Fairview Hospital 29 Lewis Avenue, Great Barrington, MA

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.

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

Fairview Hospital 29 Lewis Avenue, Great Barrington, MA







Summary of Quality Information

Accre	ditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Ori	tical Access Hospital	Accredited	1/24/2014	3/3/2017	4/13/2017

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

Critical Access Hospital

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures® 2015 Gold Plus Get With The Guidelines - Stroke 2013 Gold Get With The Guidelines - Heart Failure

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Sta		
Critical Access Hospital	2014National Patient Safety Goals	Ø	*	
·	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	(40) 2	ND 2	
Oct 2015 - Sep 2016	Immunization	(MD) 2	ND 2	
	Perinatal Care	(MD) 2	№ 2	
	Tobacco Treatment	© ²	№ 2	

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

Symbol Key

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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
- 5. 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.
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- 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.





29 Lewis Avenue, Great Barrington, MA





Locations of Care

Locations of Care	Available Se	rvices
Cardiology Professional Services @ Fairview Hospital 29 Lewis Ave Great Barrington, MA 01230	Services: • Single Specialty Practitioner (Outp	atient)
Center for Wound Care & Hyperbaric Medicine at Fairview Hosp 10 Maple Ave Great Barrington, MA 01230	Services: • Single Specialty Practitioner (Outp	atient)
Fairview Endocrinology & Metabolism DBA: Fairview Endocrinology & Metabolism 27 Lewis Ave Great Barrington, MA 01230	Services: • Single Specialty Practitioner (Outp	atient)
Fairview Hospital * 29 Lewis Avenue Great Barrington, MA 01230	Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services)	Medical ICU (Intensive Care Unit) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services Orthopedic Surgery (Surgical Services) Outpatient Clinics (Outpatien Post Anesthesia Care Unit (PACU) (Inpatient) Swing Beds Teleradiology (Imaging/Diagnostic Services Ultrasound (Imaging/Diagnostic Services Urology (Surgical Services)
Fairview Hospital Outpatient Physical Therapy Rehabilitation 10 Maple Ave. Great Barrington, MA 01230	Services: • Outpatient Clinics (Outpatient)	
Fairview Hospital's Aquatic Therapy Program Berkshire South 15 Chrissy Road Great Barrington,	Services: • Outpatient Clinics (Outpatient)	

Fairview Hospital 29 Lewis Avenue, Great Barrington, MA







Locations of Care

* Primary Location

Locations of Care	Available Services
Fairview Medical 27 Lewis Ave Great Barrington, MA 01230	Services: • Single Specialty Practitioner (Outpatient)
Fairview Physical & Sports Therapy 710 Stockbridge Road Suite 2 Lee, MA 01238	Services: • Outpatient Clinics (Outpatient)
Orthopaedics and Sports Medicine Fairview Hospital Inc. DBA: Orthopaedics and Sports Medicine 27 Lewis Ave Great Barrington, MA 01230	Services: • Single Specialty Practitioner (Outpatient)
Urology Services at Fairview Hospital 27 Lewis Ave Great Barrington, MA 01230	Services: • Single Specialty Practitioner (Outpatient)

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2014 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."

Critical Access 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	000
	Preventing Surgical Site Infections	
	Preventing Catheter-Associated Urinary Tract Infection	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Commission		
		Accredited Organization		
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				
		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.	93.00 minutes 385 eligible Patients	53.00	124.00	82.59	137.14
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.	266.00 minutes 389 eligible Patients	202.00	311.00	273.88	335.85

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Org ID: 5552







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

Compared to other Joint					
Commi	ssion				
Accredited Or	rganizations				
ationwide	<u> </u>				

		Acciedited C	rigariizations
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				on
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		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.	98% of 251 eligible Patients	100%	94%	99%	93%

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

Compared to other Joint Accredited Organizations

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Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	© 2	№ 2

		Соі	mpared to c Accredite	other Joint ed Organiz		n
		1	Nationwide	Ĭ	State	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.	₩D3	100%	98%	100%	99%
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 11 eligible Patlents	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.	88% of 134 eligible Patients	75%	53%	75%	54%



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Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

Measure Area Explanation Nationwide Statewide

Tobacco Treatment This category of evidence based measures assesses the overall quality of care provided for tobacco use

			Compared to other Joint Commission Accredited Organizations					
			١	lationwide			Statewide	
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
	Tobacco Use Screening	The number of patients who were asked about tobacco use within the first three days of admission to the hospital.	100% of 265 eligible Patients	100%	98%	100%	98%	
	Tobacco Use Treatment	The number of patients who use tobacco who actually received counseling or medications to help them stop using tobacco.	47% of 32 eligible Patients	66%	34%	71%	44%	
	Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	15% of 26 eligible Patients ³	33%	11%	19%	6%	
	Tobacco Use Treatment Provided or Offered	The number of patients who use tobacco who were offered or received counseling or medications to help them stop using tobacco. This measure also includes patients who were offered the counseling and/or medications but refused them.	94% of 32 eligible Patients	99%	68%	95%	71%	
	Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	85% of 26 eligible Patients ³	94%	48%	80%	42%	

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