

# Accreditation Quality Report





Version: 11 Date: 11/4/2013



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

Org ID: 5902









# **Summary of Quality Information**

<b>Accreditation Programs</b>	<b>Accreditation Decision</b>	Effective	Last Full Survey Last On-Sit		
		Date	Date	<b>Survey Date</b>	
Mospital	Accredited	12/4/2010	8/30/2013	8/30/2013	

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

Hospital

#### **Special Quality Awards**

2012 Top Performer on Key Quality Measures® 2012 Hospital Magnet Award 2010 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredite Organizations			
		Nationwide	Statewide		
Hospital	2010National Patient Safety Goals	Ø	<b>™</b> *		
	National Quality Improvement Goals:				
Reporting Period:	Heart Attack Care	<b>⊕</b>	<b>⊕</b>		
Apr 2012 - Mar 2013	Heart Failure Care	Ø	∅		
	Pneumonia Care	<b>⊕</b>	<b>⊕</b>		
	Stroke Care	<b>№</b> 8	<b>№</b> 8		
	Surgical Care Improvement Project (SCIP)				
	SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	<b>⊕</b>	<b>⊕</b>		
	Blood Vessel Surgery	Ø	Ø		
	Colon/Large Intestine Surgery	Ø	Ø		
	Hip Joint Replacement	<b>⊕</b>	<b>⊕</b>		
	Hysterectomy	Ø	Ø		
	Knee Replacement	<b>⊕</b>	<b>⊕</b>		
	SCIP – Venous Thromboembolism (VTE)				
	Haspitals valuntarily participate in the Survey of Datients'	Hospital Experiences (HCA)	UDC) Dodictric and		

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

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- Not displayed

#### Footnote Key

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Davis Avenue at East Post Road, White Plains, NY

Org ID: 5902







# **Locations of Care**

* Primary Loc	cation
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Locations of Care	Available Services
Dickstein Cancer Treatment Ctr 2-4 Longview Avenue White Plains, NY 10601	Other Clinics/Practices located at this site:
Obstetrics & Gynecology Partners 15 North Broadway White Plains, NY 10601	Services:  • Single Specialty Practitioner (Outpatient)
Obstetrics & Gynecology Partners 141 South Central Ave. Hartsdale, NY 10530	Services:  • Single Specialty Practitioner (Outpatient)
Surgical Specialists 170 Maple Ave, Suite 501 White Plains, NY 10601	Services:  • Single Specialty Practitioner (Outpatient)
Vascular and Thoracic Associates 4 Lion Place Esplanade Annex White Plains, NY 10601	Services:  • Outpatient Clinics (Outpatient)
White Plains Gastroenterology 311 North Street White Plains, NY 10605	Services:  • Single Specialty Practitioner (Outpatient)







# **Locations of Care**

Locations of Care	Available Services
White Plains Hospital Center * Davis Avenue at East Post Road White Plains, NY 10601	Services:  Cardiac Catheterization Lab (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gil or Endoscopy Lab (Imaging/Diagnostic Services) Gynecology (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Caproces) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit)  Medical ICU (Intensive Care Unit)  Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical Services) Pediatric Unit (Inpatient) Pediatric Unit (Inpatie
White Plains Hospital Center Outpatient Physical Medicine 111 South Ridge Street Rye Brook, NY 10573 White Plains Hospital	Services:  • Single Specialty Practitioner (Outpatient)
Center Women's Imaging Center 90 South Ridge Street Rye Brook, NY 10573	Services:  • Single Specialty Practitioner (Outpatient)
White Plains Physician Associates Family Medicine 2071 Boston Post Road Larchmont, NY 10538	Other Clinics/Practices located at this site:
White Plains Physician Associates Oncology and Hematology 244 Westchester Ave Suite 411 West Harrison, NY 10604	Services:  • Administration of High Risk Medications (Outpatient) • Single Specialty Practitioner (Outpatient)

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# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
White Plains Physicians Associates Breast Surgery 90 South Ridge Street Rye Brook, NY 10573	Other Clinics/Practices located at this site:  • White Plains Hospital • White Plains Hospital Breast Center  Services: • Single Specialty Practitioner (Outpatient)
WPPA Primary Care Practice 77 Quaker Ridge Road New Rochelle, NY 10804	Services:  • Single Specialty Practitioner (Outpatient)
WPPA Westchester orthopeadic Specialists 222 Westchester Ave. White Plains, NY 10605	Services:  • Single Specialty Practitioner (Outpatient)

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# **2010 National Patient Safety Goals**

#### **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.

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

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	Ø
	Preventing Surgical Site Infections	Ø Ø Ø
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	Ø
	Providing a Reconciled Medication List to the Patient	Ø
	Settings in Which Medications are Minimally Used	8000
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

		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.	<b>⊕</b>	<b>⊕</b>	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Nationwide Statewi Hospital Top 10% Average Top 10% A				
Wedsure	Едріанаціон	Results	Scored at Least:	Rate:	Scored at Least:	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 27 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 207 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 171 eligible Patlents	100%	99%	100%	99%

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## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation Heart Attack Care This category of evidence based measures assesses the  $\oplus$  $\oplus$ overall quality of care provided to Heart Attack (AMI) patients.

		Соі	mpared to o	other Joint ed Organiz		on
			Accredit Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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 164 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.*	₩ <b>0</b> 3 ————	100%	65%	100%	63%
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.*	99% of 166 eligible Patients	100%	98%	100%	98%

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## **National Quality Improvement Goals**

Reporting Period: April 2012 - March 2013

		Compared to other Joint Commission		
		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.	Ø	Ø	

		Compared to other Joint Commission Accredited Organizations				on
		Nationwide Statewi			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 58 eligible Patients <sup>7</sup>	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.*	98% of 201 eligible Patients <sup>7</sup>	100%	95%	100%	95%
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 285 eligible Patients <sup>7</sup>	100%	99%	100%	99%

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# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation Pneumonia Care This category of evidence based measures assesses the  $\oplus$ **(** 

overall quality of care provided to Pneumonia patients.

		Cor	npared to o	other Joint	Commissio	n .	
		001		ed Organiz		/11	
			lationwide		Statewide		
Measure	Explanation	Hospital		0	Top 10%	0	
		Results	Scored at Least:	Rate:	Scored at Least:	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.*	99% of 161 eligible Patients <sup>7</sup>	100%	98%	100%	97%	
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	100% of 18 eligible Patients <sup>7</sup>	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.*					<b></b> -	

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Davis Avenue at East Post Road, White Plains, NY

Org ID: 5902







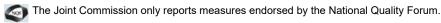
### **National Quality Improvement Goals**

Reporting Period: April 2012 - March 2013

Compared to other Joint **Accredited Organizations** 

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	<b>⊕</b>	<b>⊕</b>

		Соі	npared to o	other Joint ed Organiz		on
		1	lationwide		State	wide
Measure	Explanation	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.*	93% of 76 eligible Patients <sup>7</sup>	100%	97%	100%	96%



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Davis Avenue at East Post Road, White Plains, NY

Measure Area

Stroke Care

Org ID: 5902







# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Compared to other Joint Commission

Accredited Organizations

Explanation

Nationwide

Statewide

This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

		Compared to other Joint Commission Accredited Organizations				
	N	lationwide		State	wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	100% of 9 eligible Patients	100%	96%	3	3
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	8 100% of	100%	98%	3	3
	hospital arrival. Antithrombotic	42 eligible				

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improve survival rates.

medications are beneficial because

they reduce the tendency of blood to clot in blood vessels of the brain and

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Compared to other Joint







# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Measure Area Explanation Nationwide Statewide

Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

		Соі	mpared to c	other Joint ed Organiz		on
Measure	Evalenation	Hospital	Nationwide	Average		ewide
Measure	Explanation	Results	Scored	Rate:	Top 10% Scored	Rate:
			at Least:		at Least:	
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	100% of 60 eligible Patients	100%	98%	3	3
Discharged on Antithrombotic Therapy	condition as possible.  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.	100% of 53 eligible Patients	100%	99%	3	3
Discharged on Statin Medication	Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of cholesterol circulating in the blood.	100% of 45 eligible Patients	100%	96%	3	3

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## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Compared to other Joint

		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	<b>№</b> 8	<b>№</b> 8

		Cor	mpared to c Accredit	other Joint ed Organiz		on
		1	lationwide		State	wide
Measure	Explanation	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.	100% of 22 eligible Patients	100%	92%	3	3
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.	100% of 7 eligible Patients	100%	77%	3	3

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Davis Avenue at East Post Road, White Plains, NY

Org ID: 5902







## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Compared to other Joint

		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	<b>№</b> 8	<b>№</b> 8

		Cor	npared to c Accredit	other Joint ed Organiz		n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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.	97% of 60 eligible Patients	100%	94%	3	3

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Davis Avenue at East Post Road, White Plains, NY

Org ID: 5902







## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

Compared to other Joint Commission Accredited Organizations

Measure Area		Explanation		Nationwide	Statewide

SCIP - Cardiac This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.

Measure	Explanation		mpared to o Accredit Nationwide Top 10% Scored	ed Organiz Average	ations State Top 10%	
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.	97% of 141 eligible Patients <sup>7</sup>	at Least:	98%	at Least: 100%	97%

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Davis Avenue at East Post Road, White Plains, NY

Measure Area

Prevention

SCIP - Infection

Org ID: 5902







# **National Quality Improvement Goals**

Reporting Period: April 2012 - March 2013

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Compared to other Joint **Accredited Organizations** 

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

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide		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.	100% of 300 eligible Patients <sup>7</sup>	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 know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	99% of 300 eligible Patients <sup>7</sup>	100%	99%	100%	98%

Explanation

This category of evidence based measures assesses t

overall use of indicated antibiotics for surgical infection



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Davis Avenue at East Post Road, White Plains, NY

Org ID: 5902

Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

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

		Compared to other Joint Commission Accredited Organizations				n
Measure	Explanation	Hospital Results	Nationwide	Average Rate:		ewide 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.	97% of 288 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	100% of 38 eligible Patients <sup>7</sup>	100%	97%	100%	96%
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.*	100% of 13 eligible Patients <sup>7</sup>	100%	98%	100%	97%
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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 13 eligible Patients <sup>7</sup>	100%	99%	100%	97%

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Davis Avenue at East Post Road, White Plains, NY

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Compared to other Joint







# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

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

		Compared to other Joint Commission Accredited Organizations				on
		Nationwide Statewide			wide	
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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 12 eligible Patients <sup>7</sup>	100%	95%	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 146 eligible Patients <sup>7</sup>	100%	96%	100%	95%
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.*	100% of 50 eligible Patients <sup>7</sup>	100%	97%	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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	98% of 50 eligible Patients <sup>7</sup>	100%	95%	100%	94%

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Compared to other Joint









# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

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

prevenu	OII.					
		Compared to other Joint Commission Accredited Organizations				
	١	Nationwide			wide	
Measure	Explanation	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).*	96% of 46 eligible Patients <sup>7</sup>	100%	95%	100%	94%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	99% of 276 eligible Patients <sup>7</sup>	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.*	100% of 93 eligible Patients <sup>7</sup>	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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 93 eligible Patients <sup>7</sup>	100%	100%	100%	100%

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Davis Avenue at East Post Road, White Plains, NY

Measure Area

Prevention

SCIP - Infection

Org ID: 5902

Compared to other Joint







# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

prevention.

**Accredited Organizations** Nationwide Statewide Explanation This category of evidence based measures assesses the  $\oplus$  $\oplus$ overall use of indicated antibiotics for surgical infection

		Compared to other Joint Commission			on	
		Accredited Organizations Nationwide Statewic				
			lationwide	A		
Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
		Results	at Least:	Rate.	at Least:	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	98% of 90 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients Having a Hysterectomy*	infection).*  Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	97% of 145 eligible Patients <sup>7</sup>	100%	98%	100%	97%
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.*	100% of 49 eligible Patients <sup>7</sup>	100%	99%	100%	98%
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 know to be effective for the type of surgery, based upon the recommendations of	98% of 49 eligible Patients <sup>7</sup>	100%	97%	100%	97%

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Davis Avenue at East Post Road, White Plains, NY

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# **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

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			n	
		Accredited Organizations Nationwide Statewide				
Measure	Explanation		lationwide	Augraga		
Weasure	Ехріанаціон	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
		Mesuits	at Least:	itale.	at Least:	itale.
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).*	94% of 47 eligible Patients <sup>7</sup>	100%	98%	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 283 eligible Patients <sup>7</sup>	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.*	100% of 95 eligible Patients <sup>7</sup>	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 know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 95 eligible Patients <sup>7</sup>	100%	100%	100%	99%

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Org ID: 5902

Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: April 2012 - March 2013

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				
		1	Nationwide		State	wide
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 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 93 eligible Patients <sup>7</sup>	100%	98%	100%	98%
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 473 eligible Patients <sup>7</sup>	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.	99% of 118 eligible	100%	97%	100%	96%

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Davis Avenue at East Post Road, White Plains, NY

Org ID: 5902







## **National Quality Improvement Goals**

Reporting Period: April 2012 - March 2013

Measure Area	Explanation
SCIP - Venous	This category of evidenced based measures assesses the use of indicated treatment for the
Thromboembolism	prevention of blood clots in selected surgical patients
(VTE)	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide State			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	99% of 411 eligible Patients <sup>7</sup>	100%	98%	100%	98%

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