

Accreditation Quality Report





Version: 10 Date: 9/12/2014



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 Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Mospital	Accredited	9/3/2011	9/2/2011	9/2/2011

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

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 Program2008 The Medal of Honor for Organ Donation2007 The Medal of Honor for Organ Donation

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2011National Patient Safety Goals	Ø	(VIA) *

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

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

1 Medical Center Boulevard, Cookeville, TN

Org ID: 7821







Summary of Quality Information

			Commission Accredited zations
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Heart Attack Care	⊕	⊕
Jan 2013 - Dec 2013	Heart Failure Care	Θ	Θ
	Pneumonia Care	⊕	⊕
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	⊕	⊕
	Blood Vessel Surgery	⊕	⊕
	Colon/Large Intestine Surgery	Ø	Ø
	Coronary Artery Bypass Graft	⊕	⊕
	Hip Joint Replacement	⊕	⊕
	Hysterectomy	Θ	Θ
	Knee Replacement	•	⊕
	Open Heart Surgery	Ø	Ø
	SCIP – Venous Thromboembolism (VTE)		

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Locations of Care

Primary Location Locations of Care	Available	Services
Cardiac & Pulmonary Rehabilitation Center 228 West 4th Street, Suite 100 Cookeville, TN 38501 Cookeville Regional Medical Center Authority *	Services: • Outpatient Clinics (Outpatient) Services:	
Authority * DBA: Cookeville Regional Medical Center Authority 1 Medical Center Boulevard Cookeville, TN 38501	 Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) 	 Medical ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Pediatric Unit (Inpatient) Positron Emission Tomograph (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Radiation Oncology (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Laboratory) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services)
Diabetes Education Program 127 North Oak Cookeville, TN 38501	Services: • Outpatient Clinics (Outpatient)	
Outpatient Physicial Therapy Department 215 West 6th Street Cookeville, TN 38501	Services: • Outpatient Clinics (Outpatient)	

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Locations of Care

* Primary Location

Locations of Care

Rehab Center
215 West 6th Street
Cookeville, TN 38501

Services:

Inpatient Unit (Inpatient)

Medical /Surgical Unit (Inpatient)

1 Medical Center Boulevard, Cookeville, TN

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2011 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	<u> </u>
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	888
	Preventing Surgical Site Infections	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Compared to other Joint Commission

Accredited Organizations

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.

		Compared to other Joint Commission Accredited Organizations			on	
		1	Nationwide	<u> </u>	State	ewide
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.*	98% of 87 eligible Patients	100%	98%	100%	97%
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 520 eligible Patients	100%	99%	100%	99%
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 489 eligible Patients	100%	99%	100%	99%

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		Co	mpared to o	ther Joint	Commissio	on
			Accredit	ed Organiz	ations	
			Nationwide			ewide
Measure	Explanation	Hospital		Average	Top 10%	_
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Beta blocker prescribed at discharge*	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.*	100% of 491 eligible Patients	100%	99%	100%	99%
Primary PCI received within 90 minutes of hospital arrival*	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 64 eligible Patients	100%	96%	100%	98%
Statin Prescribed at Discharge	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 cholesterol were prescribed medications to help reduce their "bad" cholesterol.	99% of 476 eligible Patients	100%	99%	100%	99%

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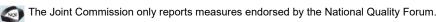
National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

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Nationwide	e Statewide			
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	Compared to other Joint Commission			

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide Statewid		
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Θ	Θ	

		Compared to other Joint Commission Accredited Organizations			n	
		1	Nationwide			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 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.*	83% of 121 eligible Patients	100%	97%	100%	97%
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.*	70% of 274 eligible Pattents	100%	95%	100%	94%
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use see Accreditation Quality Report User Guide.*	99% of 343 eligible Pattlents	100%	100%	100%	99%



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1 Medical Center Boulevard, Cookeville, TN

Measure Area

Pneumonia Care

Org ID: 7821







National Quality Improvement Goals

Explanation

Reporting Period: January 2013 - December 2013

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Compared to other Joint **Accredited Organizations**

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This category of evidence based measures assesses the	(A	
overall quality of care provided to Pneumonia patients			

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		N N	Accredit lationwide	ed Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
Widdoure	Explanation	Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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.*	98% of 491 eligible Patients	100%	98%	100%	99%
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.	100% of 118 eligible Patients	100%	98%	100%	98%
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	95% of 20 eligible Patients ³	100%	93%	100%	90%

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National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide Statewide

Pneumonia Care This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.

Measure	Explanation		lationwide Top 10%	ed Organiz Average		wide
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.*	97% of 230 eligible Patients	100%	97%	100%	97%

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National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Compared to other Joint **Accredited Organizations**

Measure Area Explanation Nationwide Statewide

SCIP - Cardiac This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.

		Соі	npared to o	other Joint ed Organiz		n
		1	Nationwide		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.	98% of 500 eligible Patients	100%	98%	100%	97%

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National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Compared to other Joint

		Accredited 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.	⊕	⊕	

		Cor	mpared to o	other Joint ed Organiz		on
			lationwide			ewide
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.	98% of 811 eligible Pattents	100%	99%	100%	99%
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.	99% of 810 eligible Patlents	100%	99%	100%	99%

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Compared to other Joint











National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Accredited Organizations Measure Area Nationwide Statewide Explanation SCIP - Infection This category of evidence based measures assesses the \oplus \oplus Prevention overall use of indicated antibiotics for surgical infection prevention.

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		Cor	mpared to d			n
				ed Organiz		
Marana	Familian ettan		Nationwide	A		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Rate:
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 774 eligible Patients	100%	98%	100%	98%
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	99% of 158 eligible Patients	100%	98%	100%	98%
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.*	98% of 53 eligible Patients	100%	98%	100%	98%
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.*	100% of 53 eligible Patients	100%	99%	100%	99%

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Reporting Period: January 2013 - December 2013

Compared to other Joint **Accredited Organizations** Nationwide Statewide

Measure Area Explanation SCIP - Infection This category of evidence based measures assesses the \oplus Prevention overall use of indicated antibiotics for surgical infection prevention.

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		Cor	npared to d			n
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Measure	Explanation	Hospital		Average		
Modelare	Explanation	Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Patients who had blood vessel 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 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).*	98% of 52 eligible Patients	100%	96%	100%	96%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	94% of 168 eligible Patients	100%	97%	100%	97%
Patients having colon/large intestine 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 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.*	96% of 57 eligible Patients	100%	98%	100%	98%
Patients having colon/large intestine 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 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.*	96% of 57 eligible Patients	100%	96%	100%	97%



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1 Medical Center Boulevard, Cookeville, TN

Measure Area

Prevention

SCIP - Infection

Org ID: 7821







National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Accredited Organizations Nationwide Statewide Explanation

This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.





Compared to other Joint

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		Compared to other Joint Commission Accredited Organizations				on
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had colon/large intestine 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 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).*	89% of 54 eligible Patients	100%	96%	100%	96%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	98% of 446 eligible Patients	100%	99%	100%	99%
Patients having coronary artery bypass graft 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 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.*	98% of 154 eligible Patients	100%	99%	100%	98%
Patients having coronary artery bypass graft 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 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.*	100% of 154 eligible Patients	100%	100%	100%	100%



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1 Medical Center Boulevard, Cookeville, TN

Org ID: 7821







National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Compared to other Joint **Accredited Organizations**

Measure Area Nationwide Statewide Explanation SCIP - Infection This category of evidence based measures assesses the \oplus \oplus Prevention overall use of indicated antibiotics for surgical infection prevention.

		Соі	mpared to c	other Joint ed Organiz		on
		1	Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had coronary artery bypass graft surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	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).*	95% of 138 eligible Patients	100%	99%	100%	98%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	97% of 523 eligible Patients	100%	99%	100%	99%
Patients having hip joint replacement 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 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.*	98% of 176 eligible Patlents	100%	99%	100%	99%
Patients having hip joint replacement 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 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.*	100% of 176 eligible Patients	100%	100%	100%	100%



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1 Medical Center Boulevard, Cookeville, TN

Org ID: 7821

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

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.

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Measure	Explanation	Hospital		Average	Top 10%	Average	
		Results	Scored at Least	Rate:	Scored at Least	Rate:	
Deticute who had his isint	This measure reports how often hip		at Least.		at Least.		
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	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).*	94% of 171 eligible Patients	100%	98%	100%	97%	
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	88% of 105 eligible Patients	100%	98%	100%	98%	
Patients having hysterectomy 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 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.*	94% of 36 eligible Patients	100%	99%	100%	99%	
Patients having hysterectomy 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 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.*	94% of 35 eligible Patients	100%	98%	100%	98%	

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National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Accredited Organizations Measure Area Explanation Nationwide Statewide SCIP - In Prevention

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		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statew			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hysterectomy 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 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).*	74% of 34 eligible Patients	100%	98%	100%	98%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	98% of 880 eligible Patients	100%	99%	100%	99%
Patients having knee joint replacement 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 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.*	99% of 295 eligible Patients	100%	99%	100%	99%
Patients having knee joint replacement 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 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 295 eligible Patients	100%	100%	100%	100%



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1 Medical Center Boulevard, Cookeville, TN







National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Compared to other Joint Commission

		Accredited 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.	⊕	⊕	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
Patients who had knee joint replacement 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 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).*	94% of 290 eligible Patients	100%	99%	100%	98%
Patients Having Open Heart Surgery other than Coronary Artery Bypass Graft*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	95% of 115 eligible Patients	100%	99%	100%	99%
Patients having open heart surgery other than coronary artery bypass graft who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	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. *	93% of 40 eligible Patients	100%	99%	100%	99%
Patients having open heart surgery other than coronary artery bypass graft 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 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 40 eligible Patients	100%	100%	100%	100%

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Org ID: 7821

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National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Accredited Organizations Measure Area Nationwide Statewide Explanation SCIP - Infection This category of evidence based measures assesses the \oplus \oplus Prevention overall use of indicated antibiotics for surgical infection prevention.

		Compared to other Joint Commission				
		Accredited Organizations				
<u>.</u>		Nationwide		Statewide		
Measure	Explanation	Hospital	Top 10%		Top 10%	•
		Results	Scored at Least	Rate:	Scored at Least	Rate:
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Patients who had open heart surgery other than coronary artery bypass graft and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 48 hours after the surgery ended.*	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).*	91% of 35 eligible Patients	100%	99%	100%	98%
Heart surgery patients with controlled blood sugar after surgery.	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 215 eligible Patients	100%	97%	99%	95%
Surgery patients with proper hair removal.	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.	100% of 1239 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	94% of 822 eligible Patients	100%	98%	100%	97%

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1 Medical Center Boulevard, Cookeville, TN





National Quality Improvement Goals

Reporting Period: January 2013 - December 2013

Measure Area	Explanation
SCIP – Venous	This category of evidenced based measures assesses the use of indicated treatment for the
Thromboembolism	prevention of blood clots in selected surgical patients
(VTE)	

		Compared to other Joint Commission Accredited Organizations					
					State	atewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
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.*	95% of 825 eligible Patients	100%	98%	100%	98%	

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