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

Org ID: 3900

Accreditation Quality Report





Version: 9 Date: 8/22/2017



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

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Not displayed

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Footnote Key

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surv Date	vey 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	7/18/2015	7/7/2017	7/7/2017
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
O Joint Replacement - Hip	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

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			
Hospital 2	2016National Patient Safety Goals	Ø	® *		

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

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Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				
	National Quality Improvement Goals:					
Reporting Period:	Emergency Department	№ ²	№ ²			
Jan 2016 - Dec 2016	Immunization	№ ²	№ ²			
	Stroke Care	№ ²	№ ²			
	Venous Thromboembolism (VTE)	(I) 2	© 2			
Laboratory	2017National Patient Safety Goals	Ø	(NA) *			

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Locations of Care

Locations of Care	Available Services
Colonial Heights Surgery Center a dept of John Randolph Medi 930 South Ave. #2 Colonial Heights, VA 23834	Services: 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: • Primary Stroke Center Joint Commission Certified Programs: • Joint Replacement - Hip • Joint Replacement - Knee Services:
	 Cardiac Catheterization Lab (Surgical 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 GI or Endoscopy Lab (Imaging/Diagnostic Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical ICU (Intensive Care Unit) (Imaging/Diagnostic Services) Orthopedic/Spine Unit (Inpatient) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Surgical ICU (Intensive Care Unit) (PACU) (Inpatient) 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: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)

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Locations of Care

* Primary Location

Locations of Care Wellness Pavilion DBA: John Randolph

Medical Center 409 West Randolph Rd. Hopewell, VA 23860

Available Services

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

Symbol Key

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The Goal is not applicable for this organization.

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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

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		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				
Measure	Explanation	Hospital Results	Top 10% Scored	Weighte d Median:	Top 10% Scored	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.	63.00 minutes 990 eligible Patients	54.00	126.00	48.24	108.15
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.	241.00 minutes 990 eligible Patients	203.00	313.00	203.33	276.27

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	© ²	

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10%	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 474 eligible Patients	100%	94%	100%	96%

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National Quality Improvement Goals

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Reporting Period: January	2016 - 3	December	2016
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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.

		Compared to other Joint Commission Accredited Organizations				on
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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.	3	100%	90%	100%	86%

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 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.	© ²	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide		wide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	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.	100% of 9 eligible Patients	100%	93%	100%	92%

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2017 National Patient Safety Goals

Symbol Key

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

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	