Quality Check®

OSF Saint Francis Medical Center

530 NE Glen Oak Avenue, Peoria, IL

Org ID: 7410

Accreditation Quality Report

The Joint Commission

Version: 10
Date: 11/28/2012

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

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.
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- Not displayed

Footnote Key

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2. The Measure Set does not have an overall result.
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4. The measure meets the Privacy Disclosure Threshold rule.
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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	4/9/2011	4/8/2011	4/8/2011

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	10/30/2012	9/21/2012	9/21/2012

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Acute Myocardial Infarction	Certification	9/29/2012	9/28/2012	9/28/2012
Heart Failure	Certification	9/28/2012	9/27/2012	9/27/2012

Special Quality Awards

- 2012 ACS National Surgical Quality Improvement Program
- 2009 Hospital Magnet Award
- 2009 Silver I - The Medal of Honor for Organ Donation
- 2008 Silver Get With The Guidelines - Coronary Artery Disease
- 2008 The Medal of Honor for Organ Donation
- 2007 The Medal of Honor for Organ Donation
- 2006 The Medal of Honor for Organ Donation
- 2005 The Medal of Honor for Organ Donation

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	**2011National Patient Safety Goals**	✓	N/A *

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.

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

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Reporting Period: Apr 2011 - Mar 2012

	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
National Quality Improvement Goals:		
Heart Attack Care	⊕	⊕
Heart Failure Care	✓	✓
Pneumonia Care	⊕	⊕
Surgical Care Improvement Project (SCIP)		
SCIP - Cardiac SCIP - Infection Prevention *For All Reported Procedures:*	⊕	⊕
• Blood Vessel Surgery	✓	✓
• Colon/Large Intestine Surgery	✓	✓
• Coronary Artery Bypass Graft	⊕	⊕
• Hip Joint Replacement	⊕	⊕
• Hysterectomy	✓	✓
• Knee Replacement	⊕	⊕
• Open Heart Surgery	⊕	⊕
SCIP – Venous Thromboembolism (VTE)		

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
OSF Executive Drive Perinatal Outreach 4911 Executive Drive Peoria, IL 61614	• General Outpatient Services (Outpatient)
OSF Five Points Outpatient Rehab Services 360 N. Wilmor Rd Washington, IL Washington, IL 61571	
OSF Glen Park Place Center for Health 5114 Glen Park Place Peoria, IL 61614	• Single Specialty Group Practice (Outpatient)
OSF Health Services at RiverPlex 600 Water Street Peoria, IL 61603	• General Outpatient Services (Outpatient)
OSF Heartcare Midwest Cardiology Services 5401 North Knoxville Peoria, IL 61603	• Multi Specialty Group Practice (Outpatient)
OSF Heartcare Midwest Pekin 610 Parks Ave Pekin, IL 61554	• Single Specialty Group Practice (Outpatient)
OSF Infectious Diseases 723 N.E. Glen Oak Avenue Peoria, IL 61603	• Single Specialty Group Practice (Outpatient)
OSF Medical Group Gastroenterology 2805 N.Knoxville Ave, Peoria, IL 61603	• Single Specialty Group Practice (Outpatient)
OSF Outpatient Center for Industrial Rehab 520 Highpoint Lane East Peoria, IL 61611	• General Outpatient Services (Outpatient)
OSF Outpatient Rehab 5009 N. Glen Park Place Peoria, IL 61614	
OSF Saint Francis Morton Center for Health 435 Maxine Drive Morton, IL 61550	• General Outpatient Services (Outpatient) • Multi Specialty Group Practice (Outpatient)
OSF Sisters Community HealthCare Center 320 E Armstrong Peoria, IL 61603	• Behavioral Health (Day Programs - Adult) (Partial - Adult) • General Outpatient Services (Outpatient)
OSF Washington 10 Saint Clare Court #100 Washington, IL 61571	• General Outpatient Services (Outpatient) • Multi Specialty Group Practice (Outpatient)
OSFMG Chillicothe 319 Fourth Street Chillicothe, IL 61523	• Single Specialty Practitioner (Outpatient)

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Locations of Care

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Locations of Care	Available Services
OSFMG Clinic at Wal-Mart 8915 N. Allen Road Peoria, IL 61615	• Convenient Care Center (Outpatient)
OSFMG East Peoria 2513 North Main Street East Peoria, IL 61611	• General Outpatient Services (Outpatient) • Single Specialty Practitioner (Outpatient)
OSFMG East Peoria Clinic at Walmart 401 River Road East Peoria, IL 61611	
OSFMG Executive Drive Internal Medicine/Pediatrics 5101 N. Executive Drive Peoria, IL 61614	• Single Specialty Group Practice (Outpatient)
OSFMG Glen Park Place Family Medicine 5111 North Glen Park Place Peoria, IL 61614	• Single Specialty Group Practice (Outpatient)
OSFMG Hopedale 143 Ford Avenue Hopedale, IL 61747	• Single Specialty Group Practice (Outpatient)
OSFMG Joslin Diabetes Center & Endocrinology 5101 Glen Park Place Peoria, IL 61614	• Single Specialty Group Practice (Outpatient)
OSFMG Knoxville Avenue Pediatrics 2900 North Knoxville Avenue Peoria, IL 61603	• Single Specialty Group Practice (Outpatient)
OSFMG Roanoke 401 North Main Street Roanoke, IL 61561	• Single Specialty Group Practice (Outpatient)
Out Patient Services 100 NE Randolph Ave. 100 NE Randolph Ave. Peoria, IL 61603	• General Outpatient Services (Outpatient) • Multi Specialty Group Practice (Outpatient)
Out Patient Services 200 Pennsylvania Ave. 200 E. Pennsylvania Ave Peoria, IL 61603	• Single Specialty Group Practice (Outpatient)
Out Patient Services Hillcrest Building 420 NE Glen Oak, Suite Peoria, IL 61637	• Single Specialty Group Practice (Outpatient)
Outpatient Radiation Oncology at Pekin 603 Thirteenth Street Pekin, IL 61554	• General Outpatient Services (Outpatient)
Radiation Oncology North 8948 North Wood Sage Road Peoria, IL 61615	• General Outpatient Services (Outpatient)

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
Saint Francis Center For Health 8600 N Route 91 Peoria, IL 61615	• Convenient Care Center (Outpatient) • General Outpatient Services (Outpatient) • Multi Specialty Group Practice (Outpatient)

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Locations of Care

* Primary Location

Locations of Care	Available Services
Saint Francis Medical Center * 530 NE Glen Oak Avenue Peoria, IL 61637	**Joint Commission Advanced Certification Programs:** • Advanced Comprehensive Stroke Center **Joint Commission Certified Programs:** • Acute Myocardial Infarction • Heart Failure **Services:** • Abdominal Aortic Aneurysm (Inpatient) • Acquired Brain Injury (Inpatient, 24-hour Acute Care/Crisis Stabilization) • Acute Coronary Syndrome (Inpatient) • Acute Myocardial Infarction (Inpatient) • Adolescent medicine (Inpatient) • Advanced Fetal Care (Inpatient, Outpatient) • Allergy (Outpatient) • Alzheimers Disease (Outpatient) • Amyotrophic Lateral Sclerosis (Inpatient, Outpatient) • Anxiety/panic disorders (Outpatient) • Arthritis (Outpatient) • Asthma (Inpatient, Outpatient) • Asthma, Pediatrics (Inpatient, Outpatient) • Atrial Fibrillation (Inpatient) • Attention Deficit Disorder (Outpatient) • Audiology (Inpatient, Outpatient) • Bariatric Surgery (Inpatient, Outpatient) • Benign prostatic hyperplasia (BPH) (Inpatient) • Bipolar disorder (Outpatient) • Bone Marrow Transplant (Inpatient) • Brain Injury Rehabilitation (Inpatient, Outpatient, 24-hour Acute Care/Crisis Stabilization) • Breast Cancer (Inpatient, Outpatient) • Cancer Center/Oncology (Inpatient) • Cardiac Catheterization Lab (Inpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Maternal Child (Inpatient) • Mental Health (Outpatient) • Microdiscectomy (Inpatient) • Migraine Headache (Inpatient, Outpatient) • Morbid Obesity (Inpatient, Outpatient) • Multiple Sclerosis (Inpatient, Outpatient) • Necrotizing Enteral Colitis (Inpatient) • Neonatal Intensive Care (Inpatient) • Neonatology (Inpatient) • Nephrology (Inpatient) • Neurology (Inpatient, Outpatient) • Neurosurgery (Inpatient) • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) • Nutrition Programs (Inpatient, Outpatient) • Obstetrics (Inpatient, Outpatient) • Occupational Health (Outpatient) • Operating Room (Inpatient) • Oral Maxillofacial Surgery (Inpatient) • Organ Transplant - Kidney (Inpatient) • Organ Transplant - Kidney/Pancreas (Inpatient) • Organ Transplant - Pancreas (Inpatient) • Orthopedic Surgery (Inpatient) • Osgood-Schlatter (Inpatient) • Osteoporosis (Inpatient) • Outpatient Surgery (Outpatient) • Pain Management (Outpatient) • Pancreatic Cancer (Inpatient) • Pancreatitis (Inpatient) • Parkinsons Disease (Inpatient, Outpatient)

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
	• Cardiac Rehabilitation (Inpatient, Outpatient) • Cardiac Surgery (Inpatient) • Cardiac Unit/Cardiology (Inpatient) • Carotid Stenosis (Inpatient) • Cellulitis (Inpatient, Outpatient) • Cerebral Bleeding (Inpatient) • Cervical Spine Treatment (Inpatient, Outpatient) • Chronic Kidney Disease (Inpatient) • Chronic Obstructive Pulmonary Disease (Inpatient) • Coagulopathy Treatment (Inpatient, Outpatient) • Colon/Rectal Cancer (Inpatient) • Congenital Anomalies (Inpatient) • Coronary Artery Bypass Graft (Inpatient) • Coronary Artery Disease (Inpatient) • Crohn's Disease (Inpatient, Outpatient) • CT Scanner (Inpatient, Outpatient) • Cystic Fibrosis (Inpatient, Outpatient) • Depression (Outpatient) • Developmental Pediatrics (Inpatient, Outpatient) • Diabetes Mellitus (Inpatient, Outpatient) • Dialysis (Inpatient) • Eating Disorders (Outpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Emergency Room (Outpatient) • Emphysema (Inpatient) • End Stage Renal Disease (Inpatient) • Endocrinology (Outpatient) • Epilepsy (Inpatient, Outpatient) • Esophageal Cancer (Inpatient) • Extracorporeal Membrane Oxygenation (Inpatient) • Family Practice (Outpatient) • Gastroenterology (Inpatient, Outpatient) • Pathology (Inpatient, Outpatient) • Pediatric Allergy/Immunology (Outpatient - Child/Youth) • Pediatric Cardiac Catheterization (Inpatient - Child/Youth) • Pediatric Cardiology (Inpatient - Child/Youth) • Pediatric Cardiothoracic Surgery (Inpatient - Child/Youth) • Pediatric Care (Inpatient, Outpatient) • Pediatric Dentistry (Inpatient - Child/Youth) • Pediatric Emergency Department (Outpatient - Child/Youth) • Pediatric Emergency Medicine (Inpatient - Child/Youth) • Pediatric Endocrinology (Inpatient - Child/Youth) • Pediatric Gastroenterology (Inpatient - Child/Youth) • Pediatric General Surgery (Inpatient - Child/Youth) • Pediatric Hematology/Oncology (Inpatient - Child/Youth) • Pediatric Intensivists (Inpatient - Child/Youth) • Pediatric Nephrology (Inpatient - Child/Youth) • Pediatric Neurology (Inpatient - Child/Youth) • Pediatric Neurosurgery (Inpatient - Child/Youth) • Pediatric Ophthalmology (Inpatient - Child/Youth) • Pediatric Oral/Maxofacial Surgery (Inpatient - Child/Youth) • Pediatric Orthopedics (Inpatient - Child/Youth) • Pediatric Otolaryngology (Inpatient - Child/Youth) • Pediatric Pathology (Inpatient - Child/Youth) • Pediatric Plastic Surgery (Inpatient - Child/Youth) • Pediatric Pulmonology (Inpatient - Child/Youth) • Pediatric Radiology (Inpatient - Child/Youth) • Pediatric Urology (Inpatient - Child/Youth)

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
	• Gastroesophageal Reflux Disease (Inpatient, Outpatient) • General Medical Services (Inpatient) • General Surgery (Inpatient) • GI or Endoscopy Lab (Inpatient, Outpatient) • Gynecology (Inpatient, Outpatient) • Head Injury (Inpatient, Outpatient) • Health and Wellness (Outpatient) • Health Social Work (Inpatient, Outpatient) • Heart Failure (Inpatient) • Hematology/Blood Treatment (Inpatient) • Hemophilia (Inpatient) • Hepatitis B/C (Inpatient) • High Risk Neonatal (Inpatient) • High Risk Obstetrics (Inpatient) • Hip Joint Replacement (Inpatient) • HIV/AIDS (Inpatient) • Hodgkin's disease (Inpatient) • Hyperbilirubinemia (Inpatient) • Hyperlipidemia (Inpatient) • Hypertension (Inpatient, Outpatient) • Hyperthyroidism/Hypothyroidism (Inpatient, Outpatient) • Imaging/Radiology (Inpatient, Outpatient) • Infectious Diseases (Inpatient, Outpatient) • Infusion Therapy (Inpatient, Outpatient) • Inpatient Diabetes (Inpatient) • Inpatient Intake (Inpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient) • Interventional Cardiac Catheterization (Inpatient, Outpatient) • Interventional Radiology (Inpatient, Outpatient) • Intraventricular hemorrhage (Inpatient) • Irritable Bowel Syndrome (Inpatient, Outpatient) • Ischemic Heart Disease (Inpatient) • Pelvic Inflammatory Disease (Inpatient) • Perimenopause (Outpatient) • Peripheral Vascular Disease (Inpatient) • Plastic Surgery (Inpatient) • Pneumonia (Inpatient) • Post Anesthesia Care Unit (PACU) (Inpatient) • Prematurity (Inpatient) • Prostate Cancer (Inpatient) • Pulmonary Function Lab (Inpatient) • Radiation Oncology (Inpatient, Outpatient) • Rehabilitation and Physical Medicine (Inpatient, Outpatient) • Respiratory Care (Ventilator) (Inpatient) • Respiratory Failure (Inpatient) • Rheumatology (Outpatient) • Self Injury (Outpatient) • Sexually Transmitted Disease (Inpatient) • Sickle Cell Disease (Inpatient, Outpatient) • Sleep Center (Outpatient) • Sleeping Disorder (Outpatient) • Spinal Fusion (Inpatient, Outpatient) • Spine Care (Inpatient, Outpatient) • Stroke Rehabilitation (Inpatient, Outpatient) • Stroke (Primary Stroke Center) (Inpatient, Outpatient) • Systemic Lupus Erythematosis (Inpatient) • Telemetry (Inpatient) • Thoracic Spine (Inpatient, Outpatient) • Thoracic Surgery (Inpatient) • Trauma (Inpatient) • Trauma/Burn Unit (Inpatient) • Traumatic Brain Injury (Inpatient) • Tuberculosis (Inpatient) • Ulcerative Colitis (Inpatient, Outpatient) • Ultrasound (Inpatient, Outpatient) • Urgent Care/Emergency Medicine (Outpatient) • Urology (Inpatient, Outpatient) • Vascular Disease (Inpatient) • Vascular Surgery (Inpatient, Outpatient)

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Locations of Care

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Locations of Care	Available Services
	• Joint Replacement - Knee (Inpatient) • Labor & Delivery (Inpatient) • Laminectomy (Inpatient) • Leukemia (Inpatient) • Lithotripsy/Kidney Stone Treatment (Outpatient) • Liver Diseases (Inpatient) • Low Back Pain (Inpatient, Outpatient) • Lumbar Spine Treatment (Inpatient, Outpatient) • Lung Cancer (Inpatient) • Lung Volume Reduction Surgery (Inpatient) • Ventricular Assist Device (Inpatient) • Weight Loss (Outpatient) • Women's Health (Outpatient) • Wound Care (Inpatient, Outpatient)

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2011 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.

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

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
	Eliminating Transfusion Errors	✓
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	✓
Improve the safety of using medications.	Labeling Medications	✓
	Reducing Harm from Anticoagulation Therapy	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
	Preventing Multi-Drug Resistant Organism Infections	✓
	Preventing Central-Line Associated Blood Stream Infections	✓
	Preventing Surgical Site Infections	✓
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	✓
	Communicating Medications to the Next Provider	✓
	Providing a Reconciled Medication List to the Patient	✓
	Settings in Which Medications are Minimally Used	✓
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	✓
Universal Protocol	Conducting a Pre-Procedure Verification Process	✓
	Marking the Procedure Site	✓
	Performing a Time-Out	✓

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National Quality Improvement Goals

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Reporting Period: April 2011 - March 2012

		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			
			Nationwide		Statewide	
Measure	Explanation	Hospital Results	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.	✓ 99% of 79 eligible Patients	100%	98%	100%	98%
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.	⊕ 99% of 589 eligible Patients	100%	99%	100%	99%
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 553 eligible Patients	100%	99%	100%	99%

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* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

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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			
			Nationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at least:	Average Rate:
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.	⊕ 99% of 556 eligible Patients	100%	99%	100%	99%
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.	★ 100% of 68 eligible Patients	100%	94%	100%	95%
Statin Prescribed at Discharge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	⊕ 99% of 550 eligible Patients	----	----	----	----

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National Quality Improvement Goals - Quarterly Results

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Reporting Period: April 2011 - March 2012

Heart Attack Care

ACE inhibitor or ARB for LVSD*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	21	20	22	16
Rate	100%	100%	95%	100%
Nationwide Average	97%	98%	98%	98%

Aspirin at arrival*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	142	142	144	161
Rate	99%	100%	100%	100%
Nationwide Average	99%	99%	99%	99%

Aspirin prescribed at discharge*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	135	127	139	152
Rate	100%	99%	100%	100%
Nationwide Average	99%	99%	99%	99%

Beta blocker prescribed at discharge*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	136	126	139	155
Rate	99%	100%	99%	99%
Nationwide Average	99%	99%	99%	99%

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** Indicates per 1000 hours of patient care.
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National Quality Improvement Goals - Quarterly Results

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Reporting Period: April 2011 - March 2012

Heart Attack Care

Primary PCI received within 90 minutes of hospital arrival*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	13	20	18	17
Rate	100%	100%	100%	100%
Nationwide Average	94%	94%	94%	95%

Statin Prescribed at Discharge				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	133	129	134	154
Rate	100%	99%	100%	99%
Nationwide Average	97%	98%	98%	98%

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National Quality Improvement Goals

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Reporting Period: April 2011 - March 2012

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: 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	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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.	✓ 97% of 154 eligible Patients	100%	97%	100%	97%
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. Limitations of measure use - see Accreditation Quality Report User Guide.	⊕ 98% of 381 eligible Patients	100%	94%	100%	96%
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. Limitations of measure use - see Accreditation Quality Report User Guide.	★ 100% of 450 eligible Patients	100%	99%	100%	100%

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Reporting Period: April 2011 - March 2012

Heart Failure Care

ACE inhibitor or ARB for LVSD*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	34	37	45	38
Rate	100%	100%	93%	95%
Nationwide Average	96%	97%	97%	97%

Discharge instructions*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	106	91	81	103
Rate	98%	97%	100%	98%
Nationwide Average	93%	94%	94%	94%

LVF assessment*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	128	104	102	116
Rate	100%	100%	100%	100%
Nationwide Average	99%	99%	99%	99%

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Reporting Period: April 2011 - March 2012

		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			
			Nationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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 514 eligible Patients	100%	97%	100%	98%
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.	★ 100% of 76 eligible Patients	100%	98%	100%	98%
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.	N/D 9 ----				

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Reporting Period: April 2011 - March 2012

		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				
			Nationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	✓ 95% of 242 eligible Patients	100%	96%	100%	95%

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Reporting Period: April 2011 - March 2012

Pneumonia Care

Blood cultures for pneumonia patients admitted through the Emergency Department.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	115	121	129	149
Rate	90%	99%	98%	99%
Nationwide Average	97%	97%	97%	98%

Blood cultures for pneumonia patients in intensive care units.				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	16	18	18	24
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	98%	98%

Initial antibiotic selection for CAP in immunocompetent – ICU patient*
No Quarterly Results are available

Initial antibiotic selection for CAP in immunocompetent – non ICU patient*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	65	55	50	72
Rate	89%	98%	94%	100%
Nationwide Average	96%	96%	96%	96%

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Reporting Period: April 2011 - March 2012

		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

		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:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	96% of 520 eligible Patients[7]	100%	97%	100%	97%

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Reporting Period: April 2011 - March 2012

SCIP - Cardiac

Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	129[7]	124[7]	126[7]	141[7]
Rate	89%	95%	98%	100%
Nationwide Average	96%	97%	97%	97%

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Reporting Period: April 2011 - March 2012

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.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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.	⊕ 99% of 1082 eligible Patients[7]	100%	98%	100%	99%
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.	⊕ 97% of 1092 eligible Patients[7]	100%	99%	100%	99%

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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.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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.	✓ 96% of 1058 eligible Patients[7]	100%	97%	100%	97%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	✓ 94% of 187 eligible Patients[7]	100%	97%	100%	97%
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.	★ 100% of 62 eligible Patients[7]	100%	97%	100%	97%
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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.	✓ 91% of 65 eligible Patients[7]	100%	99%	100%	98%

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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.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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).	✓ 90% of 60 eligible Patients[7]	100%	94%	100%	95%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	✓ 94% of 345 eligible Patients[7]	100%	95%	100%	95%
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.	✓ 97% of 116 eligible Patients[7]	100%	97%	100%	96%
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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.	✓ 89% of 117 eligible Patients[7]	100%	94%	100%	94%

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Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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).	✓ 98% of 112 eligible Patients[7]	100%	94%	100%	94%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	⊕ 99% of 370 eligible Patients[7]	100%	99%	100%	99%
Patients having coronary artery bypass graft 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 coronary artery bypass graft 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.	⊕ 99% of 124 eligible Patients[7]	100%	99%	100%	99%
Patients having coronary artery bypass graft 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 coronary artery bypass graft 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.	★ 100% of 125 eligible Patients[7]	100%	100%	100%	100%

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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.	⊕	⊕

		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 coronary artery bypass graft surgery 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 coronary artery bypass graft surgery 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).	✓ 97% of 121 eligible Patients[7]	100%	98%	100%	98%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	⊕ 98% of 518 eligible Patients[7]	100%	98%	100%	99%
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.	⊕ 99% of 174 eligible Patients[7]	100%	98%	100%	99%
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.	⊕ 99% of 175 eligible Patients[7]	100%	100%	100%	100%

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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.
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Reporting Period: April 2011 - March 2012

		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.	⊕	⊕

		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).	✓ 95% of 169 eligible Patients[7]	100%	97%	100%	98%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	✓ 96% of 474 eligible Patients[7]	100%	97%	100%	98%
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.	⊕ 98% of 159 eligible Patients[7]	100%	98%	100%	99%
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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.	✓ 95% of 159 eligible Patients[7]	100%	97%	100%	97%

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---- Null value or data not displayed.

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National Quality Improvement Goals

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.
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Reporting Period: April 2011 - March 2012

		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.	⊕	⊕

			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 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).	✓ 94% of 156 eligible Patients[7]	100%	97%	100%	98%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	⊕ 98% of 920 eligible Patients[7]	100%	99%	100%	99%
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.	⊕ 98% of 307 eligible Patients[7]	100%	99%	100%	99%
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.	⊕ 99% of 307 eligible Patients[7]	100%	100%	100%	100%

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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.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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).	✓ 96% of 306 eligible Patients[7]	100%	98%	100%	98%
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.	⊕ 99% of 418 eligible Patients[7]	100%	99%	100%	99%
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.	★ 100% of 140 eligible Patients[7]	100%	99%	100%	99%
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.	★ 100% of 144 eligible Patients[7]	100%	100%	100%	100%

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Reporting Period: April 2011 - March 2012

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.	⊕	⊕

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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).	⊕ 99% of 134 eligible Patients[7]	100%	98%	100%	98%
Heart surgery patients with controlled blood sugar after surgery.	This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	⊖ 91% of 296 eligible Patients[7]	99%	96%	100%	96%
Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	★ 100% of 1444 eligible Patients[7]	100%	100%	100%	100%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	⊖ 92% of 845 eligible Patients[7]	100%	95%	100%	95%

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	270[7]	239[7]	276[7]	297[7]
Rate	99%	98%	98%	99%
Nationwide Average	98%	98%	98%	99%

Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	273[7]	243[7]	279[7]	297[7]
Rate	97%	95%	98%	98%
Nationwide Average	98%	99%	99%	99%

Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	262[7]	234[7]	270[7]	292[7]
Rate	93%	96%	97%	98%
Nationwide Average	97%	97%	97%	98%

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

Patients Having Blood Vessel Surgery*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	58[7]	44[7]	47[7]	38[7]
Rate	90%	93%	96%	97%
Nationwide Average	96%	97%	97%	97%

Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	19[7]	14[7]	16[7]	13[7]
Rate	100%	100%	100%	100%
Nationwide Average	97%	97%	97%	98%

Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	20[7]	16[7]	16[7]	13[7]
Rate	90%	81%	94%	100%
Nationwide Average	99%	99%	99%	99%

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

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.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	19[7]	14[7]	15[7]	12[7]
Rate	79%	100%	93%	92%
Nationwide Average	94%	94%	94%	95%

Patients Having Colon/Large Intestine Surgery*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	75[7]	110[7]	70[7]	90[7]
Rate	97%	91%	94%	97%
Nationwide Average	94%	95%	95%	95%

Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	25[7]	37[7]	24[7]	30[7]
Rate	100%	95%	92%	100%
Nationwide Average	96%	97%	97%	97%

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	26[7]	37[7]	24[7]	30[7]
Rate	96%	78%	92%	93%
Nationwide Average	93%	93%	94%	95%

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.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	24[7]	36[7]	22[7]	30[7]
Rate	96%	100%	100%	97%
Nationwide Average	93%	94%	94%	95%

Patients Having Coronary Artery Bypass Graft Surgery*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	71[7]	104[7]	75[7]	120[7]
Rate	96%	99%	100%	99%
Nationwide Average	99%	99%	99%	99%

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	24[7]	35[7]	25[7]	40[7]
Rate	96%	100%	100%	100%
Nationwide Average	98%	98%	99%	99%

Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	25[7]	35[7]	25[7]	40[7]
Rate	100%	100%	100%	100%
Nationwide Average	100%	100%	100%	100%

Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	22[7]	34[7]	25[7]	40[7]
Rate	91%	97%	100%	98%
Nationwide Average	98%	98%	98%	98%

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

Patients Having Hip Joint Replacement Surgery*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	146[7]	106[7]	114[7]	152[7]
Rate	97%	96%	99%	98%
Nationwide Average	98%	98%	98%	99%

Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	49[7]	35[7]	38[7]	52[7]
Rate	98%	97%	100%	100%
Nationwide Average	98%	98%	98%	99%

Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	49[7]	36[7]	38[7]	52[7]
Rate	100%	97%	100%	98%
Nationwide Average	100%	100%	100%	100%

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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.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	48[7]	35[7]	38[7]	48[7]
Rate	94%	94%	97%	96%
Nationwide Average	97%	97%	97%	98%

Patients Having a Hysterectomy*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	177[7]	62[7]	103[7]	132[7]
Rate	95%	95%	94%	98%
Nationwide Average	97%	97%	97%	98%

Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	59[7]	21[7]	35[7]	44[7]
Rate	98%	100%	97%	98%
Nationwide Average	98%	98%	98%	99%

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SCIP - Infection Prevention

Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	59[7]	21[7]	35[7]	44[7]
Rate	93%	100%	94%	95%
Nationwide Average	96%	97%	97%	97%

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.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	59[7]	20[7]	33[7]	44[7]
Rate	95%	85%	91%	100%
Nationwide Average	97%	97%	97%	98%

Patients Having Knee Joint Replacement Surgery*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	191[7]	180[7]	306[7]	243[7]
Rate	97%	98%	97%	99%
Nationwide Average	99%	99%	99%	99%

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SCIP - Infection Prevention

Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	64[7]	60[7]	102[7]	81[7]
Rate	98%	98%	97%	99%
Nationwide Average	99%	99%	99%	99%

Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	64[7]	60[7]	102[7]	81[7]
Rate	100%	100%	99%	100%
Nationwide Average	100%	100%	100%	100%

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.*

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	63[7]	60[7]	102[7]	81[7]
Rate	92%	95%	96%	100%
Nationwide Average	98%	98%	98%	98%

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
** Indicates per 1000 hours of patient care.
*** The measure was not in effect for this quarter.
---- Null value or data not displayed.
1 - The measure or measure set was not reported.
3 - The number of patients is not enough for comparison purposes.
4 - The measure meets the Privacy Disclosure Threshold rule.
7 - The measure results are based on a sample of patients.
8 - The number of months with measure data is below the reporting requirement.
11 - There were no eligible patients that met the denominator criteria.

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National Quality Improvement Goals - Quarterly Results

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

Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	87[7]	110[7]	110[7]	111[7]
Rate	100%	100%	100%	99%
Nationwide Average	99%	99%	99%	99%

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.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	30[7]	37[7]	36[7]	37[7]
Rate	100%	100%	100%	100%
Nationwide Average	98%	99%	99%	99%

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.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	30[7]	38[7]	39[7]	37[7]
Rate	100%	100%	100%	100%
Nationwide Average	100%	100%	100%	100%

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** Indicates per 1000 hours of patient care.
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National Quality Improvement Goals - Quarterly Results

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Reporting Period: April 2011 - March 2012

SCIP - Infection Prevention

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.*				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	27[7]	35[7]	35[7]	37[7]
Rate	100%	100%	100%	97%
Nationwide Average	98%	98%	98%	98%

Heart surgery patients with controlled blood sugar after surgery.				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	59[7]	82[7]	71[7]	84[7]
Rate	85%	87%	97%	94%
Nationwide Average	95%	96%	96%	96%

Surgery patients with proper hair removal.				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	371[7]	315[7]	378[7]	380[7]
Rate	100%	100%	100%	100%
Nationwide Average	100%	100%	100%	100%

Urinary Catheter Removed				
	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	213[7]	183[7]	234[7]	215[7]
Rate	89%	91%	95%	93%
Nationwide Average	94%	95%	95%	96%

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* This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

** Indicates per 1000 hours of patient care.

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

---- Null value or data not displayed.

1 - The measure or measure set was not reported.

3 - The number of patients is not enough for comparison purposes.

4 - The measure meets the Privacy Disclosure Threshold rule.

7 - The measure results are based on a sample of patients.

8 - The number of months with measure data is below the reporting requirement.

11 - There were no eligible patients that met the denominator criteria.

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National Quality Improvement Goals

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.
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.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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

Reporting Period: April 2011 - March 2012

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

			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 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.	97% of 908 eligible Patients[7]	100%	98%	100%	98%
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.	97% of 907 eligible Patients[7]	100%	97%	100%	97%

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

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---- Null value or data not displayed.

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National Quality Improvement Goals - Quarterly Results

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

Reporting Period: April 2011 - March 2012

SCIP – Venous Thromboembolism (VTE)

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.

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	246[7]	186[7]	243[7]	233[7]
Rate	97%	96%	99%	97%
Nationwide Average	98%	98%	98%	98%

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.

	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Jan - Mar 2012
Number of Eligible Patients	246[7]	185[7]	243[7]	233[7]
Rate	97%	96%	98%	95%
Nationwide Average	97%	97%	97%	98%

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
** Indicates per 1000 hours of patient care.
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Survey of Patients' Hospital Experiences

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.

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

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2010 through September 2011	300 or More	36%

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
81%	80%	81%	15%	15%	15%	4%	5%	4%

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
79%	76%	77%	18%	19%	18%	3%	5%	5%

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
62%	63%	65%	28%	26%	25%	10%	11%	10%

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2010 through September 2011	300 or More	36%

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
70%	69%	70%	25%	24%	23%	5%	7%	7%

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
62%	60%	62%	19%	19%	18%	19%	21%	20%

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3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2010 through September 2011	300 or More	36%

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
74%	72%	72%	19%	19%	19%	7%	9%	9%

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%	56%	59%	34%	32%	30%	15%	12%	11%

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
85%	83%	83%	15%	17%	17%

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Survey of Patients' Hospital Experiences

Footnote Key

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3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2010 through September 2011	300 or More	36%

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
73%	67%	68%	20%	24%	23%	7%	9%	9%

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
77%	68%	70%	20%	26%	25%	3%	6%	5%

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