

# 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.

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



## **Summary of Quality Information**

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|----------|----|-----|-----|
|          | vm | no  | Key |
| $\sim$ . | _  | 001 | ·   |

| Ø | The organization has met the National<br>Patient Safety Goal.  |
|---|--|
| Θ | 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."

| Accreditation Programs | Accreditation Decision | Effective<br>Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| 🎯 Hospital             | Accredited             | 8/12/2022         | 8/11/2022                | 9/20/2022                   |
| olimitation Laboratory | Accredited             | 12/22/2021        | 12/21/2021               | 12/21/2021                  |

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

| Advanced Certification<br>Programs | Certification Decision | Effective<br>Date | Last Full Review<br>Date | v Last On-Site<br>Review Date |
|------------------------------------|------------------------|-------------------|--------------------------|-------------------------------|
| Acute Stroke Ready<br>Hospital     | Certification          | 3/15/2021         | 1/15/2021                | 1/15/2021                     |
| 🥝 Primary Stroke Center            | Certification          | 9/29/2021         | 9/28/2021                | 9/28/2021                     |
| Certified Programs                 | Certification Decision | Effective<br>Date | Last Full Review<br>Date | v Last On-Site<br>Review Date |
| 🥝 Joint Replacement - Hip          | Certification          | 9/18/2021         | 9/17/2021                | 9/17/2021                     |
| 🎯 Joint Replacement - Knee         | Certification          | 9/18/2021         | 9/17/2021                | 9/17/2021                     |

#### **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 Commission Accredited<br>Organizations |            |
|------------|-----------------------------------|--|------------|
|            |                                   | Nationwide   | Statewide  |
| Hospital   | 2022National Patient Safety Goals | Ø  | <b>*</b>   |
| Laboratory | 2021National Patient Safety Goals | Ø  | <b>№</b> * |

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## **Locations of Care**

#### \* Primary Location

| l                             | Locations of Care  | Available Services  |
|-------------------------------|--|---|
| Surg<br>Johr<br>930 3<br>Colo | onial Heights<br>gery Center a dept of<br>n Randolph Medi<br>South Ave. #2<br>nial Heights,<br>23834 | Services:<br>• Administration of High Risk Medications (Outpatient)<br>• Ambulatory Surgery Center (Outpatient)<br>• Anesthesia (Outpatient)<br>• General Laboratory Tests<br>• Perform Invasive Procedure (Outpatient) |

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| Locations of Care  | Available Services  |
|--|---|
| Tri Cities Emergency<br>Center (a dept. of John<br>Randolph Med)<br>1700 Temple Parkway<br>Prince George, VA 23875 | Joint Commission Advanced Certification Programs:<br>• Acute Stroke Ready Hospital<br>Services:<br>• Administration of Blood Product (Outpatient)<br>• Administration of High Risk Medications (Outpatient)<br>• Anesthesia (Outpatient)<br>• General Laboratory Tests<br>• Perform Invasive Procedure (Outpatient) |

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## **2022 National Patient Safety Goals**

## Hospital

| Safety Goals   | Organizations Should                                    | Implemented  |
|--|---|--------------|
| Improve the accuracy of patient identification.                                    | Use of Two Patient Identifiers                          | Ø            |
| Improve the effectiveness of<br>communication among<br>caregivers.                 | Timely Reporting of Critical Tests and Critical Results | Ø            |
| Improve the safety of using medications.   | Labeling Medications                                    | Ø            |
|  | Reducing Harm from Anticoagulation Therapy              | $\bigcirc$   |
|  | Reconciling Medication Information                      | $\bigcirc$   |
| Reduce the harm<br>associated with clinical<br>alarm systems.                      | Use Alarms Safely on Medical Equipment                  | Ø            |
| Reduce the risk of health care-associated infections.                              | Meeting Hand Hygiene Guidelines                         | Ø            |
| The organization identifies<br>safety risks inherent in its<br>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.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.

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## **2021 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<br>communication among<br>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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