

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.



Summary of Quality Information

Accreditation Prog	rams Accreditation Decision	Effective Date	Last Full Sur Date	vey Last On-Site Survey Date
🥝 Hospital	Accredited	2/10/2024	7/1/2022	2/9/2024
olimitation laboratory	Accredited	12/21/2023	10/4/2023	12/20/2023

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	v Last On-Site Review Date
Orimary Stroke Center	Certification	11/11/2022	11/10/2022	11/10/2022
Certified Programs	Certification Decision	Effective	Last Full Review	v Last On-Site
		Date	Date	Review Date
🥝 Joint Replacement - Hip	Certification	7/9/2022	7/8/2022	7/8/2022
🥝 Joint Replacement - Knee	Certification	7/9/2022	7/8/2022	7/8/2022
Joint Replacement - Shoulder	Certification	1/13/2024	1/12/2024	1/12/2024
🥝 Spinal Fusion	Certification	2/9/2023	2/8/2023	2/8/2023
o Stroke Rehabilitation	Certification	9/14/2022	9/13/2022	9/13/2022

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))

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide	
Hospital	2024National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period: Jan 2022 - Dec 2022	Perinatal Care	(m) ²	(m) ²

Symbol Key

0	This organization achieved the best possible results.
€	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is worse than 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.
- **12.** The measure rate is within optimal range.



Summary of Quality Information

			Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide		
Laboratory	2023National Patient Safety Goals	Ø	*	

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range.



* Primary Location

Locations of Care	Available Services
Hanover Emergency	Services:
Department	• Administration of Blood Product (Outpatient)
9275 Chamberlayne Road	• Administration of High Risk Medications (Outpatient)
Mechanicsville, VA 23116	• Anesthesia (Outpatient)



* Primary Location

Locations of Care
Locations of Care Henrico Doctors' Hospital * 1602 Skipwith Road Richmond, VA 23229



Locations of Care	Available Services
Parham Doctors' Hospital - A Campus of Henrico Doctors' Hsp. 7700 East Parham Road Richmond, VA 23294	Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Commission Certified Programs: Joint Replacement - Hip Joint Replacement - Shoulder Joint Replacement - Shoulder Joint Replacement - Shoulder Spial Fusion Cher Clinics/Practices located at this site: Center for Emotional Growth Adult Partial Program Services: Addiction Services/Adult) (Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Non-detox - Adult) (Surgical Services) EEG/EKQ/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Hazardous Medication Compounding (Inpatient) (Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/



* Primary Location

Locations of Care	Available Services	
	 Medical ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) 	
RETREAT DOCTORS' HOSPITAL 2621 GROVE AVE Richmond, VA 23220	Services: • General Laboratory Tests • Toxicology	
Retreat Doctors' Hospital - A Campus of Henrico Doctors' Hsp 2621 Grove Avenue Richmond, VA 23220	 Joint Commission Advanced Certification Programs: Primary Stroke Center Stavilization - Adult) Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Non-detox - 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) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Ingaing (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) 	



2024 National Patient Safety Goals

Hospital

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
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	Ø
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
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	\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 Period: January 2022 - December 2022

		Compared to other Joint Commission	
		Accredited Organizations	
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				
		1	Vationwide	ou organiz		wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average 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.	(1 2	26%	(m) ¹²	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 73 eligible Patients	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.	53% of 464 eligible Patients	72%	50%	64%	52%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	10 per 1000	5	13	7	12

* This information can also be viewed at https://hospitalcompare.io/

---- Null value or data not displayed.

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2023 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

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