

# 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.

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



## **Summary of Quality Information**

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TIM	hol	Key	
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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	1/26/2019	5/25/2022	5/25/2022
olimitation and the second sec	Accredited	12/13/2019	12/12/2019	12/12/2019

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 Review Date	v Last On-Site Review Date
Advanced Total Hip and Total Knee Replacement	Certification	4/22/2021	4/21/2021	4/21/2021
🎯 Primary Stroke Center	Certification	6/3/2021	4/30/2021	4/30/2021

### **Other Accredited Programs/Services**

Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2019National Patient Safety Goals	${igodot}$	™	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	@ <sup>2</sup>	2 °	
Laboratory	2019National Patient Safety Goals	Ø	<b>∞</b> *	

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



## **Locations of Care**

Locations of Care	Available Services
St. Helena Hospital DBA: Adventist Health St. Helena Outpatient Services-Rehab Clinic 1030 Main Street, Suite 100 Saint Helena, CA 94574	Services: • Outpatient Clinics (Outpatient)



## **Locations of Care**

### \* Primary Location

* Primary Location	
Locations of Care	Available Services
St. Helena Hospital * DBA: Adventist Health St. Helena 10 Woodland Road Saint Helena, CA 94574	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Advanced Total Hip and Total Knee Replacement</li> <li>Primary Stroke Center</li> <li>Other Clinics/Practices located at this site: <ul> <li>Adventist Health Physician Network, Orthopedics</li> <li>Adventist Health Physician Network, Orthopedics</li> <li>Coon Joint Replacement Institute</li> <li>Coard Joint Replacement Institute</li> <li>Martin-O'Neil Cancer Center</li> </ul> </li> <li>Services: <ul> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>General Laboratory Tests</li> <li>G or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Madelal /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul></li></ul>



## **Locations of Care**

#### \* Primary Location

Saint Helena, CA 94574

Locations of Care	Available Services
<b>St. Helena Hospital</b> DBA: Adventist Health St. Helena; Outpatient service-Cardiology 999 Adams Street, Suite 106 Saint Helena, CA 94574	Other Clinics/Practices located at this site: • Adventist Health St. Helena; Outpatient Service-Cardiac Reha Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
<b>St. Helena Hospital</b> DBA: Adventist Health St. Helena; Outpatient Service-Orthopedics 6 Woodland Road, Suite 202 Spirit Helena, CA, 04574	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)

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## **2019 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	$\bigotimes$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	$\bigotimes$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	$\bigotimes$
	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	Ø
	Marking the Procedure Site	$\bigotimes$
	Performing a Time-Out	$\bigotimes$

### Symbol Key 3

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."



### **National Quality Improvement Goals**

Reporting Period: April 2020 - March 2021			
			o other Joint
		Accredited 0	Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>0</b> <sup>2</sup>	<b>™</b> 2

			mpared to o Accredit Nationwide	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital		Rate:	Top 10%	
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 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.	ND 3	0%	2%	0%	2%

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 2

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.
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   The organization scored above
  - 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.
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- **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 patients that med
- **1.** There were no eligible patients that met the denominator criteria.

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## **2019 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 3

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