

# 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





### **Summary of Quality Information**

Symbol Key	
This organization achieved the best possible results.	Accr
This organization's performance is above the target range/value.	Acci
This organization's performance is similar to the target range/value.	🚫 Н
O This organization's performance is below the target range/value.	
This Measure is not applicable for this organization.	Accr Hospi
with the second	-

#### Footnote Key

umbol Ka

- 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.
- 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.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🮯 Hospital	Accredited	11/15/2014	10/20/2017	12/4/2017

reditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) ital

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
o Advanced Palliative Care	Certification	8/19/2016	7/13/2016	7/13/2016
🥝 Primary Stroke Center	Certification	2/8/2017	2/7/2017	2/7/2017

#### **Special Quality Awards**

2012 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
Hospital	2014National Patient Safety Goals	Ø	<b>*</b>
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	<b>1</b>	(m) <sup>2</sup>
Apr 2016 - Mar 2017	Immunization	<b>(10)</b> <sup>2</sup>	( <sup>2</sup>
	Perinatal Care		<b>()</b> <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
Convenant Neuroscience Patient Resource and Rehab Center 3610 22nd St, Ste 301 Lubbock, TX 79410	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Covenant Counseling Center 1302 Broadway Lubbock, TX 79401	Services: • Outpatient Clinics (Outpatient)
Covenant Health Pulmonary 3621 22nd St. Ste 400 Lubbock, TX 79410	Services: • Outpatient Clinics (Outpatient)



### **Locations of Care**

#### \* Primary Location

Locations of Care	Available S	ervices
Locations of Care Covenant Health System * DBA: Covenant Medical Center 3615 19th Street Lubbock, TX 79410	Joint Commission Advanced C Advanced Palliative Care Primary Stroke Center Services: Cardiac Catheterization Lab (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) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gi or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Hematology/Oncology Unit	
Covenant Radiation Treatment Center 424 N Utica Ave Lubbock, TX 79416	Services: • Outpatient Clinics (Outpatient)	
Covenant Sleep Disorder Center 36102 22nd Street, Suite 200 Lubbock, TX 79410	Services: • Outpatient Clinics (Outpatient)	



### **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Southwest Medical Park 9812 Slide Road Lubbock, TX 79424	Other Clinics/Practices located at this site: • Outpatient Therapy (PT/OT) • Radiology
	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>

© Copyright 2024, The Joint Commission



## **2014 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	$\bigotimes$
	Reconciling Medication Information	$\bigotimes$
Use Alarms Safely	Use Alarms Safely on Medical Equipment	( () ()
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>ଭ</u> ତ୍ତର ୧
	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.

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



### **National Quality Improvement Goals**

Reporting I	Period: April 2016 - March 2017		
		Comn	o other Joint nission Drganizations
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.	@ <sup>2</sup>	<b>○</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Iationwide Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored	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.	87.00 minutes 772 eligible Patients	55.00	129.00	56.15	120.48
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.	240.00 minutes 774 eligible Patients	205.00	316.00	203.58	292.70

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.

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



### **National Quality Improvement Goals**

Reporting I	Period: April 2016 - March 2017		
Reporting			
			to other Joint nission
		Accredited (	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses	<b>№</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations			on	
		1	Vationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	•	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.	84% of 621 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.
 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 rations that me
- 1. 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." Symbol Key

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

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."

The measure meets the Privacy Disclosure Threshold rule.

0

 $\oslash$ 

e

ND

1.

2.

3.

4.

5.

8.

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.

reported.

overall result.

3615 19th Street, Lubbock, TX



### **National Quality Improvement Goals**

Symbol Key					
This organization achieved the best possible results	Reporting P	eriod: April 2016 - March 2017			
This organization's performance is above the target range/value.		-			
This organization's performance is similar to the target range/value.			Compared to other Joint Commission		
This organization's performance is below the target range/value.			Accredited Organizations		
Not displayed	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 Commission Accredited Organizations					
Measure	Explanation	Nationwide Hospital Top 10% Average			Statewide Top 10% Average		
Medeure	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	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.	93% of 67 eligible Patients	100%	98%	100%	97%	
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.	6% of 255 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.	59% of 1652 eligible Patients	74%	53%	66%	47%	



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. \_\_\_\_