

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

800 Medical Center Drive, Fairmont, MN



Summary of Quality Information

Symbol Key

| This organization achieved the bes possible results. | t |
|---|------|
| This organization's performance is above the target range/value. | 1 |
| This organization's performance is similar to the target range/value. | 1 |
| This organization's performance is below the target range/value. | ; |
| This Measure is not applicable for organization. | this |
| o 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.
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- 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.

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

| Accreditation Programs | Accreditation Decision | Effective Deta | Last Full Survey | |
|------------------------|------------------------|------------------------|--------------------------|---------------------------------|
| 🙆 Home Care | Accredited | Date 10/22/2015 | Date 9/18/2018 | Survey Date 9/18/2018 |
| 📀 Hospital | Accredited | 10/24/2015 | 9/20/2018 | 9/20/2018 |
| Laboratory | Accredited | 3/10/2018 | 3/9/2018 | 3/9/2018 |

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Pathology and Clinical Laboratory

Hospital

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures®

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------|-------------------------------------|--|------------------|--|
| | | Nationwide | Statewide | |
| Home Care | 2015National Patient Safety Goals | ${\mathfrak O}$ | * | |
| Hospital | 2015National Patient Safety Goals | Ø | * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | 1 | (m) ² | |
| Jan 2017 - Dec 2017 | Immunization | 1 | 2 ² | |
| | Perinatal Care | 1 1 1 1 1 1 1 1 1 1 | 2 ² | |
| Laboratory | 2018National Patient Safety Goals | Ø | () * | |

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





Locations of Care

| * Primary | Location |
|-----------|----------|
| | |

| Available Services |
|---|
| Services: Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Breast Prostheses and Accessories Canes and Crutches Commodes Continuous Positive Airway Pressure CT Scanner (Imaging/Diagnostic Services) Custom Orthoses Fabricated Durable Medical Equipment Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Inpatient Unit (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medulzers Equipment Nuclear Medicine (Imaging/Diagnostic Services) Medical Surgery (Surgical Services) Inpatient Unit (Inpatient) Meduzel /Surgical Unit (Inpatient) Nebulizers Equipment Nuclear Medicine (Imaging/Diagnostic Services) Off The Shelf Orthoses |
| Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) Services: Behavioral Health (Non 24 Hour Care - Adult) |
| |





Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| Mayo Clinic Health System - Fairmont DBA: Mayo Clinic Health System - Fairmont in Sherburn 32 North Main Street Sherburn, MN 56171 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |
| Mayo Clinic Health System - Fairmont DBA: Mayo Clinic Health System - Fairmont in Truman 401 North 4th Avenue, East Truman, MN 56088 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |
| Mayo Clinic Health System - Fairmont DBA: The Clinic at Walmart, operated by Mayo Clinic Health System 1250 Goeman Rd Fairmont, MN 56031 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) |

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2015 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.

800 Medical Center Drive, Fairmont, MN



2015 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 | Ø |
| | Reducing Harm from Anticoagulation Therapy | \bigcirc |
| | Reconciling Medication Information | Ø |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | \bigotimes |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | \bigotimes |
| | 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 | \bigcirc |
| | Marking the Procedure Site | \bigcirc |
| | Performing a Time-Out | \bigotimes |

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National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

| | | | o other Joint hission |
|-------------------------|---|----------------|--------------------------|
| | | Accredited C | 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. | @ 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. | 69.00 minutes 330 eligible Patients | 55.00 | 132.00 | 49.79 | 116.08 |
| 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. | 2 169.00 minutes 332 eligible Patients | 204.00 | 317.00 | 192.51 | 245.98 |

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 2017 - December 2017

| | | 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 | | | | |
|------------------------|---|--|--------------------------------|-----|--------------------------------|------------------|
| | | Ν | lationwide | | Statewide | |
| 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. | 92% of 240 eligible Patients | 100% | 94% | 99% | 96% |

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Symbol Key

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the denominator criteria.

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Mayo Clinic Health System - Fairmont

800 Medical Center Drive, Fairmont, MN



National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

| | | 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 | | | | | |
|-------------------------------|--|--|--------------------------------|------------------|--------------------------------|------------------|--|
| | | Nationwide St | | | State | tewide | |
| 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. | •••• ⁴ | 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. | 0% of 35 eligible Patients | 0% | 2% | 0% | 2% | |
| 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. | 72% of 197 eligible Patients | 73% | 52% | 76% | 63% | |



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Null value or data not displayed. ----

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2018 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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