

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@jcaho.org with your comments and suggestions.

A handwritten signature in black ink, appearing to read "Dennis S. O'Leary".

Dennis S. O'Leary, MD
President of the Joint Commission



Summary of Quality Information

Symbol Key

- This organization achieved the best possible results.
- This organization's performance is above the performance of most accredited organizations.
- This organization's performance is similar to the performance of most accredited organizations.
- This organization's performance is below the performance of most accredited organizations.
- This Measure is not applicable for this organization.
- Not displayed

Accreditation Decision

Accredited

Decision Effective Date

August 05, 2006

Accredited Programs

- Ambulatory Care
- Home Care
- Hospital
- Pathology and Clinical Laboratory

Last Full Survey Date

- February 25, 2005
- February 25, 2005
- February 25, 2005
- August 04, 2006

Other Accredited Programs/Services

- Laboratory (Accredited by College of American Pathologists)

Special Quality Awards

- 2004 Hospital Quality Alliance Participant
- 2004 Hospital Magnet Award

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.
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Compared to other Joint Commission Accredited Organizations

	Nationwide	Statewide
2005 National Patient Safety Goals:		*
National Quality Improvement Goals:		
Heart Attack Care †		
Heart Failure Care †		
Pneumonia Care		

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

† Beginning with patients discharged in July 2006 the Heart Attack and Heart Failure measures were changed to remove patients receiving only comfort care (support for the dying patient). See Hospital (For Health Care Professionals) Users Guide for more details.

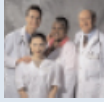
* State Results are not Calculated for the National Patient Safety Goals.



Locations of Care

*** Primary Location**

Locations of Care	Available Services
Cardio-Pulmonary Rehab at Methodist Wellness Center 900 West Main Peoria, IL 61602	<ul style="list-style-type: none"> • General Laboratory Tests • General Outpatient Services (Outpatient)
Clinical Pet Center 112 Crescent Avenue Peoria, IL 61603	<ul style="list-style-type: none"> • General Laboratory Tests • General Outpatient Services (Outpatient)
Family Medical Center 815 Main Street Suite A and B Peoria, IL 61602	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist at Canton 2076 N. Main Canton, IL 61520	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist at Morton 1909 North Morton Avenue Morton, IL 61550	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests • Occupational Health (Outpatient) • Pediatric Medicine (Outpatient)
Methodist at Mt. Hawley - Family Medicine/Women's Health 7725 North Knoxville Peoria, IL 61614	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist at Mt. Hawley - Pediatrics 7801 N. Knoxville Peoria, IL 61614	<ul style="list-style-type: none"> • General Laboratory Tests • Pediatric Medicine (Outpatient)
Methodist at Pekin 1800 Broadway Pekin, IL 61554	<ul style="list-style-type: none"> • Cardiology (Outpatient) • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests • Occupational Health (Outpatient)
Methodist Diabetes Care Center 900 Main St. Suite 210 Peoria, IL 61602	<ul style="list-style-type: none"> • General Laboratory Tests • General Outpatient Services (Outpatient)
Methodist Diagnostic Center 112 Crescent Avenue Peoria, IL 61636	<ul style="list-style-type: none"> • General Laboratory Tests • General Outpatient Services (Outpatient)
Methodist Medical Center of Illinois Home Care 415 St. Marks Court Peoria, IL 61636	<ul style="list-style-type: none"> • General Laboratory Tests • Home Health Services • Hospice Care
Methodist Medical Group @ the Atrium 900 Main Street, Suite 470 Peoria, IL 61602	<ul style="list-style-type: none"> • Family Practice (Outpatient) • General Laboratory Tests



Locations of Care

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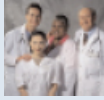
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Methodist Medical Group at Chillicothe 525 Sweetbriar Chillicothe, IL 61523	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at East Peoria 100 N. Main, Suite 301 East Peoria, IL 61611	<ul style="list-style-type: none"> • Alternative/Complementary Care (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at Farmington 158 E. Fulton Farmington, IL 61531	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at Knoxville 2709 N. Knoxville Peoria, IL 61604	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • General Laboratory Tests • Internal Medicine (Outpatient) • Pulmonary Medicine (Outpatient)
Methodist Medical Group at Lacon 1112 East Fifth Street Lacon, IL 61540	<ul style="list-style-type: none"> • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at Metamora 901 West Walnut Metamora, IL 61548	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at Peartree 6831 North Pear Tree Lane Peoria, IL 61615	<ul style="list-style-type: none"> • Alternative/Complementary Care (Outpatient) • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at Princeville 223 East Main Street Princeville, IL 61559	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • General Laboratory Tests
Methodist Medical Group at South Jefferson 2127 SW Jefferson Peoria, IL 61605	<ul style="list-style-type: none"> • General Laboratory Tests • Internal Medicine (Outpatient)
Methodist Medical Group Cardiology 112 Crescent Avenue Peoria, IL 61636	<ul style="list-style-type: none"> • Cardiology (Outpatient) • Diagnostic Imaging (Outpatient) • General Laboratory Tests • Other Diagnostic Tests (Outpatient)
Methodist Medical Group Neurology 900 Main Street, Suite 250 Peoria, IL 61602	<ul style="list-style-type: none"> • Neurology (Outpatient) • Other Diagnostic Tests (Outpatient)
Methodist Medical Group Neurology 765 N. Kellogg, Suite 200 Galesburg, IL 61401	<ul style="list-style-type: none"> • Neurology (Outpatient) • Other Diagnostic Tests (Outpatient)
Methodist Medical Group Perinatology 221 NE Glen Oak Avenue Peoria, IL 61636	<ul style="list-style-type: none"> • Diagnostic Imaging (Outpatient) • General Laboratory Tests • Obstetrics (Outpatient) • Other Diagnostic Tests (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
<p>Methodist Medical Group Psychiatry 900 Main Street, Suite 400 Peoria, IL 61602</p>	<ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult/Child/Youth)
<p>Methodist Medical Group Rehabilitation Medicine Services 214 NE Glen Oak Avenue, Suite 605 Peoria, IL 61603</p>	<ul style="list-style-type: none"> Other Diagnostic Tests (Outpatient) Other Medical/Dental Services (Outpatient) Pain Management - Trigger Point Injections (Outpatient) Physical Medicine and Rehabilitation (Outpatient)
<p>Methodist Medical Group Rheumatology 120 N E Glen Oak Ave, Suite 100 Peoria, IL 61603</p>	<ul style="list-style-type: none"> Infusion Services (Outpatient) Pain Management - Trigger Point Injections (Outpatient) Rheumatology (Outpatient)
<p>Methodist MedPointe at Peoria 8914 North Knoxville Peoria, IL 61615</p>	<ul style="list-style-type: none"> Diagnostic Imaging (Outpatient) Family Practice (Outpatient) General Laboratory Tests Occupational Health (Outpatient)
<p>Methodist Pain Clinic 120 NE Glen Oak Ave, Suite 309 Peoria, IL 61603</p>	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
<p>Methodist Sleep Center 214 N E Glen Oak Suite 500 Peoria, IL 61603</p>	<ul style="list-style-type: none"> General Outpatient Services (Outpatient)
<p>Methodist Wound Care Center 900 Main Street, Suite 200 Peoria, IL 61602</p>	<ul style="list-style-type: none"> General Laboratory Tests General Outpatient Services (Outpatient)
<p>MMG InSchool Health at Harrison School 2702 West Krause Peoria, IL 61605</p>	<ul style="list-style-type: none"> Family Practice (Outpatient) General Laboratory Tests Pediatric Medicine (Outpatient)
<p>MMG InSchool Health at Trewyn School 1419 South Folkers Peoria, IL 61605</p>	<ul style="list-style-type: none"> Family Practice (Outpatient) General Laboratory Tests Pediatric Medicine (Outpatient)
<p>MMG InSchool Health at Valeska Hinton School 800 West Romeo B. Garrett Ave. Peoria, IL 61605</p>	<ul style="list-style-type: none"> Family Practice (Outpatient) General Laboratory Tests Pediatric Medicine (Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services	
<p>The Methodist Medical Center of Illinois * 221 Northeast Glen Oak Avenue Peoria, IL 61636</p>	<ul style="list-style-type: none"> • Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult/Child/Youth) (Crisis Stabilization - Adult/Child/Youth) • Bone Marrow Transplant (Inpatient) • Cancer Center/Oncology (Inpatient) • Cardiac Catheterization Lab (Inpatient, Outpatient) • Cardiac Surgery (Inpatient) • Cardiac Unit/Cardiology (Inpatient, Outpatient) • CT Scanner (Inpatient, Outpatient) • Dialysis (Inpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Electroconvulsive Therapy (Inpatient, Outpatient) • Emergency Room (Outpatient) • Endocrinology (Inpatient) • Family Practice (Inpatient, Outpatient) • Gastroenterology (Inpatient, Outpatient) • General Laboratory Tests • General Medical (Inpatient, Outpatient) • General Surgery (Inpatient, Outpatient) • GI or Endoscopy Lab (Inpatient, Outpatient) • Gynecology (Inpatient, Outpatient) • Hematology/Blood Treatment (Inpatient) • Home Health Services • Hospice Care • Imaging/Radiology (Inpatient, Outpatient) • Infectious Diseases (Inpatient) • Infusion Services (Inpatient, Outpatient) • Inpatient Intake (Inpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient) • Labor & Delivery (Inpatient) • Lithotripsy/Kidney Stone Treatment (Outpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Mental Health (Inpatient, Outpatient, Crisis Stabilization) 	<ul style="list-style-type: none"> • Nephrology (Inpatient) • Neurology (Inpatient, Outpatient) • Neurosurgery (Inpatient) • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) • Obstetrics (Inpatient) • Occupational Health (Outpatient) • Operating Room (Inpatient, Outpatient) • Ophthalmology/Eye Surgery (Inpatient, Outpatient) • Oral Maxillofacial Surgery (Inpatient, Outpatient) • Orthopedic Surgery (Inpatient, Outpatient) • Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient) • Outpatient Surgery (Outpatient) • Pain Management (Inpatient, Outpatient) • Pediatric Care (Inpatient) • Plastic Surgery (Inpatient, Outpatient) • Podiatry (Inpatient, Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Inpatient, Outpatient) • Radiation Oncology (Inpatient, Outpatient) • Rehabilitation (Inpatient) • Respiratory Care (Ventilator) (Inpatient) • Rheumatology (Inpatient, Outpatient) • Sleep Center (Outpatient) • Telemetry (Inpatient) • Thoracic Surgery (Inpatient, Outpatient) • Ultrasound (Inpatient, Outpatient) • Urgent Care/Emergency Medicine (Outpatient) • Urology (Inpatient, Outpatient) • Vascular Surgery (Inpatient, Outpatient) • Wound Care (Inpatient, Outpatient)








2005 National Patient Safety Goals

Symbol Key

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

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




Ambulatory Care

Safety Goals	Organizations Should	Implemented
Identify Patients Correctly	Use at least two (2) ways to identify a patient when performing procedures, taking blood or giving medicines or blood products. The patient's room number cannot be used to identify the patient.	
Improve Effective Communication	Assure a staff member who receives an order over the phone or verbally, will "read back" the order to the person who gave the order.	
	Create a list of acceptable standardized abbreviations and a "Do Not Use" list to help reduce the risk of errors. Medical abbreviations can lead to errors.	
	Improve the time it takes to get test results to the appropriate caregiver.	
Improve the Safety of High-Alert Medications	Remove high-alert medications from patient care units. Medications that have the highest risk of causing injury when misused are called "High-Alert" Medications.	
	Standardize and limit the number of drug concentrations.	
	Create a list of medicines that have names that either look alike or sound alike and use the list to prevent errors involving those medicines.	
Improve Infusion Pump Safety	Assure pumps used to give fluids or medicine into a vein are set so that the fluid cannot be given too quickly. An infusion pump releases an amount of medicine in a specific period of time.	
Reduce Health Care Acquired Infections	Follow current Centers for Disease Control (CDC) handwashing guidelines.	
	Manage as sentinel events all cases of health care-acquired infections. A sentinel event is any unanticipated death or major permanent loss of function.	
Ensure medicines aren't accidentally stopped.	When admitting a patient, create a list, with the patient's assistance, of the medicines that the patient takes. The list should be updated with new medicines prescribed in the facility. [To be fully implemented by January 2006.]	
	The complete list of a patient's medicines is passed on to new caregivers—even if the caregiver is outside of the facility.	
Reduce the risk of fires during surgery.	Surgical staff members know how to control heat and fuels, like oxygen and gas, in the operating room. Also, there are guidelines to follow to prevent oxygen from being trapped under sheets and other materials that can catch fire.	

















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Home Care




Safety Goals	Organizations Should	Implemented
Identify Patients Correctly	Use at least two (2) ways to identify a patient when performing procedures, taking blood or giving medicines or blood products. The patient's room number cannot be used to identify the patient.	
	Use a "time-out" just before starting the procedure to allow the entire surgical team to ensure the correct patient, procedure and body part.	
Improve Effective Communication	Assure a staff member who receives an order over the phone or verbally, will "read back" the order to the person who gave the order.	
	Create a list of acceptable standardized abbreviations and a "Do Not Use" list to help reduce the risk of errors. Medical abbreviations can lead to errors.	
	Improve the time it takes to get test results to the appropriate caregiver.	
Improve the Safety of High-Alert Medications	Remove high-alert medications from patient care units. Medications that have the highest risk of causing injury when misused are called "High-Alert" Medications.	
	Standardize and limit the number of drug concentrations.	
	Create a list of medicines that have names that either look alike or sound alike and use the list to prevent errors involving those medicines.	
Improve Infusion Pump Safety	Assure pumps used to give fluids or medicine into a vein are set so that the fluid cannot be given too quickly. An infusion pump releases an amount of medicine in a specific period of time.	
Reduce Health Care Acquired Infections	Follow current Centers for Disease Control (CDC) handwashing guidelines.	
	Manage as sentinel events all cases of health care-acquired infections. A sentinel event is any unanticipated death or major permanent loss of function.	
Ensure medicines aren't accidentally stopped.	Create a list, with the patient's assistance, of the medicines that the patient takes. The list should be updated with new medicines.	
	The complete list of a patient's medicines is passed on to new caregivers—even if the caregiver is outside of the organization.	
Reduce the risk of patients hurting themselves by falling.	Check each patient for the risk of falling, including any medicines the patient is taking that might make the patient weak, dizzy, or sleepy. If there is a risk of the patient falling, take appropriate precautions.	

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2005 National Patient Safety Goals

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Hospital

Safety Goals	Organizations Should	Implemented
Identify Patients Correctly	Use at least two (2) ways to identify a patient when performing procedures, taking blood or giving medicines or blood products. The patient's room number cannot be used to identify the patient.	
Improve Effective Communication	Assure a staff member who receives an order over the phone or verbally, will "read back" the order to the person who gave the order.	
	Create a list of acceptable standardized abbreviations and a "Do Not Use" list to help reduce the risk of errors. Medical abbreviations can lead to errors.	
	Improve the time it takes to get test results to the appropriate caregiver.	
Improve the Safety of High-Alert Medications	Remove high-alert medications from patient care units. Medications that have the highest risk of causing injury when misused are called "High-Alert" Medications.	
	Standardize and limit the number of drug concentrations.	
	Create a list of medicines that have names that either look alike or sound alike and use the list to prevent errors involving those medicines.	
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Reduce Health Care Acquired Infections	Follow current Centers for Disease Control (CDC) handwashing guidelines.	
	Manage as sentinel events all cases of health care-acquired infections. A sentinel event is any unanticipated death or major permanent loss of function.	
Ensure medicines aren't accidentally stopped.	When admitting a patient, create a list, with the patient's assistance, of the medicines that the patient takes. The list should be updated with new medicines prescribed in the hospital. [To be fully implemented by January 2006.]	
	The complete list of a patient's medicines is passed on to new caregivers—even if the caregiver is outside of the hospital.	
Reduce the risk of patients hurting themselves by falling.	Check each patient for the risk of falling, including any medicines the patient is taking that might make the patient weak, dizzy, or sleepy. If there is a risk of the patient falling, take appropriate precautions.	



National Quality Improvement Goals

Hospital

Reporting Period: October, 2005 - September, 2006

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Footnote Key

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care †	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. Most patients who have heart failure and who take ACE inhibitor medicine have less symptoms, are physically better, and reduce their risk of returning to the hospital. The number of patients prescribed this drug is measured.	 96% of 49 eligible Patients	100%	86%	100%	87%
Adult smoking cessation advice/counseling*	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.	 99% of 92 eligible Patients	100%	96%	100%	95%
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.	 97% of 114 eligible Patients	100%	96%	100%	97%

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†† Beginning with July – Sept 2006 data, a change made to the inpatient mortality measure that removed patients receiving only comfort care (support for the dying patient) may result in lower actual rates.

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

** Information submitted was suppressed as a result of delays in vaccine distribution during fourth quarter 2005.

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National Quality Improvement Goals

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Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	 99% of 183 eligible Patients	100%	96%	100%	97%
Beta blocker at arrival*	Heart attack patients who receive a medicine called a "beta blocker" when they arrive at the hospital. This measure reports what percent of heart attack patients - within 24 hours after arrival were prescribed a special type of medicine that reduces heart damage.	 94% of 96 eligible Patients	100%	93%	100%	94%
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	 98% of 213 eligible Patients	100%	96%	100%	97%

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Compared to other Joint Commission Accredited Organizations

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		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.		89%	40%	67%	31%
Inpatient mortality ††	Death of a patient with a heart attack during a hospital stay. This measure reports heart attack patients who die during their hospital stay. This measure accounts for the fact that some patients are sicker or have other preexisting conditions that make death more likely. This is called "risk adjustment."	4.87% Actual Rate 7.75% Expected Rate of 226 eligible Patients				



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

Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care †	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Primary PCI received within 90 minutes of hospital arrival*	Heart attack patient with a clogged artery in the heart that is opened with a balloon therapy called PCI within 90 minutes of hospital arrival. This measure reports how quickly heart attack patients had a clogged artery in the heart opened with a balloon therapy called PCI to increase blood flow to the heart and reduce heart damage. Lack of blood supply to heart muscle can cause lasting heart damage. In certain types of heart attacks, a small balloon is threaded into a blood vessel in the heart to open up a clogged artery that keeps the blood from flowing to the heart muscle. It is important that this therapy be given quickly after a heart attack is diagnosed.	---				



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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Heart Attack Care †

ACE inhibitor or ARB for LVSD*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	18	10	12	9
Rate	89%	100%	100%	100%
Nationwide Average	85%	85%	87%	88%

Adult smoking cessation advice/counseling*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	20	26	26	20
Rate	100%	100%	96%	100%
Nationwide Average	95%	95%	96%	97%

Aspirin at arrival*

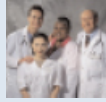
	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	30	28	36	20
Rate	97%	100%	94%	100%
Nationwide Average	96%	96%	97%	97%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Heart Attack Care †

Aspirin prescribed at discharge*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	46	48	52	37
Rate	98%	100%	100%	100%
Nationwide Average	96%	96%	97%	97%

Beta blocker at arrival*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	28	24	26	18
Rate	89%	92%	100%	94%
Nationwide Average	93%	93%	94%	94%

Beta blocker prescribed at discharge*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	51	53	66	43
Rate	94%	98%	100%	100%
Nationwide Average	96%	96%	96%	97%

Fibrinolytic therapy received within 30 minutes of hospital arrival*

No Quarterly Results are available



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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Heart Attack Care †

Inpatient mortality ††

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	57	54	69	46
Actual Rate	5.26%	3.70%	5.80%	4.35%
Expected Rate	10.55%	5.86%	7.03%	7.56%

Primary PCI received within 90 minutes of hospital arrival*

No Quarterly Results are available



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National Quality Improvement Goals

Hospital

Reporting Period: October, 2005 - September, 2006

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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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		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 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. Most patients who have heart failure and who take ACE inhibitor medicine have less symptoms, are physically better, and reduce their risk of returning to the hospital. The number of patients prescribed this drug is measured.	 96% of 156 eligible Patients	98%	85%	98%	86%
Adult smoking cessation advice/counseling*	Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.	 94% of 93 eligible Patients	100%	91%	100%	88%
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.	 75% of 294 eligible Patients	94%	68%	97%	70%

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National Quality Improvement Goals

Hospital

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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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	 97% of 370 eligible Patients	99%	93%	99%	94%

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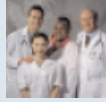
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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Heart Failure Care †

ACE inhibitor or ARB for LVSD*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	55	40	35	26
Rate	91%	98%	97%	100%
Nationwide Average	84%	85%	85%	86%

Adult smoking cessation advice/counseling*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	24	25	23	21
Rate	100%	96%	83%	95%
Nationwide Average	88%	90%	92%	93%

Discharge instructions*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	91	80	74	49
Rate	78%	73%	78%	69%
Nationwide Average	64%	67%	70%	72%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Heart Failure Care †

LVF assessment*

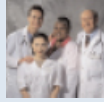
	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	111	104	92	63
Rate	97%	94%	98%	100%
Nationwide Average	92%	93%	93%	94%



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National Quality Improvement Goals

Hospital

Reporting Period: October, 2005 - September, 2006

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.		

Symbol Key

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Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse.	 96% of 96 eligible Patients	100%	88%	100%	87%
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.	 96% of 147 eligible Patients	97%	90%	97%	91%
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.	 87% of 39 eligible Patients	100%	90%	100%	89%

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National Quality Improvement Goals

Hospital

Reporting Period: October, 2005 - September, 2006

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Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide	Average	Statewide	Average
			Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Rate:
Influenza vaccination	Pneumonia patients in the hospital during flu season (October through February) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital.					
Initial antibiotic received within 4 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 4 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 4 hours of arriving at the hospital.	 81% of 237 eligible Patients	91%	78%	93%	81%
Initial antibiotic received within 8 hours of hospital arrival	Pneumonia patients who are given an antibiotic within 8 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 8 hours of arriving at the hospital.	 96% of 237 eligible Patients	99%	95%	100%	96%
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.	 83% of 18 eligible Patients ³	83%	58%	81%	55%

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National Quality Improvement Goals

Hospital

Reporting Period: October, 2005 - September, 2006

Compared to other Joint Commission Accredited Organizations

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Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide		Statewide	
			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.	 94% of 141 eligible Patients	95%	88%	96%	88%
Oxygenation assessment*	Patients with pneumonia in which the amount of oxygen in the bloodstream was measured. This measure reports how many patients with pneumonia had their blood/oxygen level measured. Pneumonia reduces the amount of oxygen carried in a patient's blood.	 100% of 327 eligible Patients	100%	100%	100%	100%
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	 98% of 204 eligible Patients	94%	73%	95%	70%

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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Pneumonia Care

Adult smoking cessation advice/counseling*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	25	37	13	21
Rate	100%	97%	100%	86%
Nationwide Average	85%	87%	89%	90%

Blood cultures for pneumonia patients admitted through the Emergency Department.*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	***	89	34	24
Rate	***	98%	97%	88%
Nationwide Average	***	90%	90%	90%

Blood cultures for pneumonia patients in intensive care units.

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	8	15	6	10
Rate	100%	93%	100%	60%
Nationwide Average	88%	90%	90%	90%

Influenza vaccination

No Quarterly Results are available



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National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Pneumonia Care

Initial antibiotic received within 4 hours of hospital arrival*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	59	87	47	44
Rate	92%	79%	77%	77%
Nationwide Average	77%	77%	79%	79%

Initial antibiotic received within 8 hours of hospital arrival

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	59	87	47	44
Rate	98%	97%	96%	93%
Nationwide Average	94%	95%	95%	95%

Initial antibiotic selection for CAP in immunocompetent – ICU patient*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	4	6	5	3
Rate	75%	67%	100%	100%
Nationwide Average	58%	59%	57%	58%



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*** The measure was not in effect for this quarter.

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1 - The measure or measure set was not reported.

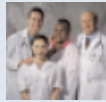
3 - The number of patients is not enough for comparison purposes.

4 - The measure meets the Privacy Disclosure Threshold rule.

7 - The measure results are based on a sample of patients.

8 - The number of months with measure data is below the reporting requirement.

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



National Quality Improvement Goals - Quarterly Results

Reporting Period: October, 2005 - September, 2006

Pneumonia Care

Initial antibiotic selection for CAP in immunocompetent – non ICU patient

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	39	56	23	23
Rate	97%	91%	100%	91%
Nationwide Average	87%	88%	88%	89%

Oxygenation assessment*

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	83	120	64	60
Rate	100%	100%	100%	100%
Nationwide Average	99%	100%	100%	100%

Pneumococcal vaccination*

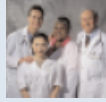
	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	47	74	46	37
Rate	100%	96%	96%	100%
Nationwide Average	70%	73%	75%	76%



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




- † Beginning with patients discharged in July 2006 the Heart Attack and Heart Failure measures were changed to remove patients receiving only comfort care (support for the dying patient). See Hospital (For Health Care Professionals) Users Guide for more details.
- †† Beginning with July – Sept 2006 data, a change made to the inpatient mortality measure that removed patients receiving only comfort care (support for the dying patient) may result in lower actual rates.
- * This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov
- ** Information submitted was suppressed as a result of delays in vaccine distribution during fourth quarter 2005.
- *** The measure was not in effect for this quarter.
- Null value or data not displayed.
- 1 - The measure or measure set was not reported.
- 3 - The number of patients is not enough for comparison purposes.
- 4 - The measure meets the Privacy Disclosure Threshold rule.
- 7 - The measure results are based on a sample of patients.
- 8 - The number of months with measure data is below the reporting requirement.

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













2006 National Patient Safety Goals

Symbol Key

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

Pathology and Clinical Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers (neither to be the patient's location) whenever collecting laboratory samples or administering medications or blood products, and use two identifiers to label sample collection containers in the presence of the patient. Processes are established to maintain samples' identity throughout the pre-analytical, analytical and post-analytical processes.	
	Immediately prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient, procedure, site, and availability of appropriate documents. This verification process uses active - not passive - communication techniques. The patient's identity is re-established if the practitioner leaves the patient's location prior to initiating the procedure. Marking the site is required unless the practitioner is in continuous attendance from the time of the decision to do the procedure and patient consent to the initiation of the procedure (for example, bone marrow collection, or fine needle aspiration).	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.	
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	All values defined as critical by the laboratory are reported to a responsible licensed caregiver within time frames established by the laboratory (defined in cooperation with nursing and medical staff). When the patient's responsible licensed caregiver is not available within the time frames, there is a mechanism to report the critical information to an alternative responsible caregiver.	
Reduce the risk of health care-associated infections.	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
	Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	
Encourage the active involvement of patients and their families in the patient's care as a patient safety strategy.	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	
	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	



Organizations Quality Report History

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

2005	Accredited Accredited	August 05, 2006 February 26, 2005
	Active Programs: Ambulatory Care Home Care Hospital Pathology and Clinical Laboratory	
2002	Accreditation with Requirements for Improvement Accredited Accreditation with Requirements for Improvement	September 20, 2002 September 14, 2002 March 02, 2002
	Active Programs: Home Care Hospital Long Term Care Pathology and Clinical Laboratory	
1999	Accredited	March 20, 1999
	Active Programs: Home Care Hospital Pathology and Clinical Laboratory	
1996	Accreditation with Requirements for Improvement Accredited Accreditation with Requirements for Improvement	July 11, 1998 December 13, 1997 March 01, 1996
	Active Programs: Home Care Hospital Pathology and Clinical Laboratory	