

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

Dameron Hospital Association

525 West Acacia Street, Stockton, CA



Summary of Quality Information

| C- | hal | IZ ar |
|----|---------|-------|
| 2 | DOL | Key |

| 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 | 8/13/2016 | 8/12/2016 | 8/12/2016 |
| olimitation Laboratory | Accredited | 8/20/2016 | 8/17/2018 | 8/17/2018 |

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 | w Last On-Site |
|-------------------------------|-------------------------------|-----------|------------------|--------------------|
| Programs | | Date | Date | Review Date |
| 🥝 Primary Stroke Center | Certification | 5/15/2018 | 5/2/2018 | 5/2/2018 |

Special Quality Awards

2012 Top Performer on Key Quality Measures®

2015 ACS National Surgical Quality Improvement Program

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

| | | Compared to other Joint Commission Accredited Organizations | |
|------------------------|-------------------------------------|--|------------------|
| | | Nationwide Statewide | |
| Hospital | 2016National Patient Safety Goals | ${igodot}$ | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | (10) ² | (m) ² |
| Apr 2017 - Mar 2018 | Immunization | (² | |
| Laboratory | 2016National Patient Safety Goals | Ø | * |

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



Locations of Care

| Locations of Care | Available Services | |
|---|---|--|
| Alex & Faye Spanos Surgical Pavilion 445 West Acacia Street Stockton, CA 95203-2484 | Services: • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests • Perform Invasive Procedure (Outpatient) | |
| Cardiology Clinic at Pacific Heart and Vascular Cardiac Care 1801 E. March Ln, Suite D400 Stockton, CA 95210 | Services: • Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) | |



Locations of Care

| * Primary Location | |
|--------------------|--|
|--------------------|--|

| Locations of Care | Available | Services |
|--|--|----------|
| Dameron Hospital Association * 525 West Acacia Street Stockton, CA 95203-2484 | Joint Commission Advanced Primary Stroke Center Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EGO EAG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) | |
| Dameron Hospital Association Ambulatory Care Center 530 West Acacia Street Suite 1 Stockton, CA 95203 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) | |
| Dameron Hospital Association Core Laboratory 530 West Acacia Street Stockton, CA 95203-2484 | Services: • General Laboratory Tests • Toxicology | |



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|--|
| Dameron Hospital Association Occupational Health Services 2021 West March Lane, 3rd floor Stockton, CA 95203-2484 | Services: • General Laboratory Tests • 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 | \bigcirc |
| 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 | \bigcirc |
| | Reconciling Medication Information | 0 0 |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | \bigotimes |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | \bigotimes |
| | 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 | \bigcirc |
| 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 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."

Dameron Hospital Association

525 West Acacia Street, Stockton, CA



National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

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| | | Compared to other Joint Commission | |
|-------------------------|---|---------------------------------------|--------------|
| | | Accredited C | rganizations |
| 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 at Most: | 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. | 218.00 minutes 628 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. | 406.00 minutes 628 eligible Patients | 205.00 | 319.00 | 258.36 | 380.50 |

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

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525 West Acacia Street, Stockton, CA



National Quality Improvement Goals

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| | 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. | ™ ² | ™ ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewide | | | wide | |
| 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. | 91% of 395 eligible Patients | 100% | 94% | 99% | 93% |

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2016 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

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