

# 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	y Last On-Site
		Date	Date	Survey Date
🮯 Home Care	Accredited	9/1/2012	8/21/2015	8/21/2015
🎯 Hospital	Accredited	9/1/2012	8/21/2015	8/21/2015

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
🎯 Primary Stroke Center	Certification	1/31/2015	1/30/2015	1/30/2015
Certified Programs	<b>Certification Decision</b>	Effective	Last Full Review	v Last On-Site
		Date	Date	<b>Review Date</b>
🥝 Heart Failure	Certification	3/6/2015	3/5/2015	3/5/2015
🥝 Joint Replacement - Hip	Certification	3/28/2015	3/27/2015	3/27/2015
🥝 Joint Replacement - Knee	Certification	3/28/2015	3/27/2015	3/27/2015

#### **Other Accredited Programs/Services**

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

#### **Special Quality Awards**

2013 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Home Care	2012National Patient Safety Goals	$\bigotimes$	<b>∞</b> *	
Hospital	2012National Patient Safety Goals	Ø	<b>∞</b> *	

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

### Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	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.
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This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is		National Quality Improvement Goals:		
This organization's performance is	Reporting Period:	Heart Attack Care	Ð	Ð
below the target range/value. This Measure is not applicable for this organization.	Jan 2014 - Dec 2014	Heart Failure Care	Ð	Ð
Not displayed		Perinatal Care	${}^{\oslash}$	Ø
Footnote Key		Pneumonia Care	Ð	Ð
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2. The Measure Set does not have an overall result.		Surgical Care Improvement Project (SCIP)		
<ol> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy</li> </ol>		SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	Ð	Ð
<ul><li>Disclosure Threshold rule.</li><li>5. The organization scored above 90% but</li></ul>		Blood Vessel Surgery	$\odot$	Ð
<ul><li>was below most other organizations.</li><li>6. The Measure results are not statistically</li></ul>		Colon/Large Intestine Surgery	$\oplus$	Ð
valid.		Coronary Artery Bypass Graft	$\oplus$	Ð
7. The Measure results are based on a sample of patients.		Hip Joint Replacement	Đ	Ð
8. The number of months with Measure data is below the reporting requirement.		Hysterectomy	Ø	œ
9. The measure results are temporarily suppressed pending resubmission of		Knee Replacement	$\oplus$	$\oplus$
updated data. 10. Test Measure: a measure being		Open Heart Surgery	$\oplus$	Ð
evaluated for reliability of the individual data elements or awaiting		SCIP – Venous Thromboembolism (VTE)		

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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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# **Locations of Care**

#### \* Primary Location

Locations of Care	Available	Services
Locations of Care Doylestown Hospital * DBA: Doylestown Hospital 595 West State Street Doylestown, PA 18901	Joint Commission Advanced ( Primary Stroke Center Joint Commission Certified P Heart Failure Joint Replacement - Hip Joint Replacement - Knee Services: Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services)	Certification Programs:
Doylestown Hospital Home Care / Visiting Nurse 875 North Easton Road Doylestown, PA 18901	Services: • Home Health Aides • Home Health, Non-Hospice Services • Hospice Care • Medical Social Services	<ul> <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	Services: • Outpatient Clinics (Outpatient)	



# **Locations of Care**

#### \* Primary Location Locations of Care Available Services **Doylestown Hospital Cardiac Services** Services: 315 West State Street • Outpatient Clinics (Outpatient) Doylestown, PA 18901 **Doylestown Hospital Other Clinics/Practices located at this site:** Surgery Center • Doylestown Hospital Cardiac Services, Suite 2800 847 Easton Road, Suite • Health and Wellness Center 1400 • The Vein and Laser Center Warrington, PA 18976 Services: Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)



# **2012 National Patient Safety Goals**

### **Home Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	$\bigcirc$
	Providing a Reconciled Medication List to the Patient	$\bigcirc$
	Settings in Which Medications are Minimally Used	$\bigotimes$
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	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.



# **2012 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	$\bigcirc$
	Reconciling Medication Information	() () () () () () () () () () () () () (
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	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	0 0 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	$\bigcirc$
	Providing a Reconciled Medication List to the Patient	<u>300</u>
	Settings in Which Medications are Minimally Used	$\bigcirc$
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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

### Symbol Key

The organization has met the National Patient Safety Goal.
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 The Goal is not applicable for this organization.



# **National Quality Improvement Goals**

#### Reporting Period: January 2014 - December 2014

		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					
			lationwide		State	wide	
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 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 49 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.*	100% of 383 eligible Patients	100%	99%	100%	100%	
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.*	100% of 357 eligible Patients	100%	99%	100%	100%	

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

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# **National Quality Improvement Goals**

#### This organization achieved the best Reporting Period: January 2014 - December 2014 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 Statewide Explanation Heart Attack Care This category of evidence based measures assesses the $\oplus$ $\oplus$ 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: Beta blocker prescribed at Heart attack patients who have a medicine called a "beta blocker" discharge\* The organization scored above 90% but prescribed when they are discharged was below most other organizations. Ð from the hospital. This measure The Measure results are not statistically 100% 99% 100% 100% reports what percent of heart attack 99% of patients were prescribed a special 340 eligible Patients The Measure results are based on a type of medicine when leaving the hospital, that has been shown to The number of months with Measure reduce further heart damage.\* data is below the reporting requirement. Primary PCI received within 90 Heart attack patient with a clogged The measure results are temporarily suppressed pending resubmission of minutes of hospital arrival\* artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart individual data elements or awaiting attack patients had a clogged artery National Quality Forum Endorsement. in the heart opened with a balloon There were no eligible patients that met therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to 100% 96% 100% 97% 100% of heart muscle can cause lasting heart 85 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 **Quality Report contents,** the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.\* Statin Prescribed at Discharge Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports $(\pm)$ what percentage of heart patients 100% 99% 100% 99% who have problems with high 99% of 344 eligible Patients cholesterol were prescribed

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medications to help reduce their

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

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# **National Quality Improvement Goals**

#### Reporting Period: January 2014 - December 2014

		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.	Ð	Ð	

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		Ν	lationwide	State	wide	
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.*	100% of 104 eligible Patients	100%	98%	100%	98%
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 518 eligible Patients	100%	100%	100%	100%

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# **National Quality Improvement Goals**

### Reporting Period: January 2014 - December 2014

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		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	Ø	Ø

		Compared to other Joint Commission Accredited Organizations					
		٨	lationwide	Ŭ		ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	•••• <sup>4</sup>	100%	92%	100%	93%	
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	2% of 43 eligible Patients	0%	3%	0%	2%	
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	61% of 338 eligible Patients	74%	49%	61%	50%	
Exclusive Breast Milk Feeding Considering Mothers Choice	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization not including those newborns whose mothers chose to not exclusively feed breast milk at the time of birth of the newborn.	69% of 297 eligible Patients	89%	64%	86%	65%	



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# **National Quality Improvement Goals**

### Reporting Period: January 2014 - December 2014

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

	Со	npared to c Accredite	other Joint ed Organiz		n	
Measure	Explanation	N Hospital Results	lationwide			ewide Average Rate:
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.	98% of 56 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.*	92% of 13 eligible Patients <sup>3</sup>	100%	94%	100%	95%
Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	98% of 213 eligible Patients	100%	97%	100%	97%

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# **National Quality Improvement Goals**

### Reporting Period: January 2014 - December 2014

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

		Compared to other Joint Commission Accredited Organizations					
		Nationwide Statew					
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 37 eligible Patients	100%	97%	100%	98%	
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	99% of 167 eligible Patients	100%	99%	100%	99%	



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Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
		ategory of evidence based measures ass   quality of care provided to Stroke (STK)		€		€	
Footnote Key			Co	mpared to c	ther loint	Commissio	n
The Measure or Measure Set was not reported.				Accredite	ed Organiz	ations	
<ul> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough</li> </ul>	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:
<ul> <li>for comparison purposes.</li> <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 data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being</li> </ul>	Assessed for Rehabilitation	Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	100% of 197 eligible Patients	100%	99%	100%	99%
evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality	Discharged on Antithrombotic Therapy	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	99% of 190 eligible Patients	100%	99%	100%	100%
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.	97% of 139 eligible Patients	100%	97%	100%	98%



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# **National Quality Improvement Goals**

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below the target range/value.					edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	9
	Stroke Care	This category of evidence based measures as overall quality of care provided to Stroke (STK)		Ð		Ð	
Footnote Key					the second starts	0	
The Measure or Measure Set was not reported.					ed Organiz	ations	
The Measure Set does not have an overall result. The number of patients is not enough	Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:
<ul> <li>for comparison purposes.</li> <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 data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> </ul>	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.	98% of 130 eligible Patients	100%	95%	100%	96%
<ul> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul> 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.	90% of 10 eligible Patients <sup>3</sup>	100%	84%	100%	83%



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# **National Quality Improvement Goals**

#### Reporting Period: January 2014 - December 2014

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

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	Hospital		•	Top 10%		
		Results	Scored at Least:		Scored at Least:	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.	99% of 179 eligible Patients	100%	97%	100%	98%	

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Reporting Period: January 2014 - December 2014

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		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
SCIP - Cardiac	This evidence based measure assesses continuation of			

beta-blocker therapy in selected surgical patients.

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10%	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.	99% of 382 eligible Patients	100%	98%	100%	99%

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Reporting	Period:	January	2014 -	December 2014
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		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	Ð	Ð	

Compared to other Joint Commission Accredited Organizations				n 		
			lationwide			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 895 eligible Patients	100%	99%	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 894 eligible Patients	100%	99%	100%	99%

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	SCIP Preve	- Infection ention	This category of evidence based overall use of indicated antibiotics
Footnote Key			prevention.
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					Compared to other Joint Commission Accredited Organizations			
Measure Area		Explanation		Nationwi		Statewide	Э	
SCIP - Infection Prevention		tegory of evidence based measures ass use of indicated antibiotics for surgical i ion.		Ð		Đ		
					other Joint ed Organiz	ations		
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:	
Patients who had surger received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	edicine Notic 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	99% of 880 eligible Patients	100%	98%	100%	99%	

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100% of

41 eligible Patients

100% of

14 eligible

Patients

100% of

14 eliaible

Patients

measure reports on those selected

surgeries where evidence/experts

performance on Surgical Infection

This measure reports how often patients having blood vessel surgery

received medicine that prevents

receive antibiotics to prevent

skin is surgically cut.\*

infection (an antibiotic) within one

hour before the skin was surgically

cut. Infection is lowest when patients

infection within one hour before the

surgery were given the appropriate

medicine (antibiotic) that prevents

based upon the recommendations of experts around the country.\*

infection which is know to be

effective for the type of surgery,

This measure reports how often patients who had blood vessel

Prevention Measure for Blood Vessel

Overall report of hospital's

be helpful.

Surgery.

have identified that antibiotics would

Patients Having Blood Vessel Surgery\*

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

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



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

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# **National Quality Improvement Goals**

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					npared to o Commiss			
				Accredited Organizations				
Measure Area		Explanation		Nationwi	de	Statewide	e	
SCIP - Infection Prevention		egory of evidence based measures as use of indicated antibiotics for surgical i ion.		Đ		€		
Compared					other Joint ed Organiz	ations		
				Vationwide			wide	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:	
Patients who had blood surgery and received appropriate medicine th prevents infection (anti and the antibiotic was s within 24 hours after th surgery ended.*	nat biotic) 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).*	100% of 13 eligible Patients	100%	96%	100%	97%	
Patients Having Colon/ Intestine Surgery*	J	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	99% of 148 eligible Patients	100%	96%	100%	97%	
Patients having colon/la intestine surgery who r medicine to prevent inf (an antibiotic) within on before the skin was sur cut. *	eceived ection le 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	98% of 50 eligible	100%	98%	100%	99%	

Patients

100% of

50 eligible

Patients

100%

94%

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

experts around the country.\* The Joint Commission only reports measures endorsed by the National Quality Forum.

prevent infection within one hour

before the skin is surgically cut.\*

This measure reports how often

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

patients who had colon/large

when patients receive antibiotics to

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# **National Quality Improvement Goals**

Reporting Period: January 2014 - December 2014

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			o other Joint hission
		Accredited C	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	æ	Ð

			mpared to c Accredit	other Joint ed Organiz		'n
			Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had colon/large intestine 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 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).*	00% of 48 eligible Patients	100%	97%	100%	97%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	100% of 270 eligible Patients	100%	99%	100%	99%
Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 90 eligible Patients	100%	99%	100%	99%
Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 90 eligible Patients	100%	100%	100%	100%

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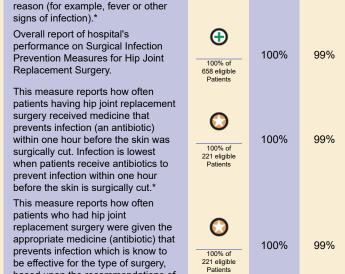
For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''** 

					Commis	other Joint sion janizations	
Measure Area		Explanation		Nationwi	de	Statewid	е
SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i ion.		Ð		<b>(</b>	
					other Joint ed Organi		on ewide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10%	Average Rate:
Patients who had coron artery bypass graft surg and received appropriat medicine that prevents infection (antibiotic) and antibiotic was stopped v 48 hours after the surge ended.*	ery e the vithin	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	100% of 90 eligible Patients	100%	99%	100%	99%

Patients Having Hip Joint Replacement Surgery\*

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

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



experts around the country.\* The Joint Commission only reports measures endorsed by the National Quality Forum.

be effective for the type of surgery,

based upon the recommendations of

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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."

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Compared to other Joint Commission Accredited Organizations

Compared to other Joint Commission Accredited Organizations

Average

Rate:

Statewide

Statewide

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Top 10% Average

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at Least:

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# **National Quality Improvement Goals**

<ul> <li>This organization achieved the best possible results</li> <li>This organization's performance is above the target range/value.</li> </ul>	Reporting Period: January 2014 - December 2014					
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area	Explanation				
Footnote Key	SCIP - Infection Prevention	This category of evidence based measures a overall use of indicated antibiotics for surgica prevention.				
The Measure or Measure Set was not reported.     The Measure Set does not have an overall result.			C			
<ol> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure	Explanation	Hospital Results			
<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 data is below the reporting requirement.</li> <li>The measure results are temporarily</li> </ol>	Patients who had hip joi replacement surgery an received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	d 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 mere than 24 hours after	100% of 216 eligible Patients			
<ul> <li>suppressed pending resubmission of updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting</li> </ul>	Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 171 eligible			

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

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

ie	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).*	100% of 216 eligible Patients	100%	98%	100%	99%
	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 171 eligible Patients	100%	98%	100%	99%
y i ir y	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.*	100% of 57 eligible Patients	100%	99%	100%	99%
y	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	96% of 57 eligible Patients	100%	98%	100%	98%



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

experts around the country.\*

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

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Compared to other Joint Commission



# **National Quality Improvement Goals**

Reporting Period: January 2014 - December 2014

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		Compared to other Joir Commission		
		Accredited C	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	Ð	

		Accredited Organizations				
		١	lationwide		State	wide
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).*	95% of 57 eligible Patients	100%	98%	100%	99%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 1087 eligible Patients	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.*	100% of 364 eligible Patients	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 364 eligible Patients	100%	99%	100%	100%



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

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

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595 West State Street, Doylestown, PA

Average

Rate:

99%

99%

99%

100%



# **National Quality Improvement Goals**

	+ (A)		the second second					
	National Q	uali	ty Improvement G	oals				
Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jan	uary 2014 - December 2014					
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> </ul>						npared to o Commiss edited Orga	sion	
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	SCIP - Infection Prevention		tegory of evidence based measures ass use of indicated antibiotics for surgical i ion.		Ð		Ð	
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>					mpared to c Accredite Nationwide	other Joint ( ed Organiz		
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results		Average Rate:		
<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 data is below the reporting requirement.</li> <li>The measure results are temporarily</li> </ol>	Patients who had knee replacement surgery an received appropriate me that prevents infection (antibiotic) and the antil was stopped within 24 h after the surgery ended	id edicine piotic nours	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).*	99% of 359 eligible Patients	100%	99%	100%	
<ul> <li>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> </ul>	Patients Having Open H Surgery other than Core Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	100% of 294 eligible Patients	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 he surgery other than coro artery bypass graft who received medicine to pr infection (an antibiotic) one hour before the skin surgically cut.*	nary event 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 99 eligible Patients	100%	99%	100%	
Report User Guide."	Patients having open he surgery other than coro artery bypass graft who received the appropriate medicine (antibiotic) wh shown to be effective for type of surgery.*	nary e ich is	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	100% of 98 eligible Patients	100%	100%	100%	

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

based upon the recommendations of experts around the country.\*

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed. ----



# **National Quality Improvement Goals**

Reporting Period: January 2014 - December 2014

### Symbol Key

This organization achieved the best possible 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

- The Measure or Measure Set was not 1. 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.
- 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."

			o other Joint
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Infection	This category of evidence based measures assesses the		

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				
		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	This measure reports how often 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).*	00% of 97 eligible Patients	100%	99%	100%	99%
Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	99% of 1149 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	99% of 624 eligible Patients	100%	98%	100%	99%

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# **National Quality Improvement Goals**

#### Symbol Key

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- The Measure or Measure Set was not 1. reported.
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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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

#### Reporting Period: January 2014 - December 2014

### 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				
	Ν	lationwide		State	ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	99% of 748 eligible Patients	100%	100%	100%	100%

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

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