

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

6200 West Parker Road, Plano, TX



Summary of Quality Information

Accreditation Prog	rams Accreditation Decision	Effective Date	Last Full S Date	urvey Last On-Site Survey Date
🎯 Hospital	Accredited	3/14/2009	2/2/2012	2/2/2012

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

Special Quality Awards

2008 The Medal of Honor for Organ Donation 2007 Hospital Magnet Award

			t Commission Accredited
		Nationwide	Statewide
Hospital	2009National Patient Safety Goals	${\mathfrak O}$	∞ *
	National Quality Improvement Goals:		
Reporting Period:	Heart Attack Care	Ð	Ð
Jul 2010 - Jun 2011	Heart Failure Care	${ rac{ { itom{ } } { } { } { } { } { } { } { } { } {$	\bigotimes
	Pneumonia Care	Ð	Ð
	Stroke Care	8 (ND)	NO 8
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	Ð	Ð
	Blood Vessel Surgery	3	6 3
	Colon/Large Intestine Surgery	Ø	Ø
	Coronary Artery Bypass Graft	Ø	${ rac{ }{ } }$
	Hip Joint Replacement	Ð	(
	Hysterectomy	Ð	(
	Knee Replacement	Ð	Ð
	Open Heart Surgery	Ø	Ø
	SCIP – Venous Thromboembolism (VTE)		

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

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Symbol Key

0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
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Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
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- 4. The measure meets the Privacy Disclosure Threshold rule.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



Locations of Care

Locations of Care	Available Services
Pediatric Imaging Center 7000 West Plano Parkway, Suite 120 Plano, TX 75093	 Anesthesia (Outpatient) General Outpatient Services (Outpatient)
Sue A. DeMille Women's Diagnostics Center 6020 West Parker Rd., Suite 100 Plano, TX 75093	General Outpatient Services (Outpatient)
Texas Health Presbyterian Hosp Seay Behavioral Health Center 6110 W. Parker Road Plano, TX 75093	 Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) Chemical Dependency (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth)
	 Mental Health (Inpatient, Outpatient, 24-hour Acute Care/Crisis Stabilization)



Locations of Care

* Primary Location

6200 West Parker Road, Plano, TX

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2009 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
Improve the effectiveness of communication among caregivers.	Reading Back Verbal Orders	Ø
	Creating a List of Abbreviations Not to Use	\bigcirc
	Timely Reporting of Critical Tests and Critical Results	\bigcirc
	Managing Hand–Off Communications	ତ ତ ତ
Improve the safety of using medications.	Managing Look Alike, Sound Alike Medications	Ø
	Labeling Medications	\bigcirc
	Reducing Harm from Anticoagulation Therapy	\bigcirc
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	<u>ଡ</u> ଡ ଡ
	Sentinel Events Resulting from Infection	\bigcirc
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	\bigcirc
	Preventing Surgical Site Infections	0 0 0 0 0 0
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
Encourage patients' active involvement in their own care as a patient safety strategy.	Patient and Family Reporting of Safety Concerns	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Improve recognition and response to changes in a patient's condition.	Requesting Assistance for a Patient with a Worsening Condition	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

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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National Quality Improvement Goals

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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.	Ð	Ð

				Compared to other Joint Commission Accredited Organizations					
			Accredite lationwide	ed Organiz		ewide			
Measure	Explanation	Hospital Results		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 29 eligible Patients ³	100%	97%	100%	98%			
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	100% of 36 eligible Patients	100%	100%	100%	100%			
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	99% of 179 eligible Patients	100%	99%	100%	99%			



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• 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. The measure results are temporarily 10. 	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.	99% of 168 eligible Patients	100%	99%	100%	99%	
The measure results are temporarily suppressed pending resubmission of updated data. 10. For further information and explanation of the Quality Report contents,	Beta blocker prescribed a discharge*	at Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	99% of 167 eligible Patients	100%	99%	100%	99%	



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National Quality Improvement Goals

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2	Primary PCI received w minutes of hospital arriv		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.	95% of 22 eligible Patients ³	100%	93%	100%	92%
	Statin Prescribed at Dis	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.	ND 8 100% of 82 eligible Patients				

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Texas Health Presbyterian Hospital Plano

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	Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	Ø
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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 62 eligible Patients	100%	96%	100%	97%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	NO 3 100% of 26 eligible Patients ³	100%	99%	100%	100%
Discharge instructions*	Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization. Limitations of measure use - see Accreditation Quality Report User Guide.	91% of 191 eligible Patients	100%	92%	100%	93%

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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:	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	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-denth evaluation		100%	99%	100%	99%

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failure receive an in-depth evaluation

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get the right treatment for their heart

failure. Limitations of measure use -

see Accreditation Quality Report

100% of 232 eligible Patients

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National Quality Improvement Goals

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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.	Ð	Ð

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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	100% of 90 eligible Patients	100%	99%	100%	99%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	98% of 221 eligible Patients	100%	97%	100%	97%
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	97% of 34 eligible Patients	100%	97%	100%	98%



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e measure meets the Privacy sclosure Threshold rule. e organization scored above 90% but s below most other organizations. e Measure results are not statistically id. e Measure results are based on a nple of patients.	Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide.	99% of 200 eligible Patients	100%	96%	100%	96%
e number of months with Measure a is below the reporting requirement. e measure results are temporarily pressed pending resubmission of lated data. further information explanation of the lity Report contents, to the ''Quality ort User Guide.''	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.	89% of 9 eligible Patients ³	100%	86%	100%	87%
	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.	94% of 112 eligible Patients	100%	96%	100%	96%

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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Pneumococcal vaccinati	on* Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	99% of 177 eligible Patients	100%	96%	100%	96

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	Measure	Explanation		Nationwide Top 10% Scored	ed Organiz	zations State Top 10% Scored	ewide
	imonia Seasonal Mea orting Period: Octobe			at Least:		at Least:	
	uenza vaccination	Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to	99% of 144 eligible Patients	100%	94%	100%	95%

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This organization achieved the best possible results
 This organization's performance is above the target range/value.
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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.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% bu was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
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- suppressed pending resubmission of updated data.

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

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National Quality Improvement Goals

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Not displayed	Measure Area	Explanation		Nationwic	de	Statewid	е
	Stroke Care	This category of evidence based measures ass overall quality of care provided to Stroke (STK)		(19)	8	8 💿	
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verall result.	Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
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- for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule.
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			Ν	lationwide		State	wide
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
0.	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	etto 8 100% of 6 eligible Patients ³	100%	95%	100%	93%
	Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	8 100% of 39 eligible Patients ⁷	100%	98%	100%	96%



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	Measure Area	This ast	Explanation		Nationwic		Statewide	e
	Stroke Care		egory of evidence based measures as quality of care provided to Stroke (STK		1	8	№ ⁸	
				Co	mpared to c Accredite	other Joint ed Organiz		n
	Measure		Explanation		Vationwide	Average	State	
	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Rate
10.	Assessed for Rehabilitati	ion	Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	88% of 51 eligible Patients ⁷	100%	97%	100%	97%
	Discharged on Antithrom Therapy	ibotic	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	100% of 41 eligible Patients ⁷	100%	99%	100%	99%
	Discharged on Statin Medication		Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of	77% of 31 eligible Patients ⁷	99%	94%	99%	93%



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-	Stroke Care	This category of evidence based measures asse overall quality of care provided to Stroke (STK)		N	8	0 8	
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 reported. The Measure Set does not have an overall result. The number of patients is not enough 	Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
 for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 	Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	62% of 29 eligible Patients ³	100%	87%	100%	83%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	(10) 4	100%	65%	100%	79%



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The Measure Set does not have an overall result.	Measure		Explanation	Hospital	Nationwide Top 10%		State Top 10%	Average
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.	Venous Thromboembol (VTE) Prophylaxis	ism	Stroke patients who receive treatment for the prevention of blood					
The organization scored above 90% but was below most other organizations.			clots on the day of or day after hospital admission. Note: Treatment					
The Measure results are not statistically valid.			may be medication or mechanical devices for exercising the legs. This measure reports what percent of	100 8				
The Measure results are based on a			stroke patients receive treatment for	0.49/	99%	91%	100%	90%

94% of 47 eligible

Patients⁷

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Quality Report contents, refer to the "Quality **Report User Guide.''**

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stroke patients receive treatment for

the prevention of blood clots. Stroke

patients are at increased risk of

incidence of blood clots is lowest

when patients are treated to prevent

developing blood clots. The

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- 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.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: July 2010 - June 2011

			o other Joint hission
		Accredited C	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					
		1	lationwide		State	tewide	
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.	94% of 288 eligible Patients ⁷	100%	95%	100%	96%	

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

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National Quality Improvement Goals

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is organization's performance is low the target range/value.			Accredited (Organizations
ot displayed	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
Footnote Key				

			Cor	npared to c Accredite	other Joint ed Organiz		n
				lationwide			ewide
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
I	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.	98% of 980 eligible Patients ⁷	100%	98%	100%	98%
	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.	98% of 988 eligible Patients ⁷	100%	98%	100%	98%



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overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		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 updated data. 	Patients who had surge received appropriate me that prevents infection (antibiotic) and the antik was stopped within 24 h after the surgery ended	edicine biotic hours	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.	99% of 972 eligible Patients ⁷	100%	96%	100%	96%
For further information and explanation of the Quality Report contents,	Patients Having Blood \ Surgery*	/essel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	100% of 15 eligible Patients ⁷	100%	96%	100%	97%
refer to the "Quality Report User Guide."	Patients having blood vo surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ection e hour	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.	100% of 5 eligible Patients ³	100%	97%	100%	97%
	Patients having blood vo surgery who received th appropriate medicine (antibiotic) which is sho be effective for this type surgery.*	ne wn to	This measure reports how often patients who had blood vessel 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 5 eligible Patients ³	100%	98%	100%	98%



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	SCIP - Infection Prevention		tegory of evidence based measures ass use of indicated antibiotics for surgical ir tion.		Ð		Ð	
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The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	N Hospital Results	Nationwide		State	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.	Patients who had blood surgery and received appropriate medicine th prevents infection (antib and the antibiotic was s within 24 hours after the surgery ended.*	hat biotic) stopped	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	ND 3 100% of 5 eligible Patients ³	100%	93%	100%	94%
The measure results are temporarily suppressed pending resubmission of updated data.	Patients Having Colon/I Intestine Surgery*	∟arge	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	96% of 77 eligible Patients ⁷	100%	94%	100%	93%
or further information ad explanation of the uality Report contents, efer to the ''Quality eport User Guide.''	Patients having colon/la intestine surgery who re medicine to prevent infe (an antibiotic) within one before the skin was surg cut. *	received fection ne 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.	96% of 26 eligible Patients ³	100%	96%	100%	96%
	Patients having colon/la intestine surgery who re the appropriate medicin (antibiotic) which is sho be effective for this type surgery.*	received ne own 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.	92% of 26 eligible Patients ³	100%	92%	100%	93%

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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. The measure results are temporarily 10. 	Patients who had colon/la intestine surgery and reca appropriate medicine that prevents infection (antibio and the antibiotic was sto within 24 hours after the surgery ended.*	ceived at iotic) copped	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).	100% of 25 eligible Patients ³	100%	92%	100%	92%
suppressed pending resubmission of updated data.	Patients Having Coronary Artery Bypass Graft Surg		Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	97% of 142 eligible Patients ⁷	100%	98%	100%	98%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having coronary artery bypass graft surgel who received medicine to prevent infection (an antit within one hour before the was surgically cut.*	ery to tibiotic)	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.	98% of 47 eligible Patients ⁷	100%	98%	100%	98%
	Patients having coronary artery bypass graft surger who received the appropr medicine (antibiotic) whic shown to be effective for type of surgery.*	ery oriate ich 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.	98% of 50 eligible Patients ⁷	100%	100%	100%	99%

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	SCIP - Infection Prevention		tegory of evidence based measures ass use of indicated antibiotics for surgical in		Ð		Đ	
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vorall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	N Hospital Results	Scored	Average Rate:	Top 10% Scored	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 w 48 hours after the surge ended.*	gery ate d the within	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).	96% of 45 eligible Patients ⁷	at Least: 100%	98%	at Least: 100%	97%
updated data.	Patients Having Hip Joi Replacement Surgery*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	99% of 828 eligible Patients ⁷	100%	98%	100%	98%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having hip joint replacement surgery wh received medicine to pr infection (an antibiotic) one hour before the skin surgically cut.*	revent within	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.	98% of 276 eligible Patients ⁷	100%	98%	100%	98%
	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) wh shown to be effective for type of surgery.*	/ho te hich is	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.	99% of 278 eligible Patients ⁷	100%	100%	100%	99%



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2. The Measure Set does not have an					Accredit Iationwide	ted Organiz		ewide
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		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 10. 	Patients who had hip join replacement surgery and received appropriate me that prevents infection (antibiotic) and the antibi was stopped within 24 h after the surgery ended.	nd edicine biotic hours	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).	99% of 274 eligible Patients ⁷	100%	97%	100%	96%
suppressed pending resubmission of updated data.	Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 751 eligible Patients ⁷	100%	97%	100%	97%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having hystered surgery who received medicine to prevent infer (an antibiotic) within one before the skin was surg cut.*	ection e 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.	99% of 250 eligible Patients ⁷	100%	98%	100%	98%
	Patients having hystered surgery who received the appropriate medicine (antibiotic) which is show be effective for this type surgery.*	ne 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.	94% of 252 eligible Patients ⁷	100%	96%	100%	97%



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Symbol **F** This organizatio ossible results This organizatio above the target

Footnote 1. The Measure or reported.

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Texas Health Presbyterian Hospital Plano

6200 West Parker Road, Plano, TX



National Quality Improvement Goals

Symbol Key This organization achieved the best possible results This organization's performance is	Reporting Per	riod: Jul	y 2010 - June 2011					
This organization's performance is similar to the target range/value. This organization's performance is below the target range/value.						npared to o Commiss edited Org	sion	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Fastrata Vay	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i ion.		Ð		Ð	
Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an					mpared to o Accredit Nationwide	other Joint ed Organiz	ations	on ewide
overall result. 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:	
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 m that prevents infection (antibiotic) and the antil was stopped within 24 I after the surgery ended	edicine biotic hours	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).	98% of 249 eligible Patients ⁷	100%	97%	100%	97%
The measure results are temporarily suppressed pending resubmission of updated data.	Patients Having Knee J Replacement Surgery*	Joint	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 1094 eligible Patients ⁷	100%	98%	100%	98%
or further information d explanation of the nality Report contents, fer to the ''Quality eport User Guide.''	Patients having knee jo replacement surgery wh received medicine to pr infection (an antibiotic) one hour before the ski surgically cut.*	ho revent 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 cut.	98% of 365 eligible Patients ⁷	100%	98%	100%	99%
	Patients having knee jo replacement surgery wh received the appropriat medicine (antibiotic) wh shown to be effective fo type of surgery.*	ho e nich is	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 365 eligible Patients ⁷	100%	100%	100%	99%



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Texas Health Presbyterian Hospital Plano

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: Jul	ly 2010 - June 2011					
 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		
This organization's performance is					Accr	redited Orga		
below the target range/value.	Measure Area		Explanation		Nationwic		Statewide	
	Prevention	overall u	ategory of evidence based measures ass use of indicated antibiotics for surgical ir		Ð		Ð	
Footnote Key		preventi	ion.		_			
 The Measure or Measure Set was not reported. The Measure Set does not have an 						ted Organiz	zations	
overall result.	Measure		Explanation	N Hospital	Nationwide		State Top 10%	ewide Average
3. The number of patients is not enough for comparison purposes.	Incasure		Explanation	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 unpresent participant of the measure results are temporarily the measure results are temporarily The measure results are temporarily 	Patients who had knee jo replacement surgery and received appropriate med that prevents infection (antibiotic) and the antibio was stopped within 24 ho after the surgery ended.*	dicine iotic ours	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	99% of 364 eligible Patients ⁷	100%	97%	100%	96%
suppressed pending resubmission of updated data.	Patients Having Open He Surgery other than Coron Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	94% of 33 eligible Patients ⁷	100%	98%	100%	98%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having open hea surgery other than corona artery bypass graft who received medicine to prev infection (an antibiotic) wi one hour before the skin v surgically cut.*	ary event vithin	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.	91% of 11 eligible Patients ³	100%	98%	100%	98%
	Patients having open hear surgery other than corona artery bypass graft who received the appropriate medicine (antibiotic) whic shown to be effective for t type of surgery.*	ary ch 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 12 eligible Patients ³	100%	100%	100%	99%



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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	od: Jul	y 2010 - June 2011					
O 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	edited Org		
Not displayed	Measure Area		Explanation		Nationwie	Ŭ	Statewide	
	SCIP - Infection Prevention		tegory of evidence based measures ass use of indicated antibiotics for surgical ir		Ð		Ð	
Footnote Key 1. The Measure or Measure Set was not reported.				Cor	mpared to c			bn
2. The Measure Set does not have an					Accredite	ed Organiz		ewide
overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	
4. The measure meets the Privacy					at Least:		at Least:	
 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 open h surgery other than coron artery bypass graft and received appropriate me that prevents infection (antibiotic) and the antibi was stopped within 48 he after the surgery ended.	nary edicine iotic ours *	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).	90% of 10 eligible Patients ³	100%	97%	100%	97%
updated data. For further information and explanation of the Quality Report contents,	Heart surgery patients w controlled blood sugar at 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.	87% of 62 eligible Patients ⁷	99%	95%	100%	94%
refer to the "Quality Report User Guide."	Surgery patients with pro 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 1399 eligible Patients ⁷	100%	100%	100%	100%
	Urinary Catheter Remov	ed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	97% of 854 eligible Patients ⁷	100%	93%	100%	93%
	Commissi The Joint Commissi	on only r	eports measures endorsed by the Natio	onal Quality F	Forum.			

Commission only reports measures endorsed by the National Quality Forum. ×

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National Quality Improvement Goals

Symbol Key

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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.
 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 10.
- suppressed pending resubmission of updated data.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: July 2010 - June 2011

Measure Area

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SCIP – Venous
Thromboembolism
(VTE)
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Explanation This category of evidenced based measures assesses the use of indicated treatment for the

prevention of blood clots in selected surgical patients

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital		Average	Top 10%	wide Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. 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.	97% of 603 eligible Patients ⁷	100%	97%	100%	96%
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.	96% of 603 eligible Patients ⁷	100%	95%	100%	95%

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CMS Mortality Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: October 13, 2011

	The U.S. National 30-day Death	Rate from Heart Attack = 16%						
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)					
30-Day Death (Mortality) Rates from Heart Attack = 15.2%	ates Not Available							
Number of Medicare Heart Attack	Patients = 119							
Out of 4645 hospitals in U.S.	101 hospitals in the U.S. Better than U.S. National Rate	2740 hospitals in the U.S. No different than U.S. National Rate	36 hospitals in the U.S. Worse than U.S. National Rate					
	1768 hospitals in the United States performing	did not have enough cases to reliab	bly tell how well they are					
Out of 344 hospitals in Texas	3 hospitals in Texas Better than U.S. National Rate	199 hospitals in Texas No different than U.S. National Rate	3 hospitals in Texas Worse than U.S. National Rate					
139 hospitals in Texas did not have enough cases to reliably tell how well they are performing								

	The U.S. National 30-day Death Rate from Heart Failure = 11%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)					
30-Day Death (Mortality) Rates from Heart Failure = 10.2%	Not Available							
Number of Medicare Heart Failure	Patients = 234							
Out of 4841 hospitals in U.S.	194 hospitals in the U.S. Better than U.S. National Rate	1 1	119 hospitals in the U.S. Worse than U.S. National Rate					
	648 hospitals in the United States did not have enough cases to reliably tell how well they are performing							
Out of 374 hospitals in Texas	11 hospitals in Texas Better than U.S. National Rate	*	6 hospitals in Texas Worse than U.S. National Rate					
	62 hospitals in Texas did not have enough cases to reliably tell how well they are performing							

The U.S. National 30-day Death Rate from Pneumonia = 12%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30-Day Death (Mortality) Rates from Pneumonia = 9.6%	Not Available						
Number of Medicare Pneumonia Patients = 266							



CMS Mortality Rates

Hospital

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Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: October 13, 2011 4089 hospitals in the U.S. No 220 hospitals in the U.S. Worse Out of 4877 hospitals in U.S. 201 hospitals in the U.S. Better than U.S. National Rate different than U.S. National Rate than U.S. National Rate 367 hospitals in the United States did not have enough cases to reliably tell how well they are performing Out of 378 hospitals in Texas 15 hospitals in Texas Better than 305 hospitals in Texas No 15 hospitals in Texas Worse than U.S. National Rate different than U.S. National Rate U.S. National Rate 43 hospitals in Texas did not have enough cases to reliably tell how well they are performing

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

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

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



CMS Readmission Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: October 13, 2011

The	The U.S. National Rate for Readmissions for Heart Attack Patients = 20%							
	Better Than U.S.No Different Than U.S.Worse TNational RateNational RateNational(Adjusted readmissions are lower than U.S. rate)(Adjusted readmissions are about the same as U.S. rate or difference is uncertain)(Adjusted nor than U.S.							
30 Day Hospital Readmission Rates from Heart Attack Patients = 19.8%	Rates from Heart Attack Patients							
Number of Medicare Heart Attack	Patients = 121							
Out of 4553 hospitals in U.S.	30 hospitals in the U.S. Better than U.S. National Rate	2417 hospitals in the U.S. No different than U.S. National Rate	36 hospitals in the U.S. Worse than U.S. National Rate					
	2070 hospitals in the United States did not have enough cases to reliably tell how well they are performing							
Out of 335 hospitals in Texas	1 hospitals in Texas Better than U.S. National Rate	181 hospitals in Texas No different than U.S. National Rate	0 hospitals in Texas Worse than U.S. National Rate					
	153 hospitals in Texas did not have	e enough cases to reliably tell how v	vell they are performing					

The	The U.S. National Rate for Readmissions for Heart Failure Patients = 25%							
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)					
30 Day Hospital Readmission Rates from Heart Failure Patients = 25.3%	Not Available							
Number of Medicare Heart Failure	Patients = 282							
Out of 4857 hospitals in U.S.	117 hospitals in the U.S. Better than U.S. National Rate	3969 hospitals in the U.S. No different than U.S. National Rate	199 hospitals in the U.S. Worse than U.S. National Rate					
	572 hospitals in the United States did not have enough cases to reliably tell how well they are performing							
Out of 379 hospitals in Texas	10 hospitals in Texas Better than U.S. National Rate	307 hospitals in Texas No different than U.S. National Rate	6 hospitals in Texas Worse than U.S. National Rate					
	56 hospitals in Texas did not have enough cases to reliably tell how well they are performing							

I	Th	e U.S. National Rate for Readmis	sions for Pneumonia Patients = 18	}%
		Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
	30 Day Hospital Readmission Rates from Pneumonia Patients = 19.6%	Not Available		

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CMS Readmission Rates

Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: October 13, 2011

Number of Medicare Pneumonia Patients = 276							
Out of 4897 hospitals in U.S.	15 hospitals in the U.S. Better han U.S. National Rate4356 hospitals in the U.S. No different than U.S. National Rate132 hospitals in the U.S. Worse than U.S. National Rate						
	364 hospitals in the United States did not have enough cases to reliably tell how well they are performing						
Out of 384 hospitals in Texas	1	1	3 hospitals in Texas Worse than U.S. National Rate				
49 hospitals in Texas did not have enough cases to reliably tell how well they are performing							

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

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

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.
- The organization scored above 90% but was below most other organizations.
 The Measure results are not statistically
- 7. The Measure results are based on a
- 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.

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

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63%

66%

64%

29%

23%

25%



Survey of Patients' Hospital Experiences

Footnote Key

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

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

	Survey Dat	te Range		Number of	Completed Surv	veys Survey Response Rate			
Januar	ry 2010 throug	gh December 20	010	30	00 or More	34%			
Question			E	xplanation					
How often did doctors communicate well with patients? Patients reported how often their doctors communicated well with them during their hospital stay. "Communicated well" means doctors explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .								eans the	
Doctors "always" communicated well Doctor				usually" comm	unicated well	Doctors "sometimes" or "never" communicated well			
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
80%	83%	80%	17%	13%	15%	3%	4%	5%	
Question			E	xplanation					
How often did nurses communicate well with patients? Patients reported how often their nurses communicated well with them during their hospital stay. "Communicated well" means nurses explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect .									
				treated the pa			pect.	ient, and	
Nurses "al	Iways" commu	unicated well		treated the pa usually" comm	tient with court	esy and res Nurses	pect. "sometimes" ommunicated	or "never"	
	lways" commu State Average	unicated well National Average			tient with court	esy and res Nurses	"sometimes"	or "never"	
Hospital	State	National	Nurses "u Hospital	usually" commi State	tient with court unicated well National	esy and res Nurses c Hospital	"sometimes" ommunicated State	or "never" well National	
Hospital Rate	State Average	National Average	Nurses "u Hospital Rate 22%	usually" comm State Average	tient with court unicated well National Average	esy and res Nurses c Hospital Rate	"sometimes" ommunicated State Average	or "never" well National Average	
Hospital Rate 74% Question How ofter	State Average 77%	National Average	Nurses "u Hospital Rate 22% E	State Average 17% xplanation Patients repor	tient with court unicated well National Average 19% ted how often th	esy and res Nurses Hospital Rate 4%	"sometimes" ommunicated State Average 6% ped quickly wl	or "never" well National Average 5% hen they	
Hospital Rate 74% Question How ofter from hosp Patients '	State Average 77% n did patients	National Average 76% receive help qu	Nurses "u Hospital Rate 22% E ickly Patients	State Average 17% xplanation Patients reporused the call	tient with court unicated well National Average 19% ted how often th button or need dpan .	esy and res Nurses C Hospital Rate 4% hey were hel ed help in ge Patients	"sometimes" ommunicated State Average 6% ped quickly wl	or "never" well National Average 5% been they wathroom or "never"	

11%

11%

8%

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Survey of Patients' Hospital Experiences

Footnote Key

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- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- 4. No patients were eligible for the HCAHPS Survey.

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

Survey Date Range				Number of Completed Surveys			Survey Response Rate		
January 2010 through December 2010				300 or More			34%		
Question				Explanation					
How often was patients' pain well controlled?				If patients needed medicine for pain during their hospital stay survey asked how often their pain was well controlled. "Well controlled" means their pain was well controlled and that th hospital staff did everything they could to help patients w their pain.					
Pain was "always" well controlled Pain				was "usually" we	Il controlled	Pain was	s "sometimes" c controlled	or "never" well	
Hospital Rate	State Average	National Average	Hospita Rate		National Average	Hospital Rate	State Average	National Average	
70%	71%	69%	25%	22%	24%	5%	7%	7%	

Question				Explanation					
How often did staff explain about medicines before giving them to patients?				If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told what the medicine was for and what side effects it might have before they gave it to the patient.					
Staff "always" explained		S	Staff "usually" ex	plained	Staff "	sometimes" o explained	r "never"		
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average	
58%	63%	61%	20%	17%	18%	22%	20%	21%	

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Survey of Patients' Hospital Experiences

Footnote Key

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

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

	Survey Dat	te Range		Number of Completed Survey			eys Survey Response Rate		
Januar	y 2010 throug	h December 20	010	300 or More			34%		
Question			E	Explanation					
How often were the patients' rooms and bathrooms kept clean? Patients reported how often their hospital room and bathroom were kept clean.									
Room was "always" clean R				m was "usuall _!	y" clean	Room was "sometimes" or "never" clean			
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
74%	72%	72%	20%	19%	19%	6%	9%	9%	
Question			E	Explanation					
	n was the area ot quiet at nigl	a around patien ht?		Patients repor quiet at night	rted how often t t.	he area aro	und their roo	m was	
"Always" quiet at night				sually" quiet a	t night	"Sometimes" or "never" quiet at nigh			
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
68%	66%	58%	27%	26%	31%	5%	8%	11%	
Question Explanation									

Were patients given information about what to do during their recovery at home?

The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had **discussed the help they would need at home**. Patients also reported whether they were given **written information about symptoms or health problems to watch for during their recovery**.

Yes, staff did give patients this information			No, staff did not give patients this information			
Hospital Rate	State Average National Average		Hospital Rate	State Average	National Average	
84%	82%	82%	16%	18%	18%	

6200 West Parker Road, Plano, TX

Hospital

Rate

85%

State

Average

71%

National

Average

70%

Hospital

Rate

13%

State

Average

23%

National

Average

25%

Hospital

Rate

2%

State

Average

6%

National

Average

5%



Survey of Patients' Hospital Experiences

Footnote Key

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

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

	Survey Da	te Range		Number of Completed Surveys			Survey Response Rate		
Januar	y 2010 throug	gh December 20	010	300 or More			34%		
Question				Explanation					
	atients rate th	ne hospital over	all?	After answering all other questions on the survey, patients answered a separate question that asked for an overall rating of the hospital . Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."					
Patients w	ho gave a rati (high)	ing of 9 or 10	Patient	nts who gave a rating of 7 or 8 Patie (medium)			nts who gave a rating of 6 or lower (low)		
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average	
80%	70%	68%	15%	21%	23%	5%	9%	9%	
Question Explanation									
Would pa friends ar		nend the hospit	al to	The survey asked patients whether they would recomm hospital to their friends and family.				mend the	
	atients would mmend the h			ES, patients would probably recommend the hospital or definitely would not recommend				bly would not	