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 Symbol Key

oossible results.

organization. Not displayed

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Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|-------------------------------|-------------------------------|-------------------|--------------------------|-----------------------------|
| Behavioral Health Care | Accredited | 6/24/2017 | 6/23/2017 | 6/23/2017 |
| Hospital | Accredited | 6/24/2017 | 6/23/2017 | 8/7/2017 |
| Laboratory | Accredited | 5/12/2017 | 5/11/2017 | 5/11/2017 |

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

Pathology and Clinical Laboratory

Hospital

Footnote Key

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

| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | w Last On-Site Review Date |
|-----------------------------|-------------------------------|-------------------|-----------------------|-------------------------------|
| Acute Myocardial Infarction | Certification | 12/7/2017 | 12/6/2017 | 12/6/2017 |
| Brain Tumor | Certification | 2/18/2016 | 2/17/2016 | 2/17/2016 |
| Joint Replacement - Hip | Certification | 2/20/2016 | 2/8/2018 | 2/8/2018 |
| Joint Replacement - Knee | Certification | 2/19/2016 | 2/9/2018 | 2/9/2018 |
| Stroke Rehabilitation | Certification | 10/24/2016 | 8/29/2016 | 8/29/2016 |

Other Accredited Programs/Services

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

Special Quality Awards

2014 Top Performer on Key Quality Measures®

2013 Top Performer on Key Quality Measures®

2012 Top Performer on Key Quality Measures®

2015 ACS National Surgical Quality Improvement Program









Summary of Quality Information

| | | Compared to other Joint Organi: | |
|------------------------------|-------------------------------------|------------------------------------|-----------------|
| | | Nationwide | Statewide |
| Behavioral Health Care | 2017National Patient Safety Goals | Ø | @ * |
| Hospital | 2017National Patient Safety Goals | Ø | N/A * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | ND 2 | ND ² |
| Jul 2016 - Jun 2017 | 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.





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CJW Medical Center 7101 Jahnke Road, Richmond, VA







Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| Boulders Park PT 1115 Boulders Parkway Suite 110 Richmond, VA 23225 | Services: • Outpatient Clinics (Outpatient) |

Org ID: 124600





7101 Jahnke Road, Richmond, VA





Locations of Care

* Primary Location

Locations of Care

Chippenham Hospital -A Campus of CJW Medical Center 3 7101 Jahnke Road Richmond, VA 23225

Available Services

Joint Commission Certified Programs:

- Acute Myocardial Infarction
- Joint Replacement Hip
- Joint Replacement Knee

Other Clinics/Practices located at this site:

- Dialysis
- Occupational Health
- The Perinatal Centers
- Wound Healing Clinic

Services:

- Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Community Integration (Non 24 Hour Care)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Family Support (Non 24 Hour Care)
- 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
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- **Nuclear Medicine** (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Peer Support (Non 24 Hour Care)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)
- Toxicology
- Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)



CJW Medical Center 7101 Jahnke Road, Richmond, VA







Locations of Care

| * Primary Location | |
|--|---|
| Locations of Care | Available Services |
| Chippenham Swift Creek Emergency Room DBA: Chippenham Swift Creek Emergency Room 14720 Hancock Village St Chesterfield, VA 23832 | Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Perform Invasive Procedure (Outpatient) |
| Comprehensive Outpatient Therapies 10710 Midlothian Tnpk, Suite 127 Richmond, VA 23235 | Services: • Single Specialty Practitioner (Outpatient) |







Locations of Care

* Primary Location

Locations of Care

Johnston Willis Hospital - A Campus of CJW **Medical Center** 1401 Johnston-Willis

Drive

Richmond, VA 23235

Available Services

Joint Commission Certified Programs:

- Acute Myocardial Infarction
- **Brain Tumor**
- · Joint Replacement Hip
- Joint Replacement Knee
- Stroke Rehabilitation

Other Clinics/Practices located at this site:

- Gamma Knife
- Infusion Center
- Occupational Health
- Pain Management
- Physical Medicine and Rehabilitation Clinic
- Radiation Oncology
- The Perinatal Centers

Services:

- Brachytherapy (Imaging/Diagnostic Services)
- 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)
- Hematology/Oncology Unit (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
- Neuro/Spine ICU (Intensive Care Unit)

- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- **Nuclear Medicine** (Imaging/Diagnostic 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)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Teleradiology (Imaging/Diagnostic Services)
- Toxicology
- Ultrasound (Imaging/Diagnostic Services)
- **Urology (Surgical Services)**
- Vascular Surgery (Surgical Services)

Levinson Coumadin Clinic

DBA: Levinson Coumadin Clinic

7157 Jahnke Rd Richmond, VA 23225

Services:

- General Laboratory Tests
- Outpatient Clinics (Outpatient)



CJW Medical Center 7101 Jahnke Road, Richmond, VA







Locations of Care

| * | Primary | / Location |
|---|----------|------------|
| | rillialy | Location |

| Locations of Care | Available Services |
|---|--|
| The Perinatal Centers DBA: The Perinatal Centers 300A Temple Lake Drive, Suite 4 Colonial Heights, VA 23834 | Services: • Single Specialty Practitioner (Outpatient) |
| Tucker Wellness&Recovery Center a Dept of CJW Medical Center 500 Hioaks Rd Suite A Richmond, VA 23225 | Services: Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth) Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care) |









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."

Behavioral Health Care

| Safety Goals | Organizations Should | Implemented |
|---|---|-------------|
| Improve the accuracy of the identification of individuals served. | Use of Two Identifiers | Ø |
| Improve the safety of using medications. | Reconciling Medication Information | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | Ø |
| The organization identifies safety risks inherent in the population of the individuals it serves. | Identifying Individuals at Risk for Suicide | Ø |









2017 National Patient Safety Goals

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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 |
| 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 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 |



Measure Area

Emergency Department





National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

| | Compared to other Joint Commission | | |
|---|------------------------------------|------------|--|
| | Accredited Organizations | | |
| Explanation | Nationwide | Statewide | |
| This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. | © ² | © ² | |

| | | Cor | | other Joint ed Organiz | Commissic ations | n |
|--|---|--|-------------------------------|---------------------------|-------------------------------|-------------------------|
| | | N | lationwide | | State | ewide |
| 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. | 101.00 minutes 529 eligible Patients | 55.00 | 131.00 | 49.66 | 107.50 |
| 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. | 279.00 minutes 529 eligible Patients | 204.00 | 317.00 | 206.93 | 281.12 |

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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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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

| Compared to other Joint | | |
|-------------------------|---------------|--|
| Comm | nission | |
| Accredited C | Organizations | |
| lationwide | Statewide | |

| | | Accirculted 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 | | | | |
|------------------------|---|--|--------------------------------|------------------|---------|------------------|
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% | 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. | 99% of 700 eligible Patients | 100% | 94% | 100% | 95% |

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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

| Commission | | |
|--------------------------|-----------|--|
| Accredited Organizations | | |
| lationwide | 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 | | | | |
|-------------------------------|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | | | State | ewide | |
| 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. | 100% of 16 eligible Patients | 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 85 eligible Pattents | 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. | 48% of 415 eligible Pattlents | 74% | 52% | 65% | 53% |



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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 |