

Accreditation Quality Report





6200 West Parker Road, Plano, TX Org ID: 4989

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.

6200 West Parker Road, Plano, TX Org ID: 4







Summary of Quality Information

| Accre | editation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------|---------------------------------------|-------------------------------|-------------------|--------------------------|---|
| Nu service | havioral Health Care and man Services | Accredited | 12/7/2017 | 7/28/2021 | 7/28/2021 |
| <u></u> Но | ospital | Accredited | 12/9/2017 | 7/30/2021 | 7/30/2021 |

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

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | w Last On-Site Review Date |
|---------------------------------|-------------------------------|-------------------|-----------------------|-------------------------------|
| Primary Heart Attack Center | Certification | 1/30/2021 | 1/29/2021 | 1/29/2021 |
| Certified Programs | Certification Decision | Effective | Last Full Review | w Last On-Site |
| | | Date | Date | Review Date |
| Joint Replacement - Hip | Certification | 1/29/2020 | 1/28/2020 | 1/28/2020 |
| Joint Replacement - Knee | Certification | 1/29/2020 | 1/28/2020 | 1/28/2020 |

Other Accredited Programs/Services

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

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program 2012 Hospital Magnet Award

| | | Compared to other Joint Organi | |
|---|-----------------------------------|-----------------------------------|-----------|
| | | Nationwide | Statewide |
| Behavioral Health Care and Human Services | 2017National Patient Safety Goals | Ø | * |
| Hospital | 2017National Patient Safety Goals | Ø | N/A * |
| | | | |

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

Symbol Key

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- below the target range/value.

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- organization.
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Footnote Key

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6200 West Parker Road, Plano, TX







Summary of Quality Information

| | | Compared to other Joint Organia | |
|------------------------|-------------------------------------|------------------------------------|-----------------|
| | | Nationwide | Statewide |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | № 2 | ND ² |
| Jan 2019 - Dec 2019 | Perinatal Care | ND 2 | № 2 |

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6200 West Parker Road, Plano, TX Org ID: 4989







Locations of Care

| Locations of Care | Available Services |
|---|--|
| Plano Pediatric Imaging Center 7000 West Plano Parkway, Suite 120 Plano, TX 75093 | Services: • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |
| Sue A. DeMille Women's Diagnostics Center 6020 West Parker Rd., Suite 110 Plano, TX 75093 | Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) |
| Texas Health Behavioral Health Center Allen 1105 N. Central Expressway, Medical Building 2, Suite 2310 Allen, TX 75013 | Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) • Family Support (Non 24 Hour Care) |
| Texas Health Behavioral Health Center Frisco 5858 Main Street, Suite 101 Frisco, TX 75034 | Services: • Addiction Services/Adult) (Non-detox - Adult) • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) • Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) • Family Support (Non 24 Hour Care) |
| Texas Health Behavioral Health Center Prosper 1970 West University Drive, Suite 201 Prosper, TX 75078 | Services: Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult) Family Support (Non 24 Hour Care) |
| Texas Health Behavorial Health Center Richardson 3661 North Plano Road, Suite 2100 Richardson, TX 75082 | Services: • Addiction Services/Adult/Child/Youth) (Non-detox - Adult) • Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult) • Chemical Dependency (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) (Non-detox - Adult) • Family Support (Non 24 Hour Care) |
| Texas Health Neighborhood Care and Wellness Center Prosper 1970 West University Drive Prosper, TX 75078 | Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient) |

6200 West Parker Road, Plano, TX







Locations of Care

* Primary Location

Locations of Care

Texas Health Presbyterian Hospital Plano 6200 West Parker Road Plano, TX 75093

Available Services

Joint Commission Advanced Certification Programs:

• Primary Heart Attack Center

Joint Commission Certified Programs:

- Joint Replacement Hip
- Joint Replacement Knee

Services:

- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hazardous Medication Compounding (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)

- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- · Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- **Urology (Surgical Services)**
- Vascular Surgery (Surgical

6200 West Parker Road, Plano, TX Org ID: 49







Locations of Care

| * | Primary | Loca | tio | n |
|---|---------|-------|-----|---|
| | Loca | tions | of | С |

Texas Health Seay Behavioral Health Hospital 6110 W. Parker Road Plano, TX 75093

Available Services

Services:

- Addiction Services/Adult) (Non-detox - Adult) (Detox/Non-detox - Adult)
- Behavioral Health (Day Programs Adult/Child/Youth)
 (24-hour Acute Care/Crisis Stabilization Adult/Child/Youth)
 (Partial Hospitalization Adult/Child/Youth)
- Chemical Dependency (Day Programs Adult) (24-hour Acute Care/Crisis Stabilization Adult) (Partial Hospitalization Adult) (Non-detox Adult) (Detox/Non-detox Adult)
- Family Support (Non 24 Hour Care)

Texas Health Sports Medicine Frisco 9200 World Cup Way, Suite 201 Frisco, TX 75033

Services:

• Outpatient Clinics (Outpatient)



6200 West Parker Road, Plano, TX Org ID: 4989







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."

Behavioral Health Care and Human Services

| Safety Goals | Organizations Should | Implemented |
|---|---|-------------|
| Improve the accuracy of the identification of individuals served. | Use of Two Identifiers | Ø |
| Improve the safety of using medications. | Reconciling Medication Information | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | Ø |
| The organization identifies safety risks inherent in the population of the individuals it serves. | Identifying Individuals at Risk for Suicide | Ø |

6200 West Parker Road, Plano, TX Org ID: 4989







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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 | 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 Multi-Drug Resistant Organism Infections | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | 8 8 8 8 |
| | 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 | \bigcirc |

6200 West Parker Road, Plano, TX Org ID: 4989



Measure Area

Emergency

Department





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | Commission | | | |
|---|--------------|--------------|--|--|
| | Accredited C | rganizations | | |
| | Nationwide | Statewide | | |
|) | ND 2 | ND 2 | | |

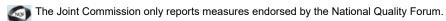
Compared to other Joint

| | | Cor | | other Joint ed Organiz | Commissio ations | n |
|--|---|--|-------------------------------|---------------------------|-------------------------------|-------------------------|
| | | N | lationwide | | State | wide |
| 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. | 140.00 minutes 652 eligible Patients | 55.00 | 133.00 | 57.00 | 118.11 |

Explanation

This category of evidence based measures assesses the

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



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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Commission

Compared to other Joint

| | | * - · · · · · · · · · · · · · · · · · · | | |
|----------------|--|---|------------|--|
| | | Accredited Organizations | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Perinatal Care | e This category of evidenced based measures assesses the care of mothers and newborns. | | № 2 | |
| | | | | |

| | | Соі | mpared to o | other Joint ed Organiz | | n |
|---|---|---|--------------------------------|---------------------------|--------------------------------|------------------|
| | | ١ | Nationwide | | | wide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | 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. | 96% of 26 eligible Patients | 100% | 98% | 100% | 98% |
| Cesarean Birth | This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section. | 35% of 326 eligible Patients | 12% | 25% | 15% | 27% |
| 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. | 9% of 105 eligible Patients | 0% | 2% | 0% | 2% |
| 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. | 51% of 457 eligible Patients | 73% | 51% | 61% | 44% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications. | 1259.00 minutes 3335 eligible Patients | | | | |

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6200 West Parker Road, Plano, TX Org ID: 4989







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | N | Nationwide | | Statewide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate | This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother. | 1949.00 minutes 3335 eligible Patients | | | | |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate | The severe rate equals the number of patients with severe complications. | 689.00 minutes 3335 eligible | | | | |

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