

# 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 |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Home Care | Accredited             | 12/8/2011      | 12/3/2014             | 12/3/2014                |
|  Hospital  | Accredited             | 12/10/2011     | 12/5/2014             | 12/5/2014                |





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

Hospital

| Advanced Certification Programs  | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Advanced Palliative Care | Certification          | 5/29/2014      | 5/28/2014             | 5/28/2014                |
|  Primary Stroke Center    | Certification          | 11/11/2014     | 11/10/2014            | 11/10/2014               |

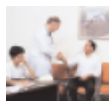
### Special Quality Awards

- 2013 Top Performer on Key Quality Measures®
- 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

|           |   | Compared to other Joint Commission Accredited Organizations                           |   |
|-----------|---|---|---|
|           |   | Nationwide  | Statewide   |
| Home Care | <b>2011 National Patient Safety Goals</b> |  |  * |
| Hospital  | <b>2013 National Patient Safety Goals</b> |  |  * |









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### Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

#### National Quality Improvement Goals:

| Reporting Period:   |  | Nationwide   | Statewide  |
|---------------------|--|--|--|
| Jul 2013 - Jun 2014 | Heart Attack Care                        |                 |                 |
|                     | Heart Failure Care                       |                 |                 |
|                     | Perinatal Care                           |  <sup>2</sup>   |  <sup>2</sup>   |
|                     | Pneumonia Care                           |                 |                 |
|                     | Surgical Care Improvement Project (SCIP) |  |  |
|                     | SCIP - Cardiac                           |  |  |
|                     | SCIP - Infection Prevention              |                 |                 |
|                     | <i>For All Reported Procedures:</i>      |  |  |
|                     | • Blood Vessel Surgery                   |                 |                 |
|                     | • Colon/Large Intestine Surgery          |                |                |
|                     | • Coronary Artery Bypass Graft           |               |               |
|                     | • Hip Joint Replacement                  |               |               |
|                     | • Hysterectomy                           |               |               |
|                     | • Knee Replacement                       |               |               |
|                     | • Open Heart Surgery                     |               |               |
|                     | SCIP – Venous Thromboembolism (VTE)      |  |  |
|                     | Venous Thromboembolism (VTE)             |  <sup>8</sup> |  <sup>8</sup> |



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## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services  |
|---|---|
| <b>Atherton Heart Failure Clinic</b><br>DBA: Northwest Community Healthcare<br>199 West Rand Road<br>Mount Prospect, IL 60056       | <b>Services:</b> <ul style="list-style-type: none"> <li>• Single Specialty Practitioner (Outpatient)</li> </ul>   |
| <b>Buffalo Grove Immediate Care Center</b><br>DBA: Northwest Community Hospital<br>15 South McHenry Road<br>Buffalo Grove, IL 60089 | <b>Services:</b> <ul style="list-style-type: none"> <li>• Urgent Care (Outpatient)</li> </ul>   |
| <b>Lake Zurich Immediate Care Center</b><br>DBA: Northwest Community Hospital<br>1201 South Rand Road<br>Lake Zurich, IL 60047      | <b>Services:</b> <ul style="list-style-type: none"> <li>• Urgent Care (Outpatient)</li> </ul>   |
| <b>Mount Prospect Immediate Care Center</b><br>DBA: Northwest Community Hospital<br>199 West Rand Road<br>Mount Prospect, IL 60056  | <b>Services:</b> <ul style="list-style-type: none"> <li>• Urgent Care (Outpatient)</li> </ul>   |
| <b>NCH Outpatient Center</b><br>DBA: NCH Outpatient Center<br>3300 Kirchoff Road<br>Rolling Meadows, IL 60008                       | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>• Physical Medicine and Rehab (PT, OT, ST)</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>Northwest Community Healthcare - Home Healthcare</b><br>3060 Salt Creek Lane<br>Arlington Heights, IL 60005                      | <b>Services:</b> <ul style="list-style-type: none"> <li>• Home Health Aides</li> <li>• Home Health, Non-Hospice Services</li> <li>• Medical Social Services</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Skilled Nursing Services</li> <li>• Speech Language Pathology</li> </ul> |



## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services   |
|---|--|
| <p><b>Northwest Community Hospital *</b><br/>800 West Central Road<br/>Arlington Heights,<br/>IL 60005</p>  | <p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>• Advanced Palliative Care</li> <li>• Primary Stroke Center</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab (Surgical Services)</li> <li>• Cardiac Surgery (Surgical Services)</li> <li>• Cardiothoracic Surgery (Surgical Services)</li> <li>• Cardiovascular Unit (Inpatient)</li> <li>• CT Scanner (Imaging/Diagnostic Services)</li> <li>• Ear/Nose/Throat Surgery (Surgical Services)</li> <li>• EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>• Gastroenterology (Surgical Services)</li> <li>• General Laboratory Tests</li> <li>• GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>• Gynecological Surgery (Surgical Services)</li> <li>• Gynecology (Inpatient)</li> <li>• Hematology/Oncology Unit (Inpatient)</li> <li>• Inpatient Unit (Inpatient)</li> <li>• Interventional Radiology (Imaging/Diagnostic Services)</li> <li>• Labor &amp; Delivery (Inpatient)</li> <li>• Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>• Medical /Surgical Unit (Inpatient)</li> <li>• Medical ICU (Intensive Care Unit)</li> <li>• Neuro/Spine Unit (Inpatient)</li> <li>• Neurosurgery (Surgical Services)</li> <li>• Normal Newborn Nursery (Inpatient)</li> <li>• Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>• Ophthalmology (Surgical Services)</li> <li>• Orthopedic Surgery (Surgical Services)</li> <li>• Orthopedic/Spine Unit (Inpatient)</li> <li>• Pediatric Unit (Inpatient)</li> <li>• Plastic Surgery (Surgical Services)</li> <li>• Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>• Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>• Radiation Oncology (Imaging/Diagnostic Services)</li> <li>• Sleep Laboratory (Sleep Laboratory)</li> <li>• Surgical ICU (Intensive Care Unit)</li> <li>• Surgical Unit (Inpatient)</li> <li>• Thoracic Surgery (Surgical Services)</li> <li>• Ultrasound (Imaging/Diagnostic Services)</li> <li>• Urology (Surgical Services)</li> <li>• Vascular Surgery (Surgical Services)</li> </ul> |
| <p><b>Northwest Community Hospital</b><br/>DBA: NCH Cardiac Diagnostics at Arlington Heights<br/>1632 W. Central Road<br/>Arlington Heights,<br/>IL 60005</p> | <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>  |



## Locations of Care




### \* Primary Location

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







## 2011 National Patient Safety Goals

### Symbol Key

-  The organization has met the National Patient Safety Goal.
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### Home Care

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




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




















## 2013 National Patient Safety Goals

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### Hospital

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



## National Quality Improvement Goals

Reporting Period: July 2013 - June 2014

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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

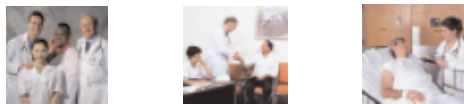
| Measure                          | Explanation   | Hospital Results                  | Compared to other Joint Commission Accredited Organizations |               |                          |           |
|----------------------------------|---|-----------------------------------|---|---------------|--------------------------|-----------|
|                                  |   |                                   | Nationwide  | Average Rate: | Top 10% Scored at Least: | Statewide |
| 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.* | <br>100% of 33 eligible Patients  | 100%  | 98%           | 100%                     | 99%       |
| 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.*   | <br>100% of 311 eligible Patients | 100%  | 99%           | 100%                     | 100%      |
| Aspirin prescribed at discharge* | Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*   | <br>100% of 278 eligible Patients | 100%  | 99%           | 100%                     | 99%       |

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|-------------------|--|------------|-----------|
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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: |
| 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.*  | <br>100% of 274 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.* | <br>97% of 74 eligible Patients                             | 100%                     | 96%           | 100%                     | 97%           |
| 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.   | <br>100% of 280 eligible Patients                           | 100%                     | 99%           | 100%                     | 99%           |



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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  | Average Rate:            | Statewide                | Average Rate:            |
|                                |   |                                   | Top 10% Scored at Least:                                    | Top 10% Scored at Least: | Top 10% Scored at Least: | Top 10% Scored at Least: |
| 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.*         | <br>100% of 41 eligible Patients  | 100%  | 97%                      | 100%                     | 97%                      |
| 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.* | <br>100% of 256 eligible Patients | 100%  | 100%                     | 100%                     | 100%                     |

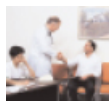


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|----------------|--|------------|-----------|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | 2          | 2         |

Compared to other Joint Commission Accredited Organizations

| Measure  | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|--|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|  |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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<br>88% of 8 eligible Patients <sup>3</sup>                | 100%                                | 90%           | 100%                               | 87%           |
| 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. 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<br>0% of 36 eligible Patients                             | 0%                                  | 4%            | 0%                                 | 3%            |
| 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.   | 8<br>44% of 229 eligible Patients                           | 74%                                 | 50%           | 64%                                | 46%           |
| 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.  | 8<br>50% of 203 eligible Patients                           | 90%                                 | 64%           | 85%                                | 61%           |



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| 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   | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Blood cultures for pneumonia patients in intensive care units.             | Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.   | <br>100% of 44 eligible Patients                           | 100%                                | 98%           | 100%                               | 99%           |
| 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><br>93% of 14 eligible Patients <sup>3</sup> | 100%                                | 94%           | 100%                               | 93%           |
| 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.* | <br>100% of 86 eligible Patients                          | 100%                                | 97%           | 100%                               | 97%           |

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Compared to other Joint Commission Accredited Organizations

| Measure Area   | Explanation  | Nationwide | Statewide |
|----------------|--|------------|-----------|
| SCIP - Cardiac | This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients. |            |           |

Compared to other Joint Commission Accredited Organizations

| 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: |
| 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. | <br>98% of 196 eligible Patients                            | 100%                     | 98%           | 100%                     | 98%           |

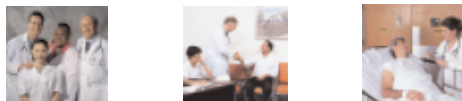


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| Measure Area                | Explanation   | Compared to other Joint Commission Accredited Organizations                         |   |
|-----------------------------|---|---|---|
|                             |   | Nationwide  | Statewide   |
|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

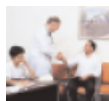
| Measure   | Explanation  | Compared to other Joint Commission Accredited Organizations   |                          |               |                          |               |
|---|--|---|--------------------------|---------------|--------------------------|---------------|
|   |  | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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. | <br>99% of 435 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.  | <br>99% of 433 eligible Patients | 100%                     | 99%           | 100%                     | 99%           |

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Compared to other Joint Commission Accredited Organizations

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|-----------------------------|---|------------|-----------|
| SCIP - Infection Prevention | This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention. |            |           |

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: |
| Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful. | <br>98% of 404 eligible Patients                            | 100%                     | 98%           | 100%                     | 99%           |
| Patients Having Blood Vessel Surgery*  | Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.  | <br>96% of 82 eligible Patients                             | 100%                     | 98%           | 100%                     | 98%           |
| Patients having blood vessel 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 blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*   | 3<br>96% of 28 eligible Patients <sup>3</sup>               | 100%                     | 98%           | 100%                     | 98%           |
| Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*                        | This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*   | <br>100% of 27 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |



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

| 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: |
| Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).* | 3<br>93% of 27 eligible Patients <sup>3</sup>               | 100%                     | 96%           | 100%                     | 96%           |
| Patients Having Colon/Large Intestine Surgery*  | Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.  | <br>97% of 148 eligible Patients                            | 100%                     | 97%           | 100%                     | 97%           |
| Patients having colon/large intestine 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 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.*  | <br>100% of 50 eligible Patients                            | 100%                     | 98%           | 100%                     | 98%           |
| Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*                            | This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*  | <br>92% of 50 eligible Patients                             | 100%                     | 95%           | 100%                     | 96%           |

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| 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. |            |           |

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: |
| Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).* | <br>98% of 48 eligible Patients                             | 100%                     | 97%           | 100%                     | 96%           |
| Patients Having Coronary Artery Bypass Graft Surgery*  | Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.  | <br>99% of 227 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |
| Patients having coronary artery bypass graft surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*                           | This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*  | <br>100% of 77 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |
| Patients having coronary artery bypass graft surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*                              | This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*   | <br>100% of 77 eligible Patients                            | 100%                     | 100%          | 100%                     | 100%          |



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

| 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: |
| Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* | This measure reports how often coronary artery bypass graft surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).* | <br>99% of 73 eligible Patients                             | 100%                     | 99%           | 100%                     | 99%           |
| Patients Having Hip Joint Replacement Surgery*  | Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.  | <br>100% of 255 eligible Patients                           | 100%                     | 99%           | 100%                     | 99%           |
| Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*   | This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*  | <br>100% of 90 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |
| Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*  | This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*   | <br>100% of 90 eligible Patients                            | 100%                     | 100%          | 100%                     | 100%          |

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|-----------------------------|---|------------|-----------|
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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: |
| Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often 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).* | <br>100% of 75 eligible Patients                            | 100%                     | 98%           | 100%                     | 99%           |
| Patients Having a Hysterectomy*  | Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.   | <br>96% of 169 eligible Patients                            | 100%                     | 98%           | 100%                     | 98%           |
| Patients having hysterectomy 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 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.*  | <br>98% of 57 eligible Patients                             | 100%                     | 99%           | 100%                     | 99%           |
| Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*  | This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*  | <br>98% of 57 eligible Patients                             | 100%                     | 98%           | 100%                     | 98%           |



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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: |
| Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).* | <br>93% of 55 eligible Patients                             | 100%                     | 98%           | 100%                     | 98%           |
| Patients Having Knee Joint Replacement Surgery*   | Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.   | <br>99% of 273 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |
| Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*                        | This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*   | <br>99% of 93 eligible Patients                             | 100%                     | 99%           | 100%                     | 99%           |
| Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*                           | This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*  | <br>100% of 93 eligible Patients                            | 100%                     | 100%          | 100%                     | 100%          |



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

| 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: |
| Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often 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).* | <br>99% of 87 eligible Patients                             | 100%                     | 99%           | 100%                     | 99%           |
| Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*   | Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.   | <br>99% of 118 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |
| Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*      | 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. *                      | <br>98% of 40 eligible Patients                             | 100%                     | 99%           | 100%                     | 99%           |
| Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*         | This measure reports how often patients who had 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.*  | <br>100% of 39 eligible Patients                            | 100%                     | 100%          | 100%                     | 100%          |

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\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

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## National Quality Improvement Goals

Reporting Period: July 2013 - June 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.
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.

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. |            |           |

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: |
| Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.* | This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).* | <br>100% of 39 eligible Patients                            | 100%                     | 99%           | 100%                     | 99%           |
| Heart surgery patients with controlled blood sugar after surgery.   | This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.  | <br>94% of 125 eligible Patients                            | 100%                     | 96%           | 100%                     | 95%           |
| Surgery patients with proper hair removal.  | This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.  | <br>100% of 616 eligible Patients                           | 100%                     | 100%          | 100%                     | 100%          |
| Urinary Catheter Removed  | This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.   | <br>99% of 300 eligible Patients                            | 100%                     | 98%           | 100%                     | 99%           |

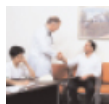


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| Measure Area                        | Explanation   |
|-------------------------------------|---|
| SCIP – Venous Thromboembolism (VTE) | This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients |

| Measure   | Explanation  | Compared to other Joint Commission Accredited Organizations |            |           |                          |               |
|---|--|---|------------|-----------|--------------------------|---------------|
|   |  | Hospital Results  | Nationwide | Statewide | 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.* | <br>99% of 408 eligible Patients                            | 100%       | 99%       | 100%                     | 99%           |

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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         |

Compared to other Joint Commission Accredited Organizations

| Measure  | Explanation  | Hospital Results                  | Compared to other Joint Commission Accredited Organizations |               |                          |               |
|--|--|-----------------------------------|---|---------------|--------------------------|---------------|
|  |  |                                   | Nationwide  | Statewide     | Statewide                |               |
|  |  |                                   | 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.  | 8<br>99% of 67 eligible Patients  | 100%  | 96%           | 100%                     | 97%           |
| 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<br>100% of 47 eligible Patients | 100%  | 91%           | 100%                     | 89%           |
| 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.  | 8<br>100% of 70 eligible Patients | 100%  | 99%           | 100%                     | 99%           |
| 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.   | 8<br>100% of 71 eligible Patients | 100%  | 96%           | 100%                     | 96%           |

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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         |

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: |
| VTE Prophylaxis | Medical and surgical patients who 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. | 8<br><small>96% of 233 eligible Patients</small>            | 100%                     | 93%           | 99%                      | 92%           |



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