

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.

DBA: HCA Houston Healthcare - Tomball, 605 Holderrieth Blvd., Tomball, TX





Summary of Quality Information

Svm	bol	Key	1
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0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	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.
80	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
🧼 Hospital	Accredited	11/2/2018	11/1/2018	9/6/2019
olimitation States and	Accredited	9/21/2019	3/1/2022	3/1/2022

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

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
o Primary Stroke Center	Certification	2/9/2022	2/8/2022	2/8/2022

Special Quality Awards

2014 Silver Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2019National Patient Safety Goals	${igodot}$	™ *	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	2 °	@ ²	
Laboratory	2019National Patient Safety Goals	${igodot}$	™	

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

DBA: HCA Houston Healthcare - Tomball, 605 Holderrieth Blvd., Tomball, TX



Locations of Care

* Primary Location Locations of Care Available Services North Houston - TRMC, LLC Services: DBA: Outpatient Imaging Outpatient Clinics (Outpatient) MRI 13422 Medical Complex Drive Tomball, TX 77375 North Houston - TRMC, LLC Services: DBA: Imaging at • Outpatient Clinics (Outpatient) Magnolia a Department of HCA Houston Hea 18230 FM 1488 Suite 103 Magnolia, TX 77354 North Houston - TRMC, LLC Services: DBA: Medical Complex Administration of High Risk Medications (Outpatient) Surgery Center Ambulatory Surgery Center (Outpatient) • 13500 Medical Complex Anesthesia (Outpatient) • Drive Perform Invasive Procedure (Outpatient) Tomball, TX 77375 North Houston - TRMC, LLC Services: DBA: HCA 24/7 at Administration of High Risk Medications (Outpatient) Magnolia a Department of • Anesthesia (Outpatient) HCA Tomball · General Laboratory Tests 18230 FM 1488 Suite 101 Perform Invasive Procedure (Outpatient) Magnolia, TX 77354 Toxicology ٠ North Houston - TRMC, LLC Services: DBA: HCA Houston ER • Administration of Blood Product (Outpatient) 24/7 a Department of Anesthesia (Outpatient) HCA Houston Healthcare General Laboratory Tests • Perform Invasive Procedure (Outpatient) 10655 Steepletop Drive Houston, TX 77065 North Houston - TRMC, LLC Services: DBA: HCA Houston ER • Administration of Blood Product (Outpatient) 24/7 a Department of Anesthesia (Outpatient) HCA Houston Healthcare Perform Invasive Procedure (Outpatient) Т 7015 Barker Cypress Road Cypress, TX 77433

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Locations of Care

* Primary Location

Locations of Care	Available	Services
Locations of Care North Houston - TRMC, LLC * DBA: HCA Houston Healthcare - Tomball 605 Holderrieth Tomball, TX 77375	Joint Commission Advanced (Primary Stroke Center Other Clinics/Practices locate Senior Care Unit Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EGAstroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Labor & Delivery (Inpatient)	Certification Programs:
Texas Sports Medicine Center 28120 Tomball Parkway Tomball, TX 77375	 Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Services: Outpatient Clinics (Outpatient) 	

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2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
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	\bigcirc
	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
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	\bigotimes

Symbol Key 3

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." Symbol Key 2 This organization achieved the bes

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North Houston - TRMC, LLC

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National Quality Improvement Goals

	Rej	Rep	oorting	g Peri	od: April 2020 - March 2021			
Measure Area Explanation Nationwide							Comm	nission
Perinatal Care This category of evidenced based measures assesses the	easure	sure A	Area		Explanation			Statewide
care of mothers and newborns.	rinatal	natal (Care		This category of evidenced based measures assesses the care of mothers and newborns.	() ²	™ ²

		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:	Averag Rate:
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.	(16%	25%	17%	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.	0% of 26 eligible Patients	0%	2%	0%	3%
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.	42% of 279 eligible Patients	71%	50%	59%	41%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	595% of 840 eligible Patients	212%	1780%	186%	2213%
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.	1309% of 840 eligible Patients	1508%	3084%	1626%	3200%

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This information can also be viewed at www.hospitalcompare.hhs.gov

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National Quality Improvement Goals

	eriod: Ap	ril 2020 - March 2021					
				Con	npared to c		
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Measure Area		Explanation		Nationwi	de	Statewide	e
Perinatal Care		tegory of evidenced based measures as mothers and newborns.	ssesses the	(2	№ ²	
			Col	mpared to o Accredit	other Joint ed Organiz		on
			1	lationwide		State	ewid
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave R
Unexpected Complica Term Newborns per 1 livebirths - Severe Ra	000	The severe rate equals the number of patients with severe complications.	714% of 840 eligible	501%	1303%	373%	98



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2019 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 3

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