

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

DBA: John Randolph Medical Center, 411 West Randolph Road, Hopewell, VA



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	y Last On-Site Survey Date
🤣 Hospital	Accredited	7/16/2016	7/15/2016	7/15/2016
olimitation description of the second	Accredited	7/18/2015	7/17/2015	7/17/2015

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

Advanced Certification Certification Decision Effective Last Full Review Last On-Site Date **Programs** Date **Review Date** Primary Stroke Center Certification 7/18/2015 7/7/2017 7/7/2017 **Certification Decision** Last Full Review Last On-Site **Certified Programs** Effective Date **Review Date** Date Certification 6/13/2017 6/12/2017 6/12/2017 🙆 Joint Replacement - Hip 6/13/2017 6/12/2017 6/12/2017 🙆 Joint Replacement - Knee Certification

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2016National 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.
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.
- 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.
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his organization's performance is		National Quality Improvement Goals:			
milar to the target range/value.	Reporting Period:	Emergency Department	2	2 ²	
elow the target range/value. his Measure is not applicable for this rganization.	Oct 2015 - Sep 2016	Immunization	2 ²	2 ²	
ot displayed		Stroke Care		2 ²	
Footnote Key		Venous Thromboembolism (VTE)	(10) ²	2 ²	
The Measure or Measure Set was not reported.	Laboratory	2015National Patient Safety Goals	Ø	*	

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Locations of Care

Locations of Care	Available Services			
Colonial Heights	Services:			
Surgery Center a dept of	• Administration of High Risk Medications (Outpatient)			
John Randolph Medi	• Ambulatory Surgery Center (Outpatient)			
930 South Ave. #2	• Anesthesia (Outpatient)			
Colonial Heights,	• General Laboratory Tests			
VA 23834	• 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: Primary Stroke Center Joint Commission Certified Programs: Joint Replacement - Hip Joint Replacement - Knee Services: Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Hematology/Oncology Unit (Inpatient) Interventional Radiology (Inpatient, Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) 			
Tri Cities Emergency	Services:			
Center (a dept. of John	• Administration of Blood Product (Outpatient)			
Randolph Med)	• Administration of High Risk Medications (Outpatient)			
1700 Temple Parkway	• Anesthesia (Outpatient)			
Prince George, VA 23875	• Perform Invasive Procedure (Outpatient)			

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Locations of Care

* Primary Location

Locations of Care	Available Services
Wellness Pavilion DBA: John Randolph Medical Center 409 West Randolph Rd. Hopewell, VA 23860	 Services: 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)

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2016 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	\bigotimes
	Reconciling Medication Information	\bigotimes
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	\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.
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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission		
		Accredited Organizati		
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				
		1	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.	65.00 minutes 895 eligible Patients	53.00	124.00	47.52	105.73
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.	236.00 minutes 895 eligible Patients	202.00	311.00	194.85	273.60

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joi Commission	
		Accredited C	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			n	
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	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 387 eligible Patients	100%	94%	100%	96%

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joint 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.	0 ²	○ ²

		Compared to other Joint Commission Accredited Organizations				
		١	Nationwide		Statewide	
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.	ND 3	100%	90%	100%	85%

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joint 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.	™ ²	○ ²	

		Compared to other Joint Commission Accredited Organizations			n	
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		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.	00% of 8 eligible Patients	100%	93%	100%	91%

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2015 National Patient Safety Goals

Laboratory

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

Symbol Key

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 The Goal is not applicable for this organization.