

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
o Ambulatory Care	Accredited	7/25/2014	7/13/2017	7/13/2017
🮯 Hospital	Accredited	7/25/2014	7/13/2017	8/22/2017

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

Certification programs recognized by the Centers for Medicare and Medicaid Services (CMS) Ventricular Assist Device

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	6/15/2016	6/14/2016	6/14/2016
Ventricular Assist Device	Certification	9/16/2015	10/3/2017	10/3/2017
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
ochest Pain	Certification	12/12/2016	11/18/2016	11/18/2016

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

• Laboratory (Accredited by American Society for Histocompatibility and Immunogenetics (ASHI))

Special Quality Awards

2015 ACS National Surgical Quality Improvement Program2015 Hospital Magnet Award2012 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Organiz	
		Nationwide	Statewide
Ambulatory Care	2014National Patient Safety Goals	Ø	*

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

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.
	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.
- 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.

4500 San Pablo Road, Jacksonville, FL

Compared to other Joint Commission Accredited



Summary of Quality Information

Symbol Key	S	ym [®]	bol	l K	ev
------------	---	-----------------	-----	-----	----

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.
Э	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."

		Organizations		
		Nationwide	Statewide	
Hospital	2014National Patient Safety Goals	${}^{\odot}$	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	(m) ²	1	
Jan 2016 - Dec 2016	Immunization	(m) ²	1	
	Stroke Care	1 1 1 1 1 1 1 1 1 1	1	
	Venous Thromboembolism (VTE)	1	() ²	

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



Locations of Care

Locations of Care	Available	Services
Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224	Services: Allergy (Outpatient) Audiology (Outpatient) Cardiology (Outpatient) Computed Tomography (CT) (Outpatient) Computed Tomography (CTA) (Outpatient) Dermatology (Outpatient) Diagnostic Imaging (Outpatient) Echocardiography (Outpatient) Gastroenterology (Outpatient) Gastroenterology Procedures (Outpatient) Gastroenterology Procedures (Outpatient) Gastroenterology Procedures (Outpatient) Gastroenterology Procedures (Outpatient) Gastroenterology Procedures (Outpatient) Hematology/Blood Treatment (Outpatient) Internal Medicine (Outpatient) Magnetic Resonance Angiography (MRA) (Outpatient) Magnetic Resonance Imaging (Outpatient) Mammography (Outpatient) Neurology (Outpatient)	 Nuclear Cardiology (Outpatient) Occupational Therapy (Outpatient) Oncology/Cancer Care (Outpatient) Optometry/Eye Care (Outpatient) Orthopedic Medicine (Outpatient) Otolaryngology/Ear, Nose, and Throat (Outpatient) Pain Management (Outpatient Pharmacy/Dispensary, Genera (Outpatient) Physical Medicine and Rehabilitation (Outpatient) Positron Emission Tomography (PET) (Outpatient) Pulmonary Medicine (Outpatient) Radiation Oncology (Outpatient) Rheumatology (Outpatient) Vascular Medicine (Outpatient) Vascular Medicine (Outpatient)



Locations of Care

Locations of Care	Available Services
Mayo Clinic Hospital * 4500 San Pablo Road Jacksonville, FL 32224	 Joint Commission Advanced Certification Programs: Advanced Comprehensive Stroke Center Ventricular Assist Device Joint Commission Certified Programs: Chest Pain Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Eatr/Nose/Throat Surgery (Surgical Services) Eating Disorders (Outpatient) Eating Disorders (Outpatient) Eating Disorders (Outpatient) Gastoenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Mayo Clinic Outpatient Dialysis 4500 San Pablo Road Jacksonville, FL 32224	Services: • Dialysis (Outpatient) • Outpatient Clinics (Outpatient)
Mayo Clinic Primary Care DBA: Gate Parkway Primary Care 7826 Ozark Drive Jacksonville, FL 32256	Services: • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • X-ray (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
Mayo Primary Care Center - St. Augustine 110 Southwest Lake Drive Saint Augustine, FL 32086	Services: • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • X-ray (Outpatient)
Mayo Primary Care Center-Beaches 742 Marsh Landing Parkway Jacksonville Beach, FL 32250	Services: • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient) • X-ray (Outpatient)
Sleep Disorders Center 4634 Worrall Way Jacksonville, FL 32224	Services: Sleep Studies (Outpatient)



2014 National Patient Safety Goals

Ambulatory Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø
	Preventing Surgical Site Infections	\bigcirc
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	\bigotimes
	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.



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	\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	Ø
	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

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.

Compared to other Joint

mared to other Joint Commissio



National Quality Improvement Goals

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 relients 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."

Reporting Period: January 2016 - December 2016

		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	

		Accredited Organizations				
		Ν	Nationwide			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.	80.00 minutes 558 eligible Patients	54.00	126.00	69.80	130.41
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.	243.00 minutes 559 eligible Patients	203.00	313.00	225.09	305.55

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 2016 - December 2016

			o other Joint hission	
		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				
			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.	95% of 604 eligible Patients	100%	94%	100%	97%

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.
 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.



National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

			o other Joint hission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	2	⊘ ²	

		Compared to other Joint Accredited Organiz				
		١	lationwide	Ű		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	92% of 24 eligible Patients ³	100%	90%	100%	95%

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 patients that met
- 1. There were no eligible patients that met the denominator criteria.



National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joir Commission	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	№ ²	2

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	83% of 53 eligible Patients	100%	93%	100%	95%

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.
 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 patients that me
- 1. There were no eligible patients that met the denominator criteria.