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

Org ID: 3900

Accreditation Quality Report





Version: 6 Date: 8/2/2018



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

ossible results.

rganization.

Not displayed

overall result.

valid.

sample of patients.

updated data.

Footnote Key

The Measure or Measure Set was not reported.

The Measure Set does not have an

The number of patients is not enough for comparison purposes.
 The measure meets the Privacy Disclosure Threshold rule.
 The organization scored above 90% but was below most other organizations.
 The Measure results are not statistically

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The number of months with Measure data is below the reporting requirement.
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10. Test Measure: a measure being

the denominator criteria.

evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

11. There were no eligible patients that met

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Summary of Quality Information

Accreditation Program	ns Accreditation Decision	Effective Date	Last Full Sur Date	vey 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	Certification Decision	Effective	Last Full Re	view Last On-Site
Programs		Date	Date	Review Date
Primary Stroke Center	Certification	7/8/2017	7/7/2017	7/7/2017
Certified Programs	Certification Decision	Effective	Last Full Re	view Last On-Site
		Date	Date	Review Date
oint 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

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2017National Patient Safety Goals	Ø	<u>№</u> *

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 2017 - Dec 2017	Immunization	ND 2	ND 2	
Laboratory	2017National Patient Safety Goals	Ø	N/A *	

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Symbol Key

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- Φ This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- This Measure is not applicable for this organization.
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Footnote Key

- 1. The Measure or Measure Set was not
- 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.

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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 • Medical /Surgical Unit
	 Cardidac 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 Gl or Endoscopy Lab (Imaging/Diagnostic Services) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, 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 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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2017 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	<u>8</u>
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	0000
	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 2017 - December 2017

		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.	ND 2	№ 2

		Compared to other Joint Commission Accredited Organizations			n	
		١	lationwide		State	ewide
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.	76.00 minutes 1036 eligible Patients	55.00	132.00	49.98	104.91
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.	263.00 minutes 1036 eligible Patients	204.00	317.00	202.26	280.43

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National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

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.

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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%

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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	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