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Hospital Compare Home → Hospital Results → Hospital Profile

Hospital Profile

About Hospital Compare | About the Data | Resources | Help | PRINT ALL TABS

Return to Previous Page

General Information | Patient Survey Results | Timely & Effective Care | Readmissions, Complications & Deaths | Use of Medical Imaging | Medicare Payment | Number of Medicare Patients

MUSC MEDICAL CENTER
169 ASHLEY AVE
CHARLESTON, SC 29425
(843) 792-2300

Hospital Type: Acute Care Hospitals
Provides Emergency Services: Yes

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Map and Directions

Timely & Effective Care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

- Heart Attack Care
- Heart Failure Care
- Pneumonia Care
- Surgical Care
- Emergency Department Care
- Preventive Care
- Children's Asthma Care

Heart Attack Care

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.

- More information about timely and effective care measures.
- Why heart attack care measures are important.
- Current data collection period.

Timely Heart Attack Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE

Effective Heart Attack Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Heart attack patients given aspirin at	98%	99%	99%

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
discharge ***Higher*** *percentages are better*			
Heart attack patients given a prescription for a statin at discharge ***Higher*** *percentages are better*	**99%**	**98%**	**98%**

Heart Failure Care

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.

- **More information about timely and effective care measures.**
- **Why heart failure care measures are important.**
- **Current data collection period.**

Effective Heart Failure Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Heart failure patients given discharge instructions ***Higher*** *percentages are better*	**94%**	**93%**	**93%**
Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function ***Higher*** *percentages are better*	**100%**	**99%**	**99%**
Heart failure patients given ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) ***Higher*** *percentages are better*	**99%**	**97%**	**96%**

Pneumonia Care

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia.

- **More information about timely and effective care measures.**
- **Why pneumonia care measures are important.**
- **Current data collection period.**

Effective Pneumonia Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics ***Higher*** *percentages are better*	**95%**	**98%**	**97%**
Pneumonia patients given the most appropriate initial antibiotic(s) ***Higher*** *percentages are better*	**88%**	**96%**	**95%**

Surgical Care

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.

- **More information about timely and effective care measures.**
- **Why surgical care measures are important.**
- **Current data collection period.**

Timely Surgical Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time (within one hour	**95%**	**98%**	**96%**

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
before surgery) ***Higher*** *percentages are better*			
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection ***Higher*** *percentages are better*	**98%**[2]	**99%**	**98%**
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) ***Higher*** *percentages are better*	**98%**[2]	**98%**	**97%**
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 ***Higher*** *percentages are better*	**98%**[2]	**98%**	**97%**

Effective Surgical Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got the right kind of antibiotic ***Higher*** *percentages are better*	**95%**	**97%**	**97%**
	98%[2]	**97%**	**96%**

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
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 ***Higher*** *percentages are better*			
Surgery patients who were given the right kind of antibiotic to help prevent infection ***Higher*** *percentages are better*	**98%**[2]	**99%**	**98%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery ***Higher*** *percentages are better*	**91%**[2]	**97%**	**96%**
Surgery patients whose urinary catheters were removed on the first or second day after surgery ***Higher*** *percentages are better*	**96%**[2]	**96%**	**95%**
Patients having surgery who were actively warmed in the operating room or	**100%**[2]	**100%**	**100%**

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
whose body temperature was near normal by the end of surgery ***Higher*** *percentages are better*			
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries ***Higher*** *percentages are better*	**99%**[2]	**98%**	**98%**

Emergency Department Care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before receiving care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

- **More information about timely and effective care measures.**
- **Why emergency department care measures are important.**
- **Current data collection period.**

Timely Emergency Department Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
NEW Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient *A **lower** number of minutes is better*	**260 Minutes**[2]	**272 Minutes**	**277 Minutes**
NEW Average (median) time patients spent in the	**101 Minutes**[2]	**94 Minutes**	**98 Minutes**

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room *A **lower** number of minutes is better*			
NEW Average time patients spent in the emergency department before being sent home *A **lower** number of minutes is better*	**152 Minutes**	**137 Minutes**	**140 Minutes**
NEW Average time patients spent in the emergency department before they were seen by a healthcare professional *A **lower** number of minutes is better*	**41 Minutes**	**34 Minutes**	**30 Minutes**
NEW Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication *A **lower** number of minutes is better*	**49 Minutes**	**60 Minutes**	**62 Minutes**
NEW Percentage of patients who left the	**2%**	**Not Available**	**Not Available**

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
emergency department before being seen ***Lower*** *percentages are better*			
NEW Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival ***Higher*** *percentages are better*	**Too few cases**	**53%**	**43%**

Preventive Care

Hospitals and other healthcare providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

- **More information about timely and effective care measures.**
- **Why preventive care measures are important.**
- **Current data collection period.**

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
NEW Patients assessed and given influenza vaccination ***Higher*** *percentages are better*	**75%**[2]	**91%**	**86%**
NEW Patients assessed and given pneumonia vaccination ***Higher*** *percentages are better*	**82%**[2]	**93%**	**88%**

Children's Asthma Care

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.

- **More information about timely and effective care measures.**

- **Why children's asthma care measures are important.**
- **Current data collection period.**

Effective Children's Asthma Care

	MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Children who received reliever medication while hospitalized for asthma ***Higher*** *percentages are better*	**100%**	**Not Available**	**100%**
Children who received systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) while hospitalized for asthma ***Higher*** *percentages are better*	**99%**	**Not Available**	**100%**
Children and their caregivers who received a home management plan of care document while hospitalized for asthma ***Higher*** *percentages are better*	**96%**	**Not Available**	**85%**

[2] The hospital indicated that the data submitted for this measure were based on a sample of cases.
[3] Data were collected during a shorter period (fewer quarters) than the maximum possible time for this measure.
[5] No data are available from the hospital for this measure.

Back to Top ↑

Data Last Updated: February 1, 2013

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Hospital Compare Home › Hospital Results › Hospital Profile

Hospital Profile

About Hospital Compare | About the Data | Resources | Help | PRINT ALL TABS

Return to Previous Page

General Information | Patient Survey Results | Timely & Effective Care | Readmissions, Complications & Deaths | Use of Medical Imaging | Medicare Payment | Number of Medicare Patients

MUSC MEDICAL CENTER
169 ASHLEY AVE
CHARLESTON, SC 29425
(843) 792-2300

Hospital Type: Acute Care Hospitals
Provides Emergency Services: Yes

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Map and Directions

Readmissions, Complications and Deaths

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

30-Day Outcomes Readmission and Deaths

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.

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.

- More information about Hospital Readmission and Mortality Measures.
- Current data collection period.

MUSC MEDICAL CENTER	SOUTH CAROLINA AVERAGE	U.S. NATIONAL RATE

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.

- Why Serious Complications and Death Measures are Important.
- Current data collection period.

Results for the following 4 measures are suppressed due to a software issue:
- Death after surgery to repair weakness in the abdominal aorta
- Deaths after admission for a broken hip
- Deaths for certain conditions
- Breathing failure after surgery (except performance categories)

Serious complications

	MUSC MEDICAL CENTER	U.S. NATIONAL RATE
Serious complications	**No Different than U.S. National Rate**	**Not Available**
Collapsed lung due to medical treatment	**No Different than U.S. National Rate**	**0.35 per 1,000 patient discharges**
Serious blood clots after surgery	**No Different than U.S. National Rate**	**4.71 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**No Different than U.S. National Rate**	**0.95 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**No Different than U.S. National Rate**	**2.05 per 1,000 patient discharges**
Pressure sores (bedsores)	**Not Available[13]**	**Not Available[13]**
Infections from a large venous catheter	**Not Available[13]**	**Not Available[13]**
Broken hip from a fall after surgery	**Not Available[13]**	**Not Available[13]**
Bloodstream infection after surgery	**Not Available[13]**	**Not Available[13]**

Deaths for certain conditions

	MUSC MEDICAL CENTER	U.S. NATIONAL RATE
Deaths for certain conditions	**Not Available[4]**	**Not Available[4]**
Deaths after admission for a broken hip	**Not Available[4]**	**Not Available[4]**
Deaths after admission for a heart attack	**Not Available[13]**	**Not Available[13]**
Deaths after admission for congestive heart failure	**Not Available[13]**	**Not Available[13]**
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]**

Other complications and deaths

	MUSC MEDICAL CENTER	U.S. NATIONAL RATE
Deaths among patients with serious treatable complications after surgery	**No Different than U.S. National Rate**	**113.43 per 1,000 patient discharges**
Breathing failure after surgery	**No Different than U.S. National Rate**	**Not Available**
Death after surgery to repair a weakness in the abdominal aorta	**Not Available[4]**	**Not Available[4]**

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.

- **Why Hospital Acquired Conditions measures are important.**
- **Current data collection period.**

	MUSC MEDICAL CENTER	U.S. NATIONAL RATE
Objects accidentally left in the body after surgery	**0.000 per 1,000 patient discharges**	**0.028 per 1,000 patient discharges**
Air bubble in the bloodstream	**0.000 per 1,000 patient discharges**	**0.003 per 1,000 patient discharges**
Mismatched blood types	**0.000 per 1,000 patient discharges**	**0.001 per 1,000 patient discharges**
Severe pressure sores (bed sores)	**0.444 per 1,000 patient discharges**	**0.136 per 1,000 patient discharges**
Falls and injuries	**0.277 per 1,000 patient discharges**	**0.527 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**0.388 per 1,000 patient discharges**	**0.372 per 1,000 patient discharges**
Infection from a urinary catheter	**0.000 per 1,000 patient discharges**	**0.358 per 1,000 patient discharges**
Signs of uncontrolled blood sugar	**0.000 per 1,000 patient discharges**	**0.058 per 1,000 patient discharges**

Healthcare-Associated Infections

Healthcare Associated Infections are reported using a Standardized Infection Ratio (SIR). This calculation compares the number of Central Line Associated Bloodstream Infections (CLABSI) in a hospital intensive care unit or Surgical Site Infections (SSI) from operative procedures performed in a hospital to a national benchmark based on data reported to NHSN from 2006 – 2008. Scores for Catheter Associated Urinary Tract Infections (CAUTI) are compared to a national benchmark based on data reported to NHSN in 2009. The results are adjusted based on certain factors such as the type and size of a hospital or ICU for CLABSI and CAUTI, and based on certain

factors related to the patient and surgery that was conducted for SSI. Each hospital's SIR is shown in the graph view.

- A score's confidence interval that is less than 1 means that the hospital had fewer infections than hospitals of similar type and size.
- A score's confidence interval that includes 1 means that the hospital's infections score was no different than hospitals of similar type and size.
- A score's confidence interval that is more than 1 means that the hospital had more infections than hospitals of similar type and size.

- **Why Healthcare Associated Infections (HAIs) measures are important.**
- **Current data collection period.**

	MUSC MEDICAL CENTER
Central Line Associated Bloodstream Infections (CLABSI) ***Lower** numbers are better. A score of zero (0) - meaning no CLABSIs - is best.*	**Better than the U.S. National Benchmark**
NEW Catheter Associated Urinary Tract Infections (CAUTI) ***Lower** numbers are better. A score of zero (0) - meaning no CAUTIs - is best.*	**Worse than the U.S. National Benchmark**
NEW Surgical Site Infections from colon surgery (SSI: Colon) ***Lower** numbers are better. A score of zero (0) - meaning no SSIs - is best.*	**Worse than the U.S. National Benchmark**
NEW Surgical Site Infections from abdominal hysterectomy (SSI: Hysterectomy) ***Lower** numbers are better. A score of zero (0) - meaning no SSIs - is best.*	**Not Available**

[4] Suppressed for one or more quarters by CMS.
[13] These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

Back to Top ↑

Data Last Updated: February 1, 2013

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Hospital Compare Home › Hospital Results › Hospital Profile

Hospital Profile

About Hospital Compare | About the Data | Resources | Help | PRINT ALL TABS

Return to Previous Page

General Information | Patient Survey Results | Timely & Effective Care | Readmissions, Complications & Deaths | Use of Medical Imaging | Medicare Payment | Number of Medicare Patients

CHARLESTON VA MEDICAL CENTER
109 BEE STREET
CHARLESTON, SC 29401
(843) 577-5011

Hospital Type: Acute Care - Veterans Administration
Provides Emergency Services: Yes

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Map and Directions

Timely & Effective Care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

- Heart Attack Care
- Heart Failure Care
- Pneumonia Care
- Surgical Care
- Emergency Department Care
- Preventive Care
- Children's Asthma Care

Heart Attack Care

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.

- More information about timely and effective care measures.
- Why heart attack care measures are important.
- Current data collection period.

Timely Heart Attack Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE

Effective Heart Attack Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Heart attack patients given aspirin at discharge ***Higher***	**100%**	**99%**	**99%**

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
percentages are better			
Heart attack patients given a prescription for a statin at discharge ***Higher*** *percentages are better*	**Not Available**	**98%**	**98%**

Heart Failure Care

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.

- **More information about timely and effective care measures.**
- **Why heart failure care measures are important.**
- **Current data collection period.**

Effective Heart Failure Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Heart failure patients given discharge instructions ***Higher*** *percentages are better*	**100%**	**93%**	**93%**
Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function ***Higher*** *percentages are better*	**100%**	**99%**	**99%**
Heart failure patients given ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) ***Higher*** *percentages are better*	**100%**	**97%**	**96%**

Pneumonia Care

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia.

- **More information about timely and effective care measures.**
- **Why pneumonia care measures are important.**
- **Current data collection period.**

Effective Pneumonia Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics ***Higher*** *percentages are better*	**97%**	**98%**	**97%**
Pneumonia patients given the most appropriate initial antibiotic(s) ***Higher*** *percentages are better*	**83%**[1]	**96%**	**95%**

Surgical Care

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.

- **More information about timely and effective care measures.**
- **Why surgical care measures are important.**
- **Current data collection period.**

Timely Surgical Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery) ***Higher*** *percentages are better*	**Not Available**	**98%**	**96%**
Surgery patients who were given an antibiotic at the right	**100%**	**99%**	**98%**

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
time (within one hour before surgery) to help prevent infection ***Higher*** *percentages are better*			
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) ***Higher*** *percentages are better*	**99%**	**98%**	**97%**
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 ***Higher*** *percentages are better*	**99%**[2]	**98%**	**97%**

Effective Surgical Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got the right kind of antibiotic ***Higher*** *percentages are better*	**Not Available**	**97%**	**97%**
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	**99%**[2]	**97%**	**96%**

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Higher *percentages are better*			
Surgery patients who were given the right kind of antibiotic to help prevent infection ***Higher*** *percentages are better*	**100%**	**99%**	**98%**
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery ***Higher*** *percentages are better*	**99%**[2]	**97%**	**96%**
Surgery patients whose urinary catheters were removed on the first or second day after surgery ***Higher*** *percentages are better*	**98%**[2]	**96%**	**95%**
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery ***Higher*** *percentages are better*	**Not Available**	**100%**	**100%**
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries ***Higher*** *percentages are better*	**99%**[2]	**98%**	**98%**

Emergency Department Care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before receiving care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

- **More information about timely and effective care measures.**
- **Why emergency department care measures are important.**
- **Current data collection period.**

Timely Emergency Department Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
NEW Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient *A **lower** number of minutes is better*	**Not Available**	**272 Minutes**	**277 Minutes**
NEW Average (median) 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 *A **lower** number of minutes is better*	**Not Available**	**94 Minutes**	**98 Minutes**
NEW Average time patients spent in the emergency	**Not Available**	**137 Minutes**	**140 Minutes**

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
department before being sent home *A **lower** number of minutes is better*			
NEW Average time patients spent in the emergency department before they were seen by a healthcare professional *A **lower** number of minutes is better*	**Not Available**	**34 Minutes**	**30 Minutes**
NEW Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication *A **lower** number of minutes is better*	**Not Available**	**60 Minutes**	**62 Minutes**
NEW Percentage of patients who left the emergency department before being seen ***Lower** percentages are better*	**Not Available**	**Not Available**	**Not Available**
NEW Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival ***Higher** percentages are better*	**Not Available**	**53%**	**43%**

Preventive Care

Hospitals and other healthcare providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

- **More information about timely and effective care measures.**
- **Why preventive care measures are important.**
- **Current data collection period.**

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
NEW Patients assessed and given influenza vaccination ***Higher*** *percentages are better*	**Not Available**	**91%**	**86%**
NEW Patients assessed and given pneumonia vaccination ***Higher*** *percentages are better*	**Not Available**	**93%**	**88%**

Children's Asthma Care

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.

- **More information about timely and effective care measures.**
- **Why children's asthma care measures are important.**
- **Current data collection period.**

Effective Children's Asthma Care

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
Children who received reliever medication while hospitalized for asthma ***Higher*** *percentages are better*	**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%**

	CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	NATIONAL AVERAGE
***Higher** percentages are better*			
Children and their caregivers who received a home management plan of care document while hospitalized for asthma ***Higher** percentages are better*	**Not Available**	**Not Available**	**85%**

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

Back to Top ↑

Data Last Updated: February 1, 2013

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Hospital Compare Home › Hospital Results › Hospital Profile

Hospital Profile

About Hospital Compare | About the Data | Resources | Help | PRINT ALL TABS

Return to Previous Page

General Information | Patient Survey Results | Timely & Effective Care | Readmissions, Complications & Deaths | Use of Medical Imaging | Medicare Payment | Number of Medicare Patients

CHARLESTON VA MEDICAL CENTER
109 BEE STREET
CHARLESTON, SC 29401
(843) 577-5011

Hospital Type: Acute Care - Veterans Administration
Provides Emergency Services: Yes

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VA

Readmissions, Complications and Deaths

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

30-Day Outcomes Readmission and Deaths

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.

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.

- More information about Hospital Readmission and Mortality Measures.
- Current data collection period.

CHARLESTON VA MEDICAL CENTER	SOUTH CAROLINA AVERAGE	U.S. NATIONAL RATE

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.

- Why Serious Complications and Death Measures are Important.
- Current data collection period.

Results for the following 4 measures are suppressed due to a software issue:
- Death after surgery to repair weakness in the abdominal aorta
- Deaths after admission for a broken hip
- Deaths for certain conditions
- Breathing failure after surgery (except performance categories)

Serious complications

	CHARLESTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Serious complications	**Not Available**	**Not Available**
Collapsed lung due to medical treatment	**Not Available**	**0.35 per 1,000 patient discharges**
Serious blood clots after surgery	**Not Available**	**4.71 per 1,000 patient discharges**
A wound that splits open after surgery on the abdomen or pelvis	**Not Available**	**0.95 per 1,000 patient discharges**
Accidental cuts and tears from medical treatment	**Not Available**	**2.05 per 1,000 patient discharges**
Pressure sores (bedsores)	**Not Available**[13]	**Not Available**[13]
Infections from a large venous catheter	**Not Available**[13]	**Not Available**[13]
Broken hip from a fall after surgery	**Not Available**[13]	**Not Available**[13]
Bloodstream infection after surgery	**Not Available**[13]	**Not Available**[13]

Deaths for certain conditions

	CHARLESTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Deaths for certain conditions	**Not Available**[4]	**Not Available**[4]
Deaths after admission for a broken hip	**Not Available**[4]	**Not Available**[4]
Deaths after admission for a heart attack	**Not Available**[13]	**Not Available**[13]
Deaths after admission for congestive heart failure	**Not Available**[13]	**Not Available**[13]
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]

Other complications and deaths

	CHARLESTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Deaths among patients with serious treatable complications after surgery	**Not Available**	**113.43 per 1,000 patient discharges**
Breathing failure after surgery	**Not Available**	**Not Available**
Death after surgery to repair a weakness in the abdominal aorta	**Not Available**[4]	**Not Available**[4]

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.

- **Why Hospital Acquired Conditions measures are important.**
- **Current data collection period.**

	CHARLESTON VA MEDICAL CENTER	U.S. NATIONAL RATE
Objects accidentally left in the body after surgery	**Not Available**	**0.028 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**	**0.136 per 1,000 patient discharges**
Falls and injuries	**Not Available**	**0.527 per 1,000 patient discharges**
Blood infection from a catheter in a large vein	**Not Available**	**0.372 per 1,000 patient discharges**
Infection from a urinary catheter	**Not Available**	**0.358 per 1,000 patient discharges**
Signs of uncontrolled blood sugar	**Not Available**	**0.058 per 1,000 patient discharges**

Healthcare-Associated Infections

Healthcare Associated Infections are reported using a Standardized Infection Ratio (SIR). This calculation compares the number of Central Line Associated Bloodstream Infections (CLABSI) in a hospital intensive care unit or Surgical Site Infections (SSI) from operative procedures performed in a hospital to a national benchmark based on data reported to NHSN from 2006 – 2008. Scores for Catheter Associated Urinary Tract Infections (CAUTI) are compared to a national benchmark based on data reported to NHSN in 2009. The results are adjusted based on certain factors such as the type and size of a hospital or ICU for CLABSI and CAUTI, and based on certain factors related to

the patient and surgery that was conducted for SSI. Each hospital's SIR is shown in the graph view.

- A score's confidence interval that is less than 1 means that the hospital had fewer infections than hospitals of similar type and size.
- A score's confidence interval that includes 1 means that the hospital's infections score was no different than hospitals of similar type and size.
- A score's confidence interval that is more than 1 means that the hospital had more infections than hospitals of similar type and size.

- **Why Healthcare Associated Infections (HAIs) measures are important.**
- **Current data collection period.**

	CHARLESTON VA MEDICAL CENTER
Central Line Associated Bloodstream Infections (CLABSI) ***Lower** numbers are better. A score of zero (0) - meaning no CLABSIs - is best.*	**Not Available**
NEW Catheter Associated Urinary Tract Infections (CAUTI) ***Lower** numbers are better. A score of zero (0) - meaning no CAUTIs - is best.*	**Not Available**
NEW Surgical Site Infections from colon surgery (SSI: Colon) ***Lower** numbers are better. A score of zero (0) - meaning no SSIs - is best.*	**Not Available**
NEW Surgical Site Infections from abdominal hysterectomy (SSI: Hysterectomy) ***Lower** numbers are better. A score of zero (0) - meaning no SSIs - is best.*	**Not Available**

4 Suppressed for one or more quarters by CMS.
13 These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

Back to Top

Data Last Updated: February 1, 2013