A Commitment to Innovation and Clinical Excellence

Dear Friends:

Our Clinical Excellence and Quality Report demonstrates how we are leading healthcare transformation, promoting health and wellness and making care safer for patients across our health system. Our capacity to measure and report healthcare outcomes, ensure patient safety and achieve cost efficiencies are instrumental to providing high-quality care to the communities we serve.

As we expand our footprint beyond conventional hospital boundaries, across the continuum and into non-traditional healthcare settings, together we are continually reinventing the way we deliver care and how we measure it. Our goal is to deliver exceptional quality to every patient, in every care setting during each encounter. Quite simply, we strive to be the best in all that we do. We realize that we have a unique opportunity to make a difference in the lives of thousands of individuals every day. To accomplish this, we remain patient-centric and true to our core values.

Our philosophy embraces a culture of transparency, therefore we openly share our outcomes and performance data with the public. We invest in our workforce by fostering an environment of innovation and lifelong learning through our corporate university, the Center for Learning and Innovation, which delivered 1,453 courses last year to thousands of employees. To prepare future generations of physicians, we pursue a visionary approach to medical education, as evidenced by the innovative curriculum at the Hofstra North Shore-LIJ School of Medicine, where students begin interacting with patients from day one. In addition, research also plays an integral role in our clinical excellence efforts. At The Feinstein Institute for Medical Research, we continue to turn discoveries into diagnostic and treatment options that are used to improve patient care.

In these and many other ways, we have built something very different at North Shore-LIJ. Day in and day out, the many improvements at our tertiary care centers, community hospitals, home care, ambulatory settings and sub-acute facilities make a difference in the quality of life for the hundreds of thousands of men, women and children we serve.

Our patients notice. Their families notice. So do our peers. And more and more, so do the state and federal agencies that set the benchmarks that measure our success and reward us for reaching and exceeding our goals.

While the millions of individual acts of compassion and delivery of exceptional quality care are too numerous to catalog, this report documents North Shore-LIJ’s high-level view — and what it takes to chart a successful course for healthcare delivery in the future.

Sincerely,

Michael J. Dowling
President and Chief Executive Officer
Quality and Transformation: A Vision for Healthcare Delivery in the Future

At North Shore-LIJ, integrity means earning the public’s trust as a reliable and safe healthcare provider, while fostering a relationship of respect and professionalism between the organization and its employees. Our success in achieving our mission and vision is dependent upon a commitment to our values that overrides everything that we do.

North Shore-LIJ Values

2012 Highlights

Baldrige Partners in Performance Excellence Award

North Shore-LIJ Medical Group, the nation’s sixth-largest physician group practice with more than 2,400 full-time physicians and nearly 400 ambulatory physician practices, received the Baldrige Partners in Performance Excellence Silver Award for outstanding management and operational practices, as well as a strong customer focus.

Center for Learning and Innovation — Patient Safety Institute

The Patient Safety Institute was granted accreditation from the Society for Simulation in Healthcare for excellence in the areas of teaching/education, assessment and systems integration.

CMMI Health Care Innovation Challenge Awards

The Centers for Medicare and Medicaid Innovation (CMMI) awarded funding to North Shore-LIJ and other members of the Dartmouth Institute High Value Healthcare Collaborative to implement shared decision making for targeted conditions. North Shore-LIJ is a lead organization in a project aimed at improving sepsis prevention and treatment that is funded through the same program.

As part of a second CMMI award, House Calls, an advanced illness management program will participate in the Independence at Home Demonstration. The demonstration is intended to encourage the delivery of high-quality primary care in a home setting, provide a shared savings model and award incentive payments to healthcare providers who succeed in meeting designated quality measures while reducing Medicare expenditures.

In a third CMMI award, The Zucker Hillside Hospital will receive funding to improve the quality of treatment for patients with schizophrenia at high risk of relapse while reducing costs.

Dartmouth Institute High Value Healthcare Collaborative

North Shore-LIJ continues to collaborate with top healthcare systems across the US in the Dartmouth Institute High Value Healthcare Collaborative (HVHC) to implement changes in practice for some of the most common, high-cost medical and surgical procedures. This program, the first of its kind, is designed to improve healthcare, lower costs and create a more unified healthcare platform across the country.

Emergency Response — Superstorm Sandy

North Shore-LIJ took all necessary precautions to ensure that its facilities were operational and appropriately staffed to meet the needs of their patients before, during and after Superstorm Sandy, the worst storm to hit the New York area since 1938. Prior to the storm, North Shore-LIJ safely evacuated critically ill patients from Southside and Staten Island University Hospitals, which are both located in flood-prone areas of New York.
The Feinstein Institute for Medical Research (FIMR) — Alliance with Cleveland Clinic

North Shore-LIJ entered an alliance with the world-renowned Cleveland Clinic venture arm, Cleveland Clinic Innovations, to facilitate the commercialization of discoveries at The Feinstein Institute for Medical Research. Cleveland Clinic Innovations has a solid track record of advancing research and clinical discoveries that will enhance the FIMR mission to translate its discoveries into significant patient benefits.

Health and Wellness — Walk to Paris

Approximately 15,000 employees enrolled in North Shore-LIJ’s first-ever fitness campaign, Walk to Paris. More than 900 teams (9,000+ employees) completed the challenge, with each team collectively walking 7.2 million steps — the approximate distance between New York and Paris. Four teams (40 employees) won the grand prize, a trip to Paris, and 10 additional teams (100 employees) received gifts promoting health and wellness. The challenge was the most successful employee engagement initiative ever undertaken at North Shore-LIJ.

Hofstra North Shore-LIJ School of Medicine

Many of the Hofstra North Shore-LIJ School of Medicine’s first class of students spent the summer months conducting research, locally and overseas, on a wide range of health issues. The School of Medicine welcomed its second class of 60 students, who were selected from a pool of over 5,800 outstanding applicants. The school received national attention for its unique curriculum and innovative teaching and learning strategies.

Institute for Healthcare Improvement (IHI) Strategic Partnership — The Conversation Project

North Shore-LIJ became a pioneer sponsor of the Conversation Project along with the IHI and seven other leading healthcare organizations. The project is dedicated to helping people discuss their wishes concerning end-of-life care and is aligned with North Shore-LIJ’s current work with IHI on advanced illness, which focuses on patients with serious and complex illness and ways to align treatment with patient preferences.

Joint Commission Center for Transforming Healthcare

North Shore-LIJ is collaborating with The Joint Commission’s Center for Transforming Healthcare on some of the healthcare industry’s most important safety and quality issues. In total, the health system has participated in five projects, with three that are currently in progress. In 2012, North Shore-LIJ joined seven other leading healthcare organizations in a new Center for Transforming Healthcare project on sepsis. The team will develop strategies that will assist other organizations around the country in reducing sepsis mortality.

Joint Commission Top Performers

Southside and Staten Island University hospitals were among the nation’s 2011 Top Performers on Key Quality Measures™ recognized by The Joint Commission. Southside Hospital was one of 244 Top Performers that achieved this distinction for two consecutive years by sustaining its performance.

Long Island Behavioral Health Management

Long Island Behavioral Health Management (LIBHM) is a company created as a joint venture between North Shore-LIJ and ValueOptions, a behavioral health managed care company. LIBHM is one of five regional Behavioral Health Organizations contracted with the NYS Office of Mental Health and Office of Alcohol and Substance Abuse Services and is responsible for monitoring and improving the quality of discharge planning for all inpatient mental health, substance use rehabilitation and substance use detoxification beneficiaries covered under Medicaid FFS within the Long Island Region.

The Long Island Home

The Long Island Home (LIH) joined North Shore-LIJ as a full member of the health system. LIH includes South Oaks Hospital, a 197-bed behavioral health hospital, and Broadlawn Manor Nursing and Rehabilitation Center, a 320-bed skilled nursing facility.
Miracle Foundation Palliative Care Center

The Palliative Care Center was established through the generous support of the Miracle Foundation to provide pain relief, emotional support and symptom management to patients living at home with serious illness. The center provides information and counseling to patients about palliative care and treatment options that are consistent with their needs and preferences.

Montefiore Medical Center

North Shore-LIJ continues its strategic alliance with Montefiore Medical Center in the Bronx, the university hospital for the Albert Einstein College of Medicine, to share best practices that enhance quality and access to clinical services, while advancing medical science, operations and educational opportunities.

Office of Diversity, Inclusion and Health Literacy

In a national competition to identify Health Literacy Innovators for 2012, North Shore-LIJ received second place in the “Champion” category of the Leonard G. Doak Health Literacy Innovator Award for its demonstration of commitment to excellence in health literacy within an organization. Criteria for the award included evidence of health literacy standards, implementation of readability and/or plain language writing standards and health literacy staff training.

Patient-Centered Care and Visitation

A patient-designated open visitation policy and process was established across the health system, with limitations and restrictions based only on clinical or safety concerns. Pilot projects at North Shore University Hospital and Glen Cove Hospital demonstrated that this approach is beneficial to patient experience and staff satisfaction.

Quality-In-Sights®: Hospital Incentive Program (Q-HIP)

Nine out of 10 North Shore-LIJ hospitals received 100 percent of the full Q-HIP adjustment, equaling nearly $7 million for practicing evidence-based medicine and implementing industry-recognized best practices in patient safety, health outcomes and member satisfaction.

Reducing Radiation Exposure Through Low-Dose Technology

As part of its commitment to patient safety, North Shore-LIJ became one of the first healthcare systems in the country to replace or upgrade its diagnostic imaging equipment with low-dose technology.
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Reliable Care

“Americans should be served by a healthcare system that consistently delivers reliable performance and constantly improves, systematically and seamlessly, with each care experience and transition.”

Best Care at Lower Cost: The Path to Continuously Learning Health Care in America (2012), Institute of Medicine (IOM) Consensus Report.
Reducing Sepsis Mortality

As part of a zero-tolerance approach to preventable deaths, North Shore-LIJ President and Chief Executive Officer Michael Dowling mounted a major patient safety campaign around sepsis, the leading cause of inpatient mortality for the health system. Sepsis is a life-threatening condition that arises when a systemic inflammatory response to infection or injury attacks the body’s own tissues and organs. Without diagnosis and treatment, it can proceed rapidly and irrevocably to severe sepsis (sepsis complicated by organ dysfunction) and then septic shock (acute circulatory failure).

As a result of our focus on sepsis, initially in the emergency departments (EDs), a sepsis treatment algorithm was developed; it is followed whenever a patient with suspected sepsis arrives in the ED. The clinicians obtain blood, order tests and begin administering intravenous (IV) fluids and antibiotics if there is evidence of sepsis. The patient’s vital signs are monitored continuously. North Shore-LIJ Laboratories is also facilitating early detection of sepsis and timely clinical decision-making in the ED by improving efficiencies that have resulted in a decrease in serum lactate turn-around-times (TATs). Everyone in the ED is aware that with sepsis, as with trauma, a heart attack or a stroke, there is a critical period during which the progression of the illness must be halted.

By instituting uniform guidelines and focusing on early recognition and management of sepsis in the ED, North Shore-LIJ has seen a 42% decrease in raw mortality rate among patients with sepsis, severe sepsis and septic shock over the past four years.

North Shore-LIJ continues to partner with the Institute for Healthcare Improvement (IHI) on sepsis, and is collaborating with The Joint Commission Center for Transforming Healthcare and the Dartmouth Institute High Value Healthcare Collaborative to further reduce sepsis mortality.
Modified Early Warning Score

The Modified Early Warning Score (MEWS) is a well-established method that utilizes vital signs and other clinical data to help identify patients who require closer monitoring or more aggressive interventions. The score is meant to trigger action such as escalation, rapid response team activation or triage to a higher level of care. In 2012, after a number of pilot tests were conducted, North Shore-LIJ hospitals began implementation of MEWS on their medical-surgical units. Using rapid-cycle plan-do-study-act (PDSA) tests of change, we are also testing the validity of using MEWS to trigger the sepsis protocol when appropriate.

To automate the scoring process and expedite provider notification, a logic module was built into the inpatient electronic medical record (EMR) to calculate MEWS for patients any time relevant documentation is entered into the record. An alert is sent to the charting clinician whenever an elevated score is identified so that appropriate action can be taken. It is anticipated that this will lead to earlier recognition and intervention for patients with worsening clinical conditions, which should decrease morbidity and mortality.

Preliminary analysis indicates that implementing MEWS positively impacts patient outcomes as evidenced by:

- Decrease in the number of cardiac arrests
- Increase in the number of rapid response team activations
- Decrease in transfers to a higher level of care

Organizations that implement a system that reliably identifies at-risk patients sooner and responds to their needs more quickly can save lives.
Clinical Integration

Chronic Illness-Heart Failure Management

Six front-line interdisciplinary clinical teams have been studying critical gaps in the continuum of care for patients with heart failure (HF) and are conducting process improvements at the unit/practice level to reduce readmissions. The teams collect process measures and information about the day-to-day practices from both patients and professionals. Methods used include observation, interviews, team-generated surveys and data analysis. The teams report their findings, results from rapid tests of change, improvement data and best practices to a system-level, chronic illness-HF advisory group.

Among the processes that are being tested are a community-based model of care that improves the coordination of palliative care from hospital to home, and a medical home/neighborhood model of care for patients with chronic illness who require long-term disease management. Care coordination for high-risk patients, 24-hour follow-up visits for patients discharged from the emergency department and an EMR template to guide outpatient heart failure visits and follow-up care are being tested. Many of the initiatives aimed at preventing multiple readmissions focus on safely transitioning patients back to the community and preparing physician practices and ambulatory care settings to adequately meet the needs of chronically ill patients outside of the hospital setting.

As part of the initiative to improve HF care coordination, a clinical analytics tool connected to the inpatient EMR was developed to identify and flag all inpatient records with a diagnosis of HF either in the admitting notes, from information elsewhere in the record (e.g., physical exam findings, current or prior echocardiography results and/or laboratory findings) or in prior records. This electronic tool provides clinicians with all of the relevant clinical parameters (e.g., patient weight, laboratory findings) necessary to monitor care and helps them to quickly identify medical records that require review.

There was nearly a 10% decrease in hospital readmissions for patients enrolled in a pilot program testing home-based palliative care.
Seamless Transition of Care

It is important for patients to get the home healthcare they need, when they need it, to prevent any gaps. Timely initiation of home care allows for a seamless transition of care settings and rapid identification and resolution of patient issues that may drive the need for emergent/urgent care and hospitalization. If home healthcare is delayed, the patient’s condition could worsen and result in rehospitalization.

The North Shore-LIJ Home Care Network (HCN) is composed of three certified home health agencies (CHHAs), a long-term home healthcare provider and a licensed agency that provides pharmacy, infusion and paraprofessional services. The HCN serves over 30,000 patients each year and conducts over 500,000 home care visits.
Some patients receiving care at home may need to be admitted to the hospital even if they are getting good care. For some, readmission to the hospital may be a planned part of continuing treatment for their medical condition. For patients with chronic medical conditions such as heart failure, rehospitalization may be warranted as the patient’s condition declines.

Some of the strategies that the North Shore-LIJ Home Care Network is using to mitigate unnecessary rehospitalizations include regularly communicating with the physician and other members of the team about the patient’s condition and taking action early when abnormal findings are discovered. Patients with heart failure are carefully assessed for changes in blood pressure and weight gain. The home health team actively manages patient medications through intravenous injection when necessary. To prevent an unnecessary acute-care hospitalization, the team teaches patients how to take their medications and what their side effects are to avoid a mistake that could cause the patient harm.

The following graphics illustrate how often home care patients received urgent, unplanned care in a hospital emergency department (ED) without hospital admission; hospitalization rates; and heart failure treatment rates.
NORTH SHORE-LIJ HOME CARE NETWORK
URGENT, UNPLANNED CARE IN A HOSPITAL ED
WITHOUT HOSPITAL ADMISSION
JULY 2011 – JUNE 2012

Source: Outcome Assessment Information Set (OASIS) as reported on Home Care Compare
Data as of January 17, 2013

NORTH SHORE-LIJ HOME CARE NETWORK
ACUTE CARE HOSPITALIZATIONS
JULY 2011 – JUNE 2012

Source: Outcome Assessment Information Set (OASIS) as reported on Home Care Compare
Data as of October 2012

HOW OFTEN THE HOME CARE TEAM
TREATED HEART FAILURE SYMPTOMS
OCTOBER 2011 – SEPTEMBER 2012

Source: Outcome Assessment Information Set (OASIS) as reported on Home Care Compare
Data as of January 17, 2013

*NA (Not Available)- The number of patient episodes for this measure is too small to report.
Expanding Expertise to Reduce Hospital-Acquired Pressure Ulcers

Hospital-acquired pressure ulcers have been identified as a key quality indicator at North Shore-LIJ. They represent a serious complex patient care issue impacting all healthcare settings across the continuum of care. Increased morbidity and mortality associated with pressure ulcer development in hospitalized patients is well documented. Hospital lengths of stay, readmission rates and cost of care are greater in patients who develop pressure ulcers than in those remaining ulcer-free. In order to analyze and understand how to best care for patients, North Shore-LIJ adopted the National Quality Forum (NQF) and National Database of Nursing Quality Indicators (NDNQI) standards for pressure ulcer prevention and management, as well as their data definitions and metrics to consistently measure performance.

In response to a decrease in the number of nurses certified in wound, ostomy and continence care nursing (WOCN), the North Shore-LIJ Nursing Institute initiated an agreement with Emory University in early 2012 to certify nurses as WOCNs. North Shore-LIJ nurses use an innovative educational program that incorporates online education, in addition to on-site didactic training and clinical preceptor programs with local wound care experts.

The hospital-acquired pressure ulcer index decreased 27% from 2011 to 2012.

To date, eight registered nurses have completed the Emory program and are in the process of taking their certification exams. Currently there are 12 full-time WOCNs working in the system, in hospitals, home care, rehabilitation and the wound care center.

NORTH SHORE-LIJ HOSPITAL-ACQUIRED PRESSURE ULCER INDEX 2011-2012

Source: North Shore-LIJ Pressure Ulcer Database, KQMI Table of Measures
Data as of February 11, 2013

LOWER IS BETTER
Value

2011-2012 Hospital-Acquired Conditions Cost Avoidance Estimates

As a result of system-wide initiatives taken to reduce the incidence of hospital-acquired pressure ulcers and falls, North Shore-LIJ has seen a 27% decrease in hospital-acquired pressure ulcers and a 30% reduction in patient falls. Not only do these improved quality outcomes have a positive effect on our patients, but they also avoid related costs. The examples below illustrate the estimated financial impact of these improved quality outcomes. These estimates are based on projections of the cost for caring for patients with these conditions from a variety of sources, including the Centers for Medicare and Medicaid Services and the US Department of Health and Human Services. This information will continue to be tracked in 2013 and will be shared with the staff on a routine basis.

Cost avoidance estimates for hospital-acquired pressure ulcers (stage 2 and above) were nearly $16M and for falls with injury over $250,000 based on estimated treatment costs (2011 vs. 2012).
North Shore-LIJ has adopted a healthcare agenda that is directly aligned with national healthcare priorities. Our goal is to eliminate preventable patient harm and to have the safest hospitals with the lowest mortality rates in the nation. The following is a report of our steps toward meeting these goals.
Radiation Safety

In 2011, an Imaging Service Line Performance Improvement Coordinating Group and Radiology Task Force were established to consolidate policies and protocols, institute system standards for all equipment, enhance processes related to patient safety, such as patient identification, and reduce radiation exposure through dose tracking and education.

In 2012, to further advance patient safety and reduce patient exposure to radiation, North Shore-LIJ announced the purchase of 15 low-dose computed tomography (CT) scanners that have been installed throughout the New York area. The new scanners deliver lower levels of radiation while also providing high-quality diagnostic images. In addition to the new hardware, North Shore-LIJ is installing first-of-its-kind monitoring software to track how much radiation is emitted by each CT scanner, monitor the levels of emission and enable radiologists to adjust their practices based on the latest clinical evidence. The radiation safety program utilizes a team approach and the safest equipment to deliver optimal patient care.

All North Shore-LIJ imaging facilities are completing the American College of Radiology’s (ACR) accreditation process.

All radiology staff took the ACR’s “Image Wisely” and “Image Gently” pledges to reduce radiation doses to the lowest effective level for all patients and to utilize radiation only when no clinically appropriate alternative exists.

Computed tomography (CT) radiation doses of the abdomen and pelvis at sites identified as dose outliers were reduced by approximately 25% by modifying CT protocols.

An “Internal Nighthawk” program for our community hospitals was developed in 2012, with North Shore-LIJ radiologists handling high-priority radiology interpretations and providing consultative services around-the-clock. Turnaround time of emergency department CT reporting was reduced by 50% after the implementation of this program.

“By installing new imaging technology that uses lower radiation doses for CT scans, North Shore-LIJ is addressing an important factor that can contribute to excess radiation dosing. Eliminating exposure to avoidable radiation requires a comprehensive patient safety program that includes education for staff and patients about the potential dangers of diagnostic radiation and dosing in imaging departments. We salute North Shore-LIJ for its attention to these risks. Safely adopting new technology and making sure it operates appropriately and delivers lower doses of radiation are very positive steps toward reducing the radiation risks associated with diagnostic imaging.”

— Mark Chassin, MD
President, The Joint Commission
Pediatric Organizational Safety Briefs: Starting the Day on the Same Page

Hospitals with successful safety cultures have exceptional outcomes and high rates of patient and staff satisfaction. Key elements of such a culture include teamwork, open communication, a non-judgmental environment and transparency. Daily safety briefs address each of these factors.

In May 2012, the Steven and Alexandra Cohen Children’s Medical Center of New York (CCMC) adopted daily safety briefs to increase situational awareness at all levels of the organization and reduce the risk of harm to patients, families and staff. A daily safety brief is a detailed reporting of actual and potential safety risks, or events involving patient harm. It entails a 24-hour look-back and look-ahead with a focus on preparation.

The units responsible for reporting during safety briefs are the ambulatory physician practices, ambulatory surgery and presurgical testing, the emergency department, inpatient and intensive care units, transport, quality, pharmacy, radiology, laboratory, infection control, case management, employee safety, environmental services, security, biomedical engineering and others. The brief is facilitated by the safety officer of the day and takes place in a central location with call-in capability. Problem-solving occurs during and after the call, and resources to resolve any issues are immediately deployed. We are tracking high-risk patients, family concerns and issues involving pharmacy and lab among other things to assess the impact of this program.
Perinatal Safety

North Shore-LIJ continues to prioritize perinatal safety among its eight hospitals offering maternity services, including two regional perinatal centers and two newly opened Katz Women’s Hospitals. As part of the commitment to standardizing processes and reducing adverse maternal-fetal outcomes, North Shore-LIJ is participating in two important initiatives, the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients and the New York State Initiative to Stop Non-Medically Necessary Elective Deliveries of Babies. These partnerships will provide North Shore-LIJ with access to a wide variety of educational programs, in addition to opportunities to benchmark performance with other organizations.

North Shore-LIJ delivered more than 27,000 babies in 2012, or approximately 10% of all deliveries in New York State.

The 88-bed Katz Women’s Hospital at Long Island Jewish Medical Center delivered 5,879 babies from its opening day on January 25, 2012, through December 31, 2012. That was an 18% increase compared to 2011.

In 2012, the Katz Women’s Hospital at North Shore University Hospital saw a 5% rise in births to 6,343.

North Shore-LIJ Elective Scheduled Deliveries at Less Than 39 Weeks (Iatrogenic Prematurity)

Source: North Shore-LIJ Perinatal Services, KQMI Table of Measures
Lenox Hill Hospital is included in 2011-2012 data only
Lower is better
Data as of February 11, 2013
Behavioral Health Measures Care

The Accountable Care Act (ACA) requires hospitals to submit quality performance metrics to the Centers for Medicare and Medicaid Services (CMS), which are made available to the public. They include a number of behavioral health metrics adapted from a set of core measures developed over the past several years by The Joint Commission. Reporting to CMS began in the fourth quarter of 2012. The Zucker Hillside Hospital was an early adopter of these metrics, volunteering to participate in The Joint Commission’s pilot program that led to their finalization. South Oaks Hospital also volunteered to participate proactively, and both hospitals have benefited from getting a “head start” on this initiative. There are six behavioral health measures, each of which is reported separately for children, adolescents, adults and seniors.

North Shore-LIJ’s two dedicated psychiatric facilities (South Oaks Hospital and The Zucker Hillside Hospital) have shown favorable or improving performance on the metrics. The charts below illustrate performance (for the adult population) on two measures – continuing care plan completed and continuing care plan transmitted. These metrics are important for ensuring safety and continuity of care as patients transition from inpatient to outpatient care.

**Behavioral Health Measures**

- Restraint rate
- Seclusion rate
- Discharge on multiple antipsychotics
- Justification for discharge on multiple antipsychotics
- Continuing care plan completed, including reason for hospitalization, medications, diagnosis and recommendations for next level of care
- Continuing care plan transmitted within 5 days of discharge to next-level-of-care provider

**CONTINUING CARE PLAN COMPLETED**

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<th>Year</th>
<th>South Oaks Hospital</th>
<th>The Zucker Hillside Hospital</th>
<th>Comparative Norm</th>
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**CONTINUING CARE PLAN TRANSMITTED TO NEXT LEVEL OF CARE PROVIDER UPON DISCHARGE**

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<th>Year</th>
<th>South Oaks Hospital</th>
<th>The Zucker Hillside Hospital</th>
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Source: The Joint Commission ORYX Performance Reports

Higher is Better

Data as of February 14, 2013
Improving Throughput and Capacity

In response to issues of throughput and capacity, North Shore-LIJ launched a system-wide initiative in 2006 to enhance patient safety, improve efficiency and eliminate unnecessary hospital days.

As a first step, North Shore-LIJ assembled a system-wide team to develop a plan, determine a measurement methodology and identify opportunities for improvement. The second step was to empower clinical leaders and physicians at the hospitals to develop proactive action plans and initiate change through local utilization and standardization committees. Project teams included physician champions, hospital administrators, nurses, quality professionals, ancillary staff and analytics support specialists. An analytics support team was convened to study the data, identify opportunities for improvement, provide education on metrics and documentation and produce timely outcome reports. This strategy resulted in improved turn-around times in various inpatient service lines, a decrease in unnecessary hospital days and ultimately a reduction in average length of stay (ALOS) by 0.6 days.

Since 2007, the health system (11 acute care hospitals) has seen a decrease of 147,000 unnecessary hospital days in adult acute care, which equates to freeing up 403 beds. Through targeted initiatives, cases with a length of stay over 20 days decreased by 26%. The decrease in unnecessary hospital days is projected to produce annual cost savings of $8.7 million in adult acute care.
**Clostridium difficile-Associated Disease (CDAD)**

_C. difficile_-associated disease (CDAD) is a common type of healthcare-associated infectious diarrhea. It is usually mild but can be severe. It sometimes requires surgery. In extreme cases, CDAD can cause death, particularly in individuals with other underlying health conditions.

There are many factors that can affect the incidence of CDAD, including the health, age and medical history of the patient population, the size and physical layout of the healthcare facility and the complexity of services offered.

North Shore-LIJ has adopted numerous measures to contain, minimize and eliminate the spread of infection. In addition to hand hygiene, the health system is using a more sensitive laboratory test known as polymerase chain reaction (PCR) to increase the accuracy and timeliness of diagnosis. Patients with symptoms are placed on precautions while the infection is confirmed and antibiotics are used judiciously when CDAD is verified and treatment is necessary. Bleach-based products are used for frequent cleaning of the patient care environment.
Working to Eliminate Central Line-Associated Bloodstream Infections (CLABSIs)

Patients with poor venous access who need to receive fluid, treatment and/or medication may require a central line. A central line, however, places patients at higher risk for infection due to the direct access of the device to the bloodstream. Patients requiring a central line can be cared for either in an intensive care unit (ICU) or in a non-ICU setting. North Shore-LIJ implemented a collaborative effort in 2005 to decrease infections associated with central lines. Formation of a care team with a standardized insertion protocol, a checklist and a kit that contains all necessary equipment for the insertion procedure led to a dramatic decrease in CLABSIs. The insertion bundle was initially adopted in the ICUs and was expanded to non-ICU settings. There is also a maintenance bundle which has been adopted, and a focused effort to reduce the overall use of central lines through a daily assessment of need and removal of the line as soon as possible. If an infection does occur, the interdisciplinary care team is assembled to review the case and identify changes to mitigate future risk for infection.

In 2012, there was more than a 40% reduction in ICU and Non-ICU CLABSI compared to 2011.

Montefiore Medical Center and North Shore-LIJ Home Care Network are collaborating with the United Hospital Fund on a project to identify patients with CLABSIs and develop a program to reduce their occurrence in the home care setting.
As of January 30, 2013, the following critical care units have been CLABSI-free for:

- **6-11 months**
  - Long Island Jewish Hospital Medical ICU
  - Cohen Children’s Medical Center Pediatric ICU
  - Lenox Hill Hospital CCU
  - Long Island Jewish Hospital Cardiothoracic ICU
  - North Shore University Hospital Cardiothoracic ICU
  - Staten Island University Hospital-South ICU
  - North Shore University Hospital-South CCU

- **1-2 years**
  - Huntington Hospital ICU
  - Long Island Jewish Hospital SICU
  - Staten Island University Hospital-South CCU

- **2-3 years**
  - Glen Cove Hospital ICU
  - Staten Island University Hospital-North CCU

- **3-4 years**
  - Glen Cove Hospital ICU
  - Staten Island University Hospital-North CCU

- **4+ years**
  - Glen Cove Hospital ICU
  - Staten Island University Hospital-North CCU

Source: National Health Safety Network (NHSN)
Higher Number of Months/Years is better
Data as of January 30, 2013

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Glen Cove Hospital ICU has been CLABs-free for 5 years.

Approximately 50% of North Shore-LIJ’s 33 ICUs have been CLABS-free for more than 6 months.
Hand Hygiene

To minimize the transmission of harmful pathogens that cause infection, hand hygiene is a major priority for North Shore-LIJ. Our goal is to increase and sustain high rates of compliance with employee hand hygiene policies through shared accountability and reinforcement of the fundamental principles of infection prevention and control. In 2012, we expanded our program to engage patients and families in hand hygiene and continued to conduct audits using a standardized tool during direct observations of employee hand hygiene.

Hand hygiene compliance rates rose to approximately 90% in 2012.

Source: Infection Control Database, KQMI Table of Measures (2010-2011)
National Health Safety Network (NHSN) (2012)
Data excludes Lenox Hill
Data as of February 28, 2013
Medication Safety

Computerized Discharge Medication Instructions

One of the most vulnerable periods for patients is immediately after discharge from a hospital. Numerous studies have documented discrepancies in medications that patients were taking post-discharge compared to the medications that the discharging providers intended for those patients to take. During 2012, a major redesign of our computerized discharge medication instructions was completed. The new discharge module collects information from providers allowing the printed instructions to explicitly identify medications prescribed prior to hospitalization that should be discontinued, those to continue at either the same or altered doses, and those that have been added during hospitalization. Additionally, indications for all medications are provided to support patient education, as well as to assist providers assuming care for patients after discharge. These improvements were developed in partnership with the Office of Diversity, Inclusion and Health Literacy (ODIHL) to ensure that the information is clearly organized and presented.

Skilled Nursing Facilities

Preventing Falls with Injury

North Shore-LIJ’s three skilled nursing facilities have reduced patient falls with injuries far below state and national benchmarks by utilizing an interdisciplinary team approach and engaging patients/residents and families in risk-reduction strategies. Among the many evidence-based practices adopted were strict monitoring of high-risk patients/residents, shift-to-shift walking rounds, the reduction of psychotropic medications and physical therapy consults.

Stern Family Center for Rehabilitation has achieved zero falls with injuries for the past 15 months.
Clinical excellence is achieved when systems are implemented that are designed to bring about predictable, optimal outcomes that consistently meet or exceed customer expectations.
The North Shore-LIJ Medical Group, composed of more than 2,400 full-time physicians across nearly 400 ambulatory physician practices, was awarded the 2012 Partners in Performance Excellence (PiPEX) Silver Award for outstanding management and operational practices. The award recognizes the progress that North Shore-LIJ has made in aligning the rapidly growing number of outpatient physician practices that have joined the health system in recent years, as well as the physicians practicing in its hospitals and facilities. Customer focus was one of the North Shore-LIJ Medical Group’s key strengths.

The Partners in Performance Excellence Award is part of the Baldrige Performance Excellence Regional Program. The North Shore-LIJ Medical Group’s performance was examined using the same processes, guidelines and criteria as the Malcolm C. Baldrige National Quality Award for Performance Excellence.

Examiners looked at the medical group’s operational processes in seven categories: leadership, strategic planning, customer and market focus, measurement analysis and knowledge management, human resources focus, process management and results. By participating in the award program, the North Shore-LIJ Medical Group was able to obtain an in-depth evaluation of its performance against industry best practices, and identify opportunities for growth and areas for improvement.

The North Shore-LIJ Medical Group is the sixth-largest physician group practice in the United States. It encompasses nearly 400 ambulatory physician practices throughout the metropolitan area.

Q-HIP is a performance-based reimbursement program that financially rewards facilities for practicing evidence-based medicine and implementing industry-recognized best practices in patient safety, health outcomes and member satisfaction. Clinical measures were developed by national quality organizations such as the National Quality Forum (NQF) and The Joint Commission. Annually, each facility receives a report of its performance along with aggregate data on state, regional and/or other relevant benchmarks, or best practices.

Nine out of 10 North Shore-LIJ hospitals received 100 percent of the full Q-HIP adjustment equaling nearly $7 million.
The Joint Commission Recognizes North Shore-LIJ Hospitals as Top Performers

The Joint Commission Top Performers on Key Quality Measures™ program recognizes accredited hospitals that attain excellence on accountability measure performance. The program is based on data that is reported on evidence-based clinical processes that are shown to be the best treatments for certain conditions, including heart attack, heart failure, pneumonia and surgical care. In 2012, 620 hospitals were recognized as Top Performers; this number represents the top 18 percent of Joint Commission-accredited hospitals reporting core measure performance data for 2011.

Staten Island University Hospital and Southside Hospital were named among the nation’s Top Performers on Key Quality Measures™ by The Joint Commission.

Southside Hospital was one of 244 Top Performers that achieved this distinction for two consecutive years by sustaining its performance.
Addressing the Growing Problem of Diabetes

Diabetes is a major public health problem, and its effects are felt throughout the health system. North Shore-LIJ is therefore developing programs, clinical initiatives and data-monitoring capabilities to ensure that best practices related to diabetes care are followed. The programs will include new ways to identify patients with pre-diabetes and offer interventions that can reduce the risk of developing type 2 diabetes. In addition, the program will connect diabetic individuals who are at high risk for developing complications with appropriate outpatient diabetes resources to help them reduce their risks and stay healthy following hospital discharge.

Approximately 300 health professionals attended on-site diabetes champion programs, which provide education to staff on diabetes management, for example, close monitoring of blood glucose, which is a key factor in managing this chronic illness.

North Shore-LIJ received the American Association of Diabetes Educators Recognition Certification.

Thirteen physician practices have been recognized by the National Committee for Quality Assurance (NCQA) for diabetes care.

North Shore-LIJ is actively participating with the Dartmouth Institute High Value Health Care Collaborative in a diabetes care initiative and is working on a primary care project that concentrates on screening and recognizing depression in patients with diabetes.
Percutaneous Coronary Intervention

North Shore-LIJ hospitals provide some of New York State’s best outcomes for percutaneous coronary interventions (PCI) and open-heart surgery, according to reports by the New York State (NYS) Department of Health (DOH). The DOH analyses of outcomes in hospitals across the state over the years have contributed to continuous improvement in the care that is delivered to New Yorkers with heart disease.

All North Shore-LIJ PCI programs participate in the American College of Cardiology (ACC) National Cardiovascular Data Registry (NCDR) and monitor performance on an ongoing basis. A PCI task force with medical and nursing representation and clinical/administrative leadership from each of the PCI programs meets to review all performance metrics and establish standardized tools and practices to enhance performance. Among the tools developed are a PCI pre-procedure clinical checklist and criteria for hospital admission post-PCI.

Percutaneous coronary intervention, also referred to as coronary stenting or angioplasty, is a common procedure that utilizes thin catheters to clear blocked coronary arteries. In some cases, PCI is used as an emergent treatment for patients who are experiencing a heart attack, or who may be in shock. In most cases however, PCI is done on a non-emergent 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 2008-2010. The hospitals are Huntington Hospital, Long Island Jewish Medical Center (LIJMC), North Shore University Hospital (NSUH), Staten Island University Hospital (SIUH) and Southside Hospital. Lenox Hill Hospital joined North Shore-LIJ after the 2008-2010 reporting period and is excluded from the graphic.

IN-HOSPITAL 30-DAY RISK-ADJUSTED MORTALITY RATE FOR PCI - ALL CASES

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Cases</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntington</td>
<td>258</td>
<td>1.1%</td>
</tr>
<tr>
<td>LIJMC</td>
<td>5,896</td>
<td>1.2%</td>
</tr>
<tr>
<td>NSUH</td>
<td>6,112</td>
<td>1.0%</td>
</tr>
<tr>
<td>SIUH</td>
<td>3,398</td>
<td>1.2%</td>
</tr>
<tr>
<td>Southside</td>
<td>1,681</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

New York State average 0.90 (n=162,918)

Source: New York State Department of Health PCI Report 2008-2010

Lower score is better
Data as of August 2012

NSUH was one of only two hospitals in New York State that had significantly better survival rates for patients undergoing emergency PCI from 2008 to 2010.
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 shown illustrate outcomes for valve procedures when done alone, or in combination with CABG. Lenox Hill Hospital joined North Shore-LIJ after the 2008-2010 reporting period and is therefore excluded from the graphic. Southside Hospital began performing cardiac surgery in 2011 and therefore is excluded from the graphic. Risk-adjusted mortality rates for NSUH and SIUH were not significantly higher or lower than the New York State average.

Long Island Jewish Medical Center (LIJMC) was one of only four hospitals in New York State with risk-adjusted mortality rates that were significantly better than the statewide average for 643 patients undergoing surgeries to repair or replace heart valves and for those in need of both valve replacement and CABG. This is the second time in a row that LIJMC received double-star rankings for superior outcomes in both valve and valve/CABG surgery.
Transcatheter Aortic Valve Replacement (TAVR)

North Shore-LIJ offers treatment of severe aortic stenosis to patients considered to be at high or extreme risk for traditional surgical aortic valve replacement, at Lenox Hill Hospital, Long Island Jewish Medical Center, North Shore University Hospital and Southside Hospital. This catheter-based procedure, known as TAVR (transcatheter aortic valve replacement), relies on a multidisciplinary team approach between our Departments of Cardiology and Cardiothoracic Surgery. Both devices currently available in the United States are used: the Medtronic CoreValve® (for use in three ongoing clinical trials) and the Edwards SAPIEN Valve® (now commercially available).

Since the first TAVRs were performed at Lenox Hill Hospital and North Shore University Hospital in April 2011, the four sites combined have performed approximately 120 successful procedures as of February 2013.
Follow Your Heart™ Program: Working Together to Reduce Cardiac Surgery Readmissions

In an effort to reduce cardiac surgery readmissions, in 2010 leadership of the North Shore-LIJ cardiothoracic team introduced an innovative program known as Follow Your Heart. After discharge, the program provides follow-up care to patients at home by nurse practitioners and physician assistants who cared for the patient in the hospital. An added feature of the program is ongoing collaboration with the North Shore-LIJ Home Care Network. Together these programs are working to help patients manage their medications at home and improve communication between acute and post-acute care settings. 30-day readmission rates decreased from baseline (January to June 2010) to post-implementation (January 2011 to December 2012) among all four cardiac surgery programs that initiated the Follow Your Heart program as follows: LIJMC (22.0 percent vs. 15.3 percent); NSUH (17.0 percent vs. 10.4 percent); SIUH (15.0 percent vs. 12.6 percent) and Southside (17.0 percent vs. 9.0 percent).

![30-DAY READMISSION RATES OPEN HEART SURGERY PATIENTS ENROLLED IN THE FOLLOW YOUR HEART PROGRAM BEFORE VS. AFTER PROGRAM IMPLEMENTATION]

Source: LIJMC, NSUH, SIUH, Southside Cardiothoracic Databases
Data as of March 1, 2013
Pre-Hospital Recognition of Stroke

North Shore-LIJ Center for Emergency Medical Services (CEMS) has a long history of working with all hospitals that refer patients to our 11 New York State-designated stroke centers. One important component in the patients' overall outcome is early recognition of the signs and symptoms of a stroke in the pre-hospital setting. In 2010, as part of the quality improvement metric, CEMS began measuring compliance with the Cincinnati Pre-Hospital Stroke Scale, which enables the crews in the field to diagnose signs and symptoms of a stroke. This permits pre-arrival notification at the receiving stroke center, enabling staff to be better prepared to deliver the required time-sensitive treatments. Since 2010, CEMS, in conjunction with the physicians from Vascular Neurology, has sponsored numerous educational seminars. In addition, the electronic medical record (EMR) assists patient care providers in accurately documenting their findings. Over the past three years there has been a 65 percent increase in the number of stroke patients cared for by CEMS.

Compliance with the Cincinnati Pre-Hospital Stroke Scale steadily increased from 73% (2010) to 98% (2012).

Overall stroke mortality decreased from 7.44% (2009) to 6.55% (Q1-3 2012).
Physician High Potential Program

North Shore-LIJ launched its Physician High Potential Program to provide top-performing physicians across the system with the skills not only to excel in the clinical realm, but also to lead the transformation of healthcare across the system. These physician leaders embody the health system’s beliefs and core values. Over the course of two full years, they are exposed to the organization’s top leaders and receive the best internal and external educational opportunities and extensive cross-training. It is the expectation that these individuals will emerge from the program with both a readiness to advance their careers and the skill-set necessary to assume highly visible leadership positions within the organization.

High Potential Program

Each year, executives from across North Shore-LIJ nominate their top talent for inclusion in the system’s most distinguished leadership development program. The program’s mission is to identify, develop and prepare its participants — defined as employees who have excelled in their fields, as well as in the competencies required of great leaders — to assume vital future leadership roles within the organization with an emphasis on transforming healthcare. Top candidates embody the health system’s vision and values, demonstrate strong leadership potential, naturally influence others and thrive in a changing environment.

Over 75 physicians, in two cohorts, have participated in the Physician High Potential Program since its inception in 2011.

Mobilizing Talent

- 473 employees completed the High Potential Program from 2008 to 2012
- 45% were promoted
- 80% made one or more moves within the system
- 94% remain in the High Potential talent pool
- 96% remain employed at North Shore-LIJ

The recipient of the Brandon Hall Group’s 2011 Gold Award for Best Leadership Training Program, the North Shore-LIJ High Potential Program now serves as a springboard for future leaders committed to carrying out the organization’s mission and vision, and as an industry model for other corporations looking to enhance their internal talent communities.
The ODIHL has established various interdisciplinary system-wide intramural education initiatives that have helped to transform the North Shore-LIJ Health System climate and promote an environment that is diverse, inclusive and health literate. These efforts have been cross-cutting in both discipline and mode of delivery through the development of interprofessional orientations and in-print, online and in-class educational opportunities.

Culture Vision™ is a comprehensive resource that was launched to assist healthcare professionals who are interested in developing their cultural knowledge by asking thoughtful questions. Considering that diversity exists among individuals even within a given culture, it is intended to provide users with information to help anticipate their patients’ needs and guide their conversations. Since its launch in June 2012, Culture Vision has received 11,588 hits.

Quality Interactions® is an e-learning resource launched by ODIHL that provides care-based instruction on cross-cultural communication among diverse populations. The online program was launched in September 2012, and 217 participants had completed it by the end of the year.

Over 13,000 employees were educated through various ODIHL initiatives in 2012. In addition, the ODIHL developed a web-based Health Literacy Module to provide all healthcare professionals with the fundamental skills and resources to enhance the patient experience, strengthen effective patient-provider communication and promote patient-centered care. The Health Literacy Module was launched on July 9, 2012, and 2,781 participants have completed it.
Teamwork

North Shore-LIJ is committed to enhancing teamwork because we know this will promote a culture of safety across the organization and improve patient outcomes.
When the largest storm since 1938 hit the New York area on October 29, North Shore-LIJ already knew it would need to respond in a big way. With 16 hospitals and more than 400 outpatient facilities, three post-acute care facilities and homebound patients receiving home care services, the challenge facing North Shore-LIJ both during and after the storm was daunting. The storm’s destructive power was unprecedented, but so too was the response by North Shore-LIJ employees, many of whom worked beyond their regular shifts.

As part of its disaster preparedness planning for any emergency, North Shore-LIJ hospitals, long-term care facilities, and ambulatory services activated their emergency operations centers three days in advance of Superstorm Sandy’s arrival. They remained staffed around the clock throughout the week of the storm, enabling the leadership of the health system and its facilities to maintain ongoing communications and arrange for and allocate resources and supplies as necessary. Providing for the medical needs of homebound patients was extremely important in order to prevent an influx of patients in our emergency departments.

High tides were a threat at the height of the storm, and as Sandy neared, North Shore-LIJ began to see the impact, with sporadic power outages and flooding. The storm surge was expected to exceed 11 feet and potentially cause flooding at Southside Hospital and Staten Island University Hospital (SIUH), both in low-lying areas. Flooding problems necessitated evacuation of the building housing the SIUH Data Center, which effectively shut down the hospital’s computers and prevented staff from accessing electronic medical records. However, SIUH staff preserved patient safety by

About 368 patients from other area institutions were transferred to or assisted by North Shore-LIJ. The Center for Emergency Medical Services (CEMS) played a major role in that effort, responding to 1,008 requests for assistance before, during and after the hurricane, and transporting a total of 726 patients.

“Superstorm Sandy was the worst storm to hit our region in over 70 years,” said Michael Dowling, North Shore-LIJ president and chief executive officer. “An historic event of such magnitude requires an historic response. That our employees and clinicians kept our doors open, met community needs during the crisis and assisted other hospitals in distress was a significant achievement.”
being prepared, relying on paper records until the building came online after the storm passed.

By the time Sandy was over, over one million people were without power and tens of thousands more were homeless. Furthermore, displaced staff members were offered refuge at several health system sites. Within 48 hours of the storm’s landfall, 62 employees’ families obtained temporary housing through North Shore-LIJ; similar arrangements continue to help hundreds of additional staff members and their loved ones.

Establishing the first of what would be many national fund-raising initiatives to help Sandy victims, North Shore-LIJ created the dedicated Emergency Employee Resource Center. The health system also announced that proceeds from an annual fundraising gala already scheduled would be allocated toward the employee relief fund and charities supporting other disaster victims in the community. The event raised more than $2 million.

There are hundreds of untold stories of North Shore-LIJ caregivers who lost homes and possessions to high winds, flooding and fires but continued to come to work. Their extraordinary self-sacrifice, dedication and commitment are inspiring. Equally inspiring has been the outpouring of support from staff members for their struggling coworkers.

Three hospitals, Lenox Hill, Forest Hills and North Shore University, gave refuge to 93 patients who were evacuated from a New York City medical center that was forced to close due to flooding. In addition, to ensure continuity of care, Lenox Hill Hospital granted disaster privileges to 372 physicians or licensed independent practitioners from this medical center, including 38 obstetrician-gynecologists. The health system established a 24-hour credentialing hotline for physicians to help facilitate the process.

North Shore-LIJ skilled nursing facilities received more than 78 patients from nursing homes and shelters in New York City and Long Island. North Shore-LIJ’s outpatient dialysis centers extended their hours of operation to accommodate an influx of more than 30 patients whose treatment centers closed.
Open Visitation: Putting Patients First

Patients may now see their families and friends at any time as a result of open visitation guidelines that went into effect across all health system facilities. The guidelines allow patients to designate a patient representative who assists in the planning and implementation of care and a support person who helps coordinate visitation. North Shore-LIJ convened an interprofessional patient rights and visitation task force composed of nurses, physicians, security personnel, information technology specialists and health literacy professionals along with patients and families to develop guidelines based on existing hospital policies and best practices.

Engaging patients and families in the process and learning from them through their personal stories and experiences motivated the team to ensure safe and open visitation while protecting patient privacy. Once guidelines and metrics were agreed upon, a decision was made to test the revised visitation guidelines at North Shore University Hospital, an 812-bed academic medical center, and Glen Cove Hospital, a smaller, 265-bed community hospital. Preliminary data from these two pilot organizations revealed a positive trend across the majority of dimensions of care being measured. As a result of this initiative, changes are occurring that will ultimately advance a cultural shift toward more open and patient- and family-centered care.

System-wide metrics indicate an overall positive trend in the patient experience related to additional rights and open visitation from March to December 2012. Most notably, there was a 7-percentile-point increase in “Accommodations and Comfort of Visitors”; a 4-percentile-point increase in “Staff Including Patients in Decisions Regarding their Treatment”; and a 7-percentile-point increase in “Respect-Culture/Race/Religious Needs.”

What YOU Need to Know

1. **Patient Representative:** A person designated by the patient who can help make healthcare decisions, exercise the patient’s rights, and participate in the development and implementation of the patient’s plan of care.

2. **Support Person:** A person designated by the patient to help carry out visitation decisions and provide emotional support and comfort during the course of the hospital stay.

3. **Open Visitation:** A policy that any visitor welcomed by a patient or designated support person may visit at any time, without limitation, unless there is a clinical rationale for restricted visitation.
Collaborative Care Councils and TeamSTEPPS®

Collaborative Care Councils, first established in 2008 as part of the North Shore-LIJ Collaborative Care Model, serve to engage and empower interdisciplinary teams at the front-line to problem solve, innovate and sustain improvements. To date over 300 Collaborative Care Councils exist on patient care units and in clinical/non-clinical areas across our hospitals, ambulatory care centers and the Center for Emergency Medical Services (CEMS).

In 2012 collaborative care councils (CCCs) continued to evolve, and by the end of the year two system-wide service-line CCCs were formed, one for behavioral health and the other for emergency medicine. Regular meetings occurred to discuss common challenges and share best practices.

The behavioral health CCC quickly established itself as an important resource for behavioral health clinicians across the health system. Through ongoing discussions, it became apparent that aggressive behaviors were a challenge faced by all behavioral health teams. In response, The Zucker Hillside Hospital (ZHH) invited all members of the CCC to participate in a training program that they had developed. The program presents best practices and risk-reduction strategies related to aggressive behaviors. In total, 130 interdisciplinary staff members from 10 health system facilities participated in the program.

As the emergency medicine CCC began to discuss patient safety priorities, it became evident that aggression was also a challenge across all North Shore-LIJ emergency departments. As a result, the training module on aggressive behaviors was shared and customized for emergency medicine, and a solid working relationship between the behavioral health and emergency medicine clinicians has emerged.

In 2012 an additional 2,000 health system staff received training in TeamSTEPPS, bringing the total trained to 33,000. The North Shore-LIJ Institute for Nursing serves as a national training center for TeamSTEPPS and delivered training to over 150 healthcare leaders from across the country.
Patient Safety Institute

The hallmark of the Patient Safety Institute (PSI), one of the largest simulation centers in the country, is interprofessional education and teamwork. Through extensive interprofessional team training using cutting-edge simulation and an array of patient simulators, PSI fosters unique, collaborative learning opportunities that ultimately improve quality and patient safety.

The Bioskills Education Center, a vital component of the PSI, brings the latest operative techniques to physicians, medical students, nurses and surgical technologists. Coupled with the most advanced technologies in video and endoscopic surgical equipment, the center supports surgical training, continuing medical education and research.

“The goal of medical simulation training is to bring clinical teams to a safe setting to experience life-threatening events and to practice skills without error or jeopardy to patients,” said Kathleen Gallo, PhD, MBA, RN, FAAN, senior vice president, chief learning officer of North Shore-LIJ. “The true learning comes during the debriefings; self-discovery takes place and clinicians can learn to improve their critical thinking as well as their communication and teamwork skills.”

In 2012 alone, over 9,000 clinical staff participated in medical simulation programs. Nearly 163,000 total learner hours were accrued through educational programs offered at CLI and PSI in 2012.

Each year, North Shore-LIJ’s high-tech medical simulation center, the PSI, hosts approximately 100 prominent healthcare organizations, universities and governmental agencies.

PSI was granted accreditation from the Society for Simulation in Healthcare for excellence in the areas of teaching/education, assessment and systems integration.
The Standardized Patient Program

The Patient Safety Institute is using standardized patients to teach medical students from the Hofstra North Shore-LIJ School of Medicine, as well as staff from North Shore-LIJ.

The standardized patients, drawn from a pool of approximately 50 per-diem employees, might be asked to simulate signs of mental illness, chest or abdominal pain, withdrawing from alcohol addiction, or receiving bad news about their medical condition. When one or more standardized patients are called in, they are given a case scenario, complete with a patient name, age, history and physical and mental condition. They are trained to simulate every nuance of the patient’s condition.

When the standardized patients act out their condition for the students, clinical advisors ensure that the portrayal is accurate, and each encounter is video-recorded for future review by faculty. While they are playing their roles, the standardized patients are also closely observing the students — something no mannequin can do. Immediately after each encounter, they complete a checklist tailored to the case, assessing the students’ clinical as well as their interpersonal skills. The standardized patients also provide one-on-one immediate feedback, or participate in group feedback sessions with faculty. As with scenarios with high-fidelity patient simulators, the student is led through a nonjudgmental process of self-reflection, including advocacy and inquiry, to discover what went well and what might have been done differently.

Innovation Improves Transportation Services

Non-Emergent Transport Decision Support Tool

The Center for Emergency Medical Services (CEMS), Finance Business Intelligence Analytics Department and Quality Management partnered as a team to improve transportation services in response to an increasing trend toward utilizing ambulance services for non-emergency patient transportation. This trend in overutilization reduced the availability of ambulances for emergency transportation and resulted in a negative financial impact.

Together the team developed an innovative software product that guides decision support based on the CMS definition of medical necessity for ambulance service. Based on this definition, the proper service level for patient transportation is determined. The decision support tool also provides a consistent and reproducible mechanism for creating and managing the physician certification statement documentation that is necessary for proper billing. The decision support tool improves transportation efficiency, enhances patient safety and provides a means of education.

Implementation of the Non-Emergent Transport Decision Support Tool has resulted in a $2.5 million reduction in expenses over the past two years.
One of the major themes of healthcare reform is the coordination of care across providers and environments. A number of innovative information technology, population health and health and wellness initiatives were undertaken at North Shore-LIJ to achieve this goal and transform the organization for the future.
Office of Integrated Data Analytics

A new initiative to develop an enterprise-wide business analytics platform to standardize the use of information and definitions will help us attain our goal to perform in the top decile in the country and to continue to differentiate North Shore-LIJ as a major innovator in health care.

North Shore-LIJ has invested significant resources in sophisticated data gathering and analytic capabilities, not only for internal and external reporting but also to improve performance, manage resources, and make strategic decisions. The increased complexity of questions being asked about our patient population requires new and powerful tools to answer. Building on the expertise of the Krasnoff Quality Management Institute, which provides data analytics for our clinical excellence programs, The Feinstein Institute for Medical Research, with its wealth of genetic information regarding our patient population, the robust analytic capabilities of Strategic Planning and the decision support systems of Finance, combined with clinical informatics from the Electronic Medical Records, the health system will be able to harness the power of data and create insights that will lead to action.

Our aggressive efforts to reduce sepsis mortality, hospital-acquired conditions and readmissions, manage the patient experience efficiently and managing the care and cost across the care continuum require an increased focus on value and a fully integrated approach to data analytics.

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 electronic health record (EHR) is a key requirement for recognition as a patient-centered medical home (PCMH) by the National Committee for Quality Assurance (NCQA).

PCMH standards require use of EHR tools to track patients, diagnostic tests and many other aspects of care. Additionally, disease registries and custom reports were developed to identify at-risk patients, track health maintenance compliance and perform other tasks included in the PCMH standards. A key requirement for optimal coordination of care is timely notification of primary care practitioners when their patient has an emergency department or inpatient visit.

Patient-Centered Medical Home

The General Internal Medicine Practice (North Shore University Hospital) received Level III NCQA PCMH recognition. The Glen Cove Family Medicine Practice received Level II NCQA PCMH recognition. Both of these practices were recognized for diabetes care by the NCQA.

During 2012, notification systems were built for two of our primary care practices to support PCMH care standards. For those practices, an electronic task is created in the EHR when any patient seen in that practice presents to an emergency department or is admitted to a North Shore-LIJ hospital.
Healthix

Healthix (previously known as LIPIX) is a regional health information organization (RHIO) that was founded in 1997 to support the healthcare providers of Long Island. Today, Healthix is the premier RHIO in Greater New York connecting all of the North Shore-LIJ acute and long-term care facilities as part of the more than 165 facilities and over 6,000 clinicians and care coordinators throughout Long Island and the five boroughs of New York.

Healthix shares North Shore-LIJ’s vision of a connected provider community and is focused on the integration of clinical information across multiple healthcare organizations in support of the state and national strategic health information technology plans. In partnership with the New York eHealth Collaborative (NYeC), Healthix is an integral part of the building of the Statewide Health Information Network of New York (SHIN-NY).

One example of the success of the partnership between Healthix and North Shore-LIJ is improved coordination of care for mothers with high-risk pregnancies. Clinical data about both mother and baby is automatically transmitted electronically between physician offices, fetal imaging centers and hospitals, allowing seamless care to be delivered to both mother and baby prior to, during and after delivery.

The seamless electronic interoperability of providing access to information, and also the ability to automatically “push” specific pieces of data to clinicians to support clinical care, demonstrate both the capabilities of Healthix and the patient-centered focus of North Shore-LIJ.
Meaningful Use

The American Recovery and Reinvestment Act (ARRA) led to the development of a pair of standards, one for hospitals and one for providers, referred to as “meaningful use” of electronic health records. They are designed to ensure that electronic health records are installed and utilized in a manner that delivers clinical benefits. Hospitals or providers that demonstrate compliance with these standards are eligible for incentive funding. Hospitals and providers that fail to meet these standards by 2015 will face penalties in their Medicare reimbursement.

In 2012, four hospitals provided attestation to compliance with meaningful use standards. These hospitals received over $20M in financial incentives from governmental agencies. There were a total of 103 physician practices that attested to compliance with these standards and as a result received $1.6M in financial incentives.
North Shore-LIJ House Calls, an advanced illness management program, provides care to homebound elderly patients with multiple chronic illnesses and functional impairments. The homebound elderly typically have poor access to care leading to a high number of emergency department visits and elevated hospital admission rates. Inpatient mortality among these patients is also high. The homebound elderly require intense interdisciplinary and coordinated care, much of which is unreimbursed.

Two interdisciplinary teams comprised of physicians, nurse practitioners, social workers and care coordinators, in addition to administrative personnel care for approximately 800 homebound patients through this program.

The North Shore-LIJ House Calls program is part of the “Independence at Home Demonstration” that was created under the Affordable Care Act as part of the Centers for Medicare and Medicaid Innovations (CMMI). The demonstration is intended to encourage the delivery of high quality primary care in a home care setting, provide a shared saving model and award incentive payments to health care providers who succeed in meeting designated quality measures and reducing Medicare expenditures. As illustrated, many improvements have resulted as the teams have grown and efforts have intensified this past year.
Information Technology to Improve Coordination of Care:

North Shore-LIJ House Calls has partnered with North Shore-LIJ’s Clinical Analytics team to provide real-time electronic notifications when their patients arrive or are discharged from a North Shore-LIJ affiliated hospital. The North Shore-LIJ’s partnership with Healthix, the local Health Information Exchange, expands the reach of these notifications to include nearly every inpatient facility in the New York City area. Notification that a patient is in the Emergency Department or hospital prompts communication between the hospital team and the primary care physician, which ensures that patient needs and preferences are appreciated, avoids unnecessary admissions, and facilitates prompt and safe discharge from the hospital.
Point of Care Testing

North Shore-LIJ Laboratories partnered with Physician and Ambulatory Network Services (PAANS) to ensure quality patient testing through standardization and best point-of-care testing practices. This includes the evaluation and validation of testing platforms, standardization of policies, training and competency assessment of outreach client staff.

North Shore-LIJ Laboratories manages over 100 testing sites, including faculty practices, employee wellness centers, patient service centers, ambulances, hospitals, nursing homes, urgent care centers and community health fairs.
Moving to Population-Based Care

Moving from “healthcare” to “health” will require new thinking, new language, new strategic literacy and adaptive leadership that will transform the organization with new beliefs, behaviors, relationships and customers. Clinical initiatives will shift toward population disease management for conditions such as heart failure, diabetes, asthma, behavioral health and advanced illness. Metrics will shift as well, to measuring disease management and prevention, as well as patient preference and outcome.

“We are no longer in the business of taking care of sick people only. Our new focus must be on managing population health and helping people stay well. This is a completely different approach to the way we operate today, where we are reimbursed based on how many beds we fill, how many visits to the doctor people make and other fee-for-service transactions,” said Michael Dowling, president and chief executive officer of North Shore-LIJ. “To thrive in this complicated new environment, it’s imperative that we work together even more closely with insurers, our community physicians and other caregivers.”

Prevention, Education Key to Reducing Flu

2012-2013 Influenza Season

This year, North Shore-LIJ deployed its most ambitious flu prevention program yet, with participation required from everyone who cares for patients in all health system settings. Furthermore, a new policy requires unvaccinated staff in high-risk neonatal/newborn patient care environments to wear masks to help prevent transmission of the virus. Total participation in the flu prevention program this season represents the progress being made for this important patient safety effort.

Total participation in the Flu Prevention program increased from 63% (2006-2007) to 96% (2012-YTD 2013).
In March 2012, North Shore-LIJ launched a voluntary, system-wide walking challenge open to all employees — “Walk to Paris” — designed to bring employees together to focus on fitness and learn how to stay healthy. The challenge invited all employees to form teams with nine fellow employees, walk with a pedometer for three months, track steps and aim for the finish line — the Eiffel Tower in Paris, which is about 7.2 million steps — to win a trip to Paris.

Approximately 15,000 employees enrolled, and more than 900 teams (9,000+ employees) completed the challenge. Four teams (40 employees) won the grand prize — a trip to Paris — and 10 additional teams (100 employees) received gifts promoting health and wellness.

Findings from Walk to Paris indicate that walking improves important health metrics for all walkers, but is even more important for those who are diabetic or pre-diabetic. Overall, walkers lost an average of six pounds and weight loss for all those who participated totaled approximately 145,000 pounds.
North Shore-LIJ continues to remain passionate about supporting employees’ health and wellness and offers incentives and education focusing on prevention. As part of these efforts, the health system launched the “Know Your Numbers” campaign to help support, guide and educate employees about their risks for life-threatening illness, such as heart disease, diabetes and stroke. All employees are encouraged to participate in Know Your Numbers to learn more about key numbers that can raise a flag about serious health risks that they may not be aware of or have any symptoms for.

In the interest of helping employees to become more aware of health risks, North Shore-LIJ funded the program, which consists of a free health screening and blood testing to determine four key biometric numbers including blood pressure, body mass index (BMI), cholesterol and diabetes risk. Working in healthcare provides a daily reminder about the importance of taking an active role in health and wellness.

More than 6,500 employees participated in all components of the Know Your Numbers initiative, which included measurements of height, weight and blood pressure and a blood draw for lipid panel and hemoglobin A1c measurement.
2012 Awards and Recognition

North Shore-LIJ Awards
The nation’s second-largest nonprofit, 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 6,000 beds, employ more than 10,000 nurses and have affiliations with more than 9,440 physicians. Its workforce of more than 46,000 is the largest on Long Island and the third-largest private employer 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 2012, North Shore-LIJ was named one of the “100 Great Places to Work in Healthcare” by Becker’s Hospital Review and Becker’s ASC Review. Making the list for the second consecutive year, North Shore-LIJ was chosen for its “demonstrated excellence in providing robust benefits, wellness initiatives, professional development opportunities and an atmosphere of employee unity and satisfaction.”

The recipient of the Brandon Hall Group’s 2011 Gold Award for Best Leadership Training Program, the North Shore-LIJ High Potential Program now serves as a springboard for securing future leaders committed to carrying out the organization’s mission and vision, and as an industry model for other corporations looking to enhance their internal talent communities.

In a national competition to identify Health Literacy Innovators for 2012, North Shore-LIJ received second place in the Champion category of the Leonard G. Doak Health Literacy Innovator Award for the demonstration of commitment to excellence in health literacy within an organization. Criteria for the award included evidence of health literacy standards, implementation of readability and/or plain language writing standards, and health literacy staff training.

Modern Healthcare magazine ranked North Shore-LIJ Medical Group as the nation’s sixth-largest group practice with more than 2,400 full-time physicians geographically dispersed over nearly 400 ambulatory physician practices.

North Shore-LIJ Medical Group was awarded the 2012 Baldrige Partners in Performance Excellence (PiPEX) Silver Award for outstanding management and operational practices. The award recognizes the progress that North Shore-LIJ has made in aligning the rapidly growing number of outpatient physician practices that have joined the health system in recent years, as well as the physicians practicing in its hospitals and facilities. Customer focus was one of the North Shore-LIJ Medical Group’s key strengths.

North Shore-LIJ received a Sepsis Heroes Award from the Global Sepsis Alliance in recognition for its leadership role in improving care for sepsis patients across all of their hospitals. North Shore-LIJ’s public commitment and dedication to sepsis victims serves as a model for other organizations, both here and across the globe. North Shore-LIJ organized and hosted the Merinoff Symposium in 2010, a groundbreaking international conference on sepsis, which helped spur the formation of the Global Sepsis Alliance, the organization behind World Sepsis Day.
Three North Shore-LIJ hospitals — Huntington Hospital, Lenox Hill Hospital and North Shore University Hospital — were ranked among the nation’s top 50 hospitals in five clinical areas in the annual U.S. News & World Report “Best Hospitals” edition.

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

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

All North Shore-LIJ adult acute care hospitals are NYS-designated Stroke Centers.

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

- Austin Street Specialty Medical Center at Forest Hill
- Bay Street Health Center (Staten Island)
- Del Gaizo Family Medicine Faculty Practice (Islip)
- Dolan Family Medical Center (Huntington)
- Family Medicine Clinic at Glen Cove
- Forest Hills Family Practice Clinic
- General Internal Medicine (North Shore University Hospital)
- Glen Cove Family Medicine Practice at Oyster Bay
- Lenox Hill Medicine Family Practice
- Medical Faculty Practice at the Medical Arts Pavilion (Staten Island)
- Pediatrics-Endocrinology and Metabolism (New Hyde Park)
- School Street Family Practice (Glen Cove)
- Dr. Seigelhiem-Bay Shore Practice (Bay Shore)
Steven and Alexandra 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 extracorporeal membrane oxygen (ECMO) program on Long Island, Extracorporeal Life Support Organization.

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.

- Stroke Gold Plus Award, AHA, GWTG-Stroke.
- Top 10% in Nation for Overall Orthopedic Services, Orthopedic Surgery Excellence Award, HealthGrades.
- “Best on Long Island” for Overall Orthopedic Services three years in a row, HealthGrades.
- Five-star-rated, Joint Replacement and Total Knee Replacement three years in a row, Hip Fracture Treatment two years in a row, HealthGrades.

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 adult primary care and inpatient medical and surgical care, the hospital provides maternity and neonatal care, orthopedic surgery, intensive care, specialized vascular treatment and wound care.

- Stroke Gold Plus Award and Target Stroke Honor Roll Award for Door to Thrombolytic Time, American Heart Association, Get With the Guidelines-Stroke (AHA, GWTG-Stroke).
- Accredited with Commendation as a Community Hospital Cancer Program, American College of Surgeons Commission on Cancer.
- Project Joints Exemplar Status, Institute for Healthcare Improvement.
- Community Value 100 Award, Cleverley and Associates.
- 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.

- Stroke Gold Plus Award, AHA, GWTG-Stroke.
- The Joint Commission Disease-Specific Care Certification Advanced Inpatient Diabetes, Total Hip Replacement, Total Knee Replacement.
- Energy Star Award, four years in a row, Environmental Protection Agency (EPA).
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.

- Stroke Gold Plus Award, AHA, GWTG-Stroke.
- The Joint Commission Disease-Specific Care Certification — Total Hip Replacement, Total Knee Replacement.
- “America’s Best Hospitals” Ranked Among the Nation’s Top 50 Hospitals in ear, nose and throat, gastroenterology and geriatrics, orthopedics, urology, neurology, neurosurgery, orthopedics, pulmonology and urology, U.S. News & World Report (2012-13).
- Accredited Cancer Program, American College of Surgeons Commission on Cancer.
- Magnet Designation for Nursing Excellence, American Nurses Credentialing Center.
- Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery.

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.

- Stroke Gold Plus Award, AHA, GWTG-Stroke.
- America’s 100 Best Cardiac Care—Cardiac Care Excellence Award, HealthGrades.
- America’s 100 Best Cardiac Surgery—Cardiac Surgery Excellence Award, Best Coronary Intervention—Coronary Intervention Excellence Award, HealthGrades.
- Five-Star Rated for overall cardiac services for two years in a row, coronary interventional procedures for 10 years in a row, cardiac surgery for three years in a row, coronary bypass surgery for four years in a row, five-star rated for valve surgery for two years in a row.
- Achieved some of the best outcomes for cardiac surgery in New York State, NYS Department of Health Adult Cardiac Surgery Report (August 2012).
- Academic Center for Excellence for Minimally Invasive Surgery in Gynecologic Oncology and Gynecology, American Institute of Minimally Invasive Surgery.

Lenox Hill Hospital

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

- Stroke Gold Award, AHA, GWTG-Stroke.
- “America’s Best Hospitals” Ranked Among the Nation’s Top 50 Hospitals for cardiology and heart surgery for six of the past nine years, Ranked #12 in NY and #14 in the NY metropolitan area in cancer, diabetes, endocrinology, ear, nose and throat, gastroenterology, geriatrics, gynecology, nephrology, neurology; neurosurgery, orthopedics, pulmonology and urology, U.S. News & World Report (2012-13).
- Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery.

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.

- Stroke Gold Plus Award, AHA, GWTG-Stroke.
- Disease-Specific Care Advanced Certification—Stroke and Palliative Care, The Joint Commission.
- Achieved some of the best outcomes for emergent percutaneous coronary angioplasty (PCI) in New York State (NYS), NYS Department PCI Report (August 2012).
- Consumer Choice Award, Nassau-Suffolk’s Most Preferred Hospital for overall quality and image for the past 10 years (2012-13).
- Outstanding Achievement Award, Commission on Cancer.
- Academic Center for Excellence for Minimally Invasive Surgery in Gynecologic Oncology and Gynecology, American Institute of Minimally Invasive Surgery.
- Most Wired Hospital Award, Hospital and Healthcare Network (HHN).
- Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery.
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.

- **Stroke Gold Plus Award, AHA, GWTG-Stroke.**
- **Blue Distinction® Joint Replacement Program, Blue Cross/Blue Shield.**
- **Certification, Computerized Axial Tomography (CAT) and Ultrasound, American College of Radiology.**
- **Certification for Echocardiography, Intersocietal Accreditation Commission Echocardiography (IACEL).**
- Recognized as a **Clinical Hyperbaric Facility** that demonstrates commitment to patient care and facility safety. Undersea Hyperbaric Medical Society Clinical Hyperbaric Medicine Facility Accreditation Program.

Staten Island University Hospital

Staten Island University Hospital is a 714-bed specialized teaching hospital occupying two large campuses, plus a number of community-based health centers and labs.

- **Stroke Gold Plus Award, AHA, GWTG-Stroke.**
- **Consumer Choice Award, Staten Island’s most preferred hospital for overall quality and image, National Research Corporation.**
- **Community Value 100 Award, Cleverly and Associates.**
- **Accredited Cancer Program with Commendation and Outstanding Achievement Award, American College of Surgeons Commission on Cancer.**
- **Accredited Medical Rehabilitation Program, Commission on Accreditation of Rehabilitation Facilities (CARF) International.**

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.

- **Stroke Gold Plus Award, AHA, GWTG-Stroke.**
- **Accredited Medical Rehabilitation Program, Commission on Accreditation of Rehabilitation Facilities (CARF) International.**

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.

- **Stroke Gold Plus Award, AHA, GWTG-Stroke.**
- **Center of Excellence in Minimally Invasive Gynecology, American Association of Gynecologic Laparoscopists.**
- **Outstanding Emergency Department Experience, J.D. Power and Associates Distinguished Hospital Program Recognition.**
- **Bariatric Surgery Center of Excellence, American Society for Metabolic and Bariatric Surgery.**
North Shore-LIJ Home Care Network

The North Shore-LIJ Home Care Network (HCN) 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.

- The HCN serves over 30,000 patients each year and conducts over 500,000 home care visits.
- Disease management programs include heart failure, pediatrics, behavioral health and intensive home care.
- HomeCare Elite Award™ Recognized in the Top 500 providers nationwide two years in a row. HomeCare and DecisionHealth (originally Outcome Concept Systems, Inc.).

South Oaks Hospital

South Oaks Hospital is a 197-bed behavioral health facility dedicated to providing treatment and recovery from acute psychiatric illness and addiction.

• Joined North Shore-LIJ in 2012.
• Gold Fit-Friendly Award, American Heart Association.
• Deficiency-Free, The Joint Commission Triennial Opioid Treatment Survey.
• Deficiency-Free, Office of Mental Health Inspection of Care Survey.

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.

• New York State (NYS) Award to operate the Regional Behavioral Health Organization (BHO) for the Long Island Region. The BHO is one of five regional awards covering NYS.

North Shore-LIJ Medical Group

North Shore-LIJ Medical Group, the sixth-largest physician group practice in the country, consists of nearly 400 practices.

• Partners in Performance Excellence Silver Award, first Medical Group to earn this distinction. Regional Baldridge-based award program.
• Patient Centered Medical Home (PCMH), two practices received PCMH recognition, National Committee for Quality Assurance (NCQA).
• Diabetes Recognition, thirteen practices received recognition, (NCQA).
• Outstanding Patient Satisfaction Scores, Press Ganey.
Orzac Center for Rehabilitation

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

- **Five-star rated**, CMS.

Broadlawn Manor Nursing and Rehabilitation Center

Broadlawn Manor Nursing and Rehabilitation Center is a 320-bed facility providing skilled nursing, inpatient and subacute rehabilitation, outpatient rehabilitation, adult day health and Alzheimer’s and dementia care.

- Joined North Shore-LIJ in 2012.
- **Gold Fit-Friendly Award**, American Heart Association.

Stern Family Center for Rehabilitation

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

- **Patriotic Employer Award**, Employer Support of the Guard and Reserve, a US Department of Defense Agency.
- **Five-star rated**, CMS.
FPO