

INNOVATIVE HEALTHCARE TO MEET YOUR CHANGING NEEDS

2016 QUALITY REPORT





WELCOME

In **NOVEMBER 1900**, four Sisters of Mercy responded to this community's growing need for medical care by courageously opening Mercy Hospital. Driven by their vow to care for the poor, sick and uneducated, these visionaries built the foundation of unparalleled quality, service and compassionate care upon which Mercy-Cedar Rapids stands today.



Cheryle Mitvalsky
Chairperson, Quality & Patient Safety Committee and Mercy Medical Center Board of Trustees



Dr. Timothy Quinn
Executive VP & CCO
Mercy Medical Center



Timothy L. Charles
President & CEO
Mercy Medical Center

Guided by the spirit of the Sisters' legacy, Mercy remains dedicated to enhancing the health of our communities through a superior level of care. We are pleased to present this 2016 Quality Report for Mercy Medical Center and MercyCare Community Physicians as further demonstration of our commitment to safety and quality, and as a clear source of valuable healthcare information.

Mercy continues to successfully navigate the changing landscape of today's healthcare environment by embracing the Institute for Healthcare Improvement's Triple Aim*. This report is organized around the Triple Aim's three focal points:



BEST CARE
IMPROVING THE PATIENT EXPERIENCE OF CARE



BEST HEALTH
IMPROVING THE HEALTH OF POPULATIONS



BEST VALUE
REDUCING THE PER CAPITA COST OF HEALTHCARE

Looking through a lens of innovation with the same visionary momentum as our founding Sisters, Mercy-Cedar Rapids sees and responds to evolving healthcare needs today to ensure the outstanding care our communities deserve is there when they need it most. The right care at the right time – that's *The Mercy Touch*®.

*The Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihl.org).



EXECUTIVE SUMMARY

The data in this report is a demonstration of our dedication to transparency at Mercy-Cedar Rapids. Through the presentation of this evidence-based information about our care, we hope our community will have meaningful facts to help evaluate Mercy as a leader in innovational, superior healthcare at an equally superior value.

Our proven high-quality, cost-effective services coupled with our one-of-a-kind caregiving culture — **The Mercy Touch** — promises to deliver compassionate, exceptional care throughout Mercy Medical Center and MercyCare clinics.

We remain committed to raising the standard of care through the medical home concept centering on the Triple Aim — improving patient experience, improving the health of the populations we serve and reducing costs.



ABOUT OUR DATA

Patients choose where to receive care. Cost, quality, safety and service information are critical to helping individuals stay engaged and educated about their healthcare decisions.

Mercy's quality and safety data, evaluated by many respected organizations, is collected through our electronic data and patient management system, Epic.

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

Look for the icons on the next page and ahead to note examples of Triple Aim components in action.



IHI *Triple Aim*



Best Care:

Improving the patient experience of care



Best Health:

Improving the health of populations



Best Value:

Reducing the per capita cost of healthcare



Claudia S. Zavala, MD
Pediatric Hospitalist
Pediatric Inpatient Center



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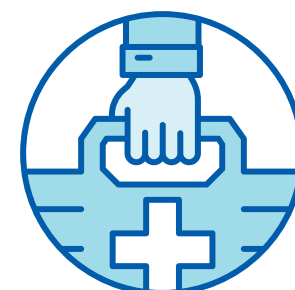
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RECORD.
HOME.
ONE MEDICAL

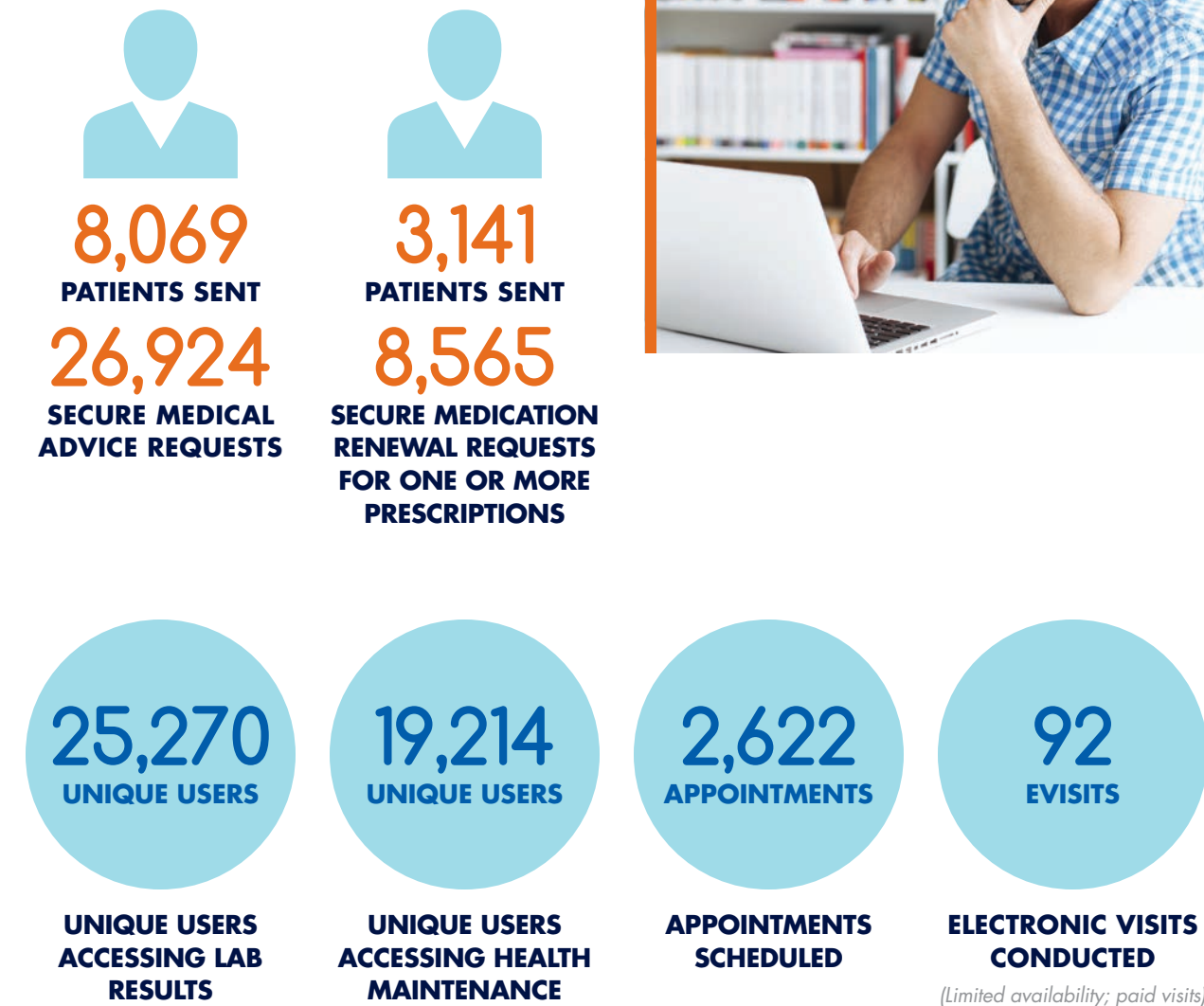
When patients choose to make Mercy their medical home, they're choosing to streamline their medical care with a single electronic record that can be accessed by all of their Mercy caregivers. This smart decision sparks a chain of benefits that leads to the best care and best health at the best value, helping patients access the care they need when they need it.

Fulfilling healthcare needs through Mercy's seamless system (MercyCare for primary care, Mercy specialists for targeted care and Mercy Medical Center for hospital needs) ensures every doctor involved in a patient's care has that person's comprehensive health history readily available. This means improved patient-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 benefit for employers supporting insurance coverage.

Mercy and MercyCare's electronic record system, Epic, helps clinics maintain their Patient-Centered Medical Home status while combining progress notes from multiple providers, lab results, medication logs and more into one medical record. Through MyChart (a secure and personalized web-based tool), patients have transparent access to this same type of information, including the ability to email their Mercy providers, view provider notes, schedule appointments and refill prescriptions — empowering consumers with the knowledge to manage their personal health. Through the end of last year, **35,404 patients** have activated a MyChart account.

PATIENT ENGAGEMENT WITH MYCHART IN 2015

Number of unique users who have sent messages to their providers:



<http://mychart.mercycare.org>

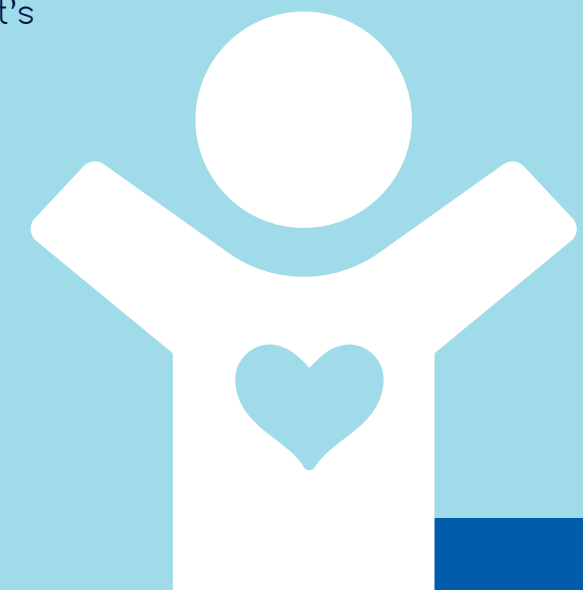


You deserve a great experience. You deserve *The Mercy Touch.*

Your life is busy. From sunrise to sunset, the day is full of commitments. Mercy and MercyCare understand. That's why we're making it even easier for you to see a doctor when you need one, getting you back to your office, your family or your home, fast.

In addition to reporting our patient satisfaction scores, the pages in this section highlight the initiatives underway to improve healthcare access, including MercyCare's innovative new telehealth clinic at Rockwell Collins — a location that's saving time and money for many Rockwell Collins employees.

We'll explore technology that's breaking down communication barriers and a new staff position helping children cope with a parent's difficult cancer diagnosis. Because of programs like these and Mercy's dedicated caregivers, our patients report outstanding experiences.



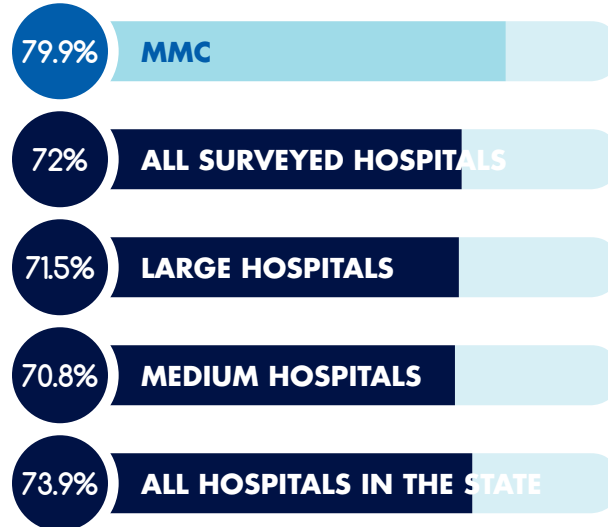
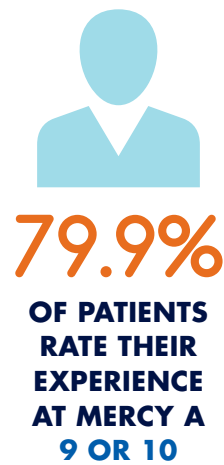
MERCY RANKS HIGH IN PATIENT SATISFACTION

Mercy Medical Center's patient satisfaction scores are rising as the hospital continues to focus on delivering exceptional experiences based on models of person-centered care and evidence-based standards. Our

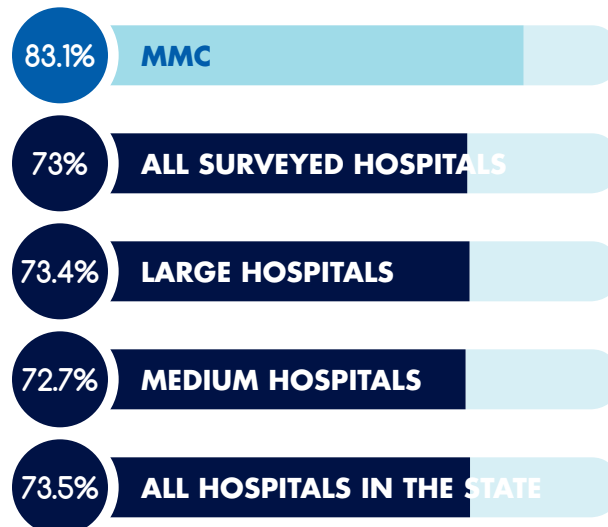
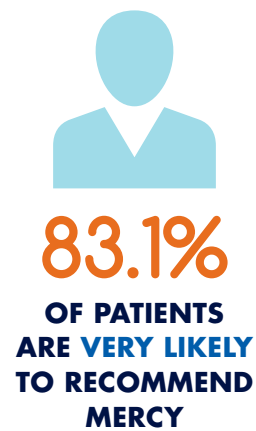
employees have a long-standing commitment to delivering compassionate, high-quality care with *The Mercy Touch*; our overall rating and likelihood-to-recommend scores are reflections of that work.

PATIENT SATISFACTION

Patients rate Mercy Medical Center high



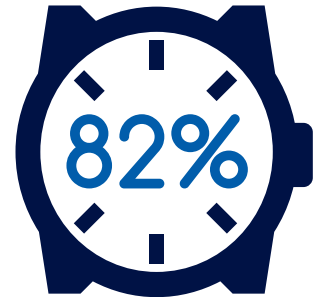
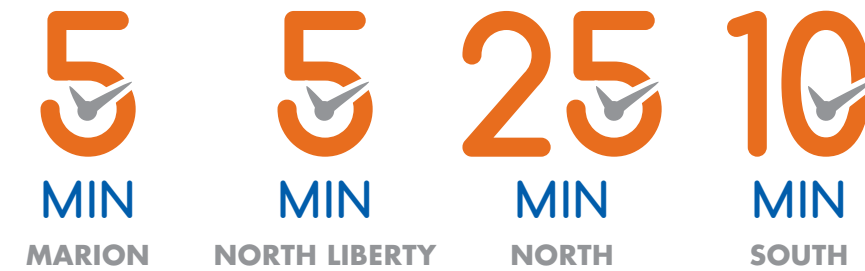
More patients likely to recommend Mercy Medical Center compared to national/state averages



LESS WAITING. MORE HEALING.

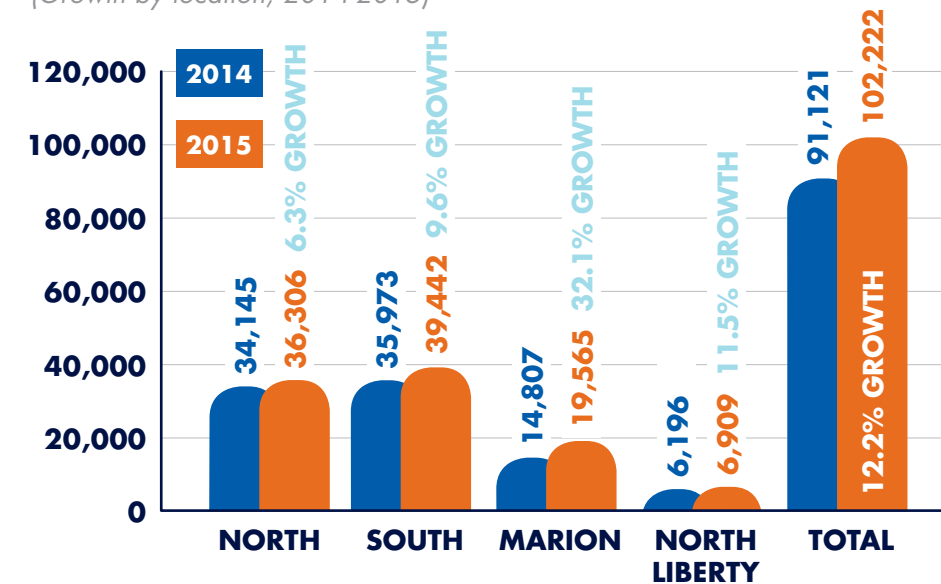
When you're sick, seeing a provider quickly is important. At MercyCare Urgent Care clinics, we get patients in, out and on the fast track to feeling better. Quick access to a healthcare professional without a prior appointment is one reason patients choose this convenient service.

Average lobby wait time at MercyCare Urgent Care locations

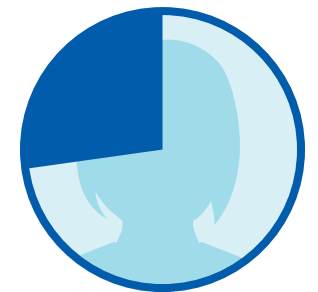


OF THE TIME, URGENT CARE LOBBY WAIT IS LESS THAN 20 MIN

Urgent care patient volumes grow with increased access
(Growth by location, 2014-2015)



92.4
FAMILY PRACTICE PATIENT SATISFACTION MEAN SCORE FOR THE PAST YEAR



73%
PATIENTS RANK MERCYCARE BETTER THAN OTHER FAMILY PRACTICE CLINICS ACROSS THE NATION

HEALTHY PATIENTS ARE HAPPY PATIENTS.

MercyCare patients are pleased with their care. Because so many patients choose to make Mercy their medical home, family physicians have access to their patients' comprehensive health history, allowing them to provide the best care possible. The best care means healthier, happier patients.

In today's fast-paced and technologically savvy world, telehealth creates an innovative outlet for providers to meet the evolving needs of even more patients. People need convenient and accessible high-quality care – telehealth offers a solution.



MERCYCARE TELEHEALTH CLINIC AT ROCKWELL COLLINS


MercyCare Telehealth Clinic at Rockwell Collins opened as the first direct-to-employer telehealth clinic in the region in April 2015. Located on the aviation company's main campus in Cedar Rapids, the clinic was born as an opportunity to provide more cost-effective and convenient options for eligible Rockwell Collins employees.


A visit to the telehealth clinic begins like any other doctor's appointment. The patient securely checks in and is escorted to a private exam room where a registered nurse asks some general health questions, takes vital signs and records notes in Mercy's electronic medical records system, Epic.

From the clinic on Rockwell Drive NE, the nurse uses high-definition telehealth technology to connect with a local provider at one of MercyCare's clinics. The MercyCare provider appears in real-time on a monitor near the exam table while the patient appears on a large monitor atop the provider's desk, similar to the concept of videophone.

The nurse remains in the exam room as the patient and provider discuss symptoms. Acting as the provider's hands, the nurse guides high-quality diagnostic technology that allows the provider to listen to the patient's heart and lungs, or see inside the patient's ears. The provider hears clear audio through special headphones and views sharp images through a separate, secure video feed; those high-definition images can also be added to the patient's Epic electronic medical record. A diagnosis is made and a prescription is electronically sent to the patient's pharmacy of choice.

The perks of telehealth are huge for employees and companies, alike.

 **Accessibility** of an on-site doctor's office means a faster road to recovery, better productivity and less time out of the office. No long wait times allow employees to get in and out of the clinic quickly. And with a pharmacy located next door to the telehealth clinic, medications can be picked up without a separate trip.

 **Cost savings:** Rockwell Collins employees can save anywhere from \$30 to \$80 per visit by utilizing the telehealth option.

MercyCare Telehealth at Rockwell Collins achieved **99%** patient satisfaction within just a few months of opening.

TELEHEALTH-IER
EMPLOYEES

MERCYCARE TELEHEALTH CLINIC AT EDGEWOOD HY-VEE

In fall 2015, Mercy opened a telehealth clinic through a partnership with Hy-Vee in response to the community's growing need for accessible and convenient healthcare locations. The MercyCare telehealth clinic opened Nov. 16 at Edgewood Hy-Vee located at 5050 Edgewood Road NE.

The clinic uses the same technology as MercyCare Telehealth at Rockwell Collins. The Hy-Vee telehealth clinic is open to the public on a walk-in basis — the first open-to-the-public clinic in the Corridor using on-site diagnostic telehealth technology. Telehealth visits are covered by select insurance carriers including Wellmark.

MERCY HIAWATHA MEDICAL PARK

In response to significant demand for conveniently located and more accessible care, Mercy broke ground on a new medical park in Hiawatha scheduled to open in fall 2016. Mercy will lease space from a local developer in what will be a three-story, 60,000 square-foot building.

The medical park will include three initial components:

**MERCY'S NEW
OUTPATIENT
SURGERY CENTER**

**WOLFE EYE
CLINIC**

**EXTENSION OF
MERCYCARE
SERVICES**

MERCYCARE PRAIRIE CREEK

MercyCare Prairie Creek, scheduled to open fall 2016, will offer a variety of healthcare services on the city's quickly-developing southwest side near The Hotel at Kirkwood Center. Services will include:



**PRIMARY AND
URGENT CARE**



**IMAGING AND
LAB SERVICES**



**OCCUPATIONAL
AND PHYSICAL
THERAPIES**



TELEHEALTH

Along with providing exceptional care for patients, this clinic will also serve as an educational resource and real-world lab for students at Kirkwood Community College. This innovative partnership will offer Kirkwood students hands-on training and education in advanced team-based models of care, and systems such as Epic for electronic medical records, as well as a telehealth outlet for healthcare providers to connect with patients using high-definition technology.

NEW CLINICS BUILD
GREATER ACCESS



COMMUNICATION IS KEY



MARTTI TECHNOLOGY ELIMINATES WAIT TIME

A new video technology is breaking down language barriers at the patient's bedside. My Accessible Real Time Trusted Interpreter (MARTTI) launched in fall 2015, providing face-to-face interpretation for patients, families and staff.

Mercy's five MARTTI systems are stationed in specific areas and are shared among all hospital, Hall-Perrine Cancer Center and 8th & 8th Medical Park departments.

At the touch of a button, MARTTI connects to a live person with access to over 200 different languages, including American Sign Language.

This service is available 24/7 and eliminates vendor waiting times to ensure care is not delayed because of communication obstacles.

HALL-PERRINE CANCER CENTER'S CHILD LIFE SERVICES HELP KIDS UNDERSTAND CANCER

Cancer is a difficult diagnosis for adults to understand; imagine how difficult it is for children.

Hall-Perrine Cancer Center has added a child life specialist dedicated to helping kids understand the cancer diagnosis of an adult close to them. They talk about feelings, technical terms and what those mean, take tours of the center and work through any lingering questions the child has. Kids learn how to explain cancer to their friends, and how to answer cancer-related questions from teachers and relatives.

The child life specialist offers exceptional attention one-on-one and in group settings to help kids through the challenges of a very grownup illness.

You deserve quality.

You deserve *The Mercy Touch.*



Stephanie Robinson, ARNP
MercyCare Blairs Ferry

Mercy and MercyCare clinics are more than just **committed** to exceptional care, we **demonstrate** exceptional care through our respected awards and recognitions, proven quality measures, state-of-the-art technologies and innovational initiatives.

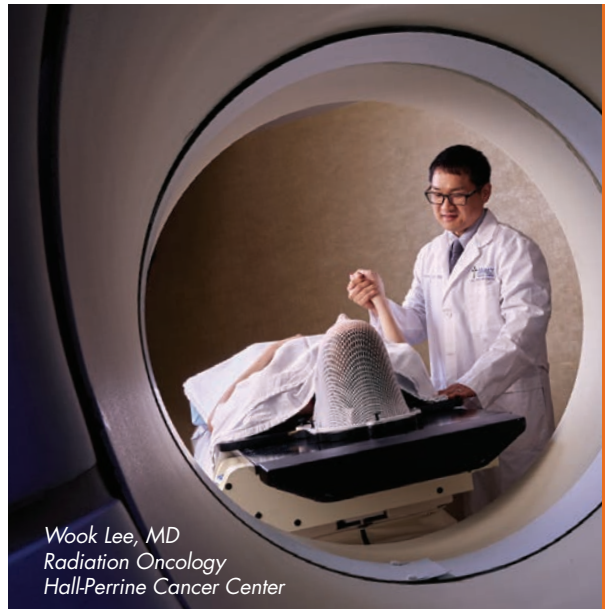
Because we understand that a person's top priority is the safest, highest-quality care leading to the healthiest outcome, the pages ahead offer key data and program highlights to help patients make important decisions and to further justify trust in the superb quality of care that drives *The Mercy Touch.*



THERE ARE MORE THAN 100 TYPES OF CANCER. ONE TECHNOLOGY **CANNOT** TREAT THEM ALL. THAT'S WHY MERCY HAS FOUR TREATMENT TECHNOLOGIES.

EXCEPTIONAL CARE THROUGH TECHNOLOGY

The radiation oncologists of Hall Radiation Center develop a treatment plan for each patient on one of four advanced technologies available at Hall-Perrine Cancer Center — TomoTherapy Hi-Art System™, Trilogy® linear accelerator, TrueBeam™ and high dose rate brachytherapy — ensuring patients receive the most effective treatment for their specific cancer type, leading to the best possible outcome for their health.



Wook Lee, MD
Radiation Oncology
Hall-Perrine Cancer Center

TomoTherapy

Some types of cancerous tumors can change in size or position from one day to the next; TomoTherapy Hi-Art is the solution to ensure radiation treatment is targeted perfectly. Before each treatment, the radiation therapist can capture a CT scan

of the site, verifying the tumor's size, shape and location. During the treatment, a couch moves the patient through the TomoTherapy tunnel, applying small beams of radiation from every point on a spiral that can pinpoint treatment to large

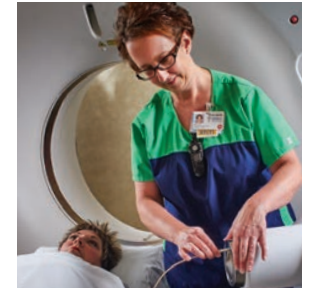
tumors and multiple sites simultaneously. Prostate and head and neck cancers are optimally treated with TomoTherapy. **Hall-Perrine Cancer Center is the only center in Cedar Rapids to offer this revolutionary treatment option.**



**HALL-PERRINE
CANCER CENTER
IS THE ONLY
CENTER IN
CEDAR RAPIDS
TO OFFER THIS
REVOLUTIONARY
TREATMENT
OPTION**



Pictured from left to right:
Kevin Murray, MD, Radiation Oncology;
Janet Merfeld, MD, Radiation Oncology;
Amy Yoder, Radiation Therapist;
Hall-Perrine Cancer Center



Trilogy

The Trilogy linear accelerator operates with a state-of-the-art computer planning system and provides the latest advancement in image-guided radiation therapy. During this treatment, the patient is stationary while the technology rotates around the site, delivering the right dose to the right place at the right time. Trilogy delivers treatment quickly and with the utmost efficiency, **using tight alignments capable of targeting even the smallest of tumors.**

Cancer patients get more than a second opinion here. They get the confidence of a third, thanks to the alliance of our three radiation oncologists.

TrueBeam

TrueBeam's advanced imaging and treatment modes expand therapy options for patients battling some of the most complex cancers. **It is the latest advancement in radiation technology available in the United States.** Rotating around the patient, this technology delivers prescribed therapy from nearly every angle. Beams of radiation are shaped to match a 3-D image of the patient's tumor, delivering precise therapy. Most TrueBeam treatments are completed in mere minutes, providing stereotactic radiation therapy in a fast, safe approach.

High Dose Rate Brachytherapy

High dose rate brachytherapy uses a catheter to administer radiation therapy to a localized area, usually into the tumor itself or the cavity where the tumor was removed, avoiding healthy tissue. This therapy can **dramatically reduce the number of treatments** from the traditional six weeks to a mere five days for early breast cancer, **making this a convenient option for patients.** High dose rate brachytherapy is also used very effectively for most gynecologic cancers, and can also be used to treat some types of lung and esophageal cancers.



Alan Zaehring, Dosimetrist,
Hall-Perrine Cancer Center

Velocity radiation treatment-planning software expands quality

Velocity, a cutting-edge software system, uses advanced image-registration algorithms that combine prior PET scans and MRI images with current CT simulation images to aid in radiation therapy planning, even with changes in tumor size, patient size or positioning. Through use of existing scans, Velocity decreases the need for repeat imaging, saving time and cost. Because Velocity allows the oncologists to work with patient data to contour the correct treatment areas from multiple locations within the department, patients are able to start treatment quicker—time is critical in cancer care. For patients fighting cancer more than once in their life, Velocity analyzes any previously treated areas in comparison with new treatment areas. This comparison minimizes risk of overlap between old and new treatments, helping to improve patient safety.

Hal and Noelle: Ready for anything

In labor and delivery anything can happen; Mercy's Birthplace nurses are ready. Thanks to Noelle®, a pregnant-patient simulator, nurses can run drills and hone skills leading to patient care that's always top notch.

New Mercy nurses must complete a six-month orientation to be labor and delivery nurses at the Birthplace. This includes spending time with Noelle, who blinks, bleeds, talks, labors, makes breathing sounds and delivers a baby. Nurses can practice taking vitals, setting up an IV and giving a full examination of a labor patient.

Newborn Hal®, like Noelle, simulates real-life scenarios nurses face when caring for a newborn, including neonatal resuscitation.

These high-fidelity simulators are used to train caregivers on high-risk, low-frequency events. The two life-like technologies are available for other departments as well, giving all Mercy caregivers the opportunity to engage in mock scenarios involving pregnant patients or newborns.



PRACTICE TRANSFORMATION: THE NEXT LEVEL OF A MEDICAL HOME, RESPONDING TO CHANGING NEEDS

Team-based care is a model embraced by many of our MercyCare clinics. In a team-based environment, care staff support clinicians during the entirety of an exam, giving providers the opportunity to focus completely on the patient's needs.





Starting with welcoming conversations, caregivers gather basic information from patients including vital signs. During the provider's exam, a clinical scribe documents the visit. This leads to a complete, robust after-care summary that includes details about diagnoses and prescribed medications, which patients may sometimes miss or forget during conversations. The after-care summary can be printed and sent home with the patient.

EXCEPTIONAL CARE THROUGH INITIATIVES

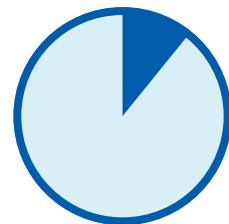


PRACTICE TRANSFORMATION IS TRULY A WIN-WIN CONCEPT FOR HEALTHCARE.

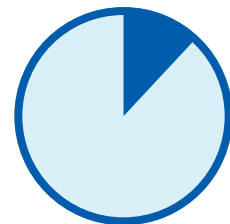
Benefits of Practice Transformation:

-  Because of clinical scribes, clinicians no longer need to type during an exam, allowing them the opportunity to engage more personally with their patients
-  Care staff are engaged from the beginning of an exam through the end, building opportunities for them to learn and better support patients through different diagnoses
-  Care staff use their professional training and healthcare skills at a higher level
-  Patients feel well-informed about their health and have a complete visit summary to refer to when needed

Since its inception at 24 practices...



**11%
INCREASE
IN CAPACITY**



**12%
INCREASE
IN PATIENT
SATISFACTION**



Todd Pentico, MD
Family Practice
MercyCare Mt. Vernon

EPIC IN SCHOOLS: IMPROVING CHILDREN'S HEALTH

Mercy Medical Center and the Cedar Rapids Community School District have collaborated to enhance the efficiency of healthcare services offered to students through Metro Care Connection school-based health centers at Metro High School, Jefferson High School and Taylor Elementary.

Metro Care Connection is a school and community partnership for families without access to healthcare services. It supports student learning and the physical, social, emotional and behavioral health of these students by providing school-based healthcare, mental health services and substance abuse counseling to students and their siblings.

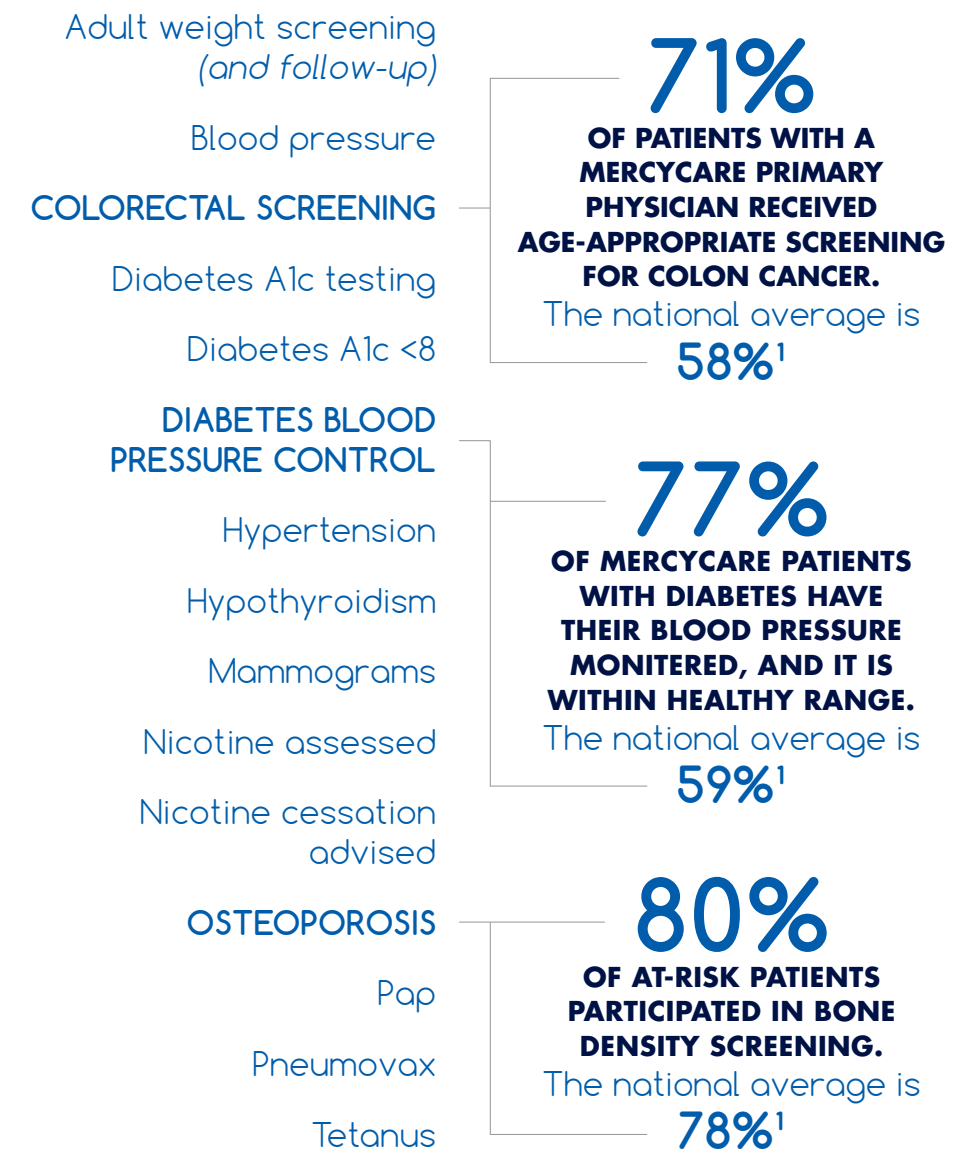
In May 2015, Mercy Medical Center began providing existing school healthcare centers with the capability for complete electronic health records. Students, seen by a nurse practitioner at each of the school-based locations, now have their health information entered into Mercy's Epic medical record system, allowing for better coordination between doctors, nurses, therapists and other healthcare providers.



Vince Taeger, MD
Family Practice
MercyCare North Liberty

EXCEPTIONAL CARE ACROSS QUALITY MEASURES

Fifteen of the MercyCare family practice clinics (in addition to *Internist Associates of Iowa and Mercy's Employee Health Center*) have been recognized since 2013 by the National Committee for Quality Assurance as a Patient-Centered Medical Home. MercyCare clinics consistently outperform national averages for proactive screening, preventative care and management of chronic conditions. The right medical screening at the right time can help patients slow or prevent serious ailments. 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, and highlights a few against national averages.



¹Source: NCQA – 2014 Commercial PPO and Medicare PPO



MERCY MEDICAL CENTER QUALITY MEASURES¹

Medicare's Hospital Compare reports on timely and effective care in key areas of hospital quality, so patients can learn how often Mercy and other hospitals perform recommended care for patients with certain conditions. The subsequent chart compares Mercy's healthcare to hospitals in Iowa and the nation as a whole, evidence of our proven outstanding care.

HOSPITAL QUALITY MEASURES	MMC	IOWA AVG	NATL AVG
HEART ATTACK			
TIMELY HEART ATTACK CARE			
Patients given a procedure to open blocked blood vessels within 90 minutes of arrival	100%	96%	96%
HEART FAILURE			
EFFECTIVE CARE FOR HEART FAILURE			
Patients given an evaluation of left ventricular systolic (LVS) function	100%	97%	99%
PNEUMONIA			
EFFECTIVE PNEUMONIA CARE			
Patients given the most appropriate initial antibiotic(s)	97%	92%	96%
SURGICAL			
TIMELY SURGICAL CARE			
Surgery patients who were given an antibiotic at the right time (<i>within one hour before surgery</i>) to help prevent infection	99%	96%	99%
Surgery patients whose preventive antibiotics were stopped at the right time (<i>within 24 hours after surgery</i>)	98%	98%	98%
Patients who got treatment at the right time (<i>within 24 hours before or after their surgery</i>) to help prevent blood clots after certain types of surgery	100%	100%	100%
EFFECTIVE SURGICAL CARE			
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	97%	98%	98%
Surgery patients who were given the right kind of antibiotic to help prevent infection	99%	98%	99%
Surgery patients whose urinary catheters were removed on the first or second day after surgery	95%	97%	98%
EMERGENCY DEPARTMENT			
TIMELY EMERGENCY CARE			
Average time patients who came to the emergency department with broken bones had to wait before getting pain medication	42 MIN	46 MIN	54 MIN
Patients who left the emergency department before being seen	1%	1%	2%
Patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	73%	67%	66%
Average (<i>median</i>) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	213 MIN	229 MIN	298 MIN



TIMELY EMERGENCY CARE (continued)

	MMC	IOWA AVG	NATL AVG
Average (<i>median</i>) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	79 MIN	88.5 MIN	115 MIN
Average time patients spent in the emergency department before leaving from the visit	117 MIN	141.5 MIN	161 MIN
Average time patients spent in the emergency department before they were seen by a healthcare professional	19 MIN	29 MIN	29 MIN

STROKE

TIMELY STROKE CARE

Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started	81%	80%	81%
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of hospital admission	99%	98%	98%
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of hospital admission	98%	97%	97%

EFFECTIVE STROKE CARE

Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots at discharge	100%	99%	99%
Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge	92%	97%	97%
Ischemic stroke patients needing medicine to lower bad cholesterol, who were given a prescription for this medicine at discharge	97%	95%	97%
Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay	100%	90%	94%
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services	99%	99%	98%

BLOOD CLOT

PREVENTION

Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery	100%	92%	93%
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)	99%	96%	96%

TREATMENT

Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time	98%	95%	95%
Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner caused unplanned complications	100%	98%	99%
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine	100%	83%	90%

PREGNANCY & DELIVERY

Percent of mothers whose deliveries were scheduled too early (<i>1-2 weeks early</i>), when a scheduled delivery was not medically necessary	2%	3%	3%
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¹Source: www.hospitalcompare.hhs.gov. Last updated March 31, 2015.



93%
OF MERCY PATIENTS RECEIVED THE INFLUENZA VACCINATION WHILE HOSPITALIZED
(October 2014 through March 2015)

FLU VACCINATION: RAISING THE STANDARD OF CARE

Seasonal influenza is a serious sickness that can cause life-threatening complications. Young children and the elderly were particularly impacted by the flu during the 2014-2015 season. Nationally, more than 200,000 people are hospitalized due to flu-related complications each year.¹ The CDC-recommended flu vaccination is a simple step to keep this severe illness at bay.

Because of Mercy's strong commitment to prevention and safety, not only for our patients but for our staff as well, nearly 2,300 employees were vaccinated against seasonal influenza in 2015.

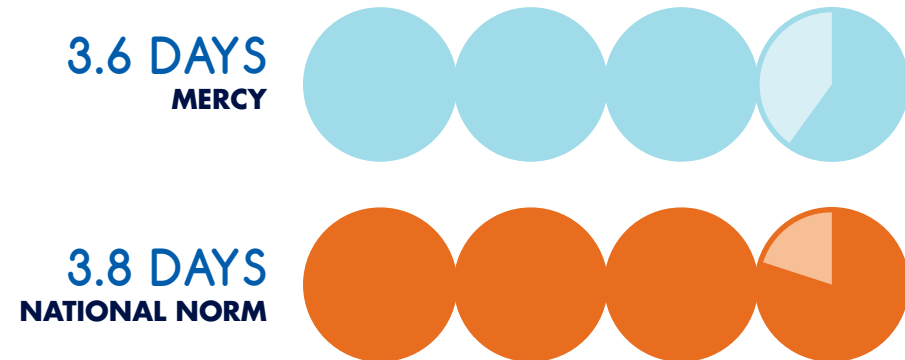


99%
OF MERCY EMPLOYEES RECEIVED THE INFLUENZA VACCINATION
(October 2015 through December 2015)

BETTER, FASTER, MEANS PATIENTS GO HOME SOONER

Mercy uses evidence-based protocols to provide the highest level of care so patients can recover quickly and safely. Our emphasis on care coordination means patients get the care they need when they need it, as seamlessly as possible. 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 2015)²



Reducing lengths of stay by .1 days saved \$990,000.

¹ www.cdc.gov/flu/about/qa/hospital.htm

EXCEEDING 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 2015)²



Mortality: Reducing mortality of patients in the hospital
(Risk-adjusted mortality index for January through September 2015)²



Readmission: Reducing readmission after a hospital stay
(Risk-adjusted readmission index for January through September 2015)²

Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. Many of these events can be prevented if hospitals follow best practices for treating patients, which helps avoid unnecessary hospitalizations and reduce costs.

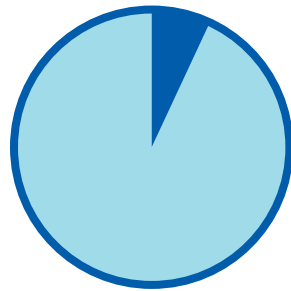


²Source: Comparison Medical Analytics, Inc.

REDUCING INFECTIONS FOR MERCY'S HOSPITALIZED PATIENTS

Reducing C Diff (clostridium difficile) bacterial infections
(January through December 2015)

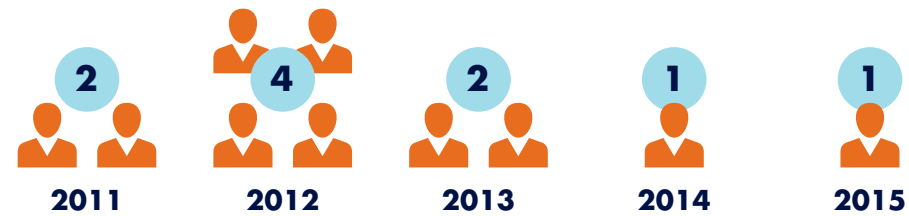
Some medical conditions require patients to take antibiotics. While destroying "bad bacteria," antibiotics also destroy some "good bacteria." Occasionally, this may result in C Diff infection in individuals who carry C Diff in their intestines. This can be very serious and is something Mercy monitors very closely.



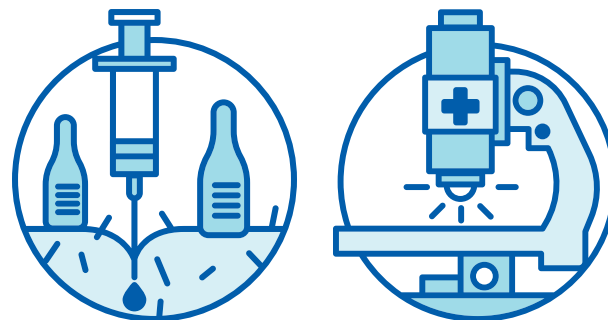
MERCY IS **7%**
BETTER THAN THE
EXPECTED RATE



Central line associated bloodstream infections
(Number of patients)



Central line bloodstream infections occur when bacteria or viruses enter the bloodstream through an IV site. Intensive care patients are among the most vulnerable since they are the most critically ill and must avoid risk of infection. These infections lead to thousands of deaths each year (according to the CDC), resulting in billions of dollars in associated costs. Although many of these infections may be treated with antibiotics, effectively preventing them leads to better patient outcomes and reduced costs.



Catheter-associated urinary tract infection rates
outperform national average
(January through November 2015)

Like central line infections, catheter-associated urinary tract infections occur when bacteria or viruses enter the bloodstream through the site of the catheter. CDC guidelines are followed for insertion of catheters and care of patients with catheters to improve patient outcomes and reduce added costs.

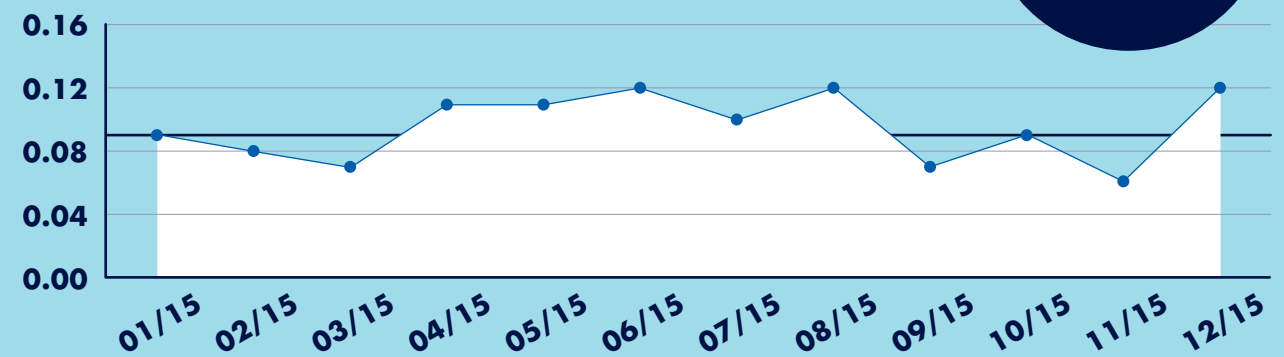


IMPROVING PATIENT OUTCOMES WITH MERCY'S HOSPITAL-WIDE BLOOD MANAGEMENT PROGRAM

Performing fewer blood transfusions means fewer complications and infections due to transfusions. That's why Mercy initiated a blood management program to confirm transfusions are appropriately given within evidence-based guidelines. When determined that a transfusion is needed, best-practice transfusion strategies are taken to ensure the best outcomes.

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

Mercy's blood management program results in lower
monthly transfusion-to-hospital discharge ratios
(January 2015 through December 2015)



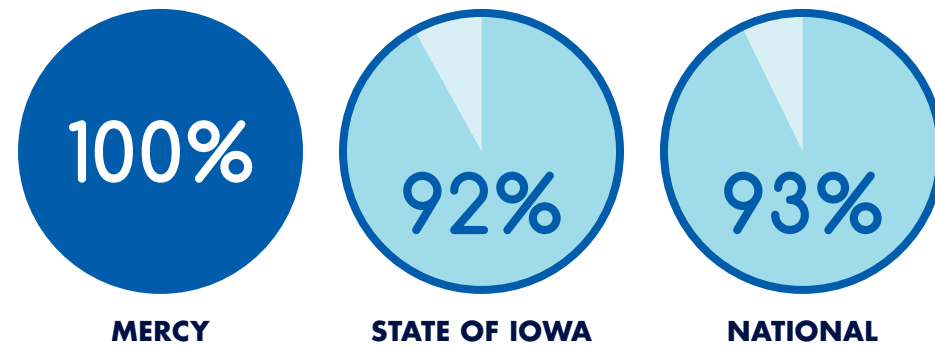
INCREASED PREVENTION MEASURES REDUCE BLOOD CLOTS AT MERCY MEDICAL CENTER¹

REDUCING RISKS OF BLOOD CLOTS FOR HOSPITAL PATIENTS

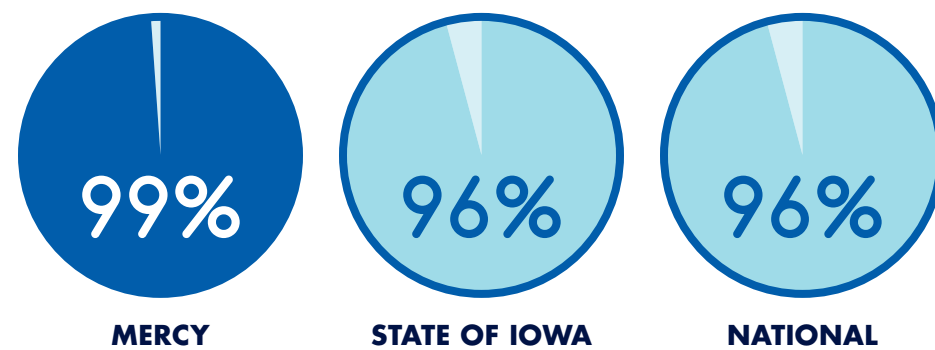
During any hospital stay, a patient is at risk for developing a blood clot. In fact, hospitalizations are the number one cause of blood clot development. The cost of this complication is approximately \$50,000 per patient.

Fadi Yacoub, MD, leads the blood clot prevention team at Mercy Medical Center. Guided by national standards from The Joint Commission, CMS and the Agency for Healthcare Research and Quality, the team utilizes six specific quality metrics to guide best practice in regard to the prevention or treatment of blood clots.

Patients who received treatment to prevent blood clots on the day of or day after hospital admission or surgery



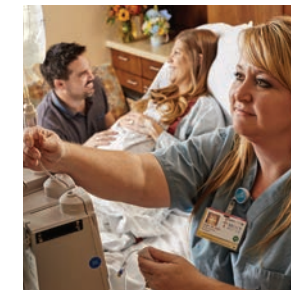
Patients who received treatment to prevent blood clots on the day of or day after being admitted to the Intensive Care Unit¹



¹Source: www.hospitalcompare.hhs.gov. Last updated March 31, 2015.

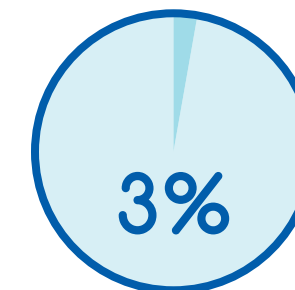
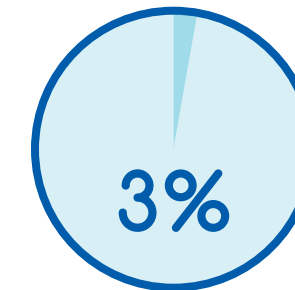
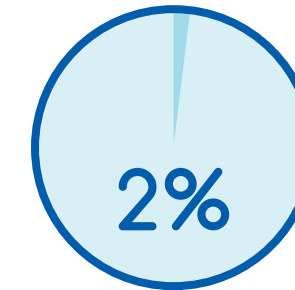
BIRTHPLACE MEASURES ENSURE QUALITY CARE

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



Birthplace outperforms state and national norms on reducing elective deliveries (1 to 2 weeks before due date)

An elective delivery induces labor prior to 39 weeks gestation with no medical necessity. Early-term elective delivery can lead to complications.*



Donor Milk program aids in exclusive breast milk feeding

Mercy's Donor Milk program, launched fall 2015, supports mothers who want to exclusively breastfeed their babies but are unable to do so for a variety of reasons. Through the program, Mercy offers donor breast milk to any hospitalized newborn who needs supplemental milk. The program is not limited to babies in Mercy's Neonatal Intensive Care Unit (NICU). Newborns in Mercy's Birthplace also benefit from the Donor Milk program. Mercy's program has no income requirements or insurance restrictions; the program is funded in full by Mercy and is available to patients at no charge.

A pulse on post-partum hemorrhage and preeclampsia

Mercy's Birthplace has adopted California Maternal Quality Care Collaborative (CMQCC) guidelines for management of both hemorrhage and preeclampsia conditions. The CMQCC toolkits offer an outlet to aid obstetrical caregivers in streamlining an effective response to these emergent situations and rising populations in labor and delivery. Through training experiences on life-like, pregnant-patient simulator Noelle (read more about her on page 20) labor and delivery nurses train for hemorrhage and preeclampsia situations, implementing education and order sets reflective of CMQCC best-practice guidelines, resulting in the best care for patients.

*Source: The Joint Commission, The Source, July 2013, Volume 11, Issue 7

**Source: www.hospitalcompare.hhs.gov. Last updated March 31, 2015.



THE BEST PEDIATRIC CARE NOW, HEALTHY ADULTS LATER

Meaningful Use* quality measures ensure Epic medical records are being used to provide the best care to our youngest patients. At the same time, these metrics track our pediatric providers' use of appropriate screening, assessment, tests and treatment to help kids grow into health-conscious adults. Improving the health of children through monitoring quality measures like these means the next generation will be more equipped to lead healthy lifestyles.

**Percentages through 2015*



79%
OF CHILDREN
DIAGNOSED WITH
PHARYNGITIS
RECEIVED
APPROPRIATE
TESTING



95%
OF AT-RISK PATIENTS
(AGES 3 TO 17)
RECEIVED WEIGHT
ASSESSMENT AND
COUNSELING FOR
NUTRITION AND
PHYSICAL ACTIVITY



99%
OF AT-RISK
ADOLESCENTS
WERE EDUCATED
ABOUT THE
DANGERS OF
TOBACCO USE
THROUGH
SCREENING
AND CESSATION
INTERVENTION



99%
OF CHILDREN
DIAGNOSED WITH
UPPER RESPIRATORY
INFECTION RECEIVED
APPROPRIATE
TREATMENT

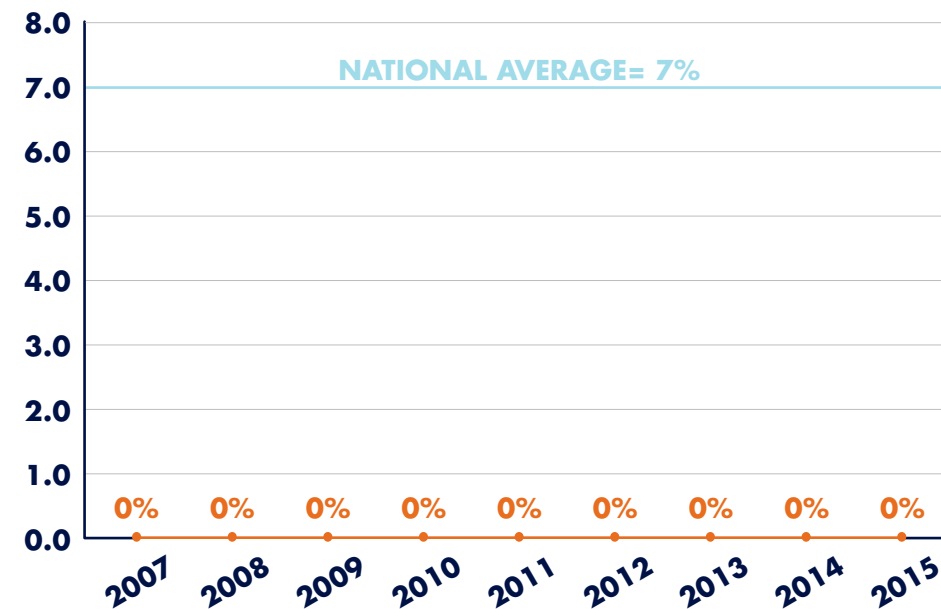
CARDIOLOGY: SAVING TIME SAVES LIVES

Mercy Medical Center and Mercy Cardiology Clinic offer state-of-the-art technology, compassionate care and skilled, knowledgeable cardiologists and staff trained in the treatment of heart conditions, heart disease (*cardiovascular disease*) and stroke.

Mercy's Heart Failure Center has a comprehensive team of doctors, nurses, dietitians, social workers, counselors, financial planners and pharmacists working together to help patients with heart conditions improve their quality of life. Each patient receives a personalized treatment plan from the Heart Failure Center coordinator.

Specialists offer expertise related to medications, symptoms, diet, exercise, financial support and emotional support. With a family-centered approach, the center extends education and support to both the patient and his or her family in an individual or group setting.

Leading the way in high-quality care by lowering adverse events and mortality in heart attack patients (2007 through June 2015)¹



Mercy lowers adverse events in heart attack patients through the efficiency and coordination of Mercy's Emergency Department, cardiovascular lab and other cardiac team members in handling cardiac emergencies.

¹Companion Medical Analytics, Inc. and National Cardiovascular Database Registry



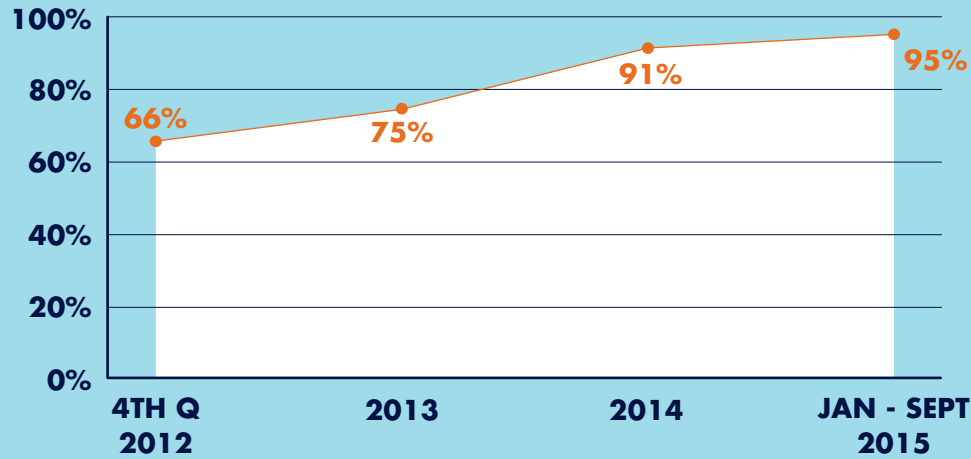
THE HEART-RELATED GRAPHS ON THE FOLLOWING PAGES ARE ILLUSTRATIONS OF EFFORTS THAT HAVE RESULTED IN THE OVERALL REDUCTION IN ADVERSE EFFECTS IN HEART ATTACK PATIENTS



NO SERIOUS ADVERSE EVENTS SINCE BEFORE 2007

Improving heart failure patient outcomes by seeing provider within one week of hospitalization

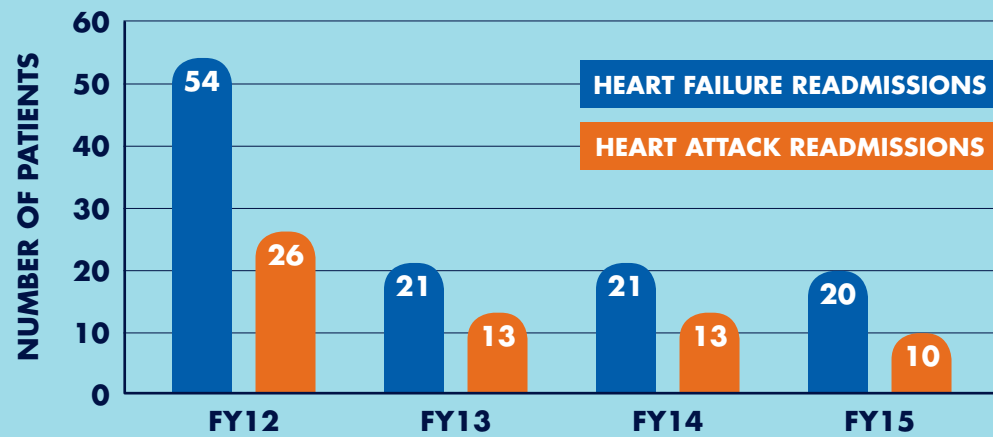
(Percent of patients seen by a provider within one week, October 2012 through September 2015)



Seeing a heart failure patient within one week of hospitalization allows the provider to make sure all discharge plans are being followed at home. Readmission often results from confusion or misunderstanding of discharge instructions, including how to take medications. This visit helps make sure patients are doing everything right at home so that they don't have to come back to the hospital.

Dramatically reducing readmissions for heart attack and heart failure patients

(Numbers of readmissions, comparing six-month periods from FY2012 through FY2015)

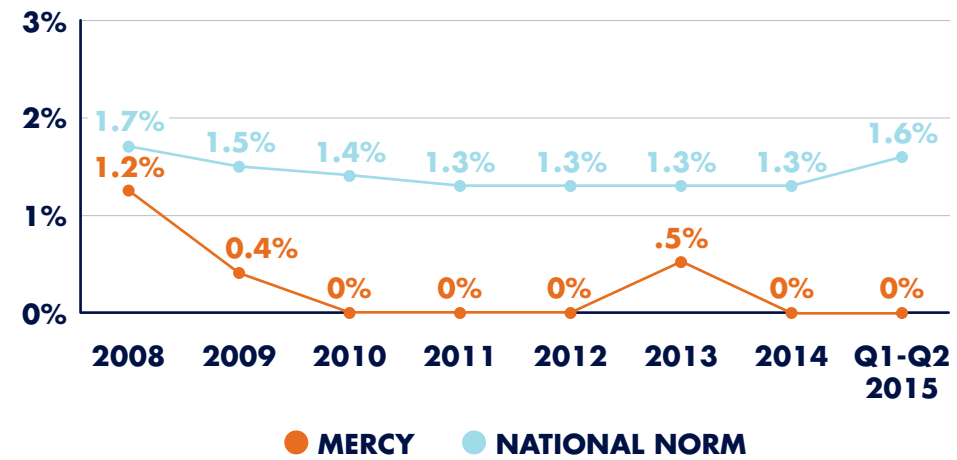


Incidences of heart attack and heart failure rise as our population ages. Preventing potential hospital readmissions helps patients experience a higher quality of life and reduces costs associated with another hospital visit.



Vascular complications after a cardiac stent at Mercy far below national average

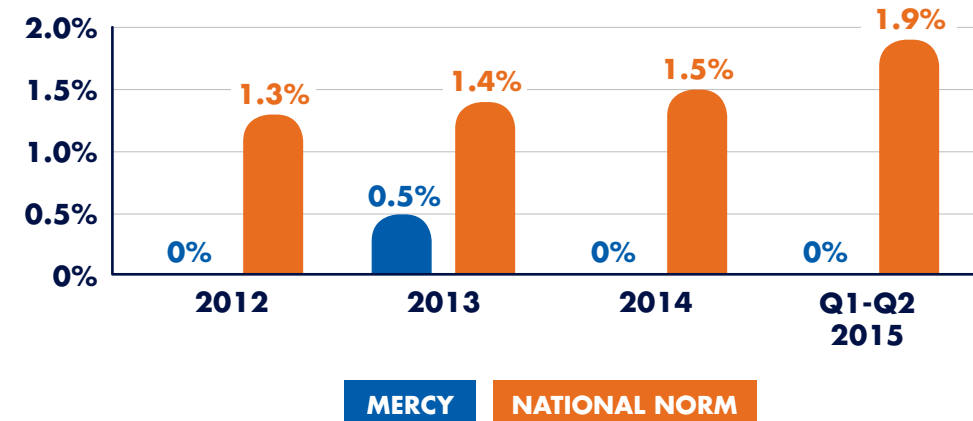
(Percent of patients with complications from January 2008 to June 2015)¹



MERCY HAS OUTPERFORMED THE NATIONAL AVERAGE FOR MORE THAN 8 YEARS

Number of blood transfusions after cardiac stent insertions

(Percent of patients receiving a blood transfusion after cardiac stent January 2012 through June 2015)¹

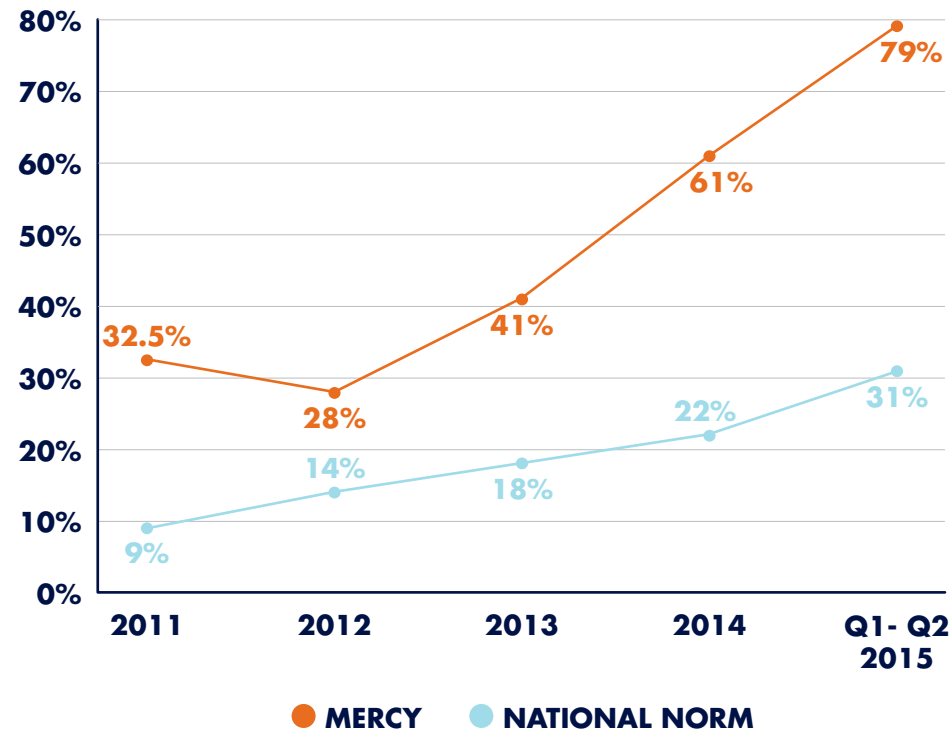


¹Source: National data from the American College of Cardiology–National Cardiovascular Database Registry

Patients receive a heart catheter at the wrist, which improves comfort and recovery
 (Percent of patients receiving heart catheter at the wrist April 2011 through June 2015)¹



79%
MERCY PATIENTS RECEIVING HEART CATHETER AT THE WRIST IN 2015
 (January - June 2015)

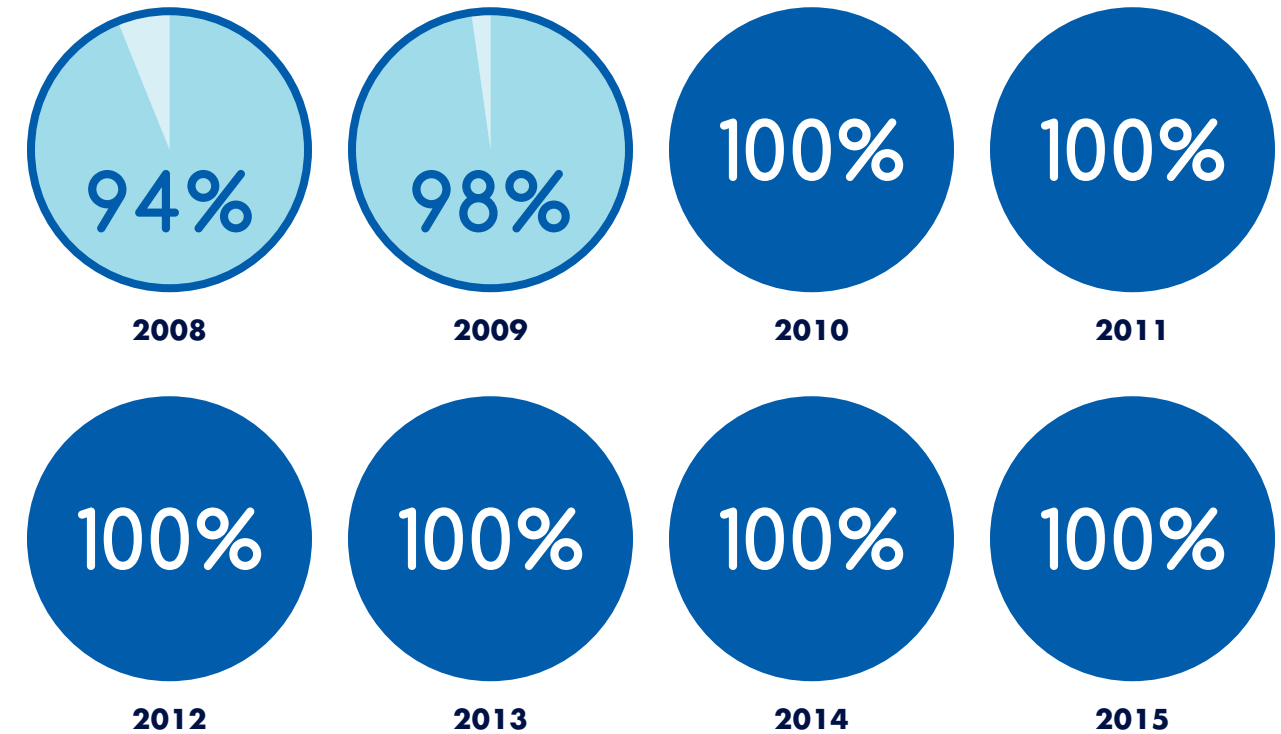


Following evidence-based care, Mercy's experienced cardiologists are more frequently using the radial (*wrist*) artery approach, as opposed to a femoral (*groin*) approach to insert catheters into arteries. Why? Because the radial approach reduces patient discomfort, allows patients to move sooner and more freely, and leads to earlier discharge. Using the radial artery approach also results in reduced complications.



¹National data from the American College of Cardiology-National Cardiovascular Database Registry

Mercy saves lives by opening blocked arteries faster than 90-minute national benchmark
 (Percent of door-to-balloon times within 90 minutes, January 2008 to December 2015)



Mercy has achieved a milestone that very few hospitals around the nation can claim. Mercy's cardiac team has treated blocked heart arteries in less than 90 minutes in every heart attack patient requiring it for more than 6.5 consecutive years. 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.

These efforts were recently acknowledged by Comparison, listing Mercy one of the Top 100 hospitals in the nation. Mercy has had a dramatic decrease in adverse events or complications, which saves lives and reduces costs.



Quality measurements for Mercy's stroke care illustrate commitment to high quality (October 2014 through September 2015)¹

STROKE PATIENTS QUALITY MEASURE	MMC	IOWA AVG	NATL AVG
Received venous thromboembolism (VTE) prophylaxis	98%	97%	97%
Discharged on antithrombotic therapy	100%	99%	99%
With atrial fibrillation or flutter discharged on anticoagulation therapy	100%	97%	97%
Received IV thrombolytic therapy within 3 hours of last known well for patients arriving to the hospital within 2 hours of last known well	92%	80%	81%
Stroke patients received antithrombotic therapy by the second day after hospital arrival	99%	98%	98%
Discharged on a statin medication	100%	95%	97%
Given stroke education materials during hospital stay	100%	90%	94%
Assessed for rehabilitation	99%	99%	98%

¹Source of Data: Comparion Medical Analytics Reporting
 Source of State and National Performance Rates: Hospital Compare fourth qtr. 2014 through third qtr. 2015 discharges

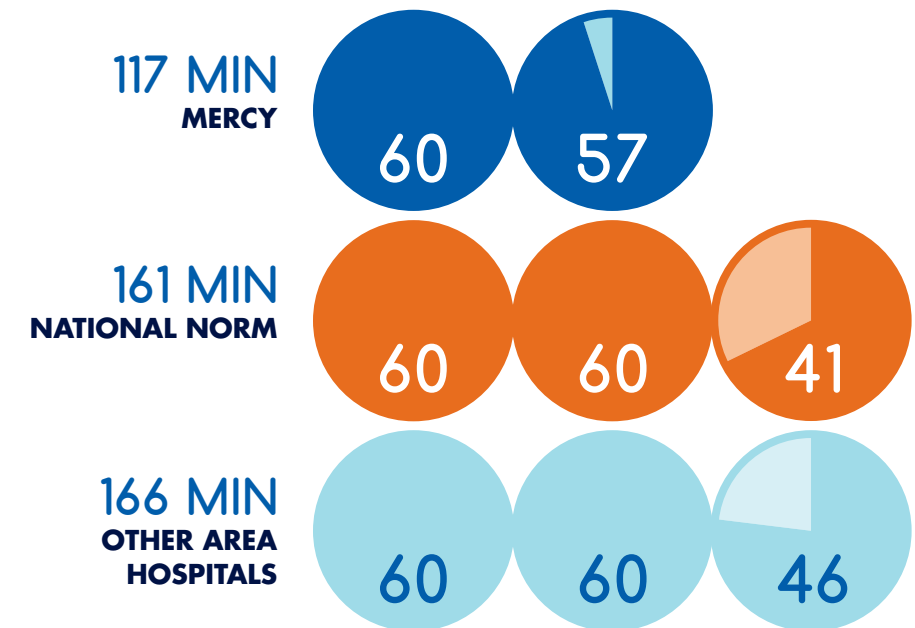


FASTER

As an Area Level III Trauma Care Facility, Mercy Medical Center's Emergency Department is fully equipped with state-of-the-art 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 being sent home (April 2014 through March 2015)¹



Average time patients spent in the emergency department before they were seen by a healthcare professional (April 2014 through March 2015)¹



Number of patients who left the emergency department without being seen (January 2013 through December 2013)¹



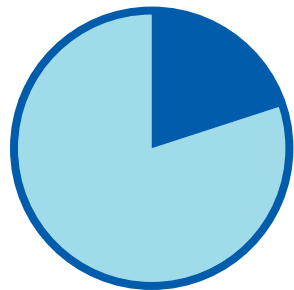
¹Source: www.hospitalcompare.hhs.gov. Last updated March 31, 2015

SURGICAL OUTCOMES BETTER THAN NATIONAL STANDARD

Mercy performs better than the national rate for avoiding serious complications. We take many actions to provide the best surgical outcomes. Prior to having surgery, a patient must have 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 for patients. 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.

Declining complications in general surgery means better outcomes

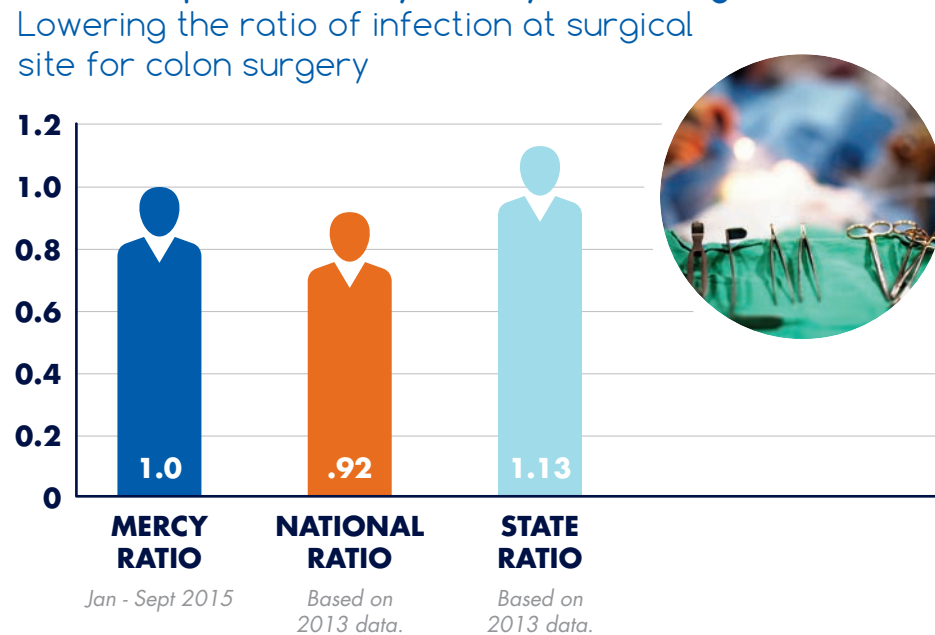
(General surgery risk-adjusted complications index January 2015 through September 2015)¹



MERCY IS 20% BETTER THAN THE EXPECTED RATE



One example of the ways Mercy is reducing infection: Lowering the ratio of infection at surgical site for colon surgery



#1
IN IOWA FOR SPINAL SURGERY
(CareChex)

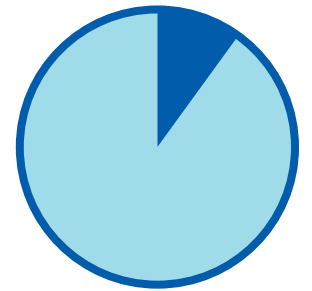
TOP 10%
IN IOWA FOR MAJOR ORTHOPEDIC SURGERY
(CareChex)

¹Comparion Medical Analytics, Inc.

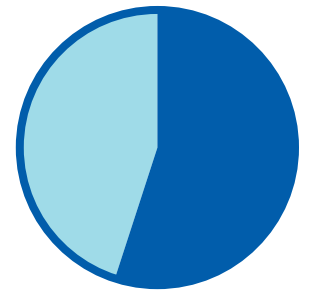
PULMONOLOGY SURPASSES NATIONAL NORMS

Because chronic pulmonary diseases like COPD and emphysema have no cure, irreversible lung damage often results in hospital readmission for patients living with these ailments. Mercy's pulmonology team follows best practices that lessen the length of needed hospitalization and significantly decrease the likelihood of readmission soon after discharge, allowing patients the comfort of their normal daily routines as their fragile lungs regain balance.

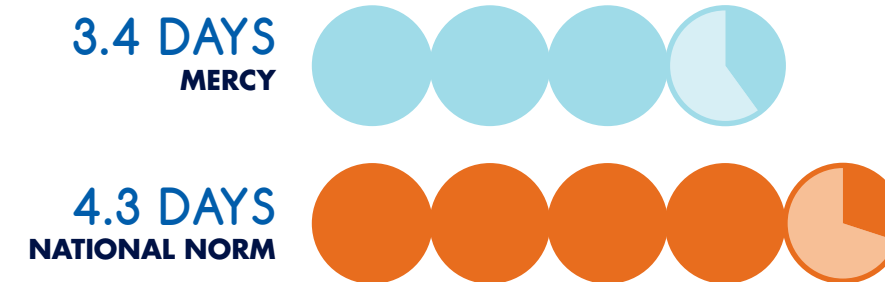
Outperforming national norms in readmission for patients with chronic obstructive pulmonary disease
(Risk-adjusted readmissions index, January 2013 through September 2015)¹



Outperforming national norms in readmission for patients with general pulmonary care needs
(Risk-adjusted readmissions index, January 2013 through September 2015)¹



Length of stay is shorter than the national average
(Risk-adjusted readmissions index, January 2013 through September 2015)¹



¹Comparion Medical Analytics, Inc.

HALL-PERRINE CANCER CENTER: FROM DIAGNOSIS TO TREATMENT, FASTER



**MOST COMMON
CANCER SITES
SEEN IN OUR
FEMALE PATIENTS***

- BREAST
- LUNG
- THYROID
- HEMATOPOIETIC
(BLOOD)
- COLON



**MOST COMMON
CANCER SITES
SEEN IN OUR
MALE PATIENTS***

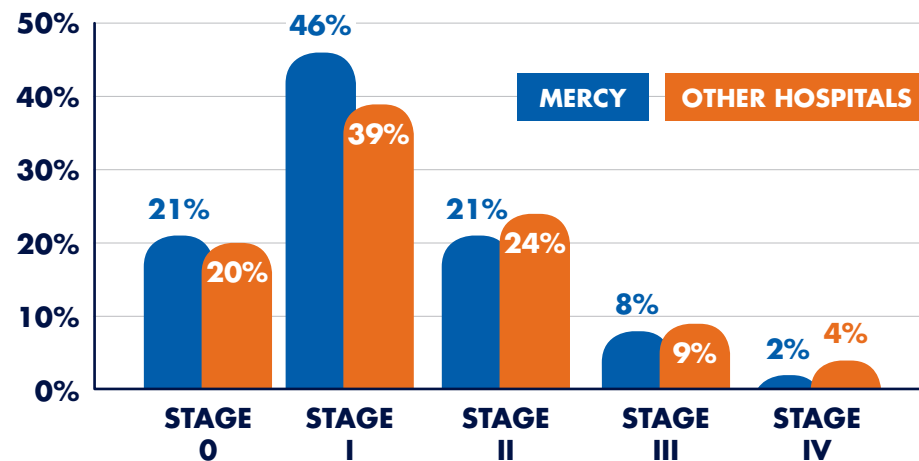
- LUNG
- PROSTATE
- COLON
- HEMATOPOIETIC
BLADDER

*through August 2015

Hall-Perrine Cancer Center offers four advanced technologies (read about them on page 18-19) and treatments with a person-centered focus that help our patients transition from diagnosis to treatment faster—our patients see all their doctors in one day, during one appointment. 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.

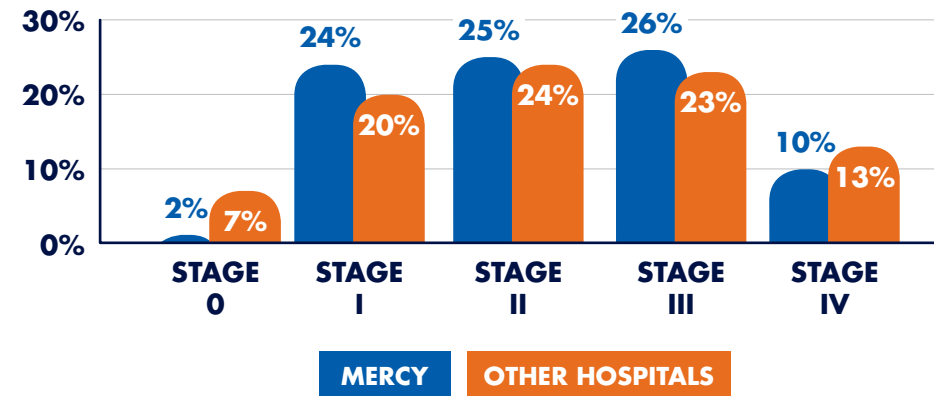
No matter which part of the body cancer attacks, Hall-Perrine Cancer Center understands that time is of the essence when it comes to cancer care.

Catching cancer early: 88% of breast cancers diagnosed at Mercy are in early stages (Stage of breast cancer diagnosed in 2003 to 2013 at Mercy versus 1,553 hospitals in all states)*



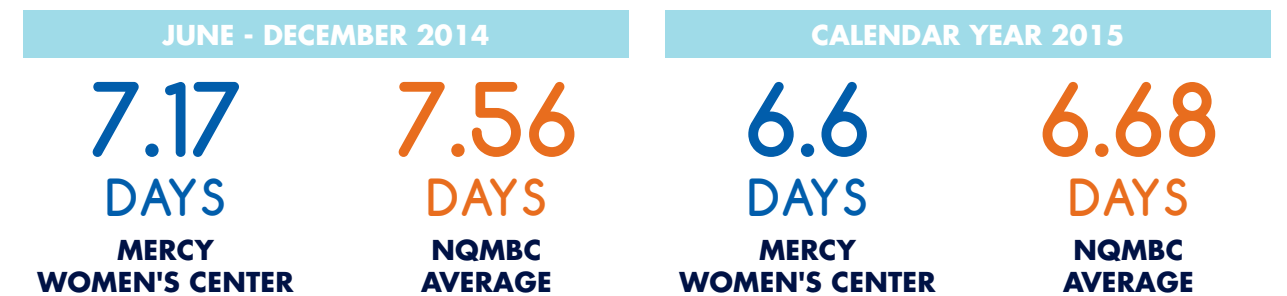
Catching cancer early: 75% of colon cancers diagnosed at Mercy are below Stage III

(Stage of colon cancer diagnosed in 2003 to 2013 at Mercy versus 1,558 hospitals in all states)*



Mercy’s Hall-Perrine Cancer Center strives to find cancer as early as possible. The lower the stage, the better the outcome. For example, Mercy finds colon cancer and breast cancer earlier (Stage I-II) and has a lower percentage of Stage IV patients.

Reducing the time between screening and diagnostic mammogram (Calendar 2015)



Mercy Women’s Center, as part of NQMBC, measures Imaging Timeliness of Care Standard, which is the time between a screening mammogram and a diagnostic mammogram. Mercy understands that having an abnormal mammogram is stressful to patients. The sooner more can be learned through a diagnostic test, the quicker patients can have peace of mind and solid information, and the quicker doctors can implement a treatment plan if needed.

*Based on the most recently reported data available



Vincent Reid, MD, FACS
Surgical Oncology
Medical Director
Hall-Perrine Cancer Center

SURGICAL ONCOLOGY: FEWER DAYS UNTIL SURGERY

Patients should have tumor(s) removed as quickly as safely possible after diagnosis. Timing is essential. 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.**

Average number of days to surgery

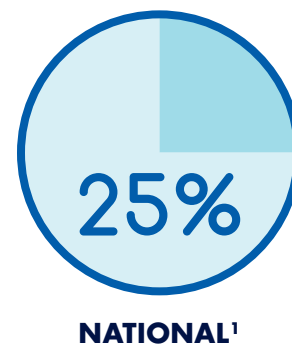
17
DAYS
MERCY

32
DAYS
NATIONAL¹

MARGIN PROBE: REMOVING CANCER, REMOVING DOUBT

Hall-Perrine Cancer Center was the first hospital in Iowa to use MargineProbe® 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.

See the difference MarginProbe is making in reducing the need for a second surgery (Goal is to have a lower percentage versus the national norm)



¹Journal of Oncology Practice – American Society of Clinical Oncology 2015



Vincent Reid, MD, FACS
Surgical Oncology
Medical Director
Hall-Perrine Cancer Center

AWARDS AND RECOGNITIONS FOR QUALITY, SAFETY AND PATIENT SATISFACTION

AWARDS AND RECOGNITIONS

- ✓ **Only hospital in Cedar Rapids** rated one of the nation's **100 Top Hospitals®** by Truven Health Analytics for three consecutive years
- ✓ Voted the Corridor Business Journal's **Best Hospital** by the public
- ✓ Received **full accreditation** as a chest pain center with percutaneous coronary intervention from the Society of Cardiovascular Patient Care
- ✓ Named one of **Health Care's Most Wired hospitals** for the 8th time
- ✓ **2015 Women's Choice Award** as one of **America's 100 Best Hospitals for Patient Experience** for the fifth year in a row
- ✓ Earned an **"A" grade** in The Leapfrog Group's Hospital Safety Score
- ✓ Laboratory re-accredited by the College of American Pathologists, the **worldwide leader in laboratory quality assurance**
- ✓ Recognized by The Joint Commission as a **2014 Top Performer** on Key Quality Measures®
- ✓ Hall-Perrine Cancer Center was the **only Eastern Iowa cancer center** recognized with the Commission on Cancer's prestigious **Outstanding Achievement Award**
- ✓ Re-verified as an **Area Level III Trauma Care Facility** by the Iowa Department of Public Health
- ✓ MercyCare Mount Vernon received the 2015 Press Ganey **Guardian of Excellence Award**
- ✓ **Quality Oncology Practice Initiative Certification Program** re-certified Hall-Perrine Cancer Center's excellent care
- ✓ Mercy's Infection Prevention received the **ERASE CAUTI Program Excellence Award** from Medline Industries, Inc.
- ✓ Recognized with the Corridor Business Journal's **Workforce Award** for Demonstrated Excellence in Employer and Education in the Workforce Collaboration

- ✓ **Hall Radiation Center accredited** by the American College of Radiation Oncology
- ✓ Food & Nutrition Services welcomed their sixth consecutive year of **90 percent patient satisfaction scores**
- ✓ Mercy's Employee Health Center obtained **Medical Home Level 3** recognition from the National Committee for Quality Assurance
- ✓ MercyCare Telehealth at Rockwell Collins received The Gazette's **Business 380 Excellence Award** in healthcare
- ✓ Mercy's medical excellence and patient safety honored in **CareChex® 2015 Quality Awards:**



<p>CARDIAC CARE TOP 100 AND TOP 10% IN NATION TOP 10% IN REGION TOP 10% IN STATE #1 IN MARKET</p> <p>HEART ATTACK TREATMENT TOP 10% IN NATION TOP 10% IN REGION TOP 10% IN STATE</p> <p>INTERVENTIONAL CORONARY CARE TOP 100 AND TOP 10% IN NATION TOP 10% IN REGION TOP 10% IN STATE #1 AND TOP 10% IN STATE #1 IN MARKET</p>	<p>MAJOR ORTHOPEDIC SURGERY TOP 10% IN NATION TOP 10% IN STATE</p> <p>PNEUMONIA CARE TOP 100 AND TOP 10% IN NATION TOP 10% IN REGION #1 AND TOP 10% IN STATE #1 IN MARKET</p> <p>PULMONARY CARE TOP 100 AND TOP 10% IN NATION TOP 10% IN REGION TOP 10% IN STATE #1 IN MARKET</p>	<p>SPINAL FUSION TOP 100 AND TOP 10% IN NATION TOP 10% IN REGION #1 AND TOP 10% IN STATE #1 IN MARKET</p> <p>SPINAL SURGERY TOP 10% IN NATION TOP 10% IN REGION #1 AND TOP 10% IN STATE #1 IN MARKET</p> <p>STROKE CARE TOP 10% IN NATION TOP 10% IN REGION TOP 10% IN STATE</p>	<p>ADDITIONALLY, MERCY EARNED PATIENT SAFETY AWARDS IN THE FOLLOWING NINE CLINICAL CATEGORIES:</p> <p>CARDIAC CARE</p> <p>GALLBLADDER REMOVAL</p> <p>GASTROINTESTINAL HEMORRHAGE</p> <p>HEART ATTACK TREATMENT</p> <p>HEART FAILURE TREATMENT</p> <p>PNEUMONIA CARE</p> <p>PULMONARY CARE</p> <p>SPINAL FUSION</p> <p>STROKE CARE</p>
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Wendy Sanders, ARNP
MercyCare Diabetes Center



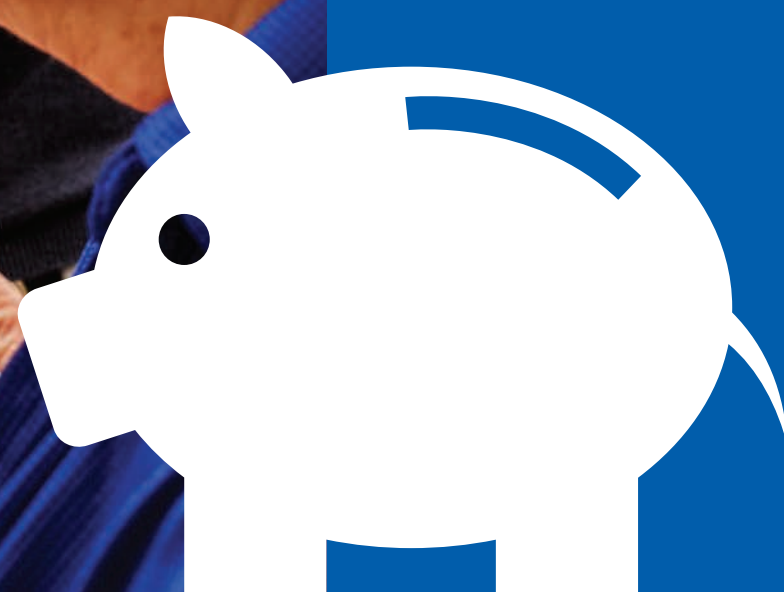
You deserve affordable care. You deserve *The Mercy Touch.*



At Mercy, we understand the rising costs of healthcare and the burden those costs can place on businesses and patients, alike. Employer wellness programs are becoming more central to job satisfaction, increased productivity and retention, and an overall healthier workplace.

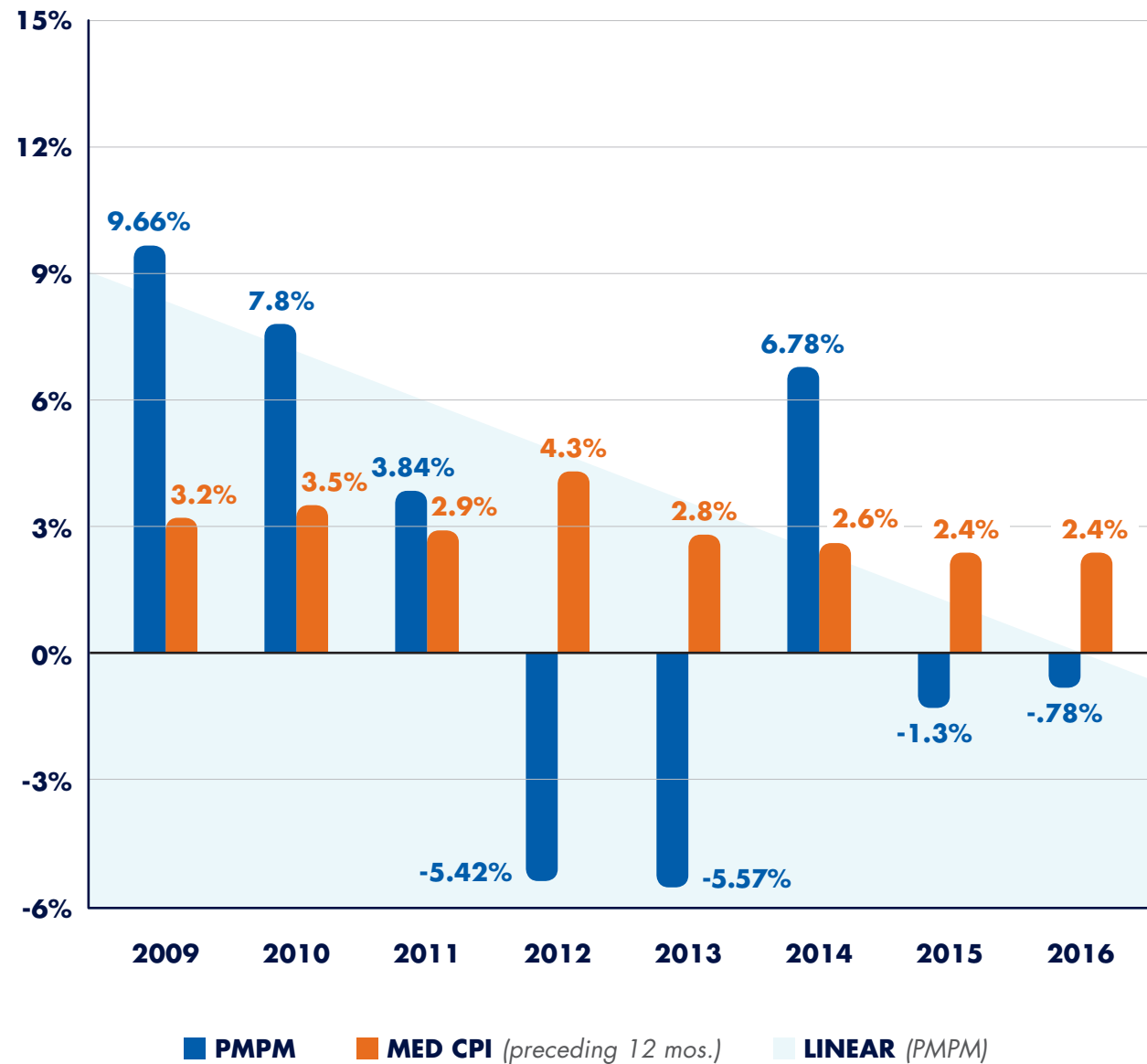
We understand because we're an employer, too. And we've found effective ways to improve employee health and save money, even carrying the cost-savings over to our patients through our focus on quality.

The pages ahead demonstrate Mercy's commitment to helping other businesses experience the same success we've had in reducing costs while improving employee health.





Mercy's costs decrease for each member enrolled in its employee health plans (Trend line, percentage change in per member per month (PMPM) cost, 2008 through projected 2016)



HOW HAS MERCY MANAGED TO REDUCE ITS EMPLOYEE HEALTH PLAN COSTS?

Below is a timeline of all the Mercy initiatives to decrease PMPM costs. Reducing healthcare costs depends on an ongoing commitment, willingness to try new things and continued development of current programs by layering in initiatives and benefit plan design strategies.

2005

Wellness plan initiated, with 20% incentive on medical premium.

2006

Health Risk Assessments introduced.

2007

Generic Drugs – incentives for employees to purchase generic drugs: In 2007 58% of our drugs were generic, today 88.5%.

Wellness programs point-based system, with points earned for: attending classes; weight and smoking programs; preventive exams (dental, physical, etc.); fitness center visits.

2008

No changes due to Flood of 2008.

2009

Domestic network created.

Employee Pharmacy established onsite.

Tobacco-free campus policy initiated.

2010

Pharmacy co-pay changed from a dollar co-pay to a percentage co-pay.

2011

Established an Employee Health Center on Mercy campus: A unique and convenient employee benefit, this full-service clinic addresses acute care, work-related injuries and preventive care.

Stand-alone vision plan.
Fat-free fryer for healthier food preparation.

2012 plan design

Healthier You Partnership (HYP) created.

This is a voluntary program designed to improve quality of life for individuals while reducing costs. Participants are employees and covered dependents with chronic disease and/or high medical claims, who most need our support.

Specially-trained health coaches help employees identify and remove barriers as well as help them learn how to manage their care.

Increased the employee premium discount to 30% if components of the wellness program were achieved.

2013

Primary Care Quality Network partnership: Partnered with a group of primary care physicians who focus on quality, value and patient satisfaction.

Developed a robust, tiered, outcomes-based wellness incentive program for all employees, regardless of whether they are on the health plan.

Health Risk Assessments required for spouses on Mercy's insurance.

2014

WellAware – a voluntary 10-week wellness coaching program, available to those employees who are at risk for developing chronic disease was introduced.

2015

Pharmacist-led Medication Therapy Management (MTM) launched to assist HYP and WellAware participants in meeting their health goals over a six-month period. Through medication reviews and identifying opportunities for medication adjustments, MTM services are proven to enhance medication accuracy and adherence while decreasing system costs related to medication and service utilization.

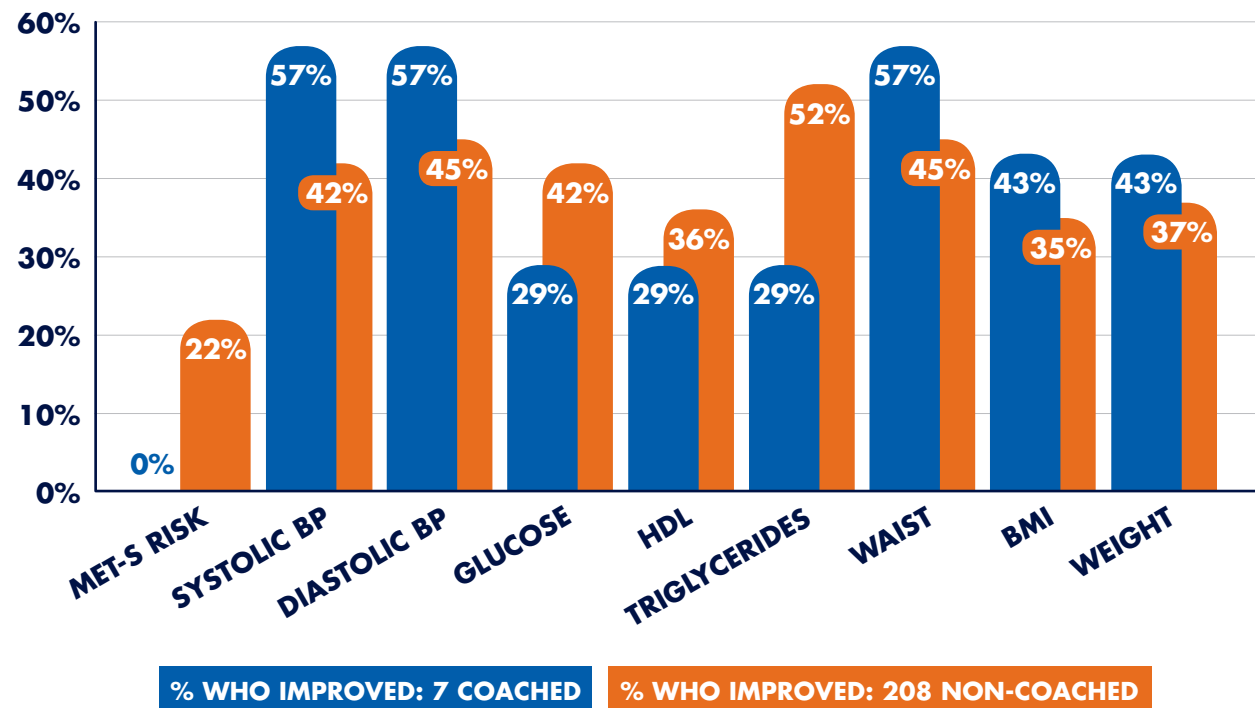
HYP HELPS MERCY EMPLOYEES FIND BALANCED HEALTH

Healthier You Partnership (HYP) is a voluntary program designed to improve quality of life while reducing costs. Participants in HYP are employees and covered dependents with chronic disease and/or high medical claims. Specially trained health coaches help the participants identify and remove barriers, empowering them to manage their care.

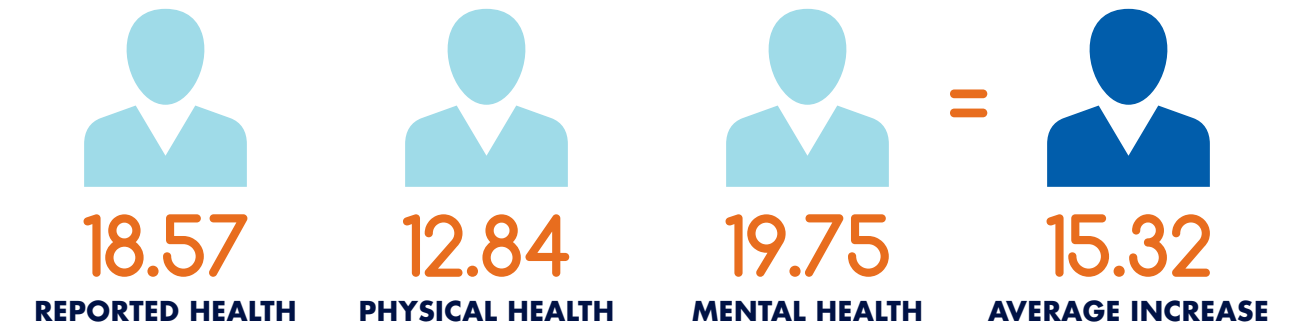
WELLWARE COACHING IMPROVES MERCY EMPLOYEES' HEALTH AND QUALITY OF LIFE

The subsequent graphs show Mercy's success in improving biometric outcomes and quality-of-life scores in WellAware participants. Participant satisfaction scores reflect employees' positive experiences in the program, with an overall satisfaction score of 99.7 percent.

Biometric outcomes continue to improve with wellness coaching
(Percentage of participants who improved from 2014 to 2015)



Average increase in quality of life scores
(On a rating of 100)

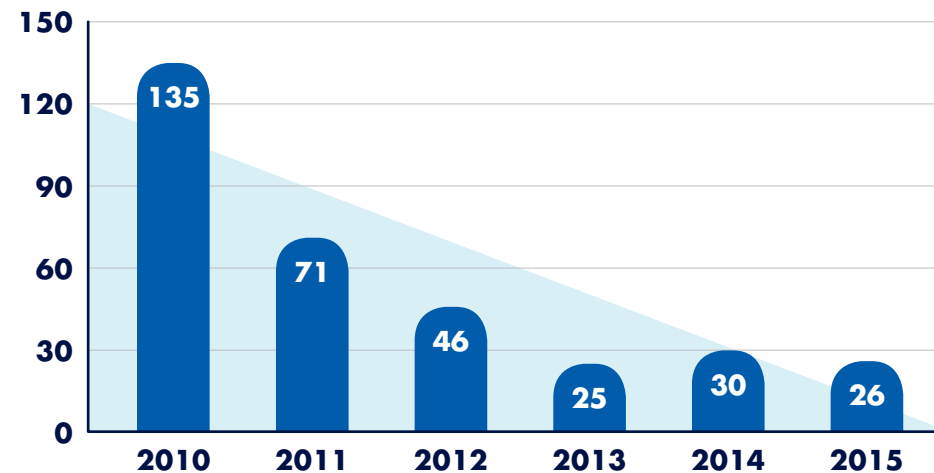


REDUCING WORKERS' COMPENSATION COST AT MERCY MEDICAL CENTER

Employee visits for workers' comp to the emergency department are more costly than urgent care visits. Mercy sends employees who are not in need of emergency care to its Employee Health Center. In 2015, this resulted in savings of nearly \$130,000. Area businesses can experience similar results by sending workers' comp cases to a MercyCare Urgent Care or Mercy Occupational Health.

To learn more about establishing an employee health center at your company, contact Mercy's Business Health Solutions at (319) 369-4411.

Focused care: Reducing Mercy employee work-site injury visits to ER
(ER visit trend line)



Cost savings for 102 new workers' comp visits at Mercy's Employee Health Center
(Calendar year 2015)

\$1,416.00

AVERAGE ED VISIT COST

\$141.80

AVERAGE EHC VISIT COST

\$1,274.20

AVERAGE SAVINGS PER VISIT

(difference in cost)



COMPARING PRICES FOR PROCEDURES AT MERCY MEDICAL CENTER AND OTHER AREA HOSPITALS

Mercy Medical Center realizes that in this era of increasing healthcare costs and consumer-driven financing alternatives, the need for pricing transparency is increasingly important.

Beginning in January 2007, Mercy began to voluntarily publicize hospital charge information via the Iowa Hospital Association website. This public portal allows consumers to conduct searches of charges associated with all hospital inpatient services, as well as providing the opportunity to compare hospitals to one another. Consumers should keep in mind that each individual's treatment is unique and there are many variables (such as diabetes, high blood pressure or other health factors) that determine out-of-pocket costs.

To access the site, go to www.iowahospitalcharges.com.



JEFFREY WESTPHELING, MD, MPH

OCCUPATIONAL MEDICINE WELCOMES JEFFREY WESTPHELING, MD, MPH, AS MEDICAL DIRECTOR

Jeffrey Westpheling, MD, MPH, joined MercyCare Occupational Health as Medical Director in 2015. Dr. Westpheling earned his Doctor of Medicine and Master of Public Health from the University of Iowa. He completed his residency at the University of Iowa Hospitals and Clinics, Occupational Medicine and is a member of the American College of Occupational and Environmental Medicine.

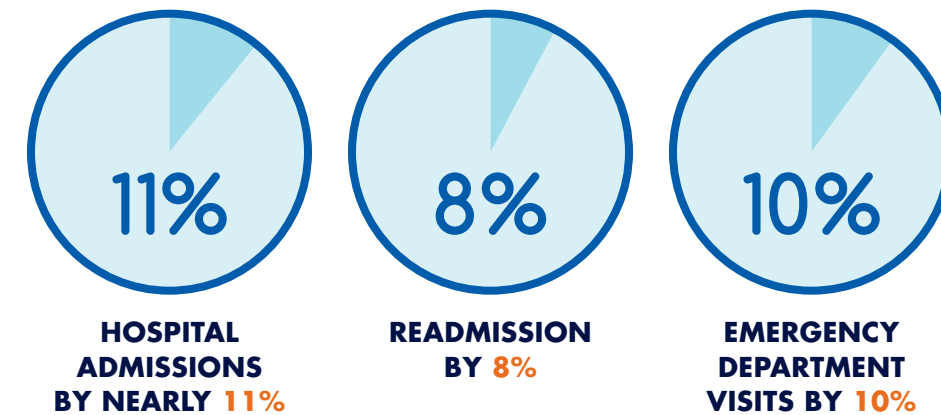
From his MercyCare Monticello office, Dr. Westpheling works with attorneys, employers and employees to provide independent medical evaluations, impairment ratings and second opinions for workers' compensation cases. Dr. Westpheling is one of very few providers offering these services locally, improving accessibility for professionals and patients.

Mercy offers working care at all four MercyCare Urgent Care clinics, occupational medicine and work injury services at MercyCare North and South, in addition to MercyCare Occupational Health at Mercy Health Plaza. Occupational medicine services include pre-employment physicals, DOT physicals, drug testing, vision screening, hearing screening, breath alcohol testing and other diagnostic testing.

WELLMARK ACO (MERCY IS A MEMBER) REPORTS QUALITY AND COST-SAVINGS¹

Mercy—Cedar Rapids, along with seven other Accountable Care Organizations (ACOs) representing more than 424,000 Wellmark insurance members, improved their overall quality scores by 8 percent and saved more than \$17 million during 2014 (most recent data). This simply means Wellmark ACOs are providing high-quality care at the best value for patients.

These savings were achieved by reducing:



ACOs are designed to improve the quality of care, while slowing increases in healthcare costs. ACO primary care providers assume responsibility for managing the health of their patients, whether they are healthy or in need of care. Providers help coordinate care across the entire system — whether the patient is being seen in a primary care clinic, specialty clinic or hospital. Wellmark offers payments for providers who reach their established quality goals and slow the rate of healthcare spending.

¹Wellmark ACO shared savings model data

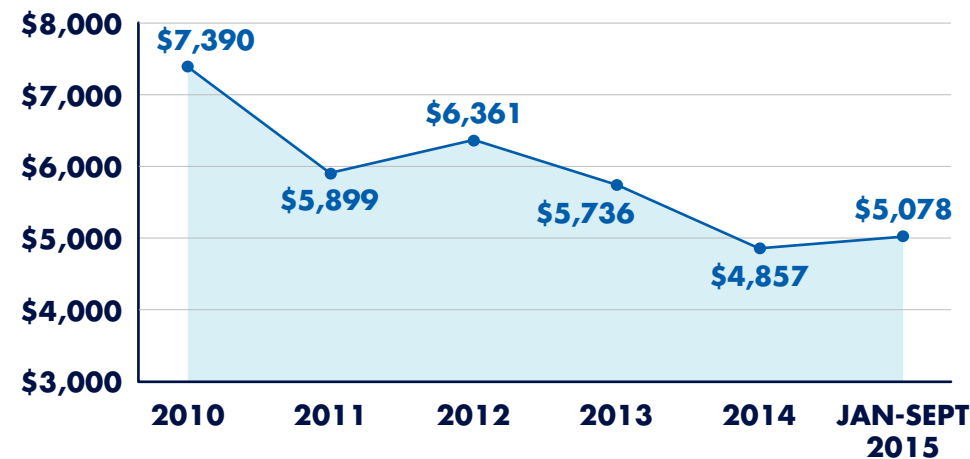







Mercy continues working to reduce the cost of care.

Spotlight: cardiology service cost per case

(2010 through September 2015)



MERCYCARE CLINICS OFFER COMPETITIVELY PRICED IN-OFFICE PROCEDURES

-  MercyCare offers convenient access to many types of in-office testing, such as general X-ray and lab services, in a number of its 26 clinics located around the Corridor.
-  These in-office services often are available with a simple copay.
-  Coordinate your testing with your MercyCare provider to ensure you receive the best care and value available.

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 the deductible, copayment and coinsurance.

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

You deserve mission-driven care. You deserve *The Mercy Touch.*



Front row: Sr. James Marie Donahue, Sr. Peg Murphy, Sr. Gladys Frein
Back row: Sr. Marilyn Ward, Sr. Mary Lou Podzimek, Sr. Susan O'Connor

A lot has changed in the realm of healthcare since the Sisters of Mercy founded the hospital 115 years ago, but one thing has stayed the same at Mercy—Cedar Rapids: person-centered care.

Our roots run deep in Eastern Iowa. Our culture of care is one-of-a-kind. And our mission to enhance the health of the communities we serve, guided by the spirit of the Sisters of Mercy, is as strong as ever and backed by our proven high-quality care.

On the following pages, you'll see our mission-driven initiatives in action — programs that embody our founding Sisters' goal to make Mercy "a peer of the best." You'll learn about our quality care beyond hospital and clinic walls; we call it "community benefit," offering our life-improving services to the city.



THE MISSION OF MERCY

THE MISSION OF MERCY: OUR PATHWAY TO THE FUTURE

Their values yesterday, our values today—we are guided by the spirit of the Sisters of Mercy.

As Mercy Medical Center reflects on 115 years of compassionate care and the Sisters of Mercy marked 140 years of ministry in Cedar Rapids, we celebrate current initiatives that embody the Mercy mission while improving population health. We look confidently to the future knowing the fundamentals of the Sisters weave the foundation of our work, today and tomorrow.

The mission of Mercy echoes in this sampling of our innovative, community-focused programs...

Parish Nurse Outreach Program

connects RNs to serve community health and faith needs

October 2015
Especially for You® Race Against Breast Cancer saw 15,728 registrants

New MercyCare Prairie Creek will expand Kirkwood Community College partnership

Free health screenings occur throughout the year

Support shared with local shelters through volunteerism, vaccine clinics, health screenings and employee supply-collection drives

Mercy's participation in **Together! Healthy Linn's Community Health Assessment** and **Community Health Improvement Plan** will help address Linn County needs

Six nonprofit organizations are housed in **Mercy's Sister Mary Lawrence Community Center**

MercyCare providers share time with the **Community Health Free Clinic**

Mercy staff support nonprofit work through donations to the hospital's annual **Commitment to Community Campaign**

Live Active, Live Healthy program

helps participants learn strategies to manage chronic health conditions

Mobile mammography travels the area to provide digital mammography to those with limited access to care

Mercy's Health Insurance Exchange staff helps individuals understand health insurance coverage options

Mercy Diabetes Center supports Camp Tanager's children's diabetes camp

Mercy provides health education at **NewBo Market's Meet Me at the Market**



WORKING FOR COMMUNITY BENEFIT

Community benefits are the programs or activities that provide treatment or promote health and healing as a response to identified community needs. Community benefits are an important part of our mission and continue the tradition of the Sisters of Mercy. Examples of community benefit activities include training students in healthcare professions, providing health education, offering support of health prevention and promotion activities, fundraising or coordinating activities for local nonprofits, participating in health fairs, offering screening programs, and providing community support through service on community boards and task forces. **Last fiscal year, Mercy staff contributed 26,508 hours of service to the community.**

MERCY FAMILY COUNSELING FILLS MENTAL HEALTH URGENT CARE NEED

The Linn-Mar School District and Mercy Family Counseling have successfully implemented a pilot partnership to assist middle and high school youth facing crisis situations with access to timely mental health services, building a type of urgent care system for children's mental health needs. The pilot started in early October 2015 and, in less than one month, staff had already seen six youths for 11 sessions. All children were seen within 48 hours of referral, and most were referred on to post-crisis mental health services.

COLLABORATION AT GENEVA TOWER

Geneva Tower is a low-income apartment complex for elderly and/or disabled adults in downtown Cedar Rapids. In spring 2013, Mercy began collaborating with Geneva Tower through the Affordable Housing Network, Inc., to initiate health programming that supports and nurtures the strengths of residents. Services included blood pressure screenings, Live Active/Live Healthy chronic disease self-management workshops, and presentations from dietitians and physical therapists. In November 2014, Mercy joined forces with the Abbe Center for Community Mental Health, Affordable House Network, Aging Services and Linn County Public Health to improve the health and well-being of residents through the Geneva Tower Health Collaborative. The partnership is part of a three-year project testing the National Quality Forum's population health action guide.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) DONATED TO COMMUNITY

After receiving multiple requests from community organizations for automatic external defibrillators (AEDs), Mercy launched a new program in fiscal year 2015 that donated AEDs to area nonprofits. Eight AEDs went to local schools, one to the Salvation Army and another to the Cedar Rapids Public Library. This fiscal year, 13 defibrillators were placed throughout the community.

THE FAMILY CAREGIVERS CENTER OF MERCY

OPENING DOORS: THE FAMILY CAREGIVERS CENTER OF MERCY

The Family Caregivers Center of Mercy, a first-in-the-state initiative, celebrated a ribbon-cutting ceremony on **Dec. 17, 2015**. With all-volunteer manpower, Caregiver Coaches work to assist those caring for chronically ill loved ones – family caregivers – in developing an individualized plan of care that connects the caregiver and care-receiver with available community resources. The center follows a community-based model, meaning that no matter where a loved one receives care – home, assisted living or hospital – the caregiver can find support.

Planned components of the Family Caregivers Center of Mercy include respite care; therapeutic outlets of journaling, massage and art; along with a 24/7 care line to answer any kind of question the caregiver might have. A resource library is available and education sessions are held on a variety of topics.

Since the center's soft launch through early January 2016, 41 family caregivers have been assisted with the ultimate goal of improving the physical and emotional health of those providing care and those receiving it.



The Family Caregivers Center of Mercy will be open to the community regardless of hospital or doctor affiliation and will mark its public grand opening this spring with services expanding as 2016 continues.

Kathy Good, Director
Family Caregivers Center of Mercy

We're here when you need us, with the quality care you deserve. That's *The Mercy Touch*.

Mercy and MercyCare have made a steadfast commitment to raise the standard of care in our community based on the medical home model and by focusing on the Triple Aim – improving patient experience, improving the health of the populations we serve and reducing costs.

In addition to providing a summary of our forward-thinking, innovative programming and services, we hope this report has offered valuable data to help you make well-informed healthcare decisions.

Thank you for taking the time to review this report.



Best Care:
Improving the patient experience of care



Best Health:
Improving the health of populations



Best Value:
Reducing the per capita cost of healthcare

