

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



Summary of Quality Information

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.	
NO	Not displayed	

Footnote Key

Symbol Key

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

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
📀 Hospital	Accredited	2/3/2012	1/30/2015	1/30/2015

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
orimary Stroke Center	Certification	3/5/2014	3/4/2014	3/4/2014
Certified Programs	Certification Decision	Effective	Last Full Review	v Last On-Site
		Date	Date	Review Date
📀 Joint Replacement - Hip	Certification	3/6/2014	3/5/2014	3/5/2014

Other Accredited Programs/Services

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

Special Quality Awards

2012 Hospital Magnet Award 2008 The Medal of Honor for Organ Donation

		Compared to other Joint Commission Accredit Organizations	
		Nationwide	Statewide
Hospital	2012National Patient Safety Goals	Ø	*



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

6200 West Parker Road, Plano, TX



Summary of Quality Information

Symbol Key			Compared to other Joint	Commission Accredited
This organization achieved the best possible results.			Organi	
This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is		National Quality Improvement Goals:		
 similar to the target range/value. This organization's performance is below the target range/value. 	Reporting Period:	Heart Attack Care	Ð	Ð
This Measure is not applicable for this organization.	Jul 2013 - Jun 2014	Heart Failure Care	${ { $	\bigotimes
Not displayed		Hospital-Based Inpatient Psychiatric Services	${ rac{ { itom{ } } { } { } { } { } { } { } { } { } {$	Θ
Footnote Key		Perinatal Care	2 ²	2 ²
1. The Measure or Measure Set was not reported.		Pneumonia Care	\oplus	Ð
 The Measure Set does not have an overall result. The number of patients is not enough 		Stroke Care	Ð	Ð
for comparison purposes.		Surgical Care Improvement Project (SCIP)		
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but 		SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	Ð	Đ
was below most other organizations.6. The Measure results are not statistically		Blood Vessel Surgery	Ð	Ð
valid. 7. The Measure results are based on a		Colon/Large Intestine Surgery	Ø	${ { $
sample of patients.8. The number of months with Measure		Coronary Artery Bypass Graft	Ð	\oplus
data is below the reporting requirement.		Hip Joint Replacement	Đ	Ð
9. The measure results are temporarily suppressed pending resubmission of updated data.		Hysterectomy	Ð	Ð
10. Test Measure: a measure being evaluated for reliability of the		Knee Replacement	igodot	Ð
evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.		Open Heart Surgery	Ð	Ð
11. There were no eligible patients that met the denominator criteria.		SCIP – Venous Thromboembolism (VTE)		

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- 11. There w the dend

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6200 West Parker Road, Plano, TX

Locations of Care

* Primary Location Available Services Locations of Care Pediatric Imaging Center Services: 7000 West Plano • Anesthesia (Outpatient) Parkway, Suite 120 • Outpatient Clinics (Outpatient) Plano, TX 75093 Sue A. DeMille Women's **Diagnostics Center** Services: 6020 West Parker Rd., • Outpatient Clinics (Outpatient) Suite 100 Plano, TX 75093 **Texas Health Plano Seay Behavioral Health** Services: **Center Frisco** • Behavioral Health (Day Programs - Adult/Child/Youth) 5858 Main Street, Suite (Partial - Adult/Child/Youth) 200 Chemical Dependency (Day Programs - Adult/Child/Youth) Frisco, TX 75034 (Partial - Adult/Child/Youth) **Texas Health Presbyterian Hosp Seay** Services: **Behavioral Health** • Behavioral Health (Day Programs - Adult/Child/Youth) Center (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) 6110 W. Parker Road (Partial - Adult/Child/Youth) Plano, TX 75093 Chemical Dependency (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) • Peer Support (Non 24 Hour Care)



Locations of Care

* Primary Location

6200 West Parker Road, Plano, TX

Locations of Care	Available	Services
Locations of Care Texas Health Presbyterian Hospital Plano * 6200 West Parker Road Plano, TX 75093	Joint Commission Advanced C Primary Stroke Center Joint Commission Certified P Joint Replacement - Hip Joint Replacement - Knee Services: Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gi or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient)	Certification Programs:
Texas Health Presbyterian Hospital Plano Mammography Service 3211 Internet Blvd, Suite	 Imaginate resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Services: Outpatient Clinics (Outpatient) 	

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Locations of Care

* Primary Location

Locations of Care	Available Services
Texas Health Resources Ben Hogan Sports Medicine 9200 World Cup Way, Suite 201 Frisco, TX 75033	Services: Outpatient Clinics (Outpatient)
Texas Health Seay Behavioral Health Center - Allen 915 Exchange Parkway, Suite 150 Allen, TX 75013	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth) • Chemical Dependency (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)

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2012 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.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	<u>ଡ</u> ଡ ଡ
	Preventing Multi-Drug Resistant Organism Infections	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	\bigotimes
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	0 0 0 0 0 0
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	\bigotimes
	Providing a Reconciled Medication List to the Patient	\bigcirc
	Settings in Which Medications are Minimally Used	<u>000</u>
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigotimes
	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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6200 West Parker Road, Plano, TX



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.	Ð	Ð

		Cor	npared to c Accredit	other Joint ed Organiz		n
			lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	100% of 25 eligible Patients	100%	98%	100%	98%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	100% of 185 eligible Patients	100%	99%	100%	99%
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	00% of 175 eligible Patients	100%	99%	100%	99%

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Texas Health Presbyterian Hospital Plano

6200 West Parker Road, Plano, TX



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	Heart Attack Care	This cat	egory of evidence based measures ass	sesses the	-		-	
			quality of care provided to Heart Attack	(AMI)	Ð		Ð	
Footnote Key		patients						
1. The Measure or Measure Set was not reported.				Co	mpared to c	other Joint ed Organiz		'n
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overall result. 3. The number of patients is not enough	Measure		Explanation	Hospital			Top 10%	
for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
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For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''			the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.*		100%	64%	100%	84%



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Mot displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
	0	his category of evidence based measures ass verall quality of care provided to Heart Attack atients.		Ð		Ð	
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overall result. 3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:		
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For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Statin Prescribed at Discha	Arge Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	100% of 171 eligible Patients	100%	99%	100%	99%

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National Quality Improvement Goals

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

				other Joint ed Organiz	ations	
		١	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	100% of 54 eligible Patients	100%	97%	100%	98%
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use - see Accreditation Quality Report User Guide.*	100% of 181 eligible Patients	100%	100%	100%	99%

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July 2013 - June 2014

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		Compared to Comm	
		Accredited C	organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	Ø	Θ

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		Ν	lationwide	ou organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients Discharged on Multiple Antipsychotic Medications Overall Rate	This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	8% of 131 eligible Patients	2%	10%	2%	6%
Patients Discharged on Multiple Antipsychotic Medications Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	4% of 48 eligible Patients	0%	4%	0%	2%
Patients Discharged on Multiple Antipsychotic Medications Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	10% of 80 eligible Patients	2%	13%	3%	8%
Patients Discharged on Multiple Antipsychotic Medications Older Adults Age 65 and Older	This measure reports the number of patients age 65 or older discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	0% of 3 eligible Patients	0%	9%	0%	7%

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Footnote Key		tegory of evidenced based measures as quality of care given to psychiatric patien		Ø		Θ	
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2. The Measure Set does not have an overall result.				Nationwide		State	
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the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€¶4	100%	52%	100%	67%

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		Ø		Θ	
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Symbol Key							
This organization achieved the best possible results	Reporting Period: Ju	ly 2013 - June 2014					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to c Commis		
This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
		ategory of evidenced based measures as I quality of care given to psychiatric patie		Ø		Θ	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Cor		other Joint ed Organiz	Commissic	on
The Measure Set does not have an			N	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	Medications at Discharge with Appropriate Justification Older	patients age 65 and older discharged on two or more antipsychotic					
The Measure results are not statistically valid.	Adults Age 65 and Older	medications for which there was an appropriate justification.					
The Measure results are based on a sample of patients.		Antipsychotic medications are a group of drugs used to treat					
The number of months with Measure data is below the reporting requirement.		psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's	1 3				
The measure results are temporarily suppressed pending resubmission of		everyday demands. Appropriate justifications include previous		100%	48%	100%	51%
updated data. Test Measure: a measure being		attempts to control psychosis with one antipsychotic medication, a plan					
evaluated for reliability of the individual data elements or awaiting		to reduce the number of					
National Quality Forum Endorsement.		antipsychotic medications to one					
There were no eligible patients that met		antipsychotic medication or the					

National Quality Forum Endorse 11 There were no eligible patients that met the denominator criteria.

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

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addition of an antipsychotic

medication when the patient is also being treated with Clozapine.

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

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National Quality Improvement Goals

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Measure Area	Explanation		Nationwie		Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patie		Ø		Θ	
			mpared to c Accredite Nationwide	other Joint ed Organiz		
Measure	Discharge Continuing This is a proportion measure. A			Average Rate:		
Care Plan Created Ove Rate	5	91% of 514 eligible Patients	100%	93%	100%	

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

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

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

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

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

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaitir

Texas Health Presbyterian Hospital Plano

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	ly 2013 - June 2014					
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This organization's performance is similar to the target range/value.					Corr	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	Э
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie				Θ	
Footnote Key	Services				_			
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		n
The Measure Set does not have an								wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Averag Rate:
The measure meets the Privacy	Post Discharge Continu	lina	This measure reports the number of		at Least:		at Least:	
Disclosure Threshold rule. The organization scored above 90% but was below most other organizations.	Care Plan Created Adolescents Age 13 - 17	U	patients age 13 through 17 years discharged with a continuing care					
The Measure results are not statistically valid.			plan created. A continuing care plan is information for the next provider of care which contains the reason the					
The Measure results are based on a sample of patients.			care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge					
The number of months with Measure data is below the reporting requirement.			from the hospital, the list of all medications the patient was	\bigotimes				
The measure results are temporarily suppressed pending resubmission of			prescribed at the time of discharge from the hospital and the	93% of 244 eligible	100%	95%	100%	97%
updated data. Test Measure: a measure being			recommendations for the patient's continued care at the time of	Patients				
evaluated for reliability of the individual data elements or awaiting			discharge from the hospital. The next provider of care is the medical					
National Quality Forum Endorsement. There were no eligible patients that met			professional or facility who will be					

National Quality Forum Endorsem 11 There were no eligible patients that met the denominator criteria.

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responsible for managing the

patient's medications and treatment after discharge from the hospital.

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National Quality Improvement Goals

Dour outing D	od. July 2012 June 2014					
Reporting Peri	od: July 2013 - June 2014					
			Con	npared to c Commise		
			Accr	edited Org	anizations	
Measure Area	Explanation		Nationwide		Statewid	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		Ø		Θ	
			mpared to o Accredit	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results		Average Rate:		
Post Discharge Continu Care Plan Created Adul 18 - 64	ts Age patients age 18 through 64 years discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	89% of 244 eligible Patients	100%	93%	100%	96%
Post Discharge Continu Care Plan Created Olde Adults Age 65 and Olde	r patients age 65 and older discharged	96% of 26 eligible Patients ³	100%	87%	100%	91%

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

Symbol Key

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Footnote Key

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- 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 Privac 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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 There were no eligible patients that met
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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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Measure Area	Explanation		Nationwie		Statewide	e	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measure overall quality of care given to psychiatric p		Ø		Θ		
Compared to other Joint Commission Accredited Organizations Nationwide Statewic							
Measure	Explanation	Hospital Results		Average Rate:			
Post Discharge Continu Care Plan Transmitted (Rate		f Ø	99%	87%	99%		

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- 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." 0

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awa

Texas Health Presbyterian Hospital Plano

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2013 - June 2014					
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This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		Ø		Θ	
The Measure or Measure Set was not reported.			Cor	Compared to other Joint Commission Accredited Organizations				
The Measure Set does not have an overall result.			- 1 - 2		lationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	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. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Post Discharge Continu Care Plan Transmitted Adolescents Age 13 - 1	Ũ	This measure reports the number of patients age 13 through 17 years discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment	89% of 244 eligible Patients	100%	90%	100%	91%

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

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after discharge from the hospital.

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National Quality Improvement Goals

Reporting Perio	July 2013 - June 2014					
Measure Area	Fuelenster			npared to o Commis redited Org	sion	
Hospital-Based Inpatient Psychiatric Services	Explanation is category of evidenced based measures as erall quality of care given to psychiatric patier			ae		7
			mpared to o Accredit Nationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Post Discharge Continuir Care Plan Transmitted A Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment	83% of 244 eligible Patients	100%	87%	99%	9^

Symbol Key

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Footnote Key

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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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- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
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Texas Health Presbyterian Hospital Plano

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	iod: Jul	y 2013 - June 2014					
This organization's performance is above the target range/value.			, _ , , , , , , , , , , , , , , , , , ,					
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
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Not displayed	Measure Area		Explanation		Nationwie		Statewide	e
Enderste Kas	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		Ø		Θ	
Footnote Key 1. The Measure or Measure Set was not				0				
reported.				Cor		other Joint ed Organiz	Commissio zations	n
2. The Measure Set does not have an overall result.			F or law of the		lationwide	Ŭ	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	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 suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Post Discharge Continu Care Plan Transmitted (Adults Age 65 and Olde	Older er	This measure reports the number of patients age 65 and older discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	96% of 26 eligible Patients ³	100%	82%	99%	86%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0099 (2 Total Hours in Restraint)	N/A	0.5226	N/A	0.3105

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
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Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		Ø		Θ	
1. The Measure or Measure Set was not				Cor	meaned to a	ther laint	Commissis	
reported.				Cor	npared to c Accredit	ed Organiz		n
2. The Measure Set does not have an overall result.					lationwide			ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	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 suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Adolescents Age 13	3 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0127 (1 Total Hours in Restraint)	N/A	0.3236	N/A	0.5563
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Adults Age 18 - 64	aint	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric	0.0082 (1 Total Hours in Restraint)	N/A	0.6068	N/A	0.3005



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condition.

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National Quality Improvement Goals

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O This organization's performance is below the target range/value.					Accr		anizations	
with the second	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		Ø		Θ	
1. The Measure or Measure Set was not				Cor	mpared to c	other Joint	Commissic	on
reported.2. The Measure Set does not have an					Accredit	ed Organiz	zations	
overall result.	Measure		Explanation	Hospital	lationwide Top 10%	Average	Top 10%	wide Average
for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Older Adults Age 6 Older	5 and	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.000 0 Total Hours in Restraint)	N/A	0.0607	N/A	0.0192
 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the 	Hours of Seclusion Use 1000 Patient Hours - Ov Rate	•	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.3226	N/A	0.0716
and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Seclusion Use Adolescents Age 13 - 1		This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.2808	N/A	0.0721
	Hours of Seclusion Use Age 18 - 64	Adults	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.3480	N/A	0.0721

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National Quality Improvement Goals

Reporting Per	riod: July 2013 - June 2014		
			o other Joint
		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	Ø	Θ

		Accredited Organizations				
		Nationwide			State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0501	N/A	0.0049



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Symbol Key

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Footnote Key

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- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
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- **1.** There were no eligible patients that met the denominator criteria.

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

Footnote Key

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The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

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There were no eligible patients that met

the denominator criteria.

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The measure meets the Privacy Disclosure Threshold rule.

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

Texas Health Presbyterian Hospital Plano

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National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting P	eriod: July 2013 - June 2014		
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O This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	0 ²

		Compared to other Joint Commission Accredited Organizations						
		٨	lationwide	Ű		ewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	NO 8 100% of 6 eligible Patients	100%	90%	100%	89%		
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	8 10% of 42 eligible Patients	0%	4%	0%	4%		
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.	64% of 233 eligible Patients	74%	50%	63%	42%		
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.	65% of 228 eligible Patients	90%	64%	86%	60%		

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Texas Health Presbyterian Hospital Plano

6200 West Parker Road, Plano, TX



National Quality Improvement Goals

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ot displayed	Measure Area	Explanation	Nationwide	Statewide
	Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ð	Ð
Footnote Key				

• The Measure or Measure Set was not reported.			Compared to other Joint Commission Accredited Organizations				n
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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. 	Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	100% of 30 eligible Patients	100%	98%	100%	99%
 The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	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.*	100% of 15 eligible Patients	100%	94%	100%	94%
And explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	99% of 119 eligible Patients	100%	97%	100%	97%

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National Quality Improvement Goals

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	Stroke Care	This category of evidence based measures asse overall quality of care provided to Stroke (STK) p		Ð		Ð	
Footnote Key							
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overall result. The number of patients is not enough for comparison numbers	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	A

	for companyon purposes.
4.	The measure meets the Privacy
	Disclosure Threshold rule.

5. The organization scored above 90% but was below most other organizations.

- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	00% of 23 eligible Patients	100%	97%	100%	96%
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.	100% of 127 eligible Patients	100%	99%	100%	99%



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National Quality Improvement Goals

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Measure Area	Explanation		Nationwi	de	Statewide	е
Stroke Care	This category of evidence based measures as overall quality of care provided to Stroke (STK)		Ð		Ð	
		Co	mpared to c	other Joint ed Organiz		bn
			Vationwide		State	ew
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	A
Assessed for Rehabilit	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.	100% of 157 eligible Patients	100%	99%	100%	
Discharged on Antithro	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 137 eligible Patients	100%	99%	100%	
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 cholesterol circulating in the blood.	100% of 101 eligible Patients	100%	97%	100%	



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- valid.
- The Measure results are based sample of patients.
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- 10. Test Measure: a measure bein evaluated for reliability of the individual data elements or av National Quality Forum Endo 11
- There were no eligible patient the denominator criteria.

For further informatio and explanation of the **Quality Report conten** refer to the "Quality Report User Guide."

Texas Health Presbyterian Hospital Plano

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National Quality Improvement Goals

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2. The Measure Set does not have an overall result.	Measure	Explanation	Hospital	Top 10%		Top 10%	Average
3. The number of patients is not enough for comparison purposes.			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being 	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.	97% of 71 eligible Patients	100%	94%	100%	96%
 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.	71% of 7 eligible Patients ³	100%	83%	100%	82%



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National Quality Improvement Goals

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Measure Area	Explanation		Nationwi	de	Statewide	e
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Measure	Explanation	Hospital Results	Top 10% Scored		Top 10% Scored	
Venous Thromboembolism (VTE) Prophylaxis	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The	99% of 143 eligible Patients	100%	97%	100%	98%
	Measure Area Stroke Care This over Measure Venous Thromboembolism	Stroke Care This category of evidence based measures assoverall quality of care provided to Stroke (STK) Measure Explanation Venous Thromboembolism (VTE) Prophylaxis Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of	Measure Area Explanation Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. Measure Explanation Measure Explanation Measure Explanation Venous Thromboembolism (VTE) Prophylaxis Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of	Measure Area Explanation Nationwide Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. Image: Compared to on Accredite Nationwide Measure Explanation Compared to on Accredite Nationwide Measure Explanation Hospital Top 10% Scored at Least: Venous Thromboembolism (VTE) Prophylaxis Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of 100%	Measure Area Explanation Nationwide Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. Image: Compared to other Joint (Compared to other Joint (Com	Compared to other Joint Commission Measure Area Explanation Nationwide Statewide Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

- data is below the reporting require 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

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incidence of blood clots is lowest

when patients are treated to prevent

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National Quality Improvement Goals

	Symbol Key
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Ø	This organization's performance is similar to the target range/value.
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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.
- 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.
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- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: July 2013 - June 2014

		Compared to Comm	
		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				
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	99% of 439 eligible Patients	100%	98%	100%	98%

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National Quality Improvement Goals

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Footnote Key

- 1. The Measure or Measure Set was not reported.
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- **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.
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- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
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- **1.** There were no eligible patients that met the denominator criteria.

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

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Reporting	Period:	July	2013	- June 2014

		Compared to other Joint Commission			
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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.	Ð	Ð		

		Compared to other Joint Commission Accredited Organizations							
			lationwide		State				
Measure	Explanation	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.	99% of 1485 eligible Patients	100%	99%	100%	99%			
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	99% of 1486 eligible Patients	100%	99%	100%	99%			

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overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Average Rate:
 The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. 	Patients who had surge received appropriate me that prevents infection (antibiotic) and the antit 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 1478 eligible Patients	100%	98%	100%	98%
 individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Patients Having Blood Surgery*	Vessel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	100% of 57 eligible Patients	100%	98%	100%	98%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having blood v surgery who received medicine to prevent infe (an antibiotic) within one before the skin was sur- 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 19 eligible Patients	100%	98%	100%	99%
	Patients having blood v 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 19 eligible Patients	100%	99%	100%	99%



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National Quality Improvement Goals

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 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 si within 24 hours after the surgery ended.*	at biotic) topped	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).*	100% of 19 eligible Patients	100%	96%	100%	97%
 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting 	Patients Having Colon/L Intestine Surgery*	₋arge	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	96% of 137 eligible Patients	100%	97%	100%	97%
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the	Patients having colon/la intestine surgery who re medicine to prevent infe (an antibiotic) within one before the skin was surg cut. *	eceived ection e 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 46 eligible Patients	100%	98%	100%	98%
Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having colon/la intestine surgery who re the appropriate medicin (antibiotic) which is show be effective for this type surgery.*	eceived e wn to	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	93% of 46 eligible Patients	100%	95%	100%	95%

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Fastrata Kay	SCIP - Infection Prevention		egory of evidence based measures ass ise of indicated antibiotics for surgical in on.		Ð		€	
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overall result.The number of patients is not enough	Measure		Explanation	N Hospital Results	Vationwide Top 10% Scored	Average Rate:		Average Rate:
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 suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Coronal Artery Bypass Graft Surg	,	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	98% of 208 eligible Patients	100%	99%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality	Patients having coronary artery bypass graft surge who received medicine t prevent infection (an ant within one hour before th 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.*	94% of 70 eligible Patients	100%	99%	100%	99%
Report User Guide."	Patients having coronary artery bypass graft surge who received the approp medicine (antibiotic) whi 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.*	100% of 70 eligible Patients	100%	100%	100%	100%

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below the target range/value.	Measure Area		Explanation		Nationwi	Ŭ	Statewide	2
Footnote Key	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in					5
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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 	Patients who had coron artery bypass graft surg and received appropriat medicine that prevents infection (antibiotic) and antibiotic was stopped v 48 hours after the surge ended.*	ery e the <i>v</i> ithin	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).*	00% of 68 eligible Patients	100%	99%	100%	99%
 suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Hip Join Replacement Surgery*	nt	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	99% of 1552 eligible Patients	100%	99%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Patients having hip joint replacement surgery wh received medicine to pro- infection (an antibiotic) v one hour before the skir surgically cut.*	io event 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.*	99% of 518 eligible Patients	100%	99%	100%	99%
refer to the "Quality Report User Guide."	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) wh shown to be effective for type of surgery.*	io e ich 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 518 eligible Patients	100%	100%	100%	100%

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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	Reporting Peri	iod: Jul	y 2013 - June 2014					
above the target range/value.								
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below the target range/value.	Measure Area		Explanation		Accredited Organizati Nationwide State		Statewide	e
	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical in		Ð		Ð	
Footnote Key 1. The Measure or Measure Set was not		prevent	011.					
reported.				Cor	npared to c Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.					lationwide	Ŭ	State	wide
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 suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the 	Patients who had hip joi replacement surgery an received appropriate me that prevents infection (antibiotic) and the antibi was stopped within 24 h after the surgery ended.	d edicine viotic iours	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).* Overall report of hospital's performance on Surgical Infection Prevention Measure for	99% of 516 eligible Patients	100%	98%	100%	98%
individual data elements or awaiting National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Patients having hystered surgery who received medicine to prevent infer (an antibiotic) within one before the skin was surg cut.*	ction hour	Hysterectomy Surgery. 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.*	98% of 329 eligible Patients 97% of 110 eligible Patients	100%	99%	100%	99%
refer to the "Quality Report User Guide."	Patients having hystered surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	e wn to	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	95% of 111 eligible Patients	100%	98%	100%	98%

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O This organization's performance is below the target range/value.					Accr	edited Org		
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	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i		Ð		Ð	
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1. The Measure or Measure Set was not reported.				Cor	mpared to o Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.	Mogguro		Evolopation		Vationwide	Average		wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	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 suppressed pending resultsmission of 	Patients who had hysterectomy surgery ar received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended. Patients Having Knee Jo	edicine iotic ours *	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).* Overall report of hospital's	00% of 100 eligible Patients	100%	98%	100%	98%
 updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting 	Replacement Surgery*		performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 2121 eligible Patients	100%	99%	100%	99%
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Patients having knee join replacement surgery wh received medicine to pre- infection (an antibiotic) v one hour before the skin surgically cut.*	o event vithin	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.*	99% of 707 eligible Patients	100%	99%	100%	99%
refer to the "Quality Report User Guide."	Patients having knee join replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	o e ich 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.*	99% of 707 eligible Patients	100%	100%	100%	100%

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This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
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	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i		Ð		Ð	
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 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily 	Patients who had knee replacement surgery an received appropriate me that prevents infection (antibiotic) and the antik was stopped within 24 h after the surgery ended	d edicine piotic nours	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 707 eligible Patients	100%	99%	100%	99%
 suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Open H Surgery other than Coro Artery Bypass Graft*	onary	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery. This measure reports how often	100% of 45 eligible Patients	100%	99%	100%	99%
 There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality 	Patients having open he surgery other than coror artery bypass graft who received medicine to pri infection (an antibiotic) v one hour before the skin surgically cut.*	nary event within	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. *	100% of 15 eligible Patients	100%	99%	100%	99%
Report User Guide.''	Patients having open he surgery other than coror artery bypass graft who received the appropriate medicine (antibiotic) wh shown to be effective fo type of surgery.*	nary e ich 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 15 eligible Patients	100%	100%	100%	100%



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This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
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	SCIP - Infection Prevention	overall u	egory of evidence based measures ass ise of indicated antibiotics for surgical in on		Ð		Ð	
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 The Measure or Measure Set was not reported. The Measure Set does not have an 				Cor	npared to c Accredite	other Joint of the other Joint of the other sectors	ations	
overall result.	Measure		Explanation	N Hospital	lationwide	Average	State Top 10%	wide
3. The number of patients is not enough for comparison purposes.	Measure		LAplanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of 	Patients who had open surgery other than coror artery bypass graft and received appropriate me that prevents infection (antibiotic) and the antib was stopped within 48 h after the surgery ended.	nary edicine piotic nours	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).*	100% of 15 eligible Patients	100%	99%	100%	99%
 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. 	Heart surgery patients w controlled blood sugar a 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.	92% of 95 eligible Patients	100%	96%	100%	96%
For further information and explanation of the Quality Report contents, refer to the "Quality	Surgery patients with prohair 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 1963 eligible Patients	100%	100%	100%	100%
Report User Guide.''	Urinary Catheter Remov	ved	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	99% of 1111 eligible Patients	100%	98%	100%	98%

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Symbol Key

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

Footnote Key

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

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

Reporting Period: July 2013 - June 2014

Measure Area

SCIP – Venous Thromboembolism (VTE)

Explanation

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

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide		State	wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	99% of 1413 eligible Patients	100%	99%	100%	99%	

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