

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 | V Last On-Site Survey Date |
|------------------------|------------------------|-------------------|--------------------------|-------------------------------|
| 🤣 Hospital | Accredited | 11/2/2016 | 4/8/2016 | 10/5/2017 |
| 🮯 Laboratory | Accredited | 10/17/2015 | 11/2/2017 | 11/2/2017 |

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

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|------------------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| Perinatal Care Certification | Certification | 11/11/2015 | 11/10/2015 | 11/10/2015 |
| o Primary Stroke Center | Certification | 7/23/2016 | 7/22/2016 | 7/22/2016 |
| Certified Programs | Certification Decision | Effective | Last Full Review | Last On-Site |
| | | Date | Date | Review Date |
| 🥝 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 | 10/26/2017 | 10/25/2017 | 10/25/2017 |
| orematurity | 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®

Symbol Key

| 0 | This organization achieved the best possible results. |
|---|---|
| • | 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. |
| • | 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
 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.



Summary of Quality Information

| | | Compared to other Joint Organi | |
|------------------------|-------------------------------------|-----------------------------------|------------------------|
| | | Nationwide | Statewide |
| Hospital | 2017National Patient Safety Goals | \bigotimes | ™ * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | 2 ² | 2 ² |
| Apr 2016 - Mar 2017 | Immunization | 2 ² | 2 ² |
| | Perinatal Care | 2 ² | () ² |
| Laboratory | 2015National Patient Safety Goals | Ø | ₩ * |

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

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



Locations of Care

* Primary Location Available Services Locations of Care **Henrico Doctors'** Joint Commission Advanced Certification Programs: Hospital * Perinatal Care Certification • 1602 Skipwith Road Primary Stroke Center • Richmond, VA 23229 **Joint Commission Certified Programs:** Prematurity Sepsis • Spinal Fusion Services: Brachytherapy Medical /Surgical Unit (Imaging/Diagnostic (Inpatient) • Neuro/Spine Unit (Inpatient) Services) Cardiac Catheterization Lab • Neurosurgery (Surgical Services) (Surgical Services) Normal Newborn Nursery • Cardiac Surgery (Surgical (Inpatient) Services) Cardiothoracic Surgery Nuclear Medicine (Surgical Services) (Imaging/Diagnostic Services) Cardiovascular Unit Orthopedic Surgery (Surgical (Inpatient) Services) Coronary Care Unit • Outpatient Clinics (Outpatient) • Pediatric Unit (Inpatient) (Inpatient) CT Scanner Plastic Surgery (Surgical • (Imaging/Diagnostic Services) Services) Positron Emission Tomography • Dialysis Unit (Inpatient) (PET) (Imaging/Diagnostic • Ear/Nose/Throat Surgery Services) (Surgical Services) Post Anesthesia Care Unit EEG/EKG/EMG Lab (PACU) (Inpatient) **Radiation Oncology** (Imaging/Diagnostic (Imaging/Diagnostic Services) Services) Gastroenterology (Surgical Surgical ICU (Intensive Care Services) Unit) Surgical Unit (Inpatient) General Laboratory Tests GI or Endoscopy Lab Thoracic Surgery (Surgical Services) (Imaging/Diagnostic Services) Transplant Surgery (Surgical • Gynecological Surgery Services) (Surgical Services) Ultrasound Gynecology (Inpatient) (Imaging/Diagnostic Services) Urology (Surgical Services) Hematology/Oncology Unit Vascular Surgery (Surgical (Inpatient) Inpatient Unit (Inpatient) Services) Interventional Radiology • (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services)



* Primary Location

| Locations of Care | |
|---------------------|-------|
| Parham Ambulatory | |
| Surgery Center | Servi |
| 7640 E. Parham Road | • 4 |
| Henrico, VA 23229 | F |
| | |

ervices:

- Administration of Blood Product (Outpatient)
 Administration of High R
- Administration of High Risk Medications (Outpatient)
- Ambulatory Surgery Center (Outpatient)
- Anesthesia (Outpatient)

Available Services

- General Laboratory Tests
- Perform Invasive Procedure (Outpatient)



* Primary Location



| Locations of Care | Available Services |
|--|--|
| Locations of Care Retreat Doctors' Hospital - A Campus of Henrico Doctors' Hsp 2621 Grove Avenue Richmond, VA 23220 | 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) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Ganeral Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance |
| West Creek Emergency Center 12720 Tuckahoe Creek Court Henrico, VA 23238 | Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) |



2017 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 Multi-Drug Resistant Organism Infections | \bigcirc |
| | Preventing Central-Line Associated Blood Stream Infections | <u>ଷ</u> ର 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 | \bigotimes |
| | Performing a Time-Out | \bigotimes |

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.



National Quality Improvement Goals

| Reporting P | eriod: April 2016 - March 2017 | | |
|-------------------------|---|----------------|--------------------------|
| | | | |
| | | | o other Joint hission |
| | | Accredited C | Organizations |
| 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 |

| | | | | other Joint ed Organiz | ations | |
|--|---|--|-----------------------|---------------------------|--------------------|--------------|
| Measure | Explanation | Hospital | lationwide Top 10% | Weighte | State Top 10% | Weighte |
| | | Results | Scored at Most: | d Median: | Scored at Most: | 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. | 49.00 minutes 195 eligible Patients | 55.00 | 129.00 | 48.93 | 108.88 |
| 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. | 210.00 minutes 198 eligible Patients | 205.00 | 316.00 | 209.22 | 280.45 |

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This information can also be viewed at www.hospitalcompare.hhs.gov
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National Quality Improvement Goals

| Reporting P | Period: April 2016 - March 2017 | | |
|--------------|---|-----------------------|---------------------------|
| 1 0 | | | |
| | | | to other Joint nission |
| | | Accredited (| Organizations |
| Measure Area | Explanation | Nationwide | Statewide |
| | This evidence-based prevention measure set assesses | № ² | \mathbf{O}^2 |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|--|--------------------------------|-----|--------------------------------|------------------|
| | | Nationwide | | | Statewide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | U U | 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 611 eligible Patients | 100% | 94% | 100% | 96% |

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- 1. There were no eligible patients that met the denominator criteria.

Symbol Key

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the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

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sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.



National Quality Improvement Goals

| Symbol Key | | | | |
|---|----------------|--|-----------------------|------------------------|
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| This organization's performance is similar to the target range/value. | | | | to other Joint mission |
| This organization's performance is below the target range/value. | | | | Organizations |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide |
| | Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | ○ ² | ○ ² |
| | | | | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|-------------------------------|--|--|--------------------------------|------------------|---|---------------------------|
| Measure | Explanation | N 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. | 100% of 15 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 101 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. | 54% of 419 eligible Patients | 74% | 53% | 67% | 53% |



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Null value or data not displayed. ____



2015 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 |

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 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.