

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

2001 West 86th Street, Indianapolis, IN



Summary of Quality Information

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

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Revie Date	w Last On-Site Review Date
🥝 Heart Failure	Certification	1/27/2016	1/26/2016	1/26/2016
o Inpatient Diabetes	Certification	11/11/2015	11/10/2015	11/10/2015
o Primary Stroke Center	Certification	1/26/2016	1/25/2016	1/25/2016
old Ventricular Assist Device	Certification	6/14/2017	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
2012 ACS National Surgical Quality Improvement Program
2012 Hospital Magnet Award
2012 Silver - The Medal of Honor for Organ Donation

 Behavioral Health Care
 2014National Patient Safety Goals
 Image: Compared to other Joint Commission Accredited Organizations

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

Symbol Key

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- **11.** There were no eligible patients that met the denominator criteria.

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

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Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2015National Patient Safety Goals	Ø	
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	2 ²	(10) ²
Jan 2016 - Dec 2016	Hospital-Based Inpatient Psychiatric Services		() ²
	Immunization		() ²
	Perinatal Care		(m) ²
	Stroke Care	2 ²	O ²
	Venous Thromboembolism (VTE)	2 ²	O ²
Laboratory	2016National Patient Safety Goals	Ø	○ *

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Locations of Care

2001 West 86th Street, Indianapolis, IN

* Primary Location	
Locations of Care	Available Services
Northwest Physical Therapy DBA: St. Vincent Hospital and Health Care Services, Inc 8227 Northwest Blvd	Services: • Outpatient Clinics (Outpatient)
Indianapolis, IN 46278	
St Vincent Abdominal Transplant Services DBA: St Vincent Hospital and Heath Care Services, Inc 8402 Harcourt Road, Suite 500 Indianapolis, IN 46260	Services: • Outpatient Clinics (Outpatient)
St Vincent Breast Center MRI DBA: St. Vincent Hospital and Health Care Services, Inc 8550 Naab Road, Suite 110 Indianapolis, IN 46260	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
St Vincent Cardiac Transplant Services DBA: St. Vincent Hospital and Health Care Services, Inc 8333 Naab Road, Suite 300 Indianapolis, IN 46260	Services: • Outpatient Clinics (Outpatient)
St Vincent Indianapolis Breast Center DBA: St. Vincent Hospital and Health Care Services, Inc 8550 Naab Road, Suite 300 Indianapolis, IN 46260	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
St Vincent Medication Management DBA: St. Vincent Hospital and Health Care Services, Inc 8220 Naab Road, Suite 102 Indianapolis, IN 46260	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
St Vincent Nuclear and Echo Lab DBA: St. Vincent Hospital and Health Care Services, Inc 10590 N Meridian Street, Suite 300 Indianapolis, IN 46290	Services: • Outpatient Clinics (Outpatient)

Quality Check[®]

St. Vincent Hospital and Health Care Services, Inc.

2001 West 86th Street, Indianapolis, IN



Locations of Care

* Primary Location	
Locations of Care	Available Services
St. Vincent Cardiovascular Lab, Suite 400 DBA: St. Vincent Hospital and Health Care Services, Inc 8333 Naab Rd, Suite 400 Indianapolis, IN 46260	Services: Outpatient Clinics (Outpatient)



Locations of Care

* Primary Location

Locations of Care
St. Vincent Hospital and Health Care Services, Inc * 2001 W. 86th Street Indianapolis, IN 46240

2001 West 86th Street, Indianapolis, IN



Locations of Care

* Primary Location **Available Services** Locations of Care St. Vincent Outpatient Cath Lab Services: DBA: St. Vincent Hospital Administration of High Risk Medications (Outpatient) and Health Care Services, • Anesthesia (Outpatient) Inc General Laboratory Tests 10590 North Meridian, Outpatient Clinics (Outpatient) Suite 100 • Perform Invasive Procedure (Outpatient) Indianapolis, IN 46290 St. Vincent Pediatric **Therapy Center Suite** Services: 300 Outpatient Clinics (Outpatient) DBA: St. Vincent Hospital and Health Care Services, Inc 8220 Naab Road Indianapolis, IN 46260 St. Vincent Physical Therapy Services: DBA: St. Vincent Hospital Outpatient Clinics (Outpatient) and Health Care Services, Inc 10801 North Michigan Road, Suite 200 Zionsville, IN 46077 St. Vincent Primary Care **Other Clinics/Practices located at this site:** Center • Family Medicine Clinic Suite • Primary Care Center OB-GYN DBA: St. Vincent Hospital 120 Clinic Suite 210 and Health Care Services, Primary Care Center Pediatric • Multidisciplinary Clinic, Suite Inc Clinic Suite 200 215 8414 Naab Rd St.Vincent Diagnostic Imaging • Primary Care Center Internal Indianapolis, IN 46260 Medicine Clinic Suite 100 Suite 130 Services: General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) St. Vincent Women's **Rehabilitation Center** Services: DBA: St. Vincent Hospital • Outpatient Clinics (Outpatient) and Health Care Services, Inc 8550 Naab Road, Suite 100 Indianapolis, IN 46260 St.Vincent Broadripple **Physical Therapy** Services: DBA: St. Vincent Hospital Outpatient Clinics (Outpatient) and Health Care Services, Inc 1001 Broad Ripple Avenue Indianapolis, IN 46220

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Locations of Care

* Primary Location Available Services Locations of Care 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, Anesthesia (Outpatient) Inc • Outpatient Clinics (Outpatient) 8333 Naab Road • Perform Invasive Procedure (Outpatient) Indianapolis, IN 46260 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 General Laboratory Tests and Health Care Services, Outpatient Clinics (Outpatient) Inc 10801 N. Michigan Rd Zionsville, IN 46077 St.Vincent Outpatient **Treatment Center** Services: DBA: St. Vincent Hospital • Administration of High Risk Medications (Outpatient) 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 • Outpatient Clinics (Outpatient) DBA: St. Vincent Hospital 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 Therapy Services: DBA: St. Vincent Hospital Outpatient Clinics (Outpatient) and Health Care Services, Inc 1185 W. Carmel Drive, Building C Carmel, IN 46032

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Locations of Care

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 St.Vincent Stress Center	Services: • Outpatient Clinics (Outpatient) Other Clinics/Practices located at this site:
DBA: St. Vincent Hospital and Health Care Services, Inc 8401 Harcourt Road Indianapolis, IN 46260	 Sleep Center 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) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Chemical Dependency (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - 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) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Normal Newborn Nursery (Inpatient) Normal Newborn Nursery (Inpatient) Normal Newborn Nursery (Inpatient) Post Anesthesia 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

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

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.

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2015 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
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	\bigotimes
	Reconciling Medication Information	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	\bigotimes
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	\bigotimes
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigcirc

Symbol Key

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission	
		Accredited C	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.	@ ²	™ 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.	ND 2 113.00 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.	2 303.00 minutes 457 eligible Patients	203.00	313.00	198.03	266.72

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission	
		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.	○ ²	™ ²

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N 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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2001 West 86th Street, Indianapolis, IN

Statewide



National Quality Improvement Goals

Reporting Per	iod: January 2016 - December 2016		
			o other Joint hission
		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.	™ ²	○ ²

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n			1	Vationwide	eu Organiz		wide
ough	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
by but ins. tically a sure ement. ily of	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%

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National Quality Improvement Goals

Reporting Per	iod: January 2016 - December 2016		
		Compared to Comm	o other Joint hission
		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.	2 ²	™ ²

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	ewide
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 94% of 154 eligible Patients	100%	92%	100%	97%

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St. Vincent Hospital and Health Care Services, Inc.

2001 West 86th Street, Indianapolis, IN



National Quality Improvement Goals

Reporting Per	iod: January 2016 - December 2016	Compared to	o other Joint
		Comm Accredited C	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	@ ²

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	50% of 8 eligible Patients ³	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 ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ⁴	100%	62%	100%	71%

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National Quality Improvement Goals

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Nationwide	ed Organizations Statewide
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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge Appropriate Justification C Adults Age 65 and Older		33% of 6 eligible Patients ³	100%	56%	100%	68%
Hours of Physical Restrain Use per 1000 Patient Hou Overall Rate		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

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		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	○ ²	

		Compared to other Joint Commission Accredited Organizations				
					ewide	
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.	0.48 (115 Total Hours in Restraint)	N/A	0.53	N/A	0.83
Hours of Physical Restraint Use Older Adults Age 65 and Older	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

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

This information can also be viewed at www.hospitalcompare.hhs.gov

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Symbol Key

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2001 West 86th Street, Indianapolis, IN



National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission	
		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.	@ ²	™ ²

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital	lationwide Top 10%	Average	State	wide Average
Medeure	Explanatori	Results	Scored at Least:	Rate:	Scored at Least:	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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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	⊘ ²	⊘ ²

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide			ewide
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.	96% of 539 eligible Patients	100%	94%	100%	98%

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

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St. Vincent Hospital and Health Care Services, Inc.

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	™ ²

		Compared to other Joint Commission Accredited Organizations				n
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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 Patients	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	
Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	0 ²	○ ²

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide	Ű		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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 ³	100%	90%	100%	83%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission		
		Accredited C	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.	™ ²	1 1 1 1 1 1 1 1 1 1	

		Compared to other Joint Commission Accredited Organizations				
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		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 64 eligible Patients	100%	93%	100%	95%

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2016 National Patient Safety Goals

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

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.