

Accreditation Quality Report





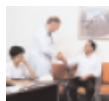
Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting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

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

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

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

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



Summary of Quality Information

Accreditation Decision

Accredited

Decision Effective Date

December 18, 2008

Accredited Programs

Hospital

Last Full Survey Date

12/17/2008

Last On-Site Survey Date

12/17/2008

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.
- This Measure is not applicable for this organization.
- Not displayed

Footnote Key

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

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

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

Hospital

2008 National Patient Safety Goals



National Quality Improvement Goals:

Reporting Period:
Apr 2008 -
Mar 2009

Heart Attack Care



Heart Failure Care



Pneumonia Care



Surgical Care Improvement Project (SCIP)

SCIP - Cardiac
SCIP - Infection Prevention
For All Reported Procedures:



- Colon/Large Intestine Surgery



- Hip Joint Replacement



- Hysterectomy



- Knee Replacement



SCIP – Venous Thromboembolism (VTE)

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	
<p>Andalusia Regional Hospital * 849 South Three Notch Street Andalusia, AL 36420</p>	<ul style="list-style-type: none"> • CT Scanner (Inpatient, Outpatient) • Dialysis (Inpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Emergency Room (Outpatient) • Family Practice (Inpatient) • General Laboratory Tests • General Medical Services (Inpatient) • General Surgery (Inpatient, Outpatient) • Gynecology (Inpatient) • Hematology/Blood Treatment (Inpatient) • Imaging/Radiology (Inpatient, Outpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient) • Labor & Delivery (Inpatient) • Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Nephrology (Inpatient) • Neurology (Inpatient) • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) 	<ul style="list-style-type: none"> • Obstetrics (Inpatient) • Occupational Health (Outpatient) • Operating Room (Inpatient, Outpatient) • Ophthalmology/Eye Surgery (Outpatient) • Orthopedic Surgery (Inpatient, Outpatient) • Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) • Outpatient Surgery (Outpatient) • Pain Management (Outpatient) • Pediatric Care (Inpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Inpatient, Outpatient) • Rehabilitation (Inpatient) • Respiratory Care (Ventilator) (Inpatient) • Sleep Center (Outpatient) • Telemetry (Inpatient) • Toxicology • Ultrasound (Inpatient, Outpatient) • Urology (Inpatient, Outpatient) • Wound Care (Inpatient, Outpatient)
<p>Open MRI of Andalusia 1823 E. Three Notch Street Andalusia, AL 36420</p>	<ul style="list-style-type: none"> • General Outpatient Services (Outpatient) 	


















2008 National Patient Safety Goals

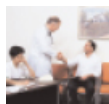
Symbol Key

-  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 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 and 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.	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 likelihood of patient harm associated with the use of anticoagulation therapy.	
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or 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	







2008 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
	emotional or behavioral disorders in general hospitals --NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS]	
Improve recognition and response to changes in a patient's condition.	The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital]	
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	
	Conduct a "time out" immediately before starting the procedure.	



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.
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.

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.	 3	 3

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	 3 100% of 3 eligible Patients ³	100%	94%	100%	94%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.	 3 ---	100%	99%	100%	100%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	 3 89% of 9 eligible Patients ³	100%	98%	100%	97%



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

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

--- Null value or data not displayed.

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



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.
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.

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	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.	 57% of 7 eligible Patients ³	100%	98%	100%	97%
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 8 eligible Patients ³	100%	98%	100%	97%



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

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

---- Null value or data not displayed.






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



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.
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.

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.	 3	 3

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:
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.	 3 ----	100%	54%	100%	59%



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

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

---- Null value or data not displayed.

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



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	----	3	----	----
Rate	----	100%	----	----
Nationwide Average	94%	94%	95%	95%

Adult smoking cessation advice/counseling*

No Quarterly Results are available

Aspirin at arrival*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	---- ⁴	5	---- ⁴	---- ⁴
Rate	---- ⁴	100%	---- ⁴	---- ⁴
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	---- ⁴	5	----	----
Rate	---- ⁴	60%	----	----
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

*** 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.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

Heart Attack Care

Beta blocker prescribed at discharge*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	---- ⁴	5	----	---- ⁴
Rate	---- ⁴	100%	----	---- ⁴
Nationwide Average	98%	98%	98%	98%

Fibrinolytic therapy received within 30 minutes of hospital arrival*

No Quarterly Results are available



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

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

---- Null value or data not displayed.

1 - The measure or measure set was not reported.

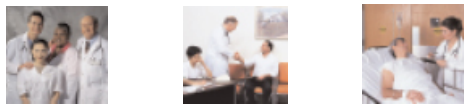
3 - The number of patients is not enough for comparison purposes.

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.






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



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.
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.

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.		

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 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.	 79% of 24 eligible Patients ³	100%	93%	100%	92%
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 29 eligible Patients ³	100%	98%	100%	99%
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.	 100% of 110 eligible Patients	99%	85%	98%	79%



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.
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.

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.		

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.	 95% of 136 eligible Patients	100%	97%	100%	96%



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

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

---- Null value or data not displayed.

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



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	7	4	5	8
Rate	71%	100%	100%	63%
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	6	10	5	8
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	27	31	18	34
Rate	100%	100%	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	35	33	27	41
Rate	100%	100%	100%	83%
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

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

---- Null value or data not displayed.

1 - The measure or measure set was not reported.

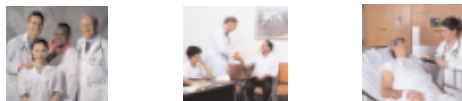
3 - The number of patients is not enough for comparison purposes.

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.






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



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.
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.

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	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 34 eligible Patients	100%	97%	100%	97%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	 92% of 51 eligible Patients	99%	94%	100%	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.	 3 100% of 21 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.	 98% of 86 eligible Patients	99%	94%	99%	94%

 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.
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.

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:
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 42% of 12 eligible Patients ³	100%	63%	89%	52%
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.	 90% of 51 eligible Patients	99%	94%	98%	92%
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	 100% of 71 eligible Patients	99%	90%	100%	91%

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



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.
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.

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.	 92% of 52 eligible Patients	99%	89%	99%	88%



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

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

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

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



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	5	11	9	9
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	10	14	18	9
Rate	90%	100%	89%	89%
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	5	5	7	4
Rate	100%	100%	100%	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	25
Rate	***	***	85%	100%
Nationwide Average	***	***	86%	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

*** 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.

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



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	17	21	28	20
Rate	94%	95%	100%	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	3	3	4	---- ⁴
Rate	33%	33%	75%	---- ⁴
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	13	13	14	11
Rate	100%	92%	93%	73%
Nationwide Average	93%	93%	94%	94%

Pneumococcal vaccination*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	16	18	17	20
Rate	100%	100%	100%	100%
Nationwide Average	88%	89%	91%	93%



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

*** 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.

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



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.
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.

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

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:
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.	 89% of 46 eligible Patients	100%	91%	99%	89%



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

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

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	22	8	9	7
Rate	95%	100%	67%	86%
Nationwide Average	93%	93%	89%	90%



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
- *** 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.

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



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.
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.

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

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 98% of 155 eligible Patients	99%	94%	99%	94%
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.	 89% of 156 eligible Patients	100%	97%	99%	97%



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

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

---- Null value or data not displayed.

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



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.
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.

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 96% of 151 eligible Patients	98%	91%	99%	91%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	 64% of 53 eligible Patients	95%	85%	95%	84%
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.	3 89% of 18 eligible Patients ³	100%	89%	100%	89%
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.	3 17% of 18 eligible Patients ³	100%	85%	100%	84%



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.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.

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

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 88% of 17 eligible Patients ³	100%	81%	100%	77%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	 97% of 63 eligible Patients	99%	95%	99%	94%
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.	 100% of 21 eligible Patients ³	100%	94%	100%	94%
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.	 95% of 21 eligible Patients ³	100%	99%	100%	99%



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.
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.

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had 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).	3 95% of 21 eligible Patients ³	100%	91%	100%	89%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	 99% of 269 eligible Patients	99%	95%	100%	96%
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.	 99% of 90 eligible Patients	100%	95%	100%	95%
Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.	 99% of 90 eligible Patients	100%	97%	100%	97%



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

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

---- Null value or data not displayed.

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



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.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.

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

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.		

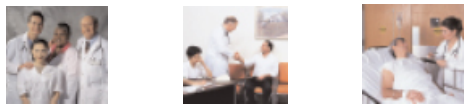
Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 98% of 89 eligible Patients	100%	93%	100%	95%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	 99% of 77 eligible Patients	99%	96%	99%	95%
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.	³ 100% of 26 eligible Patients ³	100%	96%	100%	96%
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.	³ 100% of 27 eligible Patients ³	100%	99%	100%	99%



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.
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.

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 3 96% of 24 eligible Patients ³	100%	92%	100%	91%
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 222 eligible Patients	100%	98%	100%	99%



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

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

---- Null value or data not displayed.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	52	23	38	42
Rate	98%	100%	95%	100%
Nationwide Average	93%	94%	95%	96%

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

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	52	24	38	42
Rate	88%	92%	87%	90%
Nationwide Average	97%	97%	97%	98%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	51	22	38	40
Rate	92%	100%	97%	98%
Nationwide Average	90%	91%	92%	92%

Patients Having Colon/Large Intestine Surgery*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	18	9	12	14
Rate	67%	78%	50%	64%
Nationwide Average	84%	85%	85%	87%



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

*** 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.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

SCIP - Infection Prevention

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	6	3	4	5
Rate	83%	100%	75%	100%
Nationwide Average	88%	88%	89%	91%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	6	3	4	5
Rate	17%	33%	0%	20%
Nationwide Average	84%	85%	85%	86%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	6	3	4	4
Rate	100%	100%	75%	75%
Nationwide Average	80%	82%	81%	82%

Patients Having Hip Joint Replacement Surgery*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	39	9	3	12
Rate	95%	100%	100%	100%
Nationwide Average	94%	95%	95%	96%



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

*** 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.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

SCIP - Infection Prevention

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	13	3	---- ⁴	4
Rate	100%	100%	---- ⁴	100%
Nationwide Average	93%	94%	95%	96%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	13	3	---- ⁴	4
Rate	92%	100%	---- ⁴	100%
Nationwide Average	99%	99%	99%	99%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	13	3	---- ⁴	4
Rate	92%	100%	---- ⁴	100%
Nationwide Average	90%	91%	92%	92%

Patients Having a Hysterectomy*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	54	36	90	89
Rate	96%	100%	98%	100%
Nationwide Average	94%	95%	95%	96%



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

*** 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.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

SCIP - Infection Prevention

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

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	18	12	30	30
Rate	100%	100%	97%	100%
Nationwide Average	93%	94%	95%	96%

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

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	18	12	30	30
Rate	100%	100%	97%	100%
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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	18	12	30	29
Rate	89%	100%	100%	100%
Nationwide Average	93%	93%	94%	94%

Patients Having Knee Joint Replacement Surgery*

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	44	15	9	9
Rate	98%	100%	100%	100%
Nationwide Average	95%	95%	96%	97%



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

*** 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.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2008 - March 2009

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	15	5	3	3
Rate	100%	100%	100%	100%
Nationwide Average	95%	96%	96%	97%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	15	6	3	3
Rate	100%	100%	100%	100%
Nationwide Average	99%	99%	99%	99%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	14	4	3	3
Rate	93%	100%	100%	100%
Nationwide Average	91%	92%	93%	94%

Surgery patients with proper hair removal.

	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	67	41	57	57
Rate	100%	100%	100%	100%
Nationwide Average	97%	98%	99%	99%



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

*** 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.

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



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.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.

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

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	 85% of 117 eligible Patients	99%	93%	100%	92%
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.	 85% of 117 eligible Patients	98%	90%	100%	89%



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 - Quarterly Results

Reporting Period: April 2008 - March 2009

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	62	31	12	12
Rate	89%	84%	92%	67%
Nationwide Average	92%	93%	92%	93%

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 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009
Number of Eligible Patients	62	31	12	12
Rate	89%	84%	92%	67%
Nationwide Average	90%	91%	90%	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

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

---- Null value or data not displayed.

1 - The measure or measure set was not reported.

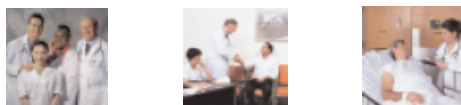
3 - The number of patients is not enough for comparison purposes.

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.

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



Survey of Patients' Hospital Experiences






Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	28%

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%	88%	80%	15%	10%	15%	4%	2%	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	
69%	80%	74%	20%	15%	20%	11%	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	
57%	71%	62%	25%	20%	26%	18%	9%	12%	

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.

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



Survey of Patients' Hospital Experiences

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	28%

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
65% 76% 68%	23% 18% 24%
Hospital Rate State Average National Average	Hospital Rate State Average National Average
12% 6% 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
49% 68% 59%	19% 15% 18%
Hospital Rate State Average National Average	Hospital Rate State Average National Average
32% 17% 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.

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



Survey of Patients' Hospital Experiences

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	28%

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			
57%	73%	69%	20%	18%	21%	23%	9%	10%			

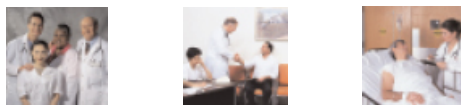
Question	Explanation										
How often was the area around patients' rooms kept quiet at night?	Patients reported how often the area around their room was quiet at night.										
"Always" quiet at night			"Usually" quiet at night			"Sometimes" or "never" quiet at night					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average			
65%	73%	56%	25%	21%	31%	10%	6%	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			
73%	82%	80%	27%	18%	20%			

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 of Patients' Hospital Experiences

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2007 through September 2008	300 or More	28%

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			
55%	69%	64%	30%	24%	26%	15%	7%	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			
57%	75%	68%	34%	20%	26%	9%	5%	6%			

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."