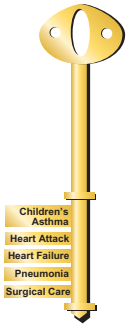
Improving America's Hospitals

The Joint Commission's Annual Report on Quality and Safety

2011

New: Top Performers on Key Quality Measures™

The Joint Commission



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Letter from The Joint Commission President

The Joint Commission has taken another important stride in reporting quality performance in this year's *Improving America's Hospitals* report. For the first time, we are shining a light on accredited hospitals and critical access hospitals achieving excellence in accountability measure performance through the Top Performers on Key Quality Measures™ Program.

There are 405 hospitals being recognized for their 2010 performance through this program, representing approximately 14 percent of all Joint Commission-accredited hospitals reporting core measure performance data. These hospitals are leading the way, as American hospitals as a whole continue to improve quality performance. While all hospitals achieving improvements deserve congratulations, those making the list starting on page 10 have achieved an exemplary level of performance on certain key quality measures.

Each top-performing hospital met two 95 percent performance thresholds. First, each hospital achieved performance of 95 percent or above on a single, composite score that includes all the accountability measures for which it reports data to The Joint Commission, including measures that had fewer than 30 eligible cases or patients. Second, each hospital met or exceeded a 95 percent performance target for every accountability measure for which it reports data, excluding any measures with fewer than 30 eligible cases or patients.

We expect the percentage of hospitals and critical access hospitals achieving these thresholds to increase as we report on the Top Performers on Key Quality Measure Program in the fall of each successive year. This program is designed to be an incentive for better performance on accountability measures and to support organizations in their quest to do better.

The program also provides an opportunity for recognized hospitals to celebrate their achievement. In addition to being named in this report, top-performing hospitals will be highlighted at www.jointcommission.org and The Joint Commission's Quality Check website – www.qualitycheck.org – and in special issues of Joint Commission Resources' *Perspectives* and *Benchmark* publications. Each top-performing hospital will receive a certificate of recognition and communication tools to aid in promoting its achievement.

On January 1, 2012, The Joint Commission will take yet another important step when it integrates performance expectations on accountability measures into accreditation standards. Joint Commission-accredited hospitals will be required to meet a new performance improvement requirement (Standard PI.02.01.03, Element of Performance 1) that establishes an 85 percent composite compliance target rate for performance on ORYX® accountability measures. The new requirement is intended to help improve performance on selected ORYX core measures of patient care. (This standard will not apply to the critical access hospital program.)

Better performance will help hospitals meet the pay-for-performance requirements of federal and state governments and private payers. Also, because the public expects transparency in hospital performance reporting, quality data has been available on www.qualitycheck.org and the Centers for Medicare & Medicaid Services' Hospital Compare website – for some time.

By following evidence-based care processes, hospitals will continue to improve the quality of the care they provide. The Joint Commission stands ready as ever to help hospitals in quality improvement efforts that will create better outcomes for patients and a healthier nation.

Sincerely,

Mark R. Chassin, M.D., F.A.C.P., M.P.P, M.P.H
President
The Joint Commission

Executive Summary

For the first time, *Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety* recognizes hospitals and critical access hospitals achieving excellence in accountability measure performance through the Top Performers on Key Quality Measures™ Program. These hospitals have achieved exemplary performance in using evidence-based care processes closely linked to positive patient outcomes.

This report now serves two purposes: 1) to report on the achievement of hospitals recognized in The Joint Commission's Top Performers on Key Quality Measures Program regarding performance on accountability measures; and 2) to report on the performance of Joint Commission-accredited hospitals for all measures – both accountability and non-accountability. Data from 2010 are used for both purposes.

Three measure sets (heart attack care, heart failure care and pneumonia care) have been followed for nine years (2002-2010) and six more measure sets have been followed from six years to one year (surgical care, children's asthma care, inpatient psychiatric services, venous thromboembolism care, stroke care and perinatal care test measures). These sets include both accountability and non-accountability measures. The magnitude of improvement on the individual accountability measures had a median value of 11.2 percent and ranged from +0.2 percentage points (for a measure that improved from 99.8 percent to 100.0 percent) to +64.6 percent (for a measure with nine years of reporting experience). All measures tracked over at least two years showed improvement from the year of inception to 2010.

While the data show impressive gains in hospital quality performance, improvements can still be made. Some hospitals perform better than others in treating particular conditions and in achieving patient satisfaction. Quality, safety and patient satisfaction results for specific hospitals can be found at www.qualitycheck.org.

More than 3,000 Joint Commission accredited hospitals contributed data. See the Glossary for definitions.

Key Findings

1. For the first time, 405 hospitals achieving excellence in accountability measure performance are being recognized, representing approximately 14 percent of all Joint Commission accredited hospitals and critical access hospitals reporting core measure performance data.

This first recognition program is based on data that were reported for 2010 on 22 accountability measures (see Appendix 2). Each of the top performing hospitals met two 95 percent performance thresholds.

First, each hospital achieved performance of 95 percent or above on a single, composite score that includes all the accountability measures for which it reports data to The Joint Commission, including measures that had fewer than 30 eligible cases or patients.

Second, each hospital met or exceeded 95 percent performance on every accountability measure for which it reports data to The Joint Commission, excluding any measures that may have had fewer than 30 eligible cases or patients.

A 95 percent score means a hospital provided an evidence-based practice 95 times out of 100 opportunities to provide the practice. Each accountability measure represents an evidence-based practice – for example, giving aspirin at arrival for heart attack patients, giving antibiotics one hour before surgery, and providing a home management plan for children with asthma.

The Joint Commission expects the percentage of hospitals and critical access hospitals achieving these thresholds to increase as it reports on the Top Performers on Key Quality Measures™ Program in the fall of each successive year.

Key Findings (Cont'd)

2. For the measures designated as accountability measures for 2010 (see Appendix 2), hospital performance improved significantly over time. This improvement has greatly enhanced the quality of care provided in America's hospitals.

In 2002, hospitals achieved 81.8 percent "composite" performance on 957,000 opportunities to perform care processes related to accountability measures. In 2010, hospitals achieved 96.6 percent composite performance on 12.3 million opportunities – a nine-year improvement of 14.8 percentage points. A composite result sums up the results of all individual accountability measures into a single percentage rating.

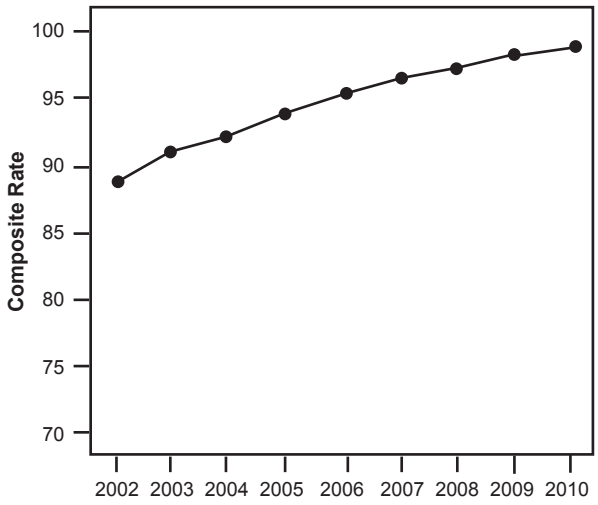
3. Hospitals have significantly improved the quality of care provided to heart attack, pneumonia, surgical care and children's asthma care patients, according to composite accountability measures results.

Composite accountability measures for heart attack and pneumonia care have been compiled since 2002, surgical care since 2005 and children's asthma care since 2008. *Note: There is no accountability composite for heart failure care since there is only one heart failure accountability measure. A composite must have at least two measures. However, the overall accountability composite results (see graph 5) include the one heart failure measure. For more information about accountability composite results versus composite results, see "Note on Calculations and Methodology" on page 32.*

- **The 2010 heart attack care result is 98.4 percent,** up from 86.9 percent in 2002 – an improvement of 11.5 percentage points. A 98.4 percent score means that hospitals provided an evidence-based heart attack treatment 984 times for every 1,000 opportunities to do so.

  This composite includes:
  • Aspirin at arrival
  • Aspirin at discharge
  • ACEI or ARB at discharge
  • Beta-blocker at discharge
  • Fibrinolytic therapy within 30 minutes
  • PCI therapy within 90 minutes

Graph 1: Heart attack care accountability composite



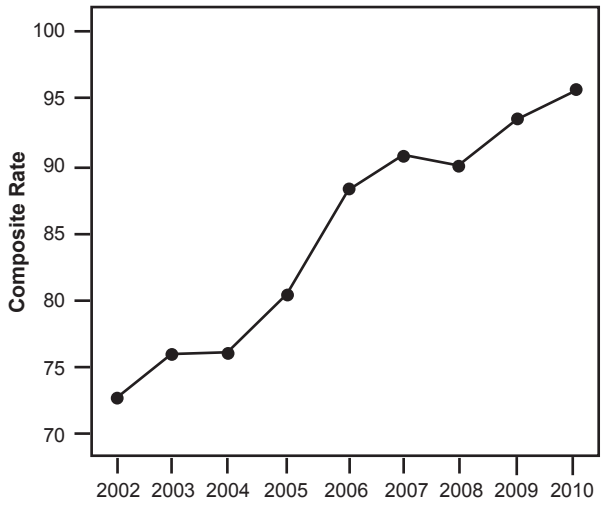
Executive Summary (Cont'd)

- **The 2010 pneumonia care result is 95.2 percent,** up from 72.3 percent in 2002 – an improvement of 22.9 percentage points.

  This composite includes:
  - Pneumococcal vaccination
  - Blood culture in ED
  - Antibiotics to immunocompetent patients*
  - Influenza vaccination

  * This measure (which is aligned with the Centers for Medicare & Medicaid Services measure) is separated into two measures (antibiotics to ICU patients and antibiotics to non-ICU patients) for reporting to The Joint Commission.

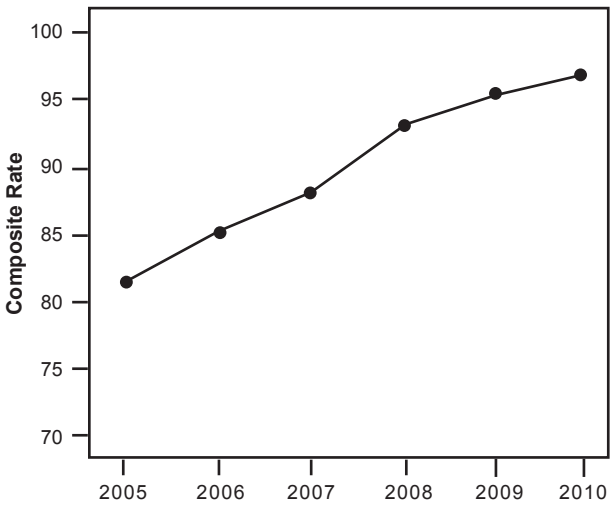
Graph 2: Pneumonia care accountability composite



- **The 2010 surgical care result is 96.4 percent,** up from 82.1 percent in 2005 – an improvement of 14.3 percentage points.

  This composite includes:
  - Antibiotics within one hour before the first surgical cut
  - Appropriate prophylactic antibiotics
  - Stopping antibiotics within 24 hours
  - Cardiac patient with 6 a.m. postoperative blood glucose
  - Patients with appropriate hair removal
  - Beta-blocker patients who received beta-blocker perioperatively
  - Prescribing VTE medicine/treatment
  - Receiving VTE medicine/treatment

Graph 3: Surgical care accountability composite

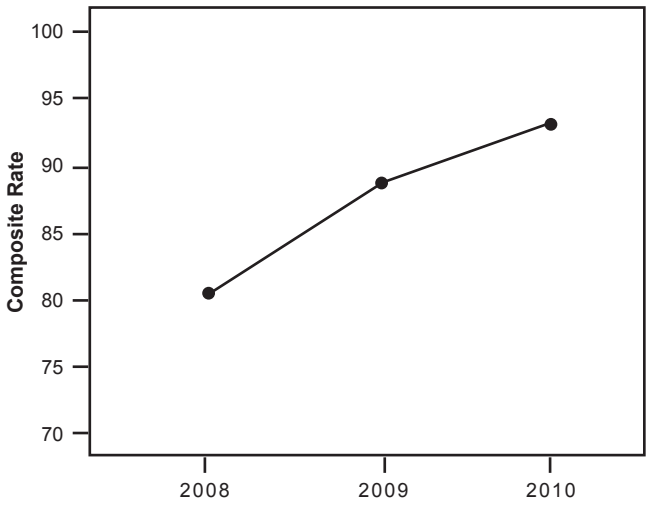


Executive Summary (Cont'd)

- **The 2010 children's asthma care result is 92.3 percent,** up from 79.8 percent in 2008 – an improvement of 12.5 percentage points.

  This composite includes:
  • Relievers for inpatient asthma
  • Systemic corticosteroids for inpatient asthma
  • Home management plan of care

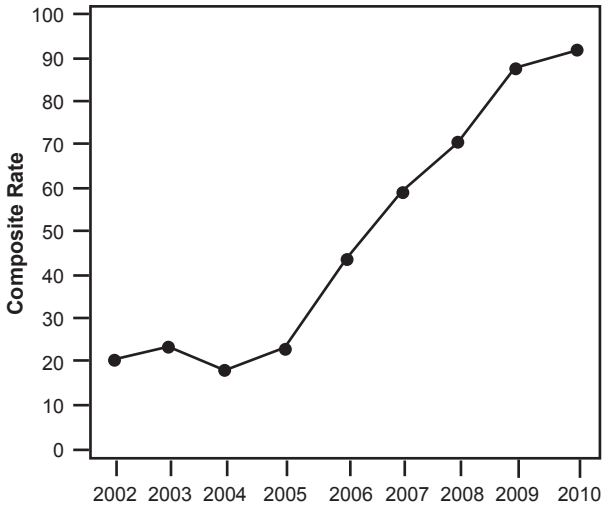
Graph 4: Children's asthma care accountability composite



4. The percentage of hospitals achieving composite accountability measures greater than 90 percent has also dramatically improved. In 2010, 91.7 percent of hospitals achieved 90 percent compliance, compared to 20.4 percent in 2002.

This composite includes accountability measures identified as such for 2010 (see Appendix 2).

Graph 5: Overall accountability composite greater than 90 percent



Executive Summary (Cont'd)

5. Fifteen new measures were introduced in 2010.
They are the urinary catheter removed surgical care measure, the six VTE care measures, and the eight stroke care measures.

6. Improvement is still needed.
While hospitals achieved 90 percent or better performance on most individual measures, more improvement is needed. For example, hospitals finished 2010 with relatively low performance on two measures introduced in 2005.

- 60.5 percent performance on providing fibrinolytic therapy within 30 minutes to heart attack patients.
- 77.2 percent performance on providing antibiotics to (immunocompetent) intensive care unit pneumonia patients.

What's new this year

- 405 hospitals achieving excellence in accountability measure performance have been recognized.
- Results on 15 new performance measures:
  - One new surgical care measure: urinary catheter removed – see page 22
  - VTE care measure set – see page 26
  - Stroke care measure set – see page 26

The Joint Commission's Top Performers on Key Quality Measures™

In this report, The Joint Commission introduces a new recognition program – Top Performers on Key Quality Measures.™ This program recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance. This will be an annual recognition program that will occur in the fall of each year and will coincide with the publication of The Joint Commission's *"Improving America's Hospitals"* annual report.

There are 405 hospitals being recognized for 2010, which represent approximately 14 percent of Joint Commission accredited hospitals (of those hospitals that report core measure performance data). Each year, the percentage of top performing hospitals will vary. (Most Joint Commission accredited hospitals are required to report performance measure data to The Joint Commission while many critical access hospitals voluntarily report these data.)

How Top Performers are determined

Recognition in The Joint Commission's Top Performers on Key Quality Measures program is based on an aggregation of accountability measure data reported to The Joint Commission during the previous calendar year. For example, this first recognition program is based on data that were reported for 2010 on 22 accountability measures (see Appendix 2). Specifically, a top performing hospital must first achieve performance of 95 percent or above on a single, composite score that includes all the accountability measures for which it reports data to The Joint Commission, including measures that had fewer than 30 eligible cases or patients. Second, the hospital also must meet a 95 percent performance threshold for every accountability measure for which it reports data to The Joint Commission, excluding any measures with fewer than 30 eligible cases or patients.

Why the Top Performers program was developed

Since 2002, hospitals have been reporting data to The Joint Commission and have continuously shown improvement in performance on core measures. Now is the time to raise the bar. Most hospitals that are not recognized as top performers are still performing well on accountability measures, but there is still room for improvement. The Joint Commission provides various resources to help hospitals improve their accountability measure performance, including the Core Measure Solution Exchange, the Leading Practices Library and the Strategic Surveillance System (S3). These resources are available on The Joint Commission's secure Extranet site, Joint Commission Connect.

The Top Performers on Key Quality Measures program is designed to inspire better performance on accountability measures and to serve as an incentive for all hospitals to improve and be the best they can be. The program also provides an opportunity for recognized hospitals and critical access hospitals to celebrate their achievement of excellence in accountability measure performance.

The Top Performers on Key Quality Measures program is consistent with the current themes of the pay-for-performance requirements of federal and state governments, as well as many private payors, and the reported data have been available on The Joint Commission's Quality Check website and the Centers for Medicare & Medicaid Services' Hospital Compare website for some time. Today, the public expects transparency in the reporting of performance at the hospitals where they receive care.

The Joint Commission's Top Performers on Key Quality Measures™

The checkmark (✓) indicates the measure set(s) for which the hospital or critical access hospital is being recognized as a top performer.

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Alabama						
Princeton Baptist Medical Center	Birmingham	✓	✓	✓	✓	
Flowers Hospital	Dothan	✓	✓	✓	✓	
Medical Center Enterprise	Enterprise			✓	✓	
South Baldwin Regional Medical Center	Foley		✓	✓	✓	
DeKalb Regional Medical Center	Fort Payne	✓	✓	✓	✓	
Greenville Hospital Corporation	Greenville			✓	✓	
Walker Baptist Medical Center	Jasper	✓	✓	✓	✓	
Russellville Hospital	Russellville			✓	✓	
Helen Keller Hospital	Sheffield	✓	✓	✓	✓	
Citizens Baptist Medical Center	Talladega		✓	✓	✓	
Alaska						
Central Peninsula Hospital	Soldotna			✓	✓	
Arizona						
Chandler Regional Medical Center	Chandler	✓	✓	✓		
Payson Regional Medical Center	Payson			✓	✓	
Phoenix Children's Hospital	Phoenix					✓
Phoenix VA Health Care System	Phoenix	✓	✓	✓	✓	
Arkansas						
Washington Regional Medical Center	Fayetteville	✓	✓	✓	✓	
Helena Regional Medical Center	Helena		✓	✓		
Arkansas Heart Hospital	Little Rock	✓	✓	✓	✓	
UAMS Medical Center	Little Rock	✓	✓			
Arkansas Surgical Hospital, LLC	North Little Rock				✓	
Jefferson Hospital Association, Inc.	Pine Bluff	✓	✓	✓		
Summit Medical Center	Van Buren			✓		
California						
West Anaheim Medical Center	Anaheim	✓	✓	✓	✓	
Bakersfield Memorial Hospital	Bakersfield	✓	✓		✓	
Hospital of Barstow, Inc.	Barstow		✓	✓	✓	
Eden Medical Center	Castro Valley	✓	✓	✓	✓	
Encino Hospital Medical Center	Encino			✓		
Washington Hospital Healthcare System	Fremont	✓	✓	✓	✓	
Garden Grove Hospital Medical Center	Garden Grove	✓		✓	✓	
Kaiser Foundation Hospital - South Bay	Harbor City	✓	✓	✓	✓	
Kaiser Foundation Hospital - Hayward/Fremont Medical Center	Hayward	✓	✓	✓	✓	
The Huntington Beach Hospital	Huntington Beach	✓	✓	✓	✓	
Scripps Memorial Hospital - La Jolla	La Jolla	✓	✓	✓	✓	
La Palma Intercommunity Hospital	La Palma	✓	✓	✓	✓	
VA Loma Linda Healthcare System	Loma Linda	✓	✓	✓	✓	
Cedars-Sinai Medical Center	Los Angeles	✓	✓	✓	✓	
Sutter Central Valley Hospitals	Los Banos			✓	✓	
Kaiser Foundation Hospital - Modesto/Manteca	Modesto	✓	✓	✓	✓	
Montclair Hospital Medical Center	Montclair			✓	✓	
Prime Healthcare Paradise Valley LLC	National City	✓	✓	✓	✓	
Alameda County Medical Center	Oakland	✓	✓	✓	✓	
Kaiser Foundation Hospitals, Panorama City Medical Center	Panorama City	✓	✓	✓	✓	
Petaluma Valley Hospital	Petaluma	✓		✓	✓	
Prime Healthcare Services - Shasta, LLC	Redding	✓	✓	✓	✓	
Kaiser Foundation Hospital - Sacramento/Roseville	Roseville	✓	✓	✓	✓	

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
California (Cont'd)						
Sutter Medical Center, Sacramento	Sacramento	✓	✓	✓		
VA San Diego Healthcare System	San Diego	✓	✓	✓	✓	
San Dimas Community Hospital	San Dimas			✓	✓	
California Pacific Medical Center - St. Luke's	San Francisco		✓	✓	✓	
Good Samaritan Hospital LP	San Jose	✓	✓	✓	✓	
Sutter Maternity & Surgery Center	Santa Cruz				✓	
Saint John's Health Center	Santa Monica	✓	✓	✓		
Kaiser Foundation Hospital - South San Francisco	South San Francisco	✓	✓	✓	✓	
Banner Lassen Medical Center	Susanville			✓	✓	
Sutter Central Valley Hospitals	Tracy			✓	✓	
Kaiser Foundation Hospital - Woodland Hills	Woodland Hills	✓	✓	✓	✓	
Colorado						
Platte Valley Medical Center	Brighton	✓		✓	✓	
Rose Medical Center	Denver	✓	✓	✓		
Swedish Medical Center	Englewood	✓	✓	✓		
Avista Adventist Hospital	Louisville			✓		
North Suburban Medical Center	Thornton	✓		✓		
Connecticut						
Griffin Hospital	Derby	✓	✓	✓	✓	
Florida						
JFK Medical Center Limited Partnership	Atlantis	✓	✓	✓	✓	
Aventura Hospital and Medical Center	Aventura	✓	✓	✓	✓	
Bartow Regional Medical Center	Bartow		✓	✓		
West Boca Medical Center, Inc.	Boca Raton	✓	✓	✓	✓	
Brooksville & Spring Hill Regional Hospitals	Brooksville	✓	✓	✓		
Oak Hill Hospital	Brooksville	✓	✓	✓	✓	
Coral Gables Hospital	Coral Gables	✓	✓	✓	✓	
Doctors Hospital	Coral Gables	✓	✓	✓	✓	
Pasco Regional Medical Center	Dade City		✓	✓		
Delray Medical Center, Inc.	Delray Beach	✓	✓	✓	✓	
Lawnwood Regional Medical Center & Heart Institute	Fort Pierce	✓	✓	✓	✓	✓
Fort Walton Beach Medical Center, Inc.	Fort Walton Beach	✓	✓	✓	✓	
North Florida Regional Medical Center	Gainesville	✓	✓	✓	✓	
Regional Medical Center Bayonet Point	Hudson	✓	✓	✓	✓	
Memorial Hospital Jacksonville	Jacksonville	✓	✓	✓	✓	
Lake City Medical Center	Lake City	✓	✓	✓	✓	
Largo Medical Center	Largo	✓	✓	✓	✓	
Lehigh Regional Medical Center	Lehigh Acres	✓	✓	✓		
Fishermen's Hospital	Marathon			✓		
Northwest Medical Center	Margate	✓	✓	✓	✓	
Kendall Regional Medical Center	Miami	✓	✓	✓	✓	
South Miami Hospital	Miami	✓	✓	✓	✓	
Santa Rosa Medical Center	Milton			✓	✓	
Physicians Regional Healthcare System	Naples	✓	✓	✓	✓	
Community Hospital	New Port Richey	✓	✓	✓	✓	
Twin Cities Hospital	Niceville			✓	✓	
Ocala Regional Medical Center	Ocala	✓	✓	✓	✓	
Raulerson Hospital	Okeechobee	✓	✓	✓	✓	
Orange Park Medical Center	Orange Park	✓	✓	✓	✓	
Gulf Coast Medical Center	Panama City		✓	✓	✓	
Memorial Hospital Pembroke	Pembroke Pines	✓	✓	✓	✓	

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Florida (Cont'd)						
Memorial Hospital West	Pembroke Pines	✓	✓	✓	✓	
West Florida Regional Medical Center, Inc.	Pensacola	✓	✓	✓		
Plantation General Hospital	Plantation		✓	✓		
Westside Regional Medical Center	Plantation	✓	✓	✓	✓	
Fawcett Memorial Hospital	Port Charlotte	✓	✓	✓	✓	
St. Lucie Medical Center	Port Saint Lucie	✓	✓	✓	✓	
St. Cloud Regional Medical Center	Saint Cloud	✓	✓	✓		
Edward White Hospital	Saint Petersburg			✓	✓	
Central Florida Regional Hospital	Sanford	✓	✓	✓	✓	
Doctors Hospital of Sarasota	Sarasota	✓	✓	✓	✓	
Sebastian River Medical Center	Sebastian	✓	✓	✓		
Highlands Regional Medical Center	Sebring		✓	✓		
Martin Memorial Medical Center, Inc.	Stuart	✓	✓	✓	✓	
South Bay Hospital	Sun City Center	✓	✓	✓	✓	
Capital Regional Medical Center	Tallahassee	✓	✓	✓		
University Hospital Ltd.	Tamarac	✓	✓	✓	✓	
Mariners Hospital	Tavernier			✓	✓	
Venice HMA, Inc.	Venice	✓	✓	✓		
Columbia Hospital	West Palm Beach	✓		✓	✓	
Cleveland Clinic Florida	Weston	✓	✓	✓	✓	
Georgia						
Atlanta Medical Center	Atlanta	✓	✓	✓	✓	
Doctors Hospital of Augusta	Augusta	✓	✓	✓	✓	
Higgins General Hospital	Bremen			✓		
Cartersville Medical Center	Cartersville	✓	✓	✓	✓	
Polk Medical Center	Cedartown			✓		
Hughston Hospital	Columbus				✓	
VA Medical Center - Atlanta	Decatur	✓	✓	✓	✓	
Coliseum Northside Hospital	Macon		✓	✓	✓	
Walton Regional Medical Center	Monroe			✓		
North Fulton Regional Medical Center, Inc.	Roswell	✓		✓	✓	
East Georgia Regional Medical Center	Statesboro	✓	✓	✓		✓
Tanner Medical Center/Villa Rica	Villa Rica		✓	✓	✓	
Barrow Regional Medical Center	Winder			✓		
Idaho						
Boise VA Medical Center	Boise			✓		
St. Luke's Magic Valley Medical Center	Twin Falls	✓	✓	✓	✓	
Illinois						
Anna Hospital Corporation	Anna			✓		
Advocate Good Shepherd Hospital	Barrington	✓	✓		✓	
Advocate Trinity Hospital	Chicago	✓	✓		✓	
Children's Memorial Hospital	Chicago					✓
Jesse Brown VA Medical Center	Chicago	✓	✓	✓	✓	
Advocate Good Samaritan Hospital	Downers Grove	✓	✓		✓	
Little Company of Mary Hospital & Health Care Centers	Evergreen Park	✓	✓	✓	✓	
Galesburg Cottage Hospital	Galesburg	✓		✓	✓	
Delnor - Community Hospital	Geneva	✓	✓	✓		
Granite City Illinois Hospital Company, LLC	Granite City	✓	✓	✓	✓	
Advocate South Suburban Hospital	Hazel Crest	✓	✓		✓	
Advocate Condell Medical Center	Libertyville	✓	✓	✓	✓	
James A. Lovell Federal Health Care Center	North Chicago		✓	✓		

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Illinois (Cont'd)						
Oak Forest Hospital of Cook County	Oak Forest		✓			
Advocate Lutheran General Hospital	Park Ridge	✓	✓		✓	
Pekin Memorial Hospital	Pekin	✓	✓	✓	✓	
Red Bud Regional Hospital, LLC	Red Bud			✓	✓	
Genesis Medical Center, Illini Campus	Silvis		✓	✓	✓	
Indiana						
Bluffton Regional Medical Center	Bluffton			✓	✓	
Dupont Hospital	Fort Wayne			✓	✓	
Lutheran Musculoskeletal Center	Fort Wayne				✓	
Dukes Memorial Hospital	Peru			✓		
Terre Haute Regional Hospital	Terre Haute	✓	✓	✓		
Iowa						
Alegent Health Mercy Hospital	Council Bluffs	✓		✓	✓	
Keokuk Area Hospital	Keokuk			✓		
Kansas						
Overland Park Regional Medical Center	Overland Park	✓	✓	✓	✓	
Saint Francis Health Center, Inc.	Topeka	✓	✓	✓	✓	
Robert J. Dole VA Medical Center	Wichita		✓	✓	✓	
Kentucky						
St. Joseph Health System, Inc.	Berea				✓	
Greenview Regional Hospital	Bowling Green			✓	✓	
Frankfort Regional Medical Center	Frankfort		✓	✓	✓	
Hospital of Fulton, Inc.	Fulton			✓	✓	
Harlan Appalachian Regional Hospital	Harlan		✓	✓	✓	
Jackson Hospital Corporation	Jackson			✓		
Spring View Hospital	Lebanon			✓	✓	
Central Baptist Hospital	Lexington	✓	✓	✓	✓	
Hospital of Louisa, Inc.	Louisa			✓	✓	
Logan Memorial Hospital	Russellville			✓		
Louisiana						
Rapides Regional Medical Center	Alexandria	✓	✓	✓	✓	
Lakeview Medical Center, LLC	Covington	✓	✓	✓	✓	
Bayne-Jones Army Community Hospital	Fort Polk				✓	
Byrd Regional Hospital	Leesville		✓	✓	✓	
Minden Medical Center	Minden	✓	✓	✓	✓	
Dauterive Hospital Corporation	New Iberia	✓		✓	✓	
Ochsner Medical Center NorthShore, LLC	Slidell	✓	✓	✓	✓	
Mercy Regional Medical Center	Ville Platte		✓	✓	✓	
Maine						
Eastern Maine Medical Center	Bangor	✓	✓	✓	✓	
St. Joseph Hospital	Bangor	✓		✓	✓	
Henrietta D. Goodall Hospital	Sanford	✓		✓	✓	
Maryland						
Holy Cross Hospital of Silver Spring, Inc.	Silver Spring	✓	✓	✓	✓	
Massachusetts						
Athol Memorial Hospital	Athol			✓		
Faulkner Hospital, Inc.	Boston		✓	✓	✓	
New England Baptist Hospital	Boston				✓	
Fairview Hospital	Great Barrington			✓	✓	
Wing Memorial Hospital and Medical Centers	Palmer			✓	✓	
Baystate Mary Lane Hospital Corporation	Ware			✓	✓	

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Michigan						
MidMichigan Medical Center Gladwin	Gladwin			✓		
Spectrum Health United Memorial	Greenville			✓	✓	
Beaumont Hospital, Grosse Pointe	Grosse Pointe	✓	✓	✓	✓	
Dickinson County Healthcare System	Iron Mountain	✓		✓	✓	
Oscar G. Johnson VA Medical Center	Iron Mountain			✓		
Aspirus Grand View	Ironwood			✓		
Bronson LakeView Hospital	Paw Paw			✓		
Aleda E. Lutz VA Medical Ctr.	Saginaw			✓		
Oakwood Heritage Hospital	Taylor	✓	✓	✓	✓	
Oakwood Southshore Medical Center	Trenton	✓	✓	✓	✓	
Minnesota						
Cambridge Medical Center	Cambridge			✓	✓	
New Ulm Medical Center	New Ulm			✓	✓	
Fairview Northland Health Services	Princeton			✓	✓	
Fairview Red Wing Medical Center	Red Wing			✓	✓	
Mississippi						
Gilmore Memorial Regional Medical Center	Amory		✓	✓		
Biloxi Regional Medical Center	Biloxi		✓	✓		
VA Gulf Coast Veterans Health Care System	Biloxi			✓		
Crossgates River Oaks Hospital	Brandon		✓	✓		
Northwest Mississippi Regional Medical Center	Clarksdale	✓	✓	✓		
Bolivar Medical Center	Cleveland		✓	✓	✓	
Garden Park Medical Center	Gulfport			✓	✓	
Wesley Health System, LLC	Hattiesburg	✓	✓	✓	✓	
River Oaks Hospital	Jackson			✓		
VA Medical Center - G.V. (Sonny) Montgomery	Jackson	✓	✓	✓	✓	
Woman's Hospital	Jackson				✓	
Anderson Regional Medical Center South Campus	Meridian			✓		
Natchez Community Hospital	Natchez	✓	✓	✓		
River Region Medical Center	Vicksburg	✓	✓	✓	✓	
Missouri						
Research Belton Hospital	Belton			✓	✓	
St. Mary's Health Center	Jefferson City	✓	✓	✓	✓	
SSM St. Joseph Hospital West	Lake Saint Louis	✓	✓	✓	✓	
Lee's Summit Medical Center	Lee's Summit	✓	✓	✓	✓	
Lafayette Regional Health Center	Lexington			✓		
St. Francis Hospital and Health Services	Maryville			✓	✓	
Poplar Bluff Regional Medical Center, LLC	Poplar Bluff	✓	✓	✓		✓
Heartland Regional Medical Center	Saint Joseph	✓	✓	✓	✓	
Nebraska						
Columbus Community Hospital, Inc.	Columbus			✓	✓	
Alegent Health Bergan Mercy Medical Center	Omaha	✓	✓	✓	✓	
Alegent Health Midlands Hospital	Papillion	✓		✓	✓	
Regional West Medical Center	Scottsbluff			✓		
Nevada						
Northeastern Nevada Regional Hospital	Elko	✓		✓	✓	
Southern Hills Medical Center, LLC	Las Vegas	✓	✓	✓	✓	
Sunrise MountainView Hospital	Las Vegas	✓	✓	✓	✓	
VA Sierra Nevada Health Care System	Reno		✓	✓	✓	
New Hampshire						
Parkland Medical Center	Derry	✓	✓	✓	✓	
The Cheshire Medical Center	Keene	✓		✓	✓	
St. Joseph Hospital	Nashua	✓	✓	✓	✓	
Portsmouth Regional Hospital	Portsmouth	✓		✓	✓	

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
New Jersey						
Clara Maass Medical Center	Belleville	✓	✓	✓	✓	
Our Lady of Lourdes Medical Center	Camden	✓	✓	✓	✓	
Bayshore Community Hospital	Holmdel	✓	✓	✓	✓	
Saint Barnabas Medical Center	Livingston	✓	✓	✓		
Monmouth Medical Center	Long Branch	✓	✓	✓		
Newark Beth Israel Medical Center	Newark	✓	✓	✓	✓	
Warren Hospital	Phillipsburg	✓	✓	✓	✓	
Princeton HealthCare System	Princeton	✓	✓	✓	✓	
Riverview Medical Center	Red Bank	✓	✓	✓	✓	
Shore Memorial Hospital	Somers Point	✓	✓	✓	✓	
Holy Name Medical Center	Teaneck	✓		✓	✓	
Community Medical Center	Toms River	✓	✓	✓	✓	
New Mexico						
Lovelace Westside Hospital	Albuquerque			✓	✓	
Carlsbad Medical Center	Carlsbad			✓	✓	
New York						
VA Healthcare Network Upstate New York at Bath	Bath			✓		
Southside Hospital	Bay Shore	✓	✓	✓	✓	
North Shore University Hospital	Manhasset	✓	✓	✓	✓	
Nyack Hospital	Nyack	✓	✓	✓	✓	
Plainview Hospital	Plainview	✓	✓	✓	✓	
John T. Mather Memorial Hospital	Port Jefferson	✓	✓	✓	✓	
St. Charles Hospital	Port Jefferson			✓	✓	
Bon Secours Community Hospital	Port Jervis		✓	✓		
North Carolina						
Roanoke-Chowan Hospital	Ahoskie		✓	✓	✓	
Transylvania Regional Hospital	Brevard			✓	✓	
Carolinas Medical Center - Mercy & Carolinas Medical Center - Pineville	Charlotte	✓	✓	✓	✓	
VA Medical Center	Fayetteville		✓	✓		
Gaston Memorial Hospital	Gastonia	✓	✓	✓	✓	
Sandhills Regional Medical Center	Hamlet		✓	✓		
Lake Norman Regional Medical Center	Mooresville	✓	✓	✓		
The Outer Banks Hospital	Nags Head			✓	✓	
Rowan Regional Medical Center	Salisbury	✓	✓	✓	✓	
Davis Regional Medical Center	Statesville		✓	✓		✓
Heritage Hospital	Tarboro		✓	✓	✓	
Thomasville Medical Center	Thomasville	✓	✓	✓	✓	
Columbus Regional Healthcare System	Whiteville			✓	✓	
Medical Park Hospital	Winston-Salem				✓	
Ohio						
Mercy Franciscan Hospital - Mt. Airy	Cincinnati	✓	✓	✓	✓	
Doctors Hospital	Columbus	✓	✓	✓	✓	
Riverside Methodist Hospital	Columbus	✓	✓	✓	✓	
University Hospitals Conneaut Medical Center	Conneaut			✓	✓	
Grady Memorial Hospital	Delaware			✓	✓	
Dublin Methodist Hospital	Dublin			✓	✓	
Euclid Hospital	Euclid		✓	✓	✓	
University Hospitals Geneva Medical Center	Geneva			✓	✓	
The Fort Hamilton Hospital	Hamilton	✓	✓	✓	✓	
Lakewood Hospital Association	Lakewood	✓	✓	✓	✓	
Marion General Hospital, Inc.	Marion	✓	✓	✓	✓	
Mount Carmel New Albany Surgical Hospital	New Albany				✓	
Allen Medical Center	Oberlin			✓	✓	
Mercy Willard Hospital	Willard				✓	

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Oklahoma						
INTEGRIS Blackwell Regional Hospital	Blackwell			✓		
Medical Center of Southeastern Oklahoma	Durant	✓	✓	✓		
INTEGRIS Baptist Regional Health Center	Miami			✓	✓	
Ponca City Medical Center	Ponca City			✓	✓	
SouthCrest Hospital	Tulsa	✓	✓	✓	✓	
Oregon						
Willamette Valley Medical Center	McMinnville			✓	✓	
McKenzie-Willamette Regional Medical Center Associates, LLC	Springfield	✓	✓	✓	✓	
Pennsylvania						
CH Hospital of Allentown, LLC	Allentown				✓	
Lehigh Valley Hospital	Allentown	✓	✓	✓	✓	
VA Medical Center - James E. Van Zandt	Altoona			✓		
Bryn Mawr Hospital	Bryn Mawr	✓	✓	✓	✓	
Holy Spirit Hospital	Camp Hill	✓	✓	✓		
Carlisle HMA, LLC	Carlisle	✓	✓	✓		
Erie VA Medical Center	Erie				✓	
UPMC Bedford Memorial	Everett			✓	✓	
Gettysburg Hospital	Gettysburg	✓	✓	✓	✓	
UPMC Horizon	Greenville	✓	✓	✓	✓	
Lancaster Regional Medical Center	Lancaster	✓	✓	✓		
Heart of Lancaster Regional Medical Center	Lititz			✓	✓	
UPMC McKeesport	McKeesport	✓	✓	✓	✓	
Riddle Memorial Hospital	Media	✓	✓	✓	✓	
Mercy Suburban Hospital	Norristown	✓	✓	✓	✓	
Chestnut Hill Hospital	Philadelphia	✓	✓	✓	✓	
UPMC St. Margaret	Pittsburgh	✓	✓	✓	✓	
Grand View Hospital	Sellersville	✓	✓	✓	✓	
Jennersville Regional Hospital	West Grove			✓	✓	
Lankenau Hospital	Wynnewood	✓	✓	✓	✓	
South Carolina						
AnMed Health Medical Center	Anderson	✓	✓	✓	✓	
Marlboro Park Hospital	Bennettsville		✓	✓		
Trident Health System	Charleston	✓	✓	✓		
Chester Regional Medical Center	Chester		✓	✓		
Moncrief Army Community Hospital	Columbia			✓		
Palmetto Health Baptist	Columbia		✓	✓	✓	
William Jennings Bryan Dorn VA Medical Center	Columbia		✓	✓	✓	
Springs Memorial Hospital	Lancaster	✓	✓	✓	✓	
Grand Strand Regional Medical Center, LLC	Myrtle Beach	✓	✓	✓	✓	
Colleton Medical Center	Walterboro		✓	✓	✓	
South Dakota						
Avera Queen of Peace Hospital	Mitchell			✓	✓	
Avera Heart Hospital of South Dakota	Sioux Falls	✓	✓		✓	
Tennessee						
Parkridge Medical Center, Inc.	Chattanooga	✓	✓	✓	✓	
Dyersburg Hospital Corporation	Dyersburg	✓	✓	✓	✓	
Takoma Regional Hospital	Greeneville			✓	✓	
Roane Medical Center	Harriman			✓	✓	
Summit Medical Center	Hermitage	✓	✓	✓	✓	
Grandview Medical Center	Jasper			✓		
Jefferson Memorial Hospital	Jefferson City		✓	✓		
Franklin Woods Community Hospital	Johnson City			✓		
Indian Path Medical Center	Kingsport	✓	✓	✓	✓	

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Tennessee (Cont'd)						
Henderson County Community Hospital	Lexington			✓		
Martin Hospital Corporation	Martin			✓	✓	
McKenzie Tennessee Hospital Company, LLC	McKenzie			✓	✓	
VA Medical Center - James H. Quillen	Mountain Home	✓	✓	✓		
Baptist Hospital of Cocke County	Newport			✓		
Heritage Medical Center	Shelbyville			✓	✓	
StoneCrest Medical Center	Smyrna	✓		✓		
Methodist Healthcare-Fayette Hospital	Somerville			✓		
NorthCrest Medical Center	Springfield	✓	✓	✓	✓	
Harton Regional Medical Center	Tullahoma	✓	✓	✓		
Baptist Memorial Hospital - Union City	Union City			✓		
Texas						
Big Bend Regional Medical Center	Alpine			✓	✓	
Dell Children's Medical Center of Central Texas	Austin					✓
Seton Southwest Hospital	Austin				✓	
St. David's North Austin Medical Center	Austin	✓	✓	✓	✓	
Texas Health Harris Methodist Hospital Cleburne	Cleburne		✓	✓	✓	
Baylor Heart and Vascular Center, LLP	Dallas	✓	✓		✓	
Methodist Charlton Medical Center	Dallas	✓	✓	✓		
Memorial Hospital	Dumas			✓	✓	
Las Palmas Del Sol Healthcare	El Paso	✓	✓	✓	✓	
Plaza Medical Center of Fort Worth	Fort Worth	✓	✓	✓	✓	
Baylor Medical Center at Garland	Garland	✓	✓	✓	✓	
Baylor Regional Medical Center at Grapevine	Grapevine	✓	✓	✓	✓	
Memorial Hermann Memorial City Medical Center	Houston	✓	✓	✓	✓	
Texas Orthopedic Hospital Ltd.	Houston				✓	
The Woman's Hospital of Texas	Houston				✓	
West Houston Medical Center	Houston	✓	✓	✓	✓	
Huntsville Memorial Hospital	Huntsville			✓	✓	
Las Colinas Medical Center	Irving	✓	✓	✓	✓	
South Texas Regional Medical Center	Jourdanton			✓	✓	
Texas Health Presbyterian Hospital Kaufman	Kaufman			✓	✓	
Woodland Heights Medical Center	Lufkin	✓	✓	✓	✓	
Seton Edgar B. Davis Hospital	Luling			✓		
Medical Center of McKinney	McKinney	✓	✓	✓		
Dallas Regional Medical Center	Mesquite	✓	✓	✓		
Parkview Regional Hospital	Mexia			✓		
Baylor Regional Medical Center at Plano	Plano			✓	✓	
Texas Heart Hospital of the Southwest	Plano	✓	✓		✓	
St. David's Round Rock Medical Center	Round Rock	✓	✓	✓	✓	
Lake Pointe Medical Center	Rowlett	✓	✓	✓	✓	
San Angelo Community Medical Center	San Angelo	✓		✓	✓	
Memorial Hermann Sugar Land Hospital	Sugar Land			✓	✓	
Rolling Plains Memorial Hospital	Sweetwater			✓		
Mainland Medical Center*	Texas City	✓	✓	✓	✓	
Weatherford Regional Medical Center	Weatherford			✓	✓	
Utah						
Mountain View Hospital	Payson	✓		✓	✓	
Vermont						
Northwestern Medical Center, Inc.	Saint Albans			✓		
Virginia						
LewisGale Hospital Montgomery	Blacksburg	✓		✓	✓	
Augusta Health	Fishersville	✓	✓	✓		
Twin County Regional Hospital	Galax		✓	✓	✓	

*Acquired by Clear Lake Regional Medical Center in April 2011

The Joint Commission's Top Performers on Key Quality Measures™ (Cont'd)

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical	Children's Asthma
Virgina (Cont'd)						
Sentara CarePlex Hospital	Hampton	✓	✓	✓	✓	
John Randolph Medical Center	Hopewell	✓	✓	✓	✓	
Russell County Medical Center	Lebanon			✓		
LewisGale Hospital Alleghany	Low Moor			✓	✓	
Riverside Regional Medical Center	Newport News	✓	✓	✓	✓	
Pulaski Community Hospital	Pulaski	✓		✓	✓	
CJW Medical Center	Richmond	✓	✓	✓	✓	
LewisGale Medical Center, LLC	Salem	✓	✓	✓	✓	
Sentara Bayside Hospital	Virginia Beach	✓	✓	✓	✓	
Washington						
Providence Centralia Hospital	Centralia	✓	✓	✓	✓	
Valley Hospital and Medical Center	Spokane Valley			✓	✓	
Toppenish Community Hospital	Toppenish			✓		
Walla Walla General Hospital	Walla Walla			✓		
Yakima Regional Medical and Cardiac Center Yakima	Yakima	✓	✓	✓		
West Virginia						
United Hospital Center	Bridgeport	✓	✓	✓	✓	
Fairmont General Hospital, Inc.	Fairmont	✓	✓	✓	✓	
Williamson Memorial Hospital	Williamson			✓		
Wisconsin						
Langlade Hospital	Antigo			✓	✓	
Aurora Health Care Southern Lakes, Inc.	Burlington	✓		✓	✓	
Mayo Clinic Health System - Eau Claire Hospital, Inc.	Eau Claire	✓		✓	✓	
William S. Middleton Memorial Veterans Hospital	Madison	✓	✓	✓	✓	
Good Samaritan Health Center of Merrill, Wisconsin, Inc.	Merrill			✓	✓	
River Falls Area Hospital	River Falls				✓	
Aurora Health Care Central, Inc.	Sheboygan	✓		✓	✓	
Wyoming						
Platte County Memorial Hospital	Wheatland			✓		

Accountability Measures Summary

Accountability measures are evidence-based care processes closely linked to positive patient outcomes. These measures are most suitable for use in programs that hold providers accountable for their performance to external oversight entities and to the public. Most of the measures used through 2010 are categorized as accountability measures; there are six non-accountability measures: smoking cessation advice (heart attack care, heart failure care and pneumonia care); discharge instructions and LVS function assessment (heart failure care); and antibiotic within six hour of arrival (pneumonia care). For more information, see "A Special Focus on Accountability Measures" on page 29 and Appendices 2, 3 and 4.

Composite measures combine the results of related measures into a single percentage rating calculated by adding up the number of times recommended evidence-based care was provided to patients (measure numerator) and dividing this sum by the total number of opportunities to provide this care (measure denominator).

Composite for accountability measures: The 2010 composite for accountability measures calculation is derived only from the 22 accountability measures for each of four measure sets (heart attack care, pneumonia care, surgical care and children's asthma care). The accountability composite calculation reflected in this report is the same calculation as that provided on Quality Check (beginning with third quarter 2010 data).

The results shown in tables 1 and 2 are composite results only for the 22 2010 accountability measures; non-accountability measures have been excluded.

Note: There is no accountability composite for heart failure care since there is only one heart failure accountability measure. A composite must have at least two measures. However, the composite for all measures results include the one heart failure measure. For more information, see "Note on Calculations and Methodology" on page 32.

See Glossary for definitions.

Table 1: Composite results for accountability measures

Accountability composite measure sets	2006	2007	2008	2009	2010
Heart attack care composite	94.4%	95.7%	96.8%	97.7%	98.3%
Pneumonia care composite	87.1%	90.3%	89.8%	92.9%	94.6%
Surgical care composite	86.2%	88.9%	93.5%	95.8%	96.9%
Children's asthma care composite	N/A	70.7%	79.8%	88.1%	92.3%
Overall	88.2%	90.0%	93.1%	95.4%	96.6%

Table 2: Percentage of hospitals achieving composite rates greater than 90 percent for accountability measures

Accountability composite measure sets	2006	2007	2008	2009	2010
Heart attack care composite	76.7%	85.0%	91.1%	94.5%	95.6%
Pneumonia care composite	33.9%	57.0%	55.8%	75.5%	84.0%
Surgical care composite	30.2%	42.1%	74.4%	89.5%	93.9%
Children's asthma care composite	N/A	2.6%	21.3%	50.8%	72.7%
Overall	41.5%	60.0%	70.8%	85.9%	91.7%

National Performance Summary

Results are determined by the number of times the hospital met the measure (such as giving aspirin at arrival for heart attack patients) divided by the number of opportunities (eligible patients for the measure) the hospital had during the year. Results are expressed as a percentage.

All improvements or decreases in performance are statistically significant. Many of the smaller percentage improvements occurred within large patient populations, meaning that significantly more patients received a treatment. In some cases, performance was already quite high and there was less room for improvement.

Composite measures combine the results of all individual process measures on a similar medical condition into a single percentage rating calculated by adding up the number of times recommended evidence-based care was provided to patients and dividing this sum by the total number of opportunities to provide this care.

Composite for all measures: The composite for all measures calculation is derived from both accountability and non-accountability measures for each measure set. These composite results have historically been provided in previous annual reports, allowing them to be tracked from year-to-year.

See Glossary for definitions.

Table 3: Heart attack care measure results

Performance measure	2006	2007	2008	2009	2010	Improvement since inception (percentage points)
Heart attack care composite	*94.4%*	*95.8%*	*96.7%*	*97.8%*	*98.4%*	*11.5%*
Aspirin at arrival	96.7%	97.4%	97.9%	98.4%	98.9%	5.9%
Aspirin at discharge	96.6%	97.2%	97.7%	98.4%	98.8%	6.8%
ACEI or ARB at discharge	86.7%	91.6%	93.9%	95.5%	96.6%	20.8%
Smoking cessation advice	96.6%	98.2%	98.9%	99.4%	99.6%	33.0%
Beta-blocker at discharge	96.2%	97.3%	97.8%	98.3%	98.6%	11.3%
Fibrinolytic therapy within 30 minutes	42.8%	51.4%	52.4%	55.2%	60.5%	21.7%
PCI therapy within 90 minutes	67.7%	72.3%	81.6%	87.4%	91.2%	22.9%

accountability measure non-accountability measure outcomes measure test measure

Table 4: Heart failure care measure results

Performance measure	2006	2007	2008	2009	2010	Improvement since inception (percentage points)
Heart failure care composite	*84.1%*	*88.4%*	*91.6%*	*93.9%*	*95.5%*	*35.8%*
Discharge instructions	70.3%	77.5%	83.4%	87.5%	90.8%	59.9%
LVS assessment	93.4%	95.4%	97.0%	98.1%	98.8%	17.3%
Smoking cessation advice	92.1%	95.8%	97.6%	98.6%	99.1%	56.9%
ACEI or ARB at discharge	85.6%	90.1%	92.7%	94.3%	96.5%	22.3%

In the following table, the two measures on antibiotics to ICU patients and anitbiotics to non-ICU patients are one measure for the Centers for Medicare & Medicaid Services, although they are separated for reporting to The Joint Commission.

Table 5: Pneumonia care measure results

Performance measure	2006	2007	2008	2009	2010	Improvement since inception (percentage points)
Pneumonia care composite	*87.4%*	*90.5%*	*92.9%*	*93.7%*	*95.2%*	*22.9%*
Pneumococcal vaccination	75.9%	84.0%	89.0%	92.8%	94.8%	64.6%
Blood cultures in ICU	90.4%	92.8%	93.9%	95.5%	96.9%	6.5%
Blood cultures in ED	90.1%	91.1%	93.2%	95.0%	96.4%	6.3%
Antibiotic within six hours of arrival	N/A	N/A	93.6%	94.6%	95.8%	2.2%
Smoking cessation advice	89.4%	93.7%	96.0%	97.6%	98.4%	61.2%
Antibiotics to ICU patients	59.8%	63.9%	60.3%	67.5%	77.2%	27.0%
Antibiotics to non-ICU patients	88.8%	91.9%	93.0%	94.5%	95.2%	11.2%
Influenza vaccination*	N/A	79.5%	85.7%	88.9%	92.9%	13.4%

*Influenza vaccination based on flu season rather than calendar year

accountability measure non-accountability measure outcomes measure test measure

National Performance Summary (Cont'd)

The overall measure and rates are indicated in **bold**; the stratified measures (by specific surgical procedures) are indicated in regular type. The first three measures listed (antibiotics within one hour before the first surgical cut, appropriate prophylactic antibiotics, and stopping antibiotics within 24 hours) report rates on seven specific surgical procedures, as well as the overall measure rate.

Table 6: Surgical care measure results

Performance measure	2006	2007	2008	2009	2010	Improvement since inception (percentage points)
Surgical care composite	*86.2%*	*88.9%*	*93.5%*	*95.8%*	*96.4%*	*14.3%*
Antibiotics within one hour before the first surgical cut	**86.6%**	**89.5%**	**93.5%**	**96.2%**	**97.4%**	**15.6%**
For CABG surgery	87.6%	89.5%	94.0%	96.8%	97.8%	12.6%
For cardiac surgery (other than CABG)	87.1%	89.0%	93.7%	96.6%	97.6%	13.8%
For colon surgery	78.0%	82.4%	87.6%	91.8%	94.7%	22.5%
For hip joint replacement surgery	86.9%	89.4%	93.4%	96.3%	97.5%	16.2%
For hysterectomy surgery	86.9%	89.8%	93.7%	96.4%	97.5%	15.1%
For knee joint replacement surgery	90.4%	92.5%	95.3%	97.2%	98.0%	12.9%
For vascular surgery	81.1%	85.3%	90.6%	94.6%	96.0%	20.8%
Appropriate prophylactic antibiotics	**N/A**	**94.9%**	**96.8%**	**97.7%**	**97.8%**	**2.9%**
For CABG surgery	N/A	97.8%	98.7%	99.5%	99.6%	1.8%
For cardiac surgery (other than CABG)	N/A	96.2%	99.1%	99.7%	99.8%	3.6%
For colon surgery	N/A	75.7%	84.3%	87.8%	91.4%	15.7%
For hip joint replacement surgery	N/A	98.0%	98.7%	99.2%	99.5%	1.5%
For hysterectomy surgery	N/A	93.7%	96.1%	96.3%	94.5%	0.8%
For knee joint replacement surgery	N/A	98.2%	98.8%	99.3%	99.5%	1.3%
For vascular surgery	N/A	95.3%	96.6%	97.8%	98.2%	2.9%
Stopping antibiotics within 24 hours	**79.1%**	**85.6%**	**90.5%**	**93.5%**	**95.7%**	**22.2%**
For CABG surgery	87.3%	89.7%	93.6%	95.5%	97.1%	27.4%
For cardiac surgery (other than CABG)	86.2%	89.7%	92.6%	94.8%	96.5%	33.8%
For colon surgery	65.3%	74.8%	80.4%	84.9%	90.8%	29.3%
For hip joint replacement surgery	74.9%	84.0%	89.8%	93.6%	95.9%	26.7%
For hysterectomy surgery	89.1%	90.2%	92.8%	94.8%	96.3%	8.3%
For knee joint replacement surgery	76.2%	85.4%	91.3%	94.7%	96.7%	27.2%
For vascular surgery	67.3%	77.0%	83.0%	88.2%	91.9%	26.9%
Cardiac patients with 6 a.m. postoperative blood glucose	**N/A**	**N/A**	**89.9%**	**92.7%**	**94.1%**	**4.2%**
Patients with appropriate hair removal	**N/A**	**N/A**	**97.4%**	**99.2%**	**99.7%**	**2.3%**
Beta-blocker patients who received beta-blocker perioperatively	**N/A**	**N/A**	**92.0%**	**91.5%**	**94.4%**	**2.4%**
Prescribing VTE medicine/treatment	**N/A**	**87.2%**	**92.1%**	**93.7%**	**95.2%**	**8.0%**
Receiving VTE medicine/treatment	**N/A**	**83.2%**	**89.6%**	**91.9%**	**93.7%**	**10.5%**
Urinary catheter removed	**N/A**	**N/A**	**N/A**	**N/A**	**91.3%**	**N/A**

accountability measure non-accountability measure outcomes measure test measure

National Performance Summary (Cont'd)

The overall measure and rates are indicated in **bold**; the stratified measures (by specific surgical procedures) are indicated in regular type.

Table 7: Children's asthma care measure results

Performance measure	2008	2009	2010	Improvement since inception (percentage points)
Children's asthma care composite	*79.8%*	*88.1%*	*92.3%*	*12.5%*
Relievers for inpatient asthma	**99.8%**	**99.9%**	**100.0%**	**0.2%**
For age 2-4 years	99.8%	99.9%	100.0%	0.2%
For age 5-12 years	99.8%	99.9%	100.0%	0.2%
For age 13-17 years	99.8%	99.9%	99.9%	0.2%
Systemic corticosteroids for inpatient asthma	**99.1%**	**99.5%**	**99.6%**	**0.5%**
For age 2-4 years	98.8%	99.4%	99.6%	0.8%
For age 5-12 years	99.3%	99.5%	99.7%	0.4%
For age 13-17 years	99.0%	99.5%	99.4%	0.4%
Home management plan of care	**40.6%**	**64.9%**	**77.1%**	**36.5%**

accountability measure non-accountability measure outcomes measure test measure

National Performance Summary (Cont'd)

A different kind of measure type – a ratio measure – is included in the inpatient psychiatric services measure set. A ratio tells how one number is related to another. For example, counting a group of people and then referring to the ratio of men to women. This measure set contains two ratio measures: physical restraint hours per 1,000 patient hours and seclusion hours per 1,000 patient hours. In addition, these two measures are stratified by age groups 1-12 years, 13-17 years, 18-64 years, and age 65 and above.

High rates are preferred in this measure set for all measures except the three measures on multiple antipsychotic medications, physical restraint and seclusion, for which a low rate or ratio reflects better performance.

The overall measure and rates are indicated in **bold**; the stratified measures (by specific age ranges of patients) are indicated in regular type.

Table 8: Inpatient psychiatric services measure results

Performance measure	2009	2010	Improvement since inception (percentage points)
Inpatient psychiatric services composite	*82.4%*	*87.6%*	*5.2%*
Admission screening	**88.4%**	**92.0%**	**3.7%**
For age 1-12 years	90.4%	93.7%	3.3%
For age 13-17 years	91.2%	94.3%	3.2%
For age 18-64 years	87.2%	90.8%	3.5%
For age 65 and above	87.4%	92.7%	5.3%
Multiple antipsychotic medications*	**11.8%**	**11.2%**	**-0.6%**
For age 1-12 years	5.1%	4.4%	-0.7%
For age 13-17 years	5.9%	5.7%	-0.2%
For age 18-64 years	14.8%	14.2%	-0.7%
For age 65 and above	9.4%	8.7%	-0.7%
Justification for multiple antipsychotic medications	**28.3%**	**39.5%**	**11.1%**
For age 1-12 years	30.8%	37.1%	6.2%
For age 13-17 years	29.4%	33.9%	4.6%
For age 18-64 years	28.4%	40.5%	12.1%
For age 65 and above	25.6%	37.5%	11.9%
Continuing care plan	**85.7%**	**90.8%**	**5.1%**
For age 1-12 years	87.1%	91.4%	4.3%
For age 13-17 years	86.1%	91.5%	5.4%
For age 18-64 years	85.9%	91.0%	5.1%
For age 65 and above	82.4%	87.3%	4.9%
Continuing care plan transmitted	**74.1%**	**82.8%**	**8.7%**
For age 1-12 years	76.2%	83.7%	7.5%
For age 13-17 years	73.0%	82.8%	9.9%
For age 18-64 years	74.4%	83.0%	8.6%
For age 65 and above	72.2%	80.6%	**8.4%**

*For this measure, a low rate is preferred

accountability measure non-accountability measure outcomes measure test measure

National Performance Summary (Cont'd)

In the table below, for the overall measures (in bold), the number of hospitals reporting these data ranged from 304-328. For the stratified measures (by specific age ranges of patients), the number of hospitals reporting these data ranged from 156-322.

The overall measure and rates are indicated in **bold**; the stratified measures (by specific age ranges of patients) are indicated in regular type.

Table 9: Inpatient psychiatric services ratio measure results

Performance measure	2009			2010		
	Median	Maximum	Percent of hospitals with 0 hours	Median	Maximum	Percent of hospitals with 0 hours
Inpatient Psychiatric Services						
Physical restraint (hours per 1,000 patient hours)*	**0.11**	**10.27**	**8.6%**	**0.09**	**5.29**	**5.8%**
For age 1-12 years	0.14	7.02	13.2%	0.18	5.19	8.2%
For age 13-17 years	0.16	7.08	9.3%	0.14	3.30	5.9%
For age 18-64 years	0.07	10.27	10.6%	0.06	3.85	7.6%
For age 65 and above	0.00	22.93	51.0%	0.00	23.14	49.3%
Seclusion (hours per 1,000 patient hours)*	**0.07**	**2.87**	**16.7%**	**0.06**	**10.06**	**16.8%**
For age 1-12 years	0.21	6.50	17.9%	0.18	3.98	16.7%
For age 13-17 years	0.07	8.29	24.2%	0.08	7.65	20.3%
For age 18-64 years	0.04	2.26	22.6%	0.04	10.83	22.1%
For age 65 and above	0.00	3.23	73.2%	0.00	9.75	76.0%

*For this measure, a low ratio is preferred.

accountability measure non-accountability measure outcomes measure test measure

National Performance Summary (Cont'd)

In the following table, incidence of potentially preventable VTE is an outcomes measure and is not included in the measure composite results.

Table 10: VTE (venous thromboembolism) care measure results

Performance measure	2010
Venous thromboembolism (VTE) care composite	*82.7%*
VTE medicine/treatment	84.5%
VTE medicine/treatment in ICU	89.5%
VTE patients with overlap therapy	80.7%
VTE patients with UFH monitoring	88.8%
VTE warfarin discharge instructions	53.7%
Incidence of potentially preventable VTE	13.3%

Table 11: Stroke care measure results

Performance measure	2010
Stroke care composite	*92.8%*
VTE prophylaxis	88.1%
Discharged on antithrombotic therapy	98.7%
Anticoagulation therapy for atrial fibrillation/flutter	94.2%
Thrombolytic therapy	61.0%
Antithrombolytic therapy by end of hospital day two	97.3%
Discharged on statin medication	92.8%
Stroke education	82.1%
Assessed for rehabilitation	97.0%

The following table shows the results for a set of test measures for perinatal care. These measures are still being evaluated against the accountability criteria. The measures on Cesarean section and newborn bloodstream infections are outcomes measures as well as test measures.

Table 12: Perinatal care test measure results

Performance measure	2010
Perinatal care composite	*48.1%*
Elective delivery	19.0%
Cesarean section	27.0%
Antenatal steroids	64.0%
Newborn bloodstream infections	0.3%
Exclusive breast milk feeding	40.5%

accountability measure | non-accountability measure | outcomes measure | test measure

National Performance Summary (Cont'd)

The following table shows the percentage of hospitals achieving rates of performance of 90 percent or greater on a measure. The last column is reported as percentage points - the difference on a percentage scale between two rates, in this case 2009 performance versus 2010 performance.

Table 13: Percentage of hospitals achieving 90 percent or greater performance

Performance measure	2008 High (percentage >90)	2009 High (percentage >90)	2010 High (percentage >90)	2009-2010 difference (percentage)
Relievers for inpatient asthma (Children's Asthma)	N/A	100.0	100.0	0.0
Systemic corticosteroids for inpatient asthma (Children's Asthma)	N/A	100.0	100.0	0.0
Smoking cessation advice (Heart Attack)	98.0	99.3	99.8	0.5
Patients with appropriate hair removal (Surgical Care)	93.5	98.3	99.5	1.2
Smoking cessation advice (Heart Failure)	94.8	97.9	99.2	1.3
Discharged on antithrombotic therapy (Stroke)	N/A	N/A	99.1	N/A
Aspirin at arrival (Heart Attack)	97.5	98.4	98.8	0.4
Beta-blocker at discharge (Heart Attack)	96.2	96.8	97.9	1.1
Aspirin at discharge (Heart Attack)	94.3	96.6	97.7	1.1
Appropriate prophylactic antibiotics (Surgical Care)	91.9	96.7	97.1	0.4
Smoking cessation advice (Pneumonia)	88.3	94.1	97.0	2.9
Antithrombolytic therapy by end of hospital day two (Stroke)	N/A	N/A	96.6	N/A
LVS assessment (Heart Failure)	88.6	93.8	95.7	1.9
Antibiotics within one hour before the first surgical cut (Surgical Care)	76.1	90.8	95.7	4.9
Blood cultures in ICU (Pneumonia)	84.6	90.8	94.6	3.8
ACEI or ARB at discharge (Heart Attack)	82.1	88.0	93.9	5.9
Antibiotic within six hours of arrival (Pneumonia)	83.4	87.8	93.1	5.3
Blood cultures in ED (Pneumonia)	77.2	86.8	92.7	5.8
Antibiotics to non-ICU patients (Pneumonia)	77.2	86.0	89.5	3.5
Stopping antibiotics within 24 hours (Surgical Care)	58.0	78.6	89.5	10.9
Assessed for rehabilitation (Stroke)	N/A	N/A	88.0	N/A
ACEI or ARB at discharge (Heart Failure)	72.3	81.1	86.8	5.7
Pneumococcal vaccination (Pneumonia)	57.9	75.1	84.2	9.1
Cardiac patients with 6 a.m. postoperative blood glucose (Surgical Care)	58.3	74.7	84.0	9.3

(Table continues on next page...)

accountability measure | non-accountability measure | outcomes measure | test measure

Table 13: Percentage of hospitals achieving 90 percent or greater performance (Cont'd)

Performance measure	2008 High (percentage >90)	2009 High (percentage >90)	2010 High (percentage >90)	2009-2010 difference (percentage)
Prescribing VTE medicine/treatment (Surgical Care)	52.4	65.2	83.5	18.3
Anticoagulation therapy for atrial fibrillation/flutter (Stroke)	N/A	N/A	83.3	N/A
Beta-blocker patients who received beta-blocker perioperatively (Surgical Care)	69.7	67.0	82.0	15.0
VTE patients with UFH monitoring (VTE)	N/A	N/A	81.8	N/A
Admission screening (Inpatient Psychiatric)	N/A	64.2	76.9	12.7
Receiving VTE medicine/treatment (Surgical Care)	66.5	75.8	76.1	0.3
Discharged on statin medication (Stroke)	N/A	N/A	74.0	N/A
Influenza vaccination (Pneumonia)	43.1	57.3	73.8	16.5
Continuing care plan (Inpatient Psychiatric)	N/A	62.7	73.1	10.4
PCI therapy within 90 minutes (Heart Attack)	35.0	53.4	69.5	16.1
Discharge instructions (Heart Failure)	40.1	52.3	63.8	11.5
Urinary catheter removed (Surgical Care)	N/A	N/A	62.8	N/A
VTE medicine/treatment in ICU (VTE)	N/A	N/A	59.4	N/A
Multiple antipsychotic medications (Inpatient Psychiatric)**	N/A	48.0	53.0	5.0
Stroke education (Stroke)	N/A	N/A	48.1	N/A
Continuing care plan transmitted (Inpatient Psychiatric)	N/A	33.7	47.7	14.0
VTE prophylaxis (Stroke)	N/A	N/A	45.3	N/A
VTE medicine/treatment (VTE)	N/A	N/A	32.3	N/A
VTE patients with overlap therapy (VTE)	N/A	N/A	28.6	N/A
Home management plan of care (Children's Asthma)	N/A	14.9	27.8	12.9
Antibiotics to ICU patients (Pneumonia)	4.9	11.7	25.9	14.3
VTE warfarin discharge instructions (VTE)	N/A	N/A	21.1	N/A
Thrombolytic therapy (Stroke)	N/A	N/A	18.8	N/A
Justification for multiple antipsychotic medications (Inpatient Psychiatric)	N/A	1.2	12.2	11.0

** For this measure, a low rate is desirable, so the percentage represented is the percent of hospitals with percentage of 10 percent or less.

accountability measure | non-accountability measure | outcomes measure | test measure

Understanding the Quality of Care Measures

Why they were created, what they report and why the results are important

The Joint Commission has been involved in performance measurement for 25 years, viewing it as a critical way to extend the reach and sophistication of the accreditation process. The Joint Commission's 1990 publication, *The Primer on Clinical Indicator Development and Application*, created a readily adaptable template for performance measure development that is still in use today and established The Joint Commission as a leader in this arena.

The Joint Commission continues to be a leader through initiatives such as the creation of a performance measure data network. Today, this network of 43 measurement systems, all under contract to The Joint Commission, is the source of all quality-related data on The Joint Commission's Quality Check© website (www.qualitycheck.org) and provides 96 percent of the data displayed on the Centers for Medicare & Medicaid Services' (CMS) Hospital Compare website.

Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety presents the overall performance of Joint Commission-accredited hospitals on quality of care measures relating to heart attack, heart failure, pneumonia, surgery, children's asthma, inpatient psychiatric services, VTE (venous thromboembolism) and stroke. These measures were chosen because they provide concrete data about the best kinds of treatments or practices for common conditions for which Americans enter the hospital and seek care.

The results are important because they show that hospitals have improved. The results identify opportunities for further improvement, and support continual measurement and reporting. Quality improvement in hospitals contributes to saved lives, better health and quality of life for many patients, as well as to lower health care costs.

A special focus on accountability measures

Accountability measures are evidence-based care processes closely linked to positive patient outcomes. These measures are most suitable for use in programs that hold providers accountable for their performance to external oversight entities and to the public. There has been an evolution of such oversight programs – including those for value-based purchasing, accreditation, certification, and public reporting – and they are often used to demonstrate quality and cost-efficient performance, to drive market share, and to determine appropriate reimbursements.

Each accountability measure meets four criteria (see sidebar) that evaluate whether or not evidence-based care processes associated with the measures lead to positive patient outcomes. As new measures are introduced, they are evaluated against the criteria.

Criteria for accountability measures

Research: Strong scientific evidence demonstrates that performing the evidence-based care process improves health outcomes (either directly or by reducing risk of adverse outcomes).

Proximity: Performing the care process is closely connected to the patient outcome; there are relatively few clinical processes that occur after the one that is measured and before the improved outcome occurs.

Accuracy: The measure accurately assesses whether or not the care process has actually been provided. That is, the measure should be capable of indicating whether the process has been delivered with sufficient effectiveness to make improved outcomes likely.

No Adverse Effects: Implementing the measure has little or no chance of inducing unintended adverse consequences.

Understanding the Quality of Care Measures (Cont'd)

Most of the measures used through 2010 are categorized as accountability measures; there are six non-accountability measures (see Appendix 3). While performance on non-accountability measures reflect good health care practices, they are not as suitable for use in accountability contexts and often are used for internal quality improvement or educational and guidance purposes.

On the tables in the National Performance Summary section, the composite results for all measures include both accountability and non-accountability measures. The non-accountability measures are shaded gray in the tables. These composite results have historically been provided in previous annual reports, allowing them to be tracked from year-to-year. The composite results for only the accountability measures are provided in the Accountability Measures Summary section.

For more information about accountability measures, see the *New England Journal of Medicine* article "Accountability Measures – Using Measurement to Promote Quality Improvement," for which Mark R. Chassin, M.D., F.A.C.P., M.P.P., M.P.H., president of The Joint Commission, was the lead author.

How The Joint Commission is bringing accountability measures into practice

In June 2010, The Joint Commission announced its intention to integrate performance expectations on accountability measures into accreditation standards. That vision will become a reality effective January 1, 2012 when Joint Commission accredited hospitals will be required to meet a new performance improvement requirement (Standard PI.02.01.03, Element of Performance 1) that establishes an 85 percent composite compliance target rate for performance on ORYX accountability measures. The new standard and element performance are:

> **PI.02.01.03:** The hospital improves its performance on ORYX accountability measures.
> **EP 1:** The hospital achieves a composite performance rate of at least 85% on the ORYX accountability measures transmitted to The Joint Commission.
> *Note: This standard does not apply to the critical access hospital program.*

Compliance with the element of performance, which has been identified as a direct impact requirement, is based on performance on a single composite measure rate for all reported accountability measures. The target rate is based on research of past ORYX performance data that shows increasing levels of compliance with accountability measures. In 2010, 98 percent of hospitals met an 80 percent compliance rate, 96 percent met an 85 percent rate, and 92 percent met a 90 percent target. An organization that is not in compliance with the target rate at the time of the triennial survey would receive a Requirement for Improvement (RFI) in its accreditation report.

It's important to note that where a patient receives care makes a difference. Not all hospitals deliver the same level of quality; some hospitals perform better than others in treating particular conditions and in achieving patient satisfaction. This variability has been known within the hospital industry for a long time. Quality, safety and patient satisfaction results for specific hospitals can be found at Quality Check™ (www.qualitycheck.org). Designation as an accountability measure is included in the information on Quality Check™.

Understanding the Quality of Care Measures (Cont'd)

How quality measures are determined

The Joint Commission worked closely with clinicians, health care providers, hospital associations, performance measurement experts, and health care consumers across the nation to identify the quality measures. This collaborative process identified measures that reflect the best "evidence-based" treatments relating to heart attack, heart failure, pneumonia, surgery, children's asthma, inpatient psychiatric services, VTE and stroke. Current measures are the product of The Joint Commission's Hospital Core Measure Initiative that sought to create sets of standard national measures that would permit comparisons across organizations. Subsequently, The Joint Commission collaborated with other organizations, including the Centers for Medicare & Medicaid Services (CMS) and the National Quality Forum (NQF), to align common measures to ease data collection efforts by hospitals and to allow the same data sets to be used to satisfy multiple data requirements.

These measures also are used for the "Hospital Quality Alliance (HQA): Improving Care through Information" initiative. The HQA is a public-private partnership that was founded in 2002 for the purpose of developing a process for hospitals to voluntarily collect and publicly report their performance data. The HQA was initiated through the leadership of the American Hospital Association, Association of American Medical Colleges, and the Federation of American Hospitals. HQA includes representatives from the Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality, the National Quality Forum, The Joint Commission, the American Medical Association, the American Nurses Association, the National Association of Children's Hospitals and Related Institutions, the National Association of Public Hospitals and Health Systems, the Consumer-Purchaser Disclosure Project, the AFL-CIO, AARP, U.S. Chamber of Commerce, America's Health Insurance Plans, Blue Cross and Blue Shield Association, the National Business Coalition on Health, the Society for Critical Care Medicine, the Wisconsin Collaborative for Healthcare Quality, and the Department of Veterans Affairs.

Related quality reporting efforts of other organizations

The CMS Hospital Compare website (www.hospitalcompare.hhs.gov) reports quality information from U.S. hospitals, including treatments relating to heart attack, heart failure, pneumonia, surgical care and childhood asthma. Hospitals voluntarily submit these data abstracted from their medical records about the treatments that their patients receive, including patients with Medicare and those who do not have Medicare. Consumers can use Hospital Compare to compare care of local hospitals to state and national averages. The Hospital Compare website was created through the efforts of CMS and the Hospital Quality Alliance (HQA). Unlike Quality Check, Hospital Compare includes data from organizations accredited by CMS-recognized accrediting organizations other than The Joint Commission; some unaccredited organizations; and most Department of Veterans Affairs medical centers. It does not currently include Department of Defense and Indian Health Service hospitals.

Data collection and reporting requirements

Currently, The Joint Commission requires most hospitals to select four measure sets. Hospitals choose sets best reflecting their patient population and report on all the applicable measures in each of the sets they choose. Hospitals submit monthly data on a quarterly basis on all measures of performance within specific sets they choose to third-party vendors, which compile and provide data to The Joint Commission. Hospitals can obtain feedback reports through The Joint Commission's extranet.

Understanding the Quality of Care Measures (Cont'd)

Note on calculations and methodology

This report includes two different calculations of composite rates:

- **Composite for all measures:** The sum of all of the numerator counts, for both accountability and non-accountability process measures across all measure sets, divided by the sum of the denominator counts from across the same accountability and non-accountability measures.
- **Composite for accountability measures:** The sum of all of the numerator counts for accountability process measures across all measure sets divided by the sum of all the denominator counts from across the same accountability measures.

A composite measure is calculated by adding or "rolling up" the number of times recommended care was provided over all the process measures in the given measure set and dividing this sum by the total number of opportunities for providing this recommended care, determined by summing up all of the process measure populations for this same set of measures. The composite measure shows the percentage of the time that recommended care was provided.

For example, if a heart attack patient receives each treatment included in the heart attack measure set, that's a total of seven treatments in seven opportunities. If 60 patients receive all seven treatments, that's 420 treatments in 420 opportunities - 100 percent composite performance. However, if some of the 60 patients don't receive all seven treatments (e.g., the total number of opportunities for treatments is 410), and the treatments given to the 60 patients add to a total of 378, the heart attack composite score is 92 percent.

Composite performance measures are useful in integrating performance measure information in an easily understood format that gives a summary assessment of performance for a given area of care in a single rate. The composite measures in this report are based on combining all of the process rate-based measures in the measure set. For a performance measure, each patient identified as falling in the measure population can be considered an opportunity to provide recommended care.

Inclusions and exclusions

This report only includes data about patients considered "eligible" for one of the evidence-based treatments or measures. It's important to understand that not every patient gets – or should get – a treatment. Often, patients have health conditions or factors that influence the effectiveness of treatments, or whether or not a provider orders a particular treatment. Also, a patient may choose to refuse treatment or not follow the instructions of his or her care plan.

Links for More Information

The Joint Commission: www.jointcommission.org

Quality Check: www.qualitycheck.org

Glossary

Accountability measure. An accountability measure is a quality measure that meets four criteria designed to identify measures that produce the greatest positive impact on patient outcomes when hospitals demonstrate improvement. The four criteria are: research, proximity, accuracy and adverse effects (see page 29 for an explanation of the criteria).

ACEI (ACE inhibitors). ACE stands for "angiotensin converting enzyme." ACE inhibitors are medicines that are used to treat heart failure, high blood pressure, and patients with left ventricular systolic dysfunction following a heart attack. These medicines block an enzyme in the body that is responsible for causing the blood vessels to narrow. If the blood vessels are relaxed, blood pressure is lowered and more oxygen-rich blood can reach the heart. ACE inhibitors also lower the amount of salt and water in the body, which helps to lower blood pressure.

Admission screening. Evaluating a patient for violence risk, substance use, psychological trauma history and patient strengths within the first three days of admission to an inpatient psychiatric facility.

Antibiotic timing. The length of time from arrival at the hospital until antibiotics are given. Antibiotics are generally given as soon as possible to pneumonia patients to speed their recovery.

Antithrombotic therapy. Pharmacologic agents (oral or parenteral) that prevent or interfere with the formation of a blood clot.

ARB. ARB stands for "angiotensin receptor blocker." An ARB is a medicine taken by mouth that reduces blood pressure and strengthens the heart beat. ARBs are useful in the treatment of cardiac diseases such as heart attack and heart failure.

Beta-blocker. This type of medicine blocks the action of certain hormones on the heart. By blocking these hormones, beta-blockers help to reduce the heart rate and blood pressure, thereby reducing the amount of oxygen needed by the heart.

Blood cultures. Blood tests that look for bacteria in the blood. These tests are given to pneumonia patients before antibiotics are administered.

CABG. CABG stands for coronary artery bypass graft surgery – an operation in which a section of vein or artery is used to bypass a blockage in a coronary artery, allowing enough blood to flow to deliver oxygen and nutrients to the heart muscles. CABG is performed to prevent damage from a myocardial infarction (heart attack) or to relieve angina.

Composite measure. A measure that combines the results of two or more process measures into a single rating. A composite is a summary of a related set of measures, which could be a condition specific set, all accountability measures, or accountability and non-accountability measures. However, accountability composites are restricted to accountability measures; non-accountability measures are excluded.

Fibrinolytic therapy. Medication that dissolves blood clots. 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.

Hair removal, appropriate. Removing hair with clippers or depilatory is considered appropriate. Shaving is considered inappropriate.

Glossary (Cont'd)

Heart failure. A condition in which the heart loses its ability to efficiently pump blood throughout the body.

Inpatient psychiatric services. Inpatient psychiatric services include care provided to a patient for a mental disorder while hospitalized in a psychiatric unit of an acute care hospital or a free-standing psychiatric hospital. Services rendered to outpatients or "day treatment" patients are not considered inpatient psychiatric services.

LVS assessment. An in-depth evaluation of heart muscle function that helps determine the correct treatment for heart failure. LVS stands for "left ventricular systolic." An LVS assessment evaluates how well the left ventricle—the heart's main pumping chamber—is functioning. Left ventricular diastolic dysfunction results when the heart chamber is not pumping all the blood out before it refills for the next heart beat. This results in high pressure within the heart and can produce heart failure.

Multiple antipsychotic medications. Antipsychotic medications are drugs prescribed to treat mental disorders; if two or more medications are routinely administered or prescribed, it is considered multiple medications.

Non-accountability measure. A non-accountability measure differs from an accountability measure in that it is more suitable for secondary uses, such as exploration or learning within individual health care organizations, and is good advice in terms of appropriate patient care.

Outcomes measure. A measure that indicates the result of performance or non-performance of one or more functions or processes.

Overlap therapy. Administration of parenteral (intravenous or subcutaneous) anticoagulation therapy and warfarin to treat patients with VTE.

PCI therapy. PCI stands for "percutaneous coronary interventions." PCI therapy is a coronary angioplasty procedure performed by a doctor who threads a small device into a clogged artery to open it, thereby improving blood flow to the heart. A lack of blood supply to the heart muscle can cause lasting heart damage. PCI therapy is used as an alternative treatment to coronary artery bypass surgery (CABG).

Percentage points. This is the difference on a percentage scale between two rates. For example, the difference between 2002 performance and 2007 performance rates.

Perioperative. This generally refers to 24 hours before surgery and lasts until the patient leaves the recovery area.

Physical restraint. A physical restraint is any manual or physical or mechanical device, material, or equipment that immobilizes a patient or reduces the ability of a patient to move his or her arms, legs, body or head freely. A physical restraint is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

Glossary (Cont'd)

Pneumonia. An acute infection of lung tissue that is associated with at least some symptoms of acute infection, such as altered or abnormal breathing sounds.

Pneumococcal vaccination. A vaccination that helps to prevent pneumonia.

Post discharge continuing care plan. Communication from the hospital to the next health provider after a patient is discharged from the hospital. The plan must contain the reason for hospitalization, main diagnosis at discharge, a list of medications at discharge, and recommendations for the next level of care.

Process measure. A measure used to assess a goal directed, interrelated series of actions, events, mechanisms or steps, such as measure of performance that describes what is done to, for or by patients, as in performance of a procedure.

Prophylaxis. Any medical intervention designed to preserve health and prevent disease.

Rehabilitation assessment. Evaluation of the need for or receipt of rehabilitation services. Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness or disease to as normal a condition as possible.

Reliever, for asthma. A medicine that reduces narrowing in the lung's airways, providing quick relief from asthma symptoms.

Seclusion. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.

Statin. A class of pharmaceutical agents that lower blood cholesterol. Specifically, the agents modify LDL-cholesterol by blocking the action of an enzyme in the liver which is needed to synthesize cholesterol, thereby decreasing the level of cholesterol in the blood. Statins are also called HMG-CoA reductase inhibitors.

Systemic corticosteroid, for asthma. A medication that helps control asthma symptoms by controlling swelling, inflammation, and the buildup of mucous in the lung's airways.

Thrombolytic therapy. Administration of a pharmacological agent intended to cause lysis of a thrombus (destruction or dissolution of a blood clot).

UFH monitoring. Using a protocol or nomogram to ensure that UFH (unfractionated heparin) achieves a sufficient level of anti-coagulation.

VTE. VTE stands for venous thromboembolism and is when a blood clot forms in a deep vein in the body, such as in the leg. VTE is a common complication at surgery and hospitalized medical patients, particularly those who have decreased mobility, are at risk for development of VTE.

Appendix

Appendix 1: Short and original measure names

Note: This is not a complete list of measures; for some measures, the original name is a short name.

Short measure name	Original measure name
Heart attack care	
Aspirin at discharge	Aspirin prescribed at discharge
ACEI or ARB at discharge	ACEI or ARB for LVSD
Smoking cessation advice	Adult smoking cessation advice/counseling
Beta-blocker at discharge	Beta-blocker prescribed at discharge
Fibrinolytic therapy within 30 minutes	Fibrinolytic therapy received within 30 minutes of hospital arrival
PCI therapy within 90 minutes	Primary PCI received within 90 minutes of hospital arrival (timing of receipt of primary PCI)
Heart failure care	
LVS assessment	Evaluation of LVS function
Smoking cessation advice	Adult smoking cessation advice/counseling
ACEI or ARB at discharge	ACEI or ARB for LVSD
Pneumonia care	
Blood cultures in ICU	Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU within 24 hours of hospital arrival
Blood cultures in ED	Blood cultures performed in the emergency department prior to initial antibiotic received in hospital
Antibiotic within six hours of arrival	Initial antibiotic received within six hours of hospital arrival (timing of receipt of initial antibiotic following hospital arrival)
Smoking cessation advice	Adult smoking cessation advice/counseling
Antibiotics to immunocompetent patients	Initial antibiotic selection for CAP in immunocompetent patient
Antibiotics to ICU patients	Initial antibiotic selection for CAP in immunocompetent – ICU patient
Antibiotics to non-ICU patients	Initial antibiotic selection for CAP in immunocompetent – non-ICU patient
Surgical care	
Antibiotics within one hour before the first surgical cut	Prophylactic antibiotic received within one hour prior to surgical incision – overall rate
Appropriate prophylactic antibiotics	Prophylactic antibiotic selection for surgical patients – overall rate
Stopping antibiotics within 24 hours	Prophylactic antibiotics discontinued within 24 hours after surgery end time – overall rate

accountability measure non-accountability measure outcomes measure test measure

Appendix

Appendix 1 (Cont'd)

Short measure name	Original measure name
Surgical care (Cont'd)	
Cardiac patients with 9 a.m. postoperative blood glucose	Cardiac surgery patients with controlled 9 a.m. postoperative blood glucose
Patients with appropriate hair removal	Surgery patients with appropriate hair removal
Beta-blocker patients who received beta-blocker perioperatively	Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period
Prescribing VTE medicine/treatment	Surgery patients with recommended venous thromboembolism prophylaxis ordered
Receiving VTE medicine/treatment	Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery
Urinary catheter removed	Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero
Children's asthma care	
Home management plan of care	Home management plan of care (HMPC) document given to patient/caregiver
Inpatient psychiatric services	
Multiple antipsychotic medications	Multiple antipsychotic medications at discharge – overall rate
Justification for multiple antipsychotic medications	Multiple antipsychotic medications at discharge with appropriate justification – overall rate
Continuing care plan created	Post discharge continuing care plan – overall rate
Continuing care plan transmitted	Post discharge continuing care plan transmitted – overall rate
VTE care	
VTE patients with overlap therapy	VTE patients with anticoagulation overlap therapy
VTE patients with UFH monitoring	VTE patients receiving unfractionated heparin (UFH) with dosages/platelet count monitoring by protocol
Stroke care	
VTE prophylaxis	Stroke patients with venous thromboembolism (VTE) prophylaxis

accountability measure non-accountability measure outcomes measure test measure

Appendix

Appendix 2: 2010 accountability measures

Heart attack care

- Aspirin at arrival
- Aspirin at discharge
- ACEI or ARB at discharge
- Beta-blocker at discharge
- Fibrinolytic therapy within 30 minutes
- PCI therapy within 90 minutes

Heart failure care

- ACEI or ARB at discharge

Pneumonia care

- Pneumococcal vaccination
- Blood culture in ED
- Antibiotics to immunocompetent patients*
- Influenza vaccination

* This measure (which is aligned with The Centers for Medicare & Medicaid Services measure) is separated into two measures (antibiotics to ICU patients and antibiotics to non-ICU patients) for reporting to The Joint Commission.

Surgical care

- Antibiotics within one hour before the first surgical cut
- Appropriate prophylactic antibiotics
- Stopping antibiotics within 24 hours
- Cardiac patients with 6 a.m. postoperative blood glucose
- Patients with appropriate hair removal
- Beta-blocker patients who received beta-blocker perioperatively
- Prescribing VTE medicine/treatment
- Receiving VTE medicine/treatment

Children's asthma care

- Relievers for inpatient asthma
- Systemic corticosteroids for inpatient asthma
- Home management plan of care

Appendix 3: 2010-2011 non-accountability measures

Heart attack care

Smoking cessation advice*

Heart failure care

Discharge instructions
LVS assessment
Smoking cessation advice*

Pneumonia care

Antibiotics within six hours of arrival*
Smoking cessation advice*

* This measure will be retired effective with December 31, 2011 discharges

Appendix

Appendix 4: 2011 additional accountability measures

Heart attack care
Statin prescribed at discharge

Pneumonia care
Blood cultures in ICU

Surgical care
Urinary catheter removed

Inpatient psychiatric services
Hours of physical restraint use*
Hours of seclusion*
Multiple antipsychotic medications
Justification for multiple antipsychotic medications
Continuing care plan created
Continuing care plan transmitted

*These process measures are reported as a ratio and will not be included in The Joint Commission's calculation of composite rates.

VTE (venous thromboembolism) care
VTE prophylaxis
ICU VTE prophylaxis
VTE patients with anticoagulation overlap therapy
VTE patients with UFH monitoring
VTE warfarin therapy discharge instructions

Stroke care
Stroke patients with VTE prophylaxis
Discharged on antithrombotic therapy
Anticoagulation therapy for atrial fibrillation/flutter
Thrombolytic therapy
Antithrombolytic therapy by end of hospital day two
Discharged on statin medication
Stroke education (discharge instructions)
Assessed for rehabilitation