

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

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0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
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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	7/25/2014

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

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

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2013 ACS National Surgical Quality Improvement Program

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2014National Patient Safety Goals	Ø	№ *



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

3015 North Ballas Road, Saint Louis, MO



Summary of Quality Information

Symbol Key				
This organization achieved the best possible results.			Compared to other Joint Organi	
This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is		National Quality Improvement Goals:		
 This organization's performance is 	Reporting Period:	Heart Attack Care	Ð	Ð
below the target range/value. This Measure is not applicable for this organization.	Jul 2013 - Jun 2014	Heart Failure Care	${ orall }$	${ orall }$
Not displayed		Perinatal Care	2	2
Footnote Key		Pneumonia Care	\bigotimes	Ð
1. The Measure or Measure Set was not reported.		Stroke Care	8	8
2. The Measure Set does not have an overall result.		Surgical Care Improvement Project (SCIP)		
 The number of patients is not enough for comparison purposes. The measure meets the Privacy 		SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	Ð	(
Disclosure Threshold rule.5. The organization scored above 90% but		Blood Vessel Surgery	Ð	Ð
was below most other organizations.6. The Measure results are not statistically		Colon/Large Intestine Surgery	Ø	Ø
valid.		Coronary Artery Bypass Graft	Ð	\oplus
7. The Measure results are based on a sample of patients.		Hip Joint Replacement	((
8. The number of months with Measure data is below the reporting requirement.		Hysterectomy	Ð	Ð
9. The measure results are temporarily suppressed pending resubmission of		Knee Replacement	Ð	Ð
updated data. 10. Test Measure: a measure being		Open Heart Surgery	Ð	Ð
evaluated for reliability of the individual data elements or awaiting		SCIP – Venous Thromboembolism (VTE)		

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Locations of Care

* Primary Location

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)

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Locations of Care

* Primary Location

Locations of Care
Locations of Care Missouri Baptist Medical Center * 3015 North Ballas Road Saint Louis, MO 63131

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2014 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	\bigotimes
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	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	\bigotimes
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	\bigotimes
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key

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

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National Quality Improvement Goals

Reporting Peri	iod: July 2013 - June 2014		
		Comm	o other Joint nission Drganizations
Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	Ð	Ð

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	N Hospital Results	lationwide	Average Rate:		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 61 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 510 eligible Patients	100%	99%	100%	100%	
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 474 eligible Patients	100%	99%	100%	100%	

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National Quality Improvement Goals

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	Heart Attack Care		tegory of evidence based measures ass quality of care provided to Heart Attack s.		Ð		Ð	
was not						other Joint ed Organiz	ations	
nough	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
y 2 90% but ations. atistically on a leasure	Beta blocker prescribed discharge*	at	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.*	99% of 454 eligible Patients	100%	99%	100%	99%
uirement. rarily ion of aiting rsement. s that met	Primary PCI received w minutes of hospital arriv		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	100% of 36 eligible Patients	100%	96%	100%	98%
ts,	Statin Prescribed at Dis	charge	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.* 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.	100% of 459 eligible Patients	100%	99%	100%	99%

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National Quality Improvement Goals

Reporting Per	iod: July 2013 - June 2014		
			o other Joint hission
		Accredited C	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

		Со	mpared to o Accredit	other Joint ed Organiz		on
		١	lationwide	Ŭ		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.*	100% of 53 eligible Patients	100%	97%	100%	97%
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 291 eligible Patients	100%	100%	100%	100%

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National Quality Improvement Goals

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

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	•••• ⁴	100%	90%	100%	92%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	8 2% of 46 eligible Patients	0%	4%	0%	3%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	52% of 209 eligible Patients	74%	50%	72%	55%
Exclusive Breast Milk Feeding Considering Mothers Choice	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization not including those newborns whose mothers chose to not exclusively feed breast milk at the time of birth of the newborn.	71% of 152 eligible Patients	90%	64%	91%	71%



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National Quality Improvement Goals

	Reporting Pe	riod: July 2013 - June 2014		
			Comn	o other Joint hission
			Accredited C	Organizations
Me	easure Area	Explanation	Nationwide	Statewide
Pr	eumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ø	Ð

			Compared to other Joint Commission Accredited Organizations				
				lationwide		State	ewide
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ut ly	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.	95% of 19 eligible Patients ³	100%	98%	100%	98%
nt. et	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.*	100% of 4 eligible Patients	100%	94%	100%	91%
	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.*	100% of 60 eligible Patients	100%	97%	100%	97%

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Missouri Baptist Medical Center

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Stroke Care		egory of evidence based measures ass uality of care provided to Stroke (STK)		(8	8 💽	
Footnote Key								
1. The Measure or Measure Set was not reported.				Co	mpared to o Accredit	other Joint ed Organiz		on
2. The Measure Set does not have an				1	Vationwide		State	ewide
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. 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 met the denominator criteria. 	Anticoagulation Therap Atrial Fibrillation/Flutter		Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	83% of 24 eligible Patients ³	100%	97%	100%	95%

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improve survival rates.

Ischemic stroke patients receiving an

antithrombotic medication by the end of hospital day 2. This measure

<mark>100</mark>8

100% of 98 eligible Patients

100%

99%

100%

98%

reports what percent of ischemic stroke patients receive an

aspirin, the day of or day after

hospital arrival. Antithrombotic medications are beneficial because

antithrombotic medication, such as

they reduce the tendency of blood to clot in blood vessels of the brain and

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Antithrombotic Therapy By End of Hospital Day 2

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National Quality Improvement Goals

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Measure Area	Explanation		Accr Nationwi		anizations Statewid	2
Stroke Care	his category of evidence based measures as verall quality of care provided to Stroke (STK			8	€121€W14	<u> </u>
			Compared to other Joint Commiss Accredited Organizations Nationwide Stat			
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	ewide Averaç Rate
Assessed for Rehabilitatio	n Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	99% of 119 eligible Patients	100%	99%	100%	99%
Discharged on Antithromb Therapy	otic Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	100% of 108 eligible Patients	100%	99%	100%	99%
Discharged on Statin Medication	Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of	100% of 89 eligible Patients	100%	97%	100%	98%



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Not displayed	Measure Area	Explanation		Nationwi		Statewide	e
	Stroke Care	This category of evidence based measures ass overall quality of care provided to Stroke (STK)		(19)	8	○ ⁸	
Footnote Key 1. The Measure or Measure Set was not reported.				mpared to c Accredite Nationwide	other Joint ed Organiz	ations	n wide
 The Measure Set does not have an overall result. The number of patients is not enough 	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 	Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	NO% of 52 eligible Patients	100%	94%	100%	96%
 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.'' 	Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	ND 8 100% of 6 eligible Patients	100%	83%	100%	89%



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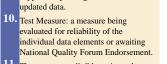
Missouri Baptist Medical Center

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	Stroke Care	Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.				8	ᅇ ⁸	
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The Measure Set does not have an overall result.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data.	Venous Thromboemb (VTE) Prophylaxis	olism	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The incidence of blood clots is lowest when patients are treated to prevent	NOP 8 100% of 114 eligible Patients	100%	97%	100%	98%



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

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

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- 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 reliests that me
- **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: July 2013 - June 2014

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

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide						
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.	00% of 180 eligible Patients	100%	98%	100%	98%		

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O This organization's performance is below the target range/value.				Organizations
Mot displayed	Measure Area	Explanation	Nationwide	Statewide
	SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection	Ð	Ð

prevention.

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- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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."

Measure	Explanation	Compared to other Joint Commissio Accredited Organizations Nationwide State Hospital Top 10% Average Top 10%							
modeare		Results	Scored at Least:	Rate:	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.	99% of 416 eligible Patients	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 415 eligible Patients	100%	99%	100%	99%			

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 overall result. The number of patients is not enough for comparison purposes. 	Measure		Explanation	Hospital Results		Average Rate:		
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. 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 avaiting 	Patients who had surge received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended	edicine biotic hours	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.	99% of 407 eligible Patients	100%	98%	100%	98%
National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria.	Patients Having Blood \ Surgery*	/essel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	99% of 134 eligible Patients	100%	98%	100%	99%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Patients having blood ve surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ection e hour	This measure reports how often patients having 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 46 eligible Patients	100%	98%	100%	99%
	Patients having blood ve surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	ne wn to	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.*	98% of 45 eligible Patients	100%	99%	100%	99%

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3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. 	Patients who had blood surgery and received appropriate medicine th prevents infection (antib and the antibiotic was s within 24 hours after the surgery ended.*	at biotic) topped	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	100% of 43 eligible Patients	100%	96%	100%	97%
 The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data advector or supprised 	Patients Having Colon/L Intestine Surgery*	₋arge	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	98% of 107 eligible Patients	100%	97%	100%	97%
 individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. For further information and explanation of the 	Patients having colon/la intestine surgery who re medicine to prevent infe (an antibiotic) within one before the skin was surg cut. *	eceived ection e hour	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	94% of 36 eligible Patients	100%	98%	100%	98%
Quality Report contents, refer to the ''Quality Report User Guide.''	Patients having colon/la intestine surgery who re the appropriate medicin (antibiotic) which is show be effective for this type surgery.*	eceived e wn to	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 36 eligible Patients	100%	95%	100%	96%

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overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:			
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 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. 	Patients Having Coronal Artery Bypass Graft Surg	,	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	100% of 198 eligible Patients	100%	99%	100%	99%		
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	Patients having coronary artery bypass graft surge who received medicine t prevent infection (an ant within one hour before th was surgically cut.*	jery to tibiotic)	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.*	100% of 67 eligible Patients	100%	99%	100%	99%		
Report User Guide."	Patients having coronary artery bypass graft surge who received the approp medicine (antibiotic) whi shown to be effective for type of surgery.*	jery priate lich is	This measure reports how often patients who had coronary artery bypass graft surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 67 eligible Patients	100%	100%	100%	100%		

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overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of 	Patients who had corona artery bypass graft surge and received appropriate medicine that prevents infection (antibiotic) and antibiotic was stopped we 48 hours after the surge ended.*	ery e the <i>v</i> ithin	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 64 eligible Patients	100%	99%	100%	99%	
 updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Patients Having Hip Joir Replacement Surgery*	nt	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	100% of 204 eligible Patients	100%	99%	100%	99%	
For further information and explanation of the Quality Report contents,	Patients having hip joint replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skir surgically cut.*	io event within	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 68 eligible Patients	100%	99%	100%	99%	
refer to the ''Quality Report User Guide.''	Patients having hip joint replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective for type of surgery.*	io e ich is	This measure reports how often patients who had 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 68 eligible Patients	100%	100%	100%	100%	

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 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of 	Patients who had hip join replacement surgery and received appropriate met that prevents infection (antibiotic) and the antibi- was stopped within 24 h after the surgery ended.	nd edicine biotic hours	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).*	100% of 68 eligible Patients	100%	98%	100%	98%
updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.	Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	99% of 165 eligible Patients	100%	98%	100%	99%
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Patients having hystered surgery who received medicine to prevent infer (an antibiotic) within one before the skin was surg cut.*	ection e hour	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 55 eligible Patients	100%	99%	100%	99%
refer to the ''Quality Report User Guide.''	Patients having hysterer surgery who received th appropriate medicine (antibiotic) which is show be effective for this type surgery.*	ne wn to	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	96% of 55 eligible Patients	100%	98%	100%	98%

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 The number of patients is not enough for comparison purposes. The measure meets the Privacy. 	Measure		Схріанацон	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily 	Patients who had hysterectomy surgery ar received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	edicine piotic nours	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 55 eligible Patients	100%	98%	100%	98%
 suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting 	Patients Having Knee Jo Replacement Surgery*	oint	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	100% of 248 eligible Patients	100%	99%	100%	99%
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,	Patients having knee joi replacement surgery wh received medicine to pre infection (an antibiotic) v one hour before the skir surgically cut.*	no event within	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 83 eligible Patients	100%	99%	100%	99%
refer to the "Quality Report User Guide."	Patients having knee joi replacement surgery wh received the appropriate medicine (antibiotic) whi shown to be effective fo type of surgery.*	no e ich is	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 83 eligible Patients	100%	100%	100%	99%

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 The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 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 met the denominator criteria. 	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
	Patients who had knee jo replacement surgery and received appropriate med that prevents infection (antibiotic) and the antibio was stopped within 24 ho after the surgery ended.*	l dicine otic ours	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 82 eligible Patients	100%	99%	100%	99%
	Patients Having Open He Surgery other than Coron Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	99% of 182 eligible Patients	100%	99%	100%	99%
	Patients having open hea surgery other than corona artery bypass graft who received medicine to prev infection (an antibiotic) wi one hour before the skin surgically cut.*	ary vent ⁄ithin	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 61 eligible Patients	100%	99%	100%	99%
Report User Guide."	Patients having open hear surgery other than corona artery bypass graft who received the appropriate medicine (antibiotic) whic shown to be effective for type of surgery.*	ary ch is	This measure reports how often patients who had open heart surgery other than coronary artery bypass graft were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 61 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. ____

Missouri Baptist Medical Center

3015 North Ballas Road, Saint Louis, MO



National Quality Improvement Goals

Symbol Key This organization achieved the best possible results	Reporting Per	iod: July	y 2013 - June 2014					
 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 	Measure Area Explanation				Compared to other Joint Commission Accredited Organizations Nationwide Statewide			
	SCIP - Infection Prevention	SCIP - Infection This category of evidence based measures assesse			Ð		Ð	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. 	Measure Explanation Hos			Vationwide	ed Organiz		wide	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily 	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 piotic nours	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).*	98% of 60 eligible Patients	100%	99%	100%	99%
 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. 	updated data.Heart surgery patients with controlled blood sugar after surgery.Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.Heart surgery patients with controlled blood sugar after surgery.There were no eligible patients that metHeart 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.	99% of 141 eligible Patients	100%	96%	100%	97%
For further information and explanation of the Quality Report contents, refer to the "Quality	Surgery patients with pr hair removal.	roper	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 573 eligible Patients	100%	100%	100%	100%
Report User Guide."	Urinary Catheter Remov	ved	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	100% of 347 eligible Patients	100%	98%	100%	98%

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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

- 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.
- 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 reliests that me
- 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: July 2013 - June 2014

Measure Area

(VTE)

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

lism 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 312 eligible Patients	100%	99%	100%	99%		

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

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