

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

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	
Behavioral Health Care	Accredited	Date 5/17/2008	Date 5/16/2008	Survey Date 5/16/2008
Home Care	Accredited	5/17/2008	5/16/2008	5/16/2008
🥝 Hospital	Accredited	5/17/2008	5/16/2008	5/16/2008

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

Advanced Certification	Certification Decision	Effective	Last Full Review	
Programs		Date	Date	Review Date
🧼 Primary Stroke Center	Certification	3/26/2010	3/25/2010	3/25/2010

Special Quality Awards

2007 ACS National Surgical Quality Improvement Program 2010 Gold Plus Get With The Guidelines - Stroke 2010 Hospital Magnet Award

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2008National Patient Safety Goals	Ø	∞ *
Home Care	2008National Patient Safety Goals	${igodot}$	*
Hospital	2008National Patient Safety Goals	\bigotimes	*

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

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

Symbol Key

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

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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. 10.
- The measure results are temporarily suppressed pending resubmission of updated data.



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displayed		Pneumonia Care	Ð	Ð
		Surgical Care Improvement Project (SCIP)		
ootnote Key		SCIP - Cardiac		
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Locations of Care	Available Services
Center for Behavioral Health Day Treatment Program 33 Pleasant Street Middletown, CT 06457	Behavioral Health (Day Programs - Adult)
Center for Behavioral Health Family Advocacy Program 51 Broad Street Middletown, CT 06457	 Behavioral Health (Non 24 Hour Care - Child/Youth) In-Home Behavioral Health Services (Non 24 Hour Care - Child/Youth)
Center for Behavioral Health Outpatient 103 South Main Street Middletown, CT 06457	Behavioral Health (Non 24 Hour Care - Adult)



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Locations of Care	Available Services
	 Neurology (Inpatient, Outpatient) Neurosurgery (Inpatient)
Middlesex Hospital Behavioral Health, Old Saybrook 1250 Boston Post Road Old Saybrook, CT 06475	Behavioral Health (Non 24 Hour Care - Adult)
Middlesex Hospital Family Practice Residency Office 90 South Main Street Middletown, CT 06457	 Multi Specialty Group Practice (Outpatient)
Middlesex Hospital Family Practice Residency Office 42 East High Street East Hampton, CT 06424	 Multi Specialty Group Practice (Outpatient)
Middlesex Hospital Family Practice Residency Office 595 Main Street Portland, CT 06480	Multi Specialty Group Practice (Outpatient)
Middlesex Hospital Homecare 5 Pequot Park Road Suite 204 Westbrook, CT 06498	 Home Health, Non-Hospice Services Personal Care/Support Non-Hospice
Middlesex Hospital Homecare 770 Saybrook Road Middletown, CT 06457	 Home Health, Non-Hospice Services Personal Care/Support Non-Hospice
Middlesex Hospital Homecare Hospice Program 28 Crescent Street Middletown, CT 06457	 Hospice Care Inpatient Symptom Relief Respite Care
Middlesex Hospital Outpatient Center 534 Saybrook Road Middletown, CT 06457	General Outpatient Services (Outpatient)
Middlesex Medical Center Marlborough 14 Jones Hollow Road Marlborough, CT 06447	 Anesthesia (Outpatient) General Outpatient Services (Outpatient)
Middlesex Medical Center Shoreline 260 Westbrook Road Essex, CT 06426	Joint Commission Advanced Certification Programs: Primary Stroke Center Services:
	 Anesthesia (Outpatient) General Outpatient Services (Outpatient)
Middlesex MultiSpecialty Group 80 South Main Street Middletown, CT 06457	Multi Specialty Group Practice (Outpatient)



* Primary Location	
Locations of Care	Available Services
Middlesex MultiSpecialty Group 21 Pleasant Street Middletown, CT 06457	Multi Specialty Group Practice (Outpatient)
Middlesex Surgical Center 530 Saybrook Road Middletown, CT 06457	 Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient)
Rehabilitation Services and Hand Therapy 6 Independence Drive Suite 1 Marlborough, CT 06447	General Outpatient Services (Outpatient)
Rehabilitation Services and Hand Therapy 192 Westbrook Road Essex, CT 06426	Multi Specialty Group Practice (Outpatient)



Behavioral Health Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of client identification.	Use at least two client identifiers when providing care, treatment or services.	Ø
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	Ø
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	Ø
	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	Ø
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	Ø
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	Ø
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines when providing services to a high-risk population, or administering physical care.	Ø
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	Ø
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the client's current medications with those ordered for the client while under the care of the organization.	Ø
	A complete list of the client's medications is communicated to the next provider of service when a client is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the client on discharge from the facility.	Ø
Encourage clients' active involvement in their own care as a client safety strategy.	Define and communicate the means for clients and their families to report concerns about safety and encourage them to do so.	Ø
The organization identifies safety risks inherent in its client population.	The organization identifies clients at risk for suicide.	Ø

Symbol Key

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



Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	\bigotimes
	Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site using active—not passive—communication techniques.	Ø
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	Ø
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	Ø
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	Ø
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	Ø
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	Ø
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	\bigotimes
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	Ø
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	Ø
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	\bigotimes
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.	Ø
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	\bigotimes
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	Ø

Symbol Key

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



Home Care

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

Symbol Key

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

Safety GoalsThe organization identifies
safety risks inherent in its
patient population.The org
oxygen

	Organizations Should	Implemented
fies its	The organization identifies risks associated with long-term oxygen therapy such as home fires.	\bigotimes



Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	Ø
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	Ø
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	Ø
	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	Ø
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	Ø
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	Ø
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	Ø
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	Ø
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	Ø
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	Ø
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	Ø
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	Ø
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	Ø
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	Ø
The organization identifies safety risks inherent in its patient population.	The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for	Ø

Symbol Key

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



Hospital

Safety Goals	Organizations Should	Implemented
	emotional or behavioral disorders in general hospitalsNOT APPLICABLE TO CRITICAL ACCESS HOSPITALS]	
Improve recognition and response to changes in a patient's condition.	The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital]	Ø
Universal Protocol	Conduct a pre-operative verification process.	\bigotimes
	Mark the operative site.	\bigcirc
	Conduct a "time out" immediately before starting the procedure.	\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.

Symbol Key

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sample of patients.

updated data.

reported.

overall result.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

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.

The measure results are temporarily suppressed pending resubmission of

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

10.

above the target range/value. This organization's performance is



National Quality Improvement Goals

Reporting Period: October 2009 - September 2010

		Compared to other Joint Commission		
		Accredited O	rganizations	
Measure Area	Explanation	Nationwide	Statewide	
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	Ð	Ð	

Compared to other Joint Commission Accredited Organizations			on				
	Measure	Evelopetion		lationwide	A		wide
	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
				at Least:		at Least:	
	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 26 eligible Patients ³	100%	96%	100%	94%
	Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	2 100% of 7 eligible Patients ³	100%	100%	100%	99%
	Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	100% of 64 eligible Patients	100%	99%	100%	99%



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

This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

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Reporting Period: October 2009 - September 2010

		Compared to other Joint Commission		
		Accredited O	rganizations	
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	(

		Со	mpared to o Accredit	other Joint ed Organiz		on
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	100% of 66 eligible Patients	100%	99%	100%	99%
Beta blocker prescribed discharge*	at Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	100% of 71 eligible Patients	100%	98%	100%	98%

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This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

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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.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily
- suppressed pending resubmission of updated data.



This organization achieved the best possible results Reporting Period: October 2009 - September 2010 This organization's performance is similar to the target range/value. Reporting Period: October 2009 - September 2010 This organization's performance is below the target range/value. Measure Area Explanation Explanation

Footnote Key

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- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily 10.
- The measure results are temporarily suppressed pending resubmission of updated data.

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

			Compared to other Joint Commission Accredited Organizations			
Measure Area	Explanation		Nationwi	de	Statewide	е
Heart Attack Care	tegory of evidence based measures ass quality of care provided to Heart Attack 3.		Ð		Ð	
				other Joint ed Organiz	ations	
		Nationwide Statev				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate
Fibrinolytic therapy rece within 30 minutes of hos arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a	(10) ³	100%	60%	3	3

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

diagnosed.

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heart attack, the risk of death is

certain types of heart attacks. It is

important that this medicine be given quickly after a heart attack 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



Reporting Period: October 2009 - September 2010

		Compared to other Joint Commission	
		Accredited C	rganizations
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

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart 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.	98% of 122 eligible Patients	100%	95%	100%	93%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	97% of 39 eligible Patients	100%	99%	100%	100%
Discharge instructions*	Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization. Limitations of measure use - see Accreditation Quality Report User Guide.	92% of 214 eligible Patients	100%	90%	99%	87%

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Reporting Period: October 2009 - September 2010

		Compared to other Joint Commission		
		Accredited C	Organizations	
Measure Area	Explanation	Nationwide	Statewide	
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	Ø	

		Со	mpared to o Accredit	other Joint ed Organiz		n
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
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 344 eligible Patients	100%	99%	100%	99%

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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

Reporting Period: October 2009 - September 2010

			o other Joint hission
		Accredited C	Organizations
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

			Compared to other Joint Commission Accredited Organizations			n	
	Measure	N Hospital	lationwide	Average		wide	
	weasure	Explanation	Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Rate:
).	Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	100% of 89 eligible Patients	100%	98%	100%	99%
	Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	99% of 191 eligible Patients	100%	96%	99%	96%
	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.	95% of 20 eligible Patients ³	100%	96%	100%	97%



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	Pneumonia Care		tegory of evidence based measures ass quality of care provided to Pneumonia p		Ð		Ð	
Footnote Key				Co	mpared to c	other Joint	Commissio	on
The Measure or Measure Set was not reported.					Accredit	ed Organiz	ations	
The Measure Set does not have an overall result. The number of patients is not enough	Measure		Explanation	Hospital Results	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	Initial antibiotic receiv 6 hours of hospital an Initial antibiotic select	rival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide. Patients in intensive care units who	95% of 206 eligible Patients	100%	96%	100%	96%
data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. In further information d explanation of the nality Report contents, fer to the ''Quality eport User Guide.''	CAP in immunocompo ICU patient*		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.	67% of 6 eligible Patients ³	100%	72%	100%	76%
	Initial antibiotic select CAP in immunocomponent 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.	98% of 120 eligible Patients	100%	95%	99%	95%



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National Quality Improvement Goals

Reporting Period: October 2009 - September 2010

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Measure Area	Explanation		Nationwi	Ŭ	Statewide	е
	This category of evidence based measures as overall quality of care provided to Pneumonia p		Ð		Ð	
			mpared to c Accredite Jationwide	other Joint ed Organiz	ations	on wide
Measure	Explanation	Hospital Results	Top 10%	Average Rate:	Top 10%	Aver Rat
Pneumococcal vaccinatic	n* Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	98% of 324 eligible Patients	100%	94%	99%	94

was below most other organizations.
 The Measure results are not statistically valid.

The organization scored above 90% but

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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Measure Area	Explanation		Nationwi	de	Statewide	Э
Pneumonia Care	This category of evidence based measures as overall quality of care provided to Pneumonia		Ð		Ð	
		Co	Compared to other Joint Commission Accredited Organizations			
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
Pneumonia Seasonal Me Reporting Period: Octobe						
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	95% of 210 eligible Patients	100%	92%	97%	91%

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			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

		Compared to other Joint Commission Accredited Organizations			n	
		1	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.	93% of 359 eligible Patients	100%	94%	100%	94%

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

			Cor	npared to c Accredite	other Joint ed Organiz		'n
			Ν	lationwide	Ŭ	State	wide
	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.	98% of 724 eligible Patients	100%	97%	99%	97%
	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.	97% of 728 eligible Patients	100%	98%	99%	97%



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				Compared to other Joint Commission			
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewide	e
SCIP - Infection Prevention		egory of evidence based measures as use of indicated antibiotics for surgical i ion.		Ð		Ð	
				Accredit	other Joint ed Organiz		
Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Avera Rat
Patients who had surge received appropriate me that prevents infection (antibiotic) and the antitik was stopped within 24 h after the surgery ended	edicine biotic nours	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	æ				

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98% of

707 eligible

Patients

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95% of

56 eligible Patients

(ND) 3

89% of

18 eligible

Patients³

<mark>ND</mark>3

95% of 20 eligible

Patients

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98%

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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. Patients Having Blood Vessel Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery. Patients having blood vessel

hours after the end of surgery is not

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.

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.



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surgery who received

medicine to prevent infection

(an antibiotic) within one hour

before the skin was surgically

Patients having blood vessel

(antibiotic) which is shown to

be effective for this type of

surgery who received the

appropriate medicine

after the surgery ended.*

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National Quality Improvement Goals

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

		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	100% of 18 eligible Patients ³	100%	91%	100%	93%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	95% of 197 eligible Patients	99%	92%	97%	92%
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	94% of 67 eligible Patients	100%	94%	100%	92%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	96% of 67 eligible Patients	100%	91%	100%	92%



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100%

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97% of 63 eligible Patients

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98% of

628 eligible Patients

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National Quality Improvement Goals

Reporting Period: October 2009 - September 2010

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Measure Area		Explanation		Nationwi	de	Statewide	е
SCIP - Infection Prevention		egory of evidence based measures as use of indicated antibiotics for surgical i ion.		Ð		Ð	
			Со	mpared to c Accredite	other Joint ed Organiz		n
				lationwide		State	wide
Measure		Explanation	Hospital		Average		Avera
			Results	Scored at Least:	Rate:	Scored at Least:	Rate
Patients who had colon/ intestine surgery and red appropriate medicine that prevents infection (antib and the antibiotic was st	ceived at iotic)	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended.	Ø				

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 Measures for Hip Joint Replacement Surgery.

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.

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.



within 24 hours after the

Patients Having Hip Joint

Replacement Surgery*

Patients having hip joint

Patients having hip joint

replacement surgery who

received the appropriate

medicine (antibiotic) which is

shown to be effective for this

surgically cut.*

type of surgery.*

replacement surgery who

received medicine to prevent

infection (an antibiotic) within

one hour before the skin was

surgery ended.*

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Measure Area		Explanation		Nationwi	de	Statewide	Э
Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i on.		Ð		€	
			Cor	npared to o Accredit	other Joint ed Organiz		n
				lationwide			wide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hip joint replacement surgery and received appropriate med that prevents infection (antibiotic) and the antibio was stopped within 24 ho after the surgery ended.*	licine otic	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).	97% of 204 eligible Patients	100%	95%	100%	96%
Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 512 eligible Patients	100%	96%	97%	96%
Patients having hysterect surgery who received medicine to prevent infect (an antibiotic) within one I before the skin was surgio cut.*	tion hour	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	98% of 171 eligible Patients	100%	97%	100%	98%
Patients having hysterect surgery who received the appropriate medicine (antibiotic) which is shown		This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be	Ø	100%	94%	100%	92%



surgery.*

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

infection which is know to be

effective for the type of surgery,

based upon the recommendations of

This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov

Null value or data not displayed.

be effective for this type of

92% of

173 eligible Patients



Reporting Period: October 2009 - September 2010

Symbol Key

This organization achieved the best possible results This organization's performance is 0 above the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is e below the target range/value. ot displayed ND

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

		Comn	o other Joint nission Drganizations
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
	Cor	npared to other Jo	int Commission

Accredited Organizations			ations			
	— • • • •		lationwide	•	State	
Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	100% of 168 eligible Patients	100%	96%	100%	97%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	99% of 766 eligible Patients	100%	98%	100%	98%
Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	99% of 256 eligible Patients	100%	98%	100%	97%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 256 eligible Patients	100%	99%	100%	100%



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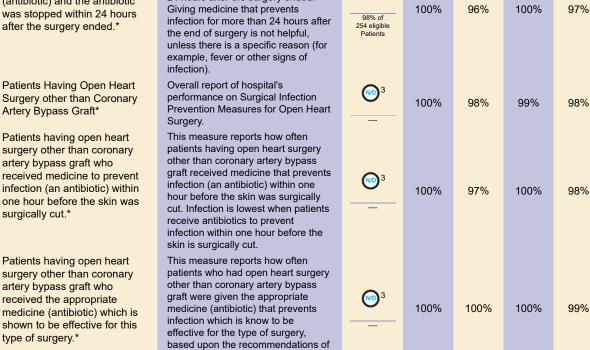
Reporting Period: October 2009 - September 2010

			Con	npared to c Commis		
			Accr	edited Org	anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e
Prevention over	category of evidence based measures as all use of indicated antibiotics for surgical ention.		Ð		Ð	
				other Joint ed Organiz	zations	
			lationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had knee joint replacement surgery and received appropriate medicin that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	98% of 254 eligible Patients	100%	96%	100%	97%
Patients Having Open Heart	Overall report of hospital's	A 3				

Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

Artery Bypass Graft*

Patients having open heart surgery other than coronary artery bypass graft who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*





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

		Cor		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:
Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	600 ³	100%	96%	100%	95%
Heart surgery patients with controlled blood sugar after surgery.	This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	₩ ³	99%	94%	98%	93%
Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	100% of 1193 eligible Patients	100%	100%	100%	99%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	93% of 497 eligible Patients	99%	90%	100%	90%



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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			'n	
			Vationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	96% of 455 eligible Patients	100%	95%	100%	97%
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.	95% of 455 eligible Patients	99%	93%	100%	95%

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CMS Mortality Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2006 through June 2009 Last Updated: December 11, 2010

The U.S. National 30-day Death Rate from Heart Attack = 16%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30-Day Death (Mortality) Rates from Heart Attack = 13.3%	×						
Number of Medicare Heart Attack	Patients = 339						
1	95 hospitals in the U.S. Better than U.S. National Rate	2744 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate				
	1685 hospitals in the United States performing	did not have enough cases to reliab	bly tell how well they are				
Out of 32 hospitals in Connecticut	7 hospitals in Connecticut Better than U.S. National Rate	22 hospitals in Connecticut No different than U.S. National Rate	0 hospitals in Connecticut Worse than U.S. National Rate				
	3 hospitals in Connecticut did not have enough cases to reliably tell how well they are performing						

The U.S. National 30-day Death Rate from Heart Failure = 11%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30-Day Death (Mortality) Rates from Heart Failure = 10.5%		~					
Number of Medicare Heart Failure	Patients $= 609$						
Out of 4743 hospitals in U.S.	199 hospitals in the U.S. Better than U.S. National Rate	3801 hospitals in the U.S. No different than U.S. National Rate	140 hospitals in the U.S. Worse than U.S. National Rate				
	603 hospitals in the United States of performing	did not have enough cases to reliabl	y tell how well they are				
Out of 32 hospitals in Connecticut	4 hospitals in Connecticut Better than U.S. National Rate	28 hospitals in Connecticut No different than U.S. National Rate	0 hospitals in Connecticut Worse than U.S. National Rate				
0 hospitals in Connecticut did not have enough cases to reliably tell how well they are perform							

The U.S. National 30-day Death Rate from Pneumonia = 12%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30-Day Death (Mortality) Rates from Pneumonia = 10.3%		 ✓ 					
Number of Medicare Pneumonia Patients = 784							



CMS Mortality Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2006 through June 2009 Last Updated: December 11, 2010							
Out of 4788 hospitals in U.S.	L. L	3988 hospitals in the U.S. No different than U.S. National Rate	221 hospitals in the U.S. Worse than U.S. National Rate				
	357 hospitals in the United States of performing	did not have enough cases to reliabl	y tell how well they are				
Out of 32 hospitals in Connecticut	*	26 hospitals in Connecticut No different than U.S. National Rate	0 hospitals in Connecticut Worse than U.S. National Rate				
	1 hospitals in Connecticut did not	have enough cases to reliably tell ho	ow well they are performing				

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2006 through June 2009. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

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



CMS Readmission Rates

Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2006 through June 2009 Last Updated: December 11, 2010

The	U.S. National Rate for Readmiss	ions for Heart Attack Patients = 2	20%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)			
30 Day Hospital Readmission Rates from Heart Attack Patients = 20.7%		1				
Number of Medicare Heart Attack	Patients = 284	-				
1	29 hospitals in the U.S. Better than U.S. National Rate	2403 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate			
	1999 hospitals in the United States performing	bly tell how well they are				
Out of 31 hospitals in Connecticut	0 hospitals in Connecticut Better than U.S. National Rate	28 hospitals in Connecticut No different than U.S. National Rate	1 hospitals in Connecticut Worse than U.S. National Rate			
	hospitals in Connecticut did not have enough cases to reliably tell how well they are performing					

The	U.S. National Rate for Readmiss	ions for Heart Failure Patients = 2	25%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)			
30 Day Hospital Readmission Rates from Heart Failure Patients = 23.1%		×				
Number of Medicare Heart Failure	Patients = 669					
Out of 4759 hospitals in U.S.	147 hospitals in the U.S. Better than U.S. National Rate	3869 hospitals in the U.S. No different than U.S. National Rate	193 hospitals in the U.S. Worse than U.S. National Rate			
	550 hospitals in the United States of performing	did not have enough cases to reliabl	y tell how well they are			
Out of 32 hospitals in Connecticut	1 hospitals in Connecticut Better than U.S. National Rate	29 hospitals in Connecticut No different than U.S. National Rate	2 hospitals in Connecticut Worse than U.S. National Rate			
	0 hospitals in Connecticut did not have enough cases to reliably tell how well they are performing					

I	The U.S. National Rate for Readmissions for Pneumonia Patients = 18%						
		Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)			
	30 Day Hospital Readmission Rates from Pneumonia Patients = 17.3%		1				



CMS Readmission Rates

Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2006 through June 2009 Last Updated: December 11, 2010

Number of Medicare Pneumonia Patients = 801								
1	L	4223 hospitals in the U.S. No different than U.S. National Rate	163 hospitals in the U.S. Worse than U.S. National Rate					
	363 hospitals in the United States of performing	363 hospitals in the United States did not have enough cases to reliably tell how well they are performing						
Out of 32 hospitals in Connecticut	•	L	4 hospitals in Connecticut Worse than U.S. National Rate					
	1 hospitals in Connecticut did not have enough cases to reliably tell how well they are performing							

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2006 through June 2009. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

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

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Survey of Patients' Hospital Experiences

F	00	tno	te	Key

- 1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
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	Survey Date	Range	1	Number of Completed Surveys			Survey Response Rate		
April 2009 through March 2010				300 c	300 or More 37%				
Question			E	xplanation					
How often with patier		communicate w	ell	them during th doctors expla i	ted how often t leir hospital sta i ned things cle eated the patier	y. "Communio early, listene	cated well" me d carefully to	ans the	
Doctors "al	ways" comm	unicated well	Doctors "u	isually" comm	unicated well		"sometimes" ommunicated		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
78%	78%	80%	17%	17%	15%	5%	5%	5%	
	1070		E		ted how often ti				
Question How often with patier	i did nurses c	communicate w	ell	Patients repor them during th explained thi	eir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp	cated well" me Illy to the pati	eans nurses ent, and	
Question How often with patier	i did nurses c	communicate w	ell	Patients repor them during th explained thi treated the pa	eir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me Illy to the pati pect.	eans nurses ent, and or "never"	
Question How often with patier	i did nurses c	communicate w	ell	Patients repor them during th explained thi treated the pa	eir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me Illy to the pati pect. "sometimes"	eans nurses ent, and or "never"	
Question How often with patier Nurses "alv Hospital	did nurses c nts? ways" commu State	communicate we unicated well National	ell Nurses "u Hospital	Patients repor them during th explained thin treated the par sually" commu State	eir hospital sta ngs clearly, lis tient with court unicated well National	y. "Communion tened carefu esy and resp Nurses co Hospital	cated well" me ally to the pati pect. "sometimes" ommunicated State	eans nurses ent, and or "never" well National	
Question How often with patier Nurses "alv Hospital Rate	did nurses c nts? ways" commu State Average	communicate we unicated well National Average	ell Nurses "u Hospital Rate 18%	Patients repor them during th explained thin treated the par sually" commu State Average	eir hospital sta ngs clearly, lis tient with court unicated well National Average	y. "Communion tened carefu esy and resp Nurses co Hospital Rate	cated well" me ally to the pation opect. "sometimes" ommunicated State Average	eans nurses ent, and or "never" well National Average	
Question How often with patier Nurses "alv Hospital Rate 78% Question	did nurses onts? ways" communication State Average 76%	communicate we unicated well National Average	Nurses "u Hospital Rate 18%	Patients repor them during th explained thin treated the par sually" commu State Average 19% xplanation	ted how often ti button or need	y. "Communit tened carefu esy and resp Nurses co Hospital Rate 4%	cated well" me ally to the pati pect. "sometimes" ommunicated State Average 5%	eans nurses ent, and or "never" well National Average 5%	
Question How often with patier Nurses "alv Hospital Rate 78% Question How often from hosp	did nurses onts? ways" communication State Average 76%	communicate we unicated well National Average 76% receive help qu	ell Nurses "u Hospital Rate 18% E tickly	Patients repor them during th explained thin treated the par sually" commu State Average 19% xplanation Patients repor used the call l	eir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often th outton or need dpan.	y. "Communitiened carefuened carefuened carefuenes and respected and res	cated well" me ally to the pati- pect. "sometimes" ommunicated State Average 5% ped quickly wh tting to the b	eans nurses ent, and or "never" well National Average 5% athroom	
Question How often with patier Nurses "alv Hospital Rate 78% Question How often from hosp	did nurses onts? ways" communication State Average 76% did patients ital staff? always" rece	communicate we unicated well National Average 76% receive help qu	ell Nurses "u Hospital Rate 18% E tickly	Patients repor them during th explained thin treated the pai sually" commu- State Average 19% xplanation Patients repor used the call I or using a bea	eir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often th outton or need dpan.	y. "Communitiened carefuened carefuened carefuenes and respected and res	cated well" me ally to the pati- pect. "sometimes" ommunicated State Average 5% ped quickly wh tting to the b	eans nurses ent, and or "never" well National Average 5% 5% hen they athroom	



Survey of Patients' Hospital Experiences

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Survey Date Range				Number of Co	mpleted Survey	'S	Survey Resp	onse Rate
April 2009 through March 2010				300 or More 37%			, 0	
Question			E	xplanation				
How ofter controlled	n was patients 1?	s' pain well		survey asked controlled" me	eded medicine f how often their eans their pain f did everythin	pain was we was well co	ell controlled. " ntrolled and t	Well hat the
Pain was	s "always" we	ll controlled	Pain wa	s "usually" we	ll controlled	Pain was	"sometimes" c controlled	r "never" well
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
70%	69%	69%	24%	24%	24%	6%	7%	7%
Question			E	xplanation				

How often did staff explain about medicines before giving them to patients?

If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told **what the medicine was for** and what **side effects it might have** before they gave it to the patient.

Staf	Staff "always" explained			Staff "usually" explained			Staff "sometimes" or "never" explained		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
62%	57%	60%	17%	20%	18%	21%	23%	22%	



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	Survey Date	Range		Number of Completed Surveys			Survey Response Rate	
April	2009 through	March 2010		300 or More 37%			6	
Question				Explanation				
	n were the paiss kept clean?	tients' rooms ar	nd	Patients repo were kept cle	rted how often t e an .	heir hospital	room and b	athroom
Roon	n was "always	s" clean	R	oom was "usuall	y" clean	Room wa	as "sometimes clean	s" or "never"
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average
77%	70%	71%	18%	21%	20%	5%	9%	9%
Question				Explanation				
	n was the area ot quiet at nig	a around patien ht?	ts'	Patients repo quiet at nigh	rted how often t t.	he area arou	und their roo	m was
"Alv	ways" quiet at	: night		"Usually" quiet a	t night	"Sometime	es" or "never"	quiet at night
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average
52%	49%	58%	36%	35%	30%	12%	16%	12%
Question				Explanation				
Question Were patients given information about what to do during their recovery at home?				they were rea hospital staff Patients also	sked patients ab dy to leave the had discussed reported whethe about sympton recovery .	hospital. Pati the help the er they were	ents reported y would nee given written	whether d at home.

Yes, staff did give patients this information			No, staff di	d not give patients t	his information
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
85%	82%	81%	15%	18%	19%

78%

71%

69%

19%

24%

26%

3%

5%

5%



Survey of Patients' Hospital Experiences

F	DO 1	tno	te	Key	V

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Survey Date Range				Number of Co	'S	Survey Response Rate			
April 2009 through March 2010				300 c	or More		37%		
Question Explanation									
How do p	atients rate th	e hospital over	all?	After answering all other questions on the survey, patients answered a separate question that asked for an overall rating of the hospital . Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."					
Patients who gave a rating of 9 or 10 Patien (high)				s who gave a ra (medium)	ting of 7 or 8	Patients who gave a rating of 6 or lower (low)			
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average	
74%	66%	67%	19%	25%	24%	7%	9%	9%	
Question Explanation									
Would patients recommend the hospital to friends and family? The survey asked patients whether they would recommend the hospital to their friends and family.									
				, patients would ecommend the h		NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)			
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average	