



Accreditation Quality Report





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

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

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







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

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



Summary of Quality Information

Symbol Key

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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Hospital | Accredited | 3/8/2008 | 3/7/2008 | 3/7/2008 |

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 | 10/24/2009 | 10/23/2009 | 10/23/2009 |

Special Quality Awards

2010 Gold Plus Get With The Guidelines - Stroke

Hospital

2008 National Patient Safety Goals

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.

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide



*



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Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

National Quality Improvement Goals:

Reporting Period:
Oct 2009 -
Sep 2010

Heart Attack Care



Heart Failure Care



Pneumonia Care



Surgical Care Improvement Project (SCIP)

SCIP - Cardiac

SCIP - Infection Prevention

For All Reported Procedures:

- Blood Vessel Surgery
- Colon/Large Intestine Surgery
- Hip Joint Replacement
- Hysterectomy
- Knee Replacement



SCIP – Venous Thromboembolism (VTE)

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Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| Carillon Outpatient Center 900 Carillon Parkway Saint Petersburg, FL 33716 | <ul style="list-style-type: none">• General Outpatient Services (Outpatient) |
| St. Anthony's Cancer Center 1201 Fifth Avenue North, Suite 130 Saint Petersburg, FL 33705 | <ul style="list-style-type: none">• General Outpatient Services (Outpatient) |



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| St. Anthony's Hospital * 1200 Seventh Avenue North Saint Petersburg, FL 33705 | Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Primary Stroke Center Services: <ul style="list-style-type: none"> Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Cancer Center/Oncology (Inpatient, Outpatient) Cardiac Catheterization Lab (Inpatient, Outpatient) Cardiac Unit/Cardiology (Inpatient) CT Scanner (Inpatient, Outpatient) Dentistry (Inpatient) Dermatology (Inpatient) Dialysis (Inpatient) EEG/EKG/EMG Lab (Inpatient, Outpatient) Electroconvulsive Therapy (Inpatient) Emergency Room (Outpatient) Endocrinology (Inpatient) Family Practice (Inpatient) Gastroenterology (Inpatient) General Medical Services (Inpatient) General Surgery (Inpatient) GI or Endoscopy Lab (Inpatient, Outpatient) Gynecology (Inpatient) Hematology/Blood Treatment (Inpatient) Imaging/Radiology (Inpatient, Outpatient) Infectious Diseases (Inpatient) Infusion Therapy (Outpatient) Intensive Care Unit (Inpatient) Internal Medicine (Inpatient) Magnetic Resonance Imaging (Inpatient, Outpatient) Mental Health (Inpatient, 24-hour Acute Care/Crisis Stabilization) Nephrology (Inpatient) Neurology (Inpatient) Neurosurgery (Inpatient) Nuclear Medicine (Inpatient, Outpatient) Operating Room (Inpatient) Ophthalmology/Eye Surgery (Inpatient) Orthopedic Surgery (Inpatient, Outpatient) Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) Outpatient Surgery (Outpatient) Pain Management (Inpatient, Outpatient) Plastic Surgery (Inpatient, Outpatient) Podiatry (Inpatient, Outpatient) Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) Pulmonary Function Lab (Outpatient) Radiation Oncology (Inpatient, Outpatient) Rehabilitation and Physical Medicine (Inpatient) Respiratory Care (Ventilator) (Inpatient) Rheumatology (Inpatient) Skilled Nursing Facility (Inpatient) Sleep Center (Outpatient) Telemetry (Inpatient) Thoracic Surgery (Inpatient) Ultrasound (Inpatient, Outpatient) Urgent Care/Emergency Medicine (Outpatient) Urology (Inpatient) Vascular Surgery (Inpatient) Wound Care (Outpatient) |
| St. Anthony's Hospital Heart Center 560 Jackson Street North Saint Petersburg, FL 33705 | <ul style="list-style-type: none"> Anesthesia (Outpatient) General Outpatient Services (Outpatient) |



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| St. Anthony's Physician Surgery Center 709 16th Street North Saint Petersburg, FL 33705 | <ul style="list-style-type: none"> • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) |
| St. Anthony's Professional Building 1201 5th Avenue North Saint Petersburg, FL 33705 | <ul style="list-style-type: none"> • Anesthesia (Outpatient) • General Outpatient Services (Outpatient) |
| St. Anthony's Resource Center 500 9th Street North Saint Petersburg, FL 33705 | <ul style="list-style-type: none"> • General Outpatient Services (Outpatient) |


















2008 National Patient Safety Goals

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Hospital

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







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Hospital

| Safety Goals | Organizations Should | Implemented |
|---|---|---|
| | emotional or behavioral disorders in general hospitals --NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS] | |
| Improve recognition and response to changes in a patient's condition. | The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital] |  |
| Universal Protocol | Conduct a pre-operative verification process. |  |
| | Mark the operative site. |  |
| | Conduct a "time out" immediately before starting the procedure. |  |



National Quality Improvement Goals

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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|--|---|---|---------------|--------------------------|---------------|
| | | | Nationwide | Average Rate: | Statewide | Average Rate: |
| | | | Top 10% Scored at Least: | | Top 10% Scored at Least: | |
| ACE inhibitor or ARB for LVSD* | Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood. |  95% of 20 eligible Patients ³ | 100% | 96% | 100% | 97% |
| Adult smoking cessation advice/counseling* | Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide. |  100% of 37 eligible Patients | 100% | 100% | 100% | 100% |
| 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. |  98% of 177 eligible Patients | 100% | 99% | 100% | 99% |



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| Heart Attack Care | This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients. | | |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---------------------------------------|--|---|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Aspirin prescribed at discharge* | Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates. | 97% of 146 eligible Patients | 100% | 99% | 100% | 99% |
| 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. | 99% of 152 eligible Patients | 100% | 98% | 100% | 99% |



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Compared to other Joint Commission Accredited Organizations

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|-------------------|--|---|---|
| Heart Attack Care | This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients. |  |  |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|---|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Fibrinolytic therapy received within 30 minutes of hospital arrival* | Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed. |  3 ---- | 100% | 60% | 100% | 55% |



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| Heart Attack Care | This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients. |  |  |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|--|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Primary PCI received within 90 minutes of hospital arrival* | Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed. |  95% of 38 eligible Patients | 100% | 91% | 100% | 92% |



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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. | | |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|----------------------------------|---|---------------|--------------------------|---------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| ACE inhibitor or ARB for LVSD* | Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood. | 98% of 100 eligible Patients | 100% | 95% | 100% | 97% |
| Adult smoking cessation advice/counseling* | Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide. | 100% of 76 eligible Patients | 100% | 99% | 100% | 100% |
| Discharge instructions* | Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization. Limitations of measure use - see Accreditation Quality Report User Guide. | 87% of 259 eligible Patients | 100% | 90% | 100% | 92% |



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|--------------------|--|---|---|
| Heart Failure Care | This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients. |  |  |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|-----------------|--|--|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| LVF assessment* | Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use - see Accreditation Quality Report User Guide. |  100% of 334 eligible Patients | 100% | 99% | 100% | 99% |



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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | | | | | |
|---|---|--|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Adult smoking cessation advice/counseling* | Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide. |  100% of 100 eligible Patients | 100% | 98% | 100% | 99% |
| Blood cultures for pneumonia patients admitted through the Emergency Department.* | Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given. |  99% of 274 eligible Patients | 100% | 96% | 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 78 eligible Patients | 100% | 96% | 100% | 97% |



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10.

Compared to other Joint Commission 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. | | |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|--|---|---------------|-----------|---------------|
| | | | Nationwide | Average Rate: | Statewide | Average Rate: |
| Initial antibiotic received within 6 hours of hospital arrival* | Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide. | 97% of 238 eligible Patients | 100% | 96% | 100% | 96% |
| 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. | ³ 78% of 18 eligible Patients ³ | 100% | 72% | 100% | 81% |
| Initial antibiotic selection for CAP in immunocompetent – non ICU patient* | Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia. | 98% of 124 eligible Patients | 100% | 95% | 100% | 97% |



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National Quality Improvement Goals

Reporting Period: October 2009 - September 2010

Symbol Key



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Compared to other Joint Commission 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. |  |  |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | | | | | |
|---------------------------|---|--|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Pneumococcal vaccination* | Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia. |  100% of 190 eligible Patients | 100% | 94% | 100% | 97% |



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| | | Compared to other Joint Commission 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. |  |  |

| | | 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: |
| Pneumonia Seasonal Measure Reporting Period: October 2009 - March 2010 | | | | | | |
| Influenza vaccination | Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital. |  99% of 159 eligible Patients | 100% | 92% | 100% | 95% |



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10.

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. | | |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | | | | | |
|--|--|---|--------------------------|---------------|--------------------------|---------------|
| | | Nationwide | | Statewide | | |
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. | This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame. |  92% of 185 eligible Patients ⁷ | 100% | 94% | 100% | 95% |



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10.

Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|---|--|--|---|---------------|-----------|---------------|
| | | | Nationwide | Average Rate: | Statewide | 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. |  97% of 431 eligible Patients ⁷ | 100% | 97% | 100% | 98% |
| Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.* | This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful. |  96% of 430 eligible Patients ⁷ | 100% | 98% | 100% | 98% |



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|---|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful. | 94% of 403 eligible Patients ⁷ | 100% | 95% | 100% | 96% |
| Patients Having Blood Vessel Surgery* | Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery. | 95% of 165 eligible Patients ⁷ | 100% | 95% | 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. | 97% of 58 eligible Patients ⁷ | 100% | 96% | 100% | 96% |
| Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* | This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. | 96% of 57 eligible Patients ⁷ | 100% | 98% | 100% | 98% |



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|---|---|---|---|---------------|-----------|---------------|
| | | | Nationwide | Average Rate: | Statewide | Average Rate: |
| Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). | 92% of 50 eligible Patients ⁷ | 100% | 91% | 100% | 94% |
| Patients Having Colon/Large Intestine Surgery* | Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery. | 88% of 179 eligible Patients ⁷ | 99% | 92% | 99% | 92% |
| Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* | This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. | 90% of 61 eligible Patients ⁷ | 100% | 94% | 100% | 96% |
| Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* | This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. | 87% of 61 eligible Patients ⁷ | 100% | 91% | 100% | 91% |



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|---|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). | 88% of 57 eligible Patients ⁷ | 100% | 90% | 100% | 90% |
| Patients Having Hip Joint Replacement Surgery* | Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery. | 96% of 324 eligible Patients | 100% | 97% | 100% | 98% |
| 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. | 96% of 111 eligible Patients | 100% | 97% | 100% | 98% |
| Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* | This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. | 99% of 111 eligible Patients | 100% | 99% | 100% | 99% |



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|--|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). |  92% of 102 eligible Patients | 100% | 95% | 100% | 97% |
| Patients Having a Hysterectomy* | Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery. |  92% of 71 eligible Patients | 100% | 96% | 100% | 96% |
| 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. |  ³ 96% of 24 eligible Patients ³ | 100% | 97% | 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 known to be effective for the type of surgery, based upon the recommendations of experts around the country. |  ³ 79% of 24 eligible Patients ³ | 100% | 94% | 100% | 94% |



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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Nationwide | | Statewide | |
|---|---|--|--------------------------|---------------|--------------------------|---------------|
| | | | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). | 3 100% of 23 eligible Patients ³ | 100% | 96% | 100% | 97% |
| Patients Having Knee Joint Replacement Surgery* | Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery. | 98% of 525 eligible Patients | 100% | 98% | 100% | 98% |
| Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.* | This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. | 99% of 177 eligible Patients | 100% | 98% | 100% | 99% |
| Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.* | This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. | 100% of 177 eligible Patients | 100% | 99% | 100% | 99% |



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|---|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.* | This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). | 96% of 171 eligible Patients | 100% | 96% | 100% | 97% |
| 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. | 99% of 674 eligible Patients ⁷ | 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. | 91% of 313 eligible Patients ⁷ | 99% | 90% | 100% | 91% |



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10.

Measure Area

Explanation

SCIP – Venous Thromboembolism (VTE)

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

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|--|------------------|---------|------------------|---------|
| | | Hospital Results | Nationwide | Average | Top 10% | Average |
| | | | Scored at Least: | Rate: | Scored at Least: | Rate: |
| Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs. | This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful. |  93% of 331 eligible Patients ⁷ | 100% | 95% | 100% | 96% |
| 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. |  86% of 330 eligible Patients ⁷ | 99% | 93% | 100% | 94% |



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

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

---- Null value or data not displayed.

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



CMS Mortality Rates

Hospital

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

The U.S. National 30-day Death Rate from Heart Attack = 16%

| | Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate) | No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain) | Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate) |
|---|---|---|---|
| 30-Day Death (Mortality) Rates from Heart Attack = 15.4% | | ✓ | |
| Number of Medicare Heart Attack Patients = 158 | | | |
| Out of 4569 hospitals in U.S. | 95 hospitals in the U.S. Better than U.S. National Rate | 2744 hospitals in the U.S. No different than U.S. National Rate | 45 hospitals in the U.S. Worse than U.S. National Rate |
| | 1685 hospitals in the United States did not have enough cases to reliably tell how well they are performing | | |
| Out of 183 hospitals in Florida | 6 hospitals in Florida Better than U.S. National Rate | 147 hospitals in Florida No different than U.S. National Rate | 4 hospitals in Florida Worse than U.S. National Rate |
| | 26 hospitals in Florida did not have enough cases to reliably tell how well they are performing | | |

The U.S. National 30-day Death Rate from Heart Failure = 11%

| | Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate) | No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain) | Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate) |
|---|--|---|---|
| 30-Day Death (Mortality) Rates from Heart Failure = 9.6% | | ✓ | |
| Number of Medicare Heart Failure Patients = 253 | | | |
| Out of 4743 hospitals in U.S. | 199 hospitals in the U.S. Better than U.S. National Rate | 3801 hospitals in the U.S. No different than U.S. National Rate | 140 hospitals in the U.S. Worse than U.S. National Rate |
| | 603 hospitals in the United States did not have enough cases to reliably tell how well they are performing | | |
| Out of 183 hospitals in Florida | 11 hospitals in Florida Better than U.S. National Rate | 157 hospitals in Florida No different than U.S. National Rate | 8 hospitals in Florida Worse than U.S. National Rate |
| | 7 hospitals in Florida did not have enough cases to reliably tell how well they are performing | | |

The U.S. National 30-day Death Rate from Pneumonia = 12%

| | Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate) | No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain) | Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate) |
|--|---|---|---|
| 30-Day Death (Mortality) Rates from Pneumonia = 10.6% | | ✓ | |
| Number of Medicare Pneumonia Patients = 327 | | | |

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



CMS Mortality Rates

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

Hospital

| Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2006 through June 2009 Last Updated: December 11, 2010 | | | |
|---|--|---|---|
| Out of 4788 hospitals in U.S. | 222 hospitals in the U.S. Better than U.S. National Rate | 3988 hospitals in the U.S. No different than U.S. National Rate | 221 hospitals in the U.S. Worse than U.S. National Rate |
| | 357 hospitals in the United States did not have enough cases to reliably tell how well they are performing | | |
| Out of 186 hospitals in Florida | 15 hospitals in Florida Better than U.S. National Rate | 155 hospitals in Florida No different than U.S. National Rate | 9 hospitals in Florida Worse than U.S. National Rate |
| | 7 hospitals in Florida did not have enough cases to reliably tell how well they are performing | | |

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

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



CMS Readmission Rates

Hospital

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

The U.S. National Rate for Readmissions for Heart Attack Patients = 20%

| | Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate) | No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain) | Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate) |
|---|---|--|--|
| 30 Day Hospital Readmission Rates from Heart Attack Patients = 19.9% | | ✓ | |
| Number of Medicare Heart Attack Patients = 131 | | | |
| Out of 4476 hospitals in U.S. | 29 hospitals in the U.S. Better than U.S. National Rate | 2403 hospitals in the U.S. No different than U.S. National Rate | 45 hospitals in the U.S. Worse than U.S. National Rate |
| | 1999 hospitals in the United States did not have enough cases to reliably tell how well they are performing | | |
| Out of 182 hospitals in Florida | 4 hospitals in Florida Better than U.S. National Rate | 140 hospitals in Florida No different than U.S. National Rate | 1 hospitals in Florida Worse than U.S. National Rate |
| | 37 hospitals in Florida did not have enough cases to reliably tell how well they are performing | | |

The U.S. National Rate for Readmissions for Heart Failure Patients = 25%

| | Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate) | No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain) | Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate) |
|--|--|--|--|
| 30 Day Hospital Readmission Rates from Heart Failure Patients = 24.3% | | ✓ | |
| Number of Medicare Heart Failure Patients = 293 | | | |
| Out of 4759 hospitals in U.S. | 147 hospitals in the U.S. Better than U.S. National Rate | 3869 hospitals in the U.S. No different than U.S. National Rate | 193 hospitals in the U.S. Worse than U.S. National Rate |
| | 550 hospitals in the United States did not have enough cases to reliably tell how well they are performing | | |
| Out of 184 hospitals in Florida | 13 hospitals in Florida Better than U.S. National Rate | 162 hospitals in Florida No different than U.S. National Rate | 3 hospitals in Florida Worse than U.S. National Rate |
| | 6 hospitals in Florida did not have enough cases to reliably tell how well they are performing | | |

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%

| | Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate) | No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain) | Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate) |
|--|--|--|--|
| 30 Day Hospital Readmission Rates from Pneumonia Patients = 18.7% | | ✓ | |

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



CMS Readmission Rates

Hospital

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






Number of Medicare Pneumonia Patients = 329

| | | | |
|---------------------------------|--|---|---|
| Out of 4813 hospitals in U.S. | 64 hospitals in the U.S. Better than U.S. National Rate | 4223 hospitals in the U.S. No different than U.S. National Rate | 163 hospitals in the U.S. Worse than U.S. National Rate |
| | 363 hospitals in the United States did not have enough cases to reliably tell how well they are performing | | |
| Out of 188 hospitals in Florida | 6 hospitals in Florida Better than U.S. National Rate | 170 hospitals in Florida No different than U.S. National Rate | 3 hospitals in Florida Worse than U.S. National Rate |
| | 9 hospitals in Florida did not have enough cases to reliably tell how well they are performing | | |

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

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

Symbol Key

-  This organization achieved the best possible results
-  This organization's performance is above the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is below the target range/value.
-  Not displayed

Footnote Key

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

10.

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



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

| Survey Date Range | Number of Completed Surveys | Survey Response Rate |
|-------------------------------|-----------------------------|----------------------|
| April 2009 through March 2010 | 300 or More | 28% |

| Question | | | Explanation | | | | | |
|---|---------------|------------------|--|---------------|------------------|--|---------------|------------------|
| How often did doctors communicate well with patients? | | | Patients reported how often their doctors communicated well with them during their hospital stay. “Communicated well” means doctors explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect . | | | | | |
| Doctors “always” communicated well | | | Doctors “usually” communicated well | | | Doctors “sometimes” or “never” communicated well | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 74% | 77% | 80% | 20% | 16% | 15% | 6% | 7% | 5% |

| Question | | | Explanation | | | | | |
|--|---------------|------------------|--|---------------|------------------|---|---------------|------------------|
| How often did nurses communicate well with patients? | | | Patients reported how often their nurses communicated well with them during their hospital stay. “Communicated well” means nurses explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect . | | | | | |
| Nurses “always” communicated well | | | Nurses “usually” communicated well | | | Nurses “sometimes” or “never” communicated well | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 70% | 72% | 76% | 22% | 20% | 19% | 8% | 8% | 5% |

| Question | | | Explanation | | | | | |
|--|---------------|------------------|--|---------------|------------------|--|---------------|------------------|
| How often did patients receive help quickly from hospital staff? | | | Patients reported how often they were helped quickly when they used the call button or needed help in getting to the bathroom or using a bedpan . | | | | | |
| Patients "always" received help as soon as they wanted | | | Patients "usually" received help as soon as they wanted | | | Patients "sometimes" or "never" received help as soon as they wanted | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 56% | 58% | 64% | 28% | 27% | 25% | 16% | 15% | 11% |



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

| Survey Date Range | Number of Completed Surveys | Survey Response Rate |
|-------------------------------|-----------------------------|----------------------|
| April 2009 through March 2010 | 300 or More | 28% |

| Question | Explanation | | | | | | | | |
|---|--|------------------|---------------|---|------------------|---------------|---------------|------------------|--|
| How often was patients' pain well controlled? | If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. "Well controlled" means their pain was well controlled and that the hospital staff did everything they could to help patients with their pain. | | | | | | | | |
| Pain was "always" well controlled | Pain was "usually" well controlled | | | Pain was "sometimes" or "never" well controlled | | | | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | |
| 65% | 67% | 69% | 27% | 24% | 24% | 8% | 9% | 7% | |

| Question | Explanation | | | | | | | | |
|---|---|------------------|---------------|--|------------------|---------------|---------------|------------------|--|
| How often did staff explain about medicines before giving them to patients? | If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told what the medicine was for and what side effects it might have before they gave it to the patient. | | | | | | | | |
| Staff "always" explained | Staff "usually" explained | | | Staff "sometimes" or "never" explained | | | | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | |
| 56% | 56% | 60% | 19% | 18% | 18% | 25% | 26% | 22% | |



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

| Survey Date Range | Number of Completed Surveys | Survey Response Rate |
|-------------------------------|-----------------------------|----------------------|
| April 2009 through March 2010 | 300 or More | 28% |

| Question | | | Explanation | | | | | |
|--|---------------|------------------|--|---------------|------------------|---------------------------------------|---------------|------------------|
| How often were the patients' rooms and bathrooms kept clean? | | | Patients reported how often their hospital room and bathroom were kept clean. | | | | | |
| Room was "always" clean | | | Room was "usually" clean | | | Room was "sometimes" or "never" clean | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 67% | 66% | 71% | 23% | 21% | 20% | 10% | 13% | 9% |

| Question | | | Explanation | | | | | |
|--|---------------|------------------|---|---------------|------------------|---------------------------------------|---------------|------------------|
| How often was the area around patients' rooms kept quiet at night? | | | Patients reported how often the area around their room was quiet at night. | | | | | |
| "Always" quiet at night | | | "Usually" quiet at night | | | "Sometimes" or "never" quiet at night | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 54% | 56% | 58% | 31% | 29% | 30% | 15% | 15% | 12% |

| Question | | | Explanation | | |
|---|---------------|------------------|---|---------------|------------------|
| Were patients given information about what to do during their recovery at home? | | | The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had discussed the help they would need at home . Patients also reported whether they were given written information about symptoms or health problems to watch for during their recovery . | | |
| Yes, staff did give patients this information | | | No, staff did not give patients this information | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 78% | 80% | 81% | 22% | 20% | 19% |



Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

| Survey Date Range | Number of Completed Surveys | Survey Response Rate |
|-------------------------------|-----------------------------|----------------------|
| April 2009 through March 2010 | 300 or More | 28% |

| Question | | | Explanation | | | | | |
|--|---------------|------------------|--|---------------|------------------|--|---------------|------------------|
| How do patients rate the hospital overall? | | | After answering all other questions on the survey, patients answered a separate question that asked for an overall rating of the hospital. Ratings were on a scale from 0 to 10, where “0” means “worst hospital possible” and “10” means “best hospital possible.” | | | | | |
| Patients who gave a rating of 9 or 10 (high) | | | Patients who gave a rating of 7 or 8 (medium) | | | Patients who gave a rating of 6 or lower (low) | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 65% | 63% | 67% | 27% | 25% | 24% | 8% | 12% | 9% |

| Question | | | Explanation | | | | | |
|--|---------------|------------------|---|---------------|------------------|--|---------------|------------------|
| Would patients recommend the hospital to friends and family? | | | The survey asked patients whether they would recommend the hospital to their friends and family. | | | | | |
| YES, patients would definitely recommend the hospital | | | YES, patients would probably recommend the hospital | | | NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it) | | |
| Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average | Hospital Rate | State Average | National Average |
| 73% | 67% | 69% | 22% | 25% | 26% | 5% | 8% | 5% |