hospitals for high quality care and a history of better outcomes for patients.

Gold Bear Designation

Given to our Children's Hospital by the Louisiana Children's Governor's Council in recognition of our pediatric emergency department's dedication to excellent care of sick or injured infants and children.

Diabetes Center of Recognition

From the American Diabetes Association, this recognition means that people with diabetes are receiving the highest quality care and patient education.

Accreditation Council for Graduate Medical Education

We were selected by the Alliance of Independent Academic Medical Centers to participate in National Initiative IV for utilizing medical education to improve the quality of patient care.

American College of Cardiology Foundation

Received the Platinum Performance Achievement Award that recognizes Our Lady of the Lake's commitment and success in implementing a higher standard of care for heart attack patients.

JOHN HOPKINS' RECOGNITION AWARD FOR PATIENT SATISFACTION

Our Lady of the Lake earned this Recognition Award in 2013. The award was presented at the John Hopkins' Best Practices in Patient-Centered Conference. The award recognized our outstanding achievement in scoring among the top 10 ranking large-sized hospitals in the U.S. in the areas of Nurse Communication, Doctor Communication, Pain Management and Communication about Medications.

STROKE PROGRAM: TOP 10 IN THE NATION, FIRST IN LOUISIANA

For 2013, CareChex rated stroke care at Our Lady of the Lake in **the top 10 percent nationally** as well as **first in Louisiana**. CareChex is considered one of the most comprehensive healthcare quality rating organizations, reviewing hospitals for clinical and financial performance and for patient satisfaction.

CareChex provides a composite evaluation of all components of medical quality including process of care, outcomes of care and patient experiences.

Our Lady of the Lake has also been recognized for excellence and quality in stroke care by the American Heart Association and American Stroke Association with the **Get With the Guidelines Stroke Gold Plus Quality Achievement Award**.

The **Gold Plus Award** is an advanced level of recognition for hospitals that consistently meet 75 percent or higher compliance in five of nine additional stroke quality measures to improve quality of patient care and outcomes.

“Stroke is one of the top three causes of death in the U.S. and the leading cause of serious disability. As the only Primary Stroke Center in our region certified by The Joint Commission, Our Lady of the Lake is committed to providing the highest quality stroke care for our patients throughout the continuum of care. These awards recognize our commitment to that standard.”

— Joseph Acosta, MD



