A Commitment to Innovation and Clinical Excellence

Dear Friends:

You know it when you see it — the best movie of the year, a beautiful ballet performance, a fine work of literature, a perfect game in baseball. It is a moment of excellence that stands apart as something special — a level of achievement that cannot only be experienced and measured but also transcends the ordinary so that it is universally acknowledged. It’s an Oscar for the movie, the standing ovation at the ballet, the Nobel for literature and the absence of a single base runner in a “perfect” game on the baseball diamond.

They are moments that inspire and they do not happen by accident. They involve years of training and preparation, equal amounts of inspiration and perspiration, trial and error entwined in the dedication and commitment to get something right. To achieve that level of excellence, so much must happen. Behind the scenes, repetition of small acts — sometimes thousands of small acts — are analyzed and repeated again and again until the phrase “it’s good enough” is eliminated from the vocabulary because the goal is no longer to be good but to be perfect.

In healthcare, we define that as quality. The same criteria found in the disciplines mentioned above, occur in healthcare as well. Our measures of success are not Oscars or standing ovations, but in having the safest hospitals, the lowest mortality and the best value across the continuum of healthcare. Our success is determined by the patient experience — the successful surgery, the happy family, the pain that went away and our ability to keep patients out of the hospital in the first place.

What you hold in your hands is our record of the inspiration, perspiration, dedication and commitment to North Shore-LIJ’s search for perfection. It is a report of our quality outcomes and initiatives but it is also a look behind the scenes at the work being done in our training sites and classrooms, our Feinstein Institute for Medical Research, the Hofstra North Shore-LIJ School of Medicine, our hospitals and more than 250 outpatient centers throughout the New York metropolitan area. It is the actor rehearsing his lines so the inflection in the pivotal scene is just right, the ballerina working on the perfect landing for the hundredth time, the sixth draft of an already excellent book, the pitcher working on a fourth pitch to go with the three he has already mastered so he can succeed when it is needed most.

It is the record of North Shore-LIJ striving for perfection. Of course, it is not good enough. Whether in the cinema, on the stage, the page, the stadium or in the healthcare arena, perfection is never truly achieved. Things can always be better.

Perhaps, it’s the main reason we continue to work so hard to achieve it.

Sincerely,

Michael J. Dowling
President and Chief Executive Officer
Transformation and Performance: Shaping Healthcare Delivery of the Future

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

2011 Highlights

Cardiac Surgery Program Expansion
In 2011, North Shore-LIJ extended its cardiac surgery program to Southside Hospital, bringing the highest-quality cardiac surgery services to residents of Suffolk County and establishing Southside as North Shore-LIJ’s first tertiary hospital in Suffolk County. Five years earlier, Southside was the first community hospital on Long Island certified by New York State to perform elective as well as emergency angioplasty.

CMS Partnership for Patients
North Shore-LIJ and all of its hospitals signed the Partnership for Patients Pledge and made a commitment to reducing hospital readmissions and hospital-acquired conditions. Through independent initiatives and collaborative work with the Healthcare Association of New York State (HANYS) and the Greater New York Hospital Association (GNYHA) as our Hospital Engagement Network, North Shore-LIJ strives to have a fundamental impact on healthcare delivery.

Curing Disease at the Feinstein Institute
As the research enterprise of the North Shore-LIJ Health System, The Feinstein Institute for Medical Research is home to more than 1,500 faculty and staff who conduct translational research in Parkinson’s disease, Alzheimer’s disease, psychiatric disorders, rheumatoid arthritis, lupus, sepsis, inflammatory bowel disease, diabetes, human genetics, leukemia, lymphoma, neuroimmunology and medicinal chemistry.

With more than $40 million a year in National Institutes of Health (NIH) grants, the Feinstein Institute has successfully competed in an era of tight federal funding to be among the top six percent of the nation’s 3,400 research institutions receiving NIH funds for research. As evidence of their commitment to community health and patient-focused research, Feinstein scientists and North Shore-LIJ physicians enroll more than 12,000 people every year in about 1,300 active clinical research studies.

Dartmouth Institute — High Value Healthcare Collaborative
The Dartmouth Institute for Health Policy and Clinical Practice launched a collaborative program to investigate high-cost medical and surgical procedures, developing practice and payment models to enhance patient safety and reduce costs. North Shore-LIJ joined with other top healthcare organizations in the US to lead this effort.

Emergency Response to Hurricane Irene
In an extraordinary display of leadership, teamwork and advanced emergency preparedness, employees and physicians from throughout North Shore-LIJ established a safe haven for more than 1,300 patients, non-system nursing home residents and others seeking shelter during the first hurricane to hit the New York metropolitan area in 26 years. Nearly 1,000 patients from Staten Island University Hospital, Southside Hospital and non-system hospitals and nursing homes were safely evacuated.

Hofstra North Shore-LIJ School of Medicine
On August 1, 2011, the School of Medicine welcomed its inaugural class of 40 students. The school’s philosophy is to engage students with patients during the first days of class. To accomplish this, students began their first week of education by training as emergency medical technicians (EMTs) and responding to emergency calls with EMTs from our Center for Emergency Medical Services (CEMS).
IHI Strategic Partnership

A strategic partnership was formed with the Institute for Healthcare Improvement (IHI) to address four major areas of focus: strategic guidance, reducing sepsis mortality, improving care for patients with advanced illness and building capabilities and capacity through the IHI Open School. Hofstra North Shore-LIJ School of Medicine established a chapter of the IHI Open School and students began taking courses on patient safety and quality as part of their prework for medical school.

Joint Commission Accreditation Surveys

North Shore-LIJ underwent 19 accreditation surveys in 2011 for its hospital, home care, behavioral health and long-term care programs. Among the leading practices that were noted during The Joint Commission corporate summation were emergency preparedness and our response to Hurricane Irene, sedation guidelines and deep vein thrombosis detection.

Joint Commission Center for Transforming Healthcare in Partnership with North Shore-LIJ

The Joint Commission Center for Transforming Healthcare aims to solve healthcare’s most critical safety and quality issues in partnership with hospitals from across the nation. North Shore-LIJ has participated in a number of initiatives with The Joint Commission and in 2011 initiated projects to reduce surgical site infections and prevent avoidable heart failure hospitalizations.

Joint Commission Top Performers

North Shore University Hospital and Syosset, Plainview and Southside hospitals are among the nation’s 2010 Top Performers on key quality measures announced for the first time by The Joint Commission. These hospitals attained and sustained excellence in accountability measure performance in 2010. They represent the top 14 percent of Joint Commission-accredited hospitals that report core measure performance data.

Montefiore Medical Center

North Shore-LIJ formed a strategic alliance with Montefiore Medical Center, the university hospital for the Albert Einstein College of Medicine, to share the best practices that enhance quality and access to clinical services, while advancing medical science, educational and operational efficiencies.

Office of Diversity, Inclusion and Health Literacy

North Shore-LIJ’s mission to foster an environment that supports principles of equity, diversity, inclusion and effective communication is supported by the newly formed Office of Diversity, Inclusion and Health Literacy. In 2011, over 1,200 staff members attended presentations on health literacy and over 500 attended on-site programs on dignity and respect. Four courses on diversity and inclusion were held at our corporate university, the Center for Learning and Innovation, and on-site programs were attended by over 100 staff members.

Taming Sepsis through Patient Simulation Education Program

North Shore-LIJ received funding through a three-year US Department of Health and Human Services Health Resources and Services Administration (HRSA) grant to develop a sepsis education program for emergency department and critical care nurses that will include an interdisciplinary component. The aim will be to look at the effectiveness of simulation in early recognition and treatment of sepsis. This is aligned with one of the system’s leading priorities, to become a top performer in sepsis outcomes.

US Centers for Medicare and Medicaid Services: Hospital Quality Improvement Demonstration (HQID)

In this national pay-for-performance project, North Shore-LIJ surpassed all other health systems in the country in quality awards and financial incentives earned. Staten Island University Hospital was recognized as a top performer across the project’s six years, receiving 39 awards in clinical areas — one of only two hospitals nationwide with this achievement.
Life is a Journey
We’re With You
Every Step of the Way

Prevention and Early Detection
Wellness and Community Services
Primary and Specialty Care
Urgent Care
Behavioral Health Care
Emergency Care
Hospital Care
Rehabilitation
Home Care
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Reducing Variation

The best high-reliability organizations know that they have not experienced all the ways that their system can fail. They therefore create a mindful infrastructure and adhere to the following principles:

• Preoccupation with Failure
• Reluctance to Simplify
• Sensitivity to Operations
• Commitment to Resilience
• Deference to Expertise

Measures of Distinction

National Pay-for-Performance Project Recognizes Quality

Nine North Shore-LIJ hospitals were recognized with 68 overall awards for their performance in delivering high-quality care in six clinical areas in a voluntary, national pay-for-performance Hospital Quality Incentive Demonstration project (HQID), conducted by the US Centers for Medicare and Medicaid Services and the Premier Healthcare Alliance.

HQID, in its sixth and final year, is the first national project of its kind designed to determine if economic incentives to hospitals are effective at improving the quality of patient care. Reflecting the performance of the nine hospitals in the quality of care delivery, CMS also awarded North Shore-LIJ $906,955 in the past year — and nearly $3.7 million during the entire six-year demonstration project.

Through the HQID project, a set of more than 30 evidence-based clinical quality measures from the 216 hospitals across the country were collected and analyzed. The model includes financial incentives for 20 percent of hospitals 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.

HQID Top Performers

Staten Island University Hospital (SIUH) was recognized as a top performer across the project’s six years, receiving 39 awards in clinical areas — one of only two hospitals nationwide with this achievement. SIUH also had the fourth-highest overall monetary award nationwide.

Other system hospitals were also recognized as top performers in year six. North Shore University Hospital was among eight hospitals nationally to receive 10 out of 12 possible awards. Glen Cove and Southside hospitals received nine out of 10 possible awards, excluding coronary artery bypass graft (CABG) surgery for which neither hospital was eligible; Southside’s open-heart surgery program opened in February 2011, after the reporting period for HQID.
The Joint Commission Accreditation Surveys

The tone for a successful Joint Commission survey year was set by North Shore-LIJ leadership during the Team Leader’s Corporate Orientation Event in January 2011. A total of 19 unannounced Joint Commission accreditation surveys occurred throughout the year. The Joint Commission team leader highlighted the survey successes and strengths of the health system during the December corporate summation. The team leader remarked that North Shore-LIJ has created an environment in which individuals feel empowered in their roles, mentoring is highly valued on all levels and varied opportunities for professional growth exist. The surveyor acknowledged the momentum created by the Center for Learning and Innovation, Patient Safety Institute, weekly patient safety rounds, Collaborative Care Councils™ and Team STEPPS.

Among some of the many leading practices that were identified was our emergency response to Hurricane Irene. Joint Commission surveyors were on site at Staten Island University Hospital following the hurricane and learned firsthand how the hospital accomplished a full evacuation with the support of the North Shore-LIJ Emergency Operations Center (EOC) and Center for Emergency Medical Services (CEMS). The hurricane posed a unique opportunity for the surveyors to validate our emergency response system and ability to work together as a system.

Other leading practices that were noted included sedation guidelines and deep vein thrombosis detection. The suggested areas of focus for the future include the aging and diverse patient population that we serve, as well as routine aspects of care such as checklists and protocols that will help us to achieve higher degree of patient safety.

North Shore-LIJ performed better in comparison to the national average for the number of recommendations for improvement (RFIs) issued (national average RFIs were based on the period January-June 2011). Long-term care received no RFIs.

During the corporate Joint Commission summation, The Joint Commission team leader acknowledged the high degree of physician, nursing and interdisciplinary engagement that was present throughout the survey process.
The Joint Commission Recognizes North Shore-LIJ Hospitals as Top Performers

Three North Shore-LIJ hospitals — North Shore University Hospital (NSUH), Plainview and Southside — were named among the nation’s top performers on key quality measures by The Joint Commission, the leading accreditor of healthcare organizations in the United States. The three hospitals were among only eight hospitals in New York State named in The Joint Commission’s first-ever recognition program. The program acknowledges improvements in care for certain conditions, including heart attack, heart failure, pneumonia, surgical care and children’s asthma.

To be recognized by The Joint Commission, a top-performing hospital must achieve performance of 95 percent or above on a single composite score for the key quality measures, and must meet or exceed 95 percent performance for each accountability measure in the four areas. NSUH, Plainview and Southside earned distinction as top performers in all four clinical areas and are among only 405 US hospitals and critical access hospitals to meet or exceed the target rates of performance. The Joint Commission combined data for the fourth quarter of 2010 from NSUH with Syosset Hospital’s quality measures.

“This today, the public expects transparency in the reporting of performance at the hospitals where they receive care, and The Joint Commission is shining a light on top-performing hospitals at North Shore-LIJ that have achieved excellence on a number of vital measures of quality care.”

-Mark Chassin, MD, president of The Joint Commission.
Evidence-Based Clinical Practice

Paving the Road for CPOE

The health system’s evidence-based clinical practice (EBCP) team, in partnership with the Office of the Chief Information Officer (OCIO), has worked to produce evidence-based order sets for the recently activated inpatient computer provider order entry (CPOE) system at North Shore-LIJ. This project was designed to involve practitioners, clinicians and administrators from all system hospitals with a goal of facilitating provider adoption of CPOE and improving care by providing simplified access to best practices at the time of order writing.

A governance structure with horizontal and vertical representation of practitioners in addition to clinical and administrative leaders was created early in the process to guide decision-making and ensure that all practitioner recommendations were addressed. Other key groups such as the system Pharmacy and Therapeutics Committee and the chairpersons of the clinical departments were involved.

After reviewing existing paper order sets as well the most common admission diagnoses and surgical procedures for the hospitals set to activate CPOE first, approximately 140 adult and pediatric order sets were developed. To date 46 order sets have been added to the “completed” list. During the six-month review period, over 1,800 comments were generated by clinical reviewers. Order sets offer an additional safety net by providing practitioners with important safety alerts and reminders and guide appropriate evidence-based clinical decisions based on patient risk factors and contraindications.

North Shore-LIJ engaged over 1,500 of the organization’s physicians, registered nurses, pharmacists, registered dieticians and other clinicians to take ownership of and successfully develop standardized electronic clinical order sets, while paving the road for CPOE adoption.
Acute Ischemic Stroke Rescue

Rapid Transfer by CEMS

The development of comprehensive stroke centers with hub-and-spoke stroke networks has been recommended to improve stroke care and increase the utilization of approved therapies. Within these networks, eligible patients from community or primary stroke center hospitals are transferred to a comprehensive stroke center for acute management. A critical factor, however, is the facilitation of rapid hospital-to-hospital transfers.

North Shore-LIJ has improved the timeliness of treatment and patient outcomes for patients with acute ischemic stroke requiring a high level of care, through use of interfacility transfer protocols, monitoring of patient transport times to identify gaps in transfer processes, adherence to evidence-based guidelines and implementation of an acute stroke rescue program.

Evidence-based Tools Used in the Stroke Rescue Program

- Ischemic stroke order set
- CEMS stroke rescue protocol
- Clinical guidelines for IV t-PA
- Ischemic stroke management with IV t-PA
- Stroke management transport protocol
- Clinical guidelines for endovascular stroke therapy

The Center for Emergency Medical Services (CEMS) transfers acute ischemic stroke patients to our comprehensive stroke center at North Shore University Hospital from our 11 New York State-designated stroke centers in addition to other stroke centers in the New York metropolitan area.

NORTH SHORE-LIJ STROKE RESCUE TIME RESULTS

Mean Total Transport Time (in Minutes) to Comprehensive Stroke Center

- Internal Benchmark = 60 minutes

Source: Center for Emergency Medical Services (CEMS), KQMI Table of Measures

Lower score is better
Data as of 2/8/2012

NORTH SHORE-LIJ ACUTE ISCHEMIC STROKE MORTALITY RATE

Results: A 9.5% decrease in stroke mortality from 2008 – Q3 2011

Data Source: Premier Quality Advisor
Lower score is better
Data as of 2/8/2012
Expanding Access to Care

In a decision to expand access to cardiac care on Long Island, the New York State Department of Health gave approval for North Shore-LIJ to extend its cardiac surgery program at North Shore University Hospital (NSUH) to Southside Hospital. The investment in cardiac surgery for Suffolk’s south shore was necessary from a patient perspective. With a wide geographic area and a population of 1.6 million people, Suffolk County had only one cardiac surgery program, which meant limited access to quality cardiac surgical care.

The launch of the program, on February 14, 2011, was a massive undertaking that involved impressive coordination of procurement, education and attention to detail. Nearly 200 staff throughout the health system participated in the process, including cardiothoracic surgeons, anesthesiologists, perfusion technologists, physician assistants, cardiac surgery nurse practitioners, nurses, the intensive care unit staff and human resources personnel. The simulation center at our Patient Safety Institute was utilized for team training. Southside Hospital has begun to track patient outcomes and reports cardiac surgery data to the New York State Department of Health.

The expansion of North Shore-LIJ Cardiac Surgery to Southside Hospital program continues the long-standing commitment of the system to investing in the communities it serves. In the first 13 months of the program, 359 cardiothoracic surgical procedures have been performed.
Percutaneous Coronary Intervention

Newly released New York State Department of Health (DOH) reports show Long Island Jewish (LIJ) Medical Center and North Shore University Hospital as having among New York State’s best outcomes for percutaneous coronary interventions (PCI) and open-heart surgery. In fact, LIJ was the only hospital in the state to have significantly better outcomes for both PCI and cardiac surgery.

During PCI, one of two common procedures recommended for patients with coronary artery disease, 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 emergent 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. These figures show the in-hospital, 30-day risk-adjusted mortality rates for the North Shore-LIJ hospitals that perform PCI compared to the New York State Average for 2007-2009. The hospitals are LIJ Medical Center, North Shore University Hospital, Staten Island University Hospital and Southside Hospital. Huntington Hospital performs emergent PCI only. While it did not join the health system until 2010, Lenox Hill had the lowest risk-adjusted mortality in the state in 2009 for 2,940 patients undergoing PCI.

Over the three-year period covered in the NYS DOH report (2007-09), LIJ was one of six hospitals statewide that had statistically superior outcomes for PCI.

While it did not join the health system until 2010, Lenox Hill had the lowest risk-adjusted mortality in the state in 2009 for 2,940 patients undergoing PCI.

NSUH was one of only three hospitals in New York – and the only one on Long Island – that had significantly better outcomes for 935 patients undergoing emergency PCI during those three years.
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 these 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.

According to the DOH’s latest report on adult cardiac surgery (covering 2007-09), LIJ was one of only four hospitals in New York State – and the only one on Long Island – with risk-adjusted mortality rates that were significantly better than the statewide average for 676 patients undergoing surgeries to repair or replace heart valves and for those in need of surgeries for both valve/coronary artery bypass graft (CABG) surgery.

### IN-HOSPITAL 30-DAY RISK-ADJUSTED MORTALITY RATE
**VALVE OR CABG/VALVE SURGERY**
*(BASED ON NYS DEPARTMENT OF HEALTH ADULT CARDIAC SURGERY REPORT)*

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Lower is Better
Data as of 3/14/2012
Transitioning from Hospital to Home after Cardiac Surgery

The Follow Your Heart™ Program

As part of our commitment to patient-centered care, cardiovascular surgery leadership in collaboration with the North Shore-LIJ Home Care Network developed an innovative model of care called “Follow Your Heart,” which is designed to transition patients safely and seamlessly from hospital to home. The aim is to prevent hospital readmissions through early identification of possible postoperative conditions, such as stroke, heart attack or heart failure, followed by prompt interventions at home. In the short time “Follow Your Heart” has been in operation, data demonstrates a decrease in the incidence of hospital readmissions for this patient population.

The first program of its kind, “Follow Your Heart,” extends postoperative hospital care into the patient’s home. Rather than receiving phone calls within 72 hours of hospital discharge to check on their condition, “Follow Your Heart” patients are assessed, evaluated and treated by cardiac surgery nurse practitioners and physician assistants, who follow the same patients both in the hospital and during home visits conducted twice within the first week after hospital discharge. The specific skills of the cardiac surgery clinicians ensure early detection and treatment of conditions that can help to avoid hospital readmissions. Traditional home care, with periodic visits by a home care nurse, can continue after this initial week of intensive follow-up.

Source: LIJMC, NSUH, SIUH Cardiothoracic Databases
Lower score is better
Data as of 2/24/2012
Post-Acute Care

Centers for Rehabilitation — Reducing Re-Hospitalizations

The North Shore-LIJ Stern and Orzac Centers for Rehabilitation (CR) have improved quality and patient safety through the continuum of care by focusing on reducing the re-hospitalization of patients and residents. In 2010, the average re-hospitalization rate at the Stern Family CR was 14.6 percent and at the Orzac CR, the rate was 13.7 percent. As of October 2011, the average re-hospitalization rate at the Stern Family CR decreased to 12.1 percent. At the Orzac CR, the re-hospitalization rate decreased to 13.1 percent.

In order to reduce the re-hospitalization rates, both facilities implemented root cause analysis of all transfers back to acute care, provided specific education related to the prevention of re-hospitalizations and increased communication with acute care facilities.
Heart failure re-hospitalizations were a focused area of improvement at the Stern Family Center for Rehabilitation and through implementation of a Heart Failure Toolkit and targeted education, a decrease in re-hospitalizations for heart failure patients has occurred.

Source: Centers for Rehabilitation, KQMI Table of Measures
Lower percentage is better
Data as of 2/21/2012
Home Care Network

Acute Care Hospitalizations

The North Shore-LIJ Home Care Network (HCN) is committed to preventing unplanned, avoidable hospitalizations through evidence-based best practices. Timely initiation of home care services is an NQF-endorsed best practice that is imperative in preventing avoidable hospitalizations. It improves the care transition process and can contribute to a decreased length of inpatient stay as well as preserving the continuum of care. Patient care and safety are enhanced with effective communication and integration across all services and disciplines.

Home health quality measures are publicly reported by CMS on the Home Health Compare web site. These measures form the basis for the HCN quality improvement program. Timely initiation of care and acute care hospitalization are Home Health Compare indicators that represent a priority focus for the HCN.
Enhancing Safety and Improving Care

Delivering quality care and achieving good outcomes do not happen by accident. As a health system, North Shore-LIJ set a goal many years ago of zero tolerance when it comes to medical errors or any situations that put patients at risk. Whether it is front-line caregivers or administrators setting priorities, a commitment to quality and patient safety is ingrained in our culture.
Reducing Sepsis Mortality

North Shore-LIJ Partners with IHI

North Shore-LIJ and the Institute for Healthcare Improvement (IHI) announced a new strategic partnership to improve quality and enable the two organizations to test new ways to prevent sepsis and manage its most harmful effects through earlier recognition.

Sepsis is a toxic and life-threatening medical condition caused by the body’s overwhelming response to an infection or injury. Twenty-five percent of all hospital deaths in the US are caused by sepsis; worldwide, the disease causes some 1,400 deaths each day. Despite all this, sepsis is not widely known or understood by the general population. A poll commissioned by North Shore-LIJ’s Feinstein Institute for Medical Research (FIMR) found that 60 percent of American adults are not familiar with this condition. The FIMR is committed to sepsis research and held an international symposium on sepsis in 2010 to highlight the need for ongoing research and public awareness.

“North Shore-LIJ is an esteemed leader in the field of sepsis research, and we’re excited to supplement and augment their efforts around this dangerous and sometimes elusive disease. With this partnership, we can join IHI’s clinical and service innovation talents with North Shore-LIJ to produce dramatically better performance. By assessing new ways to prevent and manage sepsis, we think we can have a significant impact on the number of deaths that it causes.”

-Maureen Bisognano, president and CEO of IHI
Recognizing the severity of this problem, North Shore-LIJ launched an education program to train emergency and critical care nurses on how to identify sepsis at its earliest stages and provide treatment to improve patient outcomes. The health system is developing web-based programs on communication and team-building skills, cultural competency and health literacy, and clinical simulation scenarios practiced on lifelike, computerized patient mannequins at the North Shore-LIJ Patient Safety Institute. To further develop the initiative, North Shore-LIJ recently received a three-year, $700,000 grant from the US Department of Health and Human Services’ Health Resources and Services Administration (HRSA).

By focusing on the prevention, early recognition and management of sepsis, North Shore-LIJ has already seen a more than 25 percent decrease in sepsis mortality.

Severe Sepsis and Septic Shock Mortality decreased by approximately 25 percent from 2008-2011.

“Sepsis is one of the most vexing problems facing hospitals,” said Michael J. Dowling, president and CEO of North Shore-LIJ, noting that the disease is the leading cause of death within the health system. “Considering that there are 750,000 new sepsis cases every year, the fact that this issue has flown under the radar for so long is unsettling. We need to talk about sepsis openly, educate our clinicians and the public and devote as many resources as we can muster to fix it. Having IHI as a partner in this campaign will both help increase awareness of the problem among consumers and enhance our ability to educate clinicians on how to prevent, diagnose and treat it.”
Ensuring the Safety of Radiation Therapy

The No-Fly Program

Planning for radiation therapy that is delivered to patients every day, for weeks at a time, requires the efforts of many different caregivers. It involves multiple handoffs of complex clinical information. It is therefore important that communication happen in a coordinated and unhurried way.

The No-Fly Program, the first of its kind in the country, was developed by North Shore-LIJ’s radiation medicine team to heighten awareness of the importance of each step in the radiation therapy process and ensure that all steps are completed before treatment begins. A checklist was developed to highlight key components of therapy such as prescriptions, consents, pathology review, plan completion and laterality checks. Failure to complete one of these steps is referred to as a “slip.”

Treatment does not begin (“no-fly”) until every step of the process is accounted for and signed off on by a senior clinician. If any step is missed, the patient’s radiation therapy appointment is rescheduled. Patient education about the program is extremely important, so patients understand that any changes made to the schedule are ultimately done to protect them.

Radiation therapy using evidence-based directives is delivered in four locations, with more than 100 staff members. There are over 2,800 consults per year, of which 2,100 patients are treated with external beam radiation therapy.

WORKFLOW IMPROVEMENTS FROM BASELINE TO NO-FLY (2009-2011)

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Source: Radiation Medicine Database

Lower is Better

Data as of 2/27/2012
Optimizing Practice to Prevent Pressure Ulcers

Under the guidance and direction of the North Shore-LIJ Institute for Nursing, a uniform standard of care for pressure ulcer prevention is in place across healthcare settings. Building on the early success of the program, practices that prevent pressure ulcers have been optimized by engaging individuals and interdisciplinary teams in patient-centered Collaborative Care Councils that exist on all patient care units to address patient safety and quality concerns. TeamSTEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety) further promotes pressure ulcer prevention by providing an infrastructure that fosters effective communication among teams through strategies such as huddles and debriefings. Patient and family engagement is achieved through focused education and teach-back techniques that offer patients and families an opportunity to gain greater insight into managing their care once they leave the hospital.

All clinicians have access to a comprehensive pressure ulcer toolkit on the system’s intranet that provides guidelines for staging, a standardized product formulary, criteria for the selection of specialty surfaces and methodology for data collection and analysis. Communication within and throughout the continuum of care is facilitated through a team that has expanded to include primary care physician practices, as well as our home care and long-term care facilities.

Nurses on the Palliative Care Unit at North Shore University Hospital are studying the rapid onset of skin changes characterized by bruising on various parts of the bodies of patients at the end of life. These skin changes do not progress as typical pressure ulcers do and routinely present in close proximity to the time of death. They are newly described and termed Trombley-Brennan Terminal Tissue Injury.

### NORTH SHORE-LIJ HOSPITAL-ACQUIRED PRESSURE ULCER INDEX 2011

![Graph showing the pressure ulcer index from January to November 2011.](Source: North Shore-LIJ, KQMI Table of Measures. Lower is Better. Data as of 2/14/2012)
Enhancing Safety by Eliminating All Preventable Falls

The North Shore-LIJ Institute for Nursing established a system-wide interdisciplinary task force to reduce falls and harm from falls. IHI’s improvement model was used as a framework for this project. The team designed and piloted the implementation of four changes and delineated roles and responsibilities at the system, hospital and unit level.

Four Changes in Practices

**Standardizing and simplifying fall risk assessment:** A simple three-question assessment was adopted with permission from University of Pittsburgh Medical Center (UPMC) for assessing the risk for falls and harm from falls.

**Stratifying interventions for fall risk assessment:** The interventions for fall and injury prevention were stratified according to the fall level and harm risk identified for each patient.

**Using organizational processes to optimize clinical processes:** Existing TeamSTEPPS® processes such as briefing, debriefing, huddle and handoffs were used for enhancing communication and teamwork to optimize clinical interventions. Organization-wide debriefing on falls to ensure accountability, designed by Staten Island University Hospital, was also added as a best practice.

**Improving data quality:** The definitions of falls and harm from falls, data collection methods, analysis and reporting were standardized for the health system after reviewing multiple regulatory requirements. Data were collected and reported at the unit level to enable effective partnerships with front-line teams for timely interventions.

Our results: **a decrease in patient falls by 30% (2010 vs. 2011 YTD).**
Medication Safety

Implementation of SMART Intravenous (IV) Pump Technology

In May 2011, North Shore-LIJ began system-wide implementation of new SMART infusion pumps, creating a single standard for IV infusion devices across the health system continuum. The pumps have a “library” that contains a corporate data set that defines the minimum and maximum infusion rates for each medication. Through the Continuous Quality Improvement Reporter function, data is transmitted wirelessly via a secured network and alerts from the infusion pumps are transferred to a database residing on a server. Customizable reports and charts are generated, allowing for extraction of real-time data from computers at every site in the health system for performance improvement. Full implementation at all North Shore-LIJ acute-care hospitals and physician practices will be completed by May 2012. Plans are to aggregate system-level data and provide reports on medication utilization, near misses and medication errors to senior leadership by the end of 2012.

Patient Safety Rounds

Safety rounds continued throughout all of our facilities in 2011 as a strategy to connect leadership with frontline staff about important patient safety concerns. The Joint Commission’s National Patient Safety Goals were a major topic of discussion. Rounds also promote communication about our performance improvement priorities and provide leadership with valuable feedback. To date, more than 330 safety topics have been covered. Educational materials and questions (job aids) were developed for each topic to ensure that standardized content is being communicated to all staff. Weekly rounds are held in our hospitals, ambulatory practices and long-term care facilities and are also conducted in our home care agencies.

Each year, North Shore-LIJ physicians and staff participate in the Hospital Survey on Patient Safety Culture, which provides leadership with important feedback on staff perception of patient safety.

The SMART pump corporate data set was created by collaborating with over 600 subject matter advisors from various disciplines (physicians, nurses, pharmacists, nurse practitioners and physician assistants).
Perinatal Safety Program

The health system’s Perinatal Safety Task Force continues to focus on the adoption of evidence-based clinical practices to reduce adverse obstetrical events and improve maternal-fetal outcomes. To promote patient safety, a surgical safety checklist (SSC) that incorporates TeamSTEPPS®, time-outs and hard-stop procedures is used in all labor and delivery suites. The SSC has helped to promote safety in our labor and delivery suites.

Simulation is another strategy that is used to reduce patient harm. Labor and delivery simulation exercises developed at our Patient Safety Institute (PSI) are customized in collaboration with perinatal leadership to ensure that North Shore-LIJ evidence-based guidelines and procedures are in place and are rehearsed by practitioners. Programs featuring maternal and neonatal birthing simulators allow teams to practice complex obstetrical maneuvers like breech deliveries and manage complications such as shoulder dystocia in a safe and controlled environment.

Maternity care is provided at nine North Shore-LIJ hospitals, including two major Regional Perinatal Centers at North Shore University Hospital and Long Island Jewish Medical Center. The new Katz Women’s Hospitals that opened recently on both campuses provide minimally invasive and robotic gynecological surgery for a wide range of women’s health issues in world-class, state-of-the-art facilities.

25,939 babies were delivered at North Shore-LIJ hospitals in 2011, or approximately 10% of all births in New York State.
Ambulatory Care

Addressing Diabetes in Pregnancy

Diabetes mellitus is one of the most common medical complications seen during pregnancy, affecting 7 to 10 percent of the population, resulting in more than 200,000 cases annually. North Shore-LIJ established the North Shore Center for Diabetes in Pregnancy (NCDP) to empower women who have diabetes during pregnancy through patient-centered care and education. The education program has been accredited by the American Diabetes Association since 2000 and achieved accreditation by the American Association of Diabetes Educators in 2011.

### Goals of the North Shore Center for Diabetes in Pregnancy

- **Educate women** with preexisting diabetes on the importance of postpartum care
- **Screen women** with gestational diabetes and educate them on diabetes prevention
- Participate in community outreach events
- Obtain American Diabetes Association program recognition
- Obtain positive maternal and fetal outcomes in women who have diabetes
- **Reduce macrosomia** (a term used to describe a newborn with excessive birth weight, 4,000 to 4,500 grams [8 lb. 13 oz. to 9 lb. 15 oz.] or greater).

The center has seen a decrease in macrosomia rates from 12% to 7.4% since the inception of this program, a rate that has been maintained since 2004. For the untreated population the rate is 20% and for the general population the rate is approximately 10%.

**NORTH SHORE CENTER FOR DIABETES IN PREGNANCY (NCDP) MACROSOMIA RATES OF WOMEN WITH GESTATIONAL DIABETES**


Healthy Babies Need Healthy Moms

Postpartum Program

Women who have had gestational diabetes mellitus (high sugars during pregnancy) are at an increased risk for the development of type 2 diabetes. Patients with gestational diabetes mellitus (GDM) provide clinicians with an opportunity to educate women about their increased risk for diabetes. While they are having their glucose screening test, patients are educated on diabetes prevention interventions for themselves and their family members and are provided with preconception counseling for subsequent pregnancies. The NCDP offers a unique diabetes prevention program where women who had GDM return for diabetes prevention education and glucose rescreening.

Overall the postpartum glucose rescreening rate is 35 – 38% of our population. The national average is 23 – 25%.
Asthma, once thought to be a psychosomatic disease, is a physical illness that has reached epidemic proportions worldwide, especially in industrialized countries. On Long Island, asthma affects approximately one in nine children under 19 years of age. Project BREATHE (Bringing Resources for Effective Asthma Treatment through Health Education) is a collaborative effort on the part of the Steven and Alexandra Cohen Children’s Medical Center of New York (CCMC) at North Shore University Hospital (NSUH), North Shore-LIJ Home Care Network and the Asthma Coalition of Long Island (ACLI). The project aims to reduce the number of children with asthma who are hospitalized, and teach them to manage the illness at home. The goal is to decrease asthma-related emergency department visits and hospital readmissions by 50 percent by initiating interdisciplinary education.

The project was initiated in March 2010 by front-line staff who saw the large number of children affected by asthma and the frequent exacerbations of the illness. A screening questionnaire and checklist are used by each clinician involved in the care of the patient. Parents are given an action plan and guide to asthma that reinforces all of the teaching that is provided. A school nurse toolkit is another important adjunct that supports education about the illness.

Since the project began, there has been a 92% reduction in hospital readmissions and a 56% reduction in emergency department revisits. 100% of patients receive an asthma action plan. CCMC at NSUH has been in 100% compliance with asthma core measures since 2010.
Pediatric Pre-surgical Testing and Evaluation

Using “Good Catches” to Improve Patient Safety and Enhance High Reliability

A near-miss event at the Steven and Alexandra Cohen Children’s Medical Center of New York (CCMC) led members of the healthcare team to improve the safety and efficiency of the pediatric pre-surgical process while creating a more family-centered experience. Near-miss events are being used more frequently as a way to identify areas of potential patient harm and prompt changes in practice.

A closer look at data from pre-surgical testing revealed that 20 percent of pediatric surgical patients were presenting on the day of surgery with an incomplete history and physical (H&P). There was also significant variability in the way that H&Ps were delivered to the Ambulatory Surgery Unit, which contributed to delays in operating room start times. This was a compelling reason to improve the process, as it potentially posed a risk to patient safety and patient satisfaction.

A multidisciplinary team of experts (nurses, surgeons, admitting, quality and anesthesia) utilized Lean methodology to redesign the process. The improvement mandated an entire system change rather than smaller corrective actions. With input from leadership, clinical experts, end users and patient families, significant process improvements were developed. First, a standardized process for distributing the presurgical information to families was implemented. Second, an inclusive, more simplified presurgical screening tool and a medical history/physician exam form were developed to obtain pertinent medical information and minimize patient risk and harm. Finally, a parent information booklet was developed in collaboration with the providers, the Family Advisory Council and the Office of Diversity, Inclusion and Health Literacy, to address the needs of the diverse patient population that we serve.

The most significant change was the development of a nurse action algorithm so the Ambulatory Surgical Unit registered nurses can now perform role-appropriate clinical assessments and make appropriate recommendations for follow-up by the surgeons and anesthesiologists.

With strong senior leadership involvement and input from the stakeholders, CCMC successfully decreased process variation with the standard H&P procedure, focusing on screening to identify patients at risk. Adherence to reliability and implementation of meaningful process change have resulted in a significant improvement, to 99.8% of H&Ps being present and complete on the day of surgery.
Behavioral Health Services

Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

A report issued by the National Association of State Mental Health Program Directors several years ago noted that consumers with serious mental illness die, on average, 25 years earlier than the general population. Increased risk for cardiovascular disease was a major contributor to this finding.

Individual antipsychotic medications have differential effects on cardiometabolic risk factors. The PSYCKES system is a web-based portfolio of tools designed by the New York State Office of Mental Health (OMH) to support quality improvement and clinical decision-making in the NYS Medicaid population. PSYCKES enables authorized providers to access quality reports to identify individuals who could benefit from clinical review and to inform treatment planning.

In 2011, The Zucker Hillside Hospital (ZHH) volunteered to participate and share in the leadership of a Quality Improvement (QI) Collaborative sponsored by OMH and Greater New York Hospital Association (GNYHA). This collaborative utilized PSYCKES to identify patients suggested to have a cardiometabolic condition, which caused increased concern due to use of an antipsychotic medication found to exacerbate risks.

The QI project involved reducing the utilization of the higher-risk medications for patients at increased risk. The QI improvement process encouraged discussion between the prescriber and patient regarding consideration of a lower-risk medication.

ZHH is continuing to focus on mitigating the enhanced cardiometabolic risk of psychiatric patients through improved monitoring and a more detailed review of cases where no medication change was made. Expansion of access to the PSYCKES database is planned for 2012.

Since project inception, approximately 20% of at-risk patients were taken off the higher-risk medication and an additional 26% are in the process of having their medications changed.
Infection Prevention: Our Goal Is Zero

Infection prevention is a major priority for North Shore-LIJ: Our goal is zero. We recognize our obligation to reduce the incidence of infection and owe it to ourselves and our patients to develop new programs and practices that will lead us toward this goal. While trends in healthcare-associated infections appear to be on the decline, our plan is to continue to develop new and innovative programs to promote safe practices.
Central Line-Associated Bacteremias (CLABs)

North Shore-LIJ continues to closely monitor central line-associated bacteremias (CLABs) in its Intensive Care Units (ICUs). A number of our ICUs have gone significant periods of time without a CLAB (ICU CLABs-Free Days). In 2011 we expanded our focus on CLABs to areas outside the ICU (non-ICU) with the same expectations for central line insertion practices and compliance with the CLAB “bundle” elements. As part of the CMS Tenth Scope of Work that will focus on healthcare-acquired infections, North Shore-LIJ will implement a central line maintenance bundle to continue to work towards eliminating the incidence of CLABs.

AS OF DECEMBER 31, 2011, THE FOLLOWING CRITICAL CARE UNITS HAVE BEEN CLAB-FREE:

- Southside Hospital ICU
- Cohen Children’s Medical Center Pediatric ICU
- Huntington Hospital ICU
- LIJ Hospital Critical Care Unit (CCU)
- LIJ Hospital Surgical ICU (SICU)
- Staten Island University Hospital South Site ICU

More than 33% of North Shore-LIJ’s 33 ICUs have been CLABs-free for 6 or more months
Reducing Ventilator-Associated Pneumonia

With our rates of ICU ventilator-associated pneumonias (VAPs) continuing to decline as a result of strict adherence to evidence-based standards of care, our focus has shifted to reducing these infections in non-ICU settings, in areas such as the Respiratory Care Unit and any other unit that provides care to patients on mechanical ventilation.

A daily assessment of patients on mechanical ventilation during patient care rounds provides respiratory therapists, RNs and physicians with the information they need to safely wean and discontinue ventilator support.

**NORTH SHORE-LIJ NON-ICU VENTILATOR-ASSOCIATED PNEUMONIA INDEX**

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Source: NHSN
Lower score is better
Data as of: 3/1/2012

**AS OF DECEMBER 31, 2011, THE FOLLOWING CRITICAL CARE UNITS HAVE BEEN VAP-FREE FOR:**

- Staten Island (North Site) ICU, CCU
- Staten Island (South Site) ICU, CCU
- Franklin ICU
- North Shore University Hospital Neurosurgical Care Unit Medical ICU
- Plainview ICU
- Syosset ICU
Surgical Site Infections (SSI)

According to the US Centers for Disease Control and Prevention (CDC), SSIs account for approximately 25 percent of all healthcare-associated infections in the United States each year. Consequently, SSIs are a major source of preventable patient harm and unnecessary healthcare costs. Hospitals can reduce the risk of infection after surgery by implementing evidence-based clinical practices and tracking patient outcomes. North Shore-LIJ has entered into several initiatives that focus on surgical procedures at high risk for infection such as hip surgery and introduced measures to reduce the risk for an SSI.

North Shore-LIJ Studies Hip and Knee Procedures: IHI Project JOINTS

With over 1.1 million procedures performed in 2008, hip and knee arthroplasties are two of the most commonly performed surgeries in the US. North Shore-LIJ, in collaboration with the Institute for Healthcare Improvement (IHI), is taking steps along with other healthcare organizations from across the country to prevent SSIs following hip or knee arthroplasty.

Three routine practices to prevent SSIs

Using an alcohol-containing antiseptic agent for preoperative skin preparation
Asking patients to bathe or shower with chlorhexidine gluconate (CHG) soap for at least three days prior to surgery
Screening patients for Staphylococcus aureus (SA) carriage and decolonizing SA carriers with five days of intranasal mupirocin prior to surgery

Source: NHSN
Lower rate is better
Data as of: 3/1/2012
Antibiotics are often given to patients before surgery to prevent infection and are most effective if given within one hour of surgical incision. Taking these antibiotics for more than 24 hours after routine surgery, however, is usually not recommended. Continuing the antibiotics longer than necessary can increase the risk of side effects such as stomach aches and serious types of diarrhea. Also, when antibiotics are used for too long, patients can develop resistance to them and the antibiotics will not work as effectively. The graphs illustrate surgery patients whose preventive antibiotics were administered within one hour prior to surgery and discontinued within 24 hours after surgery.

Source: Premier Quality Measures Reporter
Data does not include Lenox Hill Hospital
Higher percentage is better
Data as of 2/22/2012
Reinforcing a Culture of Hand Hygiene

We Care About Preventing Infection Through Hand Hygiene

Hand hygiene is an essential component of infection prevention and patient safety. In 2012, North Shore-LIJ launched a comprehensive awareness campaign known as “We Care.” A major part of the “We Care” program is consistent messaging: “We Care about preventing infection through hand hygiene.”

Key elements of program reinforcement includes:

- Reinforcing hand hygiene at points of entry through parking attendants, greeters, volunteers, valet staff and/or designated ambassadors

- Internal communication to reinforce “We Care” including brief overhead messaging in lobby areas and signage on hand sanitizers, inside elevators and in high traffic areas

- External communication in telephone greetings and hold messages, public website education and inpatient admission packet materials

Our goal is to raise hand hygiene awareness and compliance rates among staff and engage patients and families in this effort.

In 2011, hand hygiene compliance at North Shore-LIJ increased an additional 6 percent from 83.3 in 2010 to 88.4 in 2011.
**Clostridium difficile-Associated Disease**

*Clostridium difficile*-associated disease (CDAD) reduction remains a priority for North Shore-LIJ. Major risk factors are exposure to antimicrobials, hospitalization and advanced age. Since antibiotics have been implicated as one of the key factors in the development of CDAD, the role of antimicrobial stewardship in controlling CDAD is the current focus of efforts to reduce the disease.

Starting in June 2010 through April 2011 the North Shore-LIJ Core Laboratory and other laboratories within the Health System converted specimen testing for patients suspected of having CDAD from an enzyme immunoassay (EIA) to a more sensitive molecular amplification methodology. This more sensitive test is known as a Polymerase Chain Reaction assay, or PCR assay. The benefit of the test is increased accuracy of the test result on the first submitted specimen which leads to more timely treatment and infection control management of patients with suspect CDAD. The increased sensitivity of the PCR assay has markedly improved both the accuracy of our testing and time to early detection of CDAD infections within our institutions.

![NORTH SHORE-LIJ HOSPITAL ONSET CLOSTRIDIUM DIFFICILE-ASSOCIATED DISEASE INDEX](image)

Source: NHSN

Index based on 10,000 patient care days

Lower score is better

Data as of: 3/1/2012

Two North Shore-LIJ hospitals (Glen Cove and Southside hospitals) are currently participating in a project coordinated by the Greater New York Hospital Association/United Hospital Fund that addresses the issue of antibiotics related to CDAD through antibiotic stewardship. Lessons learned from this project will be shared among all North Shore-LIJ hospitals.
Excellence

Enhancing Teamwork

Throughout the healthcare community, small groups of individuals work together as teams. Physicians, nurses, pharmacists, technicians and other health professionals must coordinate their activities to make safe and efficient patient care a priority. We are committed to educating teams because we know this will promote a culture of safety across our organization and ultimately improve patient outcomes.
Emergency Response to Hurricane Irene

In an extraordinary display of leadership, teamwork and advanced emergency preparedness, North Shore-LIJ employees and physicians evacuated three hospitals (Staten Island University Hospital’s North and South Sites, and Southside Hospital) due to their proximity to the water and high risk for flooding and loss of power.

As Hurricane Irene approached New York City and Long Island with landfall expected, the system fully prepared its facilities to meet the needs of patients and the community while also taking steps to ensure the safety of all employees. A rapid discharge process was deployed at all of the health system’s 15 hospitals to determine who could safely be discharged home. Specific hospitals were then designated to surge in specific patients such as the critically ill.

Emergency operation protocols, system command and control procedures, disaster plans, surge procedures, augmented staffing plans and robust employee communication systems were fully deployed 72 hours prior to the storm’s arrival. During the two years leading up to the storm, over 20 evacuation drills were performed, which were instrumental in preparing staff for the emergency. Extreme weather software, which provides real-time weather predictions, was utilized to track the storm and determine its likely impact.

In the days following the hurricane, the priorities shifted to reopening both campuses of Staten Island University Hospital and Southside Hospital once the New York State Department of Health (DOH) certified them to reopen. Patients evacuated from those hospitals were transported back or discharged, depending on their medical conditions. Arrangements were also made to transport the 70 nursing home patients back to their facilities, once the state DOH certified that their facilities were safe to reoccupy.

Internal monitoring continued over the days that followed. There were no adverse events reported related to any of the patient transports.

Nearly 1,000 patients were safely evacuated from Staten Island University Hospital (North and South sites) and Southside Hospital via ground or air transportation and placed in other facilities across the health system.
Collaborative Care Model and TeamSTEPPS®

The Seeds for Cultural Change

The Collaborative Care Councils that have been established in the clinical and nonclinical areas of our facilities are seeds of cultural change, fostering teamwork, mutual respect, collaboration and communication among our employees. Utilizing TeamSTEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety), the councils operate as high-performing teams focused on patients first. Teamwork and communication are enhanced through briefings, huddles, debriefings, situational monitoring and awareness, shared mental models and mutual support, which are the hallmarks of TeamSTEPPS.

North Shore-LIJ serves as one of the regional team training resource centers for TeamSTEPPS as part of an Agency for Healthcare Research and Quality (AHRQ) ACTION 2 Grant received by Health Research and Educational Trust for continuing the national implementation of TeamSTEPPs. This signifies our commitment to teamwork and the depth and breadth of our knowledge related to these strategies and tools.

The AHRQ Hospital Survey on Patient Safety Culture is used to measure the various dimensions of the system’s culture of safety. Teamwork within Units is a dimension of patient safety that is used to monitor our performance and is an area of strength for North Shore-LIJ.

Over 30,000 employees have been educated on TeamSTEPPS across the entire continuum of care, including more than 1,000 physicians and employees in our ambulatory practices. All practice administrators are master trainers for TeamSTEPPS.

NORTH SHORE-LIJ
AHRQ HOSPITAL SURVEY ON PATIENT SAFETY CULTURE (2009*-2011)
“TEAMWORK WITHIN UNITS” AREA OF STRENGTH

![Graph showing teamwork within units from 2009 to 2011.](image)

Teamwork Within Units: The extent to which staff support each other, treat each other with respect and work together as a team.

Source: AHRQ Hospital Survey on Patient Safety Culture

*Indicates completed in 2009 or earlier
The Center for Learning and Innovation (CLI), the health system’s corporate university, continues to expand its focus and align with the evolving strategic vision of North Shore-LIJ. In 2011, CLI welcomed the Hofstra North Shore-LIJ School of Medicine’s inaugural class. Courses offered to the medical students at CLI include clinical skills education, evaluation and assessment, enrichment, patient safety and simulation.

In 2011, a high-potential leadership program for physicians was launched as part of CLI’s Applied Leadership Effectiveness and Development (ALEAD) program. This program is designed to develop physician leaders and expand interprofessional education. The ALEAD program also offers executive-level education to associate executive directors as well as directors, managers and supervisors to enhance professional growth and development. The curriculum is based on the National Center for Healthcare Leadership competency model, as well as leadership programs at Harvard and Stanford Universities.

A number of innovative programs at CLI assist the system in recruiting and retaining talent from within the organization, including a one-year administrative fellowship program that provides executive development for future healthcare leaders. Fellows gain operational experience and knowledge while rotating through North Shore-LIJ hospitals and departments with assigned mentors.

CLI’s affiliation with Case Western Reserve University, in Cleveland, Ohio, has made a doctor of nursing practice (DNP) degree accessible to our professional nurses, preparing them for leadership roles in nursing practice, administration, academics, business and clinical research. The program is just one of CLI’s affiliations with major universities and colleges.
Patient Safety Institute

The Patient Safety Institute is at the heart of CLI. The institute values simulation-based education, multidisciplinary team education, clinical skills evaluation and educational research. Adult and infant patient simulators can mimic a wide range of medical conditions and can produce realistic physiologic signs and symptoms. Learners can practice medical procedures, administer medications and respond to emergent conditions and patient complications. A specialized endovascular simulator allows practitioners to perform cardiac catheterizations, neurological coiling and endovascular procedures.

The Patient Safety Institute has started to use simulation to understand how medical errors occur by conducting a root cause analysis (RCA) following simulated errors. Participants discuss the human factors related to medical errors and solutions to prevent them.
The Transformation of Healthcare

North Shore-LIJ is keeping pace with the rapid transformation of healthcare delivery by taking a proactive approach to transitioning from a fee-for-service to a risk environment, expanding the continuum of care with a focus on ambulatory services and investing in technology to ensure that information travels seamlessly from one provider to the next. We are committed to being patient-centric, managing population health, promoting health and wellness and improving access to care in the communities we serve.
Office of Integrated Data Analytics

North Shore-LIJ is investing significant resources in developing data-gathering and analytic capabilities as a result of increasing internal and external reporting requirements. Our aggressive efforts to reduce hospital-acquired conditions and readmissions, manage patients more efficiently, an increased focus on value, population health management and an explosion of hospital and physician rating systems warrant a fully integrated approach to data analytics.

For these reasons, North Shore-LIJ developed an Office of Integrated Data Analytics (OIDA) that includes the Krasnoff Quality Management Institute, which provides data analytics for our clinical excellence programs, robust cost accounting systems in our finance department, analytic capabilities in our Strategic Planning Department and an enormous data potential stemming from implementation of a vast network of electronic health inpatient and outpatient records.

The OIDA is responsible for the integration of data resources and coordination of data analytics across North Shore-LIJ facilities. Working with other departments, the OIDA will identify opportunities to improve quality, services, operational efficiency and financial performance in addition to advancing our business intelligence. The OIDA will continue to develop tools, scorecards, dashboards and other concurrent and retrospective clinical operational decision support tools that will enable us to be more effective and efficient in the future.

The Krasnoff Quality Management Institute, a recognized leader in quality innovation, provides North Shore-LIJ with sophisticated decision support, data analysis and reports, quality management education and training and a rigorous program evaluation framework that addresses the challenging and changing healthcare reform environment.
The North Shore-LIJ vision to create a connected community, including the acute-care hospitals, emergency departments, ancillary services (laboratory, pathology, radiology and pharmacy), home care services and both employed and community-based physicians, continued to develop and expand in 2011. This strategy, to connect patients and their physicians, enhance care coordination, support efficient, safer medical decision-making and improve the overall quality of patient care, is supported through the implementation of the electronic health record (EHR) across the health system venues of care: inpatient, ED and ambulatory.

Key activations at five North Shore-LIJ hospitals occurred in 2011. LIJ Medical Center, Cohen Children’s Medical Center, Zucker Hillside Hospital, North Shore University Hospital and Syosset Hospital, implemented the inpatient functions of CPOE (computerized provider order entry), eMAR (electronic medication administration record) and an integrated pharmacy. These functions were enhanced with over 140 evidenced-based order sets, clinical decision support and alerts all leading to decreased variability in practice, medication safety, increased legibility and shorter turnaround times. More than 3,300 physicians, 5,000 nurses and 1,000 allied health staff were trained.

The integrated pharmacy system allows providers, pharmacists and nurses all to have the same medication information and details for the patient. The medications are verified before they populate the eMAR, providing another layer of safety for the medication administration process.

Aggressive rollouts of electronic health records (EHRs) are also occurring in the outpatient environments. Over 200 employed physicians and more than 150 community physicians have begun using the Allscripts EHRs in their offices for documentation, health and wellness management and electronic prescribing. Work is currently in progress to have patient data sent between the office EHR and the hospital EHR during transitions of care.

In support of the health system’s strategy of being a data-driven organization, we are in the process of implementing clinical analytics, allowing the health system to begin capturing and presenting clinical and quality data that can be used concurrently and retrospectively. This will enable on-the-spot and real-time decision-making from the administrative suite to the point of care. Early applications of the analytic systems are focused on managing the diabetes patient population in the ambulatory environment and optimizing heart failure management for patients who have been hospitalized.
The Ambulatory Electronic Health Record (AEHR)

At the end of 2011, there were approximately 1,400 AEHR users from various service lines and locations across North Shore-LIJ including general internal medicine, cardiology (adult and pediatric), OB/GYN, OB maternal-fetal medicine, urology, orthopedics, urogynecology, gynecology, oncology, pulmonary, nephrology, population health, pediatric human genetics and Glen Cove Family Medicine.

One of the many benefits of utilizing an electronic health record is e-Prescribing, an electronic way to generate prescriptions through an automated process. ePrescribing improves patient safety and overall quality of care by decreasing risks due to illegibility and inadequate access to current drug reference information. Safety features include drug utilization review for drug interactions, dosage levels, adverse reactions and duplicate therapy checks. ePrescribing also streamlines the communication between physicians and pharmacies saving time, reducing errors and increasing patient compliance.

In 2011 alone, (January through November) physicians submitted 88,307 electronic prescriptions utilizing the AEHR application.

The Health-E Customer Experience

Every industry strives to provide their customers with simple, easy access to support and services. North Shore-LIJ leadership realizes that the healthcare industry is no exception, and our customers and patients also expect simplified access to our healthcare services.

In response, North Shore-LIJ Leadership developed the “Health-E Customer Experience” — a vision to transform and standardize patient administrative business processes and supporting technology for all of our hospitals and medical groups. This long-term initiative will be rolled out over a number of years with the goal of targeting all North Shore-LIJ patients.

Health-E Customer provides easier and more simplified access to our healthcare system for the thousands of people who interact with us on a daily basis. And, due to new technology platforms for the Revenue Cycle, numerous process standards and efficiencies will be achieved.

Health-E Customer Enhancements:

- **“One and done.”** Once a patient’s information is entered into the system, it follows them throughout North Shore-LIJ, resulting in enormous time savings for the customer who will no longer have to fill out redundant forms.

- **Improved data accuracy** reduces calls to patients for updates.

- **New web interface** to expedite gathering of patient information and increase front-desk efficiency.

- **Use of automated scheduling** technology to enhance appointment communication.

- **Advanced knowledge** of a patient’s need for interpretive services and other special needs.

Future plans for the Health-E Customer Experience include the creation of a web portal, and a centralized Customer Service Center.
Long Island Patient Information Exchange (LIPIX)

Connecting the Provider Community

The Long Island Patient Exchange (LIPIX) is a Regional Health Information Organization (RHIO) launched several years ago to support Long Island healthcare providers. The mission of LIPIX is to integrate clinical information across multiple healthcare organizations in support of the NYS and US strategic health information technology plans. The architecture is consistent with the North Shore-LIJ’s vision of a connected provider community.

LIPIX is a secure web-based platform enabling clinicians to easily access and view patient information from participating facilities. Clinicians can securely share patient information from different locations and can electronically collaborate on a patient’s care with the expressed written consent of the patient. Patient information can also be used for research on disease and public health issues.

North Shore-LIJ has received over $36 million in funding for LIPIX, which includes health system hospitals in addition to 20 other hospitals on Long Island.
Core Lab

Transitioning to Point-of-Care Testing

Over two million point-of-care (POC) tests are performed annually at North Shore-LIJ, and as a result, a new concept of centralization and standardization has emerged. The concept involved creating a division of POC testing to serve the health system, including all ambulatory settings such as urgent care centers, faculty practices, the Center for Emergency Medical Services (CEMS) and even community health fairs. All are involved in the process of being integrated to provide testing under centralized management and one multisite NYS Department of Health permit.

Over 50 sites and more than 300 medical professionals have been trained to perform POC testing, which enables physicians to treat patients in real time without having to experience traditional laboratory test turnaround times.

Health and Wellness

Workplace Health Initiatives

Reaffirming North Shore-LIJ’s commitment to employee wellness, the Know Your Numbers program was launched in 2011. The program is aimed at helping all employees learn their risk for certain serious illnesses such as diabetes, stroke and heart disease by learning four key numbers (biometrics). As part of the program, the health system offers employees a free health screening, blood test and an online health assessment tool so they can learn their health risks and receive feedback on making healthy lifestyle changes.

As part of its benefits program the health system has added Wellness Pledges that include a pledge to become tobacco-free, select and identify a personal care physician, complete a confidential health assessment and receive a vaccination against the flu. The new pledges continue the organization’s efforts to encourage employees and their dependents to make healthy decisions in exchange for financial credits to lower their healthcare costs.

To encourage fitness activities, the health system launched a “Walk to Paris” initiative in 2012. Employees formed teams with the goal of accumulating enough steps so that they “Walk to Paris.” Teams that reaches this goal will be eligible to win a trip to Paris.

The overall goal of our wellness programs is to provide tools for our employees to improve or maintain their own health so that they can continue to provide excellent, high-quality care to our patients.

EMPLOYEE WELLNESS PLEDGES (PLAN YEAR: 2011 vs. 2012)

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<thead>
<tr>
<th>Pledge</th>
<th>2011 vs. 2012 Difference</th>
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<tbody>
<tr>
<td>Health Assessment Pledge</td>
<td>5.0%</td>
</tr>
<tr>
<td>Tobacco Free Pledge</td>
<td>2.3%</td>
</tr>
<tr>
<td>Personal Care Physician Pledge</td>
<td>7.3%</td>
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<tr>
<td>Flu Vaccination Pledge*</td>
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*2012 was the first year of the flu vaccination pledge.
North Shore-LIJ, the nation’s second-largest nonprofit, secular healthcare system, 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 5,600 beds, employ more than 10,000 nurses and have affiliations with more than 9,000 physicians. Its workforce of about 43,000 is the largest on Long Island and the ninth-largest in New York City.

In 2010, North Shore-LIJ became the first health system in the New York metropolitan area to receive the National Quality Healthcare Award from the National Quality Forum (NQF) for the commitment of its team members to providing high-quality, transparent, patient-centered healthcare.

In 2011, Michael Dowling received the Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership (NCHL) for bringing innovation and accountability to healthcare and contributing significant, lasting improvements to the field.

In 2011, North Shore-LIJ received the US Department of Health and Human Services’ Outstanding Leadership Award for its achievement in reducing and eliminating ventilator-associated pneumonias and central line-associated bloodstream infections.

Modern Healthcare ranked North Shore-LIJ 31st among the nation’s Top 100 Integrated Healthcare Networks in the US, the highest of any healthcare provider in the New York State metropolitan area (2012).

Five North Shore-LIJ hospitals are recognized as Bariatric Surgery Centers of Excellence by the American Society for Metabolic and Bariatric Surgery and the American Society of Bariatric Surgery:

- Forest Hills Hospital
- Lenox Hill Hospital
- North Shore University Hospital
- Staten Island University Hospital
- Syosset Hospital

Seven physician practices have been recognized by the National Committee for Quality Assurance (NCQA) for Diabetes Care:

- Austin Street Specialty Medical Center at Forest Hills
- Del Gaizo Family Medicine Faculty Practice (Islip)
- Family Medicine Clinic at Glen Cove
- General Internal Medicine (North Shore University Hospital)
- Glen Cove Family Medicine Practice at Oyster Bay
- Lenox Hill Medicine Family Practice
- School Street Family Practice (Glen Cove)

During the sixth and final year of the US Centers for Medicare & Medicaid Services (CMS) Hospital Quality Incentive Demonstration™, North Shore-LIJ surpasses all other health systems in terms of quality awards and financial incentives earned.

All North Shore-LIJ adult acute care hospitals are New York State designated Stroke Centers.

Ninety-nine physicians affiliated with North Shore-LIJ were listed in New York magazine’s 2011 “New York’s Best Doctors” issue.
Cohen Children’s Medical Center of New York
The Steven and Alexandra Cohen Children’s Medical Center of New York (CCMC) is the largest provider of pediatric healthcare services in New York State serving 1.8 million children in Brooklyn, Queens, Nassau and Suffolk counties.

- Excellence in Life Support Award for CCMC’s extracorporeal life support program – the only ECMO program on Long Island, Extracorporeal Life Support Organization (2011).
- 16 CCMC physicians were listed as “Best Doctors” in New York magazine (2011).

Franklin Hospital
Franklin Hospital is a 305-bed community hospital that focuses on patient-centered medicine and geriatric care. Its full range of services includes orthopedics, wound care, pain management, behavioral health, hospice and ambulatory surgery.

- Journey Award — Emergency Department, Press Ganey (2011).

Forest Hills Hospital
Forest Hills Hospital is a 312-bed community hospital serving one of the most ethnically diverse communities in the New York metropolitan area. In addition to inpatient medical and surgical care, the hospital provides maternity and neonatal care, orthopedic surgery, intensive care, specialized vascular treatment and wound care.

- Accredited Cancer Program, American College of Surgeons Commission on Cancer.
- Bariatric Surgery Center of Excellence, American College of Surgeons.

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.

- The Joint Commission Disease-Specific Care Certification — Advanced Inpatient Diabetes, Total Hip Replacement, Total Knee Replacement, Inpatient Diabetes Care Recertification.
- Energy Star Award, Environmental Protection Agency (EPA) (2011).
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 and behavioral health.

- The Joint Commission Disease-Specific Care Certification — Total Hip Replacement, Total Knee Replacement (2011).
- Magnet Designation for Nursing Excellence.

Lenox Hill Hospital

Lenox Hill Hospital is a 652-bed tertiary care teaching hospital located on Manhattan’s Upper East Side.

- Achieved some of the best outcomes for angioplasty with risk adjusted rates that were significantly better than the statewide average, NYS Department of Health PCI and Adult Cardiac Surgery Reports (2012).
- Stroke Silver Award, AHA, GWTG-Stroke (2011).
- Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery.

North Shore University Hospital

North Shore University Hospital is an 804-bed quaternary care teaching hospital that offers a comprehensive continuum of inpatient and outpatient services.

- Achieved some of the best outcomes for cardiac surgery and angioplasty, with risk adjusted rates that were significantly better than the statewide average, NYS Department of Health PCI and Adult Cardiac Surgery Reports (2012).
- The Joint Commission Disease-Specific Care Certification — Stroke.
- Legacy Awards: Cardiac Care, Cardiac Surgery, Coronary Intervention, HealthGrades (2012).
- Consumer Choice Award, Nassau-Suffolk’s Most Preferred Hospital Overall Quality and Image (2011-2012).
- One of “America’s Safest Hospitals” (myHealthFinder.com), New York State Hospital Report Card, (2011).
- Outstanding Achievement Award, Commission on Cancer (2011).

Long Island Jewish Hospital

Long Island Jewish Hospital is a 583-bed tertiary care teaching hospital serving the greater metropolitan New York area, Queens and Long Island.

- Achieved some of the best outcomes for cardiac surgery and angioplasty, with risk adjusted rates that were significantly better than the statewide average, NYS Department of Health PCI and Adult Cardiac Surgery Reports (2012).
- America’s 100 Best Cardiac Care-Cardiac Care Excellence Award, HealthGrades (2011, 2012).
- America’s 100 Best Cardiac Surgery-Cardiac Surgery Excellence Award, Best Coronary Intervention—Coronary Intervention Excellence Award, HealthGrades (2010, 2011, 2012).
- Consumer Choice Award, Queens’ Most Preferred Hospital, Overall Quality and Image (2011-2012).
- Cystic Fibrosis Center of Excellence and recipient of the National CF Foundation’s Quality Award 2011.
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.

- Exemplar Site – as part of Project JOINTS (Joining Organizations in Tackling Surgical Site Infections,) Institute for Healthcare Improvement (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.


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

- Consumer Choice Award, Richmond County’s Most Preferred Hospital (2011).
- Accredited Cancer Program with Commendation, American College of Surgeons Commission on Cancer.
- Outstanding Achievement Award, American College of Surgeons Commission on Cancer (2011).
- Top performer, US CMS Hospital Quality Demonstration Project, Years 1-6.

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

- Excellence in Patient Safety Award, Honorable Mention — Hand Hygiene Initiative, HANYS Nassau Suffolk Hospital Council (2011).
- Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery.
The Zucker Hillside Hospital

The Zucker Hillside Hospital is a 236-bed behavioral health facility 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.

- Selected by New York State to operate the first Long Island Regional Behavioral Health Organization (BHO), one of five regional BHOs established to improve the efficiency and quality of behavioral health services across New York State.

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 (2011).
- Coordinated disease management programs, including heart failure, pediatrics, behavioral health and intensive home care.
- HomeCare Elite Award™. Recognized in the Top 500 providers nationwide. OCS (originally Outcome Concept Systems, Inc.) HomeCare and DecisionHealth (2011).

Orzac Center for Rehabilitation

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

- Deficiency-free, Joint Commission Accreditation Survey (2011).
- Excellent, NYS DOH Survey (2011).

Stern Family Center for Rehabilitation

The 256-bed Stern Family Center for Rehabilitation specializes in short-term rehabilitation, skilled nursing and extended care services.

- Deficiency-free, Joint Commission Accreditation Survey (2011).
- Deficiency-free, NYS DOH Survey (2011).
“What you hold in your hands is our record of the inspiration, perspiration, dedication and commitment to North Shore-LIJ’s search for perfection. It is a report of our quality outcomes and initiatives but it is also a look behind the scenes at the work being done in our training sites and classrooms, our Feinstein Institute for Medical Research, the Hofstra North Shore-LIJ School of Medicine, our hospitals and more than 250 outpatient centers throughout the New York metropolitan area.”

Michael J. Dowling
President & CEO
North Shore-LIJ Health System