



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.
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- This Measure is not applicable for this organization.
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Footnote Key

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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.
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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	12/7/2017
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.



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Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

National Quality Improvement Goals:

Reporting Period:
Jul 2016 - Jun 2017

Emergency Department

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Immunization

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Laboratory

2017 National Patient Safety Goals



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John Randolph Medical Center

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

Org ID: 3900



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
Wellness Pavilion DBA: John Randolph Medical Center 409 West Randolph Rd. Hopewell, VA 23860	Services: <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

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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: July 2016 - June 2017

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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 69.00 minutes 1055 eligible Patients	55.00	131.00	49.66	107.50
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.	2 264.00 minutes 1055 eligible Patients	204.00	317.00	206.93	281.12



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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: July 2016 - June 2017



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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%	95%



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2017 National Patient Safety Goals

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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	

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