THE ROAD WE ARE TRAVELING

Beginnings
Forming the health system

Integration & Growth
Creating a foundation for sustained growth and learning to operate as an integrated health system

Transformation & Performance
Transforming and redefining the health system to be a regional and national leader

1987 1997 2010 2020
Dear Friends:

The North Shore-LIJ Health System’s goal is to deliver exceptional quality care to every patient. It’s why we continually strive to improve clinical performance and enhance patient safety and why we have embraced an open culture of transparency that demonstrates how our efforts translate into measurable positive outcomes for our patients.

The following pages present the tangible results of the health system’s goal of delivering quality healthcare to all – results that earned North Shore-LIJ the National Quality Forum’s 2010 National Quality Healthcare Award.

Quality does not happen by accident. Rather, it is the result of careful, rigorous analysis, planning, training and ultimately execution. North Shore-LIJ is a quality healthcare leader because of the way we innovate, train and invest in the people and programs that help ensure superior patient outcomes.

Some examples of this system-wide commitment to innovation and clinical excellence include:

The Center for Learning and Innovation (CLI). The health system’s corporate university, a nationally recognized leader in workforce development, provides continuous organizational learning at every level and is a demonstrated driver of system-wide cultural change.

The Patient Safety Institute (PSI). One of the country’s largest multidisciplinary simulation centers, PSI features computerized mannequins that are programmed to mimic a range of high-risk medical scenarios, such as respiratory failure, cardiac arrest and other life-threatening conditions, in various clinical settings – an operating room, a labor-and-delivery suite, a procedure room and eight critical care rooms – enabling physicians and nurses to hone their clinical and communication skills in a realistic hospital setting without risk to real patients.

The new Hofstra North Shore-LIJ School of Medicine. North Shore-LIJ has partnered with Long Island’s largest private university to create the first new allopathic medical school in the state in more than 40 years. It welcomes its charter class in the summer of 2011.

The nationally renowned Feinstein Institute for Medical Research. Among the top six percent of nearly 3,000 research institutions that receive funding from the National Institutes of Health (NIH), the Feinstein is committed to curing disease and bridging the gap between biomedical research and patient care.

Through programs like these, the health system engages our physicians, nurses and employees in our mission of delivering quality care – improving outcomes for our patients today while establishing the foundation for healthier communities tomorrow.

It is our pleasure to share the results of our efforts to date and the plans we have for a brighter and healthier future for all those we serve.

Sincerely,

Michael J. Dowling
President and Chief Executive Officer

Kenneth J. Abrams, MD, MBA
Senior Vice President, Clinical Operations
Chief Quality Officer
“North Shore-LIJ is a clear leader in striving to make high-quality care commonplace for every patient and a central part of its culture. We are at the precipice of change in healthcare in America, which will have implications for every healthcare facility in every community. North Shore-LIJ is ahead of the curve and firmly understands that quality measures, reporting the results, and ongoing education and improvement are the cornerstones of increasing the quality of care, reducing costs, coordinating more effectively, reducing errors and improving safety.”

— Janet Corrigan
NQF President and CEO

In 2010, North Shore-LIJ earned the National Quality Forum’s (NQF) National Quality Healthcare Award for its ongoing commitment to providing high-quality, transparent, patient-centered healthcare. As a leading national organization whose mission is to improve the quality of healthcare in America, NQF presents the quality award each year to healthcare organizations that are role models for achieving meaningful, sustainable quality improvement. North Shore-LIJ is the first health system in the New York metropolitan area to receive this distinction. The North Shore-LIJ quality imperatives incorporate and align directly with the NQF national priorities and goals.

**North Shore-LIJ Quality Imperatives**

- Reduce unnecessary variation and overuse in care
- Improve care coordination and patient safety
- Create a seamless continuum of care
- Improve population health
- Foster greater trust among our clinicians, patients and families

**WORKING TOGETHER WITH QUALITY ORGANIZATIONS**

North Shore-LIJ’s ongoing collaboration and partnerships with leading healthcare organizations means a continuously evolving base of knowledge and experience of which patients are the primary beneficiaries.
TABLE OF CONTENTS

Introduction: A Commitment to Innovation and Clinical Excellence ________________________2

Reliability of Care: Reducing Variation _________________6

Knowledge: Reducing Harm and Improving Care _______________________________14

Focus: Eliminating Healthcare-Associated Infections ____________________________________22

Excellence: Enhancing Teamwork _________________28

Vision 2020: The Transformation of Healthcare ________________________________34

Awards and Recognition ________________________38
Reliability of Care
Reducing Variation

North Shore-LIJ is reducing variation in practice and achieving high reliability of care through the use of evidence-based practices, creative tools and checklists, innovative training programs and performance feedback to all practitioners. Stroke, heart failure, pneumonia, acute myocardial infarction and cardiac surgery are among the priority areas where we have focused on delivering reliable care.
A Gold Standard for Stroke Care

To ensure the universal application of timely and appropriate stroke medical intervention for the approximately 4,000 stroke patients seen each year across the health system, a multidisciplinary stroke task force developed a uniform set of evidence-based protocols to provide the blueprint for quality stroke care.

Using the American Heart Association’s national database, each hospital’s overall stroke composite score is closely evaluated to determine how well appropriate evidence-based interventions are provided to each patient. The stroke composite score is made up of seven different performance measures indicating compliance with the association’s standards of care.

With the onset of a stroke, brain tissue is rapidly lost, making quick diagnosis and treatment essential in minimizing brain damage.

Stroke Performance Measures

- Intravenous Tissue Plasminogen Activator (IV t-PA) – Arrive by 2 Hour, Treat by 3 Hour
- Early Antithrombotic Therapy
- Early Deep Vein Thrombosis (DVT) Therapy
- Antithrombotic Therapy at Discharge
- Anticoagulation Therapy for Patients with Atrial Fibrillation (AF)
- Statin Medication at Discharge – to Lower Low-Density Lipoprotein (LDL) to less than 100
- Smoking Cessation

Includes: Forest Hills, Franklin, Glen Cove, Huntington, LIJ, Lenox Hill, NSUH, Plainview, Southside, Staten Island and Syosset.

Source: American Heart Association Get With The Guidelines-Stroke

Higher score is better

Data as of 2/14/2011
Measures of Distinction

Hospital Quality Incentive Demonstration™ (HQID) Project – Recognition of Steady Improvement in Core Measures

The US Centers for Medicare and Medicaid Services (CMS) awarded nine North Shore-LIJ hospitals the highest monetary award given to any participating health system in the country in its national pay-for-performance Hospital Quality Incentive Demonstration™ (HQID) project. Over the past five years of the demonstration project, North Shore-LIJ performance has steadily improved in each of six clinical areas: acute myocardial infarction; coronary artery bypass graft; heart failure; pneumonia; hip and knee replacement and the surgical care improvement project. An overall composite score is calculated for each clinical condition based on the performance results of key process and outcomes measures.

Of the nine system hospitals receiving awards, North Shore University Hospital (NSUH) earned the eighth highest total of 225 participating hospitals nationwide. In New York State, North Shore-LIJ hospitals earned the top four monetary awards from the demonstration project. NSUH ranked number one and was followed by Staten Island University Hospital, LIJ Medical Center and Huntington Hospital.

Staten Island University Hospital (SIUH) was one of only 25 hospitals nationally to win ten or more awards. Southside Hospital in Bay Shore was one of seven hospitals nationally to receive nine out of ten possible awards.

**NORTH SHORE-LIJ HOSPITAL QUALITY IMPROVEMENT DEMONSTRATION (HQID) PROJECT COMPOSITE QUALITY SCORES**

A composite score includes combined process and outcome measures for each disease condition.

- **CORONARY ARTERY BYPASS GRAFT**
- **HIP/KNEE**
- **ACUTE MYOCARDIAL INFARCTION**
- **PNEUMONIA**
- **HEART FAILURE**

Source: Premier Clinical Advisor
Higher score is better
Data as of 12/14/2010
Percutaneous Coronary Intervention

Heart disease is by far the leading cause of death in New York State, and the most common form of heart disease is atherosclerotic coronary artery disease (CAD). Various treatments are recommended for patients with CAD. For some people, changes in lifestyle, such as dietary changes, quitting smoking or regular exercise, can result in great improvements in health. Sometimes, however, an interventional procedure is recommended. The two most common procedures performed on patients with CAD are percutaneous coronary intervention (PCI) and coronary artery bypass graft surgery (CABG).

During a PCI procedure, a catheter is threaded up to the site of the blockage in a coronary artery. In conjunction with the catheter, devices are used to open the blockage. In some cases, PCI is used as an emergency treatment for patients who are experiencing a heart attack or who may be in shock. Most cases however, are not done on an emergency basis. At right are the risk-adjusted mortality rates for the North Shore-LIJ hospitals that perform PCI compared to the New York State average for 2006-2008. The hospitals are Long Island Jewish Medical Center, North Shore University Hospital, Staten Island University Hospital and Southside Hospital. Huntington Hospital performs emergent PCI only.

LIJ was one of the only two hospitals in the state – and the only one on Long Island – that had significantly better outcomes for the 1,914 procedures its cardiologists performed in 2008 alone, as well as for the 5,599 procedures performed during the entire three-year period. Since 2000, the NYS DOH has released seven reports for angioplasty. LIJ has received double-star rankings (significantly better outcomes) for all cases in five of those reports, which is more than any other hospital in the state.

NSUH was one of only two hospitals in the state to have significantly better outcomes in performing 960 emergency angioplasties.
Cardiac Surgery

Heart valves control the flow of blood as it enters the heart and is pumped from chambers of the heart to the lungs for oxygen and back to the body. Heart valve disease occurs when a valve cannot open all the way because of disease or injury, thus causing a decrease in blood flow to the next heart chamber. Another type of valve problem occurs when the valve does not close completely, which leads to blood leaking backward into the previous chamber. Either of the problems causes the heart to work harder to pump blood, or causes the blood to back up into the lungs or lower body. In many cases, defective valves are replaced rather than repaired, with a mechanical or biological valve. Some patients require more than one valve, and some patients with both coronary artery disease and valve disease require valve replacement and coronary artery bypass graft (CABG) surgery. The results at right contain outcomes for valve procedures when done alone or in combination with CABG.

The DOH’s latest report on adult cardiac surgery showed that North Shore University Hospital was among New York State’s best hospitals in outcomes for patients undergoing surgery to repair or replace heart valves and for those in need of surgery for both valve repair/replacement and CABG surgery.
“Follow Your Heart™” – At Home After Cardiac Surgery

Hospital readmissions consume an exorbitant amount of hospital resources, raise national medical costs substantially and, most importantly, impact the lives of patients and their families. Almost 20 percent of the nearly 12 million Medicare beneficiaries who were discharged from a hospital in 2009 were re-hospitalized within 30 days. As part of North Shore-LIJ’s Follow Your Heart program, cardiac surgery nurse practitioners and physician assistants visit their patients at home twice within the first week of discharge. These visits are in addition to and coordinated with home care, making the Follow Your Heart program a seamless and comprehensive part of post-operative care to prevent hospital readmissions. We will be tracking the impact of this program very closely.

As part of their commitment to patient-centered care, the Department of Cardiovascular Surgery at NSUH, LIJ and SIUH has developed a unique program called “Follow Your Heart” to change how cardiac surgery patients are cared for after discharge from the hospital.
Heart Failure Disease Management

In search of opportunities for improvement in caring for heart failure patients, North Shore-LIJ created a multidisciplinary task force that developed a hospital-to-home disease management program to effectively manage care along the continuum. Communication and handoffs between levels of care is enhanced through post-discharge phone calls, electronic communication systems and standardized patient education materials. An electronic HF toolkit that includes algorithms, order sets and teaching materials is readily available to staff to improve coordination of care and communication among healthcare professionals across all phases of care: emergency department, inpatient, discharge and post-discharge.

North Shore-LIJ Heart Failure Composite Process Scores

have dramatically improved from 85% (Q1 2006) to 98.4% (Q2 2010) as a result of these efforts.
Knowledge
Reducing Harm and Improving Care

“Avoidable failures are common and persistent, not to mention demoralizing and frustrating, across many fields – from medicine to finance, business to government. And the reason is increasingly evident: the volume of complexity of what we know has exceeded our individual ability to deliver its benefits correctly, safely or reliably.”

Atul Gawande, MD
(2009, Writer, The New Yorker, and Surgeon, Brigham and Women’s Hospital)
North Shore-LIJ has established a number of team-based patient safety initiatives across the continuum to reduce harm and improve patient care. Patient safety priorities include safety rounds, surgical safety, perinatal care, sepsis, pain management and restraint reduction. Care coordination has improved through focused improvements in handoff communication and follow-up care.

Surgical and Procedural Safety Checklists

Safety checklists, adapted from the World Health Organization, as well as from safe practices used in aviation and nuclear power industries, are being used to reduce preventable errors both inside and outside of the operating room (OR), in areas such as labor and delivery, cardiology, interventional radiology and during bedside procedures. Literature has shown that simple checklists can improve safety and prevent patient harm by enhancing communication and collaboration among healthcare team members. As a result of our heightened attention to safety, the number of retained foreign bodies (e.g., gauze) has decreased.

Patient Safety Rounds

Interdisciplinary patient safety rounds are conducted each week as a way of strengthening communication between senior leadership and frontline staff. While a specific safety topic, such as hand hygiene or patient identification is chosen as a focus each week, staff is encouraged to voice their patient safety concerns and leadership is committed to resolving safety issues and providing feedback to staff. This ongoing interchange translates into a safer environment for patients. To date, more than 400 safety rounds have been held, not only in our hospitals but in our ambulatory practices, long-term care facilities and through our home care agencies.

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Perinatal Safety Program

Improving the healthcare of women during pregnancy and ensuring the healthy delivery of infants with the best possible outcomes are fundamental safety goals for the health system. Medical, nursing and quality leadership have been actively engaged in enhancing care and improving patient outcomes through the use of evidence-based clinical practice guidelines, TeamSTEPPS and the health system’s Patient Safety Institute for team simulation training.

Over the past two years, 500 registered nurses and 270 physicians have been trained in standardized electronic fetal monitoring incorporating the National Institute for Child Health and Human Development (NICHD) terminology to ensure proper and consistent fetal heart rate interpretation.

As a result of the above initiatives, North Shore-LIJ has reduced the number of induced births less than 39 weeks.

The incidence of birth trauma (per 1,000 deliveries) is below the national benchmark.

North Shore-LIJ delivers approximately ten percent of the 255,248 babies born in New York State each year.

Maternity care is provided at eight North Shore-LIJ hospitals, including two major Regional Perinatal Centers at North Shore University Hospital and Long Island Jewish Medical Center.
Managing Sepsis

Sepsis, a life-threatening condition that arises when the body’s response to an infection injures its own tissues and organs, can lead to shock, multiple organ failure and death – especially if not recognized early and treated promptly. Sepsis afflicts nearly one million Americans each year, causes one in four hospital deaths, and accounts for nearly $17 billion in US healthcare costs. Prompt recognition, aggressive fluid management and early administration of antibiotics are imperative to reverse sepsis and help patients survive.

North Shore-LIJ has developed guidelines to care for patients with “severe sepsis” and “septic shock.” These guidelines have been put into place at all 12 of the health system’s adult acute care hospitals. This is the beginning of a multi-year effort to achieve the lowest sepsis mortality rate in the nation.

Sepsis is a serious disease, responsible for more fatalities each year in the US than Alzheimer’s disease or stroke, but receives a quarter of the research funding.

Source: NIH/CDC data
Pain Management – Short-Stay Rehabilitation Patients

Among the important quality initiatives in place at the Stern Family Center for Extended Care and Rehabilitation (CECR) and the Orzac CECR is a comprehensive pain management program that significantly reduced the number of shortstay rehabilitation patients experiencing moderate to severe pain. In order to improve the Pain Management Program, physician orders for pain medication were revised as was the nursing assessment pain scale. Staff education was reinforced to make everyone more alert to signs of patient pain, and transferring hospitals were encouraged to provide patients with adequate pain medication prior to transfer. These changes have resulted in reductions in moderate to severe pain to below national and New York State benchmarks.

Restraint Reduction – Behavioral Health Services

The use of restraints creates the potential for physical or psychological harm to patients and staff and therefore should be used as infrequently as possible. Although restraint use was infrequent, in 2010 The Zucker Hillside Hospital (ZHH), which offers a full spectrum of inpatient and ambulatory mental health, substance abuse and psychiatric rehabilitation services for children, adolescents and adults, selected restraint reduction as a primary quality performance metric to ensure patient and staff safety. Leadership focus, analysis and dissemination of aggregate data, enhanced staff training, physician collaboration and TeamSTEPPS were the strategies used to achieve success.

In order to further support treatment teams and sustain improvements the ZHH is participating in a New York State Office of Mental Health-sponsored statewide learning collaborative on “Preventing the Use of Restraint and Seclusion.” Sustainment efforts will also include a newly implemented daily aggression risk assessment, the establishment of a new category of staff (patient engagement specialists) and the development of a peer counseling program. Use of physical restraint is one of seven new Joint Commission core measures for hospital-based inpatient psychiatric services.
Care Coordination

Ensuring that patient needs and preferences are met is a goal of care coordination that is accomplished through a consistent plan for patient care and follow-up, communication among healthcare providers and seamless transitions between healthcare settings. Some examples of how we have positioned ourselves to enhance coordination of care follow.

Handoff Communication – Children’s Services

An estimated 80 percent of serious medical errors involve miscommunication when a patient’s care is handed off from one caregiver to another. The objective of a handoff is to provide accurate information about the care, treatment or services that a patient has received as well as the patient’s current condition and any recent or anticipated changes in the patient’s condition. Studies by the Joint Commission and North Shore-LIJ show that poor communication is the root cause of most sentinel events, medical mistakes and “near misses.”

In collaboration with the Joint Commission Center for Transforming Healthcare and nine nationally recognized healthcare systems across the country, North Shore-LIJ accepted the Joint Commission’s invitation to participate in a second project to improve handoff communication in healthcare.

Employing Six Sigma methodology and a Master Black Belt from the Center for Learning and Innovation, North Shore-LIJ’s project was conducted at Cohen Children’s Medical Center (CCMC) of New York, where information about handoffs was gathered through satisfaction surveys and responses to simulated handoffs. Tools and processes were then developed and implemented to ensure proper handoff communication. Physicians, nursing leadership and frontline staff utilized TeamSTEPPS strategies to improve communication. Standardized videos of proper handoffs were created to assist in educating caregivers, including scenarios that can be used for simulation exercises. The initiative has increased effective handoffs among those caring for pediatric patients at CCMC, and best practices are being shared with other North Shore-LIJ facilities.

### COHEN CHILDREN’S MEDICAL CENTER

**OVERALL HANDOFF SATISFACTION SCORES**

“How satisfied were you with this handoff?”

On a scale from 1-10

Pre-Post Improvement

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Sender and receiver satisfaction surveys were conducted to determine the perceived quality of information that was communicated during handoffs. Receiver satisfaction, which is a vital test of good communication, measurably increased, indicating an improvement in the quality of handoff. Work continues to improve sender satisfaction.
A Vital Link –
Center for Emergency Medical Services

Founded in 1993 as a small agency to support pediatric and cardiology transports at North Shore University Hospital, the North Shore-LIJ Health System’s Center for Emergency Medical Services (CEMS) in Syosset has grown in less than two decades to become the region’s largest hospital-based EMS service. Whether responding to a 911 call, moving a critically ill patient from a community hospital to a tertiary facility for a higher level of specialized care or transporting a post-surgical patient to a rehabilitation facility, CEMS is often the first vital link in the continuum of care provided by the health system’s 15 hospitals.

The center employs more than 500 licensed emergency medical technicians and paramedics who are also certified in pre-hospital critical care transport medicine. CEMS responds to more than 100,000 calls annually and transports more than 90,000 patients not only to and from facilities associated with North Shore-LIJ, but facilities throughout the metropolitan New York region.

Post-Acute Care
Coordinating Care at Home –
Telehealth Technology

Through the use of evidence-based best practices and specialized disease management programs for heart failure, joint replacement, stroke, psychiatric illness and pediatric and mother/child specialty care, the North Shore-LIJ Home Care Network (HCN) has achieved its mission of keeping patients safe in their homes and improving outcomes.

Telehealth, an interactive method of providing care, education and monitoring to patients at home via telecommunication technologies, is an important quality initiative that was undertaken by the HCN in 2004. Without leaving the office and through a regular telephone line or broadband connection, registered nurses trained in telehealth monitoring “visit” with patients in their homes and perform remote health assessments. Using video and voice communication combined with peripheral medical equipment installed in the patient’s home, nurses can take on-site readings of blood pressure, heart rate and the like. The rate of rehospitalizations for patients enrolled in this program is approximately seven percent and compares favorably to published articles.
Focus

Eliminating Healthcare-Associated Infections

Healthcare-associated infections (HAIs) are a major patient safety concern, particularly among the seriously ill and vulnerable elderly. In the United States, it is estimated that there are 1.7 million healthcare-associated infections acquired annually. The CDC estimates that HAIs result in 99,000 deaths each year, making HAIs the fourth leading cause of death in the US. North Shore-LIJ has made a commitment to wide-scale reduction and elimination of healthcare-associated infections. As proof of this commitment, North Shore-LIJ was one of the first healthcare organizations in the state to report infection rates to the public. Improvements in clinical practice through utilization of evidence-based guidelines, have led to improved patient outcomes and superior results.
Central Line-Associated Bacteremias (CLABs)

Certain bloodstream infections are associated with a device known as a central line and are referred to as central line-associated bacteremias (CLABs). These infections most commonly occur in an intensive care unit.

North Shore-LIJ substantially reduced CLABs in its 28 adult and pediatric ICUs by close adherence to best practices and standardizing prevention strategies in association with central line use. In fact, many of our units have gone extended periods of time without a central line infection, as measured by CLAB Free Days.

North Shore-LIJ substantially reduced CLABs in its 28 ICUs encompassing over 400 ICU beds, by close adherence to best practices and standardizing prevention strategies in association with central line use. In fact, many of our units have gone extended periods of time without a central line infection, as measured by CLAB Free Days.

**AS OF DECEMBER 31, 2010, THE FOLLOWING CRITICAL CARE UNITS HAVE BEEN CLAB FREE FOR MORE THAN:**

- **1/2 YEAR**
  - North Shore University Hospital
    - CTU (6 Months)
    - CCU (9 Months)
    - PICU (10 Months)
  - Staten Island University Hospital-South
    - ICU (9 Months)

- **1 YEAR**
  - LIJ Hospital
    - CCU (1 Year)
    - SICU (1 Year, 6 Months)
  - Staten Island University Hospital-North
    - ICU (1 Year, 5 Months)
  - Staten Island University Hospital-South
    - CCU (1 Year, 4 Months)
    - Huntington Hospital
      - ICU (1 Year, 4 Months)

- **2 YEARS**
  - LIJ Hospital
    - CTICU (2 Years, 5 Months)
  - Staten Island University Hospital-North
    - CCU (2 Years, 4 Months)

- **3 YEARS**
  - Glen Cove
    - ICU (3 Years)
  - Syosset Hospital
    - SPCU (3 Years)
Reducing Ventilator Associated Pneumonia

A ventilator is a machine used to help a patient breathe by delivering oxygen through a breathing tube. If germs enter through the tube and get into the patient’s lungs, infection can result, known as ventilator associated pneumonia (VAP). VAP is a source of significant patient morbidity and mortality, increased utilization of healthcare resources and excess cost.

The health system’s approach to reducing VAPs includes both a senior leadership commitment and a consensus-driven task force that ensures execution of evidence-based standards of care. To reduce overall rates of VAP in its 28 adult and pediatric ICUs, North Shore-LIJ implemented the five key elements of the Institute for Healthcare Improvement’s “ventilator bundle.” They are:

- Raising the patient’s head of bed to 30 to 45 degrees
- Deep vein thrombosis prophylaxis
- Peptic ulcer prophylaxis
- Daily sedation vacations
- Early extubation (removal of the breathing tube)

The most important strategy has been the daily assessment to wean patients from mechanical ventilation – a collaborative effort among respiratory therapists, RNs, and physicians during daily rounds.

The process started with a weekly prevalence study conducted in each of the ICUs to support retraining of staff at the bedside. Then, monthly reports were produced to demonstrate improvement with the process measures. Nurse epidemiologists at each hospital reinforced education of staff and motivated change. These efforts were supported by organizational campaigns aimed at increasing hand-washing compliance, performing oral care, and increasing staff influenza vaccinations.

As a result of these efforts, the
VAP index significantly decreased by over 70%, from 5.64 (2004) to 1.64 (2010).
### Clostridium Difficile Associated Disease

*Clostridium difficile* associated disease (CDAD) reduction was prioritized by health system senior leadership and hospital executives in 2008, as reports of increasing CDAD incidence, severity and mortality emerged. Plans for CDAD reduction were developed through a North Shore-LIJ Health System Infection Control Task Force that involved nurse epidemiologists and senior clinical/quality management leaders from the health system’s 15 hospitals and two long-term care facilities. These plans heightened staff awareness of CDAD, promoted early identification of the disease, elicited prompt treatment for suspected infection, introduced improved testing procedures, enhanced communication among staff, promoted antibiotic stewardship and improved cleaning procedures to reduce CDAD spores in the environment. Actions to minimize the spread of CDAD were implemented in 2009 and have continued throughout 2010.

**As a result of these actions, a 30% reduction in the incidence of CDAD per 1,000 patient care days has been achieved and sustained.**

### Hand Hygiene Surveillance

As part of its overall strategy to reduce infections, North Shore-LIJ has introduced a number of unique programs to increase compliance with hand hygiene. A pilot hand hygiene program that began in the medical intensive care unit at North Shore University Hospital in October 2008 provides evidence that doctors and staff are best motivated when they are provided with real-time feedback about their performance. The program involves the use of video-monitors to track physician and staff participation with hand-hygiene protocols. The percentage of staff members who practice proper hand hygiene is posted on a light emitted diode (LED) screen in the unit for staff, patients and families to see and is updated every five to ten minutes.

**In 2010, hand hygiene compliance at North Shore-LIJ increased by 14%, with Q4 2010 results at 88%.**
Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA was first recognized in the 1960s and became endemic in many hospitals in the 1990s. MRSA is a bacterium that is resistant to the effects of many common antibiotics and can colonize the skin and/or nasal passages. When an MRSA infection occurs it is much more difficult to treat. MRSA can be transmitted from one person to another by skin-to-skin contact and contact with items within the environment that have been contaminated with MRSA bacteria. North Shore-LIJ implemented a multi-pronged approach to reduce the risk for MRSA transmission which includes nasal screening of high-risk patients with polymerase chain reaction (PCR), laboratory communication to the patient care unit when a specimen result is MRSA positive, electronic identification of readmitted patients with a past positive MRSA history, meticulous hand hygiene upon entry and exit of the room, placement of patients with a MRSA infection on contact precautions, proper cleaning and disinfection of rooms and patient care equipment, appropriate utilization of antibiotics and provision of patient/family education. The approach has decreased the incidence of healthcare-associated MRSA.
Excellence
Enhancing Teamwork

Soon after the merger that created the health system, it was determined that the new entity would be a “learning organization,” one that continuously transforms itself by facilitating the learning of all of its members. The health system made a commitment to face the traditional challenges of a large organization head on, encouraging communication and fostering teamwork and leadership at all levels.
The Center for Learning and Innovation

Soon after the 1997 merger that created one of the nation’s largest nonprofit health systems, North Shore-LIJ President and CEO Michael Dowling created a new learning initiative to foster growth and lifelong learning among the health system’s employees and advance the organization’s strategic and business goals. Taking its cue from the successes of corporate universities, North Shore-LIJ teamed with GE Medical Systems, a unit of General Electric Company, and Harvard University’s School of Public Health to launch the Center for Learning and Innovation (CLI), which remains the largest corporate university of its kind in the healthcare industry.

In keeping with senior leadership’s commitment to face the traditional challenges of a large organization head on, CLI has developed a vast curriculum that cultivates leadership, fosters communication, encourages teamwork, and invests in staff at all levels of the organization. The center is succeeding in transforming North Shore-LIJ’s organizational culture and is creating what is widely regarded as a world-class learning organization – one that continuously transforms itself by facilitating the learning of all of its members. CLI was recently honored by the International Quality and Productivity Center as “Corporate University-Best In Class” and was ranked as exemplary in developing leaders across the Health System.

Today CLI has grown to a 45,000-square-foot facility with many classrooms, conference rooms and advanced simulators for technical courses. Since its inception over 123,000 participants have attended classes at CLI with annual attendance now topping 30,000 learners.

The broad curriculum at CLI is designed to enhance specific job expertise and develop skills ranging from problem-solving and conflict resolution to decision-making, stress management and leadership.

For those engaged in learning various process improvement methods such as operational performance solutions and management development, CLI uses tenets of the quality improvement disciplines such as Six Sigma and LEAN, with employees instructed by Six Sigma Master Black Belts. Project outcomes are reported to senior leadership. CLI monitors and tracks its programs through student feedback and annual learning needs assessments. Educational programs are also evaluated back at the workplace to ensure the material learned in the class is used on the job.

Since 2002, over 100 Six Sigma and LEAN projects have been completed. Projects have tackled issues such as patient flow, infection control and hand-off communication which were shared among all North Shore-LIJ facilities.
Patient Safety Institute

The crown jewel of the Center for Learning and Innovation is the Patient Safety Institute (PSI) – one of the largest patient simulation centers in the nation. PSI was established to provide interdisciplinary team-based, state-of-the-art education for healthcare professionals to increase both clinical and non-clinical skills and reduce medical errors. Clinical education scenarios at PSI replicate real-world situations that often occur in high-risk, high-paced hospital environments such as critical care, emergency medicine, the operating room and labor and delivery. Medical scenarios replicating stroke, heart attack and trauma situations, among others, are staples of PSI education. PSI also provides mass disaster education for hospital personnel, as well as for pre-hospital care providers: emergency medical technicians and paramedics. In order to enhance learning, all simulations are recorded and reviewed during post-scenario debriefings where clinical skills and decision-making are reinforced and teamwork and communication are emphasized.
Family Activated Rapid Response Teams

A patient’s condition can suddenly change at any time during their hospitalization; therefore specialized teams of clinicians known as rapid response teams are available and can be called whenever there is a concern. While clinicians and hospital staff typically call the team, North Shore-LIJ encourages family members’ involvement and has seen an increase in family activated calls since they began in 2009.

Since the inception of the program, all of the family-activated calls for rapid response have been for valid and significant concerns and have led to a clinical intervention.

NORTH SHORE-LIJ RAPID RESPONSE SYSTEM
Top Five Reasons for Family Activation 2010

- Acute Mental Status Change
- Respiratory Difficulty
- Chest Pain
- Family “Concerned”
- Faint/Lightheaded

Total calls = 45
Note: There can be other reasons for calls.

NORTH SHORE-LIJ FAMILY ACTIVATED RAPID RESPONSE TEAMS
2010 Clinical Interventions

- EKG
- Arterial Blood Gas
- 02 Mask/Nasal
- Test/Labs
- Chest X-Ray

Total calls = 45
Note: There can be more than one intervention per call.
Collaborative Care Model® and TeamSTEPPS

One of the strongest threads binding the health system is leadership’s commitment to transforming organizational culture and spreading improvements across multiple hospitals and care delivery environments. To this end, we have created an infrastructure to engage and empower frontline team members to innovate and sustain improvement. In 2008, our efforts converged in the North Shore-LIJ Collaborative Care Model, a patient-centered model designed to translate our mission, vision and values into the daily practice of patient care.

The model in combination with TeamSTEPPS provides the infrastructure for widespread communication through Collaborative Care Councils, which exist in all patient care units and in all clinical and nonclinical departments. The councils address patient safety and quality improvement among other concerns.

To date 23,928 or 88 percent of all North Shore-LIJ hospital-based staff (27,274) have been trained in TeamSTEPPS.

A New Model of Care

A “Care Model” pilot program was launched in early 2010 in an effort to optimize patient care by engaging staff and involving patients and their families in the way that care is delivered.

The official kick-off began with a two-day retreat that included a comprehensive cross-section of staff from six of the health system’s hospitals. Staff members were assigned the task of redefining their respective units in a more patient-centered way with daily schedules, standard communication materials, patient and family involvement in rounds and discharge phone calls. While results are still new there is some evidence that patient and staff satisfaction is increasing, turnover rates are declining and patient throughput is improving due to the collective efforts of patients, staff and families. Future direction will be on measures of success, sustainability and expansion of the model.
Vision 2020
The Transformation
of Healthcare

In 2010, North Shore-LIJ created a plan
describing where we wanted to be in 2020.
Members of the health system’s leadership
team wrote essays about what kind of
organization they wanted to be part of in
ten years. Then we worked together to boil
it all down into a set of simple talking points,
easy to communicate and easy to discuss.
We called it Vision 2020. It lays out a series
of overarching goals for our organization,
among them being ranked as a top performer
in every salient metric, including quality,
safety, patient satisfaction and engagement,
and employee satisfaction and engagement.
Accountable Care

Vision 2020 outlines a plan for transformation into a comprehensive health and wellness organization – known today in the healthcare industry as an “accountable care organization,” one that accepts accountability for the quality and cost of care for a defined patient population.

As part of our vision of accountable care, for instance, we said our focus will be on keeping patients healthy. “We will move from the “sickness business” to the “wellness business.”

In some ways, our Vision 2020 is like a sheet of music for an orchestra: it keeps all the performers on the same page. But it’s also a bit like the US Constitution, in that it frames the conversations, maps out the objectives and defines priorities. We know where we are headed, and we have all signed on to be part of the trip. In the words of Yogi Berra, “If you don’t know where you are going you might end up somewhere else.”

Transformation 2010-2020

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variation in Care Delivery</td>
<td>QUALITY</td>
</tr>
<tr>
<td>Processes</td>
<td>MEASURES</td>
</tr>
<tr>
<td>Paper-Based</td>
<td>INFORMATION MANAGEMENT</td>
</tr>
<tr>
<td>In Silos and Limited Access</td>
<td>INFORMATION ACCESS</td>
</tr>
<tr>
<td>Passive</td>
<td>CUSTOMER</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>WORKFORCE</td>
</tr>
<tr>
<td>Government as a Major Payor</td>
<td>PAYOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider-Centric</td>
<td>FOCUS</td>
</tr>
<tr>
<td>Value Blind Reimbursement</td>
<td>VALUE</td>
</tr>
<tr>
<td>Episodic Fragmented Care</td>
<td>PATIENT FLOW</td>
</tr>
<tr>
<td>Inpatient-Focused</td>
<td>DELIVERY SETTING</td>
</tr>
<tr>
<td>Individuals</td>
<td>APPROACH</td>
</tr>
<tr>
<td>Disease and Treatment</td>
<td>OBJECTIVE</td>
</tr>
<tr>
<td>Functional and Departmental</td>
<td>ORGANIZATION</td>
</tr>
</tbody>
</table>
A Bold Investment in Electronic Health Records

North Shore-LIJ is investing $400 million to strengthen the quality of care throughout the region by automating inpatient and outpatient records in all medical settings, including 14 hospitals. In implementing the largest and most ambitious electronic health record (EHR) program in the entire nation, North Shore-LIJ expects to subsidize up to 85 percent of the cost of implementing and operating an EHR system in the offices of its more than 9,000 affiliated physicians throughout the New York metropolitan area.

The North Shore-LIJ Electronic Health Record is being deployed as part of a bold effort to drive unprecedented improvements in the efficiency and quality of care throughout the region. Embedded within the EHR are automated care guides that will help improve clinical care, prevent illness and avoid medical and drug errors.

As the federal government continues to move toward a system in which provider payments are based on performance, the financial subsidies tied to the EHR will assist North Shore-LIJ physicians in providing patients with a full continuum of care, addressing all chronic conditions through evidence-based treatment protocols.

The EHR is being deployed in all inpatient and outpatient settings. The goal is to create a connected community, including North Shore-LIJ acute care hospitals, emergency departments, ancillary services (laboratory, pathology, radiology and pharmacy), home care services and both employed and community-based physicians. The strategy will connect patients and their physicians, enhance care coordination, support efficient, safer medical decision-making and improve the overall quality of patient care.

“The essence of real health reform is going to happen at the local level by optimizing technology and involving physicians who are directly involved in delivering care to the communities we serve. We’re not going to measure our return-on-investment (ROI) in terms of dollars and cents; our ROI will be based on our ability to improve patient outcomes.”

MICHAEL J. DOWLING, PRESIDENT & CEO, NORTH SHORE-LIJ HEALTH SYSTEM
Expanding the Circle of Physicians

In early 2009, North Shore-LIJ announced a new direction for its physician services organization (Physician and Ambulatory Network Services – PAANS) to improve the administrative structure of the faculty practices. In 2010 PAANS expanded its focus to include community hospitals and community physician practices. The increase in size of the ambulatory network was accompanied by a major increase in scope, risk and complexity. The expanded group, known as the North Shore-LIJ Medical Group, includes 1,700 physicians practicing in nearly 200 locations throughout the metropolitan area. It has grown to become one of the largest multispecialty groups in the nation.

Emergence of Patient Centered Medical Home (PCMH)

Patient-centered medical homes provide access to primary care and an ongoing relationship with a primary care provider or team through health information technology and improved coordination of care. The General Internal Medicine Practice, a group of 13 physicians that operates both a faculty practice and a resident training practice, received National Committee for Quality Assurance (NCQA) certification as a Level 3 patient-centered medical home. Designation is based on meeting standards in the areas of: access and communication, patient tracking, care management, patient self-management support, e-prescribing, test and referral tracking, performance improvement and advanced electronic communications. In 2010, the practice launched the Allscripts electronic medical record for advanced patient tracking, disease management and care coordination for its physicians and other care team members.

With more than a million visits a year to our facilities, the North Shore-LIJ Medical Group provides patient-centric care for people of all ages. Services span the continuum of healthcare from primary care to advanced surgery and treatments at easily accessible locations within the health system’s campuses and in the neighborhoods we serve.

With approximately 35,000 visits each year, patient satisfaction for the physicians in our NCQA accredited PCMH practice is consistently above 90 percent. The “likelihood to recommend” is above 88 percent.
Awards and Recognition

North Shore-LIJ Health System
The nation’s second-largest non-profit, secular healthcare system, North Shore-LIJ delivers world-class clinical care throughout the New York metropolitan area, pioneering research at The Feinstein Institute for Medical Research and a visionary approach to medical education, highlighted by the Hofstra North Shore-LIJ School of Medicine.

North Shore-LIJ’s hospitals and long-term care facilities house over 5,000 beds, employ more than 10,000 nurses and have affiliations with more than 9,000 physicians. Its workforce of about 42,000 is the largest on Long Island and the ninth-largest in New York City.

• The North Shore-LIJ Health System is the proud recipient of the 2010 National Quality Healthcare Award from the National Quality Forum (NQF). Recognized for its ongoing commitment to providing high-quality, transparent, patient-centered healthcare, the health system is the first in the New York metropolitan area to receive this prestigious award.

• The North Shore-LIJ Health System is ranked 20th in the nation – and number one in New York State – in Modern Healthcare magazine’s list of the top 100 integrated health networks, as compiled by SDI.

• Nine North Shore-LIJ hospitals were rewarded for their quality performance as part of the US Centers for Medicare & Medicaid Services (CMS) Hospital Quality Incentive Demonstration™ project.

• Ninety-eight North Shore-LIJ physicians were on New York magazine’s Best Doctors of New York list in 2010.
Cohen Children’s Medical Center of New York

The Steven and Alexandra Cohen Children’s Medical Center of New York (CCMC) is a 156-bed pediatric hospital. CCMC is one of four acute-care children’s hospitals in downstate New York.

• For the fourth consecutive year, CCMC ranked among the nation’s best children’s hospitals in the pediatric specialties of diabetes/endocrinology, digestive disorders, respiratory disorders and urology, U.S. News & World Report, 2010
• 18 physicians listed as “Best Doctors,” New York magazine, 2010
• The CCMC Pediatric Bone Marrow Transplant Program is one of a select group nationwide to be accredited by the Foundation for the Accreditation of Cellular Therapy in recognition of its overall excellence

Franklin Hospital

Franklin Hospital is a 305-bed community hospital. Inpatient services include general adult and geriatric care, a coronary care and intensive care unit, a telemetry unit, a surgical step-down unit, a behavioral health unit and a hospice unit.

• NYS DOH-Designated Stroke Center
• AHA GWTG-Stroke Silver Award, 2010
• Five-Star Joint Replacement Recognition – Best on Long Island, HealthGrades, 2010
• Best Overall Success in Orthopedics and Joint Replacement in Nassau County, HealthGrades, 2010

Forest Hills Hospital

Forest Hills Hospital is a 312-bed community hospital that provides inpatient medical and surgical care, intensive care and OB/GYN services.

• New York State Department of Health (NYS DOH)-Designated Stroke Center
• American Heart Association Get With the Guidelines (AHA GWTG)-Stroke Gold Award, 2010
• Ranked one of the best hospitals in Queens for Orthopedics, U.S. News & World Report, 2010
• American Society of Metabolic and Bariatric Surgery Bariatric Surgery Center of Excellence, 2010
• Accredited Cancer Program, American College of Surgeons Commission on Cancer
• IPRO Quality Award, 2010

Glen Cove Hospital

Glen Cove Hospital is a 265-bed community hospital that offers inpatient medical and surgical, critical care, orthopedics, and behavioral health services.

• NYS DOH-Designated Stroke Center
• AHA GWTG-Stroke Gold Plus Award, 2010
• Joint Commission Disease-Specific Care Certification – Advanced Inpatient Diabetes
• Ranked among the nation’s best-performing facilities for preventing central line infections in an intensive care unit, Consumer Report Survey, 2010
• EPA Energy Star Award, 2010
Huntington Hospital
Huntington Hospital is a 408-bed community hospital that offers inpatient services, including medical and surgical, pediatrics, critical care, maternity, Level II Perinatal service and behavioral health.
- NYS DOH-Designated Stroke Center
- AHA GWTG-Stroke Gold Plus Award, 2010
- Magnet Designation for Nursing Excellence
- Accredited Cancer Program, American College of Surgeons Commission on Cancer
- Patient Safety, Maternity Care and Pediatrics Award, HealthGrades, 2010
- Press Ganey Value Index Award, 2010
- Niagara Health Quality Alliance Honor Roll, 2010

Lenox Hill Hospital
Lenox Hill Hospital is a 652-bed tertiary care teaching hospital located on Manhattan’s Upper East Side.
- NYS DOH-Designated Stroke Center
- National “Top Improver” in the Emergency Department, Press Ganey, 2010
- Bariatric Surgery Center of Excellence, American Society of Metabolic and Bariatric Surgery
- 42 physicians listed as “Best Doctors,” New York magazine, 2010

Long Island Jewish Hospital
Long Island Jewish Hospital is a 488-bed tertiary care teaching hospital serving the greater metropolitan New York area, Queens and Long Island.
- NYS DOH-Designated Stroke Center
- AHA GWTG-Stroke Gold Plus Award, 2010
- Ranked among the best hospitals in the state for interventional cardiology, NYS DOH, 2010
- Outstanding Achievement Award, American College of Surgeons Commission on Cancer
- 11 physicians listed as “Best Doctors,” New York magazine, 2010
- NYS Advance for Nurses Readers Choice Award Winner for Nursing Practice, 2010
- Consumer Choice Award for having the highest quality and image in Queens County, National Research Corporation, 2010

North Shore University Hospital
North Shore University Hospital is an 812-bed quaternary care teaching hospital that offers a comprehensive continuum of inpatient and outpatient services.
- NYS DOH-Designated Stroke Center
- Joint Commission Disease-Specific Care Certification – Primary Stroke Center Certification
- AHA GWTG-Stroke Silver Plus Award, 2010
- Recognized as one of the top cardiac surgery programs in the state, NYS DOH, 2010
- Ranked as one of New York State’s top hospitals for emergency angioplasty, NYS DOH, 2010
- 10 physicians listed as “Best Doctors,” New York magazine, 2010
- Bariatric Surgery Center of Excellence, American Society of Metabolic and Bariatric Surgery
- Consumer Choice Award for having the highest quality and image in Nassau County, National Research Corporation, 2010
Plainview Hospital

Plainview Hospital is a 204-bed community hospital that provides an array of medical services, with emphasis on cardiology, neurosciences and pulmonary disease.

- NYS DOH-Designated Stroke Center
- AHA GWTG-Stroke Gold Plus Award, 2010
- Hospital Value Index: Best in Value Award, Data Advantage, 2009-2010
- Maternity Care Excellence Award, HealthGrades, 2010-2011

Southside Hospital

Southside Hospital is a 341-bed tertiary hospital with the following inpatient services: medical and surgical, intensive and cardiac care unit, OB/GYN with a Level II Perinatal Service, pediatrics, medical rehabilitation, brain injury and behavioral health.

- NYS DOH-Designated Stroke Center
- AHA GWTG-Stroke Gold Plus Award, 2010
- Accredited Community Hospital Cancer Program, American College of Surgeons Commission on Cancer
- Ranked among the nation’s best performing facilities for preventing central-line infections in their intensive care unit, Consumer Report Survey, 2010
- Established the first cardiac surgery program on Suffolk County’s South Shore

Staten Island University Hospital

Staten Island University Hospital is a 714-bed major teaching hospital and tertiary care center with two acute care facilities.

- NYS DOH-Designated Stroke Center
- AHA GWTG-Stroke Gold Plus Award, 2009-2010
- Bariatric Surgery Center of Excellence, American Society of Metabolic and Bariatric Surgery
- Fully accredited hospital-based Sleep Center, American Academy of Sleep Medicine, 2010
- NYS DOH-Designated Regional Burn Center
- Accredited Teaching Hospital Cancer Program, American College of Surgeons Commission on Cancer
- Consumer Choice Award for having the highest quality and image in Richmond County, National Research Corporation, 2010

Syosset Hospital

Syosset Hospital is a 103-bed community hospital that maintains a 911 response emergency department and inpatient services, including an intensive care unit, and telemetry unit, which serves as a surgical step-down unit.

- NYS DOH-Designated Stroke Center
- AHA GWTG-Stroke Silver Plus Award, 2009
- Five-Star Rating For Bariatric Surgery, HealthGrades Report, 2010-2011
- Bariatric Surgery Center of Excellence, American Society of Metabolic and Bariatric Surgery
- The Interventional Pain Management Center has been selected as a site for the limited release of the Medtronic Intrathecal Infusion Device
The Zucker Hillside Hospital
The Zucker Hillside hospital is a 236-bed behavioral health facility that is known for its pioneering work in the diagnosis, treatment and research of mental illness. The hospital provides a comprehensive continuum of behavioral health services to all age groups.

- Ranked among the nation’s top 20 psychiatric hospitals for the third time in four years, U.S. News and World Report, 2010
- Selected by the National Institute of Mental Health to lead a team of nationally renowned researchers to develop and test new approaches to treat schizophrenia

Orzac Center for Extended Care & Rehabilitation
The Orzac Center for Extended Care and Rehabilitation is a 120-bed long-term care facility serving the community for over 20 years.

- One of America’s top nursing facilities, U.S. News and World Report, 2010
- Nursing Home Quality of Care Five-Star Award, US Centers for Medicare & Medicaid Services (CMS), 2010
- Five out of five-star rating, HealthGrades, 2010
- Excellent, NYS DOH Survey, 2010

Stern Family Center for Extended Care & Rehabilitation
The 249-bed Stern Family Center for Extended Care and Rehabilitation specializes in short-term rehabilitation, skilled nursing, and extended care services.

- One of America’s top nursing facilities, U.S. News and World Report, 2010
- Nursing Home Quality of Care Five-Star Award, US Centers for Medicare & Medicaid Services (CMS), 2010
- Five-star rating, HealthGrades, 2010
- Recognition for reduction of catheter associated urinary tract infections, Hospital Association of New York State (HANYS), 2010-2011
- Deficiency-free, NYS DOH Survey, 2010

North Shore-LIJ Home Care Network
The North Shore-LIJ Home Care Network is one of the largest providers of home care services in the region and has been on the forefront of providing comprehensive home care services to patients with both acute and chronic illnesses.

- Expanded its market area from Queens, Nassau and Suffolk counties to include home care services in Manhattan, Staten Island, Brooklyn, through the acquisition of St. Vincent’s Catholic Medical Center of New York’s Home Care Agency in September 2010
- Provided over 30,000 admissions in 2010
- Coordinated disease management programs, including heart failure, pediatrics, behavioral health and intensive home care
- Healthcare Facility Hero Award, Long Island Business News, 2010