

Accreditation Quality Report







Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission



Summary of Quality Information

S	vm	bol	Key
\sim .		001	

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
•••	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Hospital	Accredited	2/25/2016	2/24/2016	2/24/2016
olimitation Laboratory	Accredited	12/22/2017	12/21/2017	12/21/2017

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Pathology and Clinical Laboratory

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
Advanced Total Hip and Total Knee Replacement	Certification	1/11/2017	11/11/2016	11/11/2016

		Compared to other Joint Commission Accrew Organizations		
		Nationwide	Statewide	
Hospital	2016National Patient Safety Goals	\odot	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	(m) ²	(m) ²	
Apr 2017 - Mar 2018	Immunization	(m) ²	1	
	Perinatal Care	2 ²	2 ²	
Laboratory	2017National Patient Safety Goals	\odot	*	

The Joint Commission only reports measures endorsed by the National Quality Forum.

DBA: Adventist Health St. Helena, 10 Woodland Road, Saint Helena, CA



Locations of Care

Locations of Care	Available Services
St. Helena Hospital DBA: St. Helena Physical Therapy-Napa Valley 661 Main Street, Suite 100 Saint Helena, CA 94574	Services: Outpatient Clinics (Outpatient)
St. Helena Hospital * DBA: Adventist Health St. Helena 10 Woodland Road	 Joint Commission Advanced Certification Programs: Advanced Total Hip and Total Knee Replacement Other Clinics/Practices located at this site:
Saint Helena, CA 94574	 Adventist Health Physician Network, Orthopedics Coon Joint Replacement Institute Martin-O'Neil Cancer Center
	 Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Labb (Surgical Services) Cardiac Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gornecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit



Locations of Care

* Primary Location

Locations of Care	Available Services
St. Helena Hospital DBA: St. Helena Medical Specialties-Cardiology 999 Adams Street, Suite 106 Saint Helena, CA 94574	Other Clinics/Practices located at this site: • St. Helena Hospital Cardiac Rehabilitation Clinic Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
St. Helena Hospital DBA: Coon Joint Replacement Institute 6 Woodland Road, Suite 202 Saint Helena, CA 94574	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
St. Helena Hospital DBA: St. Helena Women's Center-Mammography Unit 821 S. St. Helena Highway Saint Helena, CA 94574	Services: • Outpatient Clinics (Outpatient)



2016 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigotimes
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigotimes

Symbol Key

The organization has met the National Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this organization.



National Quality Improvement Goals

Reporting F	eriod: April 2017 - March 2018		
		Comm	o other Joint hission Organizations
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	™ ²	⊙ ²

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	98.00 minutes 173 eligible Patients	55.00	135.00	81.45	182.26
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	227.00 minutes 190 eligible Patients	205.00	319.00	258.36	380.50

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.



National Quality Improvement Goals

Reporting Period: April 2017 - March 2018						
Compared to other Joint						
Commission Accredited Organizations						
Measure Area	Explanation	Nationwide	Statewide			
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	0 ²	№ ²			

		Compared to other Joint Commission Accredited Organizations				on
		١	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	82% of 426 eligible Patients	100%	94%	99%	93%

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

-- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

The Measure or Measure Set was not reported.

- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible rationts that me
- **1.** There were no eligible patients that met the denominator criteria.

Symbol Key

ossible results

lot displayed

0

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

The measure meets the Privacy Disclosure Threshold rule.

above the target range/value. This organization's performance is

10 Woodland Road, Saint Helena, CA



National Quality Improvement Goals

riod: April 2017 - March 2018			
	Compared to other Joint Commission		
	Accredited Organizations		
Explanation	Nationwide	Statewide	
This category of evidenced based measures assesses the care of mothers and newborns.	1 2	1 2	
	This category of evidenced based measures assesses the	Compared t Comm Accredited C Explanation Nationwide This category of evidenced based measures assesses the 2	

		Compared to other Joint Commission Accredited Organizations				
			Nationwide		e Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	600 ³	100%	98%	100%	99%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 22 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	76% of 92 eligible Patients	73%	51%	79%	63%



The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

----Null value or data not displayed.



2017 National Patient Safety Goals

Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.