

Accreditation Quality Report





2300 North Edward Street, Decatur, IL



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

2300 North Edward Street, Decatur, IL

Org ID: 4632







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Home Care	Accredited	2/6/2016	11/16/2018	12/19/2018
Hospital	Accredited	2/6/2016	11/16/2018	12/28/2018

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

Home Health Agency

Hospice Agency

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Decatur Memorial Hospital

2875 N Water St, Decatur, IL. 62526

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
Chronic Obstructive Pulmonary Disease	Certification	11/10/2018	11/9/2018	11/9/2018
Primary Stroke Center	Certification	9/11/2018	9/10/2018	9/10/2018
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Chronic ObstructivePulmonary Disease	Certification	11/9/2018	11/8/2018	11/8/2018

Other Accredited Programs/Services

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

Special Quality Awards

2012 Gold Plus Get With The Guidelines - Stroke

	Compared to other Joint Commission Accredited Organizations		
	Nationwide	Statewide	
Home Care 2016National Patient Safety Goals	Ø	*	

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

Symbol Key

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

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 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.

2300 North Edward Street, Decatur, IL







Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
Hospital	2016National Patient Safety Goals	Ø	N/A *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ 2	ND 2
Jul 2017 - Jun 2018	Hospital-Based Inpatient Psychiatric Services	№ 2	ND 2
	Immunization	№ 2	ND ²
	Perinatal Care	ND 2	ND 2

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





	Symbol Key
١	This organization achieved the best
,	possible results.

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

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

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

This Measure is not applicable for this organization.

Not displayed

Footnote Key

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

2300 North Edward Street, Decatur, IL

Org ID: 4632







Locations of Care

* Primary Location

Locations of Care

Decatur Memorial

Hospital

DBA: DMH Corporate

Health Services 2120 North 27th Street Decatur, IL 62526 Available Services

Services:

• Outpatient Clinics (Outpatient)







Locations of Care

* Primary Location

Locations of Care

Decatur Memorial Hospital * 2300 North Edward:

2300 North Edward Street Decatur, IL 62526

Available Services

Joint Commission Advanced Certification Programs:

- Chronic Obstructive Pulmonary Disease
- Primary Stroke Center

Joint Commission Certified Programs:

• Chronic Obstructive Pulmonary Disease

Other Clinics/Practices located at this site:

• Illinois Heart Specialists

Services:

- Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Community Integration (Non 24 Hour Care)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)

- Neurosurgery (Surgical Services)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sleep Laboratory (Sleep Laboratory)
- Sterile Medication Compounding (Inpatient)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

2300 North Edward Street, Decatur, IL

Org ID: 4632







Locations of Care

Locations of Care	Available Services
Decatur Memorial Hospital DBA: South Shores Imaging Center 1689 South Franklin Decatur, IL 62521	Services: • Single Specialty Practitioner (Outpatient)
Decatur Memorial Hospital DBA: DMH Medical Equipment Company 2875 N Water St Decatur, IL 62526	Services: Blood Glucose Monitors (non-mail order) Breast Prostheses and Accessories Canes and Crutches Clinical Respiratory Commodes Continuous Passive Motion (CPM) Device Continuous Positive Airway Pressure Custom Orthoses Fabricated Durable Medical Equipment Enteral Equipment and/or Supplies Enteral Nutrients Hospital Beds - Electric Off The Shelf Orthoses Ostomy Supplies Oxygen Patient Lifts and Accessories Penile Pumps Prosthetics (Home Medical Equipment) Respiratory Assist Devices Suction Pump Supplies Support Surfaces for Beds (Used) Surgical Dressings Tracheostomy Supplies Urological Supplies Vertilators All Types Voice Prostheses Walkers, Canes and Crutches Wheelchairs - Manual Non-Custom Wheelchairs-Standard Manual Related Accessories and Repairs
Decatur Memorial Hospital DBA: Sullivan Medical Center 1220 West Jackson Street Sullivan, IL 61951	Other Clinics/Practices located at this site: • Physical Therapy at Sullivan • Sullivan Medical Center Services: • Outpatient Clinics (Outpatient)
Decatur Memorial Hospital DBA: Physical Therapy at East Gate 1830 South 44th Street Decatur, IL 62521	Services: • Outpatient Clinics (Outpatient)
Decatur Memorial Hospital DBA: Forsyth Imaging Center 389 West Weaver Road Forsyth, IL 62535	Services: • Outpatient Clinics (Outpatient)

Decatur, IL 62526

2300 North Edward Street, Decatur, IL

Org ID: 4632







Locations of Care

Other Clinics/Practices located at this site: Forsyth Family Medicine Kidney Specialists of Central Illinois PT at Forsyth Medical Center Quershi Family Practice Services: Outpatient Clinics (Outpatient) Services: Single Specialty Practitioner (Outpatient)	
Services: • Single Specialty Practitioner (Outpatient)	
Services: • Outpatient Clinics (Outpatient)	
Services: Administration of High Risk Medications (Outpatient) Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)	
Services: • Single Specialty Practitioner (Outpatient)	
Services: • Single Specialty Practitioner (Outpatient)	
Other Clinics/Practices located at this site:	
•	

Outpatient Clinics (Outpatient)Perform Invasive Procedure (Outpatient)

Services:

* Primary Location

2300 North Edward Street, Decatur, IL

Org ID: 4632







Locations of Care

Locations of Care	Available Services
Decatur Memorial Hospital DBA: West Hay Medical Center 304 West Hay Street Decatur, IL 62526	Other Clinics/Practices located at this site:
Decatur Memorial Hospital DBA: South Shores Medical Center 550 Southland Drive Decatur, IL 62521	Services: • Single Specialty Practitioner (Outpatient)
Decatur Memorial Hospital DBA: Physician Plaza East 1 Memorial Drive Decatur, IL 62526	Other Clinics/Practices located at this site: • DMH Vein and Vascular Institute • Jordan Youngerman M.D. Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Decatur Memorial Hospital DBA: Physician Plaza West 2 Memorial Drive Decatur, IL 62526	Other Clinics/Practices located at this site:

• Adm

- Administration of High Risk Medications (Outpatient)
- Anesthesia (Outpatient)
- Outpatient Clinics (Outpatient)
- Perform Invasive Procedure (Outpatient)

Decatur Memorial Hospital DBA: DMH Family Medicine

Hospital

Medicine
4775 E. Maryland Street
Decatur, IL 62521
Decatur Memorial

DBA: ENTA Allergy, Head and Neck Institute 101 West McKinley Ave Decatur, IL 62526

Services:

• Single Specialty Practitioner (Outpatient)

Services:

• Single Specialty Practitioner (Outpatient)

2300 North Edward Street, Decatur, IL Org ID: 4632







Locations of Care

Locations of Care	Available Services
Decatur Memorial Hospital DBA: Gowdar and Gowdar Family Practice 741 Pershing Road Decatur, IL 62526	Services: • Single Specialty Practitioner (Outpatient)
Decatur Memorial Hospital DBA: Sports Medicine & Physical Therapy 2122 North 27th Street Decatur, IL 62526	Services: • Outpatient Clinics (Outpatient)
Decatur Memorial Hospital DBA: Rock Springs Medical Center 330 N. Wyckles Road Decatur, IL 62522	Services: • Single Specialty Practitioner (Outpatient)
Decatur Memorial Hospital DBA: DMH Outpatient Senior Behvaioral Health 441 West Hay Street Decatur, IL 62526	Services:
Decatur Memorial Hospital DBA: DMH Shelbyville Medical Clinic 415 North Cedar Shelbyville, IL 62565	Services: • Single Specialty Practitioner (Outpatient)
Decatur Memorial Hospital DBA: DMH Monticello Medical Center 777 W. Bridge Street Monticello, IL 61856	Services: • Single Specialty Practitioner (Outpatient)
Decatur Memorial Hospital DBA: DMH Home Health Services 2870 N Main St Decatur, IL 62526	Other Clinics/Practices located at this site: • DMH Home Health Services-Hospice Services: • Home Health Aides • Occupational Therapy • Physical Therapy • Skilled Nursing Services • Hospice Care • Medical Social Services
Decatur Memorial Hospital DBA: Decatur Internal Medicine 2975 N Water St Decatur, IL 62526	Services: • Outpatient Clinics (Outpatient)

2300 North Edward Street, Decatur, IL







2016 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
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

Org ID: 4632

2300 North Edward Street, Decatur, IL Org ID: 4632







2016 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
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	Ø
	Reconciling Medication Information	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

2300 North Edward Street, Decatur, IL







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

		Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	ND 2	№ 2

		Compared to other Joint Commission Accredited Organizations				n
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	ď	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	99.00 minutes 725 eligible Patients	56.00	135.00	57.79	106.62
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	286.00 minutes 725 eligible Patients	206.00	320.00	217.32	282.79

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- --- Null value or data not displayed.

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

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- 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." Org ID: 4632

Compared to other Joint

2300 North Edward Street, Decatur, IL

Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint Commission			
Accredited C	rganizations		
Nationwide	Statewide		
- 0	- 0		

Measure Area	Explanation
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

№ 2



F	001	tno	te	Key

Symbol Key

possible results

ot displayed

Ø

This organization achieved the best

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.

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide Statewic			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 246 eligible Patients	100%	95%	100%	95%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

2300 North Edward Street, Decatur, IL

Org ID: 4632







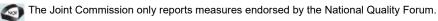
National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint Commission Accredited Organizations

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	© 2	№ 2	

		Compared to other Joint Commission Accredited Organizations			on	
					wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	ND 3	100%	96%	100%	98%



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

Symbol Key This organization achie

- 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

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- There were no eligible patients that met the denominator criteria.

2300 North Edward Street, Decatur, IL

Measure Area

Services

Hospital-Based

Inpatient Psychiatric

Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint **Accredited Organizations** Statewide

Nationwide This category of evidenced based measures assesses the

№ 2

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

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

		Compared to other Joint Commission Accredited Organizations				on	
		1	Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	ND 3	100%	95%	100%	96%	

Explanation

overall quality of care given to psychiatric patients.

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

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

2300 North Edward Street, Decatur, IL Org ID: 4632



Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint **Accredited Organizations** Nationwide Statewide **№** 2

This category of evidenced based measures assesses the

	Symbol	Key
١	This organizat	ion achi

- eved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes
- 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.
- 10. 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.

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

		Соі	mpared to o	ther Joint ed Organiz		n
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 54 eligible Patients	100%	95%	100%	94%

Explanation

overall quality of care given to psychiatric patients.

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

2300 North Edward Street, Decatur, IL

Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint Commission Accredited Organizations

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	ND 2	№ 2	

		Co	mpared to d	other Joint	Commissio	n
				ed Organiz		
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
		. 1554.15	at Least:		at Least:	. 10.10
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 192 eligible Patients	100%	93%	100%	94%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
 Null value or data not displayed.

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

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- There were no eligible patients that met the denominator criteria.

2300 North Edward Street, Decatur, IL Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

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

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- 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."

O annual of the affect that
Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide

Hospital-Based Inpatient Psychiatric Services

Explanation Nationwide

Overall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid				ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	0% of 15 eligible Patients	100%	63%	100%	64%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	№ 03 ————	100%	40%	3	3

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

Statewide

2300 North Edward Street, Decatur, IL







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				on
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	3 	100%	50%	3	3

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

Symbol Key This organization achie

- 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

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- 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." Org ID: 4632

2300 North Edward Street, Decatur, IL Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

		Cor	pporod to c	ther laint	Commissis	
		Cor	npared to o Accredit	ed Organiz		on
		١	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication or the addition of an antipsychotic medication being treated with Clozapine.	0% of 4 eligible Patients	100%	64%	100%	71%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

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

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- There were no eligible patients that met the denominator criteria.

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

2300 North Edward Street, Decatur, IL







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the lnpatient Psychiatric overall quality of care given to psychiatric patients.

Services						
		Col	mpared to o	other Joint ed Organiz		on
			Nationwide			ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	0% of 11 eligible Patients	100%	58%	100%	41%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (1 Total Hours in Restraint)	N/A	0.46	N/A	0.56

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

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
 - below the target range/value.
- Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily 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.
- 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." Org ID: 4632

2300 North Edward Street, Decatur, IL

Measure Area

Services

Hospital-Based

Inpatient Psychiatric

Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint
Commission
Accredited Organizations
Nationwide Statewide

(

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

Explanation

№ 2



Footnote Key

Symbol Kev

ossible results

ot displayed

Ø

This organization achieved the best

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

This organization's performance is

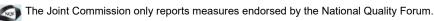
similar to the target range/value. This organization's performance is

below the target range/value.

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 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."

		Cor	npared to o	other Joint ed Organiz		on
			Nationwide	cu Organiz		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	€ 3	N/A	0.34	N/A	0.17
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	№ 0 3 ———	N/A	0.24	N/A	0.16



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

23

2300 North Edward Street, Decatur, IL

Org ID: 4632

Compared to other Joint







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ 2	№ 2	

		Соі	mpared to d			on
			Accredit Nationwide	ed Organiz		ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
	<u> </u>	Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (0 Total Hours in Restraint) ³	N/A	0.53	N/A	0.72
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (1 Total Hours in Restraint)	N/A	0.17	N/A	0.09
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.06 (7 Total Hours in Seclusion)	N/A	0.35	N/A	0.08

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- --- Null value or data not displayed.

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
- below the target range/value.
- Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
- 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.
- 10. 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.

2300 North Edward Street, Decatur, IL

Org ID: 4632

Compared to other Joint







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

		Cov	mpared to o	ther leint	Commissis	.
		COI		ed Organiz		/I I
		1	Nationwide			ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
	T1:		at Least:		at Least:	
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	₩ D 3	N/A	0.61	N/A	0.15
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	ND 3	N/A	0.21	N/A	0.06
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.40	N/A	0.09
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.07 (7 Total Hours in Seclusion)	N/A	0.04	N/A	0.02

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- ot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

2300 North Edward Street, Decatur, IL Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint					
Commission					
Accredited Organizations					
Nationwide	Statewide				
- 1	- 0				

		Accredited Organizations			
Measure Area	Explanation	Nationwide	Statewide		
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	© 2	№ 2		

		Compared to other Joint Commission Accredited Organizations				n
		١	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	95% of 556 eligible Patients	100%	94%	100%	94%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

2300 North Edward Street, Decatur, IL Org ID: 4632







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint				
Commission				
Accredited Organizations				
lationwide	Statewide			

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	WD ⁴	100%	98%	100%	99%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	2% of 47 eligible Patients	0%	2%	0%	1%
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.	60% of 169 eligible Patients	73%	51%	64%	46%



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

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

Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.