

# Accreditation Quality Report





Version: 13 Date: 11/6/2017





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 Symbol Key

ossible results.

rganization.

Not displayed

reported.

valid.

sample of patients.

updated data.

 Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

the denominator criteria.

overall result.

Footnote Key

1. 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 measure meets the Privacy Disclosure Threshold rule.

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

11. There were no eligible patients that met

This organization achieved the best

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







## **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Surve Date	ey Last On-Site Survey Date
Ambulatory Care	Accredited	7/14/2017	7/13/2017	7/13/2017
Hospital	Accredited	7/14/2017	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	<b>Certification Decision</b>	Effective Date	Last Full Review Date	v Last On-Site Review Date
Chest 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 Program

2015 Hospital Magnet Award

2012 Gold Plus Get With The Guidelines - Stroke

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

Compared to other Joint Commission Accredited Organizations

Nationwide Statewide

Ambulatory Care

Compared to other Joint Commission Accredited Organizations

Nationwide Statewide

\*\*

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









# **Summary of Quality Information**

Compared to other Joint Commission Accredited Organizations					
		Nationwide	Statewide		
Hospital	2017National Patient Safety Goals	Ø	N/A *		
	National Quality Improvement Goals:				
Reporting Period:	Emergency Department	<b>№</b> 2	ND <sup>2</sup>		
Apr 2016 - Mar 2017	Immunization	ND 2	<b>№</b> 2		

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





#### Symbol Key This organization achieved the best oossible 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

#### Footnote Key

- 1. The Measure or Measure Set was not
- 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."

Org ID: 369946







### **Locations of Care**

#### \* Primary Location

# Locations of Care Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224

### Available Services

#### **Services:**

- Allergy (Outpatient)
- Audiology (Outpatient)
- Cardiology (Outpatient)
- Computed Tomography (CT) (Outpatient)
- Computed Tomography Angiography (CTA) (Outpatient)
- Dermatology (Outpatient)
- Diagnostic Imaging (Outpatient)
- Echocardiography (Outpatient)
- Gastroenterology (Outpatient)
- Gastroenterology Procedures (Outpatient)
- Gynecology (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, General (Outpatient)
- Physical Medicine and Rehabilitation (Outpatient)
- Positron Emission Tomography (PET) (Outpatient)
- Pulmonary Medicine (Outpatient)
- Radiation Oncology (Outpatient)
- Rheumatology (Outpatient)
- Urology (Outpatient)
- Vascular Medicine (Outpatient)
- X-ray (Outpatient)

Org ID: 369946







### **Locations of Care**

Primary Location  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) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Eari/Nose/Throat Surgery (Surgical Services) Dialysis Unit (Inpatient) Gastroenterology (Surgical Services) Gil or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neuro/Spine Unit (Inpatien
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)



# Mayo Clinic Florida 4500 San Pablo Road, Jacksonville, FL







# **Locations of Care**

*	Pri	mar	, I	0	rat	ion
		mai	y i		vai	.1011

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)



# Mayo Clinic Florida 4500 San Pablo Road, Jacksonville, FL







# **2017 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.

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

### **Ambulatory Care**

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



# Mayo Clinic Florida 4500 San Pablo Road, Jacksonville, FL







# **2017 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.

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

# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
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	Ø
	Reconciling Medication Information	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	Ø
	Preventing Central-Line Associated Blood Stream Infections	<u> </u>
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

Compared to other Joint







### **National Quality Improvement Goals**

#### Reporting Period: April 2016 - March 2017

		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.	<b>№</b> <sup>2</sup>	<b>№</b> 2	

		Compared to other Joint Commission Accredited Organizations				on
		l 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.	81.00 minutes 563 eligible Patients	55.00	129.00	67.98	131.47
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.	242.00 minutes 563 eligible Patients	205.00	316.00	225.52	306.32

- 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.
- below the target range/value.
- Not displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- The number of months with Measure data is below the reporting requirement.
- 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.
- 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."



Measure Area

**Immunization** 





### **National Quality Improvement Goals**

### Reporting Period: April 2016 - March 2017

Compared to other Joint **Accredited Organizations** Nationwide Statewide Explanation This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		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.	96% of 623 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 ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- ot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 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 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.
- 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."