

# Accreditation Quality Report





Version: 3 Date: 2/4/2017





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









### **Summary of Quality Information**

<b>Accreditation Programs</b>	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Accredited	3/8/2014	3/7/2014	4/15/2014

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

Advanced Certification Programs	<b>Certification Decision</b>	Effective Date	Last Full Rev Date	riew Last On-Site Review Date
Inpatient Diabetes	Certification	12/12/2015	12/11/2015	12/11/2015
Primary Stroke Center	Certification	12/19/2015	12/18/2015	12/18/2015

### **Other Accredited Programs/Services**

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

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2014National Patient Safety Goals	Ø	(M) *
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	ND <sup>2</sup>	<b>№</b> 0 <sup>2</sup>
Jul 2015 - Jun 2016	Immunization	ND 2	<b>№</b> 0 <sup>2</sup>
	Stroke Care	<b>№</b> 2	<b>№</b> 0 <sup>2</sup>
	Venous Thromboembolism (VTE)	<b>№</b> <sup>2</sup>	<b>(40)</b> 2

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

### Symbol Key

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#### Footnote Key

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- The Measure Set does not have an overall result.
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## St. Anthony's Hospital 1200 Seventh Avenue North, Saint Petersburg, FL







## **Locations of Care**

#### \* Primary Location

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Locations of Care	Available Services
Carillon Outpatient Center 900 Carillon Parkway Saint Petersburg, FL 33716	Other Clinics/Practices located at this site:  • Carillon OP Rehab  Services:  • Outpatient Clinics (Outpatient)
St. Anthony's Cancer Center DBA: St. Anthony's Cancer Center 1201 Fifth Avenue North, Suite 130 Saint Petersburg, FL 33705	Services:  • Outpatient Clinics (Outpatient)







### **Locations of Care**

#### \* Primary Location

#### Locations of Care

#### St. Anthony's Hospital \* DBA: St. Anthony's Hospital 1200 Seventh Avenue North Saint Petersburg, FL 33705

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

- Inpatient Diabetes
- Primary Stroke Center

#### **Services:**

- Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Family Support (Non 24 Hour Care)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Neuro/Spine Unit (Inpatient)

- · Neurosurgery (Surgical Services)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- · Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound
- (Imaging/Diagnostic Services)
- **Urology (Surgical Services)**
- Vascular Surgery (Surgical Services)

#### St. Anthony's **Professional Building** DBA: St. Anthony's

Profesisional Building 1201 5th Avenue North Saint Petersburg, FL 33705

#### Other Clinics/Practices located at this site:

• MRI Breast Center, Rehab

#### **Services:**

- Outpatient Clinics (Outpatient)
- Perform Invasive Procedure (Outpatient)

## St. Anthony's Hospital 1200 Seventh Avenue North, Saint Petersburg, FL







## **Locations of Care**

### \* Primary Location

Locations of Care	Available Services
St. Anthony's Resource Center DBA: St. Anthony's Resource Center 500 9th Street North Saint Petersburg, FL 33705	Services:  • Outpatient Clinics (Outpatient)
Suncoast Medical Clinic 620 10th St No. Suite 2F Saint Petersburg, FL 33705	Other Clinics/Practices located at this site:  • This pertains to the Infusion Center in that building  Services:  • Administration of Blood Product (Outpatient)  • Administration of High Risk Medications (Outpatient)  • Outpatient Clinics (Outpatient)

# St. Anthony's Hospital 1200 Seventh Avenue North, Saint Petersburg, FL







### **2014 National Patient Safety Goals**

### **Symbol Key**

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	Ø
Use Alarms Safely	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	8888
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
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

1200 Seventh Avenue North, Saint Petersburg, FL Org ID: 6915







### **National Quality Improvement Goals**

### Reporting Period: July 2015 - June 2016

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

Compared to other Joint Commission

Accredited Organizations

Nationwide

Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

	_					
		Cor	npared to c Accredit	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 - 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 380 eligible Patients	100%	94%	100%	97%

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### Not displayed

Footnote Key

below the target range/value.

Symbol Key

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Org ID: 6915







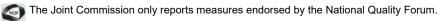
### **National Quality Improvement Goals**

Reporting Period: July 2015 - June 2016

Compared to other Joint
Commission
Accredited Organizations

		Accredited C	rganizations
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.	© <sup>2</sup>	<b>№</b> <sup>2</sup>

		Соі	mpared to o	other Joint ed Organiz		n
		١	Nationwide		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 - 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 187 eligible Patlents	100%	94%	100%	97%



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Reporting Period: July 2015 - June 2016

Compared to other Joint Commission Accredited Organizations

		Accredited C	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.	<b>©</b> 2	<b>№</b> 2

		Со	mpared to o	other Joint ed Organiz		on
			Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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 193 eligible Patients	100%	92%	100%	95%

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric









### **National Quality Improvement Goals**

Reporting Period: July 2015 - June 2016

Compared to other Joint Commission		
Accredited Organizations		
Nationwide Statewide		

This category of evidenced based measures assesses the	
overall quality of care given to psychiatric patients.	

Explanation



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		Соі	mpared to c	other Joint ed Organiz		on
		1	Nationwide	ou Organiz		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	54% of 26 eligible Patients <sup>3</sup>	100%	62%	100%	68%
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 when the patient is also being treated with Clozapine.	50% of 12 eligible Patients <sup>3</sup>	100%	63%	100%	70%

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### Reporting Period: July 2015 - June 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.	<b>№</b> 2	<b>№</b> 2	

20.11000						
		Cor	npared to o	other Joint ed Organiz		on
		Nationwide Statewide				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	57% of 14 eligible Patients <sup>3</sup>	100%	56%	100%	58%
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.	0.1339 (60 Total Hours in Restraint)	N/A	0.4876	N/A	0.2543

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Reporting Period: July 2015 - June 2016

Compared to Comm	
Accredited C	rganizations
Nationwide	Statewide

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

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.2261 (58 Total Hours in Restraint)	N/A	0.5142	N/A	0.1276
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.	0.0140 (3 Total Hours in Restraint)	N/A	0.4777	N/A	1.1083
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.	0.0925 (42 Total Hours in Seclusion)	N/A	0.3612	N/A	0.1180

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Reporting Period: July 2015 - June 2016

Compared to other Joint

		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.	<b>ND</b> 2	<b>№</b> 2	

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide		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.	0.1596 (41 Total Hours in Seclusion)	N/A	0.4089	N/A	0.1144
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.	0.0051 (1 Total Hours in Seclusion)	N/A	0.0918	N/A	0.1373

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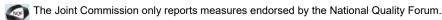


Reporting Period: July 2015 - June 2016

Compared to other Joint Commission				
Accredited Organizations				
Nationwide	Statewide			
<b>2</b>	<b>2</b>			

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>№</b> <sup>2</sup>	<b>№</b> 2	

		Соі	mpared to d Accredit	other Joint ed Organiz		n
		1	Nationwide		State	wide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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.	98% of 856 eligible Patients	100%	94%	100%	97%



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### **National Quality Improvement Goals**

Reporting Period: July 2015 - June 2016

Compared to other Joint **Accredited Organizations** 

Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	<b>⊚</b> <sup>2</sup>	<b>№</b> 2

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			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.	100% of 9 eligible Patients	100%	89%	100%	94%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- lot displayed

### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.



**Symbol Key** 

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Not displayed

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overall result.

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Reporting Period: July 2015 - June 2016

Commission			
Accredited Organizations			
Nationwide	Statewide		
2	2		

Compared to other Joint

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	<b>©</b> 2	<b>№</b> 2	

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Average Rate:
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	98% of 47 eligible Patients	100%	93%	100%	95%

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- 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."

the denominator criteria.