



VA MONTANA HEALTHCARE SYSTEM

VA MONTANA HEALTHCARE SYSTEM
1892 WILLIAMS STREET
FORT HARRISON, MT 59636
(406) 447-7900

Hospital Type: ACUTE CARE -
VETERANS ADMINISTRATION
Provides Emergency Services: Yes

[Map & Directions](#)

Process of Care Measures

Surgical Care Improvement Project Process of Care Measures

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

Read more information about how to prevent wound infection. Learn why Surgical Care Improvement Project Process of Care Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	Not Available	96%	95%
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	Not Available	98%	95%
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	100%²	94%	95%
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	100%	98%	98%
Surgery patients who were given the right kind of antibiotic to help prevent infection	100%	98%	98%
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	97%	97%	96%
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Not Available^{2,5}	96%	95%
Surgery patients needing hair removed from the			

surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream – not a razor)	100% ²	100%	100%
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	100% ²	94%	92%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	Not Available	100%	99%
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries	92% ²	96%	96%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	91% ²	94%	95%

² The hospital indicated that the data submitted for this measure were based on a sample of cases.

⁵ No data are available from the hospital for this measure.

Heart Attack or Chest Pain Process of Care Measures

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack. Read more information about heart attack care. Learn why Heart Attack Process of Care Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	Not Available	151 Minutes	60 Minutes
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	Not Available	12 Minutes	8 Minutes
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	Not Available	45%	58%
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	Not Available	98%	96%
Heart Attack Patients Given Aspirin at Arrival	Not Available ⁵	100%	99%
Heart Attack Patients Given Aspirin at Discharge	Not Available ⁵	100%	99%
Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Not Available ⁵	98%	97%
Heart Attack Patients Given Smoking Cessation Advice/Counseling	Not Available ⁵	100%	100%
Heart Attack Patients Given Beta Blocker at Discharge	Not Available ⁵	99%	99%
Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Not Available ⁵	Not Available	58%
Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Not Available ⁵	90%	93%
Heart Attack Patients Given a Prescription for a Statin at Discharge	Not Available	99%	97%

⁵ No data are available from the hospital for this measure.

Pneumonia Process of Care Measures

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia. Read more information about pneumonia care. Learn why Pneumonia Process of Care Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Pneumonia Patients Assessed and Given Pneumococcal Vaccination	98%	92%	95%
Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	100%	96%	96%
Pneumonia Patients Given Smoking Cessation Advice/Counseling	100% ¹	95%	98%
Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	95%	97%	96%
Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	85%	92%	94%
Pneumonia Patients Assessed and Given Influenza Vaccination	83%	92%	93%

¹ The number of cases is too small to reliably tell how well a hospital is performing.

Heart Failure Process of Care Measures

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure. Read more information about heart failure. Learn why Heart Failure Process of Care Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Heart Failure Patients Given Discharge Instructions	97%	85%	91%
Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	100%	92%	98%
Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	100% ¹	95%	95%
Heart Failure Patients Given Smoking Cessation Advice/Counseling	90% ¹	97%	99%

¹ The number of cases is too small to reliably tell how well a hospital is performing.

Children's Asthma Process of Care Measures

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing. Read more information about Children's Asthma Care. Learn why Children's Asthma Process of Care Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Children Who Received Reliever Medication While Hospitalized for Asthma	Not Available	Not Available	100%
Children Who Received Systemic Corticosteroid			

Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	Not Available	Not Available	100%
Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Not Available	Not Available	81%

Outcome of Care Measures

Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about hospital mortality measures.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Death Rate for Heart Attack Patients	Number of Cases Too Small¹	Not Available	15.9%
Death Rate for Heart Failure Patients	No Different than U.S. National Rate	Not Available	11.3%
Death Rate for Pneumonia Patients	No Different than U.S. National Rate	Not Available	11.9%

¹ The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing. Click here for more information.

Hospital Readmission Rates Outcome of Care Measures

"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital. Read more information about Hospital Readmission Measures.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Rate of Readmission for Heart Attack Patients	Number of Cases Too Small¹	Not Available	19.8%
Rate of Readmission for Heart Failure Patients	No Different than U.S. National Rate	Not Available	24.8%
Rate of Readmission for Pneumonia Patients	No Different than U.S. National Rate	Not Available	18.4%

¹ The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing. Click here for more information.

Use of Medical Imaging

Use of Medical Imaging

Use of Medical Imaging (tests like Mammograms, MRIs, and CT scans)

These measures give you information about hospitals' use of medical imaging tests for outpatients based on the following:

- Protecting patients' safety, such as keeping patients' exposure to radiation and other risks as low as possible.
- Following up properly when screening tests such as mammograms show a possible problem.

Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

The information shown here is limited to medical imaging facilities that are part of a hospital or associated with a hospital. These facilities can be inside or near the hospital, or in a different location. This information only includes medical imaging done on outpatients. Medical imaging tests done for patients who have been admitted to the hospital as inpatients aren't included.

These measures are based on Medicare claims data.

Learn more about the use of medical imaging tests and why these measures are important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	Not Available	36.4%	32.2%
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	Not Available	7.4%	8.4%
Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	Not Available	0.029	0.052
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	Not Available	0.170	0.176

Survey of Patients' Hospital Experiences

Survey of Patients' Hospital Experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on ten important hospital quality topics. Read more information about the survey of patients' hospital experiences.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA AVERAGE	NATIONAL AVERAGE
Patients who reported that their nurses "Always" communicated well.	Not Available	74%	77%
Patients who reported that their doctors "Always" communicated well.	Not Available	79%	80%
Patients who reported that they "Always" received help as soon as they wanted.	Not Available	68%	65%
Patients who reported that their pain was "Always" well controlled.	Not Available	67%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them.	Not Available	60%	61%
Patients who reported that their room and	Not Available	72%	72%

bathroom were "Always" clean.

Patients who reported that the area around their room was "Always" quiet at night.

Not Available

58%

59%

Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.

Not Available

82%

83%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

Not Available

65%

68%

Patients who reported YES, they would definitely recommend the hospital.

Not Available

66%

70%

Patient Safety Measures

Serious Complications and Deaths

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Learn why Serious Complications and Death Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Serious Complications	Not Available⁵	Not Available per 1,000 patient discharges
Collapsed lung due to medical treatment	Not Available⁵	0.39 per 1,000 patient discharges
Serious blood clots after surgery	Not Available⁵	5.88 per 1,000 patient discharges
A wound that splits open after surgery on the abdomen or pelvis	Not Available⁵	2.16 per 1,000 patient discharges
Accidental cuts and tears from medical treatment	Not Available⁵	2.07 per 1,000 patient discharges
Pressure Sores (bedsores)	Not Available¹³	Not Available¹³
Infections from a large venous catheter	Not Available¹³	Not Available¹³
Broken Hip from a Fall After Surgery	Not Available¹³	Not Available¹³
Bloodstream infection after surgery	Not Available¹³	Not Available¹³

⁵ No data are available from the hospital for this measure.

¹³ These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	VA MONTANA HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Deaths for Certain Conditions	Not Available⁵	Not Available per 1,000 patient discharges
Deaths after admission for a broken hip	Not Available⁵	2.95 per 100 patient discharges
Deaths after admission for a heart attack	Not Available¹³	Not Available¹³
Deaths after admission for congestive heart failure	Not Available¹³	Not Available¹³

Deaths after admission for a stroke	Not Available ¹³	Not Available ¹³
Deaths after admission for a gastrointestinal (GI) bleed	Not Available ¹³	Not Available ¹³
Deaths after admission for pneumonia	Not Available ¹³	Not Available ¹³

⁵ No data are available from the hospital for this measure.

¹³ These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

	VA MONTANA HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Other Complications and Deaths		
Deaths among Patients with Serious Treatable Complications after Surgery	Not Available ⁵	115.70 per 1,000 patient discharges
Breathing Failure after Surgery	Not Available ⁵	10.21 per 1,000 patient discharges
Death after Surgery to Repair a Weakness in the Abdominal Aorta	Not Available ⁵	4.42 per 100 patient discharges

⁵ No data are available from the hospital for this measure.

Hospital Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

Learn why Hospital Acquired Conditions Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	U.S. NATIONAL RATE
Objects Accidentally Left in the Body After Surgery	Not Available	0.026 per 1,000 patient discharges
Air Bubble in the Bloodstream	Not Available	0.003 per 1,000 patient discharges
Mismatched blood types	Not Available	0.001 per 1,000 patient discharges
Severe pressure sores (bed sores)	Not Available	0.135 per 1,000 patient discharges
Falls and injuries	Not Available	0.564 per 1,000 patient discharges
Blood infection from a catheter in a large vein	Not Available	0.367 per 1,000 patient discharges
Infection from a Urinary Catheter	Not Available	0.316 per 1,000 patient discharges
Signs of Uncontrolled Blood Sugar	Not Available	0.050 per 1,000 patient discharges

Healthcare Associated Infections (HAIs)

Healthcare Associated Infections (HAIs) are serious conditions that occur in some hospitalized patients. Many HAIs occur when devices, such as central lines and urinary catheters, are inserted into the body. Hospitals can prevent HAIs by following guidelines for safe care.

Learn why Healthcare Associated Infections (HAIs) Measures are Important.

	VA MONTANA HEALTHCARE SYSTEM	MONTANA
Central Line Associated Blood Stream Infections (CLABSI)	Not Available	0.69

Medicare Payment

Spending per Hospital Patient with Medicare

The Spending per Hospital Patient with Medicare measure shows whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally. This measure includes any Medicare Part A and Part B payments made for services provided to a patient during the 3 days prior to the hospital stay, during the stay, and during the 30 days after discharge from the hospital. This measure is from the current reporting period- Opens in a new window. Learn more about Spending per Hospital Patient with Medicare.- Opens in a new window

This result is a ratio calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient nationally.

A **result of 1** means that Medicare spends ABOUT THE SAME amount per patient for an episode of care initiated at this hospital as it does per hospital patient nationally.

A **result that is more than 1** means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

A **result that is less than 1** means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per hospital patient nationally.

Lower numbers are better.

	VA MONTANA HEALTHCARE SYSTEM RATIO
Spending per Hospital Patient with Medicare (displayed in ratio)	Not Available

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