

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

2222 North Nevada Avenue, Colorado Springs, CO



Summary of Quality Information

| Symbol I | ≤ey |
|----------|-----|
|----------|-----|

| 0 | This organization achieved the best possible results. |
|-----------|---|
| Ð | 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. |
| NO | 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.
- 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.
- **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 | Last Full Survey | V Last On-Site |
|-------------------------------|------------------------|-----------|------------------|----------------|
| | | Date | Date | Survey Date |
| o Home Care | Accredited | 5/14/2016 | 3/13/2019 | 3/13/2019 |
| 🎯 Hospital | Accredited | 5/14/2016 | 3/14/2019 | 4/24/2019 |

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

Hospital

| Advanced Certification | Certification Decision | Effective | Last Full Review | v Last On-Site |
|-------------------------------|------------------------|-----------|------------------|--------------------|
| Programs | | Date | Date | Review Date |
| Primary Stroke Center | Certification | 12/6/2017 | 12/5/2017 | 12/5/2017 |

Other Accredited Programs/Services

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

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
2014 Hospital Magnet Award
2012 Gold Plus Get With The Guidelines - Stroke
2012 Silver - The Medal of Honor for Organ Donation

| | | Compared to other Joint Commission Accredited Organizations | |
|-----------|-----------------------------------|--|------------|
| | | Nationwide | Statewide |
| Home Care | 2016National Patient Safety Goals | Ø | ₩ * |
| Hospital | 2016National Patient Safety Goals | Ø | ∞ * |

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



2222 North Nevada Avenue, Colorado Springs, CO



Summary of Quality Information

| best | | | Compared to other Joint Commission Accredited Organizations | |
|----------|------------------------|-------------------------------------|--|----------------|
| e is | | | Nationwide | Statewide |
| e is | | National Quality Improvement Goals: | | |
| e is | Reporting Period: | Emergency Department | (10) ² | 2 ² |
| for this | Oct 2017 - Sep 2018 | Immunization | () ² | 2 ° |
| | | Perinatal Care | (10) ² | 2 |

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

Symbol Key

| | Symbol Key |
|---|---|
| 0 | This organization achieved the best possible results. |
| Ð | 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.
- The Measure results are based on a sample of patients.
 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.

2222 North Nevada Avenue, Colorado Springs, CO



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| Anti-coagulation Clinic 3207 North Academy Blvd., Suite #100 Colorado Springs, CO 80917 | Services: Outpatient Clinics (Outpatient) |
| Cardiac & Pulmonary Rehabilitation 3030 North Circle Drive, Suite 214, 215, & 217 Colorado Springs, CO 80909 | Services: Outpatient Clinics (Outpatient) |
| Centura Health at Home - Penrose St. Francis Health Services 7015 Tall Oak Drive Colorado Springs, CO 80919 | Services: Home Health Aides Home Health, Non-Hospice Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology |



Locations of Care

| Locations of Care | Available | Services |
|--|---|--|
| Penrose - St. Francis Health Services * 2222 N. Nevada Ave. Colorado Springs, CO 80907 | Joint Commission Advanced G Primary Stroke Center Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) G or Endoscopy Lab (Imaging/Diagnostic Services) G or Endoscopy Lab (Imaging/Diagnostic Services) G or Endoscopy Lab (Imaging/Diagnostic Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) | Medical ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Outpatient Clinics (Outpatien Plastic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Radiation Oncology (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Laboratory) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) |
| Riegel Center 2925 Professional PI Ste 101 Colorado Springs, CO Colorado Springs, CO 80904 | Services: • Outpatient Clinics (Outpatient) | |

2222 North Nevada Avenue, Colorado Springs, CO



Locations of Care

* Primary Location

| n Programs: ology (Surgical ic Surgery (Surgical ic/Spine Unit) t Clinics (Outpatient) Unit (Inpatient) urgery (Surgical sthesia Care Unit npatient) tion Unit (Inpatient, cute Care/Crisis on) poratory (Sleep y) edication ding (Inpatient) CU (Intensive Care Unit (Inpatient) d Diagnostic Services) Surgical Services) |
|---|
| ic S ic/S) t CI Unit urge sthe npa ation cute on) pora y) edica ding CU Jnit d Diag |

2222 North Nevada Avenue, Colorado Springs, CO



2016 National Patient Safety Goals

Home Care

| Safety Goals | Organizations Should | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification. | Use of Two Patient 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 |
| Reduce the risk of patient harm resulting from falls. | Implementing a Fall Reduction Program | Ø |
| The organization identifies safety risks inherent in its patient population. | Identifying Risks Associated with Home Oxygen | 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.

2222 North Nevada Avenue, Colorado Springs, CO



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 | \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 | \bigotimes |
| | Reducing Harm from Anticoagulation Therapy | \bigotimes |
| | Reconciling Medication Information | Ø Ø |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | \bigotimes |
| 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>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 | \bigcirc |
| | 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.

2222 North Nevada Avenue, Colorado Springs, CO



National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

| | | Compared to other Joint 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. | 1 2 | ™ ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | 'n | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | Ν | lationwide | | State | 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. | 2 100.00 minutes 708 eligible Patients | 56.00 | 136.00 | 50.34 | 96.14 |
| 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. | 259.00 minutes 710 eligible Patients | 207.00 | 320.00 | 196.38 | 241.76 |

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.
- 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.
- 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.

2222 North Nevada Avenue, Colorado Springs, CO



National Quality Improvement Goals

Reporting Period: October 2017 - September 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 | 0 ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|--|--------------------------------|-----|--------------------------------|------------------|
| | | Nationwide Statewide | | | ewide | |
| Measure Explanation | | Hospital Results | Top 10% Scored at Least: | U U | 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. | 100% of 576 eligible Patients | 100% | 94% | 100% | 96% |

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.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible rationts that me
- **1.** There were no eligible patients that met the denominator criteria.

Symbol Key

ossible results

ot displayed

reported.

overall result.

Ð

 \oslash

-

ND

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key The Measure or Measure Set was not

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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."

above the target range/value. This organization's performance is

Centura Health - Penrose St. Francis Health Services

2222 North Nevada Avenue, Colorado Springs, CO



National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

| | | 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. | ⊘ ² | ○ ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|-------------------------------|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewid | | | | |
| 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 11 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. | 3% of 78 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. | 71% of 376 eligible Patients | 73% | 51% | 85% | 71% |



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. ____