

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, 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 the key area of 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.

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

801 W. 1st Street, San Juan, TX Org ID: 241076







Summary of Quality Information

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."

Accreditation Decision

Conditional Accreditation

12/19/2008

Decision Effective Date

December 20, 2008

Requirements for Improvements

Activity Date Accreditation Requirements for Improvement Program

Ambulatory Care As part of its emergency management activities, the organization prepares to

respond to an influx, or the risk of an influx, of infectious patients.

Based on risks, the organization establishes priorities and sets goals for preventing the development of health care-associated infections within the organization.

Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

Conduct a 'time out' immediately before starting the procedure as described in the Universal Protocol

Information from data analysis is used to make changes that improve performance and patient safety and reduce the risk of sentinel events.

Informed consent is obtained.

Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

The infection control program evaluates the effectiveness of the infection control interventions and, as necessary, redesigns the infection control interventions.

The infection control program identifies risks for the acquisition and transmission of infectious agents on an ongoing basis.

The leaders measure and assess the effectiveness of the performance improvement and safety improvement activities.

The organization collects data to monitor its performance.

The organization regularly tests its emergency management plan.

The risk of development of a health care-associated infection is minimized through an organizationwide infection control program.

There is a process for ensuring the competence of all practitioners permitted by law and the organization to practice independently.

Accredited Programs	Last Full Survey Date	Last On-Site Survey Date
Ambulatory Care	12/19/2008	12/19/2008
Pathology and Clinical Laboratory	10/30/2009	10/30/2009

Ambulatory Care 2008National Patient Safety Goals



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Organizations







Summary of Quality Information

Symbol Key Compared to other Joint Commission Accredited The organization has met the National Patient Safety Goal. Nationwide The organization has not met the National Patient Safety Goal. **Ø** Pathology 2007National Patient Safety Goals The Goal is not applicable for this and Clinical organization. Laboratory

Statewide (N/A) *

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Locations of Care

Locations of Care	Available Services
Nuestra Clinica del Valle Alton 330 West Dawes Mission, TX 78572	 General Laboratory Tests Pediatric Medicine (Outpatient)
Nuestra Clinica del Valle Donna 301 S. 17th Street Donna, TX 78537	 Family Practice (Outpatient) General Laboratory Tests Pediatric Medicine (Outpatient) Pharmacy/Dispensary (Outpatient)
Nuestra Clinica del Valle Memorial 201 S. Los Ebanos Blvd Mission, TX 78574	 Family Practice (Outpatient) General Laboratory Tests Pediatric Medicine (Outpatient)
Nuestra Clinica del Valle Mission * 611 N. Bryan Road Mission, TX 78572	 Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Dentistry (Outpatient) Diagnostic Imaging (Outpatient) Family Practice (Outpatient) General Practice (Outpatient) Pediatric Medicine (Outpatient) Pharmacy/Dispensary (Outpatient) Podiatry (Outpatient) Podiatry (Outpatient)
Nuestra Clinica del Valle San Carlos 300 N. 86th Street Edinburg, TX 78539	 Family Practice (Outpatient) General Laboratory Tests Pediatric Medicine (Outpatient)
Nuestra Clinica Del Valle San Juan 801 W. 1st Street San Juan, TX 78589	 General Laboratory Tests Toxicology
Nuestra Clinica del Valle, Inc 1200 E. Santa Rosa Edcouch, TX 78538	 Dentistry (Outpatient) Diagnostic Imaging (Outpatient) Family Practice (Outpatient) General Laboratory Tests General Practice (Outpatient) Internal Medicine (Outpatient) Pediatric Medicine (Outpatient) Pharmacy/Dispensary (Outpatient) Podiatry (Outpatient)
Nuestra Clinica del Valle, Inc 1500 First Street Mercedes, TX 78570	 Dentistry (Outpatient) Diagnostic Imaging (Outpatient) Family Practice (Outpatient) General Laboratory Tests General Practice (Outpatient) Internal Medicine (Outpatient) Pediatric Medicine (Outpatient) Pharmacy/Dispensary (Outpatient) Podiatry (Outpatient)
Nuestra Clinica Del Valle, PSJA 2900 North Raul Longoria-Rear San Juan, TX 78589	 General Laboratory Tests Pediatric Medicine (Outpatient)
Nuestra Clinica Del Valle-Rio Grande City 600 N. Garza, Suite A Rio Grande City, TX 78582	 Family Practice (Outpatient) Internal Medicine (Outpatient) Pediatric Medicine (Outpatient)
Nuestra Clinica Del Valle-Roma 683 N. Canales Circle Roma, TX 78584	 Family Practice (Outpatient) Internal Medicine (Outpatient) Pediatric Medicine (Outpatient)

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2008 National Patient Safety Goals

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Ambulatory Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	Ø
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	Ø
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	Ø
	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	Ø
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	Ø
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	Ø
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	Θ
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	Ø
Reduce the risk of health care-associated infections	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	Θ
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	Ø
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	Ø
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	Ø
Reduce the risk of surgical fires.	Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.	Ø
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	Ø

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2008 National Patient Safety Goals

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Ambulatory Care

Safety Goals	Organizations Should	Implemented
Universal Protocol	Conduct a pre-operative verification process.	Ø
	Mark the operative site.	Ø
	Conduct a "time out" immediately before starting the procedure.	Θ

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2007 National Patient Safety Goals

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Pathology and Clinical Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	Ø
	Prior to the start of any invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site using active—not passive—communication techniques.	N/A
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	Ø
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	Ø
	Measure, assess and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	Ø
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	Ø
Reduce the risk of health care-associated infections	Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	Ø
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	N/A
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	Ø

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