

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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission







Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|------------------------------|-----------------------------|
| | Accredited | 12/3/2016 | 12/2/2016 | 1/6/2017 |

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

| Advanced Certification | Certification Decision | Effective | Last Full Review Last On-S | | |
|-------------------------------|-------------------------------|------------------|----------------------------|--------------------|--|
| Programs | | Date | Date | Review Date | |
| Primary Stroke Center | Certification | 8/21/2018 | 8/20/2018 | 8/20/2018 | |

Special Quality Awards

2012 Top Performer on Key Quality Measures® 2015 ACS National Surgical Quality Improvement Program 2014 Hospital Magnet Award

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------|-------------------------------------|--|-------------------------|--|
| | | Nationwide | Statewide | |
| Hospital | 2016National Patient Safety Goals | Ø | N/A * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | № 2 | № 2 | |
| Apr 2018 - Mar 2019 | Immunization | № 2 | № 0 ² | |
| | Perinatal Care | ND 2 | № 2 | |

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.
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- This Measure is not applicable for this rganization.
- Not displayed

Footnote Key

- 1. The Measure or Measure Set was not
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 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.

Mid Coast Hospital 123 Medical Center Drive, Brunswick, ME







Locations of Care

Topsham, ME 04086

| * Primary Location | |
|---|--|
| Locations of Care | Available Services |
| 66 Baribeau Drive 66 Baribeau Drive Brunswick, ME 04011 | Services: • Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) • Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) (Non-detox - Adult) • In-Home Behavioral Health Services (Non 24 Hour Care - Adult) |
| Bath Mid Coast Medical Group 108 Centre Street Bath, ME 04530 | Services: • Outpatient Clinics (Outpatient) |
| Damariscotta Site 20 Bristol Road Damariscotta, ME 04543 | Services: • Behavioral Health (Non 24 Hour Care - Adult) • Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) (Non-detox - Adult) |
| MCMG Ophthalmology-Bath 130 Center Street Bath, ME 04530 | Services: • Single Specialty Practitioner (Outpatient) |
| MCMG Ophthalmology-Brunswi ck 8 Mason Street Brunswick, ME 04011 | Services: • Single Specialty Practitioner (Outpatient) |
| MCMG Otolaryngology-Brunswick 331 Maine Street, Suite 4 Brunswick, ME 04011 | Services: • Single Specialty Practitioner (Outpatient) |
| MCMG Otolaryngology-Topsha m 44 Elm Street | Services: • Single Specialty Practitioner (Outpatient) |

Mid Coast Hospital 123 Medical Center Drive, Brunswick, ME







Locations of Care

| Locations of Care | Available Services |
|---|---|
| Mid Coast Hospital * 123 Medical Center Drive Brunswick, ME 04011 | Joint Commission Advanced Certification Programs: • Primary Stroke Center |
| | Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Cardiac Catheterization Lab (Surgical Services) Community Integration (Non 24 Hour Care) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Family Support (Non 24 Hour Care) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Girynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical ICU (Intensive Care Unit) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Outpatient Clinics (Outpatient Services) Sleep Laboratory (Sleep Laboratory) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Urology (Surgical Services) |
| Mid Coast Hospital 81 Medical Center 81 Medical Center Drive Brunswick, ME 04011 | Services: • Outpatient Clinics (Outpatient) |
| Mid Coast Hospital Rehabilitation 329 Bath Road Brunswick, ME 04011 | Services: • Outpatient Clinics (Outpatient) |
| Mid Coast Medical Group Orthopedics 430 Bath Road Brunswick, ME 04011 | Services: • Outpatient Clinics (Outpatient) |
| Mid Coast Primary Care Brunswick Station, 22 Station Avenue Brunswick, ME 04011 | Services: • Outpatient Clinics (Outpatient) |
| Mid Coast Therapy Center @ Maine Pines Racquet & Fitness 120 Harpswell Road Brunswick, ME 04011 | Services: • Outpatient Clinics (Outpatient) |

Mid Coast Hospital 123 Medical Center Drive, Brunswick, ME







Locations of Care

| * | Pri | mar | , I | 0 | rat | ion |
|---|-----|-----|-----|----|-----|------|
| | г п | mai | y | _0 | vai | 1011 |

| Locations of Care | Available Services |
|---|--|
| Mid Coast Therapy Center-The Highlands Cadigan Lodge, 30 Governor's Way Topsham, ME 04086 | Services: • Outpatient Clinics (Outpatient) |
| Mid Coast Walk In Clinic Brunswick Station, 22 Station Avenue Brunswick, ME 04011 | Services: • Urgent Care (Outpatient) |
| Parkview Medical Center Campus 329 Maine Street Brunswick, ME 04011 | Services: |
| Topsham Mid Coast Medical Group One Wellness Way Topsham, ME 04086 | Services: • Outpatient Clinics (Outpatient) |







2016 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 | 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 |
| Use Alarms Safely | 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 | 8888 |
| | 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 | Ø |



Measure Area

Emergency Department





National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

| | Compared to other Joint Commission | | |
|---|------------------------------------|----------------|--|
| | Accredited C | Organizations | |
| Explanation | Nationwide | Statewide | |
| 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 Nationwide Statewide | | | | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| 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 500 eligible Patients | 55.00 | 136.00 | 75.84 | 118.48 |
| 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. | 351.00 minutes 500 eligible Patients | 201.00 | 338.00 | 3 | 3 |

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National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

Compared to other Joint **Accredited Organizations** Measure Area Statewide Explanation Nationwide **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. | 100% of 404 eligible Patients | 100% | 92% | 3 | 3 |

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Org ID: 5038

Compared to other Joint









National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

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

| | | | | other Joint ed Organiz | ations | |
|-------------------------------|---|------------------------------------|--------------------------|---------------------------|--------------------------------|---------------------------|
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | ewide 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. | ₩ ³ | 100% | 98% | 3 | 3 |
| 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. | 0% of 23 eligible Patients | 0% | 2% | 0% | 0% |
| 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. | 70% of 498 eligible Pattents | 73% | 52% | 74% | 67% |

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