

# 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.

7101 Jahnke Road, Richmond, VA



## **Summary of Quality Information**

#### 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.
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This Measure is not applicable for this organization.
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#### **Footnote Key**

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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
Behavioral Health Care and Human Services	Accredited	6/24/2017	4/20/2021	4/20/2021
🥝 Hospital	Accredited	6/24/2017	4/23/2021	4/23/2021
🙆 Laboratory	Accredited	5/24/2019	5/23/2019	5/23/2019

### 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	11/13/2019	4/17/2019	4/17/2019
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Acute Myocardial Infarction	Certification	11/13/2019	11/12/2019	11/12/2019
🥝 Brain Tumor	Certification	3/29/2018	3/28/2018	3/28/2018
🎯 Joint Replacement - Hip	Certification	2/9/2018	2/8/2018	2/8/2018
🎯 Joint Replacement - Knee	Certification	2/10/2018	2/9/2018	2/9/2018
Stroke Rehabilitation	Certification	7/24/2018	5/28/2021	5/28/2021

#### **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



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## **Summary of Quality Information**

#### Compared to other Joint Commission Accredited Organizations Nationwide Statewide $\oslash$ (NA) Behavioral 2017National Patient Safety Goals Health Care and Human Services $\bigotimes$ **N**\* Hospital **2017National Patient Safety Goals** National Quality Improvement Goals: Reporting **1** 2 **N**<sup>2</sup> **Emergency Department** Period: Jan 2019 -<mark>) 2</mark> 2 <sup>2</sup> Perinatal Care Dec 2019 $\bigotimes$ (NA) \* Laboratory **2019National Patient Safety Goals**

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

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## **Locations of Care**

#### \* Primary Location

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Locations of Care	Available Services
Chippenham Hospital - A Campus of CJW Medical Center * 7101 Jahnke Road	Joint Commission Advanced Certification Programs: • Advanced Total Hip and Total Knee Replacement
Richmond, VA 23225	Joint Commission Certified Programs:     Acute Myocardial Infarction
	<ul> <li>Acute Myocardial Infraction</li> <li>Other Clinics/Practices located at this site: <ul> <li>Occupational Health</li> <li>Ortho Virginia</li> <li>Ortho Virginia</li> <li>Ortho Virginia</li> <li>Physical Therapy / Occupational Therapy Wound Care</li> <li>Wound Healing Clinic</li> </ul> </li> <li>Services: <ul> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Detox/Non-detox - Adult)</li> <li>Coromary Care Unit (Inpatient)</li> <li>Coronary Care Unit (Inpatient)</li> <li>Cargio Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>EGereral Laboratory Tests</li> <li>G or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hazardous Medication</li> <li>Compounding (Inpatient)</li> </ul></li></ul>

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## **Locations of Care**

Locations of Care	Available Services
	<ul> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> </ul>
<b>CJW Occupational</b> <b>Health</b> 7153 Jahnke Rd. Richmond, VA 23225	Services: <ul> <li>General Laboratory Tests</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
CJW Pain Management Clinic 1011 Johnston-Willis Drive suite 230 Richmond, VA 23235	Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Comprehensive Outpatient Therapies 1011 Johnston-Willis Drive, Suite 250 Richmond, VA 23235	Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
HCA VA Sports Medicine 1115 Boulders Parkway Suite 110 Richmond, VA 23225	Services: • Outpatient Clinics (Outpatient)
Johnston Willis Advanced Imaging Center 1011 Johnston Willis Drive Richmond, VA 23235	Services: • General Laboratory Tests



## **Locations of Care**

#### \* Primary Location

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Locations of Care	Available Services
Johnston Willis Hospital - A Campus of CJW Medical Center 1401 Johnston-Willis Drive Richmond, VA 23235	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 Physical Medicine and Rehabilitation Clinic Radiation Oncology The Perinatal Centers
	<ul> <li>Services:</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>General Laboratory Tests</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hermatology/Oncology Unit (Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Indagnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical I/Surgical Unit (Inpatient)</li> <li>Neuro/Spine ICU (Intensive Care Unit)</li> <li>Neuro/Spine Unit (Inpatient)</li> </ul>



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## **Locations of Care**

Locations of Care	Available Services
Johnston-Willis Hospital Perinatal Center 1011 Johnston Willis Dr. Suite 100 North Chesterfield, VA 23235	Services: • General Laboratory Tests
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)
The Perinatal Centers DBA: The Perinatal Centers 300A Temple Lake Drive, Suite 4 Colonial Heights, VA 23834	Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Tucker Wellness&Recovery Center a Dept of CJW Medical Center 500 Hioaks Rd Suite A Richmond, VA 23225	<ul> <li>Services:</li> <li>Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> <li>Peer Support (Non 24 Hour Care)</li> </ul>

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## **2017 National Patient Safety Goals**

### **Behavioral Health Care and Human Services**

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

### 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.

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## **2017 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	$\bigotimes$
	Reconciling Medication Information	$\bigcirc$
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	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

### Symbol Key

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## National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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		Compared to other Joint	
		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.	<b>1</b> 2	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
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.	2 121.00 minutes 1078 eligible Patients	55.00	133.00	50.42	104.00

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.

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## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>2</b>	<b>™</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations			on	
		Nationwide Statewide				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.	95% of 19 eligible Patients	100%	98%	100%	100%
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	38% of 214 eligible Patients	12%	25%	14%	26%
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 74 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.	40% of 403 eligible Patients	73%	51%	62%	52%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	2332.00 minutes 2058 eligible Patients				

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Compared to other Joint Commission



## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

possible results	Reporting Pe	riod: January
This organization's performance is above the target range/value.		
This organization's performance is similar to the target range/value.		
OThis organization's performance is below the target range/value.		
Not displayed	Measure Area	
$\sim$	Perinatal Care	This category

#### **Footnote Key**

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				Accredited Organizations		
Measure Area	Explanation		Nationwide		Statewide	е
	This category of evidenced based measures assesses the care of mothers and newborns.			@ <sup>2</sup>		
	Compared to other Joint Commission Accredited Organizations Nationwide Statew					
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complicatior Term Newborns per 1000 livebirths - Overall Rate		010 3449.00 minutes 2058 eligible Patients				
Unexpected Complication Term Newborns per 1000 livebirths - Severe Rate		1117.00 minutes 2058 eligible Patients				

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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

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