

Accreditation Quality Report





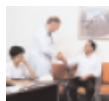
Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals - measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission



Summary of Quality Information

Accreditation Decision

Accredited

Decision Effective Date

December 10, 2005

Accredited Programs

Hospital

Last Full Survey Date

12/9/2005

Last On-Site Survey Date

12/9/2005

Other Accredited Programs/Services

- Hospital (Accredited by American College of Radiology (Radiation Oncology))

Special Quality Awards

- 2005 Hospital Quality Alliance Participant
- 2007 The Medal of Honor for Organ Donation
- 2008 ACS Bariatric Surgery Center Network Accreditation - Level 1b
- 2005 ASMBS Bariatric Surgery Centers of Excellence®

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Compared to other Joint Commission Accredited Organizations

		Nationwide	Statewide
Hospital	2005 National Patient Safety Goals		*
National Quality Improvement Goals:			
Reporting Period:	Heart Attack Care		
Apr 2007 - Mar 2008	Heart Failure Care		
	Pneumonia Care		
Surgical Care Improvement Project (SCIP)			
	SCIP - Infection Prevention <i>For All Reported Procedures:</i>	⁸	⁸
	• Blood Vessel Surgery	⁸	⁸
	• Colon/Large Intestine Surgery	⁸	⁸
	• Hip Joint Replacement	⁸	⁸
	• Hysterectomy	⁸	⁸
	• Knee Replacement	⁸	⁸
	• Open Heart Surgery	⁸	⁸
SCIP – Venous Thromboembolism (VTE)			



The Joint Commission only reports measures endorsed by the National Quality Forum.



Locations of Care

* Primary Location

Locations of Care	Available Services
Chapin Family Practice 1612 Chapin Road Chapin, SC 29036	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)
LCHSD Irmo Medical Park 7033 St. Andrews Road, Ste. 205 Columbia, SC 29212	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)
LCHSD Lexington Family Practice - Lexington 122 Powell Drive Lexington, SC 29072	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)
LCHSD Lexington Family Practice - Irmo 7031 St. Andrews Road Columbia, SC 29212	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)
LCHSD Lexington Family Practice Northeast 76 Polo Road Columbia, SC 29223	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)
LCHSD Lexington Family Practice West Columbia 3314 Platt Springs Road West Columbia, SC 29170	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)
LCHSD Lexington Family Practice White Knoll 5535 Platt Springs Road Lexington, SC 29073	<ul style="list-style-type: none"> • Single Specialty Group Practice (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services	
<p>LCHSD Lexington Medical Center * 2720 Sunset Boulevard West Columbia, SC 29169</p>	<ul style="list-style-type: none"> • Cancer Center/Oncology (Inpatient, Outpatient) • Cardiac Catheterization Lab (Inpatient, Outpatient) • Cardiac Unit/Cardiology (Inpatient) • CT Scanner (Inpatient, Outpatient) • Dermatology (Inpatient) • Dialysis (Inpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Emergency Room (Outpatient) • Endocrinology (Outpatient) • Family Practice (Outpatient) • Gastroenterology (Inpatient, Outpatient) • General Medical Services (Inpatient, Outpatient) • General Surgery (Inpatient, Outpatient) • GI or Endoscopy Lab (Inpatient, Outpatient) • Gynecology (Inpatient, Outpatient) • Hematology/Blood Treatment (Inpatient, Outpatient) • Imaging/Radiology (Inpatient, Outpatient) • Infectious Diseases (Inpatient) • Infusion Services (Outpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient, Outpatient) • Labor & Delivery (Inpatient) • Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Medical Detoxification (Inpatient) • Nephrology (Inpatient) • Neurology (Inpatient) • Neurosurgery (Inpatient) 	<ul style="list-style-type: none"> • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) • Obstetrics (Inpatient, Outpatient) • Occupational Health (Outpatient) • Operating Room (Inpatient, Outpatient) • Ophthalmology/Eye Surgery (Outpatient) • Oral Maxillofacial Surgery (Inpatient, Outpatient) • Orthopedic Surgery (Inpatient, Outpatient) • Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) • Outpatient Surgery (Outpatient) • Pain Management (Inpatient, Outpatient) • Pediatric Care (Inpatient, Outpatient) • Plastic Surgery (Inpatient, Outpatient) • Podiatry (Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Inpatient, Outpatient) • Radiation Oncology (Inpatient, Outpatient) • Rehabilitation (Inpatient, Outpatient) • Respiratory Care (Ventilator) (Inpatient) • Rheumatology (Outpatient) • Sleep Center (Outpatient) • Telemetry (Inpatient) • Thoracic Surgery (Inpatient, Outpatient) • Ultrasound (Inpatient, Outpatient) • Urgent Care/Emergency Medicine (Outpatient) • Urology (Inpatient, Outpatient) • Vascular Surgery (Inpatient, Outpatient) • Wound Care (Inpatient)
<p>LCHSD Lexington Medical Center Batesburg-Leesville 338 East Columbia Ave Leesville, SC 29070</p>	<ul style="list-style-type: none"> • General Outpatient Services (Outpatient) 	



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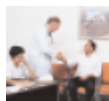
Locations of Care	Available Services
LCHSD Lexington Medical Center Irmo 7035 St. Andrews Road Columbia, SC 29212	<ul style="list-style-type: none"> Anesthesia (Outpatient) General Outpatient Services (Outpatient)
LCHSD Lexington Medical Center Chapin 557 Columbia Ave Chapin, SC 29036	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
LCHSD Lexington Medical Center Gilbert 4080 Augusta Hwy. Gilbert, SC 29054	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
LCHSD Lexington Medical Center Lexington 811 West Main Street Lexington, SC 29071	<ul style="list-style-type: none"> Anesthesia (Outpatient) General Outpatient Services (Outpatient)
LCHSD Lexington Medical Center Occupational Health 300 West Dunbar Road West Columbia, SC 29170	<ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)
LCHSD Lexington Medical Center Swansea 935 West Second Street Swansea, SC 29160	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
LCHSD Lexington Medical Office Building 110 East Medical Lane West Columbia, SC 29169	<ul style="list-style-type: none"> Multi Specialty Group Practice (Outpatient)
LCHSD Lexington Medical Office Park 2728 Sunset Blvd West Columbia, SC 29169	<ul style="list-style-type: none"> Home Medical Equipment Single Specialty Group Practice (Outpatient)
LCHSD Lexington Medical Park II 146 North Hospital Drive West Columbia, SC 29169	<ul style="list-style-type: none"> Single Specialty Group Practice (Outpatient)
Lexington Family Practice - Ballentine 1846 Dutch Fork Road Irmo, SC 29063	<ul style="list-style-type: none"> Single Specialty Group Practice (Outpatient)
Lexington Medical Associates 120 East Medical Lane West Columbia, SC 29169	<ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)
Lexington Pediatrics 346 West Butler Street Lexington, SC 29072	<ul style="list-style-type: none"> Single Specialty Group Practice (Outpatient)
Lexington Surgical Associates 723 South Lake Drive Lexington, SC 29072	<ul style="list-style-type: none"> Single Specialty Group Practice (Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services
Medical Center Hospitalists 2720 Sunset Blvd. West Columbia, SC 29169-4810	
















2005 National Patient Safety Goals

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
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Hospital

Safety Goals	Organizations Should	Implemented
Identify Patients Correctly	Use at least two (2) ways to identify a patient when performing procedures, taking blood or giving medicines or blood products. The patient's room number cannot be used to identify the patient.	
Improve Effective Communication	Assure a staff member who receives an order over the phone or verbally, will "read back" the order to the person who gave the order.	
	Create a list of acceptable standardized abbreviations and a "Do Not Use" list to help reduce the risk of errors. Medical abbreviations can lead to errors.	
	Improve the time it takes to get test results to the appropriate caregiver.	
Improve the Safety of High-Alert Medications	Remove high-alert medications from patient care units. Medications that have the highest risk of causing injury when misused are called "High-Alert" Medications.	
	Standardize and limit the number of drug concentrations.	
	Create a list of medicines that have names that either look alike or sound alike and use the list to prevent errors involving those medicines.	
Improve Infusion Pump Safety	Assure pumps used to give fluids or medicine into a vein are set so that the fluid cannot be given too quickly. An infusion pump releases an amount of medicine in a specific period of time.	
Reduce Health Care Acquired Infections	Follow current Centers for Disease Control (CDC) handwashing guidelines.	
	Manage as sentinel events all cases of health care-acquired infections. A sentinel event is any unanticipated death or major permanent loss of function.	
Ensure medicines aren't accidentally stopped.	When admitting a patient, create a list, with the patient's assistance, of the medicines that the patient takes. The list should be updated with new medicines prescribed in the hospital. [To be fully implemented by January 2006.]	
	The complete list of a patient's medicines is passed on to new caregivers—even if the caregiver is outside of the hospital.	
Reduce the risk of patients hurting themselves by falling.	Check each patient for the risk of falling, including any medicines the patient is taking that might make the patient weak, dizzy, or sleepy. If there is a risk of the patient falling, take appropriate precautions.	
Universal Protocol	Beginning July 1, 2004, the Universal Protocol for preventing wrong site, wrong procedure, and wrong person surgery became effective.	



National Quality Improvement Goals

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	3 100% of 14 eligible Patients ³	100%	93%	100%	95%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.	3 100% of 22 eligible Patients ³	100%	98%	100%	100%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	7 100% of 138 eligible Patients ⁷	100%	98%	100%	98%



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		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	 100% of 79 eligible Patients ⁷	100%	97%	100%	98%
Beta blocker at arrival*	Heart attack patients who receive a medicine called a "beta blocker" when they arrive at the hospital. This measure reports what percent of heart attack patients - within 24 hours after arrival were prescribed a special type of medicine that reduces heart damage.	 98% of 100 eligible Patients ⁷	100%	95%	100%	96%
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	 100% of 80 eligible Patients ⁷	100%	97%	100%	99%

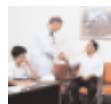


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Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.	 3 ----	100%	51%	100%	58%



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		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Primary PCI received within 90 minutes of hospital arrival*	Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.	3 ---	94%	75%	100%	81%



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Measure Area	Explanation	Nationwide	Statewide
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Statewide	Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	 100% of 78 eligible Patients ⁷	100%	91%	100%	94%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.	 100% of 41 eligible Patients ⁷	100%	96%	100%	98%
Discharge instructions*	Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization.	 84% of 201 eligible Patients ⁷	98%	79%	94%	82%



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Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.		

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		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure.	 100% of 246 eligible Patients ⁷	100%	96%	100%	97%



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Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse.	 97% of 61 eligible Patients ⁷	100%	94%	100%	97%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	 96% of 104 eligible Patients ⁷	98%	92%	97%	92%
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	³ 93% of 15 eligible Patients ³	100%	93%	100%	92%
Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital.	 97% of 112 eligible Patients ⁷	99%	93%	98%	94%

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National Quality Improvement Goals

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	 29% of 7 eligible Patients ³	91%	61%	80%	56%
Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	 99% of 80 eligible Patients ⁷	98%	92%	99%	92%
Oxygenation assessment*	Patients with pneumonia in which the amount of oxygen in the bloodstream was measured. This measure reports how many patients with pneumonia had their blood/oxygen level measured. Pneumonia reduces the amount of oxygen carried in a patient's blood.	 100% of 149 eligible Patients ⁷	100%	100%	100%	100%



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	 98% of 125 eligible Patients ⁷	98%	86%	98%	90%



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumonia Seasonal Measure Reporting Period: October 2007 - March 2008						
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through February) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	 95% of 83 eligible Patients ⁷	97%	83%	97%	88%



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	 8	 8

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 8 <small>87% of 73 eligible Patients⁷</small>	99%	90%	99%	92%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 8 <small>80% of 72 eligible Patients⁷</small>	100%	95%	100%	95%



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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	8	8

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	8 61% of 71 eligible Patients ⁷	98%	87%	96%	87%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	8 65% of 40 eligible Patients ⁷	100%	87%	100%	84%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	8 76% of 13 eligible Patients ³	100%	87%	100%	89%
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.	8 76% of 14 eligible Patients ³	100%	96%	100%	92%



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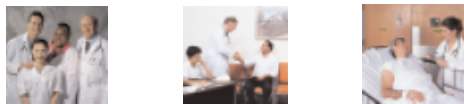
Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 8 41% of 13 eligible Patients ³	100%	79%	100%	69%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	 8 59% of 29 eligible Patients ⁷	96%	80%	93%	83%
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	 8 74% of 10 eligible Patients ³	100%	84%	100%	86%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.	 8 60% of 9 eligible Patients ³	100%	79%	100%	85%



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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	 8	 8

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 8 42% of 10 eligible Patients ³	100%	77%	100%	77%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	 8 89% of 47 eligible Patients ⁷	100%	92%	99%	91%
Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	 8 88% of 16 eligible Patients ³	100%	90%	100%	90%
Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	 8 88% of 16 eligible Patients ³	100%	98%	100%	97%



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Measure Area	Explanation	Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	8	8

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	8 92% of 15 eligible Patients ³	100%	86%	100%	87%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	8 86% of 49 eligible Patients ⁷	100%	92%	98%	93%
Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	8 87% of 17 eligible Patients ³	100%	91%	100%	93%
Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.	8 82% of 16 eligible Patients ³	100%	94%	100%	95%

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	 ⁸	 ⁸

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 ⁸ 89% of 16 eligible Patients ³	100%	91%	100%	91%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	 ⁸ 80% of 51 eligible Patients ⁷	100%	93%	100%	93%
Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	 ⁸ 100% of 17 eligible Patients ³	100%	93%	100%	93%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	 ⁸ 82% of 17 eligible Patients ³	100%	98%	100%	98%



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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	8	8

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	8 59% of 17 eligible Patients ³	100%	88%	100%	89%
Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	8 ----	100%	93%	100%	98%
Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having open heart surgery other than coronary artery bypass graft received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	8 ----	100%	90%	100%	98%
Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	8 ----	100%	98%	100%	100%



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SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	8	8

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	8 ---	100%	90%	100%	93%



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Measure Area	Explanation
SCIP – Venous Thromboembolism (VTE)	This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	8 89% of 87 eligible Patients ⁷	99%	89%	98%	88%
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	8 84% of 87 eligible Patients ⁷	98%	86%	96%	85%



The Joint Commission only reports measures endorsed by the National Quality Forum.

- * This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



CMS Mortality Goals

Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate
 The rates displayed in this table are from data reported for discharges July, 2006 through June, 2007
 Last Updated: September 08, 2008

The U.S. National 30-day Death Rate from Heart Attack = 16%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)
30-Day Death (Mortality) Rates from Heart Attack		✓	
Out of 4311 hospitals in U.S.	9 hospitals in the U.S. Better than U.S. National Rate	4302 hospitals in the U.S. No different than U.S. National Rate	0 hospitals in the U.S. Worse than U.S. National Rate
Out of 55 hospitals in South carolina	0 hospitals in South carolina Better than U.S. National Rate	55 hospitals in South carolina No different than U.S. National Rate	0 hospitals in South carolina Worse than U.S. National Rate

The U.S. National 30-day Death Rate from Heart Failure = 11%






	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)
30-Day Death (Mortality) Rates from Heart Failure		✓	
Out of 4641 hospitals in U.S.	41 hospitals in the U.S. Better than U.S. National Rate	4565 hospitals in the U.S. No different than U.S. National Rate	35 hospitals in the U.S. Worse than U.S. National Rate
Out of 58 hospitals in South carolina	0 hospitals in South carolina Better than U.S. National Rate	56 hospitals in South carolina No different than U.S. National Rate	2 hospitals in South carolina Worse than U.S. National Rate

The U.S. National 30-day Death Rate from Pneumonia = 11%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)
30-Day Death (Mortality) Rates from Pneumonia		✓	
Out of 4690 hospitals in U.S.	41 hospitals in the U.S. Better than U.S. National Rate	4575 hospitals in the U.S. No different than U.S. National Rate	74 hospitals in the U.S. Worse than U.S. National Rate
Out of 58 hospitals in South carolina	0 hospitals in South carolina Better than U.S. National Rate	56 hospitals in South carolina No different than U.S. National Rate	2 hospitals in South carolina Worse than U.S. National Rate

For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.

Symbol Key

-  This organization achieved the best possible results
-  This organization's performance is above the performance of most accredited organizations
-  This organization's performance is similar to the performance of most accredited organizations
-  This organization's performance is below the performance of most accredited organizations
-  Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."