

Accreditation Quality Report





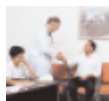
Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting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

October 20, 2007

Accredited Programs

Last Full Survey Date

Last On-Site Survey Date

Behavioral Health Care	10/19/2007	10/19/2007
Home Care	10/19/2007	10/19/2007
Hospital	10/19/2007	10/19/2007

Other Accredited Programs/Services

- Laboratory (Accredited by College of American Pathologists)

Special Quality Awards

- 2007 VA National Surgical Quality Improvement Program
- 2009 Long Term Care AHCA/NCAL Bronze - Commitment to Quality

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Compared to other Joint Commission Accredited Organizations

		Nationwide	Statewide
Behavioral Health Care	2007 National Patient Safety Goals		*
Home Care	2007 National Patient Safety Goals		*
Hospital	2007 National Patient Safety Goals		*

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.



Summary of Quality Information

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Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

National Quality Improvement Goals:

Reporting Period:		Nationwide	Statewide
Jan 2009 - Dec 2009	Heart Attack Care		
	Heart Failure Care		
	Pneumonia Care		
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac		
	SCIP - Infection Prevention		
	<i>For All Reported Procedures:</i>		
	• Blood Vessel Surgery		
	• Coronary Artery Bypass Graft		
	• Hip Joint Replacement		
	• 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.



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Locations of Care

* Primary Location

Locations of Care	Available Services
Anniston Community Based Outpatient Clinic Hwy 78 E / 96 ALI Way Creekside South Oxford, AL 36203	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
Bill Nichols State Veterans Home 1784 Elkahatchee Road Alexander City, AL 35010	<ul style="list-style-type: none"> Pharmacy, Clinical Consulting Services Pharmacy, Long Term Care



Locations of Care

* Primary Location

Locations of Care	Available Services	
<p>Birmingham VA Medical Center * 700 Nineteenth Street, South Birmingham, AL 35233</p>	<ul style="list-style-type: none"> • Addiction Care (Outpatient) • Alcohol & Drug Rehabilitation (Outpatient) • Allergy (Outpatient) • Audiology (Inpatient, Outpatient) • Behavioral Health (Non 24 Hour Care - Adult) • Cancer Center/Oncology (Inpatient, Outpatient) • Cardiac Catheterization Lab (Inpatient, Outpatient) • Cardiac Surgery (Inpatient, Outpatient) • Cardiac Unit/Cardiology (Inpatient, Outpatient) • Chemical Dependency (Non 24 Hour Care - Adult) • CT Scanner (Inpatient, Outpatient) • Dentistry (Inpatient, Outpatient) • Dermatology (Inpatient, Outpatient) • Dialysis (Inpatient, Outpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Emergency Room (Outpatient) • Endocrinology (Inpatient, Outpatient) • Family Practice (Inpatient, Outpatient) • Gastroenterology (Inpatient, Outpatient) • General Medical Services (Inpatient, Outpatient) • General Surgery (Inpatient, Outpatient) • GI or Endoscopy Lab (Inpatient, Outpatient) • Gynecology (Inpatient, Outpatient) • Hematology/Blood Treatment (Inpatient, Outpatient) • Imaging/Radiology (Inpatient, Outpatient) • In-Home Behavioral Health Services (Non 24 Hour Care - Adult) • Infectious Diseases (Inpatient, Outpatient) • Infusion Therapy (Inpatient, Outpatient) • Intensive Care Unit (Inpatient) 	<ul style="list-style-type: none"> • Medical Detoxification (Inpatient) • Mental Health (Outpatient) • Nephrology (Inpatient, Outpatient) • Neurology (Inpatient, Outpatient) • Neurosurgery (Inpatient) • Nuclear Medicine (Inpatient, Outpatient) • Obstetrics (Outpatient) • Occupational Health (Outpatient) • Operating Room (Inpatient, Outpatient) • Ophthalmology/Eye Surgery (Inpatient, Outpatient) • Oral Maxillofacial Surgery (Inpatient, Outpatient) • Orthopedic Surgery (Inpatient, Outpatient) • Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) • Outpatient Surgery (Outpatient) • Pain Management (Inpatient, Outpatient) • Pharmacy/Dispensary, General Services • Plastic Surgery (Inpatient, Outpatient) • Podiatry (Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Inpatient, Outpatient) • Radiation Oncology (Outpatient) • Rehabilitation and Physical Medicine (Outpatient) • Respiratory Care (Ventilator) (Inpatient) • Rheumatology (Inpatient, Outpatient) • Telemetry (Inpatient) • Thoracic Surgery (Inpatient, Outpatient) • Ultrasound (Inpatient, Outpatient) • Urgent Care/Emergency Medicine (Outpatient) • Urology (Inpatient, Outpatient) • Vascular Surgery (Inpatient, Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services
	<ul style="list-style-type: none"> Internal Medicine (Inpatient, Outpatient) Magnetic Resonance Imaging (Inpatient, Outpatient)
Childersburg Community Based Outpatient Clinic 1519 Avenue Northwest Childersburg, AL 35044	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
Floyd E. 2701 Meridian State Huntsville, AL 35811	<ul style="list-style-type: none"> Pharmacy, Clinical Consulting Services Pharmacy, Long Term Care
Gadsden Community Based Outpatient Clinic 206 Rescia Av. Rainbow City, AL 35906	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
Home Based Primary Care 807 20th Street, South Birmingham, AL 35233	<ul style="list-style-type: none"> Home Health, Non-Hospice Services Personal Care/Support Non-Hospice Pharmacy/Dispensary, General Services
Huntsville Community Based Outpatient Clinic 301 Governor's Drive SW Huntsville, AL 35801	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
Jasper Community Based Outpatient Clinic 3400 Highway 78 East Suite 215 Jasper, AL 35501	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
Madison Decatur Community Based Clinic 8075 Madison Blvd. Suite 101 Madison, AL 35758	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
Shoals Community Based Outpatient Clinic 422 DD Cox Boulevard Sheffield, AL 35660	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult) General Outpatient Services (Outpatient)
TR House 1301 Carraway Blvd. Birmingham, AL 35234	<ul style="list-style-type: none"> Chemical Dependency (Transitional Living - Adult)
WF Green State Veterans Home 300 Faulkner Drive Bay Minette, AL 36507	<ul style="list-style-type: none"> Pharmacy, Clinical Consulting Services Pharmacy, Long Term Care
















2007 National Patient Safety Goals

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Behavioral Health Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of client identification.	Use at least two client identifiers when providing care, treatment or services.	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	
	Measure, assess and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
Improve the safety of using medications.	Standardize and limit the number of drug concentrations used by the organization.	
	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	
Reduce the risk of health care-associated infections.	Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines when providing services to a high-risk population, or administering physical care.	
	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 client's current medications with those ordered for the client while under the care of the organization.	
	A complete list of the client's medications is communicated to the next provider of service when a client 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 client on discharge from the facility.	
Encourage clients' active involvement in their own care as a client safety strategy.	Define and communicate the means for clients and their families to report concerns about safety and encourage them to do so.	
The organization identifies safety risks inherent in its client population.	The organization identifies clients at risk for suicide.	


















2007 National Patient Safety Goals

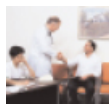
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Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
	Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site using active—not passive—communication techniques.	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
Improve the safety of using medications.	Standardize and limit the number of drug concentrations used by the organization.	
	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	
Reduce the risk of health care-associated infections.	Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.	
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 risks associated with long-term oxygen therapy such as home fires.	


















2007 National Patient Safety Goals

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Hospital

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






2007 National Patient Safety Goals

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Hospital

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

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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart 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 11 eligible Patients ³	100%	96%	100%	96%
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. Limitations of measure use - see Accreditation Quality Report User Guide.	3 100% of 26 eligible Patients 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.	 100% of 49 eligible Patients	100%	98%	100%	98%



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National Quality Improvement Goals

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Heart 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.	 98% of 43 eligible Patients	100%	98%	100%	98%
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	 100% of 41 eligible Patients	100%	98%	100%	98%
Primary PCI received within 90 minutes of hospital arrival*	Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.	 3 88% of 8 eligible Patients ³	100%	87%	100%	88%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Heart Attack Care

ACE inhibitor or ARB for LVSD*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	5	---- ⁴	----	4
Rate	100%	---- ⁴	----	100%
Nationwide Average	95%	96%	95%	96%

Adult smoking cessation advice/counseling*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	7	5	6	8
Rate	100%	100%	100%	100%
Nationwide Average	99%	99%	99%	100%

Aspirin at arrival*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	14	9	11	15
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	98%	99%

Aspirin prescribed at discharge*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	12	9	10	12
Rate	100%	100%	100%	92%
Nationwide Average	98%	98%	99%	99%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Heart Attack Care

Beta blocker prescribed at discharge*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	12	10	9	10
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	98%	98%

Primary PCI received within 90 minutes of hospital arrival*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	---- ⁴	---- ⁴	4
Rate	---- ⁴	---- ⁴	---- ⁴	75%
Nationwide Average	85%	87%	88%	89%



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	 98% of 85 eligible Patients	100%	94%	100%	94%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	 100% of 43 eligible Patients	100%	99%	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. Limitations of measure use - see Accreditation Quality Report User Guide.	 98% of 178 eligible Patients	100%	88%	99%	83%



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Compared to other Joint Commission Accredited Organizations

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

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. Limitations of measure use - see Accreditation Quality Report User Guide.	 99% of 188 eligible Patients	100%	98%	100%	97%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Heart Failure Care

ACE inhibitor or ARB for LVSD*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	25	21	19	20
Rate	96%	100%	100%	95%
Nationwide Average	94%	94%	94%	95%

Adult smoking cessation advice/counseling*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	9	14	13	7
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	99%	99%

Discharge instructions*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	42	45	50	41
Rate	100%	96%	100%	95%
Nationwide Average	86%	87%	88%	89%

LVF assessment*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	46	48	52	42
Rate	100%	98%	100%	100%
Nationwide Average	98%	98%	98%	98%



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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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. Limitations of measure use - see Accreditation Quality Report User Guide.	 100% of 45 eligible Patients	100%	98%	100%	98%
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.	 98% of 85 eligible Patients	99%	95%	100%	96%
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 32 eligible Patients	100%	96%	100%	95%

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National Quality Improvement Goals

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

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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. Limitations of measure use - see Accreditation Quality Report User Guide.	 96% of 82 eligible Patients	99%	95%	99%	94%
Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	 ³ 80% of 15 eligible Patients ³	100%	68%	100%	63%
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.	 98% of 45 eligible Patients	100%	95%	100%	92%



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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	 98% of 62 eligible Patients	100%	93%	100%	93%

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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumonia Seasonal Measure Reporting Period: October 2008 - March 2009						
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	 97% of 68 eligible Patients	99%	89%	99%	88%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Pneumonia Care

Adult smoking cessation advice/counseling*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	17	11	7	10
Rate	100%	100%	100%	100%
Nationwide Average	97%	97%	98%	98%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	33	21	15	16
Rate	97%	100%	100%	94%
Nationwide Average	94%	95%	95%	95%

Blood cultures for pneumonia patients in intensive care units.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	13	7	7	5
Rate	100%	100%	100%	100%
Nationwide Average	95%	95%	96%	96%

Influenza vaccination

	Oct - Dec 2008	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009
Number of Eligible Patients	27	41	***	***
Rate	96%	98%	***	***
Nationwide Average	86%	91%	***	***



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Pneumonia Care

Initial antibiotic received within 6 hours of hospital arrival*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	30	22	15	15
Rate	93%	95%	100%	100%
Nationwide Average	94%	95%	94%	95%

Initial antibiotic selection for CAP in immunocompetent – ICU patient*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	9	3	---- ⁴	---- ⁴
Rate	67%	100%	---- ⁴	---- ⁴
Nationwide Average	65%	66%	68%	70%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	16	12	9	8
Rate	94%	100%	100%	100%
Nationwide Average	94%	95%	95%	95%

Pneumococcal vaccination*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	20	12	9	21
Rate	100%	100%	89%	100%
Nationwide Average	93%	93%	92%	94%



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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.	 100% of 131 eligible Patients ⁷	100%	92%	100%	89%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 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.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	33 ⁷	40 ⁷	28 ⁷	30 ⁷
Rate	100%	100%	100%	100%
Nationwide Average	90%	91%	92%	93%



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Compared to other Joint Commission Accredited Organizations

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

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.	 95% of 176 eligible Patients	100%	96%	100%	95%
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.	 100% of 179 eligible Patients	100%	98%	100%	98%



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Compared to other Joint Commission Accredited Organizations

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

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.	 97% of 162 eligible Patients	99%	93%	100%	93%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	 97% of 60 eligible Patients	100%	94%	100%	94%
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.	³ 95% of 20 eligible Patients ³	100%	95%	100%	95%
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.	³ 100% of 21 eligible Patients ³	100%	98%	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	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	3 95% of 19 eligible Patients ³	100%	88%	100%	89%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	 96% of 174 eligible Patients	100%	97%	100%	96%
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.	 88% of 60 eligible Patients	100%	97%	100%	95%
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 62 eligible Patients	100%	99%	100%	99%



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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 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).	 100% of 52 eligible Patients	100%	96%	100%	94%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	 99% of 90 eligible Patients	100%	96%	100%	95%
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 31 eligible Patients	100%	96%	100%	95%
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.	 100% of 31 eligible Patients	100%	99%	100%	99%

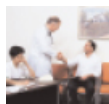
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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009

Symbol Key

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

		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).	3 96% of 28 eligible Patients ³	100%	94%	100%	90%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	 98% of 193 eligible Patients	100%	97%	100%	97%
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.	 100% of 65 eligible Patients	100%	97%	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.	 100% of 65 eligible Patients	100%	99%	100%	100%



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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009



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

		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 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).	 95% of 63 eligible Patients	100%	95%	100%	94%
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 82 eligible Patients ⁷	99%	93%	98%	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.	 99% of 349 eligible Patients ⁷	100%	99%	100%	99%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	44	51	45	36
Rate	98%	100%	91%	92%
Nationwide Average	96%	96%	96%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	44	52	46	37
Rate	100%	100%	100%	100%
Nationwide Average	98%	98%	98%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	42	47	42	31
Rate	98%	100%	93%	97%
Nationwide Average	92%	93%	94%	95%

Patients Having Blood Vessel Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	3	15	21	21
Rate	100%	100%	95%	95%
Nationwide Average	93%	93%	94%	95%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	5	7	7
Rate	---- ⁴	100%	100%	86%
Nationwide Average	94%	94%	95%	95%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	6	7	7
Rate	---- ⁴	100%	100%	100%
Nationwide Average	98%	98%	98%	98%

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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	4	7	7
Rate	---- ⁴	100%	86%	100%
Nationwide Average	86%	88%	89%	90%

Patients Having Coronary Artery Bypass Graft Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	45	53	41	35
Rate	98%	100%	90%	94%
Nationwide Average	97%	97%	97%	98%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	15	18	14	13
Rate	93%	100%	71%	85%
Nationwide Average	96%	97%	97%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	15	18	15	14
Rate	100%	100%	100%	100%
Nationwide Average	99%	99%	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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	15	17	12	8
Rate	100%	100%	100%	100%
Nationwide Average	95%	95%	96%	96%

Patients Having Hip Joint Replacement Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	32	28	15	15
Rate	100%	100%	93%	100%
Nationwide Average	96%	96%	97%	97%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	11	10	5	5
Rate	100%	100%	100%	100%
Nationwide Average	96%	96%	97%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	11	10	5	5
Rate	100%	100%	100%	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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	10	8	5	5
Rate	100%	100%	80%	100%
Nationwide Average	92%	93%	94%	95%

Patients Having Knee Joint Replacement Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	50	54	56	33
Rate	98%	100%	98%	97%
Nationwide Average	97%	97%	97%	98%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	17	18	19	11
Rate	100%	100%	100%	100%
Nationwide Average	97%	97%	97%	98%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	17	18	19	11
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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	16	18	18	11
Rate	94%	100%	94%	91%
Nationwide Average	94%	94%	95%	96%

Heart surgery patients with controlled blood sugar after surgery.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	23 ⁷	24 ⁷	21 ⁷	14 ⁷
Rate	87%	92%	95%	93%
Nationwide Average	92%	93%	93%	93%



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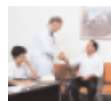
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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

Surgery patients with proper hair removal.

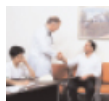
	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	84 ⁷	111 ⁷	90 ⁷	64 ⁷
Rate	100%	99%	100%	100%
Nationwide Average	99%	99%	99%	99%



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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	 99% of 104 eligible Patients ⁷	100%	94%	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.	 99% of 104 eligible Patients ⁷	99%	92%	99%	90%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 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.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	29 ⁷	36 ⁷	20 ⁷	19 ⁷
Rate	97%	100%	100%	100%
Nationwide Average	93%	94%	94%	94%

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.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	29 ⁷	36 ⁷	20 ⁷	19 ⁷
Rate	97%	100%	100%	100%
Nationwide Average	91%	92%	92%	92%



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