

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 Surve	ey 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
🤣 Primary Stroke Center	Certification	11/4/2010	10/17/2012	10/17/2012
Certified Programs	Certification Decision	Effective	Last Full Review	v Last On-Site
		Date	Date	Review Date
🮯 Joint Replacement - Hip	Certification	11/9/2012	11/8/2012	11/8/2012
🥝 Joint Replacement - Knee	Certification	11/9/2012	11/8/2012	11/8/2012

Special Quality Awards

2012 Gold Get With The Guidelines - Heart Failure 2012 Silver Get With The Guidelines - Stroke

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		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Home Care	2009National Patient Safety Goals	\bigotimes	*	
Hospital	2009National 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

0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
•••	This Measure is not applicable for this organization.
•	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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.
- **11.** There were no eligible patients that met the denominator criteria.

595 West State Street, Doylestown, PA



Summary of Quality Information

Symbol Key				
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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.	Apr 2011 - Mar 2012	Heart Failure Care	\bigotimes	\bigotimes
Not displayed		Perinatal Care	10	NO 10
Footnote Key		Pneumonia Care	\bigotimes	${igodot}$
The Measure or Measure Set was not reported.		Stroke Care	Ð	Ð
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	(]
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	Ð	Ð
The Measure results are based on a sample of patients.		Hip Joint Replacement	①	⊕
The number of months with Measure data is below the reporting requirement.		Hysterectomy	Ø	${\mathfrak O}$
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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	Available Services		
Doylestown Hospital * 595 West State Street Doylestown, PA 18901	 Joint Commission Advanced Certification Programs: Heart Failure Primary Stroke Center Joint Commission Certified Programs: Joint Replacement - Hip Joint Replacement - Knee Services: Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Services) Cardiac Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) Ear/Kcs/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Cardiac Services) Cardiac Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical ICU (Intensive Care Unit) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Inpatient) Plastic Surgery (Surgical Services) Unotogy (Surgical Services) Urology (Surgical Services) Vascular Surgery (Surgical Services) Waedical ICU (Intensive Care Unit (PACU) (Inpatient) 		
Doylestown Hospital Home Care / Visiting Nurse 875 North Easton Road Doylestown, PA 18901	 (Inpatient) Home Health Aides Home Health, Non-Hospice Services Hospice Care Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology 		
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	 Administration of High Risk Medications (Outpatient) Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)
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.



2009 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.	Reading Back Verbal Orders	Ø
	Creating a List of Abbreviations Not to Use	\bigcirc
	Timely Reporting of Critical Tests and Critical Results	ତ ତ ତ
	Managing Hand–Off Communications	\bigotimes
Improve the safety of using medications.	Managing Look Alike, Sound Alike Medications	
	Labeling Medications	\bigcirc
	Reducing Harm from Anticoagulation Therapy	\bigcirc
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	<u>ଡ</u> ଡ ଡ
	Sentinel Events Resulting from Infection	\bigcirc
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	\bigcirc
	Preventing Surgical Site Infections	0 0 0 0 0 0
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 Individuals at Risk for Suicide	Ø
Improve recognition and response to changes in a patient's condition.	Requesting Assistance for a Patient with a Worsening Condition	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigotimes

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.

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

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

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

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

595 West State Street, Doylestown, PA



National Quality Improvement Goals

Reporting Pe	eriod: April 2011 - March 2012		
		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	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 57 eligible Patients	100%	98%	100%	98%		
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 335 eligible Patients	100%	99%	100%	99%		
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	99% of 317 eligible Patients	100%	99%	100%	99%		



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National Quality Improvement Goals

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O This organization's performance is below the target range/value.	Accredited Organizations								
Not displayed	Measure Area	Explanation		Nationwic	de	e Statewide			
	overall	Heart Attack Care This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI)				Ð			
Footnote Key	patient	S.				-			
 The Measure or Measure Set was not reported. The Measure Set does not have an 			Со	mpared to c Accredite	other Joint ed Organiz		n		
overall result.	Measure	Explanation	N Hospital	Vationwide	Average	State Top 10%			
3. The number of patients is not enough for comparison purposes.	Medsure	Explanation	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. 	Beta blocker prescribed at discharge* Primary PCI received within 90 minutes of hospital arrival*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage. Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within	99% of 308 eligible Patients	100%	99%	100%	99%		
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	Statin Prescribed at Discharge	attack is diagnosed. 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.	98% of 300 eligible Patients						

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National Quality Improvement Goals

Reporting Pe	riod: April 2011 - March 2012		
		Comn	o other Joint hission 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

				other Joint ed Organiz	ations			
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 failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	98% of 125 eligible Patients	100%	97%	100%	97%		
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 359 eligible Patients	100%	94%	100%	95%		
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 463 eligible Patients	100%	99%	100%	100%		

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595 West State Street, Doylestown, PA



National Quality Improvement Goals

Reporting P	Period: April 2011 - March 2012		
		Comr	to other Joint nission 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.	10 (1 0

		Со	mpared to o Accredit	other Joint ed Organiz		on
		١	Vationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	10				
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.	em 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 ¹⁰				



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This organization's performance is pelow the target range/value.				Organizations			
Not displayed	Measure Area	Explanation	Nationwide	Statewide			
	Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	\bigotimes	Ø			
Footnote Key							

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	N Hospital Results	lationwide	Average Rate:		ewide Average Rate:	
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	98% of 424 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.	97% of 64 eligible Patients	100%	98%	100%	98%	
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.	600 9					



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National Quality Improvement Goals

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This organization's performance is below the target range/value.			Accr	edited Orga				
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Pneumonia Care		tegory of evidence based measures ass quality of care provided to Pneumonia p		Ø			
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The Measure or Measure Set was not reported.			,		Accredite Nationwide	ed Organiz		wido
The Measure Set does not have an overall result. The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
 for comparison purposes. 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. 	Initial antibiotic selection CAP in immunocompeter 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	89% of 215 eligible Patients	100%	96%	100%	97%

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Not displayed	Measure Area	Explanation	Nationwic	de Statewid	е
	Stroke Care	This category of evidence based measures assess overall quality of care provided to Stroke (STK) pa		Ð	
Footnote Key					
The Measure or Measure Set was not reported.				ther Joint Commissi ed Organizations	on
The Measure Set does not have an			Nationwide	Stat	ewi
overall result. The number of patients is not enough for comparison purposes	Measure		Hospital Top 10% Results Scored	Average Top 10% Rate: Scored	A

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- the denominator criteria.

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

	Ν	lationwide		State	wide	
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 bloodstream, 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 138 eligible Patients	100%	98%	3	3



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National Quality Improvement Goals

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Mot displayed	Measure Area	Measure Area Explanation			Nationwi	de	e	
	Stroke Care		egory of evidence based measures ass quality of care provided to Stroke (STK)		Ð		Ð	
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reported.2. The Measure Set does not have an					lationwide	<u> </u>	State	ewide
overall result.3. The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 for comparison purposes. 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 evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Assessed for Rehabilita		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.	00% of 146 eligible Patients	100%	98%	3	3
	Discharged on Antithron Therapy	nbotic	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 142 eligible Patients	100%	99%	3	3
Report User Guide."	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.	95% of 102 eligible Patients	100%	95%	3	3



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Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
	Stroke Care	Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.					
Footnote Key 1. The Measure or Measure Set was not reported.				mpared to c Accredite Nationwide	other Joint ed Organiz	zations	on ewide
 The Measure Set does not have an overall result. The number of patients is not enough 	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 The number of patients is not enough for comparison purposes. 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. 	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 99 eligible Patients	100%	90%	3	3
 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.''	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.	83% of 6 eligible Patients ³	100%	73%	3	3



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	Stroke Care	Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.					Ð		
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overall result. The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
for comparison purposes. 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	Venous Thromboemb (VTE) Prophylaxis	olism	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	95% of 149 eligible Patients	100%	93%	3	3	

data is below the reporting requirer 9. The measure results are temporarily suppressed pending resubmission of updated data.

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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

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	S	CIP - Cardiac	This evidence based measure assesses continuation

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- There were no eligible patients that met the denominator criteria.

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		Compared to other Joint				
		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					
		١	ewide				
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.	97% of 297 eligible Patients ⁷	100%	97%	100%	97%	

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Reporting Pe	eriod: April 2011 - March 2012		
		Comr	to other Joint nission Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	œ	Ð

		Compared to other Joint Commission 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 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 649 eligible Patients ⁷	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.	98% of 654 eligible Patients ⁷	100%	99%	100%	99%		

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- **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.
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 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 evaluated for reliability of the individual data elements or avaiting 	Patients who had surge received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	edicine piotic nours	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	97% of 633 eligible Patients ⁷	100%	97%	99%	98%
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria.	Patients Having Blood V Surgery*	/essel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	96% of 90 eligible Patients ⁷	100%	97%	100%	97%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having blood ve surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ection e hour	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 31 eligible Patients ⁷	100%	97%	100%	97%
	Patients having blood ve surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	ne wn to	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.	97% of 31 eligible Patients ⁷	100%	99%	100%	99%



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 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 	Patients who had blood surgery and received appropriate medicine tha prevents infection (antib and the antibiotic was st within 24 hours after the surgery ended.*	at iotic) topped	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).	89% of 28 eligible Patients ³	100%	94%	100%	95%
 suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting 	Patients Having Colon/L Intestine Surgery*	.arge	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	94% of 105 eligible Patients ⁷	100%	95%	99%	95%
 National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. For further information and explanation of the	Patients having colon/la intestine surgery who re medicine to prevent infe (an antibiotic) within one before the skin was surg cut. *	eceived ection e 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.	100% of 35 eligible Patients ⁷	100%	97%	100%	97%
Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having colon/la intestine surgery who re the appropriate medicine (antibiotic) which is show be effective for this type surgery.*	eceived e wn 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.	94% of 35 eligible Patients ⁷	100%	94%	100%	93%
	onal Quality F	orum.						

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 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 	Patients who had colon/la intestine surgery and reca appropriate medicine that prevents infection (antibio and the antibiotic was sto within 24 hours after the surgery ended.*	eived t otic)	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	89% of 35 eligible Patients ⁷	100%	94%	100%	94%	
 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. 	Patients Having Coronary Artery Bypass Graft Surg	·	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	99% of 248 eligible Patients ⁷	100%	99%	100%	99%	
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 coronary artery bypass graft surger who received medicine to prevent infection (an antik within one hour before the was surgically cut.*	ry biotic)	This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	99% of 82 eligible Patients ⁷	100%	99%	100%	99%	
Report User Guide."	Patients having coronary artery bypass graft surger who received the appropr medicine (antibiotic) whic shown to be effective for type of surgery.*	ry riate :h is	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 85 eligible Patients ⁷	100%	100%	100%	100%	

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 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. 	Patients who had corona artery bypass graft surg- and received appropriat medicine that prevents infection (antibiotic) and antibiotic was stopped w 48 hours after the surge ended.*	gery te d the within ery	This measure reports how often coronary artery bypass graft surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Overall report of hospital's	99% of 81 eligible Patients ⁷	100%	98%	100%	99%
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.	Replacement Surgery*		performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	98% of 450 eligible Patients ⁷	100%	98%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Patients having hip joint replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skin surgically cut.*	ho event within	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.	99% of 152 eligible Patients ⁷	100%	98%	100%	99%
refer to the "Quality Report User Guide."	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	ho e nich is	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 153 eligible Patients ⁷	100%	100%	100%	100%



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overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:		
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 updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	93% of 221 eligible Patients ⁷	100%	97%	100%	97%
11. There were no eligible patients that met the denominator criteria.	Patients having hystered surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ction 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 infection within one hour before the skin is surgically cut.	99% of 74 eligible Patients ⁷	100%	98%	100%	99%
refer to the ''Quality Report User Guide.''	Patients having hystered surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	e vn to	This measure reports how often patients who had hysterectomy 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.	91% of 74 eligible Patients ⁷	100%	97%	100%	96%



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This organization achieved the best possible results	Reporting Period:	April 2011 - March 2012					
O This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Com	npared to o Commiss		
O This organization's performance is below the target range/value.				Accre		anizations	
Not displayed	Measure Area	Explanation	Nationwic	de	Statewide	е	
	SCIP - Infection This Prevention ove	Ð		Ð			
Footnote Key 1. The Measure or Measure Set was not	pro	evention.					
reported.		1	C0	ompared to o Accredite	other Joint ed Organiz		pn
2. The Measure Set does not have an overall result.				Nationwide	Ŭ	State	ewide
3. The number of patients is not enough	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
for comparison purposes.4. The measure meets the Privacy			Neouno	at Least:	Rato.	at Least:	Nato.
 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. 	Patients who had hysterectomy surgery and received appropriate medicin that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	infection was stopped within 24 hours after the surgery ended. Giving	90% of 73 eligible Patients ⁷	100%	97%	100%	98%
 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 	Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 553 eligible Patients ⁷	100%	99%	100%	99%
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,	Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	n medicine that prevents infection (an	99% of 185 eligible Patients ⁷	100%	99%	100%	99%
refer to the "Quality Report User Guide."	Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	and the second sec	100% of 185 eligible Patients ⁷	100%	100%	100%	100%
	The Joint Commission c	only reports measures endorsed by the Natio	onal Quality	Forum.			



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

595 West State Street, Doylestown, PA



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peric	od: Apr	ril 2011 - March 2012					
above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		Len 1
O This organization's performance is below the target range/value.					Accr	edited Orga		Len 1
wo Not displayed	Measure Area			Nationwic		Statewide	e	
			egory of evidence based measures ass use of indicated antibiotics for surgical ir		Ð		œ	
Footnote Key		preventio	•				U	
1. The Measure or Measure Set was not reported.			I	Co	mpared to o			n
2. The Measure Set does not have an				1	Accredite Nationwide	ed Organiz		ewide
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	
 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 evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Patients who had knee joi replacement surgery and received appropriate medi that prevents infection (antibiotic) and the antibio was stopped within 24 hou after the surgery ended.* Patients Having Open Hea Surgery other than Corona Artery Bypass Graft* Patients having open hear surgery other than corona artery bypass graft who received medicine to prev- infection (an antibiotic) wit one hour before the skin v surgically cut.*	dicine otic ours eart nary art ary vent ithin	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). Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery. 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	99% of 183 eligible Patients ⁷ 100% of 269 eligible Patients ⁷ 100% of 90 eligible Patients ⁷	at Least: 100% 100%	98% 99%	at Least: 100% 100%	99% 99%
Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having open hear surgery other than corona artery bypass graft who received the appropriate medicine (antibiotic) which shown to be effective for the type of surgery.*	ary ch is	infection within one hour before the skin is surgically cut. 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 infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 91 eligible Patients ⁷	100%	100%	100%	100%



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National Quality Improvement Goals

Symbol Key										
This organization achieved the best possible results	Reporting Peri	iod: Apı	ril 2011 - March 2012							
This organization's performance is above the target range/value.										
This organization's performance is similar to the target range/value.					Com	npared to o Commiss				
O This organization's performance is below the target range/value.					Accr	edited Org	anizations			
Not displayed	Measure Area Explanation Nationwide Statewide									
	SCIP - Infection Prevention	SCIP - Infection This category of evidence based measures assesses the								
Footnote Key 1. The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		n		
2. The Measure Set does not have an				Ν	Accredit ationwide	ed Organiz		wide		
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Average 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 	Patients who had open I surgery other than coror artery bypass graft and received appropriate me that prevents infection (antibiotic) and the antib was stopped within 48 h after the surgery ended.	nary edicine viotic iours	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	100% of 88 eligible Patients ⁷	100%	98%	100%	99%		
 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. 	Heart surgery patients w controlled blood sugar a surgery.		This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	98% of 181 eligible Patients ⁷	99%	96%	99%	97%		
For further information and explanation of the Quality Report contents, refer to the "Quality	Surgery patients with prohair removal.	oper	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	99% of 933 eligible Patients ⁷	100%	100%	100%	100%		
Report User Guide.''	Urinary Catheter Remov	ved	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	96% of 641 eligible Patients ⁷	100%	95%	100%	96%		
	The Joint Commiss	ion only r	onarte managures and read by the Natio		-					

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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.
- 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.
- 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 me
- 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: April 2011 - March 2012

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

		Cor	mpared to c Accredit	other Joint ed Organiz		on
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	96% of 600 eligible Patients ⁷	100%	98%	100%	99%
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	95% of 598 eligible Patients ⁷	100%	97%	100%	98%

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Survey of Patients' Hospital Experiences

F	00	tno	te	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.
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- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

	Survey Da	ate Range		Number of	Completed Sur	veys	Survey Response Rate		
Octobe	er 2010 throu	gh September 2	2011	3	00 or More		43'	%	
Question			E	Explanation					
How ofter with patie	. a.a acotoro	communicate w	rell	Patients reported how often their doctors communicated well with them during their hospital stay. "Communicated well" means doctors explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .					
Doctors "al	lways" comm	unicated well	Doctors "	s "usually" communicated well Doctors "sometimes" or " communicated well					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
81%	79%	81%	16%	16%	15%	3%	5%	4%	
Question			E	Explanation					
		communicate we		them during the explained thi	ted how often t heir hospital sta ngs clearly, lis tient with court	y. "Communio tened caref u	cated well" me ully to the pat	eans nurses	
with patie			ell	Patients repor them during the explained thi	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me ully to the pat	eans nurses ient, and or "never"	
How ofter with patie	nts?		ell	Patients repor them during th explained thi treated the pa	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me ully to the pat pect. "sometimes"	eans nurses ient, and or "never"	
How ofter with patier Nurses "al Hospital	nts? ways" commu State	unicated well National	ell Nurses "t Hospital	Patients report them during the explained thi treated the part usually" commonst State	neir hospital sta ngs clearly, lis tient with court unicated well National	y. "Communion tened carefu esy and resp Nurses co Hospital	cated well" me ully to the pat pect. "sometimes" ommunicated State	eans nurses ient, and or "never" well National	
How ofter with patier Nurses "al Hospital Rate	nts? ways" commu State Average	unicated well National Average	ell Nurses "u Hospital Rate 15%	Patients repor them during th explained thi treated the pa usually" common State Average	neir hospital sta ngs clearly, lis tient with court unicated well National Average	y. "Communion tened carefu esy and resp Nurses co Hospital Rate	cated well" me ully to the pat pect. "sometimes" ommunicated State Average	eans nurses ient, and or "never" well National Average	
How ofter with patier Nurses "al Hospital Rate 83% Question	nts? ways" commu State Average 77%	unicated well National Average	ell Nurses "u Hospital Rate 15%	Patients report them during the explained this treated the part usually" common State Average 18% Explanation	neir hospital sta ngs clearly, lis tient with court unicated well National Average 18% ted how often t button or need	y. "Communie tened carefu esy and resp Nurses co Hospital Rate 2%	cated well" me ully to the pat pect. "sometimes" ommunicated State Average 5% ped quickly w	eans nurses ient, and or "never" well National Average 5% hen they	
How ofter with patien Nurses "al Hospital Rate 83% Question How ofter from hosp	nts? ways" commu State Average 77%	unicated well National Average 77% receive help qu	ell Nurses " Hospital Rate 15% E tickly Patients	Patients report them during the explained this treated the part usually" common State Average 18% Explanation Patients report used the call	neir hospital sta ngs clearly, lis tient with court unicated well National Average 18% ted how often t button or need dpan. ived help as	y. "Communitiened carefu esy and resp Nurses Control Hospital Rate 2% hey were help ed help in ge Patients	cated well" me ully to the pat pect. "sometimes" ommunicated State Average 5% ped quickly w tting to the b	eans nurses ient, and or "never" well National Average 5% 5% ben they bathroom	
How ofter with patien Nurses "al Hospital Rate 83% Question How ofter from hosp	nts? ways" commu State Average 77% n did patients pital staff?	unicated well National Average 77% receive help qu	ell Nurses " Hospital Rate 15% E tickly Patients	Patients repor them during th explained thi treated the par usually" communication State Average 18% Explanation Patients repor used the call or using a be	neir hospital sta ngs clearly, lis tient with court unicated well National Average 18% ted how often t button or need dpan. ived help as	y. "Communitiened carefu esy and resp Nurses Control Hospital Rate 2% hey were help ed help in ge Patients	cated well" me ully to the pat pect. "sometimes" ommunicated State Average 5% ped quickly w tting to the b	eans nurses ient, and or "never" well National Average 5% ben they bathroom	



Survey of Patients' Hospital Experiences

Footnote Key

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- 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 Da	ate Range		Number of	Completed Su	rveys	Survey Response Rate		
Octobe	er 2010 throug	gh September 2	2011	3	00 or More		43%		
Question			F	Explanation					
How ofter controllec	n was patients ?	s' pain well		If patients nee survey asked controlled" me	eded medicine f how often their eans their pain f did everythin	pain was w was well co	ell controlled. ' ontrolled and t	Well hat the	
Pain was	s "always" we	ll controlled	Pain wa	ıs "usually" we	ll controlled	Pain was	"sometimes" c controlled	or "never" well	
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
73%	69%	70%	23%	24%	23%	4%	7%	7%	
Question			E	Explanation					

How often did staff explain about medicines before giving them to patients?

If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told **what the medicine was for** and what **side effects it might have** before they gave it to the patient.

Staf	f "always" exp	blained	Staf	f "usually" exp	blained	Staff "	sometimes" o explained	r "never"
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
63%	60%	62%	18%	19%	18%	19%	21%	20%

86%

83%

83%

14%



Survey of Patients' Hospital Experiences

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	Survey Da	te Range		Number of	Completed Sur	veys	Survey Resp	oonse Rate		
Octobe	er 2010 throug	gh September 2	2011	3	300 or More	43%				
Question				Explanation						
	n were the pat s kept clean?	ients' rooms ar	nd	Patients reported how often their hospital room and bathroom were kept clean.						
Room was "always" clean Ro			Ro	oom was "usuall	y" clean	Room wa	as "sometimes clean	" or "never"		
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average		
72%	71%	72%	20%	20%	19%	8%	9%	9%		
How ofter		a around patier	ıts'		rted how often t	he area arou	und their rooi	m was		
How ofter rooms ke	n was the area ot quiet at nig ways" quiet at	ht?			t.		und their room es" or "never"			
rooms ke	ot quiet at nig	ht?		Patients repo quiet at nigh Usually" quiet a	t.					
How ofter rooms ke "Alv Hospital	pt quiet at nig ways" quiet at State	night National	" Hospita	Patients repo quiet at nigh Usually" quiet a I State	t. t night National	"Sometime Hospital	es" or "never" State	quiet at nigh National		
How ofter rooms kep "Alv Hospital Rate	<mark>pt quiet at nig</mark> ways" quiet at State Average	night National Average	" Hospita Rate	Patients repo quiet at nigh Usually" quiet a I State Average	t. t night National Average	"Sometime Hospital Rate	es" or "never" State Average	quiet at nigh National Average		
How ofter rooms ke "Alv Hospital Rate 50% Question Were pati	ot quiet at nig ways" quiet at State Average 52%	night National Average 59%	Hospita Rate 38%	Patients repo quiet at nigh Usually" quiet a State Average 34% Explanation The survey as they were rea hospital staff Patients also	t. t night National Average 30% sked patients ab ady to leave the had discussed reported whethe about sympton	"Sometime Hospital Rate 12% pout informati hospital. Pati the help the er they were	State Average 14%	quiet at nigh National Average 11% given when whether d at home .		

17%

17%

Hospital

Rate

85%

State

Average

67%

National

Average

70%

Hospital

Rate

13%



Survey of Patients' Hospital Experiences

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	Survey Da	ate Range		Number of	Completed Sur	veys	Survey Res	oonse Rate
Octobe	er 2010 throug	gh September 2	2011	300 or More			43	%
Question				Explanation				
How do p	atients rate th	ne hospital over	all?	answered a s of the hospit	eparate quest al. Ratings were	ion that as e on a scal	ne survey, patie sked for an ove e from 0 to 10, v " means "best h	rall rating where "0"
Patients w	ho gave a rati (high)	ing of 9 or 10	Patien	ts who gave a ra (medium)	ting of 7 or 8	Patien	ts who gave a ra lower (low)	
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average
80%	66%	68%	16%	24%	23%	4%	10%	9%
Question				Explanation				
Would pa friends an		nend the hospit	al to		sked patients w l eir friends and f		y would recom	mend the
	atients would mmend the h			S, patients would ecommend the h		the hosp	tients would not bital (they proba tely would not re	bly would not

State

Average

28%

National

Average

25%

Hospital

Rate

2%

State

Average

5%

National

Average

5%