



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.



## Summary of Quality Information

### Symbol Key 1

- This organization achieved the best possible results.
- This organization's performance is above the target range/value.
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### Footnote Key

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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Home Care              | Accredited             | 3/14/2019      | 3/13/2019             | 3/13/2019                |
| Hospital               | Accredited             | 3/15/2019      | 7/1/2022              | 7/1/2022                 |

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

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---------------------------------|------------------------|----------------|-----------------------|--------------------------|
| 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                                | 2019 National Patient Safety Goals  |   | *            |
| Hospital                                 | 2019 National Patient Safety Goals  |   | *            |
| Reporting Period:<br>Apr 2020 - Mar 2021 | National Quality Improvement Goals: |   |              |
|  | Perinatal Care                      | <sup>2</sup>  | <sup>2</sup> |



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



Locations of Care

\* Primary Location

| Locations of Care   | Available Services  |
|---|---|
| <b>Cardiac &amp; Pulmonary Rehabilitation</b><br>3030 North Circle Drive,<br>Suite 214, 215, & 217<br>Colorado Springs,<br>CO 80909           | <b>Services:</b> <ul style="list-style-type: none"><li>Outpatient Clinics (Outpatient)</li></ul>  |
| <b>Catholic Health Initiatives of Colorado</b><br>DBA: Centura St Francis Hospital<br>6001 East Woodmen Road<br>Colorado Springs,<br>CO 80923 | <b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"><li>Primary Stroke Center</li></ul> <b>Services:</b> <ul style="list-style-type: none"><li>Cardiac Catheterization Lab (Surgical 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>Gastroenterology (Surgical Services)</li><li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li><li>Gynecological Surgery (Surgical Services)</li><li>Gynecology (Inpatient)</li><li>Inpatient Unit (Inpatient)</li><li>Interventional Radiology (Imaging/Diagnostic Services)</li><li>Labor &amp; Delivery (Inpatient)</li><li>Medical /Surgical Unit (Inpatient)</li><li>Medical ICU (Intensive Care Unit)</li><li>Neurosurgery (Surgical Services)</li><li>Normal Newborn Nursery (Inpatient)</li><li>Nuclear Medicine (Imaging/Diagnostic Services)</li><li>Ophthalmology (Surgical Services)</li><li>Orthopedic Surgery (Surgical Services)</li><li>Orthopedic/Spine Unit (Inpatient)</li><li>Outpatient Clinics (Outpatient)</li><li>Plastic Surgery (Surgical Services)</li><li>Post Anesthesia Care Unit (PACU) (Inpatient)</li><li>Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li><li>Sleep Laboratory (Sleep Laboratory)</li><li>Sterile Medication Compounding (Inpatient)</li><li>Surgical ICU (Intensive Care Unit)</li><li>Surgical Unit (Inpatient)</li><li>Ultrasound (Imaging/Diagnostic Services)</li><li>Urology (Surgical Services)</li></ul> |



## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services   |
|---|--|
| <b>Penrose Hospital *</b><br>2222 N. Nevada Ave.<br>Colorado Springs,<br>CO 80907                     | <b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> </ul><br><b>Services:</b> <ul style="list-style-type: none"> <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>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical 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>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Neuro/Spine Unit (Inpatient)</li> <li>Neurosurgery (Surgical Services)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Sleep Laboratory (Sleep Laboratory)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul> |
| <b>St. Francis Cancer Center</b><br>6031 East Woodmen Road Suite 150<br>Colorado Springs,<br>CO 80923 | <b>Services:</b> <ul style="list-style-type: none"> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>  |



Locations of Care




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| Locations of Care  | Available Services   |
|--|--|
| <b>The Center for Women's Imaging at St. Peregrine</b><br>6031 East Woodmen<br>Road Suite 240<br>Colorado Springs,<br>CO 80923 | <b>Services:</b> <ul style="list-style-type: none"><li>• Outpatient Clinics (Outpatient)</li><li>• Perform Invasive Procedure (Outpatient)</li></ul> |








## 2019 National Patient Safety Goals

### 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.

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




### Home Care

| Safety Goals   | Organizations Should                          | Implemented   |
|--|---|---|
| Improve the accuracy of patient identification.                              | Use of Two Patient Identifiers                |  |
| Improve the safety of using medications.                                     | Reconciling Medication Information            |  |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines               |  |
| Reduce the risk of patient harm resulting from falls.                        | Implementing a Fall Reduction Program         |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Risks Associated with Home Oxygen |  |



















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### Hospital

| Safety Goals   | Organizations Should                                       | Implemented   |
|--|--|---|
| Improve the accuracy of patient identification.                              | Use of Two Patient Identifiers                             |    |
|  | Eliminating Transfusion Errors                             |    |
| Improve the effectiveness of communication among caregivers.                 | Timely Reporting of Critical Tests and Critical Results    |    |
| Improve the safety of using medications.                                     | Labeling Medications                                       |    |
|  | Reducing Harm from Anticoagulation Therapy                 |    |
|  | Reconciling Medication Information                         |    |
| Reduce the harm associated with clinical alarm systems.                      | Use Alarms Safely on Medical Equipment                     |    |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines                            |   |
|  | Preventing Infections that are difficult to treat          |  |
|  | Preventing Central-Line Associated Blood Stream Infections |  |
|  | Preventing Surgical Site Infections                        |  |
|  | Preventing Catheter-Associated Urinary Tract Infection     |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide                |  |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process            |  |
|  | Marking the Procedure Site                                 |  |
|  | Performing a Time-Out                                      |  |



## National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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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

| Measure   | Explanation   | Hospital Results                    | Compared to other Joint Commission Accredited Organizations |               |           |               |
|---|---|-------------------------------------|---|---------------|-----------|---------------|
|   |   |                                     | Nationwide  | Average Rate: | Statewide | Average 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.  |                                     | 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. | <br>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.   | <br>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.  | <br>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.   | <br>6938% of 2234 eligible Patients | 1508%   | 3084%         | 1196%     | 2683%         |



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Compared to other Joint Commission  
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| Measure   | Explanation  | Hospital Results   | Compared to other Joint Commission Accredited Organizations |               |                               |               |
|---|--|--|---|---------------|-------------------------------|---------------|
|   |  |  | Nationwide  | Average Rate: | Statewide                     | Average Rate: |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate | The severe rate equals the number of patients with severe complications. | <br>1029% of 2234 eligible Patients | Top 10% Scored at Least: 501%                               | 1303%         | Top 10% Scored at Least: 414% | 984%          |



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