

Accreditation Quality Report





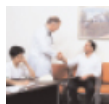
Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting 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

May 26, 2007

Accredited Programs

Hospital

Last Full Survey Date

5/25/2007

Last On-Site Survey Date

5/25/2007

Advanced Certification Programs

Certification Decision

Effective Date

Last Full Review Date

Last On-Site Review Date

Primary Stroke Center	Certification	3/20/2008	1/17/2008	1/17/2008
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Certified Programs

Certification Decision

Effective Date

Last Full Review Date

Last On-Site Review Date

Heart Failure	Certification	3/17/2008	1/18/2008	1/18/2008
Joint Replacement - Hip	Certification	3/13/2008	1/17/2008	1/17/2008
Joint Replacement - Knee	Certification	3/12/2008	1/17/2008	1/17/2008

Special Quality Awards

- 2009 Gold Get With The Guidelines - Stroke
- 2005 Hospital Magnet Award

Symbol Key

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		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2007 National Patient Safety Goals		*
	National Quality Improvement Goals:		
Reporting Period:	Heart Attack Care		
Apr 2008 - Mar 2009	Heart Failure Care		
	Pneumonia Care		

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.



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



Locations of Care

* Primary Location

Locations of Care	Available Services
Community Outreach Office 393 E. Town Street, 2nd Floor, Suite 226 Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Grant Family Practice 4850 E. Main Street, Suite 160 Columbus, OH 43213	
Grant Family Practice Southwest 2030 Stringtown Road Grove City, OH 43123	<ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)
Grant Family Practice - East 4850 East Main Street Columbus, OH 43213	<ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)
Grant Infusion Center 340 East Town Street, 8th Floor, Ste 200 Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
<p>Grant Medical Center * 111 South Grant Avenue Columbus, OH 43215</p>	<p>Joint Commission Advanced Certification Programs:</p> <ul style="list-style-type: none"> • Primary Stroke Center <p>Joint Commission Certified Programs:</p> <ul style="list-style-type: none"> • Heart Failure • Joint Replacement - Hip • Joint Replacement - Knee <p>Services:</p> <ul style="list-style-type: none"> • Cancer Center/Oncology (Inpatient) • Cardiac Catheterization Lab (Inpatient, Outpatient) • Cardiac Surgery (Inpatient) • Cardiac Unit/Cardiology (Inpatient, Outpatient) • CT Scanner (Inpatient, Outpatient) • Dialysis (Inpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Emergency Room (Outpatient) • Endocrinology (Inpatient) • Family Practice (Inpatient, 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) • Imaging/Radiology (Inpatient, Outpatient) • Infectious Diseases (Inpatient) • Infusion Services (Outpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient, Outpatient) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Nephrology (Inpatient) • Neurology (Inpatient) • Neurosurgery (Inpatient) • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) • Obstetrics (Outpatient) • Operating Room (Inpatient, Outpatient) • Ophthalmology/Eye Surgery (Inpatient, Outpatient) • Oral Maxillofacial Surgery (Inpatient, Outpatient) • Orthopedic Surgery (Inpatient, Outpatient) • Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) • Outpatient Surgery (Outpatient) • Pain Management (Inpatient) • Pediatric Care (Outpatient) • Plastic Surgery (Inpatient, Outpatient) • Podiatry (Inpatient, Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Inpatient, Outpatient) • Radiation Oncology (Inpatient, Outpatient) • Rehabilitation (Inpatient) • Respiratory Care (Ventilator) (Inpatient) • Rheumatology (Inpatient) • Sleep Center (Outpatient) • Telemetry (Inpatient) • Thoracic Surgery (Inpatient) • Trauma/Burn Unit (Inpatient) • Ultrasound (Inpatient, Outpatient) • Urgent Care/Emergency Medicine (Outpatient) • Urology (Inpatient, Outpatient) • Vascular Surgery (Inpatient, Outpatient) • Wound Care (Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services
Grant Medical Center Sleep Diagnostic Lab 285 E. State St, Wilkins MOB, Suite 425 Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Grant Outpatient Clinic 393 East Town Street, Suite 116 Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Grant Outpatient Radiology 285 E. State St, Wilkins MOB, Suite 320 Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Grant Outpatient Wound Care 285 East State Street, Suite 460 Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Grant Vascular Lab (Westerville Campus location) 300 Polaris Parkway (Suite 2550) Westerville, OH 43082	
Main Street Imaging 500 East Main Street Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Physical Rehabilitation Center Town Street 223 East Town Street Columbus, OH 43215	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
Wound Care Center - Westerville Medical Campus 300 Polaris Parkway, Suite 2450 Westerville, OH 43081	


















2007 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.
-  The Goal is not applicable for this organization.

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
Improve the safety of using medications.	Standardize and limit the number of drug concentrations used by the organization.	
	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	
Reduce the risk of health care-associated infections.	Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
The organization identifies safety risks inherent in its patient population.	The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.]	






2007 National Patient Safety Goals

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Hospital

Safety Goals	Organizations Should	Implemented
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	
	Conduct a "time out" immediately before starting the procedure.	

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National Quality Improvement Goals

Reporting Period: April 2008 - March 2009

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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	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average Rate:	Top 10% Scored at Least:	Statewide
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.	 100% of 57 eligible Patients	100%	94%	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.	 100% of 143 eligible Patients	100%	99%	100%	99%
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.	 98% of 209 eligible Patients	100%	98%	100%	98%



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Measure Area	Explanation	Nationwide	Statewide
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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:
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.	 99% of 309 eligible Patients	100%	98%	100%	98%
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 309 eligible Patients	100%	98%	100%	98%
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.	 98% of 51 eligible Patients	98%	83%	98%	85%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

Heart Attack Care

ACE inhibitor or ARB for LVSD*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	13	17	17	10
Rate	100%	100%	100%	100%
Nationwide Average	94%	94%	95%	95%

Adult smoking cessation advice/counseling*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	42	41	33	27
Rate	100%	100%	100%	100%
Nationwide Average	99%	99%	99%	99%

Aspirin at arrival*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	64	52	50	43
Rate	97%	98%	98%	100%
Nationwide Average	98%	98%	98%	98%

Aspirin prescribed at discharge*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	82	85	81	61
Rate	99%	100%	100%	98%
Nationwide Average	98%	98%	98%	98%



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National Quality Improvement Goals - Quarterly Results

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Heart Attack Care

Beta blocker prescribed at discharge*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	84	84	80	61
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	98%	98%

Primary PCI received within 90 minutes of hospital arrival*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	14	12	14	11
Rate	100%	100%	100%	91%
Nationwide Average	81%	83%	84%	85%



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National Quality Improvement Goals

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		Compared to other Joint Commission Accredited Organizations	
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.		

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:
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.	 98% of 153 eligible Patients ⁷	100%	93%	100%	93%
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 108 eligible Patients ⁷	100%	98%	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.	 98% of 335 eligible Patients ⁷	99%	85%	99%	87%

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National Quality Improvement Goals

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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	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:
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 380 eligible Patients ⁷	100%	97%	100%	98%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

Heart Failure Care

ACE inhibitor or ARB for LVSD*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	45	42 ⁷	38 ⁷	28 ⁷
Rate	98%	98%	97%	100%
Nationwide Average	93%	93%	93%	94%

Adult smoking cessation advice/counseling*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	40	30 ⁷	20 ⁷	18 ⁷
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	98%	98%

Discharge instructions*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	107	90 ⁷	72 ⁷	66 ⁷
Rate	95%	99%	100%	100%
Nationwide Average	83%	84%	85%	86%

LVF assessment*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	129	103 ⁷	80 ⁷	68 ⁷
Rate	100%	100%	100%	100%
Nationwide Average	97%	97%	97%	98%



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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.	 100% of 85 eligible Patients ⁷	100%	97%	100%	96%
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.	 97% of 107 eligible Patients ⁷	99%	94%	99%	95%
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 96% of 26 eligible Patients ³	100%	95%	100%	94%
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.	 96% of 136 eligible Patients ⁷	99%	94%	99%	94%



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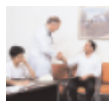
Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

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.	3 80% of 5 eligible Patients ³	100%	63%	94%	66%
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 76 eligible Patients ⁷	99%	94%	99%	94%
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	 93% of 71 eligible Patients ⁷	99%	90%	99%	91%

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.



National Quality Improvement Goals

Reporting Period: April 2008 - March 2009

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- 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.
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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 2008 - March 2009						
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through March) 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 58 eligible Patients ⁷	99%	89%	98%	90%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

Pneumonia Care

Adult smoking cessation advice/counseling*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	19 ⁷	18 ⁷	24 ⁷	24 ⁷
Rate	100%	100%	100%	100%
Nationwide Average	96%	96%	97%	97%

Blood cultures for pneumonia patients admitted through the Emergency Department.*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	32 ⁷	28 ⁷	21 ⁷	26 ⁷
Rate	97%	96%	100%	96%
Nationwide Average	93%	94%	94%	94%

Blood cultures for pneumonia patients in intensive care units.

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	11 ⁷	8 ⁷	---- ⁴	6 ⁷
Rate	91%	100%	---- ⁴	100%
Nationwide Average	94%	94%	95%	95%

Influenza vaccination

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	***	***	27 ⁷	31 ⁷
Rate	***	***	96%	94%
Nationwide Average	***	***	86%	91%



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*** The measure was not in effect for this quarter.

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National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

Pneumonia Care

Initial antibiotic received within 6 hours of hospital arrival*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	35 ⁷	34 ⁷	32 ⁷	35 ⁷
Rate	97%	91%	97%	100%
Nationwide Average	94%	94%	94%	94%

Initial antibiotic selection for CAP in immunocompetent – ICU patient*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	----	----	----	5 ⁷
Rate	----	----	----	80%
Nationwide Average	60%	60%	64%	65%

Initial antibiotic selection for CAP in immunocompetent – non ICU patient*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	19 ⁷	17 ⁷	17 ⁷	23 ⁷
Rate	100%	100%	100%	96%
Nationwide Average	93%	93%	94%	94%

Pneumococcal vaccination*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	23 ⁷	16 ⁷	17 ⁷	15 ⁷
Rate	96%	94%	94%	87%
Nationwide Average	88%	89%	91%	93%



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Survey of Patients' Hospital Experiences

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	30%

Question	Explanation								
How often did doctors communicate well with patients?	Patients reported how often their doctors communicated well with them during their hospital stay. "Communicated well" means doctors explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .								
Doctors "always" communicated well	Doctors "usually" communicated well			Doctors "sometimes" or "never" communicated well					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
74%	78%	80%	20%	17%	15%	6%	5%	5%	

Question	Explanation								
How often did nurses communicate well with patients?	Patients reported how often their nurses communicated well with them during their hospital stay. "Communicated well" means nurses explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .								
Nurses "always" communicated well	Nurses "usually" communicated well			Nurses "sometimes" or "never" communicated well					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
72%	75%	74%	23%	20%	20%	5%	5%	6%	

Question	Explanation								
How often did patients receive help quickly from hospital staff?	Patients reported how often they were helped quickly when they used the call button or needed help in getting to the bathroom or using a bedpan .								
Patients "always" received help as soon as they wanted	Patients "usually" received help as soon as they wanted			Patients "sometimes" or "never" received help as soon as they wanted					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
55%	63%	62%	29%	27%	26%	16%	10%	12%	

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Survey of Patients' Hospital Experiences

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	30%

Question	Explanation								
How often was patients' pain well controlled?	If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. "Well controlled" means their pain was well controlled and that the hospital staff did everything they could to help patients with their pain.								
Pain was "always" well controlled	Pain was "usually" well controlled			Pain was "sometimes" or "never" well controlled					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
65%	68%	68%	29%	25%	24%	6%	7%	8%	

Question	Explanation								
How often did staff explain about medicines before giving them to patients?	If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told what the medicine was for and what side effects it might have before they gave it to the patient.								
Staff "always" explained	Staff "usually" explained			Staff "sometimes" or "never" explained					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
55%	58%	59%	20%	19%	18%	25%	23%	23%	

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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Survey of Patients' Hospital Experiences

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	30%

Question	Explanation								
How often were the patients' rooms and bathrooms kept clean?	Patients reported how often their hospital room and bathroom were kept clean.								
Room was "always" clean	Room was "usually" clean			Room was "sometimes" or "never" clean					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
63%	70%	69%	26%	21%	21%	11%	9%	10%	

Question	Explanation								
How often was the area around patients' rooms kept quiet at night?	Patients reported how often the area around their room was quiet at night.								
"Always" quiet at night	"Usually" quiet at night			"Sometimes" or "never" quiet at night					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
51%	52%	56%	33%	34%	31%	16%	14%	13%	

Question	Explanation							
Were patients given information about what to do during their recovery at home?	The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had discussed the help they would need at home. Patients also reported whether they were given written information about symptoms or health problems to watch for during their recovery.							
Yes, staff did give patients this information			No, staff did not give patients this information					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average			
83%	82%	80%	17%	18%	20%			

Footnote Key

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Survey of Patients' Hospital Experiences

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	30%

Question	Explanation										
How do patients rate the hospital overall?	After answering all other questions on the survey, patients answered a separate question that asked for an overall rating of the hospital. Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."										
Patients who gave a rating of 9 or 10 (high)			Patients who gave a rating of 7 or 8 (medium)			Patients who gave a rating of 6 or lower (low)					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
60%	65%	64%	30%	26%	26%	10%	9%	10%			

Question	Explanation										
Would patients recommend the hospital to friends and family?	The survey asked patients whether they would recommend the hospital to their friends and family.										
YES, patients would definitely recommend the hospital			YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
67%	68%	68%	27%	27%	26%	6%	5%	6%			