

# 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, 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**

CI	1 1	TZ
Sym	hol	- K ev
Sym	001	ILC.

0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than the target range/value.
•	This Measure is not applicable for this organization.
•	Not displayed

#### **Footnote Key**

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🥝 Critical Access Hospital	Accredited	11/9/2022	11/8/2022	11/8/2022
🥝 Laboratory	Accredited	9/10/2021	9/9/2021	9/9/2021

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

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Critical Access Hospital	2021National Patient Safety Goals	Ø	<u>ن</u> *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>(1</b> ) <sup>2</sup>	( <sup>2</sup>	
Jan 2021 - Dec 2021	Immunization	2 °	2 <sup>2</sup>	
Laboratory	2021National Patient Safety Goals	$\bigotimes$	M *	



### **Locations of Care**

#### \* Primary Location Locations of Care Available Services Primary Care Center, Ovid Services: 2138 West Seneca Street General Laboratory Tests Ovid, NY 14521 • Outpatient Clinics (Outpatient) Schuyler Hospital, Inc. \* Other Clinics/Practices located at this site: 220 Steuben Street • Extension Clinic Montour Falls, NY 14865 • Primary Care Clinic • September Hills Building Services: • Acute Care • Medical /Surgical Unit • CT Scanner (Inpatient) Orthopedic Surgery (Surgical (Imaging/Diagnostic Services) Services) Outpatient Clinics (Outpatient) • Ear/Nose/Throat Surgery (Surgical Services) • Plastic Surgery (Surgical EEG/EKG/EMG Lab Services) (Imaging/Diagnostic Sleep Laboratory (Sleep Services) Laboratory) Gastroenterology (Surgical Swing Beds Services) Toxicology General Laboratory Tests Ultrasound Gynecological Surgery (Imaging/Diagnostic Services) (Surgical Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services)



# **2021 National Patient Safety Goals**

### **Critical Access Hospital**

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
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigotimes$
	Reconciling Medication Information	$\bigcirc$
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
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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

### 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."



### **National Quality Improvement Goals**

#### Symbol Key

This organization achieved the best possible results
This organization's performance is better than the target range/value.
This organization's performance is similar to the target range/value.
This organization's performance is worse than the target range/value.
Not displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
  There were no eligible patients that med
- **1.** 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."

#### Reporting Period: January 2021 - December 2021

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. Image: Complexity of the statewide			Compared to		
Emergency This category of evidence based measures assesses the time patients remain in the hospital Emergency 0 <sup>2</sup>			Accredited Organizations		
Department time patients remain in the hospital Emergency 02	Measure Area	Explanation	Nationwide	Statewide	
		time patients remain in the hospital Emergency	<b>™</b> <sup>2</sup>	<b>O</b> <sup>2</sup>	

				other Joint ed Organiz	ations	
		1	lationwide		State	wide
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.	309 minutes 185 eligible Patients	222	423	291	525

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



### **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>⊘</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations			n	
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	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.	68% of 102 eligible Patients	99%	84%	97%	82%

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

#### Symbol Key

This organization achieved the best possible results
This organization's performance is better than the target range/value.
This organization's performance is similar to the target range/value.
This organization's performance is worse than the target range/value.
Not displayed

#### **Footnote Key**

- The Measure or Measure Set was not reported.
- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
  There were no elicible patients that me
- 1. 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."



# **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 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

#### 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."