

# 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](mailto: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.
-  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 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.
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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Home Care	Accredited	10/19/2017	10/18/2017	10/18/2017
 Hospital	Accredited	10/21/2017	10/20/2017	10/20/2017

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





Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
 Advanced Comprehensive Stroke Center	Certification	8/29/2018	8/28/2018	8/28/2018
 Advanced Palliative Care	Certification	9/12/2018	9/11/2018	9/11/2018
 Perinatal Care Certification	Certification	7/24/2019	6/19/2019	6/19/2019

### Other Accredited Programs/Services

- Hospital ( Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

### Special Quality Awards

- 2013 Top Performer on Key Quality Measures®
- 2015 Hospital Magnet Award
- 2012 ACS National Surgical Quality Improvement Program
- 2012 Silver - The Medal of Honor for Organ Donation
- 2010 Silver - The Medal of Honor for Organ Donation

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	<b>2017 National Patient Safety Goals</b>		 *
Hospital	<b>2017 National Patient Safety Goals</b>		 *









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



## Summary of Quality Information

### Symbol Key







-  This organization achieved the best possible 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 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.
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."

### Compared to other Joint Commission Accredited Organizations

		Nationwide	Statewide
<b>National Quality Improvement Goals:</b>			
Reporting Period: Jan 2018 - Dec 2018	Emergency Department	 <sup>2</sup>	 <sup>2</sup>
	Immunization	 <sup>2</sup>	 <sup>2</sup>
	Perinatal Care	 <sup>2</sup>	 <sup>2</sup>



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



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>1450 Busch Parkway</b> DBA: 1450 Busch Parkway 1450 Busch Parkway Buffalo Grove, IL 60089	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>NCH Imaging</li> <li>NCL Draw Site</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Atherton Heart Failure Clinic</b> DBA: Northwest Community Hospital 199 West Rand Road Mount Prospect, IL 60056	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Buffalo Grove Immediate Care Center</b> DBA: Northwest Community Hospital 15 South McHenry Road Buffalo Grove, IL 60089	<b>Services:</b> <ul style="list-style-type: none"> <li>Urgent Care (Outpatient)</li> </ul>
<b>Busse Center</b> DBA: Busse Center 880 West Central Road Arlington Heights, IL 60005	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Breast Center</li> <li>GI Lab</li> <li>Outpatient Lab</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Administration of Blood Product (Outpatient)</li> <li>Administration of High Risk Medications (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>Lake Zurich Immediate Care Center</b> DBA: Northwest Community Hospital 1201 South Rand Road Lake Zurich, IL 60047	<b>Services:</b> <ul style="list-style-type: none"> <li>Urgent Care (Outpatient)</li> </ul>
<b>Lake Zurich Physical Rehab Services</b> DBA: Lake Zurich Physical Rehab Services 1249 S Rand Road Lake Zurich, IL 60047	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Mount Prospect Immediate Care Center</b> DBA: Northwest Community Hospital 199 West Rand Road Mount Prospect, IL 60056	<b>Services:</b> <ul style="list-style-type: none"> <li>Urgent Care (Outpatient)</li> </ul>



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>NCH Arlington Heights 1410 Mammography</b> DBA: NCH Arlington Heights 1410 Mammography 1410 Arlington Heights Road Arlington Heights, IL 60005	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCH Buffalo Grove Physical Rehabilitation</b> DBA: NCH Buffalo Grove Physical Rehabilitation 15 S. McHenry Buffalo Grove, IL 60089	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCH Cardiac Diagnostics at Arlington Heights</b> DBA: Northwest Community Hospital 1632 W. Central Road Arlington Heights, IL 60005	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCH Mount Prospect Physical Rehabilitation</b> DBA: NCH Mount Prospect Physical Rehabilitation 199 West Rand Road Mount Prospect, IL 60056	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCH Occupational Wellness and Rehabilitation</b> DBA: NCH Occupational Wellness and Rehabilitation 455 S. Roselle Road Schaumburg, IL 60193	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCH Outpatient Center</b> DBA: Northwest Community Hospital 3300 Kirchoff Road Rolling Meadows, IL 60008	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Physical Medicine and Rehab (PT, OT, ST)</li> <li>Rolling Meadows Day Rehab</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCH Rehab</b> DBA: Harper College Physical Rehab Services 1200 W. Algonquin Rd, Bldg M Palatine, IL 60067	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>NCL Draw Site</b> DBA: NCL Draw Site 1051 Rand Road Arlington Heights, IL 60004	<b>Services:</b> <ul style="list-style-type: none"> <li>Laboratory Draw Station (Outpatient)</li> </ul>



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<p><b>Northwest Community Home Healthcare</b>            DBA: Northwest Community Hospital            3040 Salt Creek Lane            Arlington Heights, IL 60005</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Home Health Aides</li> <li>● Home Health, Non-Hospice Services</li> <li>● Medical Social Services</li> <li>● Occupational Therapy</li> <li>● Physical Therapy</li> <li>● Skilled Nursing Services</li> <li>● Speech Language Pathology</li> </ul>
<p><b>Northwest Community Hospital</b>            901 West Kirchoff Road            Arlington Heights, IL 60005</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>● Chemical Dependency (Non 24 Hour Care - Adult) (Residential Care - Adult) (Non-detox - Adult)</li> </ul>





## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<p><b>Northwest Community Hospital *</b> 800 West Central Road Arlington Heights, IL 60005</p>	<p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>● Advanced Comprehensive Stroke Center</li> <li>● Advanced Palliative Care</li> <li>● Perinatal Care Certification</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Brachytherapy (Imaging/Diagnostic Services)</li> <li>● Cardiac Catheterization Lab (Surgical Services)</li> <li>● Cardiac Surgery (Surgical Services)</li> <li>● Cardiothoracic Surgery (Surgical Services)</li> <li>● Cardiovascular Unit (Inpatient)</li> <li>● CT Scanner (Imaging/Diagnostic Services)</li> <li>● Ear/Nose/Throat Surgery (Surgical Services)</li> <li>● EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>● Gastroenterology (Surgical Services)</li> <li>● General Laboratory Tests</li> <li>● GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>● Gynecological Surgery (Surgical Services)</li> <li>● Gynecology (Inpatient)</li> <li>● Hazardous Medication Compounding (Inpatient)</li> <li>● Hematology/Oncology Unit (Inpatient)</li> <li>● Inpatient Unit (Inpatient)</li> <li>● Interventional Radiology (Imaging/Diagnostic Services)</li> <li>● Labor &amp; Delivery (Inpatient)</li> <li>● Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>● Medical /Surgical Unit (Inpatient)</li> <li>● Medical ICU (Intensive Care Unit)</li> <li>● Neuro/Spine Unit (Inpatient)</li> <li>● Neurosurgery (Surgical Services)</li> <li>● Non-Sterile Medication Compounding (Inpatient)</li> <li>● Normal Newborn Nursery (Inpatient)</li> <li>● Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>● Ophthalmology (Surgical Services)</li> <li>● Orthopedic Surgery (Surgical Services)</li> <li>● Orthopedic/Spine Unit (Inpatient)</li> <li>● Pediatric Unit (Inpatient)</li> <li>● Plastic Surgery (Surgical Services)</li> <li>● Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>● Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>● Radiation Oncology (Imaging/Diagnostic Services)</li> <li>● Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>● Sleep Laboratory (Sleep Laboratory)</li> <li>● Sterile Medication Compounding (Inpatient)</li> <li>● Surgical ICU (Intensive Care Unit)</li> <li>● Surgical Unit (Inpatient)</li> <li>● Thoracic Surgery (Surgical Services)</li> <li>● Ultrasound (Imaging/Diagnostic Services)</li> <li>● Urology (Surgical Services)</li> <li>● Vascular Surgery (Surgical Services)</li> </ul>





## Locations of Care

**\* Primary Location**

Locations of Care	Available Services
<p><b>Schaumburg Immediate Care Center</b>                      DBA: Northwest Community Hospital                      519 South Roselle Road                      Schaumburg, IL 60194</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care (Outpatient)</li> </ul>
<p><b>Wellness Center</b>                      DBA: Wellness Center                      900 West Central Road                      Arlington Heights, IL 60005</p>	<p><b>Other Clinics/Practices located at this site:</b></p> <ul style="list-style-type: none"> <li>• Cardiopulmonary Rehabilitation</li> <li>• Physical Rehabilitation</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>



## 2017 National Patient Safety Goals

### Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✔
Improve the safety of using medications.	Reconciling Medication Information	✔
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✔
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	✔
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	✔

#### Symbol Key




- ✔ The organization has met the National Patient Safety Goal.
- ✘ The organization has not met the National Patient Safety Goal.
- N/A 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."



















## 2017 National Patient Safety Goals

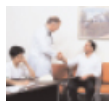
### Symbol Key

-  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."

### 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	
Reduce the harm associated with clinical alarm systems.	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: January 2018 - December 2018

### Symbol Key

- This organization achieved the best possible 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.
- 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.
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."

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	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 88.00 minutes 790 eligible Patients	56.00	137.00	57.88	109.85
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.	2 253.00 minutes 790 eligible Patients	207.00	321.00	222.62	284.18



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)






---- Null value or data not displayed.



## National Quality Improvement Goals

Reporting Period: January 2018 - December 2018



### Symbol Key

-  This organization achieved the best possible 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.
-  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.
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.

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	Compared to other Joint Commission Accredited Organizations				
		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.	 92% of 544 eligible Patients	100%	94%	100%	93%



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

### Symbol Key

- This organization achieved the best possible 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.
- 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.
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."

Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	2	2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	 100% of 7 eligible Patients	100%	98%	100%	98%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	 4% of 56 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	 49% of 412 eligible Patients	73%	52%	63%	47%



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.