



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

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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	5/3/2011	5/1/2014	5/1/2014
Home Care	Accredited	5/6/2011	5/2/2014	5/2/2014
Hospital	Accredited	5/7/2011	5/2/2014	5/2/2014

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

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Primary Stroke Center	Certification	6/14/2014	6/13/2014	6/13/2014

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Joint Replacement - Hip	Certification	6/7/2014	6/6/2014	6/6/2014
Joint Replacement - Knee	Certification	6/7/2014	6/6/2014	6/6/2014

Other Accredited Programs/Services

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

Special Quality Awards

- 2012 Top Performer on Key Quality Measures®
- 2012 ACS National Surgical Quality Improvement Program
- 2012 Gold Get With The Guidelines - Heart Failure
- 2011 Gold Plus Get With The Guidelines - Stroke
- 2010 Hospital Magnet Award

Behavioral
Health
Care

2011 National Patient Safety Goals

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide



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		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2011 National Patient Safety Goals		*
Hospital	2011 National Patient Safety Goals		*
Reporting Period: Oct 2012 - Sep 2013	National Quality Improvement Goals:		
	Heart Attack Care		
	Heart Failure Care		
	Pneumonia Care		
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac		
	SCIP - Infection Prevention		
	<i>For All Reported Procedures:</i>		
	• Blood Vessel Surgery		
	• Colon/Large Intestine Surgery		
	• Hip Joint Replacement		
	• Hysterectomy		
	• Knee Replacement		
	SCIP – Venous Thromboembolism (VTE)		



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Locations of Care

* Primary Location

Locations of Care	Available Services
Center for Behavioral Health DBA: Adult Outpatient Services 21 Pleasant Street Middletown, Ct. Middletown, CT 06457	Services: <ul style="list-style-type: none">Behavioral Health (Non 24 Hour Care - Adult)
Center for Behavioral Health Day Treatment Program DBA: Behavioral Health Day Treatment 33 Pleasant Street Middletown, CT 06457	Services: <ul style="list-style-type: none">Behavioral Health (Day Programs - Adult) (Partial - Adult)
Center for Behavioral Health Family Advocacy Program DBA: outpatient behavioral 51 Broad Street Middletown, CT 06457	Other Clinics/Practices located at this site: <ul style="list-style-type: none">There is no additional site Services: <ul style="list-style-type: none">Behavioral Health (Non 24 Hour Care - Adult/Child/Youth)In-Home Behavioral Health Services (Non 24 Hour Care - Child/Youth)
Center for Behavioral Health Outpatient DBA: OutPatient Center for Behavioral Health 103 South Main Street Middletown, CT 06457	Services: <ul style="list-style-type: none">Behavioral Health (Non 24 Hour Care - Adult)Chemical Dependency (Non 24 Hour Care - Adult)



Locations of Care

* Primary Location

Locations of Care	Available Services
Middlesex Hospital * DBA: General Acute 28 Crescent Street Middletown, CT 06457	Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Primary Stroke Center Joint Commission Certified Programs: <ul style="list-style-type: none"> Joint Replacement - Hip Joint Replacement - Knee Services: <ul style="list-style-type: none"> Cardiac Catheterization Lab (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Pediatric Unit (Inpatient) Plastic Surgery (Surgical Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sleep Laboratory (Sleep Laboratory) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
Middlesex Hospital Behavioral Health, Old Saybrook 1250 Boston Post Road Old Saybrook, CT 06475	Services: <ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult)
Middlesex Hospital Family Practice Residency Office 90 South Main Street Middletown, CT 06457	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)



Locations of Care

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Locations of Care	Available Services
Middlesex Hospital Family Practice Residency Office 42 East High Street East Hampton, CT 06424	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)
Middlesex Hospital Homecare 5 Pequot Park Road Suite 204 Westbrook, CT 06498	Services: <ul style="list-style-type: none"> Home Health Aides Home Health, Non-Hospice Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology
Middlesex Hospital Homecare 770 Saybrook Road Middletown, CT 06457	Services: <ul style="list-style-type: none"> Home Health Aides Home Health, Non-Hospice Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology
Middlesex Hospital Homecare Hospice Program DBA: Hospice Unit and Hospice Homecare 28 Crescent Street Middletown, CT 06457	Services: <ul style="list-style-type: none"> Home Health Aides Home Health, Non-Hospice Services Hospice Care Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology
Middlesex Hospital Outpatient Center DBA: Outpatient Tests and Treatments 534 Saybrook Road Middletown, CT 06457	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)
Middlesex Hospital Physical Rehabilitation, North Campus 512 Saybrook Road, Lower Level Middletown, CT 06457	
Middlesex Hospital Shoreline Medical Center 250 Flat Rock Place Westbrook, CT 06498	Services: <ul style="list-style-type: none"> Anesthesia (Outpatient)
Middlesex Medical Center Marlborough 14 Jones Hollow Road Marlborough, CT 06447	Services: <ul style="list-style-type: none"> Anesthesia (Outpatient)
Middlesex MultiSpecialty Group 80 South Main Street Middletown, CT 06457	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services
Middlesex Surgical Center 530 Saybrook Road Middletown, CT 06457	Services: <ul style="list-style-type: none"> • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
Rehabilitation Services and Hand Therapy 6 Independence Drive Suite 1 Marlborough, CT 06447	Services: <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient)
Rehabilitation Services and Hand Therapy 192 Westbrook Road Essex, CT 06426	Services: <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient)










2011 National Patient Safety Goals

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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	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	
	Communicating Medications to the Next Provider	
	Providing a Reconciled Medication List to the Patient	
	Settings in Which Medications are Minimally Used	
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	











2011 National Patient Safety Goals

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Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	
	Communicating Medications to the Next Provider	
	Providing a Reconciled Medication List to the Patient	
	Settings in Which Medications are Minimally Used	
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	



2011 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	
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	
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	
	Communicating Medications to the Next Provider	
	Providing a Reconciled Medication List to the Patient	
	Settings in Which Medications are Minimally Used	
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

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Compared to other Joint Commission
Accredited Organizations

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

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	 100% of 18 eligible Patients	100%	98%	100%	97%
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 69 eligible Patients	100%	99%	100%	99%
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	 100% of 50 eligible Patients	100%	99%	100%	99%



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Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average Rate:	Statewide	Average Rate:
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.*	 100% of 44 eligible Patients	100%	99%	100%	99%
Fibrinolytic therapy received within 30 minutes of hospital 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 heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.*	3 ----	100%	58%	---- ³	---- ³
Statin Prescribed at Discharge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	 98% of 43 eligible Patients	100%	99%	100%	98%



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Accredited Organizations

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

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			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.*	 96% of 103 eligible Patients	100%	97%	100%	96%
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.*	 90% of 261 eligible Patients	100%	95%	100%	93%
LVE 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.*	 99% of 402 eligible Patients	100%	100%	100%	100%



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Compared to other Joint
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Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.*	 98% of 330 eligible Patients	100%	98%	99%	98%
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	 97% of 31 eligible Patients	100%	98%	100%	98%
Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	8 100% of 9 eligible Patients	100%	92%	100%	92%



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Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.		

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	 98% of 169 eligible Patients	100%	97%	100%	97%



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

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation					
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	99% of 359 eligible Patients	100%	98%	100%	98%



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Compared to other Joint Commission
Accredited Organizations

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

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			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 762 eligible Patients	100%	99%	100%	98%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 99% of 760 eligible Patients	100%	99%	100%	99%



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Measure Area	Explanation	Nationwide	Statewide
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Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 98% of 750 eligible Patients	100%	98%	100%	98%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	 98% of 64 eligible Patients	100%	98%	100%	97%
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	3 95% of 22 eligible Patients ³	100%	98%	100%	98%
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*	 100% of 21 eligible Patients	100%	99%	100%	99%



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

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had 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 21 eligible Patients	100%	96%	100%	94%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	 98% of 187 eligible Patients	100%	97%	100%	96%
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.*	 97% of 64 eligible Patients	100%	98%	100%	97%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*	 97% of 63 eligible Patients	100%	96%	100%	95%



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

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	 100% of 60 eligible Patients	100%	96%	100%	96%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	 98% of 814 eligible Patients	100%	99%	100%	99%
Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	 98% of 98 eligible Patients	100%	99%	100%	98%
Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*	 99% of 273 eligible Patients	100%	100%	100%	100%



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

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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:
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	 97% of 268 eligible Patients	100%	98%	100%	98%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	 99% of 320 eligible Patients	100%	98%	100%	99%
Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	 98% of 107 eligible Patients	100%	99%	100%	99%
Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*	 99% of 107 eligible Patients	100%	98%	100%	98%



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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:
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).*	 99% of 106 eligible Patients	100%	98%	100%	99%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	 99% of 887 eligible Patients	100%	99%	100%	99%
Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	 98% of 296 eligible Patients	100%	99%	100%	99%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.*	 100% of 296 eligible Patients	100%	100%	100%	100%



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

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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:
Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	 99% of 295 eligible Patients	100%	98%	100%	99%
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 1137 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	 98% of 834 eligible Patients	100%	98%	100%	97%



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Measure Area

Explanation

SCIP – Venous Thromboembolism (VTE)

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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	 99% of 995 eligible Patients	100%	98%	100%	99%



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