

Accreditation Quality Report

St. Helena Hospital





Version: 5 Date: 2/11/2019



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

Org ID: 10099







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve	y Last On-Site Survey Date
Hospital	Accredited	2/25/2016	1/25/2019	1/25/2019
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 Programs	Certification Decision	Effective Date	Last Full Revi	iew Last On-Site Review Date
Advanced Total Hip and Total Knee Replacement	Certification	1/11/2017	1/9/2019	1/9/2019

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2016National Patient Safety Goals	Ø	N/A *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	ND ²	ND ²	
Jul 2017 - Jun 2018	Immunization	ND ²	ND 2	
	Perinatal Care	№ 2	№ 2	
Laboratory	2017National Patient Safety Goals	Ø	N/A *	

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

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 Measure is not applicable for this organization.
- Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 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.
- 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.









Locations of Care

* Primary Location

Locations of Care

St. Helena Hospital

DBA: St. Helena Physical
Therapy-Napa Valley
661 Main Street, Suite
100

Saint Helena, CA 94574

Available Services

Services:

• Outpatient Clinics (Outpatient)









Locations of Care

* Primary Location

Locations of Care

St. Helena Hospital * DBA: Adventist Health St. Helena 10 Woodland Road Saint Helena, CA 94574

Available Services

Joint Commission Advanced Certification Programs:

· Advanced Total Hip and Total Knee Replacement

Other Clinics/Practices located at this site:

- 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 Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- **General Laboratory Tests**
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)

- Normal Newborn Nursery (Inpatient)
- **Nuclear Medicine** (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- · Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Toxicology
- Ultrasound
- (Imaging/Diagnostic Services)
- **Urology (Surgical Services)**
- Vascular Surgery (Surgical Services)



St. Helena Hospital

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







Locations of Care

*	Pri	mar	, I	0	rat	ion
	г п	mai	y	_0	vai	1011

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

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.

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

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
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	Ø
	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	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

St. Helena Hospital

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

Org ID: 10099

Compared to other Joint







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

		Commission		
		Accredited 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	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.	103.00 minutes 164 eligible Patients	56.00	135.00	79.89	181.87
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.	240.00 minutes 182 eligible Patients	206.00	320.00	258.08	377.23

- 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 Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: Adventist Health St. Helena,

Org ID: 10099 10 Woodland Road, Saint Helena, CA



Measure Area

Immunization





National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

	Compared to other Joint Commission	
	Accredited Organizations	
Explanation	Nationwide Statewide	
This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ 2	№ 2

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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 Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- lot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

St. Helena Hospital

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

Org ID: 10099







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared t	o other Joint
Comn	nission
Accredited C	Organizations
ationwide	Statewide

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	ND 3	100%	98%	100%	98%
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 18 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.	77% of 79 eligible Patients	73%	51%	79%	63%

vitamins, minerals, or medicines.

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.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

Org ID: 10099







2017 National Patient Safety Goals

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.

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

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	