

# 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

1 Medical Center Boulevard, Cookeville, TN



# **Summary of Quality Information**

#### **Accreditation Decision**

Accredited

**Decision Effective Date** December 06, 2008

Accredited Programs	Last Full Survey Date	Last On-Site Survey Date
Hospital	9/2/2011	9/2/2011

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

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

#### **Special Quality Awards**

2009 ACS National Surgical Quality Improvement Program 2008 The Medal of Honor for Organ Donation 2007 The Medal of Honor for Organ Donation

Compared to oth			t Commission Accredited izations
		Nationwide	Statewide
Hospital	2008National Patient Safety Goals	${igodot}$	<b>*</b>
	National Quality Improvement Goals:		
Reporting Period:	Heart Attack Care	Ð	Ð
Apr 2010 - Mar 2011	Heart Failure Care	$\bigotimes$	${igodot}$
	Pneumonia Care	${\mathfrak O}$	${igodot}$
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	Ø	$\bigotimes$
	Blood Vessel Surgery	Θ	Θ
	Colon/Large Intestine Surgery	Θ	Θ
	Coronary Artery Bypass Graft	${\mathfrak O}$	Ø
	Hip Joint Replacement	$\oplus$	$\oplus$
	Hysterectomy	Ø	$\bigotimes$
	Knee Replacement	Ð	$\oplus$
	Open Heart Surgery	Ø	${igodot}$
	SCIP – Venous Thromboembolism (VTF)		

SCIP – Venous Thromboembolism (VTE)

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences (HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

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

#### Symbol Key

C	This organization achieved the best possible results.
€	This organization's performance is above the target range/value.
0	This organization's performance is similar to the target range/value.
e	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.
- 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.
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- 9. The measure results are temporarily suppressed pending resubmission of updated data

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# **Locations of Care**

#### \* Primary Location

1 Medical Center Boulevard, Cookeville, TN

Locations of Care	Available Services					
Locations of Care Cardiac & Pulmonary Rehabilitation Center 228 West 4th Street, Suite 100 Cookeville, TN 38501 Cookeville Regional Medical Center Authority * 1 Medical Center Boulevard Cookeville, TN 38501	<ul> <li>General Outpatient Services (Outpatient)</li> <li>Gancer Center/Oncology (Inpatient, Outpatient)</li> <li>Cardiac Catheterization Lab (Inpatient)</li> <li>Cardiac Catheterization Lab (Inpatient)</li> <li>Cardiac Surgery (Inpatient)</li> <li>Cardiac Unit/Cardiology (Inpatient)</li> <li>Cardiac Unit/Cardiology (Inpatient)</li> <li>Cardiac Unit/Cardiology (Inpatient)</li> <li>Cardiac Unit/Cardiology (Inpatient)</li> <li>CT Scanner (Inpatient, Outpatient)</li> <li>Dialysis (Inpatient)</li> <li>EEG/EKG/EMG Lab (Inpatient, Outpatient)</li> <li>Emergency Room (Outpatient)</li> <li>Emergency Room (Outpatient)</li> <li>General Medical Services (Inpatient)</li> <li>General Surgery (Inpatient)</li> <li>General Surgery (Inpatient)</li> <li>Pulmonary Function Lab (Inpatient)</li> </ul>					
	<ul> <li>Gl or Endoscopy Lab (Inpatient)</li> <li>Gynecology (Inpatient)</li> <li>Imaging/Radiology (Inpatient)</li> <li>Intensive Care Unit (Inpatient)</li> <li>Intensive Care Unit (Inpatient)</li> <li>Internal Medicine (Inpatient)</li> <li>Internal Medicine (Inpatient)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient)</li> <li>Magnetic Resonance Imaging (Inpatient, Outpatient)</li> <li>Magnetic Resonance Imaging (Inpatient, Outpatient)</li> <li>Nephrology (Inpatient)</li> <li>Neurosurgery (Inpatient)</li> <li>Nuclear Medicine (Inpatient)</li> <li>Radiation Oncology (Inpatient)</li> <li>Rehabilitation and Physical Medicine (Inpatient)</li> <li>Respiratory Care (Ventilator) (Inpatient)</li> <li>Sleep Center (Outpatient)</li> <li>Thoracic Surgery (Inpatient, Outpatient)</li> <li>Ultrasound (Inpatient, Outpatient)</li> <li>Urology (Inpatient)</li> <li>Vascular Surgery (Inpatient, Outpatient)</li> <li>Nuclear Medicine (Inpatient)</li> </ul>					
Diabetes Education Program 127 North Oak Cookeville, TN 38501	General Outpatient Services (Outpatient)					
Outpatient Physicial Therapy Department 215 West 6th Street Cookeville, TN 38501	General Outpatient Services (Outpatient)					
Rehab Center 215 West 6th Street Cookeville, TN 38501	<ul> <li>Rehabilitation and Physical Medicine (Inpatient, Outpatient)</li> </ul>					

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# **2008 National Patient Safety Goals**

# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	Ø
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	Ø
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	Ø
	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	Ø
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	Ø
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	Ø
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	Ø
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	$\bigotimes$
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	Ø
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	Ø
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	Ø
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	Ø
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	Ø
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	Ø
The organization identifies safety risks inherent in its patient population.	The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for	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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# **2008 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
	emotional or behavioral disorders in general hospitalsNOT APPLICABLE TO CRITICAL ACCESS HOSPITALS]	
Improve recognition and response to changes in a patient's condition.	The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital]	Ø
Universal Protocol	Conduct a pre-operative verification process.	$\bigotimes$
	Mark the operative site.	$\bigcirc$
	Conduct a "time out" immediately before starting the procedure.	$\bigcirc$

#### 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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# **National Quality Improvement Goals**

Symbol Key		
This organization achieved the best possible results	Reporting P	eriod: April 2010 - March 2011
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Mot displayed	Measure Area	Explanation
$\sim$	Heart Attack Care	This category of evidence based me

#### Footnote Key

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

		Compared to other Joint Commission		
		Accredited C	rganizations	
Measure Area	Explanation	Nationwide	Statewide	
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	Ð	Ð	

	Compared to other Joint Commission Accredited Organizations					
		N	lationwide	ou organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	96% of 127 eligible Patients	100%	97%	100%	97%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	99% of 217 eligible Patients	100%	100%	100%	100%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	100% of 408 eligible Patients	100%	99%	100%	99%



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

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# **National Quality Improvement Goals**

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reported. The Measure Set does not have an overall result.					Accredite	ed Organiz	ations State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> </ul>	Aspirin prescribed at discharge*		Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	99% of 499 eligible Patients	100%	99%	100%	99%
The measure results are temporarily suppressed pending resubmission of updated data.	Beta blocker prescribed a discharge*	at	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	99% of 493 eligible Patients	100%	99%	100%	99%
refer to the ''Quality Report User Guide.''	Primary PCI received wit minutes of hospital arriva		Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.	100% of 61 eligible Patients	100%	92%	100%	93%

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# **National Quality Improvement Goals**

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	Heart Attack Care		tegory of evidence based measures ass quality of care provided to Heart Attack ( s		Đ		<b>(</b>	
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overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid	Statin Prescribed at Disc	charge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high					

- 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. 10. The measure results are temporarily
- suppressed pending resubmission of updated data.

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

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

Reporting Period: April 2010 - March 2011

# 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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		Compared to other Jo Commission		
		Accredited C	rganizations	
Measure Area	Explanation	Nationwide	Statewide	
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	Ø	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	91% of 123 eligible Patients	100%	96%	100%	96%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	99% of 72 eligible Patients	100%	99%	100%	100%
Discharge instructions*	Heart failure patients who receive specific discharge instructions about their condition. This measure reports what percent of patients with heart failure are given information about their condition and care when they leave the hospital. Patient education about medicines, diet, activities, and signs to watch for is important in order to prevent further hospitalization. Limitations of measure use - see Accreditation Quality Report User Guide.	80% of 328 eligible Patients	100%	91%	100%	90%

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## Cookeville Regional Medical Center

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# **National Quality Improvement Goals**

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The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate
The measure meets the Privacy Disclosure Threshold rule.	LVF assessment*	Heart failure patients who have had		al Least.		al Least.	
The organization scored above 90% but was below most other organizations.	1	the function of the main pumping chamber of the heart (i.e., left					
The Measure results are not statistically valid.	1	ventricle) checked during their hospitalization. This measure reports	Ð				
The Measure results are based on a sample of patients.	1	what percent of patients with heart failure receive an in-depth evaluation	98% of	100%	99%	100%	99%

376 eligible Patients

- 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 10. The measure results are temporarily suppressed pending resubmission of

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**Report User Guide.''** 

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User Guide.

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of heart muscle function in order to

get the right treatment for their heart

failure. Limitations of measure use -

see Accreditation Quality Report

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# **National Quality Improvement Goals**

Symbol Key				
This organization achieved the best possible results	Reporting Pe	eriod: April 2010 - March 2011		
This organization's performance is above the target range/value.				
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Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ø	$\bigotimes$
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		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	lationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	98% of 216 eligible Patients	100%	99%	100%	100%
Blood cultures for pneumonia patients admitted through the Emergency Department.*	Pneumonia patients who were admitted through the Emergency Department who had a blood test in the Emergency Department for the presence of bacteria in their blood. Before antibiotics are given, blood samples are taken to test for the type of infection. This measure reports the percent of pneumonia patients admitted through the Emergency Department who received this test before antibiotics were given.	95% of 355 eligible Patients	100%	97%	100%	98%
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	98% of 87 eligible Patients	100%	97%	100%	97%



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# **National Quality Improvement Goals**

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r comparison purposes. te measure meets the Privacy sclosure Threshold rule. te organization scored above 90% but as below most other organizations. te Measure results are not statistically lid. te Measure results are based on a mple of patients. te number of months with Measure	Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide.	97% of 344 eligible Patients	100%	96%	100%	97%
a is below the reporting requirement. e measure results are temporarily ppressed pending resubmission of dated data. further information explanation of the lity Report contents, r to the ''Quality ort User Guide.''	Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	92% of 25 eligible Patients <sup>3</sup>	100%	83%	100%	84%
	Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.	92% of 185 eligible Patients	100%	96%	100%	96%

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# **National Quality Improvement Goals**

Reporting Peri	iod: April 2010 - March 2011					
Compared to other Joint Commission Accredited Organizations						
Measure Area	Explanation		Nationwid	le	Statewide	e
Pneumonia Care	umonia Care This category of evidence based measures assesses the overall guality of care provided to Pneumonia patients.			Ø		
				ther Joint ( ed Organiz	ations	
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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Rat
Pneumococcal vaccinat	ion* Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	92% of 357 eligible Patients	100%	95%	100%	97

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#### **Footnote Key**

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- 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.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.

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The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily suppressed pending resubmission of

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# **National Quality Improvement Goals**

	Reporting Per	riod: April 2010 - March 2011					
					npared to o Commiss redited Orga		
Me	easure Area	Explanation		Nationwic	de	Statewide	е
Pn	neumonia Care	This category of evidence based measures as overall quality of care provided to Pneumonia p		Ø		Ø	
					other Joint ted Organiz		on ewide
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Rate
	umonia Seasonal Mea orting Period: October						
Influ 0.	luenza vaccination	Pneumonia patients in the hospital during flu season (October through March) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.	96% of 283 eligible Patients	100%	94%	100%	96%

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- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily
- suppressed pending resubmission of updated data.

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

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# **National Quality Improvement Goals**

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   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: April 2010 - March 2011

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

		Compared to other Joint Commission Accredited Organizations				
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	90% of 554 eligible Patients	100%	95%	100%	95%

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# **National Quality Improvement Goals**

Reporting Period: April 2010 - March 2011

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- 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.
- 10. The measure results are temporarily suppressed pending resubmission of updated data.

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

		Compared to other Join Commission		
		Accredited C	Organizations	
Measure Area	Explanation	Nationwide	Statewide	
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	Ø	Ø	

		Cor	npared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	96% of 959 eligible Patients	100%	98%	100%	98%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	98% of 970 eligible Patients	100%	98%	100%	98%



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		category of evidence based measures ass Ill use of indicated antibiotics for surgical i ention		Ø		$\oslash$	
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2. The Measure Set does not have an				Accredite Nationwide	ted Organiz		ewide
overall result. 3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results			Top 10% Scored at Least:	
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> </ol>	Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	93% of 920 eligible Patients	100%	96%	100%	95%
For further information and explanation of the Quality Report contents,	Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	91% of 244 eligible Patients	100%	96%	100%	95%
refer to the ''Quality Report User Guide.''	Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	96% of 81 eligible Patients	100%	96%	100%	97%
	Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	93% of 83 eligible Patients	100%	98%	100%	98%



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Footnote Key	SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical ir ion.		Ø		$\bigcirc$		
1. The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ted Organiz		on	
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<ol> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy.</li> </ol>	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
<ul> <li>bisclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> </ul>	Patients who had blood we surgery and received appropriate medicine that prevents infection (antibia and the antibiotic was stowithin 24 hours after the surgery ended.*	at iiotic) topped	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	85% of 80 eligible Patients	100%	93%	100%	91%	
9. The measure results are temporarily suppressed pending resubmission of updated data.	Patients Having Colon/La Intestine Surgery*	arge	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	86% of 161 eligible Patients	100%	93%	100%	93%	
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having colon/lar intestine surgery who rec medicine to prevent infec (an antibiotic) within one before the skin was surgi cut. *	eceived ection e hour	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	98% of 54 eligible Patients	100%	95%	100%	96%	
	Patients having colon/lar intestine surgery who red the appropriate medicine (antibiotic) which is show be effective for this type of surgery.*	eceived e wn to	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	84% of 56 eligible Patients	100%	92%	100%	91%	

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	SCIP - Infection Prevention		tegory of evidence based measures asso use of indicated antibiotics for surgical in tion.		Ø		$\bigcirc$	
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reported.						ited Organiz	zations	
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<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppresend pending resultmission of</li> </ul>	Patients who had colon/ intestine surgery and red appropriate medicine tha prevents infection (antib and the antibiotic was st within 24 hours after the surgery ended.*	eceived hat biotic) stopped	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	Free constraints of the second	100%	92%	100%	91%
suppressed pending resubmission of updated data.	Patients Having Coronal Artery Bypass Graft Sur	-	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	94% of 524 eligible Patients	100%	98%	100%	98%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having coronany artery bypass graft surge who received medicine to prevent infection (an ant within one hour before the was surgically cut.*	gery to ntibiotic)	This measure reports how often patients having coronary artery bypass graft surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	94% of 180 eligible Patients	100%	98%	100%	98%
	Patients having coronary artery bypass graft surge who received the approp medicine (antibiotic) whi shown to be effective for type of surgery.*	gery opriate hich is	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	97% of 183 eligible Patients	100%	100%	100%	100%

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-Footroto Vor	Prevention	SCIP - Infection Prevention This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.						
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3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily 10.</li> </ol>	Patients who had corona artery bypass graft surge and received appropriate medicine that prevents infection (antibiotic) and t antibiotic was stopped wi 48 hours after the surger ended.*	ery e the vithin	This measure reports how often coronary artery bypass graft surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	90% of 161 eligible Patients	100%	97%	100%	96%
suppressed pending resubmission of updated data.	Patients Having Hip Join Replacement Surgery*	it	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	97% of 579 eligible Patients	100%	98%	100%	97%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having hip joint replacement surgery who received medicine to pre- infection (an antibiotic) w one hour before the skin surgically cut.*	io event within	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	95% of 196 eligible Patients	100%	98%	100%	98%
	Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) whic shown to be effective for type of surgery.*	io e ich is	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	99% of 195 eligible Patients	100%	100%	100%	99%

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e number of patients is not enough comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
e measure meets the Privacy sclosure Threshold rule. e organization scored above 90% but s below most other organizations. e Measure results are not statistically id. e Measure results are based on a nple of patients. e number of months with Measure a is below the reporting requirement. e measure results are temporarily ppressed pending resubmission of	Patients who had hip jo replacement surgery an received appropriate me that prevents infection (antibiotic) and the antik was stopped within 24 h after the surgery ended	nd edicine piotic nours	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	96% of 188 eligible Patients	100%	96%	100%	95%
ated data.	Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	96% of 285 eligible Patients	100%	96%	100%	96%
further information explanation of the lity Report contents, • to the ''Quality ort User Guide.''	Patients having hystere surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ection e hour	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	97% of 95 eligible Patients	100%	98%	100%	98%
	Patients having hystere surgery who received th appropriate medicine (antibiotic) which is sho be effective for this type surgery.*	ne wn to	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	99% of 96 eligible Patients	100%	95%	100%	94%

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Es christe Ver	SCIP - Infection Prevention	5 5					$\oslash$	
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The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure lata is below the reporting requirement. The measure results are temporarily. <b>10.</b>	Patients who had hysterectomy surgery ar received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	edicine biotic bours	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	93% of 94 eligible Patients	100%	97%	100%	96%
he measure results are temporarily uppressed pending resubmission of pdated data.	Patients Having Knee Jo Replacement Surgery*	oint	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	98% of 923 eligible Patients	100%	98%	100%	98%
r further information I explanation of the ality Report contents, er to the ''Quality port User Guide.''	Patients having knee join replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skin surgically cut.*	io event within	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	98% of 308 eligible Patients	100%	98%	100%	99%
	Patients having knee join replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	io e ich is	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	99% of 309 eligible Patients	100%	100%	100%	99%

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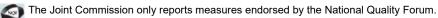
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	SCIP - Infection Prevention	overall u	tegory of evidence based measures ass use of indicated antibiotics for surgical ir		Ø		Ø	
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<ul> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ul>			1		Accredite	ted Organiz		
overall result.	Measure		Explanation	N Hospital	Vationwide		State Top 10%	ewide Average
The number of patients is not enough for comparison purposes.	Weddaro		слраналон	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending regulation of</li> </ul>	Patients who had knee jureplacement surgery and received appropriate methat prevents infection (antibiotic) and the antibio was stopped within 24 heafter the surgery ended.	nd edicine biotic hours	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	97% of 306 eligible Patients	100%	97%	100%	97%
suppressed pending resubmission of updated data.	Patients Having Open H Surgery other than Coro Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	92% of 133 eligible Patients	100%	98%	100%	97%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having open he surgery other than coron artery bypass graft who received medicine to pre infection (an antibiotic) w one hour before the skin surgically cut.*	onary o revent within	This measure reports how often patients having open heart surgery other than coronary artery bypass graft received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	84% of 45 eligible Patients	100%	98%	100%	97%
	Patients having open he surgery other than coron artery bypass graft who received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	onary o te nich is	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	100% of 48 eligible Patients	100%	100%	100%	100%



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

## Cookeville Regional Medical Center

1 Medical Center Boulevard, Cookeville, TN



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: Ap	ril 2010 - March 2011					
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> </ul>	Measure Area		Explanation			npared to o Commiss edited Orga	sion	
Not displayed	SCIP - Infection		tegory of evidence based measures ass use of indicated antibiotics for surgical in			Je		
<ol> <li>Footnote Key</li> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison patients.</li> </ol>	Measure	provo	Explanation		Accredite	ed Organiz		ewide
<ul> <li>for comparison purposes.</li> <li>4. The measure meets the Privacy Disclosure Threshold rule.</li> <li>5. The organization scored above 90% but was below most other organizations.</li> <li>6. The Measure results are not statistically valid.</li> <li>7. The Measure results are based on a sample of patients.</li> <li>8. The number of months with Measure data is below the reporting requirement.</li> <li>9. The measure results are temporarily suppressed pending resulmission of</li> </ul>	Patients who had open h surgery other than corons artery bypass graft and received appropriate mee that prevents infection (antibiotic) and the antibio was stopped within 48 ho after the surgery ended.*	nary dicine iotic ours	This measure reports how often open heart surgery other than coronary artery bypass graft patients whose medicine (an antibiotic) to prevent infection was stopped within 48 hours after the surgery ended. Giving medicine that prevents infection for more than 48 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	93% of 40 eligible Patients	at Least:	97%	at Least:	95%
For further information and explanation of the Quality Report contents,	Heart surgery patients wi controlled blood sugar af surgery.	fter	This measure reports the number of heart surgery patients that had a blood sugar of less than 200 on day one and day two after surgery. Infection is lowest in both diabetic and nondiabetic patients when blood sugar is controlled immediately after surgery.	94% of 254 eligible Patients	99%	94%	98%	94%
refer to the ''Quality Report User Guide.''	Surgery patients with pro hair removal.	per	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	99% of 1405 eligible Patients	100%	100%	100%	100%
	Urinary Catheter Remove	ed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	88% of 769 eligible Patients	100%	92%	99%	91%



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

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

1 Medical Center Boulevard, Cookeville, TN



# National Quality Improvement Goals

#### 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.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily 10.
- suppressed pending resubmission of updated data.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Reporting Period: April 2010 - March 2011

#### Measure Area

SCIP – Venous Thromboembolism (VTE) Explanation This category of evidenced based measures assesses the use of indicated treatment for the

prevention of blood clots in selected surgical patients

		Cor	mpared to c Accredite	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients having surgery had treatment prescribed for the prevention of blood clots. The incidence of blood clots is lowest when patients are treated to prevent them. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	92% of 452 eligible Patients	100%	96%	100%	95%
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.	91% of 452 eligible Patients	100%	94%	100%	94%

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

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

1 Medical Center Boulevard, Cookeville, TN



# **CMS Mortality Rates**

## Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

	The U.S. National 30-day Death	Rate from Heart Attack = 16%					
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30-Day Death (Mortality) Rates from Heart Attack = <b>14.6%</b>	Not Available						
Number of Medicare Heart Attack	Patients = 628						
Out of 4569 hospitals in U.S.	95 hospitals in the U.S. Better than U.S. National Rate	2744 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate				
	1685 hospitals in the United States did not have enough cases to reliably tell how well they are performing						
Out of 116 hospitals in Tennessee	1 hospitals in Tennessee Better than U.S. National Rate	70 hospitals in Tennessee No different than U.S. National Rate	2 hospitals in Tennessee Worse than U.S. National Rate				
	43 hospitals in Tennessee did not have enough cases to reliably tell how well they are performing						

	The U.S. National 30-day Death Rate from Heart Failure = 11%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)					
30-Day Death (Mortality) Rates from Heart Failure = <b>11.2%</b>	Not Available							
Number of Medicare Heart Failure	Patients = 517							
Out of 4743 hospitals in U.S.	199 hospitals in the U.S. Better than U.S. National Rate	1	140 hospitals in the U.S. Worse than U.S. National Rate					
	603 hospitals in the United States did not have enough cases to reliably tell how well they are performing							
Out of 117 hospitals in Tennessee	1 hospitals in Tennessee Better than U.S. National Rate	8 hospitals in Tennessee Worse than U.S. National Rate						
	4 hospitals in Tennessee did not ha	ospitals in Tennessee did not have enough cases to reliably tell how well they are performing						

The U.S. National 30-day Death Rate from Pneumonia = 12%							
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30-Day Death (Mortality) Rates from Pneumonia = <b>12.9%</b>	Not Available						
Number of Medicare Pneumonia F	atients = 596						



# **CMS Mortality Rates**

## Hospital

1 Medical Center Boulevard, Cookeville, TN

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011								
L	1 U.S.222 hospitals in the U.S. Better than U.S. National Rate3988 hospitals in the U.S. No different than U.S. National Rate221 hospitals in the U.S. Worse than U.S. National Rate							
	357 hospitals in the United States of performing	did not have enough cases to reliabl	y tell how well they are					
Out of 118 hospitals in Tennessee		101 hospitals in Tennessee No different than U.S. National Rate10 hospitals in Tennessee Worse than U.S. National Rate						
	5 hospitals in Tennessee did not ha	ve enough cases to reliably tell how	well they are performing					

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

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

1 Medical Center Boulevard, Cookeville, TN



# **CMS Readmission Rates**

## Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

The U.S. National Rate for Readmissions for Heart Attack Patients = 20%							
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30 Day Hospital Readmission Rates from Heart Attack Patients = <b>20.1%</b>	Not Available						
Number of Medicare Heart Attack	Patients = 685						
Out of 4476 hospitals in U.S.	29 hospitals in the U.S. Better than U.S. National Rate		45 hospitals in the U.S. Worse than U.S. National Rate				
	1999 hospitals in the United States performing	did not have enough cases to reliab	bly tell how well they are				
	0 hospitals in Tennessee Better than U.S. National Rate 61 hospitals in Tennessee No different than U.S. National Rate 1 hospitals in Tennessee Wor than U.S. National Rate 1 hospitals in Tennessee Wor						
	54 hospitals in Tennessee did not h	ave enough cases to reliably tell ho	w well they are performing				

The U.S. National Rate for Readmissions for Heart Failure Patients = 25%							
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30 Day Hospital Readmission Rates from Heart Failure Patients = <b>21.9%</b>	Not Available						
Number of Medicare Heart Failure	Patients = 628						
Out of 4759 hospitals in U.S.	147 hospitals in the U.S. Better than U.S. National Rate3869 hospitals in the U.S. No different than U.S. National Rate193 hospitals in the U.S. Wors than U.S. National Rate						
	550 hospitals in the United States did not have enough cases to reliably tell how well they are performing						
Out of 117 hospitals in Tennessee	2 hospitals in Tennessee Better than U.S. National Rate	5 hospitals in Tennessee Worse than U.S. National Rate					
	3 hospitals in Tennessee did not ha	ve enough cases to reliably tell how	well they are performing				

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%							
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)				
30 Day Hospital Readmission Rates from Pneumonia Patients = <b>18.9%</b>	Not Available						

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## **CMS Readmission Rates**

#### Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2007 through June 2010 Last Updated: June 08, 2011

Number of Medicare Pneumonia Patients = 616								
L	L	4223 hospitals in the U.S. No163 hospitals in the U.S. Worsdifferent than U.S. National Ratethan U.S. National Rate						
	363 hospitals in the United States of performing	lid not have enough cases to reliabl	y tell how well they are					
Out of 118 hospitals in Tennessee	1	1 1						
	6 hospitals in Tennessee did not ha	ve enough cases to reliably tell how	well they are performing					

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2007 through June 2010. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

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

#### Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 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.
- The organization scored above 90% but was below most other organizations.
   The Measure results are not statistically
- 7. The Measure results are based on a
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.

1 Medical Center Boulevard, Cookeville, TN



# **Survey of Patients' Hospital Experiences**

#### **Footnote Key**

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

	Survey Da	ite Range		Number of	Completed Sur	pleted Surveys Survey Respon		
Octobe	er 2009 throug	gh September 2	2010	3	00 or More		36%	
Question			E	xplanation				
How ofter with patie		communicate w	ell	them during the doctors expla	ted how often their hospital sta ined things cle eated the patier	y. "Communio arly, listene	cated well" me d carefully to	eans o the
Doctors "al	lways" comm	unicated well	Doctors "ເ	usually" comm	unicated well		s "sometimes" communicated	
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
80%	83%	80%	16%	13%	15%	4%	4%	5%
How ofter		ommunicate we	ell	them during th	ted how often their hospital sta	y. "Communie	cated well" me	eans nurses
How ofter with patier			ell	Patients repor them during th explained thi	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me <b>ully</b> to the pat	eans nurses ient, and or "never"
with patie	nts?		ell	Patients repor them during th <b>explained thi</b> treated the pa	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me ully to the pat pect. "sometimes"	eans nurses ient, and or "never"
How ofter with patien Nurses "al Hospital	nts? ways" commu State	unicated well National	ell Nurses "u Hospital	Patients repor them during th <b>explained thi</b> treated the pa isually" commonst State	neir hospital sta ngs clearly, lis tient with court unicated well National	y. "Communion tened carefu esy and resp Nurses co Hospital	cated well" me ully to the pat pect. "sometimes" ommunicated State	eans nurses ient, and or "never" well National
How ofter with patier Nurses "al Hospital Rate	nts? ways" commu State Average	unicated well National Average	ell Nurses "u Hospital Rate 20%	Patients repor them during th <b>explained thi</b> treated the pa isually" common State Average	neir hospital sta ngs clearly, lis tient with court unicated well National Average	y. "Communion tened carefu esy and resp Nurses co Hospital Rate	cated well" me ully to the pat pect. "sometimes" ommunicated State Average	eans nurses ient, and or "never" well National Average
How ofter with patier Nurses "al Hospital Rate 77% Question	nts? ways" commu State Average 78%	unicated well National Average	ell Nurses "u Hospital 20%	Patients repor them during th <b>explained thi</b> treated the pa isually" communication State Average 17% xplanation Patients repor	neir hospital sta <b>ngs clearly, lis</b> tient with <b>court</b> unicated well National Average 19% ted how often ti <b>button</b> or need	y. "Communie tened carefu esy and resp Nurses co Hospital Rate 3%	cated well" me ully to the pat pect. "sometimes" ommunicated State Average 5% ped quickly w	eans nurses ient, and or "never" well National Average 5% hen they
How ofter with patien Nurses "al Hospital Rate 77% Question How ofter from hosp	nts? ways" commu State Average 78%	unicated well National Average 76% receive help qu	ell Nurses "u Hospital Rate 20% E tickly	Patients repor them during th <b>explained thi</b> treated the pa isually" communication State Average 17% xplanation Patients repor used the <b>call</b>	neir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often th button or need dpan. ived help as	y. "Communitiened carefu tened carefu esy and resp Nurses co Hospital Rate 3% ney were help ed help in ge Patients	cated well" me ully to the pat pect. "sometimes" ommunicated State Average 5% ped quickly w	eans nurses ient, and or "never" well National Average 5% ben they bathroom
How ofter with patien Nurses "al Hospital Rate 77% Question How ofter from hosp	nts? ways" commu State Average 78% n did patients pital staff? always" recei	unicated well National Average 76% receive help qu	ell Nurses "u Hospital Rate 20% E tickly	Patients repor them during th <b>explained thi</b> treated the pa isually" commu- State Average 17% xplanation Patients repor used the call or using a be	neir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often th button or need dpan. ived help as	y. "Communitiened carefu tened carefu esy and resp Nurses co Hospital Rate 3% ney were help ed help in ge Patients	cated well" me ully to the pat pect. "sometimes" ommunicated State Average 5% ped quickly w tting to the b	eans nurses ient, and or "never" well National Average 5% 5% ben they bathroom

1 Medical Center Boulevard, Cookeville, TN



# **Survey of Patients' Hospital Experiences**

#### Footnote Key

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

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

Survey Date Range				Number of Completed Surveys			Survey Response Rate	
October 2009 through September 2010				300 or More			36%	
Question				Explanation				
How ofter controlled	n was patients  ?	s' pain well		survey asked controlled" me	eded medicine f how often their eans their <b>pain</b> f did everythin	pain was w was well co	ell controlled. " ontrolled and t	Well hat the
Pain was	s "always" wel	l controlled	Pain w	as "usually" we	Il controlled	Pain was	"sometimes" c controlled	or "never" well
Hospital Rate	State Average	National Average	Hospital Rate	Hospital State National Rate Average Average			State Average	National Average
69%	70%	69%	24%	24% 23% 24%			7%	7%
Question				Explanation				

How often did staff explain about medicines before giving them to patients?

#### If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. "Explained" means that hospital staff told **what the medicine was for** and what **side effects it might have** before they gave it to the patient.

Staf	Staff "always" explained			Staff "usually" explained		Staff "	sometimes" o explained	r "never"
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
57%	61%	60%	22%	17%	19%	21%	22%	21%

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# **Survey of Patients' Hospital Experiences**

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	Survey Da	te Range		Number of Completed Surveys			Survey Response Rate	
October 2009 through September 2010					300 or More 36%			
Question				Explanation				
	n were the pat is kept clean?	tients' rooms ar	nd	Patients report were kept cle	rted how often t ean.	heir <b>hospital</b>	room and ba	athroom
Roor	n was "always	s" clean	Ro	oom was "usuall	y" clean	Room wa	as "sometimes clean	" or "never"
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average
75%	72%	71%	19%	18%	20%	6%	10%	9%
Question				Explanation				
	n was the area pt quiet at nig	a around patien ht?	its'	Patients report quiet at night	rted how often <b>t</b> t.	he area arou	und their roor	n was
"Alı	ways" quiet at	night	'n	'Usually" quiet a	t night	"Sometime	es" or "never"	quiet at nigh
Hospital Rate	State Average	National Average	Hospita Rate	l State Average	National Average	Hospital Rate	State Average	National Average
59%	65%	58%	32%	27%	30%	9%	8%	12%
Question				Explanation				
Were patients given information about what to do during their recovery at home?				they were rea hospital staff l Patients also	sked patients ab dy to leave the had <b>discussed</b> reported whethe about sympton recovery.	hospital. Pati the help the er they were	ients reported ey would need given written	whether d at home.

Yes, staff did give patients this information			No, staff di	d not give patients t	his information
Hospital Rate	Hospital Rate State Average National Average			State Average	National Average
81%	81%	82%	19%	19%	18%

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# **Survey of Patients' Hospital Experiences**

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- 2. This displays less than 12 months of accurate data.
- 3. Survey results are not available for this period.
- No patients were eligible for the HCAHPS Survey.

Survey Date Range	Number of Completed Surveys			Survey Response Rate							
October 2009 through Septembe	3	00 or More		36%							
Question Explanation											
How do patients rate the hospital ov	erall?	After answering all other questions on the survey, <b>patients</b> <b>answered a separate question that asked for an overall rating</b> <b>of the hospital</b> . Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."									
Patients who gave a rating of 9 or 10 (high)	ts who gave a ra (medium)	ting of 7 or 8	Patients who gave a rating of 6 or lower (low)								
Hospital State National Rate Average Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average					
70% 67% 67%	24%	24%	24%	6%	9%	9%					
Question Would patients recommend the hosp friends and family?	ital to	•	sked patients <b>w</b> eir friends and t		y would recom	mend the					

YES, patients would definitely recommend the hospital		YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)			
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
76%	68%	69%	21%	26%	26%	3%	6%	5%