

# 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: Centura Penrose Hospital, 2222 North Nevada Avenue, Colorado Springs, CO



## **Summary of Quality Information**

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	V Last On-Site
		Date	Date	Survey Date
🎯 Home Care	Accredited	3/14/2019	3/13/2019	3/13/2019
o Hospital	Accredited	3/15/2019	3/14/2019	10/15/2019

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

Hospital

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
🥝 Primary Stroke Center	Certification	1/8/2022	1/7/2022	1/7/2022

#### **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	2019National Patient Safety Goals	Ø	<b>*</b>		
Hospital	2019National Patient Safety Goals	Ø	<b>N</b> *		
	National Quality Improvement Goals:				
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	@ <sup>2</sup>	(1) <sup>2</sup>		

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

#### Symbol Key 1



#### **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.

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## **Locations of Care**

Locations of Care	Available Services
Primary Location Locations of Care Cardiac & Pulmonary Rehabilitation 3030 North Circle Drive, Suite 214, 215, & 217 Colorado Springs, CO 80909 Catholic Health Initiatives of Colorado DBA: Centura St Francis Hospital 6001 East Woodmen Road Colorado Springs, CO 80923	Services:         • Outpatient Clinics (Outpatient)         Joint Commission Advanced Certification Programs:         • Primary Stroke Center         Services:         • Cardiac Catheterization Lab (Surgical Services)         • CT Scanner (Imaging/Diagnostic Services)         • Ear/Nose/Throat Surgery (Surgical Services)         • EG/EKG/EMG Lab (Imaging/Diagnostic Services)         • Castion catheterization Lab (Surgical Services)         • Othopedic Surgery (Surgical Services)         • Orthopedic/Spine Unit (Inpatient)         • Outpatient Clinics (Outpatient)         • Plastic Surgery (Surgical Services)         • Gastroenterology (Surgical Services)         • Outpatient Clinics (Outpatient)         • Plastic Surgery (Surgical Services)         • Post Anesthesia Care Unit (PACU) (Inpatient)
Centura Health at Home - Penrose St. Francis Health Services 7015 Tall Oak Drive Colorado Springs, CO 80919	<ul> <li>Services:</li> <li>Home Health Aides</li> <li>Home Health, Non-Hospice Services</li> <li>Medical Social Services</li> <li>Occupational Therapy</li> </ul>

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## **Locations of Care**

Locations of Care	Available Services
Primary Location Locations of Care Penrose Hospital * 2222 N. Nevada Ave. Colorado Springs, CO 80907	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Services: <ul> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery</li> </ul> </li> <li>Medical ICU (Intensive Care Unit)</li> <li>Meuro/Spine Unit (Inpatient)</li> <li>Neuro/Spine Unit (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Outpatient Clinics (Outpatient Plastic Surgery (Surgical Services)</li> </ul>
St. Francis Cancer Center 6031 East Woodmen Road Suite 150	<ul> <li>(Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hematology/Oncology Unit (Inpatient)</li> <li>Inpatient Unit (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>Medical /Surgical Unit (Inpatient)</li> <li>Medical /Surgical Unit</li> <li>Medical /Surg</li></ul>

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## **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
The Center for Women's Imaging at St. Peregrine 6031 East Woodmen Road Suite 240 Colorado Springs.	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)



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## **2019 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 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.

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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	$\bigcirc$
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	$\bigcirc$
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 Infections that are difficult to treat	$\bigcirc$
	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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

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## **National Quality Improvement Goals**

Reporting Period: April 2020 - March 2021						
	Reporting Fortou. riphi 2020 March 2021					
			to other Joint nission			
		Accredited Organizations				
Measure Area	Explanation	Nationwide	Statewide			
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>			

		Compared to other Joint Commissio Accredited Organizations				on
		Ν	lationwide	Ŭ	State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
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.	<b>(</b>	16%	25%	14%	22%
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.	2% of 58 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.	75% of 390 eligible Patients	71%	50%	84%	69%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	5908% of 2234 eligible Patients	212%	1780%	280%	1699%
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	6938% of 2234 eligible Patients	1508%	3084%	1196%	2683%



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 beossible results

This organization's performance i above the target range/value. This organization's performance i Ø similar to the target range/value. This organization's performance i e below the target range/value. lot displayed ND

#### Footnote Key

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- valid.
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## **National Quality Improvement Goals**

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e is										
is							Compared to other Joint Commission			
is					Accr	edited Org	anizations			
	Measure Area		Explanation		Nationwi	de	Statewide	e		
	Perinatal Care		tegory of evidenced based measures as mothers and newborns.	sesses the	<b>(</b>	2	<b>⊘</b> <sup>2</sup>			
s not				Co	mpared to c Accredite	other Joint ed Organiz		'n		
				1	Vationwide		State	wide		
ugh	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:		
% but	Unexpected Complica Term Newborns per 10 livebirths - Severe Rat	000	The severe rate equals the number of patients with severe complications.	1029% of	501%	1303%	414%	984%		

2234 eligible

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-- 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.
 Not displayed

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   There were no eligible religible religible religible
- 1. There were no eligible patients that met the denominator criteria.