DBA: MedStar Washington Hospital Center, 110 Irving St, NW, Washington, DC

Org ID: 6308

Accreditation Quality Report





Version: 8 Date: 5/26/2017



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

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	2/28/2017	2/27/2017	2/27/2017
Hospital	Accredited	3/4/2017	3/3/2017	4/11/2017

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

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

Ventricular Assist Device

Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
Advanced Comprehensive Stroke Center	Certification	6/8/2016	6/7/2016	6/7/2016
Ventricular Assist Device	Certification	5/4/2016	5/3/2016	5/3/2016

Other Accredited Programs/Services

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

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	Ø	© *
Hospital	2017National Patient Safety Goals	Ø	(*)

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Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	ND 2	№ ²
Oct 2015 - Sep 2016	Immunization	ND 2	ND 2
	Perinatal Care	ND 2	N/D ²
	Stroke Care	№ ²	ND 2

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Locations of Care

Locations of Care	Available Services
Burn Clinic DBA: Burn Clinic 110 Irving St. NW, 3B55 Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)
Center for Breast Health DBA: Center for Breast Health 106 Irving Street, NW Washington Washington, DC 20010	Services: • Outpatient Clinics (Outpatient)
CENTER FOR VASCULAR CARE & VASCULAR SURGERY DBA: CENTER FOR VASCULAR CARE & VASCULAR SURGERY 106 Irving Street NW POB 3600 Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)
Family Health Center (Primary Care) Resident/Fellow Practice DBA: Family Health Center (Primary Care) Resident/Fellow Practice 110 Irving St. NW, 1A50 Washington, DC 20010	Services: Administration of High Risk Medications (Outpatient) Perform Invasive Procedure (Outpatient) Single Specialty Practitioner (Outpatient)
Hearing and Speech DBA: Hearing and Speech 110 Irving St. NW, GA102, Washington, DC Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)
Infusion Washington Cancer Institute DBA: Infusion Washington Cancer Institute 110 Irving St. NW Washington, DC 20010	Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Perform Invasive Procedure (Outpatient) Single Specialty Practitioner (Outpatient)
Medical Oncology/Hematology Washington Cancer Institute DBA: Medical Oncology/Hematology Washington Cancer Institute 110 Irving St. NW Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)
Medicine Subspecialty Practice DBA: Medicine Subspecialty Practice 110 Irving St. NW, 1A50, Washington, DC 20010	Services: Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)

DBA: MedStar Washington Hospital Center, 110 Irving St, NW, Washington, DC

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Locations of Care

*	Primary	/ Location
	rillialy	Location

Locations of Care	Available Services
Medicine-Dermatology-Chevy Chase DBA: Medicine-Dermatology-Chevy Chase 5530 Wisconsin Ave, Suite 730, Chevy Chase, MD 20815	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
MedStar Eye Institute DBA: MedStar Eye Institute 8630 Fenton St., Suite Plaza 7 Silver Spring, MD 20910	Services: • Single Specialty Practitioner (Outpatient)
MedStar Eye Institute DBA: MedStar Eye Institute 4000 Mitchelville Rd., Suite 128 Bowie, MD 20716	Services: • Single Specialty Practitioner (Outpatient)

DBA: MedStar Washington Hospital Center, 110 Irving St, NW, Washington, DC

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Locations of Care

* Primary Location

Locations of Care

MedStar Washington Hospital Center * DBA: MedStar Washington Hospital Center 110 Irving St NW Washington, DC 20010

Available Services

Joint Commission Advanced Certification Programs:

- Advanced Comprehensive Stroke Center
- Ventricular Assist Device

Services:

- Addiction Care/Adult)
- Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult)
- Burn Unit (Inpatient)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Case Management (Non 24 Hour Care - Adult)
- Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult)
- 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)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)

- Medical Detoxification (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Peer Support (Non 24 Hour Care)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)
- Transplant Surgery (Surgical Services)
- Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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Locations of Care

Locations of Care	Available Services
	Medical /Surgical Unit (Inpatient)
MedStar Washington Hospital Center Stroke Clinic DBA: Washington Hospital Center Stroke Clinic 110 Irving St. NW, 1A50 Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)
MWHC - Medicine-Psychiatry/OP Behaviorial Health Services DBA: Medicine-Psychiatry/OP Behaviorial Health Services 216 Michigan Avenue, NE 2nd floor Washington, DC 20017	Services: Addiction Care/Adult) Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) Case Management (Non 24 Hour Care - Adult) Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) Community Integration (Non 24 Hour Care)
MWHC Medicine Faculty Practice DBA: Medicine Faculty Practice 106 Irving St., NW, POB 3800 Washington, DC 20010	Services: • Outpatient Clinics (Outpatient)
MWHC Orthopedic Surgery DBA: MWHC Orthopedic Surgery 106 Irving St., NW POB North 5000 Washington, DC 20010	Services: Administration of High Risk Medications (Outpatient) Perform Invasive Procedure (Outpatient) Single Specialty Practitioner (Outpatient)
Neurosurgery DBA: Neurosurgery 110 Irving St. NW, G019 Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)
Oncology Specialty Center Washington Cancer Institute; DBA: Oncology Specialty Center Washington Cancer Institute; 106 Irving St. NW Washington, DC 20010	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Oncology/Radiation Oncology DBA: Oncology/Radiation Oncology 106 Irving St. NW Washington, DC 20010	Services: • Single Specialty Practitioner (Outpatient)

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Locations of Care

Locations of Care	Available Services
Oral and Maxillofacial	
Surgery/Orthodontics	Services:
DBA: Oral and	Anesthesia (Outpatient)
Maxillofacial	Perform Invasive Procedure (Outpatient)
Surgery/Orthodontics	
110 Irving St. NW, GA 144	 Single Specialty Practitioner (Outpatient)
Washington, DC 20010	
Otolaryngology Head &	
Neck Surgery	Services:
DBA: Otolaryngology	~
Head & Neck Surgery	Perform Invasive Procedure (Outpatient)
110 Irving Street, GA4	 Single Specialty Practitioner (Outpatient)
Washington, DC 20010	
Otolaryngology, Head &	
Neck Surgery	Services:
DBA: Otolaryngology,	
	 Outpatient Clinics (Outpatient)
Head & Neck Surgery	
106 Irving Street 410	
Washington, DC 20010 Pain Management	
	Commission
DBA: Pain Management	Services:
110 Irving St. NW, GA48	 Administration of High Risk Medications (Outpatient)
Washington, DC 20010	Single Specialty Practitioner (Outpatient)
Physicians Office	
Building Radiology	Services:
DBA: Physicians Office	Single Specialty Practitioner (Outpatient)
Building Radiology	3 1 , (
106 Irving Street, NW	
Washington	
Washington, DC 20010	
Surgical Ambulatory	
Care Center	Services:
DBA: Surgical	Perform Invasive Procedure (Outpatient)
Ambulatory Care Center	Single Specialty Practitioner (Outpatient)
110 Irving St. NW, GA48	gio oposiaily i isolatorio (outputtority
Washington, DC 20010	
Vascular Lab	
DBA: Vascular Lab	Services:
106 Irving Street NW POB	Single Specialty Practitioner (Outpatient)
North 3150	J , (
Washington, DC 20010	
Washington Hospital	
Center Eye Clinic	Services:
DBA: Washington	 Single Specialty Practitioner (Outpatient)
Hospital Center Eye Clinic	g.s spessaryasams.rs. (Surpansir)
110 Irving St. NW, 1A1	
Washington, DC 20010	
Washington, DO 20010	
WIS - National Center	
	Services:
WIS - National Center for Advance Pelvic	Services:
WIS - National Center for Advance Pelvic Surgery	Perform Invasive Procedure (Outpatient)
WIS - National Center for Advance Pelvic	

DBA: MedStar Washington Hospital Center, 110 Irving St, NW, Washington, DC

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Locations of Care

* Primary Location

Locations of Care
Women's & Infants
Services Ob/Gyn Clinic
DBA: Women's & Infants
Services Ob/Gyn Clinic
110 Irving St. NW, GAE3

Washington, DC 20010

Available Services

Services:

- Perform Invasive Procedure (Outpatient)
- Single Specialty Practitioner (Outpatient)

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2017 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."

Behavioral Health Care

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

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2017 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	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
	Reconciling Medication Information	Ø Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	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
	Preventing Catheter-Associated Urinary Tract Infection	0000
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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Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		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.	№ ²	№ 2

		Co	mpared to o	other Joint ed Organiz		on
		1	Nationwide	<u> </u>	State	wide
Measure	Explanation	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 - 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	99% of 346 eligible Patients	100%	94%	3	3

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- * This information can also be viewed at www.hospitalcompare.hhs.gov
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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Col	mpared to o			on
				ed Organiz		
Measure	Explanation	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.	99% of 235 eligible Patients	100%	94%	3	3

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

Compared to other Joint Commission
Accredited Organizations

		Cor	npared to c	other Joint ed Organiz		n
		١	lationwide		State	wide
Measure	Explanation	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 (>= 65 years)	This measure reports the number of older adult (>= 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.	100% of 111 eligible Patients	100%	92%	3	3

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National Quality Improvement Goals

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	Cor	npared to other Joi Accredited Orga	

		Compared to other Joint Commission Accredited Organizations				on
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
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 persons capacity to meet lifes everyday demands.	11% of 36 eligible Patients	100%	62%	3	3
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 medication to one antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.	13% of 30 eligible Patients	100%	63%	3	3

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Measure Area	Explanation	Nationwide	Statewide	
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Services						
		Col	mpared to d	other Joint ed Organiz		on
		1	Nationwide	ou organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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 medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	0% of 6 eligible Patients ³	100%	56%	3	3
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.	0.20 (31 Total Hours in Restraint)	N/A	0.49	3	3

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National Quality Improvement Goals

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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.	№ 2	№ ²	

		Compared to other Joint Commission Accredited Organizations				on
			Nationwide	cu Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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.	0.23 (31 Total Hours in Restraint)	N/A	0.53	3	3
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.	0.00 (0 Total Hours in Restraint)	N/A	0.38	3	3
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.36	3	3

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Footnote Key

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- The measure meets the Privacy Disclosure Threshold rule.
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DBA: MedStar Washington Hospital Center, 110 Irving St, NW, Washington, DC

Org ID: 6308

Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		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.	ND 2	ND 2	

		Compared to other Joint Commission Accredited Organizations				
		N	Nationwide		State	wide
Measure	Explanation	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.	0.00 (0 Total Hours in Seclusion)	N/A	0.41	3	3
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.08	3	3

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		Compared to other Joint Commission Accredited Organizations		
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 Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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.	99% of 508 eligible Patients	100%	94%	3	3

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Reporting Period: October 2015 - September 2016

Accredited Organizations

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Measure Area	Explanation	Nationwide	Statewide		
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ ²	№ 2		
	Cor	Compared to other Joint Commission			

		Compared to other Joint Commission Accredited Organizations				on
		1	Nationwide		ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	93% of 28 eligible Patients ³	100%	98%	3	3
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	1% of 70 eligible Patients	0%	2%	3	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.	42% of 364 eligible Patients	75%	53%	3	3

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Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission		
		Accredited C	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.	⊚ ²	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	96% of 26 eligible Patients ³	100%	90%	3	3

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