# Accreditation Quality Report





Version: 13 Date: 8/23/2017



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 Symbol Key

oossible results.

rganization. Not displayed

overall result.

valid.

sample of patients.

updated data.

Footnote Key

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

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the denominator criteria.

This organization achieved the best

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. This Measure is not applicable for this Org ID: 7178







### **Summary of Quality Information**

<b>Accreditation Programs</b>	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	<b>Last On-Site</b> <b>Survey Date</b>
Behavioral Health Care	Accredited	1/23/2015	9/15/2014	9/15/2014
	Accredited	3/21/2015	9/19/2014	9/17/2015
Laboratory	Accredited	10/4/2016	4/6/2016	4/6/2016

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

Pathology and Clinical Laboratory

Hospital

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

Ventricular Assist Device

<b>Advanced Certification</b>	<b>Certification Decision</b>	<b>Effective</b>	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
Heart Failure	Certification	1/27/2016	1/26/2016	1/26/2016
Inpatient Diabetes	Certification	11/11/2015	11/10/2015	11/10/2015
Primary Stroke Center	Certification	1/26/2016	1/25/2016	1/25/2016
Ventricular Assist Device	Certification	5/20/2015	6/13/2017	6/13/2017

#### **Special Quality Awards**

2013 Top Performer on Key Quality Measures®

2014 Silver Plus Get With The Guidelines - Heart Failure

nal Surgical Quality Improvement Program

2014National Patient Safety Goals

lagnet Award

Behavioral

Health Care

e Medal of Honor for Organ Donation

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	2012	ACS Nation Hospital Ma Silver - The

Compared to other Joint Commission Accredited Organizations		
Nationwide	Statewide	
Ø	*	

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

2001 West 86th Street, Indianapolis, IN

Org ID: 7178







### **Summary of Quality Information**

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2015National Patient Safety Goals	Ø	<b>™</b> *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	ND 2	ND 2
Jan 2016 - Dec 2016	Hospital-Based Inpatient Psychiatric Services	<b>№</b> 2	<b>№</b> 2
	Immunization	<b>№</b> 2	ND 2
	Perinatal Care	2	2
	Stroke Care	2	2
	Venous Thromboembolism (VTE)	© 2	© 2
Laboratory	2016National Patient Safety Goals	Ø	*

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### Symbol Key This organization achieved the best

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#### Footnote Key

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Locations of Care	Available Services
Northwest Physical	
Therapy	Services:
DBA: St. Vincent Hospital	
and Health Care Services.	Outpatient Clinics (Outpatient)
Inc	
8227 Northwest Blvd	
Indianapolis, IN 46278	
St Vincent Abdominal	
Transplant Services	Services:
DBA: St Vincent Hospital	201 11000
and Heath Care Services,	Outpatient Clinics (Outpatient)
Inc	
8402 Harcourt Road,	
Suite 500	
Indianapolis, IN 46260	
St Vincent Breast Center	
MRI	Services:
DBA: St. Vincent Hospital	
and Health Care Services,	General Laboratory Tests     Outretient Clinics (Outretient)
Inc	Outpatient Clinics (Outpatient)     Professional Proceedings (Outpatient)
8550 Naab Road, Suite	Perform Invasive Procedure (Outpatient)
110	
Indianapolis, IN 46260	
St Vincent Cardiac	
Transplant Services	Services:
DBA: St. Vincent Hospital	
and Health Care Services.	Outpatient Clinics (Outpatient)
Inc	
8333 Naab Road, Suite	
300	
Indianapolis, IN 46260	
St Vincent Indianapolis	
<b>Breast Center</b>	Services:
DBA: St. Vincent Hospital	Outpatient Clinics (Outpatient)
and Health Care Services,	Perform Invasive Procedure (Outpatient)
Inc	- 1 Shorin invasive i recodure (Outpatient)
8550 Naab Road, Suite	
300	
Indianapolis, IN 46260	
St Vincent Medication	
Management	Services:
DBA: St. Vincent Hospital	<ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
and Health Care Services,	, , ,
Inc	
8220 Naab Road, Suite	
102	
Indianapolis, IN 46260	
St Vincent Nuclear and	
Echo Lab	Services:
DBA: St. Vincent Hospital	<ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
and Health Care Services,	, , ,
Inc	
10590 N Meridian Street,	
Suite 300	
Indianapolis, IN 46290	

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### **Locations of Care**

#### \* Primary Location

Locations of Care

St. Vincent
Cardiovascular Lab,
Suite 400

DBA: St. Vincent Hospital
and Health Care Services,
Inc
8333 Naab Rd, Suite 400
Indianapolis, IN 46260

Available Services

Outpatient Clinics (Outpatient)

2001 West 86th Street, Indianapolis, IN







### **Locations of Care**

#### \* Primary Location

### Locations of Care

St. Vincent Hospital and Health Care Services, Inc \* 2001 W. 86th Street

Indianapolis, IN 46240

#### Available Services

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

- Heart Failure
- Inpatient Diabetes
- Primary Stroke Center
- Ventricular Assist Device

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

• St. Vincent Cardio-Pulmonary Rehab

#### **Services:**

- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- 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)
- Medical ICU (Intensive Care Unit)

• Neuro/Spine Unit (Inpatient)

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- Neurosurgery (Surgical Services)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)

  Plantic Common (Common Laboration)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)
- Transplant Surgery (Surgical Services)
- Ultrasound
   (Imaging/Diagna
- (Imaging/Diagnostic Services)Urology (Surgical Services)
- Vice substitution of the state of the s
- Vascular Surgery (Surgical Services)

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Locations of Care	Available Services
St. Vincent Outpatient Cath Lab DBA: St. Vincent Hospital and Health Care Services, Inc 10590 North Meridian, Suite 100 Indianapolis, IN 46290	Services:      Administration of High Risk Medications (Outpatient)     Anesthesia (Outpatient)     General Laboratory Tests     Outpatient Clinics (Outpatient)     Perform Invasive Procedure (Outpatient)
St. Vincent Pediatric Therapy Center Suite 300 DBA: St. Vincent Hospital and Health Care Services, Inc 8220 Naab Road Indianapolis, IN 46260	Services:  • Outpatient Clinics (Outpatient)
St. Vincent Physical Therapy DBA: St. Vincent Hospital and Health Care Services, Inc 10801 North Michigan Road, Suite 200 Zionsville, IN 46077	Services:  • Outpatient Clinics (Outpatient)
St. Vincent Primary Care Center DBA: St. Vincent Hospital and Health Care Services, Inc 8414 Naab Rd Indianapolis, IN 46260	Other Clinics/Practices located at this site:  • Family Medicine Clinic Suite 120 • Multidisciplinary Clinic, Suite 215 • Primary Care Center Internal Medicine Clinic Suite 100  • Primary Care Center Internal Suite 130  • Primary Care Center Internal Suite 130
	Services:      General Laboratory Tests     Outpatient Clinics (Outpatient)     Perform Invasive Procedure (Outpatient)
St. Vincent Women's Rehabilitation Center DBA: St. Vincent Hospital and Health Care Services, Inc 8550 Naab Road, Suite 100 Indianapolis, IN 46260	Services:  • Outpatient Clinics (Outpatient)
St.Vincent Broadripple Physical Therapy DBA: St. Vincent Hospital and Health Care Services, Inc 1001 Broad Ripple Avenue Indianapolis, IN 46220	Services:  • Outpatient Clinics (Outpatient)

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Locations of Care	Available Services
St.Vincent	
Cardiovascular Lab,	Services:
First Floor	Administration of Blood Product (Outpatient)
DBA: St. Vincent Hospital	Administration of High Risk Medications (Outpatient)
and Health Care Services,	Administration of riight Nisk Medications (Outpatient)     Anesthesia (Outpatient)
Inc	Outpatient Clinics (Outpatient)
8333 Naab Road	Perform Invasive Procedure (Outpatient)
Indianapolis, IN 46260	Total invasive Procedure (Outpations)
St.Vincent Oncology	
Services	Services:
DBA: St. Vincent Hospital	General Laboratory Tests
and Health Care Services,	Outpatient Clinics (Outpatient)
Inc	. , , ,
8301 Harcourt Road	
Indianapolis, IN 46260	
St.Vincent Outpatient Imaging Center	Services:
DBA: St. Vincent Hospital	~
and Health Care Services,	General Laboratory Tests     Outpatient Clinics (Outpatient)
Inc	Outpatient Clinics (Outpatient)
10801 N. Michigan Rd	
Zionsville, IN 46077	
St.Vincent Outpatient	
Treatment Center	Services:
DBA: St. Vincent Hospital	<ul> <li>Administration of High Risk Medications (Outpatient)</li> </ul>
and Health Care Services,	Outpatient Clinics (Outpatient)
Inc	Perform Invasive Procedure (Outpatient)
11455 North Meridian,	, , ,
Suite 250	
Carmel, IN 46032	
St.Vincent Pediatric Physical & Occupational	Services:
Therapy	
DBA: St. Vincent Hospital	Outpatient Clinics (Outpatient)
and Health Care Services,	
Inc	
12425 Old Meridian St.	
A-1	
Carmel, IN 46032	
St.Vincent Physical	
Therapy	Services:
DBA: St. Vincent Hospital	Outpatient Clinics (Outpatient)
and Health Care Services,	
Inc	
14828 Greyhound Ct,	
Suite 150	
Carmel, IN 46032	
St.Vincent Physical	Commisses
Therapy DBA: St. Vincent Hospital	Services:
and Health Care Services,	Outpatient Clinics (Outpatient)
and Health Care Services,	
1185 W Carmel Drive	
1185 W. Carmel Drive, Building C	

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*	Primary	/ Location
	rillialy	Location

Locations of Care	Available Services		
St.Vincent Rehabilitation Services, Anson DBA: St. Vincent Hospital and Health Care Services, Inc 6085 Heartland Drive, Suite 201 Zionsville, IN 46077	Services:  • Outpatient Clinics (Outpatient)		
St.Vincent Stress Center DBA: St. Vincent Hospital	Other Clinics/Practices located at this site:  • Sleep Center		
and Health Care Services, Inc 8401 Harcourt Road Indianapolis, IN 46260	Services:  Addiction Care/Adult/Child/Youth) (Non-detox - Adult) Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Non-detox - Adult)		
St.Vincent Women's Hospital DBA: St. Vincent Hospital and Health Care Services, Inc 8111 Township Line Road Indianapolis, IN 46260	Joint Commission Advanced Certification Programs:  Inpatient Diabetes  Services:  CT Scanner (Imaging/Diagnostic Services)  EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gineral Care Unit (PACU) (Inpatient) Ultrasound (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient)		

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### **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."

### **Behavioral Health Care**

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

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### **2015 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

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Compared to other Joint







### **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>ND</b> 2	<b>№</b> 2	

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	113.00 minutes 448 eligible Patients	54.00	126.00	51.04	103.98
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	303.00 minutes 457 eligible Patients	203.00	313.00	198.03	266.72

- 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 similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

#### **Footnote Key**

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- The number of patients is not enough for comparison purposes.
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### **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 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			n
				ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide 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.	97% of 396 eligible Patients	100%	94%	100%	96%

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#### This organization's performance is below the target range/value. Not displayed

Symbol Key

possible results

Ø

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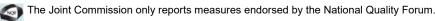


### **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

Compared to other Joint Commission Accredited Organizations

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide			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 242 eligible Patients	100%	94%	100%	93%



This information can also be viewed at www.hospitalcompare.hhs.gov
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Compared to other Joint



Measure Area

Services

Hospital-Based

Inpatient Psychiatric





### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 2016

**Accredited Organizations** Nationwide Statewide Explanation This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

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		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 - 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.	94% of 154 eligible Patients	100%	92%	100%	97%

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### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 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 o	other Joint ed Organiz		on
		N	Nationwide	eu 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.	50% of 8 eligible Patients <sup>3</sup>	100%	61%	100%	72%
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 or the addition when the patient is also being treated with Clozapine.		100%	62%	100%	71%

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### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 2016

**Accredited Organizations** Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

23,11323						
		Compared to other Joint Commission Accredited Organizations				
			lationwide			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 medication or the addition of an antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.	33% of 6 eligible Patients <sup>3</sup>	100%	56%	100%	68%
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.	0.50 (144 Total Hours in Restraint)	N/A	0.50	N/A	0.61

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### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 2016

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.

		Compared to other Joint Commission Accredited Organizations				
			Accredit Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric	0.48 (115 Total Hours in Restraint)	N/A	0.53	N/A	0.83
Hours of Physical Restraint Use Older Adults Age 65 and Older	condition.  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.	0.65 (29 Total Hours in Restraint)	N/A	0.39	N/A	0.16
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.	0.26 (73 Total Hours in Seclusion)	N/A	0.36	N/A	0.07

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### **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

Measure Explanation			Accredite Accredite Iationwide Top 10% Scored at Least:	other Joint ed Organiz 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.	0.30 (73 Total Hours in Seclusion)	N/A	0.41	N/A	0.09
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	N/A	0.01

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Org ID: 7178







### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 2016

Compared to other Joint **Accredited Organizations** Measure Area Explanation Nationwide Statewide **Immunization** This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	96% of 539 eligible Patients	100%	94%	100%	98%

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### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 2016

Compared to other Joint
Commission

Accredited Organizations

Nationwide Statewide

Org ID: 7178

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> 2	<b>№</b> 2

		Cor	mpared to d	other Joint	Commissio	n .
		Compared to other Joint Commission Accredited Organizations				
			Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	100% of 54 eligible Patients	100%	98%	100%	100%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	3% of 32 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization.  Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	50% of 374 eligible Patlents	75%	53%	69%	59%

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### **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission		
		Accredited Organizations		
easure Area	Explanation	Nationwide	Statewide	
roke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	<b>№</b> 2	<b>№</b> 2	

Measure	Measure Explanation			other Joint ed Organiz Average Rate:	State	ewide 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.	92% of 25 eligible Patients <sup>3</sup>	100%	90%	100%	83%

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### **National Quality Improvement Goals**

### Reporting Period: January 2016 - December 2016

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

		Compared to other Joint Commission Accredited Organizations				
		1	lationwide		State	wide
Measure	Explanation	Hospital Results		Average Rate:		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 64 eligible Patients	100%	93%	100%	95%

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### **2016** 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."

### Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø