



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

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



## Summary of Quality Information




### Symbol Key

-  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.
-  This Measure is not applicable for this organization.
-  Not displayed

### Footnote Key

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



Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Behavioral Health Care	Accredited	8/30/2017	8/29/2017	8/29/2017
 Hospital	Accredited	9/2/2017	9/1/2017	9/1/2017
 Laboratory	Accredited	3/16/2018	3/15/2018	3/15/2018

### 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 Review Date	Last On-Site Review Date
 Primary Stroke Center	Certification	1/26/2016	1/25/2016	1/25/2016
 Ventricular Assist Device	Certification	6/14/2017	6/13/2017	6/13/2017

### Other Accredited Programs/Services

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

### 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

### 2017 National Patient Safety Goals

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide



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



## Summary of Quality Information







### 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.
-  This Measure is not applicable for this organization.
-  Not displayed

### Footnote Key

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

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	<b>2017 National Patient Safety Goals</b>		 *
<b>National Quality Improvement Goals:</b>			
Reporting Period: Jan 2017 - Dec 2017	Emergency Department	 <sup>2</sup>	 <sup>2</sup>
	Immunization	 <sup>2</sup>	 <sup>2</sup>
	Perinatal Care	 <sup>2</sup>	 <sup>2</sup>
Laboratory	<b>2018 National Patient Safety Goals</b>		 *



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



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>Northwest Physical Therapy</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8227 Northwest Blvd Indianapolis, IN 46278	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St Vincent Abdominal Transplant Services</b> DBA: St Vincent Hospital and Health Care Services, Inc 8402 Harcourt Road, Suite 500 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St Vincent Breast Center MRI</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8550 Naab Road, Suite 110 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>St Vincent Cardiac Transplant Services</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8333 Naab Road, Suite 300 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St Vincent Indianapolis Breast Center</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8550 Naab Road, Suite 300 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>St Vincent Medication Management</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8220 Naab Road, Suite 102 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St Vincent Nuclear and Echo Lab</b> DBA: St. Vincent Hospital and Health Care Services, Inc 10590 N Meridian Street, Suite 300 Indianapolis, IN 46290	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>St. Vincent Cardiovascular Lab, Suite 400</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8333 Naab Rd, Suite 400 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>St. Vincent Hospital and Health Care Services, Inc *</b> 2001 W. 86th Street Indianapolis, IN 46240	<b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> <li>Ventricular Assist Device</li> </ul> <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>St. Vincent Cardio-Pulmonary Rehab</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Hematology/Oncology Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Neuro/Spine Unit (Inpatient)</li> <li>Neurosurgery (Surgical Services)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Transplant Surgery (Surgical Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>





## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>St. Vincent Outpatient Cath Lab</b> DBA: St. Vincent Hospital and Health Care Services, Inc 10590 North Meridian, Suite 100 Indianapolis, IN 46290	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>St. Vincent Pediatric Therapy Center Suite 300</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8220 Naab Road Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St. Vincent Physical Therapy</b> DBA: St. Vincent Hospital and Health Care Services, Inc 10801 North Michigan Road, Suite 200 Zionsville, IN 46077	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St. Vincent Primary Care Center</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8414 Naab Rd Indianapolis, IN 46260	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Family Medicine Clinic Suite 120</li> <li>Multidisciplinary Clinic, Suite 215</li> <li>Primary Care Center Internal Medicine Clinic Suite 100</li> <li>Primary Care Center OB-GYN Clinic Suite 210</li> <li>Primary Care Center Pediatric Clinic Suite 200</li> <li>St. Vincent Diagnostic Imaging Suite 130</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>St. Vincent Women's Rehabilitation Center</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8550 Naab Road, Suite 100 Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St. Vincent Broadripple Physical Therapy</b> DBA: St. Vincent Hospital and Health Care Services, Inc 1001 Broad Ripple Avenue Indianapolis, IN 46220	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>





## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>St.Vincent Cardiovascular Lab, First Floor</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8333 Naab Road Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of Blood Product (Outpatient)</li> <li>Administration of High Risk Medications (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>St.Vincent Oncology Services</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8301 Harcourt Road Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St.Vincent Outpatient Imaging Center</b> DBA: St. Vincent Hospital and Health Care Services, Inc 10801 N. Michigan Rd Zionsville, IN 46077	<b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St.Vincent Outpatient Treatment Center</b> DBA: St. Vincent Hospital and Health Care Services, Inc 11455 North Meridian, Suite 250 Carmel, IN 46032	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>St.Vincent Pediatric Physical &amp; Occupational Therapy</b> DBA: St. Vincent Hospital and Health Care Services, Inc 12425 Old Meridian St. A-1 Carmel, IN 46032	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St.Vincent Physical Therapy</b> DBA: St. Vincent Hospital and Health Care Services, Inc 14828 Greyhound Ct, Suite 150 Carmel, IN 46032	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St.Vincent Physical Therapy</b> DBA: St. Vincent Hospital and Health Care Services, Inc 1185 W. Carmel Drive, Building C Carmel, IN 46032	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>



## Locations of Care




### \* Primary Location

Locations of Care	Available Services
<b>St. Vincent Rehabilitation Services, Anson</b> DBA: St. Vincent Hospital and Health Care Services, Inc 6085 Heartland Drive, Suite 201 Zionsville, IN 46077	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>St. Vincent Stress Center</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8401 Harcourt Road Indianapolis, IN 46260	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Sleep Center</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Addiction Care/Adult/Child/Youth (Non-detox - Adult)</li> <li>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)</li> <li>Chemical Dependency (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) (Non-detox - Adult)</li> <li>Eating Disorders/Adult/Child/Youth (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>Family Support (Non 24 Hour Care)</li> <li>General Laboratory Tests</li> </ul>
<b>St. Vincent Women's Hospital</b> DBA: St. Vincent Hospital and Health Care Services, Inc 8111 Township Line Road Indianapolis, IN 46260	<b>Services:</b> <ul style="list-style-type: none"> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> </ul>







## 2017 National Patient Safety Goals

### Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

### Behavioral Health Care




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

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



## 2017 National Patient Safety Goals

### Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

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

### Hospital






Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
	Eliminating Transfusion Errors	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
	Reconciling Medication Information	
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
	Preventing Multi-Drug Resistant Organism Infections	
	Preventing Central-Line Associated Blood Stream Infections	
	Preventing Surgical Site Infections	
	Preventing Catheter-Associated Urinary Tract Infection	
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	



## National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

### Symbol Key

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



### Footnote Key

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

Compared to other Joint 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.	 2	 2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted 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.	 2 115.00 minutes 480 eligible Patients	55.00	132.00	53.21	97.90
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.	 2 305.00 minutes 484 eligible Patients	204.00	317.00	201.13	258.73



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

\*

This information can also be viewed at [www.hospitalcompare.hhs.gov](http://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."



## National Quality Improvement Goals

Reporting Period: January 2017 - December 2017



### Symbol Key

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


### Footnote Key

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

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

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide 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.	 97% of 547 eligible Patients	100%	94%	100%	98%



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://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."



## National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

### Symbol Key

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




### Footnote Key

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

Compared to other Joint Commission Accredited 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

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			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.	 98% of 42 eligible Patients	100%	98%	100%	99%
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. 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.	 0% of 36 eligible Patients	0%	2%	0%	2%
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.	 54% of 397 eligible Patients	73%	52%	70%	59%



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://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."





## 2018 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.

### Laboratory

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

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