



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

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 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."

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Hospital | Accredited | 7/16/2016 | 7/15/2016 | 7/15/2016 |
| Laboratory | Accredited | 8/8/2017 | 8/7/2017 | 8/7/2017 |

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

Pathology and Clinical Laboratory

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---------------------------------|------------------------|----------------|-----------------------|--------------------------|
| Primary Stroke Center | Certification | 7/8/2017 | 7/7/2017 | 7/7/2017 |

| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|--------------------------|------------------------|----------------|-----------------------|--------------------------|
| Joint Replacement - Hip | Certification | 6/13/2017 | 6/12/2017 | 6/12/2017 |
| Joint Replacement - Knee | Certification | 6/13/2017 | 6/12/2017 | 6/12/2017 |

Other Accredited Programs/Services

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

Special Quality Awards

- 2014 Top Performer on Key Quality Measures®
- 2013 Top Performer on Key Quality Measures®
- 2012 Top Performer on Key Quality Measures®
- 2013 Gold Plus Get With The Guidelines - Stroke
- 2012 Gold Plus Get With The Guidelines - Heart Failure

Hospital

2016 National Patient Safety Goals

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







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 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."

| | | Compared to other Joint Commission Accredited Organizations | |
|--|---|--|--|
| | | Nationwide | Statewide |
| National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department |  ² |  ² |
| Apr 2016 - Mar 2017 | Immunization |  ² |  ² |
| Laboratory | 2017 National Patient Safety Goals |  |  * |



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



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|---|
| Colonial Heights Surgery Center a dept of John Randolph Medi 930 South Ave. #2 Colonial Heights, VA 23834 | Services: <ul style="list-style-type: none"> Administration of High Risk Medications (Outpatient) Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Perform Invasive Procedure (Outpatient) |
| John Randolph Medical Center * DBA: John Randolph Medical Center 411 West Randolph Road Hopewell, VA 23860 | Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Primary Stroke Center Joint Commission Certified Programs: <ul style="list-style-type: none"> Joint Replacement - Hip Joint Replacement - Knee Services: <ul style="list-style-type: none"> Cardiac Catheterization Lab (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Nuclear Medicine (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) |
| Tri Cities Emergency Center (a dept. of John Randolph Med) 1700 Temple Parkway Prince George, VA 23875 | Services: <ul style="list-style-type: none"> Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient) |



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|--|--|
| <p>Wellness Pavilion DBA: John Randolph Medical Center 409 West Randolph Rd. Hopewell, VA 23860</p> | <p>Services:</p> <ul style="list-style-type: none">• Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult)• Case Management (Non 24 Hour Care - Adult)• Chemical Dependency (Day Programs - Adult) (Partial - Adult) (Non-detox - Adult)• Community Integration (Non 24 Hour Care)• Family Support (Non 24 Hour Care) |



2016 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 |  |
| | Eliminating Transfusion Errors |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Multi-Drug Resistant Organism Infections |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| | Preventing Surgical Site Infections |  |
| | Preventing Catheter-Associated Urinary Tract Infection |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |



National Quality Improvement Goals

Reporting Period: April 2016 - March 2017

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

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.

Compared to other Joint
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

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|---|---|------------------|-------------------------|------------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Most: | Weighted Median: | Top 10% Scored at Most: | Weighted 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. | 2 67.00 minutes 1037 eligible Patients | 55.00 | 129.00 | 48.93 | 108.88 |
| 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. | 2 259.00 minutes 1037 eligible Patients | 205.00 | 316.00 | 209.22 | 280.45 |



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.

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



National Quality Improvement Goals

Reporting Period: April 2016 - March 2017

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

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.

Compared to other Joint
Commission

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

| Measure | Explanation | | | | | |
|------------------------|---|---|--|------------------|---|------------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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. | 100% of 537 eligible Patients | 100% | 94% | 100% | 96% |



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.

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



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.

Laboratory

| Safety Goals | Organizations Should | Implemented |
|--|---|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Reduce the risk of health care-associated infections | Meeting Hand Hygiene Guidelines |  |

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