

# Accreditation Quality Report





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

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

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







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

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



## Summary of Quality Information



### Symbol Key

-  This organization achieved the best possible results.
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| Accreditation Programs   | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Behavioral Health Care | Accredited             | 4/17/2015      | 1/28/2015             | 1/28/2015                |
|  Hospital               | Accredited             | 1/31/2015      | 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 | Last On-Site Review Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Primary Stroke Center | Certification          | 2/5/2016       | 2/4/2016              | 2/4/2016                 |





| Certified Programs   | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Joint Replacement - Hip  | Certification          | 3/6/2014       | 2/17/2016             | 2/17/2016                |
|  Joint Replacement - Knee | Certification          | 3/6/2014       | 2/17/2016             | 2/17/2016                |

### Other Accredited Programs/Services

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

### Special Quality Awards

- 2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
- 2012 Hospital Magnet Award

|                        |   | Compared to other Joint Commission Accredited Organizations                           |   |
|------------------------|---|---|---|
|                        |   | Nationwide  | Statewide   |
| Behavioral Health Care | <b>2015 National Patient Safety Goals</b> |  |  * |
| Hospital               | <b>2015 National Patient Safety Goals</b> |  |  * |









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### Compared to other Joint Commission Accredited Organizations

|  |                              | Nationwide  | Statewide   |
|--|------------------------------|---|---|
| <b>National Quality Improvement Goals:</b> |                              |   |   |
| Reporting Period:<br>Oct 2014 - Sep 2015   | Emergency Department         |  2 |  2 |
|  | Immunization                 |  2 |  2 |
|  | Perinatal Care               |    |    |
|  | Stroke Care                  |    |    |
|  | Venous Thromboembolism (VTE) |  8 |  8 |



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## Locations of Care

### \* Primary Location

| Locations of Care  | Available Services  |
|--|---|
| <b>Pediatric Imaging Center</b><br>7000 West Plano Parkway, Suite 120<br>Plano, TX 75093                             | <b>Services:</b> <ul style="list-style-type: none"> <li>• Anesthesia (Outpatient)</li> <li>• Outpatient Clinics (Outpatient)</li> </ul>   |
| <b>Sue A. DeMille Women's Diagnostics Center</b><br>6020 West Parker Rd., Suite 100<br>Plano, TX 75093               | <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> <li>• Perform Invasive Procedure (Outpatient)</li> </ul>   |
| <b>Texas Health Behavioral Health Center Richardson</b><br>3661 North Plano Road, Suite 2100<br>Richardson, TX 75082 | <b>Services:</b> <ul style="list-style-type: none"> <li>• Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> </ul>   |
| <b>Texas Health Plano Seay Behavioral Health Center Frisco</b><br>5858 Main Street, Suite 200<br>Frisco, TX 75034    | <b>Services:</b> <ul style="list-style-type: none"> <li>• Addiction Care/Adult/Child/Youth)</li> <li>• Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> <li>• Chemical Dependency (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> <li>• Peer Support (Non 24 Hour Care)</li> </ul>   |
| <b>Texas Health Presbyterian Hosp Seay Behavioral Health Center</b><br>6110 W. Parker Road<br>Plano, TX 75093        | <b>Services:</b> <ul style="list-style-type: none"> <li>• Addiction Care/Adult/Child/Youth)</li> <li>• Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> <li>• Chemical Dependency (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> <li>• Peer Support (Non 24 Hour Care)</li> </ul> |



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|---|---|
| <p><b>Texas Health Presbyterian Hospital Plano *</b><br/>6200 West Parker Road<br/>Plano, TX 75093</p>                            | <p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>• Primary Stroke Center</li> </ul> <p><b>Joint Commission Certified Programs:</b></p> <ul style="list-style-type: none"> <li>• Joint Replacement - Hip</li> <li>• Joint Replacement - Knee</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab (Surgical Services)</li> <li>• Cardiac Surgery (Surgical Services)</li> <li>• Cardiothoracic Surgery (Surgical Services)</li> <li>• CT Scanner (Imaging/Diagnostic Services)</li> <li>• Dialysis Unit (Inpatient)</li> <li>• Ear/Nose/Throat Surgery (Surgical Services)</li> <li>• EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>• Gastroenterology (Surgical Services)</li> <li>• GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>• Gynecological Surgery (Surgical Services)</li> <li>• Gynecology (Inpatient)</li> <li>• Hematology/Oncology Unit (Inpatient)</li> <li>• Inpatient Unit (Inpatient)</li> <li>• Interventional Radiology (Imaging/Diagnostic Services)</li> <li>• Labor &amp; Delivery (Inpatient)</li> <li>• Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>• Medical /Surgical Unit (Inpatient)</li> <li>• Medical ICU (Intensive Care Unit)</li> <li>• Neuro/Spine Unit (Inpatient)</li> <li>• Neurosurgery (Surgical Services)</li> <li>• Normal Newborn Nursery (Inpatient)</li> <li>• Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>• Ophthalmology (Surgical Services)</li> <li>• Orthopedic Surgery (Surgical Services)</li> <li>• Orthopedic/Spine Unit (Inpatient)</li> <li>• Outpatient Clinics (Outpatient)</li> <li>• Pediatric Unit (Inpatient)</li> <li>• Plastic Surgery (Surgical Services)</li> <li>• Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>• Surgical ICU (Intensive Care Unit)</li> <li>• Surgical Unit (Inpatient)</li> <li>• Thoracic Surgery (Surgical Services)</li> <li>• Ultrasound (Imaging/Diagnostic Services)</li> <li>• Urology (Surgical Services)</li> <li>• Vascular Surgery (Surgical Services)</li> </ul> |
| <p><b>Texas Health Presbyterian Hospital Plano Mammography Service</b><br/>3211 Internet Blvd, Suite 110<br/>Frisco, TX 75034</p> | <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>   |



## Locations of Care




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| Locations of Care   | Available Services   |
|---|--|
| <p><b>Texas Health Resources Ben Hogan Sports Medicine</b><br/>                     9200 World Cup Way,<br/>                     Suite 201<br/>                     Frisco, TX 75033</p>    | <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Outpatient Clinics (Outpatient)</li> </ul>  |
| <p><b>Texas Health Seay Behavioral Health Center - Allen</b><br/>                     915 Exchange Parkway,<br/>                     Suite 150<br/>                     Allen, TX 75013</p> | <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> <li>● Chemical Dependency (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)</li> </ul> |







## 2015 National Patient Safety Goals

### Symbol Key

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### Behavioral Health Care

| Safety Goals  | Organizations Should                        | Implemented   |
|---|---|---|
| Improve the accuracy of the identification of individuals served.                                 | Use of Two Identifiers                      |  |
| Improve the safety of using medications.  | Reconciling Medication Information          |  |
| Reduce the risk of health care-associated infections.   | Meeting Hand Hygiene Guidelines             |  |
| The organization identifies safety risks inherent in the population of the individuals it serves. | Identifying Individuals at Risk for Suicide |  |




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## 2015 National Patient Safety Goals

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### Hospital






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



## National Quality Improvement Goals

Reporting Period: October 2014 - September 2015



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Compared to other Joint Commission Accredited Organizations

| Measure Area         | Explanation   | Nationwide   | Statewide  |
|----------------------|---|--|--|
| Emergency Department | This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. |  <sup>2</sup> |  <sup>2</sup> |

Compared to other Joint Commission Accredited Organizations

| Measure  | Explanation   | Hospital Results   | Nationwide              |                  | Statewide               |                  |
|--|---|--|-------------------------|------------------|-------------------------|------------------|
|  |   |  | Top 10% Scored at Most: | Weighted Median: | Top 10% Scored at Most: | Weighted Median: |
| Admit Decision Time to ED Departure Time for Admitted Patients       | The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit. |  <sup>2</sup><br>80 minutes<br>513 eligible Patients   | 52                      | 122              | 56                      | 113              |
| Median Time from ED Arrival to ED Departure for Admitted ED Patients | The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.  |  <sup>2</sup><br>240 minutes<br>514 eligible Patients | 200                     | 309              | 204                     | 288              |



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| Measure Area | Explanation  | Nationwide | Statewide |
|--------------|--|------------|-----------|
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. | 2          | 2         |

Compared to other Joint Commission Accredited Organizations

| Measure                | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|                        |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Influenza Immunization | This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. | <br>99% of 344 eligible Patients                            | 100%                                | 95%           | 100%                               | 96%           |



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

Compared to other Joint Commission Accredited Organizations

| Measure  | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|--|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|  |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Antenatal Steroids                                       | This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.   | <br>100% of 11 eligible Patients                            | 100%                                | 96%           | 100%                               | 95%           |
| 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. | <br>9% of 79 eligible Patients                              | 0%                                  | 3%            | 0%                                 | 3%            |
| Exclusive Breast Milk Feeding                            | This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.   | <br>73% of 462 eligible Patients                            | 76%                                 | 51%           | 67%                                | 43%           |
| 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.  | <br>78% of 429 eligible Patients                            | 90%                                 | 66%           | 89%                                | 64%           |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation  | Nationwide  | Statewide   |
|--------------|--|---|---|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. |  |  |

Compared to other Joint Commission Accredited Organizations

| Measure   | Explanation   | Compared to other Joint Commission Accredited Organizations   |                                     |               |                                    |               |
|---|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|   |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| 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. | <br>100% of 22 eligible Patients | 100%                                | 97%           | 100%                               | 97%           |
| 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.  | <br>99% of 126 eligible Patients | 100%                                | 98%           | 100%                               | 99%           |



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|              |  | Nationwide  | Statewide |
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| Measure                              | Explanation   | Compared to other Joint Commission Accredited Organizations |                          |               |                          |               |
|--------------------------------------|---|---|--------------------------|---------------|--------------------------|---------------|
|                                      |   | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Assessed for Rehabilitation          | 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. | <br>100% of 178 eligible Patients                           | 100%                     | 99%           | 100%                     | 99%           |
| Discharged on Antithrombotic Therapy | Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.  | <br>100% of 143 eligible Patients                           | 100%                     | 99%           | 100%                     | 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.   | <br>100% of 110 eligible Patients                           | 100%                     | 98%           | 100%                     | 98%           |

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| Measure Area | Explanation  | Nationwide | Statewide |
|--------------|--|------------|-----------|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. |            |           |

Compared to other Joint Commission Accredited Organizations

| Measure              | Explanation  | Compared to other Joint Commission Accredited Organizations |                          |               |                          |               |
|----------------------|--|---|--------------------------|---------------|--------------------------|---------------|
|                      |  | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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.   | <br>100% of 86 eligible Patients                            | 100%                     | 94%           | 100%                     | 96%           |
| 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. | <br>100% of 10 eligible Patients                            | 100%                     | 86%           | 100%                     | 85%           |

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

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

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



## National Quality Improvement Goals

Reporting Period: October 2014 - September 2015

### Symbol Key

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

### Footnote Key

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

Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation  | Nationwide | Statewide |
|--------------|--|------------|-----------|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. |            |           |

Compared to other Joint Commission Accredited Organizations

| Measure                                  | Explanation  | Compared to other Joint Commission Accredited Organizations |                          |               |                          |               |
|--|--|---|--------------------------|---------------|--------------------------|---------------|
|  |  | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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 incidence of blood clots is lowest when patients are treated to prevent them. | <br>99% of 167 eligible Patients                            | 100%                     | 98%           | 100%                     | 98%           |



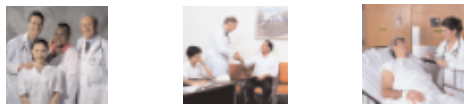
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## National Quality Improvement Goals

Reporting Period: October 2014 - September 2015



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11. There were no eligible patients that met the denominator criteria.

Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure   | Explanation  | Hospital Results  | Compared to other Joint Commission Accredited Organizations |               |                          |               |
|---|--|---|---|---------------|--------------------------|---------------|
|   |  |   | Nationwide  | Statewide     | Statewide                |               |
|   |  |   | Top 10% Scored at Least:                                    | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Intensive Care Unit (ICU) VTE Prophylaxis         | Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.  |  8<br><small>97% of 77 eligible Patients</small>             | 100%  | 97%           | 100%                     | 98%           |
| VTE Discharge Instructions                        | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. |  8<br><small>93% of 14 eligible Patients<sup>3</sup></small> | 100%  | 93%           | 100%                     | 95%           |
| VTE Patients with Anticoagulation Overlap Therapy | Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.   |  8<br><small>90% of 21 eligible Patients<sup>3</sup></small> | 100%  | 94%           | 100%                     | 94%           |



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## National Quality Improvement Goals

Reporting Period: October 2014 - September 2015

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

Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure         | Explanation  | Compared to other Joint Commission Accredited Organizations |                          |               |                          |               |
|-----------------|--|---|--------------------------|---------------|--------------------------|---------------|
|                 |  | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| VTE Prophylaxis | Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission. | 8<br><small>96% of 362 eligible Patients</small>            | 100%                     | 95%           | 100%                     | 96%           |

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