



# Accreditation Quality Report





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

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

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

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

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



## Summary of Quality Information

### Symbol Key

- This organization achieved the best possible results.
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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	5/2/2014	5/1/2014	5/1/2014
Home Care	Accredited	5/3/2014	5/2/2014	5/2/2014
Hospital	Accredited	5/3/2014	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	6/9/2016	6/8/2016	6/8/2016
Joint Replacement - Knee	Certification	6/9/2016	6/8/2016	6/8/2016

### Other Accredited Programs/Services

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

### Special Quality Awards

- 2014 Top Performer on Key Quality Measures®
- 2012 Top Performer on Key Quality Measures®
- 2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
- 2014 Hospital Magnet Award
- 2012 ACS National Surgical Quality Improvement Program
- 2012 Gold Get With The Guidelines - Heart Failure

Behavioral  
Health  
Care

### 2014 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	<b>2014 National Patient Safety Goals</b>		*
Hospital	<b>2014 National Patient Safety Goals</b>		*
<b>National Quality Improvement Goals:</b>			
Reporting Period: Oct 2014 - Sep 2015	Emergency Department	<sup>2</sup>	<sup>2</sup>
	Hospital-Based Inpatient Psychiatric Services	<sup>8</sup>	<sup>8</sup>
	Immunization	<sup>2</sup>	<sup>2</sup>
	Perinatal Care		
	Stroke Care	<sup>8</sup>	<sup>8</sup>
	Venous Thromboembolism (VTE)		



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## Locations of Care

### \* Primary Location

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



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<b>Middlesex Hospital *</b> DBA: General Acute 28 Crescent Street Middletown, CT 06457	<b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> </ul> <b>Joint Commission Certified Programs:</b> <ul style="list-style-type: none"> <li>Joint Replacement - Hip</li> <li>Joint Replacement - Knee</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hematology/Oncology Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Neurosurgery (Surgical Services)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Sleep Laboratory (Sleep Laboratory)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>
<b>Middlesex Hospital Behavioral Health, Old Saybrook</b> 154 Main Street, Old Saybrook Old Saybrook, CT 06475	<b>Services:</b> <ul style="list-style-type: none"> <li>Behavioral Health (Non 24 Hour Care - Adult)</li> <li>Chemical Dependency (Non 24 Hour Care - Adult)</li> </ul>
<b>Middlesex Hospital Family Medicine</b> 90 South Main Street Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>



## Locations of Care

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Locations of Care	Available Services
<b>Middlesex Hospital Family Medicine</b> 42 East High Street East Hampton, CT 06424	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Middlesex Hospital Family Medicine</b> DBA: Family Medicine 13 High Street Portland, CT 06480	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Middlesex Hospital Homecare</b> 5 Pequot Park Road Suite 204 Westbrook, CT 06498	<b>Services:</b> <ul style="list-style-type: none"> <li>Home Health Aides</li> <li>Home Health, Non-Hospice Services</li> <li>Medical Social Services</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Skilled Nursing Services</li> <li>Speech Language Pathology</li> </ul>
<b>Middlesex Hospital Homecare</b> 770 Saybrook Road Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Home Health Aides</li> <li>Home Health, Non-Hospice Services</li> <li>Medical Social Services</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Skilled Nursing Services</li> <li>Speech Language Pathology</li> </ul>
<b>Middlesex Hospital Homecare Hospice Program</b> DBA: Hospice Unit and Hospice Homecare 28 Crescent Street Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Home Health Aides</li> <li>Home Health, Non-Hospice Services</li> <li>Hospice Care</li> <li>Medical Social Services</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Skilled Nursing Services</li> <li>Speech Language Pathology</li> </ul>
<b>Middlesex Hospital Outpatient Center</b> DBA: Outpatient Tests and Treatments, South Campus 534 Saybrook Road Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Middlesex Hospital Physical Rehabilitation, North Campus</b> DBA: Physical Rehabilitation 512 Saybrook Road, Lower Level Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Middlesex Hospital Shoreline Medical Center</b> 250 Flat Rock Place Westbrook, CT 06498	<b>Services:</b> <ul style="list-style-type: none"> <li>Anesthesia (Outpatient)</li> </ul>





## Locations of Care

### \* Primary Location




Locations of Care	Available Services
<b>Middlesex Medical Center Marlborough</b> 14 Jones Hollow Road Marlborough, CT 06447	<b>Services:</b> <ul style="list-style-type: none"> <li>Anesthesia (Outpatient)</li> </ul>
<b>Middlesex MultiSpecialty Group</b> 80 South Main Street Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Middlesex Surgical Center</b> 530 Saybrook Road Middletown, CT 06457	<b>Services:</b> <ul style="list-style-type: none"> <li>Ambulatory Surgery Center (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>Rehabilitation Services and Hand Therapy</b> 6 Independence Drive Suite 1 Marlborough, CT 06447	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Rehabilitation Services and Hand Therapy</b> 192 Westbrook Road Essex, CT 06426	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>









## 2014 National Patient Safety Goals

### Symbol Key

-  The organization has met the National Patient Safety Goal.
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### Behavioral Health Care

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








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### Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Improve the safety of using medications.	Reconciling Medication Information	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
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	



















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### Hospital

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



## National Quality Improvement Goals

Reporting Period: October 2014 - September 2015

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Compared to other Joint  
Commission

Accredited Organizations

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

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	2 131 minutes 428 eligible Patients	52	122	107	160
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 329 minutes 428 eligible Patients	200	309	284	351



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Compared to other Joint Commission  
Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	8	8

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:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	8  100% of 534 eligible Patients	100%	94%	100%	93%



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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:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	8  100% of 485 eligible Patients	100%	93%	100%	94%



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		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult ( $\geq 65$ years)	This measure reports the number of older adult ( $\geq 65$ years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	8  100% of 49 eligible Patients	100%	91%	100%	82%
Patients Discharged on Multiple Antipsychotic Medications Overall Rate	This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	8  11% of 389 eligible Patients	2%	10%	2%	9%



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Compared to other Joint Commission  
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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 Discharged on Multiple Antipsychotic Medications Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	8 12% of 356 eligible Patients	2%	12%	2%	11%
Patients Discharged on Multiple Antipsychotic Medications Older Adults Age 65 and Older	This measure reports the number of patients age 65 or older discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	8 3% of 33 eligible Patients	0%	8%	0%	7%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	8 86% of 37 eligible Patients	100%	61%	86%	66%



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Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	8	8

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	8  86% of 36 eligible Patients	100%	62%	89%	68%



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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:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	4 ----	100%	56%	100%	49%



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Measure	Explanation					
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Created Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	8  70% of 635 eligible Patients	100%	92%	100%	87%



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Accredited Organizations

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Created Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	8  72% of 577 eligible Patients	100%	92%	100%	86%
Post Discharge Continuing Care Plan Created Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	8  52% of 58 eligible Patients	100%	88%	100%	79%



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Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	8	8

Compared to other Joint Commission  
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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:
Post Discharge Continuing Care Plan Transmitted Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	8  69% of 635 eligible Patients	100%	87%	98%	81%



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Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	8	8

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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:
Post Discharge Continuing Care Plan Transmitted Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	8  70% of 577 eligible Patients	100%	86%	98%	82%



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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:
Post Discharge Continuing Care Plan Transmitted Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	8 52% of 58 eligible Patients	100%	84%	100%	74%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	8 0.1486 (16 Total Hours in Restraint)	N/A	0.5242	N/A	0.6054



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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	8	8

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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:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	8 0.1708 (16 Total Hours in Restraint)	N/A	0.5496	N/A	0.4376
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	8 0.0000 (0 Total Hours in Restraint)	N/A	0.6113	N/A	2.3135
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	8 0.1350 (15 Total Hours in Seclusion)	N/A	0.3675	N/A	0.1711



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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:
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	8  0.1551 (15 Total Hours in Seclusion)	N/A	0.4095	N/A	0.1743
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	8  0.0000 (0 Total Hours in Seclusion)	N/A	0.0810	N/A	0.0012



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

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	  97% of 283 eligible Patients	100%	95%	100%	95%



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Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.		

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average	Statewide	Average
			Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	 100% of 3 eligible Patients	100%	96%	100%	95%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	 1% of 100 eligible Patients	0%	3%	0%	3%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	 69% of 957 eligible Patients	76%	51%	62%	53%
Exclusive Breast Milk Feeding Considering Mothers Choice	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization not including those newborns whose mothers chose to not exclusively feed breast milk at the time of birth of the newborn.	 81% of 823 eligible Patients	90%	66%	78%	64%



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## National Quality Improvement Goals

Reporting Period: October 2014 - September 2015

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Compared to other Joint  
Commission

Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	8	8

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	8  91% of 23 eligible Patients <sup>3</sup>	100%	97%	100%	97%
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	8  100% of 130 eligible Patients	100%	98%	100%	97%



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Compared to other Joint Commission  
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Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessed for Rehabilitation	Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	8 96% of 122 eligible Patients	100%	99%	100%	99%
Discharged on Antithrombotic Therapy	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	8 100% of 120 eligible Patients	100%	99%	100%	99%
Discharged on Statin Medication	Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of cholesterol circulating in the blood.	8 96% of 101 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:
Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	8 97% of 61 eligible Patients	100%	94%	100%	91%
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	8 86% of 7 eligible Patients <sup>3</sup>	100%	86%	100%	89%



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Compared to other Joint Commission  
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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:
Venous Thromboembolism (VTE) Prophylaxis	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The incidence of blood clots is lowest when patients are treated to prevent them.	8 98% of 122 eligible Patients	100%	98%	100%	97%



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Compared to other Joint Commission  
Accredited Organizations

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

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:
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	 100% of 30 eligible Patients	100%	97%	100%	97%
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	 96% of 50 eligible Patients	100%	93%	100%	93%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	 100% of 86 eligible Patients	100%	94%	100%	95%



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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:
VTE Prophylaxis	Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	 96% of 480 eligible Patients	100%	95%	99%	96%



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