



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

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



## Summary of Quality Information

### Symbol Key

-  This organization achieved the best possible results.
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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
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 Home Care	Accredited	12/6/2008	12/5/2008	12/5/2008
 Hospital	Accredited	12/6/2008	12/5/2008	12/5/2008

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
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 Primary Stroke Center	Certification	12/3/2010	12/2/2010	12/2/2010
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### Other Accredited Programs/Services

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

### Special Quality Awards

- 2011 Gold Plus Get With The Guidelines - Stroke
- 2010 Silver - The Medal of Honor for Organ Donation
- 2009 Silver I - The Medal of Honor for Organ Donation
- 2007 ACS National Surgical Quality Improvement Program
- 2007 The Medal of Honor for Organ Donation
- 2006 Hospital Magnet Award

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2008National Patient Safety Goals		 *
Hospital	2008National Patient Safety Goals		 *
National Quality Improvement Goals:			
Reporting Period: Apr 2010 - Mar 2011	Heart Attack Care		
	Heart Failure Care		
	Perinatal Care	 <sup>10</sup>	 <sup>10</sup>
	Pneumonia Care		

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.



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## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>Buffalo Grove Immediate Care Center</b> 15 South McHenry Road Buffalo Grove, IL 60089	<ul style="list-style-type: none"> <li>General Outpatient Services (Outpatient)</li> </ul>
<b>Lake Zurich Immediate Care Center</b> 1201 South Rand Road Lake Zurich, IL 60047	<ul style="list-style-type: none"> <li>General Outpatient Services (Outpatient)</li> </ul>
<b>Mount Prospect Immediate Care Center</b> 199 West Rand Road Mount Prospect, IL 60056	<ul style="list-style-type: none"> <li>General Outpatient Services (Outpatient)</li> </ul>
<b>Northwest Community Healthcare - Home Healthcare</b> 3060 Salt Creek Lane, Suite 110 Arlington Heights, IL 60005	<ul style="list-style-type: none"> <li>Home Health, Non-Hospice Services</li> <li>Personal Care/Support Non-Hospice</li> </ul>
<b>Northwest Community Hospital *</b> 800 West Central Road Arlington Heights, IL 60005	<p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>Cancer Center/Oncology (Inpatient, Outpatient)</li> <li>Cardiac Catheterization Lab (Inpatient, Outpatient)</li> <li>Cardiac Surgery (Inpatient)</li> <li>Cardiac Unit/Cardiology (Inpatient)</li> <li>CT Scanner (Inpatient, Outpatient)</li> <li>Dialysis (Inpatient)</li> <li>EEG/EKG/EMG Lab (Inpatient, Outpatient)</li> <li>Emergency Room (Outpatient)</li> <li>General Laboratory Tests</li> <li>GI or Endoscopy Lab (Inpatient, Outpatient)</li> <li>Imaging/Radiology (Inpatient, Outpatient)</li> <li>Infusion Therapy (Outpatient)</li> <li>Intensive Care Unit (Inpatient)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Inpatient, Outpatient)</li> <li>Medical Detoxification (Inpatient)</li> <li>Mental Health (Inpatient, Outpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>Neonatal Intensive Care (Inpatient)</li> <li>Nuclear Medicine (Inpatient, Outpatient)</li> <li>Nursery (Inpatient)</li> <li>Obstetrics (Inpatient)</li> <li>Operating Room (Inpatient, Outpatient)</li> <li>Outpatient Surgery (Outpatient)</li> <li>Pain Management (Inpatient)</li> <li>Pediatric Care (Inpatient)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient)</li> <li>Pulmonary Function Lab (Inpatient, Outpatient)</li> <li>Radiation Oncology (Inpatient, Outpatient)</li> <li>Sleep Center (Outpatient)</li> <li>Telemetry (Inpatient)</li> <li>Ultrasound (Inpatient, Outpatient)</li> <li>Urgent Care/Emergency Medicine (Outpatient)</li> </ul>



## Locations of Care




### \* Primary Location

Locations of Care	Available Services
<b>Northwest Community Hospital Day Surgery Center</b> 675 West Kirchoff Road Arlington Heights, IL 60005	<ul style="list-style-type: none"> <li>• Ambulatory Surgery Center (Outpatient)</li> <li>• Anesthesia (Outpatient)</li> </ul>
<b>Northwest Community Hospital Mental Health Services</b> 901 West Kirchoff Road Arlington Heights, IL 60005	<ul style="list-style-type: none"> <li>• Behavioral Health (Non 24 Hour Care - Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>• Mental Health (Inpatient, Outpatient, 24-hour Acute Care/Crisis Stabilization)</li> </ul>
<b>Schaumburg Immediate Care Center</b> 519 South Roselle Road Schaumburg, IL 60194	<ul style="list-style-type: none"> <li>• General Outpatient Services (Outpatient)</li> </ul>

















## 2008 National Patient Safety Goals

### Symbol Key

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### Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
	Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site using active—not passive—communication techniques.	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.	
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	




## 2008 National Patient Safety Goals

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### Home Care

Safety Goals	Organizations Should	Implemented
The organization identifies safety risks inherent in its patient population.	The organization identifies risks associated with long-term oxygen therapy such as home fires.	

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### Hospital




Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	
	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
The organization identifies safety risks inherent in its patient population.	The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for	









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Safety Goals	Organizations Should	Implemented
	emotional or behavioral disorders in general hospitals --NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS]	
Improve recognition and response to changes in a patient's condition.	The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital]	
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	
	Conduct a "time out" immediately before starting the procedure.	



## National Quality Improvement Goals

Reporting Period: April 2010 - March 2011

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average Rate:	Statewide	Average Rate:
			Top 10% Scored at Least:		Top 10% Scored at Least:	
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.	 94% of 32 eligible Patients	100%	97%	100%	97%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	 100% of 85 eligible Patients	100%	100%	100%	100%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	 99% of 414 eligible Patients	100%	99%	100%	99%



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		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	 98% of 369 eligible Patients	100%	99%	100%	99%
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	 99% of 369 eligible Patients	100%	99%	100%	99%
Primary PCI received within 90 minutes of hospital arrival*	Heart attack patient with a clogged 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 attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.	 94% of 70 eligible Patients	100%	92%	100%	93%



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Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.		

Compared to other Joint Commission Accredited Organizations

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

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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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			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.	 98% of 44 eligible Patients <sup>7</sup>	100%	96%	100%	97%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	 100% of 18 eligible Patients <sup>3</sup>	100%	99%	100%	99%
Discharge instructions*	Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization. Limitations of measure use - see Accreditation Quality Report User Guide.	 96% of 197 eligible Patients <sup>7</sup>	100%	91%	100%	92%



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Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use - see Accreditation Quality Report User Guide.	 100% of 308 eligible Patients <sup>7</sup>	100%	99%	100%	99%



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Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This is a test measure set. This category of evidenced based measures assesses the care of mothers and newborns.	 10	 10

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This is a test measure. This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	 10 ----	----	----	----	----
Cesarean Section	This is a test measure. This measure reports the overall number of first birth mothers who delivered a single term newborn in a normal head first position by cesarean section. A cesarean section is the surgical delivery of a fetus through incision in the abdominal wall and the uterine wall. This does not include removal of the fetus from the abdominal cavity in case of rupture of the uterus or abdominal pregnancy.	 10 ----	----	----	----	----
Elective Delivery	This is a test measure. This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	 10 ----	----	----	----	----



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9. The measure results are temporarily suppressed pending resubmission of updated data.

10.

Compared to other Joint Commission  
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.		

		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:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	3  77% of 13 eligible Patients <sup>3</sup>	100%	99%	100%	98%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	  92% of 135 eligible Patients <sup>7</sup>	100%	97%	100%	97%
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.	3  96% of 28 eligible Patients <sup>3</sup>	100%	97%	100%	98%



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

\* This information is part of the Hospital Quality Alliance. This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: April 2010 - March 2011

### Symbol Key

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

### Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
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Compared to other Joint Commission 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average Rate:	Statewide	Average Rate:
Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide.	 97% of 146 eligible Patients <sup>7</sup>	100%	96%	99%	96%
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.	<sup>3</sup> 89% of 9 eligible Patients <sup>3</sup>	100%	83%	100%	73%
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.	 95% of 73 eligible Patients <sup>7</sup>	100%	96%	100%	95%



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## National Quality Improvement Goals

Reporting Period: April 2010 - March 2011

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7. The Measure results are based on a sample of patients.
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10.

Compared to other Joint Commission 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	 89% of 135 eligible Patients <sup>7</sup>	100%	95%	100%	95%



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## National Quality Improvement Goals

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5. The organization scored above 90% but was below most other organizations.
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		Compared to other Joint Commission 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.		

		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:
Pneumonia Seasonal Measure Reporting Period: October 2010 - March 2011						
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	 92% of 84 eligible Patients <sup>7</sup>	100%	94%	100%	94%



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## CMS Mortality Rates

### Hospital

**Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate**  
**The rates displayed in this table are from data reported for discharges July 2007 through June 2010**  
**Last Updated: June 08, 2011**

#### The U.S. National 30-day Death Rate from Heart Attack = 16%

	<b>Better Than U.S. National Rate</b> (Adjusted mortality is lower than U.S. rate)	<b>No Different Than U.S. National Rate</b> (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	<b>Worse Than U.S. National Rate</b> (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Attack = <b>15.2%</b>	Not Available		
Number of Medicare Heart Attack Patients = 693			
Out of 4569 hospitals in U.S.	95 hospitals in the U.S. Better than U.S. National Rate	2744 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate
	1685 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 182 hospitals in Illinois	5 hospitals in Illinois Better than U.S. National Rate	121 hospitals in Illinois No different than U.S. National Rate	0 hospitals in Illinois Worse than U.S. National Rate
	56 hospitals in Illinois did not have enough cases to reliably tell how well they are performing		

#### The U.S. National 30-day Death Rate from Heart Failure = 11%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Failure = <b>10.6%</b>	Not Available		
Number of Medicare Heart Failure Patients = 1271			
Out of 4743 hospitals in U.S.	199 hospitals in the U.S. Better than U.S. National Rate	3801 hospitals in the U.S. No different than U.S. National Rate	140 hospitals in the U.S. Worse than U.S. National Rate
	603 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 183 hospitals in Illinois	21 hospitals in Illinois Better than U.S. National Rate	150 hospitals in Illinois No different than U.S. National Rate	7 hospitals in Illinois Worse than U.S. National Rate
	5 hospitals in Illinois did not have enough cases to reliably tell how well they are performing		

#### The U.S. National 30-day Death Rate from Pneumonia = 12%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Pneumonia = <b>12.4%</b>	Not Available		
Number of Medicare Pneumonia Patients = 959			

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



## CMS Mortality Rates

### Hospital

**Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate**  
**The rates displayed in this table are from data reported for discharges July 2007 through June 2010**  
**Last Updated: June 08, 2011**

Out of 4788 hospitals in U.S.	222 hospitals in the U.S. Better than U.S. National Rate	3988 hospitals in the U.S. No different than U.S. National Rate	221 hospitals in the U.S. Worse than U.S. National Rate
	357 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 183 hospitals in Illinois	18 hospitals in Illinois Better than U.S. National Rate	149 hospitals in Illinois No different than U.S. National Rate	10 hospitals in Illinois Worse than U.S. National Rate
	6 hospitals in Illinois did not have enough cases to reliably tell how well they are performing		

**These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.**

**For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.**

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



## CMS Readmission Rates

### Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate  
The rates displayed in this table are from data reported for discharges July 2007 through June 2010  
Last Updated: June 08, 2011

#### The U.S. National Rate for Readmissions for Heart Attack Patients = 20%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Attack Patients = <b>20.1%</b>	Not Available		
Number of Medicare Heart Attack Patients = 656			
Out of 4476 hospitals in U.S.	29 hospitals in the U.S. Better than U.S. National Rate	2403 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate
	1999 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 180 hospitals in Illinois	0 hospitals in Illinois Better than U.S. National Rate	103 hospitals in Illinois No different than U.S. National Rate	4 hospitals in Illinois Worse than U.S. National Rate
	73 hospitals in Illinois did not have enough cases to reliably tell how well they are performing		

#### The U.S. National Rate for Readmissions for Heart Failure Patients = 25%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Failure Patients = <b>27.3%</b>	Not Available		
Number of Medicare Heart Failure Patients = 1547			
Out of 4759 hospitals in U.S.	147 hospitals in the U.S. Better than U.S. National Rate	3869 hospitals in the U.S. No different than U.S. National Rate	193 hospitals in the U.S. Worse than U.S. National Rate
	550 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 183 hospitals in Illinois	1 hospitals in Illinois Better than U.S. National Rate	160 hospitals in Illinois No different than U.S. National Rate	18 hospitals in Illinois Worse than U.S. National Rate
	4 hospitals in Illinois did not have enough cases to reliably tell how well they are performing		

#### The U.S. National Rate for Readmissions for Pneumonia Patients = 18%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Pneumonia Patients = <b>20.8%</b>	Not Available		

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





## CMS Readmission Rates

### Hospital

**Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate**  
**The rates displayed in this table are from data reported for discharges July 2007 through June 2010**  
**Last Updated: June 08, 2011**






Number of Medicare Pneumonia Patients = 976

Out of 4813 hospitals in U.S.	64 hospitals in the U.S. Better than U.S. National Rate	4223 hospitals in the U.S. No different than U.S. National Rate	163 hospitals in the U.S. Worse than U.S. National Rate
	363 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 183 hospitals in Illinois	2 hospitals in Illinois Better than U.S. National Rate	158 hospitals in Illinois No different than U.S. National Rate	18 hospitals in Illinois Worse than U.S. National Rate
	5 hospitals in Illinois did not have enough cases to reliably tell how well they are performing		

**These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.**

**For technical information on 30 Day Readmission Rates please see user guides.**

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## Survey of Patients' Hospital Experiences

### Footnote Key

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

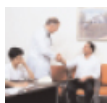
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2009 through September 2010	300 or More	36%

Question			Explanation					
How often did doctors communicate well with patients?			Patients reported how often their doctors communicated well with them during their hospital stay. "Communicated well" means doctors <b>explained things clearly, listened carefully</b> to the patient, and treated the patient with <b>courtesy and respect</b> .					
Doctors "always" communicated well			Doctors "usually" communicated well			Doctors "sometimes" or "never" communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
71%	79%	80%	23%	16%	15%	6%	5%	5%

Question			Explanation					
How often did nurses communicate well with patients?			Patients reported how often their nurses communicated well with them during their hospital stay. "Communicated well" means nurses <b>explained things clearly, listened carefully</b> to the patient, and treated the patient with <b>courtesy and respect</b> .					
Nurses "always" communicated well			Nurses "usually" communicated well			Nurses "sometimes" or "never" communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
68%	75%	76%	26%	19%	19%	6%	6%	5%

Question			Explanation					
How often did patients receive help quickly from hospital staff?			Patients reported how often they were helped quickly when they used the <b>call button</b> or needed help in <b>getting to the bathroom</b> or <b>using a bedpan</b> .					
Patients "always" received help as soon as they wanted			Patients "usually" received help as soon as they wanted			Patients "sometimes" or "never" received help as soon as they wanted		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
54%	61%	64%	33%	27%	25%	13%	12%	11%



## Survey of Patients' Hospital Experiences

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2009 through September 2010	300 or More	36%

Question	Explanation								
How often was patients' pain well controlled?	If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. "Well controlled" means their <b>pain was well controlled</b> and that the <b>hospital staff did everything they could to help</b> patients with their pain.								
Pain was "always" well controlled	Pain was "usually" well controlled			Pain was "sometimes" or "never" well controlled					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
64%	68%	69%	29%	24%	24%	7%	8%	7%	

Question	Explanation								
How often did staff explain about medicines before giving them to patients?	If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told <b>what the medicine was for</b> and what <b>side effects it might have</b> before they gave it to the patient.								
Staff "always" explained	Staff "usually" explained			Staff "sometimes" or "never" explained					
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
51%	59%	60%	21%	19%	19%	28%	22%	21%	



## Survey of Patients' Hospital Experiences

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2009 through September 2010	300 or More	36%

Question			Explanation					
How often were the patients' rooms and bathrooms kept clean?			Patients reported how often their <b>hospital room and bathroom were kept clean</b> .					
Room was "always" clean			Room was "usually" clean			Room was "sometimes" or "never" clean		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
61%	71%	71%	27%	19%	20%	12%	10%	9%

Question			Explanation					
How often was the area around patients' rooms kept quiet at night?			Patients reported how often <b>the area around their room was quiet at night</b> .					
"Always" quiet at night			"Usually" quiet at night			"Sometimes" or "never" quiet at night		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
39%	55%	58%	38%	32%	30%	23%	13%	12%

Question			Explanation		
Were patients given information about what to do during their recovery at home?			The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had <b>discussed the help they would need at home</b> . Patients also reported whether they were given <b>written information about symptoms or health problems to watch for during their recovery</b> .		
Yes, staff did give patients this information			No, staff did not give patients this information		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
77%	81%	82%	23%	19%	18%



## Survey of Patients' Hospital Experiences

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Survey Date Range	Number of Completed Surveys	Survey Response Rate
October 2009 through September 2010	300 or More	36%

Question			Explanation					
How do patients rate the hospital overall?			After answering all other questions on the survey, <b>patients answered a separate question that asked for an overall rating of the hospital.</b> Ratings were on a scale from 0 to 10, where “0” means “worst hospital possible” and “10” means “best hospital possible.”					
Patients who gave a rating of 9 or 10 (high)			Patients who gave a rating of 7 or 8 (medium)			Patients who gave a rating of 6 or lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
58%	65%	67%	30%	25%	24%	12%	10%	9%

Question			Explanation					
Would patients recommend the hospital to friends and family?			The survey asked patients <b>whether they would recommend the hospital</b> to their friends and family.					
YES, patients would definitely recommend the hospital			YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
65%	67%	69%	30%	27%	26%	5%	6%	5%