

LAKE FOREST HOSPITAL

Performance Scorecard – 2009

updated December 2009

Lake Forest Hospital

Performance Scorecard – 2009

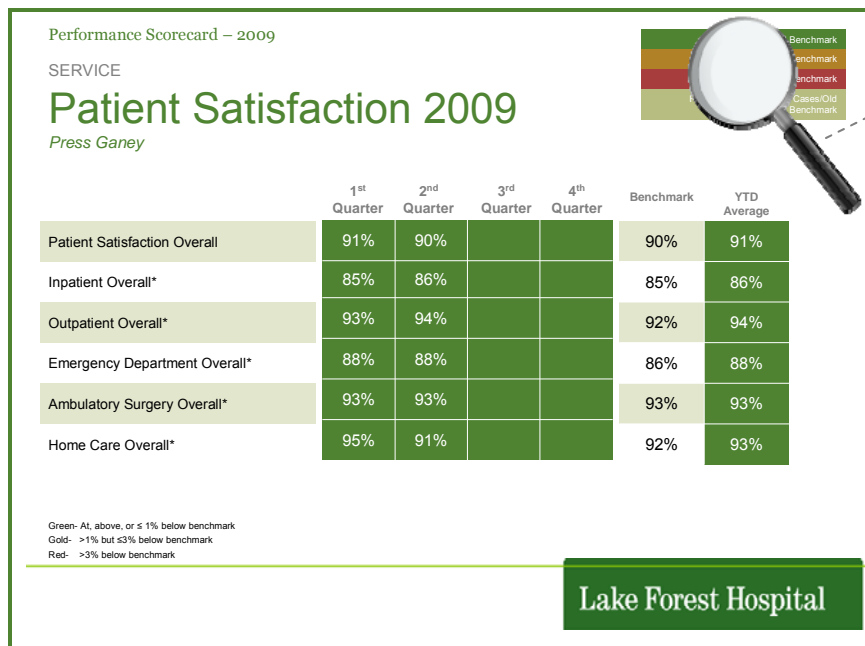
Lake Forest Hospital is committed to providing the communities we serve the highest quality health care through exceptional access to state-of-the-art clinical services with compassionate and personal care.

Areas of Consideration in this Scorecard:

- Patient Satisfaction
- Core Measures
- National Patient Safety Goals
- Infection Control

Performance Scorecard - 2009

How to Read the Scorecard



- Reached Benchmark
- Near Benchmark
- Below Benchmark
- Raw Data or No Data Available

These colors represent an internal assessment of the progress being made toward the listed goals.

Each Scorecard is organized to intuitively display each measure's quarterly trending over the course of 2009.

Performance Scorecard - 2009

SERVICE

Patient Satisfaction

The journey toward becoming the hospital of choice for the communities we serve begins and ends with the interactions we have with the patients who come through our doors. With the help of Press Ganey, a nationally recognized surveyor of patient satisfaction, we are able track our patients opinions about our employees and the services we provide.

Scores are based upon the cumulative scores of the following departmental overall scores: *Inpatient, Outpatient, Emergency Department, Ambulatory Surgery, and Home Care.*

Performance Scorecard - 2009

SERVICE

Patient Satisfaction 2009

Press Ganey

Reached Benchmark
Near Benchmark
Below Benchmark
No Qualifying Cases/Old Benchmark/Data Not Available

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Benchmark	YTD Average
Patient Satisfaction Overall	91%	90%	92%		90%	91%
Inpatient Overall*	85%	86%	87%		85%	86%
Outpatient Overall*	93%	94%	94%		92%	94%
Emergency Department Overall*	88%	88%	90%		86%	89%
Ambulatory Surgery Overall*	93%	93%	95%		93%	94%
Home Care Overall*	95%	91%	95%		92%	94%

Green- At, above, or ≤ 1% below benchmark

Gold- >1% but ≤3% below benchmark

Red- >3% below benchmark

Lake Forest Hospital

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SERVICE

HCAHPS 2009

Press Ganey – Mean Scores

Reached Benchmark
Near Benchmark
Below Benchmark
No Qualifying Cases/Old Benchmark/Data Not Available

Hospital Consumer Assessment of
Healthcare Providers and Systems

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Benchmark	YTD Average
Recommend this Hospital	78%	84%	82%		76%	81%
Communication with Doctors	85%	83%	83%		85%	84%
Communication with Nurses	76%	74%	77%		73%	76%
Responsiveness of Hospital Staff	62%	64%	63%		62%	63%
Pain Control	71%	73%	70%		68%	71%
Communication about Medicine	52%	61%	61%		55%	58%
Clean Environment	74%	67%	71%		68%	71%
Quiet Environment	59%	61%	59%		53%	60%
Discharge Information	80%	85%	83%		81%	83%

Green- At, above, or ≤ 1% below target

Gold- >1% but ≤3% below target

Red- >3% below target

Benchmarks based on data from 1st/2nd quarters of 2008

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QUALITY

Core Measures

Core Measures, often known as “Care Measures,” are indicators that show – as a percentage – how well a health care organization is providing the recommended care. These are generally accepted as the best methods for delivering the safest and highest quality results to patients.

Heart Attack – Acute Myocardial Infarction (AMI)

Heart attacks occur when the heart does not receive enough oxygen. This usually happens after a blood clot or when the heart’s arteries narrow.

Heart Failure

Heart failure is a weakening of the heart’s pumping power. If you suffer from heart failure, then your body is not receiving enough oxygen or nutrients in order to meet its needs.

Pneumonia

Pneumonia is a serious lung infection causing symptoms such as fever, cough, and fatigue.

Surgical Care Improvement Project (SCIP)

SCIP is a national partnership of organizations committed to improving the safety of surgical care by reducing the number of postoperative complications.

Performance Scorecard - 2009

QUALITY

Core Measures

Centers for Medicare and Medicaid Services

Reached Benchmark
Near Benchmark
Below Benchmark
No Qualifying Cases/Old Benchmark/Data Not Available

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Benchmark	YTD Average
Acute Myocardial Infarction (AMI)*	89%	100%	100%		92%	98%
Pneumonia (PN)*	80%	90.2%	85%		81%	85%
Heart Failure (HF)*	92%	98%	98%		84%	96%
Surgical Care Improvement Project (SCIP)**	98%	96%	92%		72%	95%

As of October 2008:

Green- At, above, or ≤ 1% below benchmark

Gold- >1% but ≤3% below benchmark

Red- >3% below benchmark

*All-or-None Bundles **1-10 All-or-None Bundle

Benchmarks established based on State of Illinois Averages for 3rd Quarter 2008 (Provided by CompData Comparative Measures.)

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SERVICE

National Patient Safety Goals

The Joint Commission, an independent health care accreditation organization, created the National Patient Safety Goals to help improve outcomes in hospitals and reduce risks in the health care setting.

Medical Record Entry Authentication (CMS requirement/not a NPSG)

All entries in a medical record are to be signed, dated and timed. This is important for understanding the clinical course of a particular patient and can provide important insights into the specific point of time when the patient's condition or symptoms changed for the better or worse.

Critical Value: RN to MD Lab Results

Providers must measure the timeline of reporting test results to other practitioners. Appropriate action can be taken to correct any issues when reported in a timely manner.

Falls – Inpatient Fall Rate

A fall rate, calculated per 1,000 patient days, is the number of documented patient falls, with or without injury, experienced by an inpatient on a hospital unit within a month.

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SERVICE

National Patient Safety Goals

Hand Hygiene Compliance

Health care providers make a significant impact on patient safety simply by washing their hands. Hand washing is the single most important way to prevent the spread of infections.

Time Out Before Surgical / Invasive Procedures

A “Time Out” is required as a safety check prior to proceeding with surgery or other invasive procedures. During a “Time Out,” the entire team stops to verify the patient’s identity, procedure being performed, and availability of special equipment. A member of the team should also mark the location of the procedure on the patient’s body when applicable.

Unacceptable Abbreviations

As part of a hospital-wide initiative to improve communications amongst caregivers, hospitals should standardized a list of abbreviations, acronyms, and symbols that are NOT to be used throughout the organization.

Performance Scorecard - 2009

QUALITY

National Patient Safety Goals

The Joint Commission

Reached Benchmark
Near Benchmark
Below Benchmark
Raw Data/No Qualifying Cases/Old Benchmark

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Benchmark	YTD Average
Time-Out Before Surgical/Invasive Procedures (OR only)	100%	100%	100%		100%*	100%
Time-Out Before Surgical/Invasive Procedure (all other departments)	No Data	74%	91%		95%*	87%
Falls – Hospital Inpatient Fall Rate	1.6	2.2	2.5		<4.6**	2.1
Hand Hygiene Compliance	96%	95%	98%		90%*	95.5%
Critical Value: RN to MD Lab Results	94%	98%	94%		95%*	96%
Unacceptable Abbreviations (% Compliance for medication orders)	89%	84%	96%		90%*	92%

Green- At, above, or ≤ 1% below benchmark

Gold- >1% but ≤3% below benchmark

Red- >3% below benchmark

*Benchmarks established based The Joint Commission requirements

**NDNQI National Benchmark is 3-4 falls per 1000 Inpatient days on medical units.

Benchmark for Acute Care Hospitals per Premier Inc 4.6 falls per 1000 patient days

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PEOPLE

Infection Control

Ventilator Associated Pneumonia (VAP)

VAP is a health care associated pneumonia which occurs in patients whose breathing is being assisted by mechanical ventilation. The number measured is presented as infections per 1,000 patient days.

Surgical Site Infections

Surgical patients are often at risk for postoperative infections, but certain practices can reduce this risk. Hospitals measure these preventive interventions to determine if they are being utilized adequately.

Central Line Infections

Because they pose a significant risk, every central line is monitored for infection. The infection rate is calculated as infections per 100 line days.

Performance Scorecard - 2009

QUALITY

Infection Control

Reached Benchmark
Near Benchmark
Below Benchmark
Raw Data/No Qualifying Cases/Old Benchmark

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Benchmark	YTD Average
Ventilator Pneumonia (per 1000 patient days)	0.0	0	0		<2.7	0.0
Surgical Site Infections	0.65%	0.26%	0.28%		<2.70%	0.40%
Central Line Infections (per 100 line days)	0.0	0	0		<3.2	0.0

Green- At, above, or ≤ 1% below benchmark

Gold- >1% but ≤3% below benchmark

Red- >3% below benchmark

Benchmarks established by NHSN (a division of the CDC)

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