

# 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 Programs	Accreditation Decision	Effective	Last Full Sur	vey Last On-Site
		Date	Date	Survey Date
🎯 Home Care	Accredited	11/7/2009	8/31/2012	8/31/2012
🎯 Hospital	Accredited	11/6/2009	8/31/2012	10/11/2012

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🥝 Heart Failure	Certification	11/6/2010	11/5/2010	11/5/2010
orimary Stroke Center	Certification	11/4/2010	11/3/2010	11/3/2010
Certified Programs	<b>Certification Decision</b>	Effective	Last Full Review	v Last On-Site
		Date	Date	<b>Review Date</b>
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🎯 Joint Replacement - Hip	Certification	11/5/2010	11/4/2010	11/4/2010

### **Special Quality Awards**

2012 Silver Get With The Guidelines - Stroke

2011 Silver Get With The Guidelines - Heart Failure

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide		
Home Care	2009National Patient Safety Goals	Ø	<b>*</b>	
Hospital	2010National Patient Safety Goals	Ø	*	

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.

### Symbol Key

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### **Footnote Key**

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- 7. The Measure results are based on a sample of patients.
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- **11.** There were no eligible patients that met the denominator criteria.



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This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is similar to the target range/value.		National Quality Improvement Goals:	•	•
This organization's performance is below the target range/value.	Reporting Period:	Heart Attack Care	$\oplus$	Ð
This Measure is not applicable for this organization.	Jan 2011 - Dec 2011	Heart Failure Care	$\bigotimes$	$\bigotimes$
Not displayed		Perinatal Care	NO 10	NO 10
Footnote Key		Pneumonia Care	Θ	Θ
The Measure or Measure Set was not reported.		Stroke Care	$\bigotimes$	$\bigotimes$
The Measure Set does not have an overall result.		Surgical Care Improvement Project (SCIP)		
The number of patients is not enough for comparison purposes.		SCIP - Cardiac SCIP - Infection Prevention	Ð	( <del>]</del>
The measure meets the Privacy Disclosure Threshold rule.		For All Reported Procedures: • Blood Vessel Surgery	Ø	Ø
The organization scored above 90% but was below most other organizations.		Colon/Large Intestine Surgery	Ø	Ø
The Measure results are not statistically valid.		Coronary Artery Bypass Graft	<b>€</b>	Ð
The Measure results are based on a sample of patients.		Hip Joint Replacement	Ð	Ð
The number of months with Measure data is below the reporting requirement.		• Hysterectomy	Ø	Ø
The measure results are temporarily suppressed pending resubmission of		Knee Replacement	Ð	Ð
updated data. • Test Measure: a measure being		Open Heart Surgery	$\oplus$	Ð
evaluated for reliability of the		SCIP – Venous Thromboembolism (VTE)		

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# **Locations of Care**

Locations of Care	Locations of Care Available Services		
Doylestown Hospital * 595 West State Street Doylestown, PA 18901	<ul> <li>Joint Commission Advanced Certification Programs: <ul> <li>Heart Failure</li> <li>Primary Stroke Center</li> </ul> </li> <li>Joint Commission Certified Programs: <ul> <li>Joint Replacement - Hip</li> <li>Joint Replacement - Knee</li> </ul> </li> <li>Services: <ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Ear/Kcs/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Cardiac Services)</li> <li>Cardiac Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine</li> <li>(Inpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Unotogy (Surgical Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> <li>Waedical ICU (Intensive Care Unit (PACU) (Inpatient)</li> </ul> </li> </ul>		
Doylestown Hospital Home Care / Visiting Nurse 875 North Easton Road Doylestown, PA 18901	<ul> <li>(Inpatient)</li> <li>Home Health Aides</li> <li>Home Health, Non-Hospice Services</li> <li>Hospice Care</li> <li>Medical Social Services</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Skilled Nursing Services</li> <li>Speech Language Pathology</li> </ul>		
Doylestown Hospital Cardiac Services 599 West State Street, Suite 200 Doylestown, PA 18901	Outpatient Clinics (Outpatient)		
Doylestown Hospital Cardiac Services 315 West State Street Doylestown, PA 18901	Outpatient Clinics (Outpatient)		



# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
Doylestown Hospital Cardiac Services 847 Easton Road, Suite 2800 Warrington, PA 18976	Outpatient Clinics (Outpatient)
Doylestown Hospital Surgery Center 847 Easton Road, Suite 1400 Warrington, PA 18976	<ul> <li>Administration of High Risk Medications (Outpatient)</li> <li>Ambulatory Surgery Center (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
Health and Wellness Center 847 Easton Road, Route 611 Warrington, PA 18976	Outpatient Clinics (Outpatient)



# **2009 National Patient Safety Goals**

# Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Conducting a Verification Process Before Starting Procedures	$\bigotimes$
Improve the effectiveness of communication among caregivers.	Reading Back Verbal Orders	Ø
	Creating a List of Abbreviations Not to Use	$\bigcirc$
	Timely Reporting of Critical Tests and Critical Results	$\bigcirc$
	Managing Hand–Off Communications	0 0 0
Improve the safety of using medications.	Managing Look Alike, Sound Alike Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Sentinel Events Resulting from Infection	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	$\bigcirc$
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
Encourage patients' active involvement in their own care as a patient safety strategy.	Patient and Family Reporting of Safety Concerns	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

### 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.



# **2010 National Patient Safety Goals**

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	$\bigcirc$
	Preventing Surgical Site Infections	0 0 0 0
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	$\bigotimes$
	Providing a Reconciled Medication List to the Patient	$\bigotimes$
	Settings in Which Medications are Minimally Used	0 0 0
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigotimes$
	Marking the Procedure Site	$\bigotimes$
	Performing a Time-Out	$\bigotimes$

### Symbol Key

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595 West State Street, Doylestown, PA



# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

		Compared to other Joint Commission	
		Accredited C	rganizations
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.	Ð	Ð

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	100% of 55 eligible Patients	100%	97%	100%	97%	
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.	100% of 66 eligible Patients	100%	100%	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.	99% of 309 eligible Patients	100%	99%	100%	99%	



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# **National Quality Improvement Goals**

#### This organization achieved the best Reporting Period: January 2011 - December 2011 This organization's performance is This organization's performance is Compared to other Joint imilar to the target range/value. Commission This organization's performance is Accredited Organizations Measure Area Nationwide Explanation Statewide Heart Attack Care This category of evidence based measures assesses the Ð $\oplus$ overall quality of care provided to Heart Attack (AMI) patients The Measure or Measure Set was not Compared to other Joint Commission Accredited Organizations The Measure Set does not have an Nationwide Statewide Measure Explanation Hospital Top 10% Average Top 10% Average The number of patients is not enough Results Scored Rate: Scored Rate: at Least: at Least Heart attack patients who receive a Aspirin prescribed at prescription for aspirin when being discharge\* The organization scored above 90% but discharged from the hospital. This was below most other organizations. measure reports how often aspirin $(\pm)$ The Measure results are not statistically was prescribed to heart attack 100% 99% 100% 99% patients when they are leaving a 99% of The Measure results are based on a hospital. Aspirin is beneficial because 291 eligible Patients it reduces the tendency of blood to The number of months with Measure clot in blood vessels of the heart and data is below the reporting requirement. improves survival rates. The measure results are temporarily suppressed pending resubmission of Beta blocker prescribed at Heart attack patients who have a medicine called a "beta blocker" discharge\* prescribed when they are discharged Đ from the hospital. This measure 100% 99% 100% 99% individual data elements or awaiting reports what percent of heart attack 99% of National Quality Forum Endorsement. patients were prescribed a special 277 eligible Patients There were no eligible patients that met type of medicine when leaving the hospital, that has been shown to reduce further heart damage. Primary PCI received within 90 Heart attack patient with a clogged artery in the heart that is opened with minutes of hospital arrival\* For further information a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart **Quality Report contents,** attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood $\bigcirc$ flow to the heart and reduce heart 100% 94% 100% 94% damage. Lack of blood supply to 98% of heart muscle can cause lasting heart 52 eligible Patients 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



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attack is diagnosed.

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therapy be given quickly after a heart

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# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

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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.	Ð	Ð	

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Average Rate:
Statin Prescribed at Discharge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	96% of 276 eligible Patients				

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# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

		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.	Ø	Ø	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewig				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart 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.	94% of 124 eligible Patients	100%	97%	100%	97%
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%	100%
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.	94% of 358 eligible Patients	100%	93%	100%	94%

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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.	Ø	Ø	

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide		State	wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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.	100% of 461 eligible Patients	100%	99%	100%	100%	

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# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This is a test measure set. This category of evidenced based measures assesses the care of mothers and newborns.	<b>1</b> 0	<b>1</b> 0	

		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:	
Antenatal Steroids	This is a test measure. 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.	0 <sup>10</sup>					
Cesarean Section	This is a test measure. This measure reports the overall number of first birth mothers who delivered a single term newborn in a normal head first position by cesarean section. A cesarean section is the surgical delivery of a fetus through incision in the abdominal wall and the uterine wall. This does not include removal of the fetus from the abdominal cavity in case of rupture of the uterus or abdominal pregnancy.	000 10 					
Elective Delivery	This is a test measure. 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.	00 <sup>10</sup>					



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# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

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

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	98% of 84 eligible Patients	100%	99%	100%	100%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	97% of 411 eligible Patients	100%	97%	100%	98%
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	96% of 70 eligible Patients	100%	98%	100%	98%



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# **National Quality Improvement Goals**

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		tegory of evidence based measures ass quality of care provided to Pneumonia p		Θ		Θ	
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2. The Measure Set does not have an overall result.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored	
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<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure</li> </ol>	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.	98% of 378 eligible Patients	100%	96%	99%	97%
<ul> <li>data is below the reporting requirement.</li> <li>9. The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>11. There were no eligible patients that met the denominator criteria.</li> </ul>	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.	86% of 22 eligible Patients <sup>3</sup>	100%	89%	100%	92%
and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	90% of 201 eligible Patients	100%	96%	99%	97%



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# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

			Compared to other Joint Commission Accredited Organizations			
Measure Area	Explanation		Nationwi	Ŭ	Statewide	е
	This category of evidence based measures as overall quality of care provided to Pneumonia p	Θ		Θ		
Compared to other Joint Commission Accredited Organizations						n
			lationwide	•		ewide
Measure	Explanation	Hospital Results	Scored at Least:			Avera Rate
Pneumococcal vaccinatio	n* Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	95% of 447 eligible Patients	100%	96%	100%	97%

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Measure Area	Explanation		Nationwid		Statewide	
Pneumonia Care	This category of evidence based measures ass overall quality of care provided to Pneumonia p		Θ		Θ	
	1		mpared to o Accredite Nationwide	other Joint ed Organiz	zations	on ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Pneumonia Seasonal Mea Reporting Period: October			ar Louon		ar Louor.	
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.	91% of 312 eligible Patients	100%	94%	100%	95%

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the denominator criteria.

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

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# **National Quality Improvement Goals**

Reporting Period: January 2011 - December 2011	

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	Accredited	Organizations
Explanation	Nationwide	Statewide
This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	$\bigotimes$	$\bigotimes$
	This category of evidence based measures assesses the	Accredited Explanation Nationwide

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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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 blood stream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	97% of 30 eligible Patients	100%	95%	3	3
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.	98% of 123 eligible Patients	100%	98%	3	3



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# **National Quality Improvement Goals**

				Accr	Ű	sion anizations	
Measure Area Stroke Care		Explanation tegory of evidence based measures as		Nationwi	de	Statewide	e
	overall	quality of care provided to Stroke (STK	Со	mpared to c Accredite	other Joint ed Organiz	Commissic zations	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Averag Rate:
Assessed for Rehab	litation	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.	100% of 130 eligible Patients	100%	98%	3	3
Discharged on Antith 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.	99% of 127 eligible Patients	100%	99%	3	3
Discharged on Statir Medication	I	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	96% of 96 eligible Patients	100%	94%	<u></u> 3	3



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Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
	Stroke Care	This category of evidence based measures as overall quality of care provided to Stroke (STK)		$\bigcirc$		$\bigcirc$	
Footnote Key			Co	mpared to o	othor loint	Commissi	
The Measure or Measure Set was not reported.				Accredit	ed Organiz	ations	
The Measure Set does not have an overall result.	Measure	Explanation	Hospital		Average	Top 10%	
The number of patients is not enough for comparison purposes.			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being	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.	97% of 73 eligible Patients	100%	88%	3	3
evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	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.	75% of 12 eligible Patients <sup>3</sup>	100%	69%	3	3



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# **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

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

		Compared to other Joint Commission Accredited Organizations				
		٦ <u>ا</u>	lationwide		State	wide
Measure	Explanation	Hospital Results		Rate:	Top 10% Scored at Least:	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.	88% of 136 eligible Patients	100%	92%	3	3

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

### Reporting Period: January 2011 - December 2011

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		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				n
		٩	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	98% of 291 eligible Patients <sup>7</sup>	100%	96%	100%	97%

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Reporting Period: January 2011 - December 2011	
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		Compared to other Joint Commission		
		Accredited Organization		
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.	Ð	Ð	

	Compared to other Joint Commission					
	Accredited Organizations					
			lationwide			ewide
Measure	Explanation	Hospital Results	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.	99% of 634 eligible Patients <sup>7</sup>	100%	98%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	99% of 639 eligible Patients <sup>7</sup>	100%	98%	100%	99%

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	SCIP - Infection Prevention	This category of evidence based measures a overall use of indicated antibiotics for surgical	
Footnote Key		prevention.	
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2. The Measure Set does not have an overall result.			
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results
4. The measure meets the Privacy Disclosure Threshold rule.	Patients who had surger	y and This measure reports how often	
5. The organization scored above 90% but was below most other organizations.	received appropriate me that prevents infection	antibiotic) to prevent infection was	
6. The Measure results are not statistically valid.	(antibiotic) and the antibious was stopped within 24 h		
7. The Measure results are based on a sample of patients.	after the surgery ended.	<ul> <li>prevents infection for more than 24</li> <li>hours after the end of surgery is not</li> </ul>	$\bigcirc$
8. The number of months with Measure		helpful, unless there is a specific reason (for example, fever or other	95% of

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	Accredited Organizations					
		٨	lationwide		State	wide
Measure	Explanation	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.	95% of 611 eligible Patients <sup>7</sup>	100%	97%	100%	98%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	97% of 72 eligible Patients <sup>7</sup>	100%	97%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	100% of 25 eligible Patients <sup>3</sup>	100%	97%	100%	97%
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	ND 3 100% of 25 eligible Patients <sup>3</sup>	100%	99%	100%	99%



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Measure Area	Explanation		Nationwig	de	Statewide	e
SCIP - Infection Prevention	This category of evidence based measures asse overall use of indicated antibiotics for surgical inf prevention.	e of indicated antibiotics for surgical infection			Ð	
			Accredite	other Joint ed Organiz		
		N	lationwide		State	W
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	F

Measure	)	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
Patients who had b surgery and receive appropriate medicir prevents infection (a and the antibiotic w within 24 hours after surgery ended.*	ed le that antibiotic) as stopped	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).	91% of 22 eligible Patients <sup>3</sup>	100%	94%	100%	95%
Patients Having Co Intestine Surgery*	lon/Large	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	93% of 110 eligible Patients <sup>7</sup>	100%	94%	98%	95%
Patients having cold intestine surgery wh medicine to prevent (an antibiotic) within before the skin was cut. *	no received t infection n one hour	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	97% of 37 eligible Patients <sup>7</sup>	100%	96%	100%	97%
Patients having cold intestine surgery wh the appropriate mer (antibiotic) which is be effective for this surgery.*	no received dicine shown to	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	95% of 37 eligible Patients <sup>7</sup>	100%	93%	100%	93%



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

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

Svmbol Kev

595 West State Street, Doylestown, PA

Compared to other Joint Commission



# **National Quality Improvement Goals**

~			
This organization achieved the best possible results		Reporting Per	iod: January 2011 - December 2011
This organization's performance is above the target range/value.			
This organization's performance is similar to the target range/value.			
O This organization's performance is below the target range/value.			
Not displayed	М	leasure Area	Explanation
		CIP - Infection revention	This category of evidence based measures overall use of indicated antibiotics for surgic
Footnote Key			prevention.

 The Measure or Measure Set was not reported.
 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that med
- **1.** 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."

				edited Org	anizations	
Measure Area	Explanation			de	Statewide	e
Prevention over	category of evidence based measures as all use of indicated antibiotics for surgical i ention.	Ð		Ð		
			other Joint ed Organiz	ations		
Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:		wide Averaç Rate:
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stoppe within 24 hours after the surgery ended.*	whose medicine (an antibiotic) to prevent infection was stopped within	86% of 36 eligible Patients <sup>7</sup>	100%	94%	100%	94%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	99% of 232 eligible Patients <sup>7</sup>	100%	99%	100%	99%
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic within one hour before the ski was surgically cut.*		99% of 77 eligible Patients <sup>7</sup>	100%	98%	100%	99%
Patients having coronary artery bypass graft surgery who received the appropriate	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (artificitie) that	0				

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

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

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.

---- Null value or data not displayed.

medicine (antibiotic) which is

shown to be effective for this

type of surgery.\*

100%

100%

100%

100%

100% of

80 eligible

Patients7

99%

99%

99%

100%

100%

100%

100%

100%



# **National Quality Improvement Goals**

Reporting Period: January 2011 - December 2011

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.	
O This organization's performance is below the target range/value.	
Not displayed	

### Footnote Kev

Symbol Key

- 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.''** 

Compared to other Commission Accredited Organiza					sion	
Measure Area	Explanation		Nationwi	Ű	Statewide	e
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.		Ð		Ð	
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Averag Rate:

 $\bigcirc$ 

99% of

75 eligible

Patients7

Đ

98% of

444 eligible

Patients

 $\oplus$ 

99% of

151 eligible

100% of

153 eligible

Patients<sup>7</sup>

Patients

100%

100%

100%

100%

98%

98%

98%

100%

Patients who had coronary This measure reports how often coronary artery bypass graft surgery artery bypass graft surgery patients whose medicine (an and received appropriate antibiotic) to prevent infection was medicine that prevents stopped within 48 hours after the infection (antibiotic) and the surgery ended. Giving medicine that antibiotic was stopped within prevents infection for more than 48 48 hours after the surgery hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Patients Having Hip Joint Overall report of hospital's

performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.

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.

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.



ended.\*

Replacement Surgery\*

Patients having hip joint

Patients having hip joint

replacement surgery who

medicine (antibiotic) which is

shown to be effective for this

received the appropriate

surgically cut.\*

type of surgery.\*

replacement surgery who received medicine to prevent

infection (an antibiotic) within

one hour before the skin was

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595 West State Street, Doylestown, PA



# **National Quality Improvement Goals**

This organization achieved the best possible results	Reporting Pe
This organization's performance is above the target range/value.	
This organization's performance is similar to the target range/value.	
O This organization's performance is below the target range/value.	
Not displayed	Measure Area
	SCIP - Infection Prevention
Footnote Key	
1. The Measure or Measure Set was not	

- The Measure or Measure Set was not reported.
   The Measure Set does not have an
- overall result.
- 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.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that med
- **1.** 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	2011 -	December	2011
		o on or or on or of		20000000	

					npared to o Commiss edited Org	sion	
Measure Area		Explanation		Nationwi	de	Statewide	e
SCIP - Infection Prevention		tegory of evidence based measures as use of indicated antibiotics for surgical i ion.		Ð		Ð	
					other Joint ed Organiz	ations	
Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
Patients who had hip replacement surgery received appropriate that prevents infection (antibiotic) and the ar was stopped within 2 after the surgery end	and medicine n ntibiotic 4 hours	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).	94% of 140 eligible Patients <sup>7</sup>	100%	97%	100%	98%
Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	93% of 247 eligible Patients <sup>7</sup>	100%	97%	100%	97%
Patients having hyster surgery who received medicine to prevent in (an antibiotic) within of before the skin was s cut.*	I nfection one hour	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent	98% of 83 eligible Patient?	100%	98%	100%	99%

Patients

 $\bigcirc$ 

94% of

83 eligible

Patients<sup>7</sup>

100%

96%

100%

95%

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

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receive antibiotics to prevent

skin is surgically cut.

infection within one hour before the

This measure reports how often

patients who had hysterectomy

infection which is know to be

effective for the type of surgery,

surgery were given the appropriate

medicine (antibiotic) that prevents

based upon the recommendations of experts around the country.

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



# **National Quality Improvement Goals**

Reporting Period: January 2011 - December 2011

#### Symbol Key This organization achieved the best ossible results This organization's performance is Ð above the target range/value. This organization's performance is $\oslash$ similar to the target range/value. This organization's performance is below the target range/value. ot displayed ND

### 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.
- The Measure results are not statistically valid.
- 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."

		Compared to Comm	
		Accredited O	rganizations
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.	Ð	<b>(</b>
	Cor	npared to other Joi	nt Commission

		Accredited Organizations						
			lationwide		State			
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	88% of 81 eligible Patients <sup>7</sup>	100%	97%	100%	97%		
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 546 eligible Patients <sup>7</sup>	100%	99%	100%	99%		
Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	99% of 183 eligible Patients <sup>7</sup>	100%	99%	100%	99%		
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 183 eligible Patients <sup>7</sup>	100%	100%	100%	100%		



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595 West State Street, Doylestown, PA

nmission ns Statewide

Average

Rate:

98%

99%

99%

100%



# **National Quality Improvement Goals**

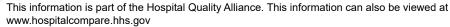
Symbol Key								-
This organization achieved the best possible results	Reporting Per	riod: Jan	uary 2011 - December 2011					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.						npared to o Commiss	sion	
below the target range/value.						edited Orga		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in ion		Ð		€	
Footnote Key           1.         The Measure or Measure Set was not		proventi		Со	mpared to c	other Joint	Commissio	on
<ul><li>reported.</li><li>2. The Measure Set does not have an</li></ul>					Accredite	ed Organiz	ations	
<ol> <li>The interstell.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure		Explanation	Hospital Results	Vationwide Top 10% Scored	Average Rate:	State Top 10% Scored	
4. The measure meets the Privacy					at Least:		at Least:	
<ol> <li>The incastor facts of the first of the organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of</li> </ol>	Patients who had knee replacement surgery ar received appropriate m that prevents infection (antibiotic) and the antil was stopped within 24 l after the surgery ended	nd edicine biotic hours	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).	98% of 180 eligible Patients <sup>7</sup>	100%	98%	100%	
<ul> <li>updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ul>	Patients Having Open I Surgery other than Corr Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	100% of 233 eligible Patients <sup>7</sup>	100%	99%	100%	
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	Patients having open h surgery other than coro artery bypass graft who received medicine to pr infection (an antibiotic) one hour before the ski surgically cut.*	onary o revent within	This measure reports how often patients having open heart surgery other than coronary artery bypass graft received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	100% of 78 eligible Patients <sup>7</sup>	100%	98%	100%	
Report User Guide."	Patients having open h surgery other than coro artery bypass graft who received the appropriat medicine (antibiotic) wh	onary o te	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents	00% of	100%	100%	100%	

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infection which is know to be

effective for the type of surgery,

based upon the recommendations of experts around the country.



Null value or data not displayed. \_\_\_\_

shown to be effective for this

type of surgery.\*

78 eligible

Patients

595 West State Street, Doylestown, PA

Statewide

Average

Rate:

99%

97%

100%

96%

100%

100%

 $\oplus$ 

99% of 926 eligible

Patients<sup>7</sup>

 $\bigcirc$ 

95% of 611 eligible

Patients

100%

100%

100%

94%



# **National Quality Improvement Goals**

$\bigcirc$	This organization achieved the best possible results		Reporting Per	riod: Jan	uary 2011 - December 2011					
	This organization's performance is above the target range/value.									
0	This organization's performance is similar to the target range/value.						Com	npared to o Commiss		
	This organization's performance is below the target range/value.						Accr	edited Orga		
	Not displayed	M	easure Area		Explanation		Nationwi		Statewide	e
	Footnote Key		CIP - Infection revention		tegory of evidence based measures ass use of indicated antibiotics for surgical i ion.		Ð		<b>(</b>	
	The Measure or Measure Set was not reported.					Со		other Joint ed Organiz	Commissio ations	n
2.	The Measure Set does not have an overall result.						lationwide		State	
3.	The number of patients is not enough for comparison purposes.		Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Av F
4.	The measure meets the Privacy	Do	tients who had open	hoort	This measure reports how often open		at Least:		at Least:	
5.	Disclosure Threshold rule. The organization scored above 90% but was below most other organizations.	su	rgery other than corc ery bypass graft and	nary	heart surgery other than coronary artery bypass graft patients whose					
6.	The Measure results are not statistically valid.	rec	ceived appropriate m at prevents infection		medicine (an antibiotic) to prevent infection was stopped within 48	$\bigcirc$				
7.	The Measure results are based on a sample of patients.	(ar	ntibiotic) and the anti s stopped within 48		hours after the surgery ended. Giving medicine that prevents infection for	100% of 77 eligible	100%	98%	100%	!
	The number of months with Measure data is below the reporting requirement.		er the surgery ended		more than 48 hours after the end of surgery is not helpful, unless there is	Patients <sup>7</sup>				
	The measure results are temporarily suppressed pending resubmission of				a specific reason (for example, fever or other signs of infection).					
10.	updated data. Test Measure: a measure being		art surgery patients ntrolled blood sugar		This measure reports the number of heart surgery patients that had a	a				
	evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.	su	rgery.		blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic		99%	95%	99%	1
	There were no eligible patients that met the denominator criteria.				and nondiabetic patients when blood sugar is controlled immediately after	98% of 161 eligible Patients <sup>7</sup>				

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

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sugar is controlled immediately after

This measure reports the number of surgical patients that have had hair

removed properly. Infection is lowest

This measure reports the number of

catheter was removed by the end of

when patients have hair removed

at the site of the surgical cut

with electrical clippers or hair

surgery patients whose urinary

the second day after surgery.

surgery.

removal cream.

Null value or data not displayed.

Surgery patients with proper

Urinary Catheter Removed

hair removal.



# **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.
 This organization's performance is below the target range/value.
 Not displayed

### **Footnote Key**

- 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.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   These uses no elicible sections that measure the sections that measure the section of the section o
- **1.** 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 2011 - December 2011

### Measure Area

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

Compared to other Joint Commission Accredited Organizations Nationwide Statewide Measure Explanation Top 10% Top 10% Average Hospital Average Rate: Rate: Results Scored Scored at Least at Least Patients having surgery who This measure reports how often patients having surgery had had treatment prescribed for treatment prescribed for the the prevention of blood clots. prevention of blood clots. The Note: Treatment may be  $\bigcirc$ incidence of blood clots is lowest medication, stockings, or when patients are treated to prevent mechanical devices for 100% 98% 100% 99% them. Note: Not every surgery 95% of exercising the legs. 540 eligible requires treatment and this measure Patients reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful. This measure reports how often Patients having surgery who patients who had surgery were given received the appropriate the appropriate treatment that treatment to prevent blood prevents blood clots which is known clots which is shown to be to be effective for the type of surgery, effective for the type of  $\bigcirc$ based upon the recommendations of surgery performed. Note: 97% 100% 98% experts around the country. Note: 100% Treatment may be medication, 95% of 535 eligible Not every surgery requires treatment stockings, or mechanical and this measure reports on those Patients<sup>7</sup> devices for exercising the legs. selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.

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63%

76%

64%

19%

26%

# **Survey of Patients' Hospital Experiences**

F	<b>DO</b> 1	tno	te	Key	V

- 1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

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

	Survey Date	Range		Number of Co	mpleted Survey	'S	Survey Respo	onse Rate
April	2010 through	March 2011		300 (	or More		43%	)
Question				Explanation				
How ofter with patie		communicate w	ell	them during the doctors <b>expla</b>	rted how often t heir hospital sta <b>ined things cl</b> e reated the patie	y. "Communi early, listene	cated well" me d carefully to	eans the
Doctors "always" communicated well Doctors "usually" communicated well Doctors "sometimes" of communicated w								
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
82%	78%	80%	16%	17%	16%	2%	5%	4%
Question				Explanation				
How ofter with patie		ommunicate we	əll	them during the explained the	rted how often t heir hospital sta i <b>ngs clearly, lis</b> ttient with <b>court</b>	y. "Communie tened carefu	cated well" me <b>JIIy</b> to the pat	eans nurses
Nurses "a	lways" commı	unicated well	Nurses "	s "usually" communicated well Nurses "sometimes" of communicated vell				
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
83%	76%	76%	15%	19%	19%	2%	5%	5%
Question				Explanation				
	n did patients bital staff?	receive help qu	ickly		rted how often t button or need dpan.			
	"always" recei on as they wa			s "usually" rece soon as they wa			s "sometimes" elp as soon as	
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average

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11%

10%

5%

26%

63%

59%

61%

18%



# **Survey of Patients' Hospital Experiences**

### **Footnote Key**

- Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

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

	Survey Date	Range		Number of Co	mpleted Survey	/S	Survey Response Rate			
April	2010 through	March 2011		300	or More		43%			
Question				Explanation						
How often was patients' pain well controlled? If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. "Well controlled? The survey asked how often their pain was well controlled and that the hospital staff did everything they could to help patients with their pain.										
Pain was	s "always" we	ll controlled	Pain	was "usually" we	Il controlled	Pain was	"sometimes" c controlled	or "never" well		
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average		
76%	69%	70%	20%	24%	23%	4%	7%	7%		

Question				Explanation				
	n did staff exp ⁄ing them to p	lain about medi atients?	icines	If patients were given medicine that they had not taken before, th survey asked how often staff explained about the medicine. "Explained" means that hospital staff told <b>what the medicine wa</b> <b>for</b> and what <b>side effects it might have</b> before they gave it to th patient.				
Staf	f "always" exp	blained	S	staff "usually" ex	blained	Staff "	sometimes" o explained	r "never"
Hospital Rate	State Average	National Average	Hospita Rate	il State Average	National Average	Hospital Rate	State Average	National Average

19%

18%

19%

22%

21%



# **Survey of Patients' Hospital Experiences**

### Footnote Key

- 1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

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

	Survey Date	Range	١	Number of Co	mpleted Survey	s	Survey Response Rate			
April	2010 through	March 2011		300 0	or More		43%			
	n were the pa s kept clean?	tients' rooms ar	ıd	xplanation Patients repo were kept cle	rted how often t e <b>an</b> .	heir <b>hospita</b>	l room and b	athroom		
Roor	n was "always	s" clean	Roor	Room was "usually" clean			Room was "sometimes" or "never" clean			
Hospital Rate	State Average	National Average								
72%	70%	72%	20%	21%	19%	8%	9%	9%		
Question			E	xplanation						
	n was the area pt quiet at nig	a around patien ht?		Patients repo quiet at nigh	ted how often <b>t</b> t.	he area aro	und their roo	m was		
"Alv	ways" quiet at	t night	"Us	sually" quiet a	t night	"Sometim	es" or "never"	quiet at night		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average		
48%         50%         58%         38%         35%         31%         14%         15%         11%								11%		
Question       Explanation         The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether										

Were patients given information about what to do during their recovery at home?

they were ready to leave the hospital. Patients reported whether hospital staff had discussed the help they would need at home. Patients also reported whether they were given written information about symptoms or health problems to watch for during their recovery.

Yes, staff	<sup>:</sup> did give patients th	is information	No, staff did not give patients this information				
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average		
82%	83%	82%	18%	17%	18%		



# **Survey of Patients' Hospital Experiences**

### **Footnote Key**

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

	Survey Date	Range		Number of Cor	mpleted Survey	S	Survey Response Rate			
April	2010 through	March 2011		300 c	or More		43%			
Question				Explanation						
How do p	atients rate th	e hospital over	all?	After answering all other questions on the survey, <b>patients</b> answered a separate question that asked for an overall rating of the hospital. Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."						
Patients w	ho gave a rati (high)	ng of 9 or 10	Patien	ts who gave a rating of 7 or 8 (medium) Patients who gave a rating of lower (low)				iting of 6 or		
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average		
79%	65%	68%	17%	25%	23%	4%	10%	9%		
Question				Explanation						
Would pa friends an		nend the hospita	al to	The survey asked patients <b>whether they would recommend the hospital</b> to their friends and family.						

YES, patients would definitely recommend the hospital			YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
86%	67%	70%	12%	28%	25%	2%	5%	5%