Quality Check®

Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus,

2800 E Ajo Way, Tucson, AZ

Org ID: 398269

Accreditation Quality Report



The Joint Commission

Version: 24

Date: 2/12/2016



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

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

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

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



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





Summary of Quality Information

Symbol Key

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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	12/15/2012	12/11/2015	1/21/2016

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

Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	**2012National Patient Safety Goals**	✓	N/A *
Reporting Period: Jul 2014 - Jun 2015	**National Quality Improvement Goals:**		
	Emergency Department	N/D 2	N/D 2
	Hospital-Based Inpatient Psychiatric Services	N/D 8	N/D 8
	Immunization	N/D 2	N/D 2
	Stroke Care	N/D 8	N/D 8
	Venous Thromboembolism (VTE)	−	✓

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Locations of Care

* Primary Location

Locations of Care	Available Services
Banner University Medical Center South Campus DBA: Banner University Medical Center South Campus Family Medicin 3950 S Country Club Rd Suite 130 Tucson, AZ 85714	**Other Clinics/Practices located at this site:** • Family Medicine and Diabetes **Services:** • Outpatient Clinics (Outpatient)
Banner University Medical Center South Campus DBA: Banner University Medical Center South Campus Diabetes 3950 S Country Club Suite 140 Tucson, AZ 85714	**Services:** • Outpatient Clinics (Outpatient)
Banner University Medical Center South Campus DBA: Banner University Medical Center South Campus Multi Ste 100 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Outpatient Clinics (Outpatient)
Banner- University Medical Center South Campus DBA: Banner University Medical Center South Campus Multi Ste 101 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Outpatient Clinics (Outpatient)
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste 102 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Outpatient Clinics (Outpatient)
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste 103 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Outpatient Clinics (Outpatient)
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste 105 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Outpatient Clinics (Outpatient)

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Locations of Care

* Primary Location

Locations of Care	Available Services
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste200 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Outpatient Clinics (Outpatient)
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste 300 BPH-1 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Behavioral Health (Non 24 Hour Care - Adult)
Banner- University Medical Center South Campus * 2800 E Ajo Way Tucson, AZ 85713	**Services:** • Behavioral Health (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) • Cardiac Catheterization Lab (Surgical Services) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services) • Eating Disorders (Outpatient) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Inpatient Unit (Inpatient) • Interventional Radiology (Inpatient, Imaging/Diagnostic Services) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Nuclear Medicine (Imaging/Diagnostic Services) • Orthopedic Surgery (Surgical Services) • Outpatient Clinics (Outpatient) • Pediatric Nephrology (Outpatient - Child/Youth) • Plastic Surgery (Surgical Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Surgical ICU (Intensive Care Unit) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)
Banner- University Medical Center South Campus - Alvernon DBA: Banner-University Medical Center South Family Medicine 707 N Alvernon Suites 101 Tucson, AZ 85711	**Services:** • Outpatient Clinics (Outpatient)

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Locations of Care	Available Services
Banner- University Medical Center South Campus - Alvernon DBA: Banner-University Medical Center South Multi-speciality 707 N Alvernon Suites 201 Tucson, AZ 85711	**Services:** • Single Specialty Practitioner (Outpatient)
Banner- University Medical Center South Campus - Alvernon DBA: Banner-University Medical Center South Ophthalmology 707 N Alvernon Suites 301 (Ophthalmology) Tucson, AZ 85711	**Services:** • Outpatient Clinics (Outpatient)

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2012 National Patient Safety Goals

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
	Eliminating Transfusion Errors	✓
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	✓
Improve the safety of using medications.	Labeling Medications	✓
	Reducing Harm from Anticoagulation Therapy	✓
	Reconciling Medication Information	✓
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	✓
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	✓
	Communicating Medications to the Next Provider	✓
	Providing a Reconciled Medication List to the Patient	✓
	Settings in Which Medications are Minimally Used	✓
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	✓
Universal Protocol	Conducting a Pre-Procedure Verification Process	✓
	Marking the Procedure Site	✓
	Performing a Time-Out	✓

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Reporting Period: July 2014 - June 2015

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 Top 10% Scored at Most:	Nationwide Weighted Median:	Statewide Top 10% Scored at Most:	Statewide 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] 213 minutes 347 eligible Patients	52	123	60	147
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] 426 minutes 349 eligible Patients	199	311	224	341

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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 8	N/D 8

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide — Hospital Results	Nationwide — Top 10% Scored at Least:	Nationwide — Average Rate:	Statewide — Top 10% Scored at Least:	Statewide — 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.	N/D 8 23% of 205 eligible Patients	100%	93%	100%	94%

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D 8	N/D 8

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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.	N/D 8 23% of 147 eligible Patients	100%	93%	100%	94%

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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 8	N/D 8

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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 8 22% of 58 eligible Patients	100%	90%	100%	89%
Patients Discharged on Multiple Antipsychotic Medications Overall Rate	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 person's capacity to meet life's everyday demands.	N/D 8 7% of 195 eligible Patients	1%	10%	0%	8%

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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 [8]	N/D [8]

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Patients Discharged on Multiple Antipsychotic Medications Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years 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 person's capacity to meet life's everyday demands.	N/D [8] 8% of 156 eligible Patients	2%	12%	2%	10%
Patients Discharged on Multiple Antipsychotic Medications Older Adults Age 65 and Older	This measure reports the number of patients age 65 or older 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 person's capacity to meet life's everyday demands.	N/D [8] 3% of 39 eligible Patients	0%	8%	0%	4%
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.	N/D [8] 0% of 10 eligible Patients[3]	100%	59%	100%	59%

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [8]	N/D [8]

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide: Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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.	N/D [8] 0% of 9 eligible Patients[3]	100%	61%	100%	62%

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [8]	N/D [8]

Measure	Explanation	Nationwide: Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: 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%	54%	----[3]	----[3]

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [8]	N/D [8]

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide Hospital Results	Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Post Discharge Continuing Care Plan Created 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 with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	N/D [8] 52% of 300 eligible Patients	100%	92%	100%	94%

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Reporting Period: July 2014 - June 2015

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 [8]	N/D [8]

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Post Discharge Continuing Care Plan Created Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	N/D [8] 58% of 216 eligible Patients	100%	92%	100%	94%
Post Discharge Continuing Care Plan Created Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	N/D [8] 36% of 84 eligible Patients	100%	87%	100%	88%

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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 [8]	N/D [8]

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide Hospital Results	Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Post Discharge Continuing Care Plan Transmitted 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 with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	N/D [8] 52% of 300 eligible Patients	100%	87%	100%	90%

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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Compared to other Joint Commission Accredited Organizations: Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [8]	N/D [8]

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide: Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Post Discharge Continuing Care Plan Transmitted Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	N/D [8] 58% of 216 eligible Patients	100%	86%	100%	90%

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [8]	N/D [8]

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide Hospital Results	Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Post Discharge Continuing Care Plan Transmitted Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	N/D [8] 36% of 84 eligible Patients	100%	83%	100%	83%
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.	N/D [8] 0.1175 (28 Total Hours in Restraint)	N/A	0.5201	N/A	0.1158

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	N/D [8]	N/D [8]

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide Hospital Results	Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide 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.	N/D [8] 0.1401 (27 Total Hours in Restraint)	N/A	0.5652	N/A	0.1218
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.	N/D [8] 0.0126 (1 Total Hours in Restraint)	N/A	0.4783	N/A	0.0509
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.	N/D [8] 0.2420 (58 Total Hours in Seclusion)	N/A	0.3482	N/A	0.0490

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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 8	N/D 8

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide — Hospital Results	Nationwide — Top 10% Scored at Least:	Nationwide — Average Rate:	Statewide — Top 10% Scored at Least:	Statewide — 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.	N/D 8 0.2759 (54 Total Hours in Seclusion)	N/A	0.3837	N/A	0.0490
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.	N/D 8 0.0846 (4 Total Hours in Seclusion)	N/A	0.0748	N/A	0.0118

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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	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
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.	78% of 287 eligible Patients	100%	95%	99%	94%

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Reporting Period: July 2014 - June 2015

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 [8]	N/D [8]

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	N/D [8] 100% of 5 eligible Patients	100%	97%	100%	98%
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	N/D [8] 95% of 22 eligible Patients[3]	100%	98%	100%	98%

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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 [8]	N/D [8]

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Assessed for Rehabilitation	Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	N/D [8] 100% of 29 eligible Patients	100%	99%	100%	98%
Discharged on Antithrombotic Therapy	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	N/D [8] 96% of 24 eligible Patients[3]	100%	99%	100%	100%
Discharged on Statin Medication	Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of cholesterol circulating in the blood.	N/D [8] 100% of 18 eligible Patients	100%	98%	100%	98%

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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 8	N/D 8

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	N/D 8 92% of 13 eligible Patients[3]	100%	94%	100%	93%
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 4 ---	100%	86%	100%	91%

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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 [8]	N/D [8]

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
Venous Thromboembolism (VTE) Prophylaxis	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The incidence of blood clots is lowest when patients are treated to prevent them.	N/D [8] 96% of 28 eligible Patients[3]	100%	97%	100%	97%

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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.	⊖	✓

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	✓ 95% of 85 eligible Patients	100%	97%	100%	97%
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.	✓ 85% of 52 eligible Patients	100%	92%	100%	85%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	✓ 97% of 68 eligible Patients	100%	94%	100%	94%

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

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

---- Null value or data not displayed.

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National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- 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: July 2014 - June 2015

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

Measure	Explanation	Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
VTE Prophylaxis	Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	✓ 92% of 239 eligible Patients	100%	95%	100%	94%

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---- Null value or data not displayed.

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