

# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH  
President of the Joint Commission



## Summary of Quality Information

### Symbol Key

- This organization achieved the best possible results.
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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Home Care	Accredited	2/19/2015	2/18/2015	2/18/2015
Hospital	Accredited	2/21/2015	2/20/2015	4/1/2015
Laboratory Accreditation Program	Accredited	7/24/2015	7/23/2015	7/23/2015

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

Pathology and Clinical Laboratory  
 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)  
 Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	<b>2015 National Patient Safety Goals</b>		*
Hospital	<b>2015 National Patient Safety Goals</b>		*
<b>National Quality Improvement Goals:</b>			
Reporting Period: Jul 2014 - Jun 2015	Emergency Department	<sup>2</sup>	<sup>2</sup>
	Immunization	<sup>2</sup>	<sup>2</sup>
	Stroke Care		
	Tobacco Treatment	<sup>8</sup>	<sup>8</sup>
	Venous Thromboembolism (VTE)	<sup>8</sup>	<sup>8</sup>
Laboratory Accreditation Program	<b>2015 National Patient Safety Goals</b>		*



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



## Locations of Care

### \* Primary Location

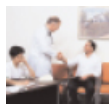
Locations of Care	Available Services	
<p><b>Lenoir Memorial Hospital, Inc.</b>            DBA: Down East Medical Supply            2903 North Heritage            Kinston, NC 28501</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Blood Glucose Monitors (non-mail order)</li> <li>● Canes and Crutches</li> <li>● Commodes</li> <li>● Continuous Positive Airway Pressure</li> <li>● Custom Orthotics</li> <li>● Diabetic Footwear</li> <li>● Diabetic Shoes/Inserts-custom</li> <li>● Durable Medical Equipment</li> <li>● Enteral Equipment and/or Supplies</li> <li>● Enteral Nutrients</li> <li>● Hospital Beds - Electric</li> <li>● Insulin Infusion Pumps and Supplies</li> <li>● Nebulizers</li> <li>● Off The Shelf Orthotics</li> <li>● Ostomy Supplies</li> <li>● Oxygen</li> <li>● Patient Lifts and Accessories</li> <li>● Penile Pumps</li> <li>● Power Operated Vehicles (or scooters)</li> <li>● Power Wheelchairs</li> <li>● Prosthetics (Home Medical Equipment)</li> <li>● Respiratory Assist Devices</li> <li>● Respiratory Equipment</li> <li>● Seat Lift Mechanisms</li> <li>● Suction Pump</li> <li>● Supplies</li> <li>● Support Surfaces - For Beds</li> <li>● Surgical Dressings</li> <li>● Tracheostomy Supplies</li> <li>● Traction Equipment</li> <li>● Urological Supplies</li> <li>● Walkers, Canes and Crutches</li> <li>● Wheelchair Seating / Cushions</li> <li>● Wheelchairs - Manual Non-Custom</li> <li>● Wheelchairs-Standard Manual Accessories</li> <li>● Wheelchairs-Standard Power Accessories</li> </ul>	



## Locations of Care




### \* Primary Location

Locations of Care	Available Services
<p><b>Lenoir Memorial Hospital, Inc. *</b>            DBA: Lenoir Memorial Hospital, Inc.            100 Airport Road            Kinston, NC 28504</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab (Surgical Services)</li> <li>• Coronary Care Unit (Inpatient)</li> <li>• CT Scanner (Imaging/Diagnostic Services)</li> <li>• Ear/Nose/Throat Surgery (Surgical Services)</li> <li>• EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>• Gastroenterology (Surgical Services)</li> <li>• General Laboratory Tests</li> <li>• GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>• Gynecological Surgery (Surgical Services)</li> <li>• Inpatient Unit (Inpatient)</li> <li>• Interventional Radiology (Imaging/Diagnostic Services)</li> <li>• Labor &amp; Delivery (Inpatient)</li> <li>• Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>• Medical /Surgical Unit (Inpatient)</li> <li>• Medical ICU (Intensive Care Unit)</li> <li>• Normal Newborn Nursery (Inpatient)</li> <li>• Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>• Ophthalmology (Surgical Services)</li> <li>• Orthopedic Surgery (Surgical Services)</li> <li>• Pediatric Unit (Inpatient)</li> <li>• Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>• Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>• Radiation Oncology (Imaging/Diagnostic Services)</li> <li>• Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>• Sleep Laboratory (Sleep Laboratory)</li> <li>• Surgical ICU (Intensive Care Unit)</li> <li>• Teleradiology (Imaging/Diagnostic Services)</li> <li>• Thoracic Surgery (Surgical Services)</li> <li>• Toxicology</li> <li>• Ultrasound (Imaging/Diagnostic Services)</li> <li>• Urology (Surgical Services)</li> <li>• Vascular Surgery (Surgical Services)</li> </ul>








## 2015 National Patient Safety Goals

### Symbol Key

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### Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Improve the safety of using medications.	Reconciling Medication Information	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	



















## 2015 National Patient Safety Goals

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### Hospital

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



## National Quality Improvement Goals

Reporting Period: July 2014 - June 2015

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Statewide	Nationwide	Statewide
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	<sup>2</sup> 103 minutes 443 eligible Patients	52	123	55	111
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	<sup>2</sup> 293 minutes 443 eligible Patients	199	311	225	302



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Emergency Department

#### Admit Decision Time to ED Departure Time for Admitted Patients

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	220	223
Weighted Median Minutes	---- <sup>1</sup>	---- <sup>1</sup>	103	103
Nationwide Weighted Median Minutes				

#### Median Time from ED Arrival to ED Departure for Admitted ED Patients

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	220	223
Weighted Median Minutes	---- <sup>1</sup>	---- <sup>1</sup>	290	296
Nationwide Weighted Median Minutes				



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	2	2

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:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	 96% of 276 eligible Patients	100%	95%	100%	95%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Immunization

#### Influenza Immunization

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	276	---- <sup>1</sup>
Rate	---- <sup>1</sup>	---- <sup>1</sup>	96%	---- <sup>1</sup>
Nationwide Average	----	94%	95%	----



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Anticoagulation Therapy for 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.	3 89% of 18 eligible Patients <sup>3</sup>	100%	97%	100%	97%
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	 98% of 122 eligible Patients	100%	98%	100%	98%



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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:
Assessed for Rehabilitation	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.	 95% of 121 eligible Patients	100%	99%	100%	99%
Discharged on Antithrombotic Therapy	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.	 97% of 111 eligible Patients	100%	99%	100%	100%
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 cholesterol circulating in the blood.	 95% of 105 eligible Patients	100%	98%	100%	98%



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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:
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.	 90% of 68 eligible Patients	100%	94%	100%	96%
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.	<sup>3</sup> 0% of 4 eligible Patients <sup>3</sup>	100%	86%	100%	86%

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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:
Venous Thromboembolism (VTE) Prophylaxis	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 them.	 97% of 127 eligible Patients	100%	97%	100%	98%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Stroke Care

#### Anticoagulation Therapy for Atrial Fibrillation/Flutter

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	4	5	3	6
Rate	100%	100%	100%	67%
Nationwide Average	97%	97%	97%	97%

#### Antithrombotic Therapy By End of Hospital Day 2

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	31	29	27	35
Rate	97%	100%	100%	97%
Nationwide Average	99%	98%	98%	98%

#### Assessed for Rehabilitation

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	31	30	23	37
Rate	97%	97%	100%	89%
Nationwide Average	99%	99%	98%	99%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Stroke Care

#### Discharged on Antithrombotic Therapy

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	31	26	21	33
Rate	100%	96%	100%	94%
Nationwide Average	99%	99%	99%	99%

#### Discharged on Statin Medication

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	30	28	21	26
Rate	97%	93%	95%	96%
Nationwide Average	98%	98%	97%	97%

#### Stroke Education

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	17	18	13	20
Rate	82%	94%	100%	85%
Nationwide Average	95%	95%	93%	94%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Stroke Care

#### Thrombolytic Therapy

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	4	----	----	----
Rate	0%	----	----	----
Nationwide Average	86%	86%	85%	87%

#### Venous Thromboembolism (VTE) Prophylaxis

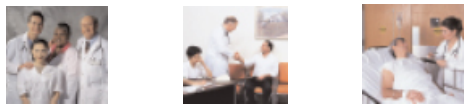
	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	32	32	25	38
Rate	91%	100%	96%	100%
Nationwide Average	97%	97%	97%	98%



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## National Quality Improvement Goals

Reporting Period: July 2014 - June 2015

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	8	8

Compared to other Joint Commission Accredited Organizations

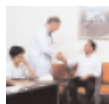
Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Tobacco Use Screening	The number of patients who were asked about tobacco use within the first three days of admission to the hospital.	8 100% of 265 eligible Patients	100%	97%	100%	98%
Tobacco Use Treatment	The number of patients who use tobacco who actually received counseling or medications to help them stop using tobacco.	8 31% of 52 eligible Patients	59%	26%	75%	25%
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	8 0% of 43 eligible Patients	24%	7%	6%	5%
Tobacco Use Treatment Provided or Offered	The number of patients who use tobacco who were offered or received counseling or medications to help them stop using tobacco. This measure also includes patients who were offered the counseling and/or medications but refused them.	8 48% of 52 eligible Patients	100%	56%	100%	56%
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	8 2% of 43 eligible Patients	91%	37%	100%	36%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Tobacco Treatment

#### Tobacco Use Screening

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	133	132
Rate	---- <sup>1</sup>	---- <sup>1</sup>	100%	100%
Nationwide Average	94%	94%	97%	98%

#### Tobacco Use Treatment

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	29	23
Rate	---- <sup>1</sup>	---- <sup>1</sup>	34%	26%
Nationwide Average	29%	34%	24%	27%

#### Tobacco Use Treatment at Discharge

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	25	18
Rate	---- <sup>1</sup>	---- <sup>1</sup>	0%	0%
Nationwide Average	8%	7%	6%	8%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Tobacco Treatment

#### Tobacco Use Treatment Provided or Offered

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	29	23
Rate	---- <sup>1</sup>	---- <sup>1</sup>	55%	39%
Nationwide Average	55%	60%	52%	59%

#### Tobacco Use Treatment Provided or Offered at Discharge

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	25	18
Rate	---- <sup>1</sup>	---- <sup>1</sup>	4%	0%
Nationwide Average	38%	42%	33%	40%



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## National Quality Improvement Goals

Reporting Period: July 2014 - June 2015



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Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	 8	 8

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:
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	 8 100% of 77 eligible Patients	100%	97%	100%	98%
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	 8 95% of 19 eligible Patients <sup>3</sup>	100%	92%	100%	95%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	 8 100% of 34 eligible Patients	100%	94%	100%	95%

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## National Quality Improvement Goals

Reporting Period: July 2014 - June 2015

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	8	8

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:
VTE Prophylaxis	Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	8 <small>97% of 285 eligible Patients</small>	100%	95%	100%	96%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Venous Thromboembolism (VTE)

#### Intensive Care Unit (ICU) VTE Prophylaxis

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	42	35
Rate	---- <sup>1</sup>	---- <sup>1</sup>	100%	100%
Nationwide Average	97%	97%	97%	97%

#### VTE Discharge Instructions

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	9	10
Rate	---- <sup>1</sup>	---- <sup>1</sup>	89%	100%
Nationwide Average	93%	93%	92%	93%

#### VTE Patients with Anticoagulation Overlap Therapy

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	18	16
Rate	---- <sup>1</sup>	---- <sup>1</sup>	100%	100%
Nationwide Average	96%	96%	94%	94%



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## National Quality Improvement Goals - Quarterly Results

Reporting Period: July 2014 - June 2015

### Venous Thromboembolism (VTE)

#### VTE Prophylaxis

	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015
Number of Eligible Patients	---- <sup>1</sup>	---- <sup>1</sup>	141	144
Rate	---- <sup>1</sup>	---- <sup>1</sup>	98%	96%
Nationwide Average	94%	95%	94%	95%



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## 2015 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.

### Laboratory Accreditation Program

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	

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