## 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 Symbol Key

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## **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Surve	y Last On-Site Survey Date
Ambulatory Care	Accredited	7/25/2014	7/24/2014	7/24/2014
Hospital	Accredited	7/25/2014	7/24/2014	7/24/2014

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

<b>Advanced Certification</b>	Certification Decision	<b>Effective</b>	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
Advanced Comprehensive Stroke Center	Certification	6/15/2016	6/14/2016	6/14/2016
Ventricular Assist Device	Certification	9/16/2015	9/15/2015	9/15/2015
<b>Certified Programs</b>	Certification Decision	<b>Effective</b>	Last Full Review	w Last On-Site
		Date	Date	<b>Review Date</b>
Ohest 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

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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	2014National Patient Safety Goals	Ø	<b>™</b> *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	ND 2	ND 2
Oct 2015 - Sep 2016	Immunization	ND 2	ND 2
	Stroke Care	ND 2	ND 2
	Venous Thromboembolism (VTE)	ND 2	ND 2

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- 2. The Measure Set does not have an overall result.
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### **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)







## **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)  Cardiovascular Unit (Inpatient)  CT Scanner (Imaging/Diagnostic Services)  Dialysis Unit (Inpatient)  Eari/Nose/Throat Surgery (Surgical Services)  Eating Disorders (Outpatient)  Gastroenterology (Surgical Services)  Eating Disorders (Outpatient)  Gastroenterology (Surgical Services)  Gynecological Surgery (Surgical Services)  Gynecological Surgery (Surgical Services)  Gynecological Surgery (Surgical Services)  Hematology/Oncology Unit (Inpatient)  Inpatient Unit (Inpatient)  Inpatient Unit (Inpatient)  Inpatient, Imaging/Diagnostic Services)  Medical /Surgical Unit (Inpatient)  Interventional Radiology (Inpatient, Imaging/Diagnostic Services)  Medical /Surgical Unit (Inpatient)  Medical ICU (Intensive Care Unit)  Neuro/Spine Unit (Inpatient)  Neuro-Spine Uni
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**

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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







## **2014 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







## 2014 National Patient Safety Goals

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## 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
Use Alarms Safely	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	8888
	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



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## **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

		Commission	
		Accredited Organizations	
easure Area	Explanation	Nationwide	Statewide
mergency epartment	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				
		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.	79.00 minutes 559 eligible Patients	53.00	124.00	69.69	131.67
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.	252.00 minutes 560 eligible Patients	202.00	311.00	225.53	307.44

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- \* This information can also be viewed at www.hospitalcompare.hhs.gov
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## **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

Compared to	
Commi	ssion
Accredited Or	rganizations
ationwide	Statewide

		Accredited (	Irganizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>№</b> 2	<b>№</b> 2

		Compared to other Joint Commission Accredited Organizations					
		Nationwide			State	Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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.	92% of 579 eligible Patients	100%	94%	100%	97%	

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Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: October 2015 - September 2016

		Commission		
		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.	<b>№</b> 2	ND 2	

		Compared to other Joint Commission Accredited Organizations				
		Λ	Nationwide Statewide		wide	
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.	91% of 22 eligible Patients <sup>3</sup>	100%	90%	100%	95%

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## **National Quality Improvement Goals**

### Reporting Period: October 2015 - September 2016

		Commission		
		Accredited 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.	<b>1</b> 2	<b>№</b> 2	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewi		ewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:		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.	88% of 49 eligible Patients	100%	93%	100%	95%

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