Quality Check®

Accreditation Quality Report

The Joint Commission

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 Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Home Care	Accredited	10/18/2014	8/30/2017	8/30/2017
Hospital	Accredited	1/19/2015	9/1/2017	10/10/2017
Nursing Care Center	Accredited	1/19/2015	8/30/2017	8/30/2017

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

Other Accredited Programs/Services
• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2014 National Patient Safety Goals	✓	N/A *
Hospital	2017 National Patient Safety Goals	✓	N/A *
	National Quality Improvement Goals:		
Reporting Period: Jan 2016 - Dec 2016	Emergency Department	N/D 2	N/D 2
	Hospital-Based Inpatient Psychiatric Services	N/D 2	N/D 2
	Immunization	N/D 2	N/D 2
	Perinatal Care	N/D 2	N/D 2
	Stroke Care	N/D 2	N/D 2
	Venous Thromboembolism (VTE)	N/D 2	N/D 2
Nursing Care Center	2014 National Patient Safety Goals	✓	N/A *

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

Locations of Care

* Primary Location

Locations of Care	Available Services
Chase Building 401 Market St. Steubenville, OH 43952	**Services:** • Outpatient Clinics (Outpatient)
Express Clinic Calcutta DBA: An outpatient dpeartment of Trinity Health System St. Route 170 Calcutta Square Calcutta OH. Suite B East Liverpool, OH 43920	**Services:** • Outpatient Clinics (Outpatient)
Express Clinic Toronto DBA: An outpatient department of Trinity Health System 1800 Franklin St. Toronto, OH 43964	**Services:** • Outpatient Clinics (Outpatient)
Medical Pavilion 4100 Johnson Road 4100 Johnson Road, Suite 102, 207,104, 208 Steubenville, OH 43952	**Services:** • Outpatient Clinics (Outpatient)
Teramana Cancer Center 3204 Johnson Road Steubenville, OH 43952	**Services:** • Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Trinity ExpressCare 148 Main St. Wintersville, OH 43953	**Services:** • Urgent Care (Outpatient)

Locations of Care

* Primary Location

Locations of Care	Available Services
Trinity Medical Center East 380 Summit Avenue Steubenville, OH 43952	**Services:** ● Addiction Care/Adult/Child/Youth) ● Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) ● Chemical Dependency (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult/Child/Youth) ● Family Support (Non 24 Hour Care) ● Home Health Aides ● Home Health, Non-Hospice Services ● Inpatient Unit (Inpatient) ● Occupational Therapy ● Personal Care/Support Non-Hospice ● Physical Therapy ● Rehabilitation Services ● Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) ● Skilled Nursing Care ● Skilled Nursing Services ● Speech Language Pathology

Locations of Care

* Primary Location

Locations of Care	Available Services
Trinity Medical Center West * 4000 Johnson Road Steubenville, OH 43952	**Services:** • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiovascular Unit (Inpatient) • Coronary Care Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Gynecology (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neurosurgery (Surgical Services) • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Pediatric Unit (Inpatient) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Sleep Laboratory (Sleep Laboratory) • Surgical ICU (Intensive Care Unit) • Surgical Unit (Inpatient) • Teleradiology (Imaging/Diagnostic Services) • Thoracic Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)
Trinity Outpatient Endoscopy Center 1805 Sinclair Avenue Steubenville, OH 43952	**Services:** • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)

Locations of Care

* Primary Location

Locations of Care	Available Services
Trinity Outpatient ENT-Radiology DBA: An Outpatient Department of Trinity Health System 2315 Sunset BLVD. Steubenville OH. Steubenville, OH 43952	**Services:** ● Single Specialty Practitioner (Outpatient)
Trinity Sports Medicine 3151 Johnson Rd. Suite 2 Steubenville, OH 43952	**Services:** ● Outpatient Clinics (Outpatient)
Trinity WorkCare 3203 Johnson Road Steubenville, OH 43952	**Services:** ● Outpatient Clinics (Outpatient)
Wellness Center DBA: An outpatient department of Trinity Health System 1840 Franklin St. Toronto, OH 43964	**Services:** ● Outpatient Clinics (Outpatient)

Quality Check®

2014 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
Improve the safety of using medications.	Reconciling Medication Information	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	✓
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	✓

2017 National Patient Safety Goals

Hospital

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."

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
	Eliminating Transfusion Errors	✓
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	✓
Improve the safety of using medications.	Labeling Medications	✓
	Reducing Harm from Anticoagulation Therapy	✓
	Reconciling Medication Information	✓
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
	Preventing Multi-Drug Resistant Organism Infections	✓
	Preventing Central-Line Associated Blood Stream Infections	✓
	Preventing Surgical Site Infections	✓
	Preventing Catheter-Associated Urinary Tract Infection	✓
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	✓
Universal Protocol	Conducting a Pre-Procedure Verification Process	✓
	Marking the Procedure Site	✓
	Performing a Time-Out	✓

National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	N/D [2]	N/D [2]

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	N/D [2] 70.00 minutes 886 eligible Patients	54.00	126.00	47.41	99.58
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	N/D [2] 232.00 minutes 888 eligible Patients	203.00	313.00	208.83	269.79

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

*   This information can also be viewed at www.hospitalcompare.hhs.gov

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission Accredited Organizations	
Measure Area	**Explanation**	**Nationwide**	**Statewide**
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [2]	N/D [2]

			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:**
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	✓ 95% of 465 eligible Patients	100%	94%	100%	94%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission Accredited Organizations	
Measure Area	**Explanation**	**Nationwide**	**Statewide**
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	Ⓝ/Ⓓ 2	Ⓝ/Ⓓ 2

			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:**
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	✅ 96% of 443 eligible Patients	100%	94%	100%	95%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission Accredited Organizations	
Measure Area	**Explanation**	**Nationwide**	**Statewide**
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [2]	N/D [2]

			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:**
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	N/D [3] 77% of 22 eligible Patients[3]	100%	92%	100%	93%

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Quality Check®

National Quality Improvement Goals

Symbol Key

This organization achieved the best possible results

This organization's performance is above the target range/value.

This organization's performance is similar to the target range/value.

This organization's performance is below the target range/value.

Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [2]	N/D [2]

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:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	⊖ 19% of 36 eligible Patients	100%	61%	100%	67%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	⊖ 15% of 34 eligible Patients	100%	62%	100%	68%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [2]	N/D [2]

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:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	N/D [4] ----	100%	56%	100%	61%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	➕ 0.33 (34 Total Hours in Restraint)	N/A	0.50	N/A	0.18

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Quality Check®

National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D 2	N/D 2

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	⊕ 0.35 (34 Total Hours in Restraint)	N/A	0.53	N/A	0.17
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	★ 0.00 (0 Total Hours in Restraint)	N/A	0.39	N/A	0.29
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	⊕ 0.00 (0 Total Hours in Seclusion)	N/A	0.36	N/A	0.27

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D 2	N/D 2

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	⭐ 0.00 (0 Total Hours in Seclusion)	N/A	0.41	N/A	0.29
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	⭐ 0.00 (0 Total Hours in Seclusion)	N/A	0.07	N/A	0.07

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	N/D 2	N/D 2

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:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	✓ 95% of 574 eligible Patients	100%	94%	99%	94%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	N/D 2	N/D 2

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:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	N/D 4 ----	100%	98%	100%	99%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	✔ 2% of 51 eligible Patients	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	➖ 22% of 440 eligible Patients	75%	53%	71%	50%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	N/D [2]	N/D [2]

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:
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	N/D [3] — 17% of 6 eligible Patients[3]	100%	90%	100%	86%

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Quality Check®

National Quality Improvement Goals

Symbol Key

This organization achieved the best possible results

This organization's performance is above the target range/value.

This organization's performance is similar to the target range/value.

This organization's performance is below the target range/value.

Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
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Reporting Period: January 2016 - December 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	N/D [2]	N/D [2]

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:
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	N/D [3] ――― 86% of 7 eligible Patients[3]	100%	93%	100%	93%

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Quality Check®

2014 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.

N/A 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."

Nursing Care Center

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
Improve the safety of using medications.	Reducing Harm from Anticoagulation Therapy	✓
	Reconciling Medication Information	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
	Preventing Central-Line Associated Blood Stream Infections	✓
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	✓
Prevent health care-associated pressure ulcers (decubitus ulcers).	Assessing Resident Risk for Pressure Ulcers	✓