



# 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](mailto: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.
- 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.
- This Measure is not applicable for this organization.
- Not displayed

| Accreditation Programs   | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|--------------------------|------------------------|----------------|-----------------------|--------------------------|
| Critical Access Hospital | Accredited             | 8/8/2015       | 6/27/2018             | 6/27/2018                |

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

Critical Access Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---------------------------------|------------------------|----------------|-----------------------|--------------------------|
| Acute Stroke Ready Hospital     | Certification          | 6/1/2017       | 5/3/2017              | 5/3/2017                 |

### Special Quality Awards

2014 Top Performer on Key Quality Measures®

2013 Top Performer on Key Quality Measures®

2012 Top Performer on Key Quality Measures®

### Footnote Key

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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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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."

Critical Access Hospital

Reporting Period:  
Jan 2017 - Dec 2017

#### 2015 National Patient Safety Goals

#### National Quality Improvement Goals:

Emergency Department

Immunization

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide



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



## Locations of Care




### \* Primary Location

| Locations of Care  | Available Services   |
|--|--|
| <b>Buchanan Medical Clinic</b><br>DBA: Buchanan Medical Clinic<br>30 Buchanan Bypass<br>Buchanan, GA 30113 | <b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>  |
| <b>Higgins General Hospital *</b><br>200 Allen Memorial Drive<br>Bremen, GA 30110                          | <b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Acute Stroke Ready Hospital</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Acute Care</li> <li>CT Scanner (Imaging/Diagnostic 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>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Mammography (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Ophthalmology (Surgical Services)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Swing Beds</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul> |
| <b>Primary Care of Bremen</b><br>201 Allen Memorial Drive<br>Bremen, GA 30110                              | <b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>  |
| <b>Tallapoosa Family Healthcare Center</b><br>25 West Lyon Street<br>Tallapoosa, GA 30176                  | <b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>  |
| <b>Tanner Physical Therapy</b><br>405 Alabama Avenue<br>Bremen, GA 30110                                   | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>   |


















## 2015 National Patient Safety Goals

### 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.

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### Critical Access 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                         |    |
| Use Alarms Safely  | Use Alarms Safely on Medical Equipment                     |    |
| Reduce the risk of health care-associated infections.        | Meeting Hand Hygiene Guidelines                            |    |
|  | Preventing Multi-Drug Resistant Organism Infections        |   |
|  | Preventing Central-Line Associated Blood Stream Infections |  |
|  | Preventing Surgical Site Infections                        |  |
|  | Preventing Catheter-Associated Urinary Tract Infection     |  |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process            |  |
|  | Marking the Procedure Site                                 |  |
|  | Performing a Time-Out                                      |  |



## National Quality Improvement Goals

Reporting Period: January 2017 - December 2017



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Compared to other Joint Commission Accredited 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

| Measure  | Explanation   | Hospital Results   | Compared to other Joint Commission Accredited Organizations |          |                         |          |
|--|---|--|---|----------|-------------------------|----------|
|  |   |  | Nationwide  | Weighted | Statewide               | Weighted |
|  |   |  | Top 10% Scored at Most:                                     | Median:  | Top 10% Scored at Most: | 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. |  2<br>48.00 minutes<br>280 eligible Patients   | 55.00   | 132.00   | 54.48                   | 137.57   |
| 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<br>230.00 minutes<br>280 eligible Patients | 204.00  | 317.00   | 228.68                  | 336.02   |



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- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
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## National Quality Improvement Goals

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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          | 2         |

Compared to other Joint Commission  
Accredited Organizations

| Measure                | Explanation   |  |  |                  |   |                  |
|------------------------|---|--|--|------------------|---|------------------|
|                        |   | Hospital Results                       | Nationwide<br>Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Statewide<br>Top 10%<br>Scored<br>at Least: | Average<br>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. | <br>98% of<br>148 eligible<br>Patients | 100%   | 94%              | 100%  | 92%              |



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