

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

3015 North Ballas Road, Saint Louis, MO





Summary of Quality Information

S	vm	hal	Ke	v
\mathbf{O}_{i}	/	001	INC.	y

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•••	This Measure is not applicable for this organization.
N	Not displayed

Footnote Key

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

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🮯 Hospital	Accredited	3/17/2012	3/16/2012	3/16/2012

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review	w Last On-Site Review Date
Primary Stroke Center	Certification	6/5/2013	6/4/2013	6/4/2013

Special Quality Awards

Н

2013 ACS National Surgical Quality Improvement Program

		Compared to other Joint Organiz	
		Nationwide	Statewide
ospital	2012National Patient Safety Goals	Ø	*

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

Ð above This o Ø simila

e below

Fo 1. The repo 2. The over The for c 4. The Disc 5. The was 6. The valic The samj 8. The data 9. The

Missouri Baptist Medical Center

3015 North Ballas Road, Saint Louis, MO



Summary of Quality Information

Sw	mbol Key				
This	organization achieved the best ible results.				Commission Accredited zations
	organization's performance is e the target range/value.			Nationwide	Statewide
This	organization's performance is		National Quality Improvement Goals:		
This	ar to the target range/value. organization's performance is	Reporting Period:	Heart Attack Care	Ð	Ð
This	w the target range/value. Measure is not applicable for this nization.	Oct 2012 - Sep 2013	Heart Failure Care	\bigotimes	${igodot}$
) Not a	displayed		Pneumonia Care	Ð	Ð
			Surgical Care Improvement Project (SCIP)		
1. The	Dotnote Key Measure or Measure Set was not		SCIP - Cardiac SCIP - Infection Prevention		
-	orted. Measure Set does not have an		For All Reported Procedures:	Ð	Ð
	rall result.		Blood Vessel Surgery	\oplus	(
	number of patients is not enough comparison purposes.		Colon/Large Intestine Surgery	Ð	Ð
	measure meets the Privacy closure Threshold rule.		Coronary Artery Bypass Graft	Ð	\oplus
5. The was	organization scored above 90% but below most other organizations.		Hip Joint Replacement	Ð	\oplus
	Measure results are not statistically		Hysterectomy	Ð	Ð
7. The	Measure results are based on a		Knee Replacement	Ð	Ð
8. The	ple of patients. number of months with Measure		Open Heart Surgery	Ð	Ð
~	is below the reporting requirement.		SCIP – Venous Thromboembolism (VTE)		
sup	measure results are temporarily pressed pending resubmission of				

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

For further information

updated data.

10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria.

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



3015 North Ballas Road, Saint Louis, MO



Locations of Care

* Primary Location

Triniary Eocation	
Locations of Care	Available Services
Breast Healthcare Center Rock Hill Mammography 9450 Manchester Road Suite 206 Saint Louis, MO 63119	Services: Outpatient Clinics (Outpatient)
MBMC St. Louis Gynolocologic Oncology 11652 Studt Road Saint Louis, MO 63141	Services: Outpatient Clinics (Outpatient)
Missouri Baptist Healthcare-Sunset Hills 3844 S. Lindbergh Blvd. Saint Louis, MO 63127	Services: Outpatient Clinics (Outpatient)

3015 North Ballas Road, Saint Louis, MO



Locations of Care

* Primary Location

Locations of Care	Available Services
Locations of Care Missouri Baptist Medical Center * 3015 North Ballas Road Saint Louis, MO 63131	 Available Services Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Elear/Nose/Throat Surgery (Surgical Services) Elear/Nose/Throat Surgery (Surgical Services) Elear/Nose/Throat Surgery (Surgical Services) Elear/Nose/Throat Surgery (Surgical Services) Gastroenterology (Surgical Services) Gornecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Hernatology/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care

3015 North Ballas Road, Saint Louis, MO



2012 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	<u>ଡ</u> ଡ ଡ
	Preventing Multi-Drug Resistant Organism Infections	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	\bigotimes
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	0 0 0 0 0 0
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	\bigotimes
	Providing a Reconciled Medication List to the Patient	\bigcirc
	Settings in Which Medications are Minimally Used	<u>000</u>
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	\bigcirc
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\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.

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

		Compared to Comm	
		Accredited O	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	(

		Cor	npared to c Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.*	100% of 79 eligible Patients	100%	98%	100%	99%
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 528 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.*	100% of 494 eligible Patients	100%	99%	100%	100%



The Joint Commission only reports measures endorsed by the National Quality Forum. This information can also be viewed at www.hospitalcompare.hhs.gov

Null value or data not displayed.

© Copyright 2025, The Joint Commission

Symbol Key

This organization achieved the best ossible results This organization's performance is Ð above the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is below the target range/value. lot displayed ND

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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

		Compared to Commission			npared to c Commis		
					edited Org		
Measure Area Heart Attack Care	This cat	Explanation egory of evidence based measures as:	sesses the	Nationwi	de	Statewid	e
Heart Attack Gare		quality of care provided to Heart Attack		Ð		Ð	
					other Joint ed Organiz	zations	
Measure		Explanation	Hospital	Vationwide Top 10%	Average	State	
Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	ſ
Beta blocker prescribe discharge*	ed 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.*	100% of 475 eligible Patients	100%	99%	100%	
Primary PCI received minutes of hospital an		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 37 eligible Patients	100%	96%	100%	
Statin Prescribed at D	ischarge	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	100% of 477 eligible Patients	100%	99%	100%	

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

- 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that med
- 1. There were no eligible patients that met the denominator criteria.

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

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

"bad" cholesterol.

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

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

		Compared to other Joint Commission		
		Accredited Organizations		
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				
		Nationwide Statewid				
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.*	98% of 114 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.*	100% of 412 eligible Patients	100%	95%	100%	95%
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.*	100% of 510 eligible Patients	100%	100%	100%	100%

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

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

--- Null value or data not displayed.

10

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

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

Footnote Key

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

reported.

overall result.

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. **10.** Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. Symbol Key

ossible results

Ð

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

above the target range/value. This organization's performance is

below the target range/value. lot displayed

Footnote Key

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

Missouri Baptist Medical Center

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 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.	Ð	Ð	

		Compared to other Joint Commission Accredited Organizations				on
		1	Vationwide		ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
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.*	99% of 289 eligible Patients ⁷	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.	97% of 39 eligible Patients ⁷	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 of pneumonia.*	86% of 7 eligible Patients ³	100%	92%	100%	90%



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

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

Null value or data not displayed. ____

11

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

			o other Joint nission
		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.	Ð	Ð

		Compared to other Joint Commission Accredited Organizations				
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.*	98% of 119 eligible Patients ⁷	100%	97%	100%	97%

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

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

---- Null value or data not displayed.

Symbol Key

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

Footnote Key

- 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.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible relients that me
- 1. There were no eligible patients that met the denominator criteria.

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

			o other Joint nission
		Accredited 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 Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10%	Average Rate:	Top 10% Scored at Least:	
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.	99% of 206 eligible Patients ⁷	100%	98%	100%	98%

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

This information can also be viewed at www.hospitalcompare.hhs.gov - Null value or data not displayed.

Symbol Key

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

Footnote Key

- 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.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 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.	Ð	Ð	

		Compared to other Joint Commission Accredited Organizations					
		Nationwide			State	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.	98% of 522 eligible Patients ⁷	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 522 eligible Patients ⁷	100%	99%	100%	99%	

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

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

---- Null value or data not displayed.

- Symbol Key
- This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.

Not displayed

Footnote Key

- 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.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that med
- **1.** There were no eligible patients that met the denominator criteria.

3015 North Ballas Road, Saint Louis, MO

ige



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

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

Footnote Kev

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

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

				Compared to other Joint Commission Accredited Organizations			
Measure Area		Explanation		Nationwi	de	Statewide	e
SCIP - Infection Prevention		egory of evidence based measures ass use of indicated antibiotics for surgical i ion.		œ		Ð	
					other Joint ed Organiz	ations	
				lationwide		State	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Patients who had surger received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	iotic ours	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.	100% of 506 eligible Patients ⁷	100%	98%	100%	98%

 \oplus

99% of 149 eligible

Patients⁷

 \bigcirc

98% of

52 eligible

Patients

100% of

52 eligible

Patients

100%

100%

100%

98%

98%

99%

100%

100%

100%

98%

98%

99%

Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

Patients Having Blood Vessel

Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*



r

t

(

v

а

Surgery*

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

Overall report of hospital's

Surgery.

performance on Surgical Infection

This measure reports how often

infection (an antibiotic) within one

receive antibiotics to prevent

skin is surgically cut.*

hour before the skin was surgically

infection within one hour before the

This measure reports how often

patients who had blood vessel surgery were given the appropriate

infection which is know to be

effective for the type of surgery,

medicine (antibiotic) that prevents

based upon the recommendations of experts around the country.*

cut. Infection is lowest when patients

Prevention Measure for Blood Vessel

patients having blood vessel surgery received medicine that prevents

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

3015 North Ballas Road, Saint Louis, MO

Scored

Average

Rate:



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

Symbol Key This organization achieved the best ossible results This organization's performance is Ð above the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is below the target range/value. ot displayed ND

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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

			Compared to other Joint Commission				
			Accre	edited Org	anizations		
Measure Area	Explanation		Nationwig	de	Statewid	е	
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.				Ð		
			Compared to other Joint Commissio Accredited Organizations Nationwide State				
Measure	Explanation	Hospital		Average	Top 10%		
		100 10 /0	Average	100 1070	~		

Results

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).*	100% of 45 eligible Patients ⁷	100%	96%	100%	97%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	99% of 134 eligible Patients ⁷	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.*	100% of 45 eligible Patients ⁷	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.*	98% of 45 eligible Patients ⁷	100%	96%	100%	96%

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

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

3015 North Ballas Road, Saint Louis, MO

ae



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

Symbol Key

This organization achieved the best ossible results This organization's performance is Ð above the target range/value. This organization's performance is \odot imilar to the target range/value. This organization's performance is below the target range/value. ot displayed

Footnote Key

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

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

					Compared to other Joint Commission Accredited Organizations			
Measure	re Area Explanation			Nationwi	Ŭ	Statewide		
SCIP - Iı Preventi	nfection		category of evidence based measures assesses the II use of indicated antibiotics for surgical infection				Ð	
					mpared to o Accredit Jationwide	other Joint ed Organiz		
	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Averag Rate:
intestine appropria prevents and the a	who had colon/la surgery and rec ate medicine tha infection (antibio antibiotic was sto hours after the ended.*	eived t otic)	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).*	100% of 44 eligible Patients ⁷	100%	96%	100%	97%
	Having Coronar pass Graft Surg		Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	99% of 215 eligible Patients ⁷	100%	99%	100%	99%
artery by	having coronary pass graft surge		This measure reports how often patients having coronary artery hypass graft surgery received					

 \oplus

99% of

72 eligible

Patients

100% of

72 eligible

Patients

100%

100%

99%

100%

100%

100%

99%

100%

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 *

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.*



who received medicine to

Patients having coronary

artery bypass graft surgery

who received the appropriate

medicine (antibiotic) which is

shown to be effective for this

was surgically cut.*

type of surgery.*

prevent infection (an antibiotic)

within one hour before the skin

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

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

© Copyright 2025, The Joint Commission

3015 North Ballas Road, Saint Louis, MO

Μ

ed to other Joint

ed Organizations

Statewide

Đ

ommission



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

Symbol Kev

This organization achieved the best ossible results This organization's performance is Ð above the target range/value. This organization's performance is \odot similar to the target range/value. This organization's performance is below the target range/value. ot 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.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

		Compare Co
		Accredite
leasure Area	Explanation	Nationwide
A 1 A 1 A		

SCIP - Infection This category of evidence based measures assesses the \oplus Prevention overall use of indicated antibiotics for surgical infection prevention Compared to other Joint Commission Accredited Organizations

		Ν	lationwide		State	wide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	•
		Results	Scored at Least:	Rate:	Scored at Least:	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).*	100% of 71 eligible Patients ⁷	100%	99%	100%	99%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	98% of 251 eligible Patients ⁷	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.*	95% of 84 eligible Patients ⁷	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 84 eligible Patients ⁷	100%	100%	100%	100%

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

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

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

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

Footnote Key

Symbol 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

				Compared to other Joint Commission Accredited Organizations			
Measure Area		Explanation		Nationwic	de	Statewide	е
SCIP - Infection Prevention		egory of evidence based measures ass ise of indicated antibiotics for surgical ir on.		Ð		Ð	
		1			ted Organiz	zations	
Magguro		Evolution		Vationwide			ewide
Measure		Explanation	Hospital Results	Scored at Least:	Rate:	Top 10% Scored at Least:	Rate:
Patients who had hip joir replacement surgery and received appropriate meet that prevents infection (antibiotic) and the antibi was stopped within 24 ho after the surgery ended.*	d edicine liotic lours	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).*	00% of 83 eligible Patients ⁷	100%	98%	100%	98%
Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	99% of 204 eligible Patients ⁷	100%	98%	100%	98%
Patients having hysterect surgery who received medicine to prevent infect (an antibiotic) within one before the skin was surgiout.*	ction 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.*	100% of 68 eligible Patients ⁷	100%	99%	100%	99%
Patients having hysterec surgery who received the appropriate medicine (antibiotic) which is show be effective for this type of surgery.*	e 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.*	96% of 68 eligible Patients ⁷	100%	98%	100%	98%



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

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

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

Symbol Key This organization achieved the best

ossible results This organization's performance is Ð above the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is below the target range/value. lot displayed ND

Footnote Key

- The Measure or Measure Set was not 1. 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

		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.	Ð	Ð

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			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).*	100% of 68 eligible Patients ⁷	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.	99% of 416 eligible Patients ⁷	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 139 eligible Patients ⁷	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.*	100% of 139 eligible Patients ⁷	100%	100%	100%	100%



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

3015 North Ballas Road, Saint Louis, MO



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

- 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
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that med
- **1.** There were no eligible patients that met the denominator criteria.

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

Reporting Period: October 2012 - Septemb	ber 2013
--	----------

				Compared to other Joint Commission Accredited Organizations			
Measure Area	easure Area Explanation			Nationwide		Statewide	
SCIP - Infection Prevention		tegory of evidence based measures as use of indicated antibiotics for surgical i		Ð		Ð	
Compared to other Joint Commission Accredited Organizations							on
			N	Vationwide	Statewide		
Measure		Explanation	Hospital Results		Average Rate:		Average Rate:
Patients who had kne replacement surgery a received appropriate that prevents infectior (antibiotic) and the an was stopped within 24 after the surgery ende	and medicine 1 tibiotic 4 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).*	100% of 138 eligible Patients ⁷	100%	98%	100%	99%
Patients Having Oper Surgery other than Co Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	99% of 181 eligible Patients ⁷	100%	99%	100%	99%
Patients having open surgery other than co artery bypass graft wh received medicine to infection (an antibiotic one hour before the s surgically cut.*	ronary no prevent c) 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. *	98% of 62 eligible Patients ⁷	100%	99%	100%	99%
Patients having open surgery other than co artery bypass graft wi received the appropria medicine (antibiotic) v shown to be effective type of surgery.*	ronary no ate vhich 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	100% of 62 eligible Patients ⁷	100%	100%	100%	100%

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

based upon the recommendations of experts around the country.*

* This information can also be viewed at www.hospitalcompare.hhs.gov
 ---- Null value or data not displayed.

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Reporting Period: October 2012 - September 2013

Symbol Key	
This organization achieved th possible results	e best
This organization's performat above the target range/value.	nce is
This organization's performation spectrum similar to the target range/value	
O This organization's performan below the target range/value.	nce is
with the second	

Footnote Key

- The Measure or Measure Set was not 1. 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

			Com				
Measure Area		Explanation		Nationwi	de	Statewide	e
SCIP - Infection Prevention				Ð		Ð	
					other Joint ed Organiz	ations	
Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Patients who had open surgery other than coror artery bypass graft and received appropriate me that prevents infection (antibiotic) and the antib was stopped within 48 h after the surgery ended.	nary edicine viotic iours	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).*	100% of 57 eligible Patients ⁷	100%	99%	100%	98%
Heart surgery patients w controlled blood sugar a 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.	100% of 151 eligible Patients ⁷	100%	97%	100%	97%
Surgery patients with pr hair removal.	oper	This measure reports the number of surgical patients that have had hair	0				

 \bigcirc

100% of 736 eligible

Patients⁷

Ð

99% of 419 eligible

Patients

100%

100%

100%

98%

100%

100%

100%

97%

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

at the site of the surgical cut

with electrical clippers or hair

surgery patients whose urinary

the second day after surgery.

removal cream.

removed properly. Infection is lowest

This measure reports the number of

catheter was removed by the end of

when patients have hair removed

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

Null value or data not displayed.

Urinary Catheter Removed

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Symbol Key

This organization achieved the best ossible results This organization's performance is Ð above the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is below the target range/value. ot displayed ND

Footnote Key

- The Measure or Measure Set was not 1. 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

Reporting Period: October 2012 - September 2013

Measure Area

SCIP - Venous Thromboembolism Explanation

(VTE)

This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients

		Compared to other Joint Commission Accredited Organizations						
			Nationwide			Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
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.*	00% of 437 eligible Patients ⁷	100%	98%	100%	98%		

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

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