

Accreditation Quality Report









Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

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

800 West Central Road, Arlington Heights, IL



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	•
🤣 Home Care	Accredited	Date 12/8/2011	Date 12/7/2011	Survey Date 12/7/2011
🮯 Hospital	Accredited	12/10/2011	12/9/2011	7/2/2013

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

Advanced Certification	Certification Decision	Effective	Last Full Revi	ew Last On-Site
Programs		Date	Date	Review Date
o Advanced Palliative Care	Certification	5/29/2014	5/28/2014	5/28/2014
🮯 Primary Stroke Center	Certification	11/21/2012	11/20/2012	11/20/2012

Other Accredited Programs/Services

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

Special Quality Awards

2012 ACS National Surgical Quality Improvement Program
2012 Silver - The Medal of Honor for Organ Donation
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 The Medal of Honor for Organ Donation

		Compared to other Joint Organi	
		Nationwide	Statewide
Home Care	2011National Patient Safety Goals	\bigotimes	*
Hospital	2013National Patient Safety Goals	Ø	₩ *

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

Symbol Key

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

Footnote Key

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

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

Northwest Community Hospital

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Summary of Quality Information

Symbol Key	1			
This organization achieved the best possible results.			Compared to other Joint Organi	
This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is		National Quality Improvement Goals:		
similar to the target range/value. This organization's performance is	Reporting Period:	Heart Attack Care	\oplus	Ð
 below the target range/value. This Measure is not applicable for this organization. 	Apr 2013 - Mar 2014	Heart Failure Care	\bigotimes	\bigotimes
wo Not displayed		Perinatal Care		
Footnote Key		Pneumonia Care	Ð	Ð
1. The Measure or Measure Set was not		Surgical Care Improvement Project (SCIP)		
reported.2. The Measure Set does not have an		SCIP - Cardiac		
overall result.3. The number of patients is not enough		SCIP - Infection Prevention For All Reported Procedures:	\oplus	\oplus
for comparison purposes.		Blood Vessel Surgery	${\mathfrak O}$	\bigotimes
4. The measure meets the Privacy Disclosure Threshold rule.		Colon/Large Intestine Surgery	Ø	Ø
5. The organization scored above 90% but was below most other organizations.		Coronary Artery Bypass Graft	Ð	•
6. The Measure results are not statistically valid.		Hip Joint Replacement	Ð	Ð
7. The Measure results are based on a sample of patients.		Hysterectomy	Ø	Ø
8. The number of months with Measure data is below the reporting requirement.		Knee Replacement	\oplus	\odot
9. The measure results are temporarily		Open Heart Surgery	\oplus	Ð
suppressed pending resubmission of updated data.		SCIP – Venous Thromboembolism (VTE)		
10. Test Measure: a measure being evaluated for reliability of the		Venous Thromboembolism (VTE)	6 8	8
individual data elements or awaiting				

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For further information and explanation of the

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National Quality Forum Endorsement. 11. There were no eligible patients that met

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Locations of Care

* Primary Location				
Locations of Care	Available Services			
Buffalo Grove Immediate Care Center DBA: Northwest Community Hospital 15 South McHenry Road Buffalo Grove, IL 60089	Services: • Urgent Care (Outpatient)			
Lake Zurich Immediate Care Center DBA: Northwest Community Hospital 1201 South Rand Road Lake Zurich, IL 60047	Services: • Urgent Care (Outpatient)			
Mount Prospect Immediate Care Center DBA: Northwest Community Hospital 199 West Rand Road Mount Prospect, IL 60056	Services: • Urgent Care (Outpatient)			
Northwest Community Healthcare - Home Healthcare 3060 Salt Creek Lane Arlington Heights, IL 60005	 Services: Home Health Aides Home Health, Non-Hospice Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology 			

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Locations of Care

* Primary Location

Locations of Care	Available	Services
Northwest Community Hospital * 800 West Central Road Arlington Heights, IL 60005	Joint Commission Advanced G Advanced Palliative Care Primary Stroke Center Services: Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hematology/Oncology 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)	 Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) 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) Surgical ICU (Intensive Care Unit) Surgical ICU (Intensive Care Unit) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services)
Northwest Community Hospital DBA: NCH Cardiac Diagnostics at Arlington Heights 1632 W. Central Road Arlington Heights,	Services: • Outpatient Clinics (Outpatient)	

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Locations of Care

* Primary Location

Locations of Care	Available Services
Northwest Community Hospital Mental Health Services DBA: Northwest Community Hospital 901 West Kirchoff Road Arlington Heights, IL 60005	Services: • Behavioral Health (Non 24 Hour Care - Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)
Schaumburg Immediate Care Center DBA: Northwest Community Hospital 519 South Roselle Road Schaumburg, IL 60194	Services: • Urgent Care (Outpatient)

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2011 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

Symbol Key

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

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2013 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ୍ତର ୧
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

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National Quality Improvement Goals

	He	eart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	Ð	Ð
		easure Area	Explanation	Nationwide	Statewide
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	Compared to other Joir Accredited Orgar					
		Ν	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	100% of 30 eligible Patients	100%	98%	100%	98%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	100% of 300 eligible Patients	100%	99%	100%	99%
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	100% of 274 eligible Patients	100%	99%	100%	99%



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

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National Quality Improvement Goals

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Mot displayed	Measure Area	T I · · · ·	Explanation		Nationwie	de	Statewide	
	Heart Attack Care		egory of evidence based measures ass quality of care provided to Heart Attack		Ð		Ð	
Footnote Key 1. The Measure or Measure Set was not		patients		Co	mpared to c	other Joint	Commissio	'n
reported.2. The Measure Set does not have an					Accredite	ed Organiz	zations	wide
overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily 	Beta blocker prescribed 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.* Heart attack patient with a clogged	100% of 269 eligible Patients	at Least:	99%	at Least: 100%	99%
 The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report contents, refer to the ''Quality Report User Guide.'' 	minutes of hospital arrive	al*	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.*	97% of 73 eligible Patients	100%	96%	100%	97%
	Statin Prescribed at Disc	charge	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.	100% of 267 eligible Patients	100%	99%	100%	99%

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Northwest Community Hospital

800 West Central Road, Arlington Heights, IL



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014					
			o other Joint hission		
		Accredited C	Organizations		
Measure Area	Explanation	Nationwide	Statewide		
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	\oslash		

		Со	npared to o Accredit	other Joint 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:
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	100% of 40 eligible Patients	100%	97%	100%	98%
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use - see Accreditation Quality Report User Guide.*	100% of 261 eligible Patients	100%	100%	100%	100%

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Compared to other Joint Commission

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National Quality Improvement Goals

Reporting Pe	riod: April 2013 - March 2014					
Compared to other Joint						
Commission						
		Accredited Organizations				
Measure Area	Explanation	Nationwide	Statewide			
Perinatal Care	This category of evidenced based measures assesses the	№ ²	\bigcirc ²			
	care of mothers and newborns.					

		Compared to other Joint Commission Accredited Organizations				
		٨	lationwide	Ű		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	8 75% of 4 eligible Patients ³	100%	89%	100%	90%
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.	8 0% of 16 eligible Patients	0%	4%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	41% of 109 eligible Patients	74%	49%	64%	45%
Exclusive Breast Milk Feeding Considering Mothers Choice	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization not including those newborns whose mothers chose to not exclusively feed breast milk at the time of birth of the newborn.	51% of 89 eligible Patients	93%	64%	89%	63%



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National Quality Improvement Goals

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Not displayed	Measure Area	Explanation	Nationwide	Statewide	
	Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ð	Ð	
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• The Measure or Measure Set was not reported.			Compared to other Joint Commission Accredited Organizations			n	
• The Measure Set does not have an overall result.				Vationwide		State	wide
• The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. 	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.	100% of 40 eligible Patients	100%	98%	100%	99%
 atta is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	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.*	91% of 11 eligible Patients ³	100%	93%	100%	94%
Quality Report contents, refer to the "Quality Report User Guide."	Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	0 eligible Patients	100%	97%	100%	97%



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Reporting Period: April 2013 - March 2014

		Compared to other Joint Commission	
		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

		Compared to other Joint Commission Accredited Organizations				n
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	99% of 199 eligible Patients	100%	98%	100%	98%

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National Quality Improvement Goals

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

				other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	99% of 422 eligible Patients	100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	99% of 419 eligible Patients	100%	99%	100%	99%

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Northwest Community Hospital

800 West Central Road, Arlington Heights, IL



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Api	ril 2013 - March 2014					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to c Commiss		
This organization's performance is below the target range/value.					Accre		anizations	
Not displayed	Measure Area		Explanation		Nationwig	de	Statewide	e
	SCIP - Infection Prevention	overall u	egory of evidence based measures ass use of indicated antibiotics for surgical in		Ð		Ð	
Footnote Key		preventi	on.					
• The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		'n
The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide	Average	State	
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored	Rate:	Scored	Rate:
• The measure meets the Privacy Disclosure Threshold rule.	Patients who had surge	ery and	This measure reports how often		at Least:		at Least:	
• The organization scored above 90% but was below most other organizations.	received appropriate m that prevents infection	edicine	surgery patients whose medicine (an antibiotic) to prevent infection was					
The Measure results are not statistically	(antibiotic) and the antil was stopped within 24 l		stopped within 24 hours after the surgery ended. Giving medicine that					
valid. • The Measure results are based on a	after the surgery ended		prevents infection for more than 24 hours after the end of surgery is not	Ð				
sample of patients.The number of months with Measure			helpful, unless there is a specific	98% of	100%	98%	100%	98%
data is below the reporting requirement. • The measure results are temporarily			reason (for example, fever or other signs of infection). Note: Not every	390 eligible Patients				
suppressed pending resubmission of updated data.			surgery requires antibiotics and this measure reports on those selected					
• Test Measure: a measure being evaluated for reliability of the			surgeries where evidence/experts have identified that antibiotics would					
individual data elements or awaiting National Quality Forum Endorsement.	Patients Having Blood	Voccol	be helpful. Overall report of hospital's	a				
There were no eligible patients that met the denominator criteria.	Patients Having Blood Surgery*	VESSEI	performance on Surgical Infection	\bigotimes	100%	98%	100%	98%
the denominator criteria.			Prevention Measure for Blood Vessel Surgery.	96% of 72 eligible	100 /0	0070	100 /0	5070
	Patients having blood v	vessel	This measure reports how often	Patients				
For further information and explanation of the	surgery who received medicine to prevent infe	ection	patients having blood vessel surgery received medicine that prevents	1 3				
Quality Report contents,	(an antibiotic) within on before the skin was sur		infection (an antibiotic) within one hour before the skin was surgically		100%	98%	100%	98%
refer to the "Quality	cut.*	9.00	cut. Infection is lowest when patients receive antibiotics to prevent	92% of 25 eligible Patients ³				
Report User Guide.''			infection within one hour before the skin is surgically cut.*					
	Patients having blood v		This measure reports how often					
	surgery who received the appropriate medicine		patients who had blood vessel surgery were given the appropriate	\bigcirc				
	(antibiotic) which is sho be effective for this type		medicine (antibiotic) that prevents infection which is know to be	100% of	100%	99%	100%	99%
	surgery.*		effective for the type of surgery, based upon the recommendations of	24 eligible Patients				
			experts around the country.*					



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Northwest Community Hospital

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This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewide	e
	Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in on		Ð		Ð	
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1. The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz	Commissio	in
2. The Measure Set does not have an overall result.				N	lationwide		State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure 	Patients who had blood v surgery and received appropriate medicine that prevents infection (antibio and the antibiotic was sto within 24 hours after the surgery ended.*	t otic)	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is	96% of 23 eligible Patients ³	100%	96%	100%	96%
 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 	Patients Having Colon/La Intestine Surgery*	0	a specific reason (for example, fever or other signs of infection).* Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	98% of 134 eligible Patients	100%	97%	100%	97%
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the	Patients having colon/larg intestine surgery who rec medicine to prevent infec (an antibiotic) within one before the skin was surgi cut. *	eived tion hour	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 45 eligible Patients	100%	98%	100%	98%
Quality Report contents, refer to the "Quality Report User Guide."	Patients having colon/larg intestine surgery who rec the appropriate medicine (antibiotic) which is show be effective for this type of surgery.*	eived n to	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	93% of 45 eligible Patients	100%	96%	100%	96%

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This organization's performance is above the target range/value.								
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in on		Ð		Ð	
Footnote Key 1. The Measure or Measure Set was not reported.		protona		Co	mpared to c			n
2. The Measure Set does not have an				N	Accredit Vationwide	ed Organiz		wide
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily 	Patients who had colon/la intestine surgery and rec appropriate medicine tha prevents infection (antibio and the antibiotic was sto within 24 hours after the surgery ended.*	ceived at iotic) opped	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	00% of 44 eligible Patients	100%	96%	100%	96%
 suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Coronar Artery Bypass Graft Surg	,	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	99% of 219 eligible Patients	100%	99%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality	Patients having coronary artery bypass graft surge who received medicine to prevent infection (an anti within one hour before th was surgically cut.*	ery o ibiotic)	This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 75 eligible Patients	100%	99%	100%	99%
Report User Guide."	Patients having coronary artery bypass graft surge who received the approp medicine (antibiotic) whic shown to be effective for type of surgery.*	ery oriate ch is	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 74 eligible Patients	100%	100%	100%	100%

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National Quality Improvement Goals

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This organization achieved the best possible results This organization's performance is	Reporting Per	riod: April 2013 - March 2014					
above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is					npared to c Commiss	sion	
below the target range/value.	Measure Area	Explanation		Nationwi	redited Org	Statewid	
Not displayed	SCIP - Infection Prevention	Explanation This category of evidence based measures overall use of indicated antibiotics for surgic			lue		e
Footnote Key		prevention.					
The Measure or Measure Set was not reported. The Measure Set does not have an					ted Organiz	zations	
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of	Patients who had coron artery bypass graft surg and received appropriat medicine that prevents infection (antibiotic) and antibiotic was stopped v 48 hours after the surge ended.*	gery coronary artery bypass graft surgery te patients whose medicine (an antibiotic) to prevent infection was d the stopped within 48 hours after the within surgery ended. Giving medicine that prevents infection for more than 48	99% of 70 eligible	100%	99%	100%	99%
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.	Patients Having Hip Join Replacement Surgery*	int Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	100% of 254 eligible Patients	100%	99%	100%	99%
or further information nd explanation of the Quality Report contents,	Patients having hip joint replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skin surgically cut.*	ho patients having hip joint replacemen surgery received medicine that within prevents infection (an antibiotic)		100%	99%	100%	99%
efer to the "Quality Report User Guide."	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) wh shown to be effective fo type of surgery.*	t This measure reports how often ho patients who had hip joint replacement surgery were given the nich is appropriate medicine (antibiotic) tha	t 100% of 89 eligible Patients	100%	100%	100%	100%

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This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2013 - March 2014					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i		Ð		Ð	
Footnote Key 1. The Measure or Measure Set was not		proventi		Cor	mored to	other leint	Commissis	
reported.					Accredit	other Joint ed Organiz		
overall result.	Measure		Explanation	N Hospital	lationwide	Average	State	
 The number of patients is not enough for comparison purposes. The measure meets the Privacy 	Medsure		Lypeneuon	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of 	Patients who had hip joi replacement surgery an received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended	d edicine viotic iours	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	100% of 76 eligible Patients	100%	98%	100%	99%
 updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 170 eligible Patients	100%	98%	100%	98%
11. There were no eligible patients that met the denominator criteria.	Patients having hystered surgery who received medicine to prevent infer (an antibiotic) within one before the skin was surg cut.*	ction hour	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 57 eligible Patients	100%	99%	100%	99%
refer to the ''Quality Report User Guide.''	Patients having hysterers surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	e wn to	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	98% of 57 eligible Patients	100%	98%	100%	98%



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 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. 					Accr	npared to o Commiss redited Org	sion anizations	
Mot displayed	Measure Area	This est	Explanation	access the	Nationwi	de	Statewide	e
Footnote Key	Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in ion.		Ð		Ð	
 The Measure or Measure Set was not reported. The Measure Set does not have an 					mpared to o Accredit Vationwide	other Joint ed Organiz		
 overall result. 3. The number of patients is not enough for comparison purposes. 	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. 	Patients who had hysterectomy surgery a received appropriate me that prevents infection (antibiotic) and the antit was stopped within 24 h after the surgery ended	edicine piotic nours	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	93% of 56 eligible Patients	100%	98%	100%	98%
 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting 	Patients Having Knee J Replacement Surgery*	oint	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 273 eligible Patients	100%	99%	100%	99%
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the	Patients having knee jo replacement surgery wh received medicine to pr infection (an antibiotic) one hour before the skin surgically cut.*	no event within	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically	99% of 94 eligible Patients	100%	99%	100%	100%
Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having knee jo replacement surgery wh received the appropriate medicine (antibiotic) wh shown to be effective fo type of surgery.*	no e ich is	cut.* This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 94 eligible Patients	100%	100%	100%	100%

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This organization achieved the best possible results	Reporting Perio	od: Apr	il 2013 - March 2014					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to c Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Prevention c	overall u	egory of evidence based measures ass use of indicated antibiotics for surgical i		Ð		€	
Footnote Key	Ę	preventi	on.					
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result.	Measure		Explanation	Hospital	Nationwide	Average	State Top 10%	wide
 The number of patients is not enough for comparison purposes. The measure meets the Privacy. 	Wedsure			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily 	Patients who had knee join replacement surgery and received appropriate medi that prevents infection (antibiotic) and the antibio was stopped within 24 hou after the surgery ended.*	licine otic	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	98% of 85 eligible Patients	100%	99%	100%	99%
 suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Open Hea Surgery other than Corona Artery Bypass Graft*	ary	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	99% of 109 eligible Patients	100%	99%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality	Patients having open hear surgery other than corona artery bypass graft who received medicine to preve infection (an antibiotic) wit one hour before the skin w surgically cut.*	ary vent thin	This measure reports how often patients having open heart surgery other than coronary artery bypass graft received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. *	97% of 37 eligible Patients	100%	99%	100%	99%
Report User Guide."	Patients having open hear surgery other than corona artery bypass graft who received the appropriate medicine (antibiotic) which shown to be effective for the type of surgery.*	ary h is	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 36 eligible Patients	100%	100%	100%	100%



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This organization's performance is above the target range/value.								
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O This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwie		Statewide	2
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical ir on		Đ		Ð	
Footnote Key		prevenu						
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	Commissio zations State	
overall result.	Measure		Explanation	Hospital		Average	Top 10%	
3. The number of patients is not enough for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 	Patients who had open surgery other than corol artery bypass graft and received appropriate me that prevents infection (antibiotic) and the antik was stopped within 48 h after the surgery ended	nary edicine biotic hours I.*	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	00% of 36 eligible Patients	100%	99%	100%	99%
 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. 	controlled blood sugar a surgery.		heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	98% of 119 eligible Patients	100%	96%	100%	96%
For further information and explanation of the Quality Report contents, refer to the "Quality	Surgery patients with pr hair removal.	oper	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	100% of 616 eligible Patients	100%	100%	100%	100%
Report User Guide.''	Urinary Catheter Remov	ved	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	99% of 312 eligible Patients	100%	98%	100%	98%

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National Quality Improvement Goals

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Footnote Key

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

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

Reporting Period: April 2013 - March 2014

Measure Area

SCIP - Venous Thromboembolism Explanation

(VTE)

This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients

		Cor		other Joint ed Organiz	Commissio ations	n
		Ν	ationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	98% of 410 eligible Patients	100%	99%	100%	99%

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800 West Central Road, Arlington Heights, IL

Compared to other Joint Commission



National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

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

Footnote Key

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

		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	8	8 8

			ations			
			lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	97% of 34 eligible Patients	100%	96%	100%	98%
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	8 100% of 25 eligible Patients	100%	90%	100%	90%
VTE Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	Patients with blood clots who received intravenous (IV) heparin for treatment and had the heparin and blood tests monitored. This measure reports the percent of patients who had both IV heparin and platelet counts managed by protocols.	ND 8 100% of 37 eligible Patients	100%	99%	100%	98%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	NOD 8 100% of 38 eligible Patients	100%	96%	100%	96%

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

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

800 West Central Road, Arlington Heights, IL



National Quality Improvement Goals

Reporting Per	iod: April 2013 - March 2014		
		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	™ 8	8
	Cor	mpared to other Joi	nt Commission

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Vationwide Top 10% Scored	Average Rate:		wide Average Rate:
VTE Prophylaxis	Medical and surgical patients who	1 toouno	at Least:	riato.	at Least:	riato.
	were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	95% of 118 eligible Patients	100%	93%	100%	90%

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

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