

# Accreditation Quality Report





Version: 17 Date: 10/18/2017 1602 Skipwith Road, Richmond, VA



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

1602 Skipwith Road, Richmond, VA

Org ID: 6379









## **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Surve	y Last On-Site Survey Date
Hospital	Accredited	11/2/2016	4/8/2016	10/5/2017
Laboratory	Accredited	10/17/2015	10/16/2015	10/16/2015

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

Pathology and Clinical Laboratory

Hospital

Symbol Ko	ev

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#### Footnote Key

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- National Quality Forum Endorsement.

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

Advanced Certification Programs	<b>Certification Decision</b>	Effective Date	Last Full Review Date	Last On-Site Review Date
Perinatal Care Certification	Certification	11/11/2015	11/10/2015	11/10/2015
Primary Stroke Center	Certification	7/23/2016	7/22/2016	7/22/2016
Certified Programs	<b>Certification Decision</b>	<b>Effective</b>	<b>Last Full Review</b>	<b>Last On-Site</b>
		Date	Date	<b>Review Date</b>
O Joint Replacement - Hip	Certification	7/12/2016	7/11/2016	7/11/2016
Joint Replacement - Knee	Certification	7/12/2016	7/11/2016	7/11/2016
Joint Replacement - Shoulder	Certification	11/5/2015	11/4/2015	11/4/2015
Prematurity	Certification	7/9/2016	7/8/2016	7/8/2016
Sepsis	Certification	7/26/2017	7/27/2017	7/27/2017
Spinal Fusion	Certification	7/14/2016	7/13/2016	7/13/2016

#### **Other Accredited Programs/Services**

- Hospital ( Accredited by UHMS Clinical Hyperbaric Facility Level 2)
- Hospital ( Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))
- Laboratory (Accredited by American Society for Histocompatibility and Immunogenetics (ASHI))

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

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## **Summary of Quality Information**

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2017National Patient Safety Goals	Ø	<b>™</b>	
	National Quality Improvement Goals:			
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	<b>№</b> 2	<b>№</b> 2	
Jan 2016 - Dec 2016	Immunization	© <sup>2</sup>	ND 2	
	Perinatal Care	© <sup>2</sup>	ND 2	
	Stroke Care	<b>№</b> <sup>2</sup>	NO 2	
Laboratory	2015National Patient Safety Goals	Ø	N/A *	

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





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Org ID: 6379

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## **Locations of Care**

*	Primary	/ Location
	rillialy	Location

Locations of Care	Available Services			
Hanover Emergency Department 9275 Chamberlayne Road Mechanicsville, VA 23116	Services:			
Henrico Doctor's Hospital: The Perinatal Center 8239 Meadowbridge Road Suite C Mechanicsville, VA 23116	Services:  • General Laboratory Tests			
Henrico Doctor's Surgery Center 7611 Forest Avenue Suite 400 Richmond, VA 23229	Services:      • Administration of Blood     Product (Outpatient)     • Administration of High Risk     Medications (Outpatient)     • Ambulatory Surgery Center     (Outpatient)      • Anesthesia (Outpatient)     • General Laboratory Tests     • Perform Invasive Procedure     (Outpatient)			

Org ID: 6379







## **Locations** of Care

#### \* Primary Location

Locations of Care

# Henrico Doctors' Hospital \* 1602 Skinwith Rose

1602 Skipwith Road Richmond, VA 23229

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

- Perinatal Care Certification
- · Primary Stroke Center

#### **Joint Commission Certified Programs:**

- Prematurity
- Sepsis
- Spinal Fusion

#### **Services:**

- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
   Total Control
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (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)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)
- Transplant Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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## **Locations of Care**

#### \* Primary Location

Locations of Care
Parham Ambulatory
Surgery Center
7640 E. Parham Road

Henrico, VA 23229

#### Available Services

#### **Services:**

- Administration of Blood Product (Outpatient)
- Administration of High Risk Medications (Outpatient)
- Ambulatory Surgery Center (Outpatient)
- Anesthesia (Outpatient)
- General Laboratory Tests
- Perform Invasive Procedure (Outpatient)

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### **Locations of Care**

#### \* Primary Location

### Locations of Care

**Parham Doctors'** Hospital - A Campus of Henrico Doctors' Hsp. 7700 East Parham Road Richmond, VA 23294

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Joint Commission Certified Programs:**

- Joint Replacement Hip
- Joint Replacement Knee
- Joint Replacement Shoulder
- Sepsis
- Spinal Fusion

#### Other Clinics/Practices located at this site:

Center for Emotional Growth Adult Partial Program

#### **Services:**

- Addiction Care/Adult) (Non-detox - Adult)
- Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult)
- Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Non-detox - Adult)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- **General Laboratory Tests**
- Gl or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care
- Neuro/Spine Unit (Inpatient)

- Neurosurgery (Surgical Services)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Peer Support (Non 24 Hour Care)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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### **Locations of Care**

#### \* Primary Location

#### Locations of Care **Retreat Doctors'** Hospital - A Campus of Henrico Doctors' Hsp 2621 Grove Avenue Richmond, VA 23220

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Joint Commission Certified Programs:**

• Sepsis

#### **Services:**

- Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)

- Medical ICU (Intensive Care Unit)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

**West Creek Emergency** Center 12720 Tuckahoe Creek

#### **Services:**

- Administration of Blood Product (Outpatient)
- Administration of High Risk Medications (Outpatient)
- Anesthesia (Outpatient)
- · General Laboratory Tests

Court

Henrico, VA 23238

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Org ID: 6379







# **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	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	8 8
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	Ø
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	8 8 8 8
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

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## **National Quality Improvement Goals**

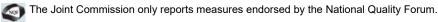
Reporting Period: January 2016 - December 2016

Compared to other Joint Commission Accredited Organizations

Org ID: 6379

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				n
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 245 eligible Patients	100%	94%	100%	88%



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

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1602 Skipwith Road, Richmond, VA

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## **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

Compared to other Joint
Commission

Accredited Organizations

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>№</b> 2	(I) 2	

		Col	mpared to o	other Joint ed Organiz		n
		1	Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 209 eligible Patients	100%	94%	100%	89%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
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1602 Skipwith Road, Richmond, VA

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## **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		Col	mpared to o	other Joint ed Organiz		on
			Accredit Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 36 eligible Patients	100%	92%	100%	85%

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Statewide

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This category of care given to psychiatric patients.

CCIVICCS						
		Соі	mpared to d			on
				ed Organiz		ewide
Measure	Explanation	Hospital	Nationwide Top 10%	Average	Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	100% of 4 eligible Patients	100%	61%	100%	70%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	100% of 4 eligible Patients	100%	62%	100%	69%

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Services						
		Соі	mpared to o	other Joint ed Organiz		on
			Nationwide	ou Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
	· ·	Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification.  Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	<b>№</b> 3 ————	100%	56%	100%	78%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.15 (26 Total Hours in Restraint)	N/A	0.50	N/A	1.24

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		Cor	npared to c	other Joint ed Organiz		on
		١	lationwide	ou Organiz		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.16 (26 Total Hours in Restraint)	N/A	0.53	N/A	1.48
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.39	N/A	0.32
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.13 (22 Total Hours in Seclusion)	N/A	0.36	N/A	0.76

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#### **Footnote Key**

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1602 Skipwith Road, Richmond, VA

Org ID: 6379

Compared to other Joint







## **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

		Commission		
		Accredited C	rganizations	
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>№</b> 2	<b>№</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.13 (22 Total Hours in Seclusion)	N/A	0.41	N/A	0.94
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	N/A	0.04

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## **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

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.

		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.	99% of 612 eligible Patients	100%	94%	100%	96%

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## **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

Compared to other Joint

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> 2	<b>№</b> 2	

		Соі	mpared to o	other Joint ed Organiz		n
		١	Nationwide		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.	100% of 16 eligible Patients	100%	98%	100%	100%
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.	2% of 93 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.	56% of 422 eligible Patients	75%	53%	71%	53%



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## **National Quality Improvement Goals**

#### Reporting Period: January 2016 - December 2016

Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide Statewide

Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

		Cor	npared to o Accredit	other Joint ed Organiz		n
		N	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	100% of 15 eligible Patients	100%	90%	100%	86%

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# **2015 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."

### 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