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

oossible results.

organization.

Not displayed

overall result.

valid.

updated data.

Footnote Key

1. The Measure or Measure Set was not

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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

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11. There were no eligible patients that met

Φ

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	Accreditation Decision	Effective Date	Last Full Surve Date	y 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	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
Advanced Comprehensive Stroke Center	Certification	5/12/2018	5/11/2018	5/11/2018
Ventricular Assist Device	Certification	10/4/2017	10/3/2017	10/3/2017
Certified Programs	Certification Decision	Effective	Last Full Review	w Last On-Site
		Date	Date	Review Date
Ohest Pain	Certification	12/12/2016	11/18/2016	11/18/2016

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	2017National Patient Safety Goals	Ø	(VA) *
Hospital	2017National Patient Safety Goals	Ø	N/A *

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

Org ID: 369946







Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ 2	ND ²
Jan 2017 - Dec 2017	Immunization	ND 2	№ 2

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4500 San Pablo Road, Jacksonville, FL





Locations of Care

Locations of Care	Available Serv	ices
Mangurian Building 4500 Mellish Drive Jacksonville, FL 32224	Services: • Neurology (Outpatient) • Oncology/Cancer Care (Outpatient) • Other Medical/Dental Services (Outpatient)	patient)
Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224	 Audiology (Outpatient) Cardiology (Outpatient) Computed Tomography (CT) (Outpatient) Computed Tomography Angiography (CTA) (Outpatient) Dermatology (Outpatient) Diagnostic Imaging (Outpatient) Echocardiography (Outpatient) Family Practice (Outpatient) Gastroenterology (Outpatient) Gastroenterology Procedures (Outpatient) Gastroenterology Procedures (Outpatient) General Practice (Outpatient) General Practice (Outpatient) Internal Medicine (Outpatient) Internal Medicine (Outpatient) Magnetic Resonance Angiography (MRA) (Outpatient) Magnetic Resonance Magnetic Resonance 	Mammography (Outpatient) Nuclear Cardiology (Outpatient) Occupational Therapy (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) Radiation Oncology (Outpatient) Rheumatology (Outpatient) Urology (Outpatient) Vascular Medicine (Outpatient) Vascular Medicine (Outpatient) X-ray (Outpatient)







Locations of Care

Locations of Care	Available S	Services
Mayo Clinic Hospital * 4500 San Pablo Road Jacksonville, FL 32224	Joint Commission Advanced C Advanced Comprehensive Stroke C Ventricular Assist Device 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) Ear/Nose/Throat Surgery (Surgical Services) Eating Disorders (Outpatient) Gastroenterology (Surgical Services) Gi or Endoscopy Lab (Imaging/Diagnostic Services) Grynecological Surgery (Surgical Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)	Certification Programs:
Dialysis 4500 San Pablo Road Jacksonville, FL 32224	Services: • Dialysis (Outpatient) • Outpatient Clinics (Outpatient)	
Mayo Clinic Primary Care - Gate Parkway 7826 Ozark Drive Jacksonville, FL 32256	Services: • Diagnostic Imaging (Outpatient) • Family Practice (Outpatient)	









Locations of Care

*	Primary	/ Location
	rillialy	Location

1 Timary 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: Other Medical/Dental Services (Outpatient) Sleep Studies (Outpatient)









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









2017 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
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

Org ID: 369946









National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Compared to other Joint Commission		
Accredited Organizations		
Nationwide Statewide		
№ 2	№ 2	

		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				
		Nationwide Statewide			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.	84.00 minutes 526 eligible Patients	55.00	132.00	70.80	134.62
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 527 eligible Patients	204.00	317.00	228.86	308.03

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National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Compared to other Joint

		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				
		Nationwide			Statewide	
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	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.	99% of 611 eligible Patients	100%	94%	100%	97%

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