

Accreditation Quality Report





Version: 1 Date: 1/29/2021

Schuyler Hospital, Inc.

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, 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 the key area of 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.

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.









Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | y Last On-Site Survey Date |
|--------------------------|-------------------------------|-------------------|-----------------------|-------------------------------|
| Critical Access Hospital | Accredited | 4/4/2019 | 4/3/2019 | 4/3/2019 |
| Laboratory | Accredited | 5/24/2019 | 5/23/2019 | 5/23/2019 |

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Critical Access Hospital

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

| | | Compared to other Joint Commission Accredited Organizations | |
|--------------------------------|-------------------------------------|--|-----------------|
| | | Nationwide Statewide | |
| Critical Access Hospital | 2019National Patient Safety Goals | Ø | @ * |
| · | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | ND ² | ND ² |
| Jan 2019 - Dec 2019 | Immunization | № 2 | ND 2 |
| Laboratory | 2019National Patient Safety Goals | Ø | N/A * |

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

Symbol Key

- This organization achieved the best oossible results.
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- 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
- 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.
- 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.

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







Locations of Care

| Locations of Care | Available Services | | |
|---|---|--|--|
| Primary Care Center, Ovid 2138 West Seneca Street Ovid, NY 14521 | Services: General Laboratory Tests Outpatient Clinics (Outpatient) | | |
| Schuyler Hospital Montour Falls Extension Clinic 401 West Main Street Montour Falls, NY 14865 | Services: | | |
| Schuyler Hospital Primary Care Center 230 Steuben Street Montour Falls, NY 14865 | Services: General Laboratory Tests Outpatient Clinics (Outpatient) | | |
| Schuyler Hospital September Hill Building 250 Steuben Street Montour Falls, NY 14865 | Services: • Outpatient Clinics (Outpatient) | | |
| Schuyler Hospital, Inc. * 220 Steuben Street Montour Falls, NY 14865 | Services: | | |

Org ID: 4130







2019 National Patient Safety Goals

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.

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

Critical Access 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 |
| 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 Infections that are difficult to treat | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | Ø |
| | Preventing Surgical Site Infections | Ø |
| | Preventing Catheter-Associated Urinary Tract Infection | 8000 |
| Universal Protocol | Conducting a Pre-Procedure Verification Process | Ø |
| | Marking the Procedure Site | Ø |
| | Performing a Time-Out | Ø |

Schuyler Hospital, Inc.

Measure Area

Emergency

Department

220 Steuben Street, Montour Falls, NY

Org ID: 4130







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | Commission | | | | |
|---|--------------------------|-----------|--|--|--|
| | Accredited Organizations | | | | |
| | Nationwide | Statewide | | | |
| e | NO 2 | ND 2 | | | |

Compared to other Joint

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statewide | | | | |
|--|--|--|-------------------------------|-------------------|-------------------------------|-------------------|
| Measure | Explanation | Hospital Results | Top 10% Scored at Most: | Weighte d Median: | Top 10% Scored at Most: | Weighte d Median: |
| 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. | 261.00 minutes 309 eligible Patients | 200.00 | 350.00 | 246.86 | 384.50 |

Explanation

This category of evidence based measures assesses th

time patients remain in the hospital Emergency Department prior to inpatient admission.

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- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

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220 Steuben Street, Montour Falls, NY

Org ID: 4130







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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. | 90% of 147 eligible Patients | 99% | 92% | 98% | 91% |

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2019 National Patient Safety Goals

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- The Goal is not applicable for this organization.

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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 |