

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



Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | y Last On-Site Survey Date |
|----------------------------|------------------------|-------------------|--------------------------|-------------------------------|
| 🎯 Critical Access Hospital | Accredited | 6/28/2018 | 6/27/2018 | 6/27/2018 |

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

| Advanced Certification | Certification Decision | Effective | Last Full Review | v Last On-Site |
|--------------------------------|------------------------|-----------|------------------|----------------|
| Programs | | Date | Date | Review Date |
| Acute Stroke Ready Hospital | Certification | 6/1/2017 | 5/6/2019 | 5/6/2019 |

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

| | | Compared to other Joint Commission Accredited Organizations | |
|--------------------------------|-------------------------------------|--|----------------|
| | | Nationwide | Statewide |
| Critical Access Hospital | 2018National Patient Safety Goals | Ø | ⊙ * |
| · | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | | 2 ² |
| Jan 2018 - Dec 2018 | Immunization | 1 | |

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

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|----|--------|-----|----------------|----|
| 2 | Y IIII | UU | | E١ |
| | | | | |

| | Symbol Key |
|---|---|
| 0 | This organization achieved the best possible results. |
| Ð | 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.
- 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.



Locations of Care

| Locations of Care | Available Services |
|---|--|
| Buchanan Medical Clinic DBA: Buchanan Medical Clinic 30 Buchanan Bypass Buchanan, GA 30113 | Services: Single Specialty Practitioner (Outpatient) |
| Higgins General Hospital * 200 Allen Memorial Drive Bremen, GA 30110 | Joint Commission Advanced Certification Programs: Acute Stroke Ready Hospital |
| | Services: Acute Care CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Ophthalmology (Surgical Services) |
| Primary Care of Bremen 201 Allen Memorial Drive Bremen, GA 30110 | Services: Single Specialty Practitioner (Outpatient) |
| Tallapoosa FamilyHealthcare Center25 West Lyon StreetTallapoosa, GA 30176 | Services:Single Specialty Practitioner (Outpatient) |
| Tanner Physical Therapy 405 Alabama Avenue Bremen, GA 30110 | Services: Outpatient Clinics (Outpatient) |

200 Allen Memorial Drive, Bremen, GA



2018 National Patient Safety Goals

Critical Access 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 |
| 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 | \bigcirc |
| | Preventing Surgical Site Infections | \bigcirc |
| | Preventing Catheter-Associated Urinary Tract Infection | \bigcirc |
| Universal Protocol | Conducting a Pre-Procedure Verification Process | \bigotimes |
| | 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.

200 Allen Memorial Drive, Bremen, GA



National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

| | | | Compared to other Joint Commission | |
|-------------------------|---|----------------|---------------------------------------|--|
| | | 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 | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | N | 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. | 48.00 minutes 353 eligible Patients | 56.00 | 137.00 | 56.42 | 148.44 |
| 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. | 239.00 minutes 353 eligible Patients | 207.00 | 321.00 | 234.39 | 351.52 |

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

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200 Allen Memorial Drive, Bremen, GA



National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

| | | | ed to other Joint mmission | |
|--------------|---|--------------------------|----------------------------|--|
| | | 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 | | | n | | |
|------------------------|---|--|--------------------------------|-----|--------------------------------|------------------|--|
| | | ١ | Vationwide | | Statewide | | |
| 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. | 97% of 181 eligible Patients | 100% | 94% | 100% | 93% | |

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