

# 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.



### **Summary of Quality Information**

#### Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
••	This Measure is not applicable for this organization.
•••	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.
- 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	10/21/2017	4/23/2021	4/23/2021

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

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Revie	ew Last On-Site
Programs		Date	Date	<b>Review Date</b>
o Advanced Palliative Care	Certification	10/5/2018	10/4/2018	10/4/2018
🎯 Primary Stroke Center	Certification	2/26/2019	2/25/2019	2/25/2019

#### **Special Quality Awards**

2012 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2018National Patient Safety Goals	Ø	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	2 °	2 <sup>2</sup>	
Jan 2019 - Dec 2019	Perinatal Care	<b>()</b> <sup>2</sup>	2 <sup>2</sup>	

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



### **Locations of Care**

Locations of Care	Available Services
Convenant Neuroscience Patient Resource and Rehab Center 3610 22nd St, Ste 301 Lubbock, TX 79410	Other Clinics/Practices located at this site: • Covenant Sleep Disorder Center Services: • Outpatient Clinics (Outpatient)
Covenant Counseling Center 3715 20th Street Lubbock, TX 79410	Services: • Outpatient Clinics (Outpatient)
Covenant Health Pulmonary 3621 22nd St. Ste 400 Lubbock, TX 79410	Services: • Outpatient Clinics (Outpatient)
Covenant Lifestyles Cardiac Rehab 3515 21st St 6th floor Lubbock, TX 79410	Services: • Outpatient Clinics (Outpatient)
Covenant Medical Center DBA: Covenant Health Emergency Center 10205 Quaker Ave Lubbock, TX 79424	<ul> <li>Services:</li> <li>Administration of High Risk Medications (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
Covenant Medical Center DBA: Covenant Health Emergency Center 7905 Milwaukee Ave Lubbock, TX 79424	<ul> <li>Services:</li> <li>Administration of High Risk Medications (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>



### **Locations of Care**

Locations of Care	Available	Services
Primary Location Locations of Care Covenant Medical Center * 3615 19th Street Lubbock, TX 79410	Joint Commission Advanced <ul> <li>Advanced Palliative Care</li> <li>Primary Stroke Center</li> </ul> <li>Other Clinics/Practices locate <ul> <li>Covenant Lifestyle Cardiac Rel</li> </ul> </li> <li>Services: <ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic 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>GJ 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>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services)</li> </ul></li>	Certification Programs: ed at this site:
Covenant Radiation Treatment Center 424 N Utica Ave Lubbock, TX 79416	<ul> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Services:         <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li> </ul>	



### **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>



## **2018 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	$\bigotimes$
	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 Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> 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	$\bigcirc$

### 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 Period: January 2019 - December 2019

#### 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.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily
- 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 rationts 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."

		Compared to other Joint Commission	
		Accredited O	rganizations
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				
		1	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.	Rep 2 173.00 minutes 822 eligible Patients	55.00	133.00	57.00	118.11

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.



### **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Compared to othe Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>2</b>	<b>™</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
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.	<b>600</b> 3	100%	98%	100%	98%
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>6</b> 8	12%	25%	15%	27%
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.	<mark>№0</mark> 3 	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.	<b>ND</b> <sup>3</sup>	73%	51%	61%	44%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	<b>™</b> 10				

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**

- 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.
- 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 patients that met
- **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."

Compared to other Joint Commission Accredited Organizations

Statewide

**1** 2

Nationwide

2 C



### **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

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.	Measure Area	Explanation
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.
Footnote Key		Co
The Measure or Measure Set was not		

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	0 <sup>10</sup>				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	10				

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 ossible results œ This organization's performance is Image: Construction
 Image: Construction<

- 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.
- 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.''**