DBA: Bon Secours-St. Mary's Hospital, 5801 Bremo Road, Richmond, VA

Org ID: 6387

Accreditation Quality Report





Version: 10 Date: 5/11/2018 DBA: Bon Secours-St. Mary's Hospital, 5801 Bremo 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



Symbol Key

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rganization.

Not displayed

overall result.

Φ

Ø

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Bon Secours-St. Mary's Hospital

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Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|--------------------------|-----------------------------|
| Hospital | Accredited | 10/7/2017 | 10/6/2017 | 10/6/2017 |

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

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

Ventricular Assist Device

| | ~ | | | |
|---|---------------------------------------|-----------------------|--------------------------|------------------------------|
| Advanced Certification | Certification Decision | Effective | Last Full Review | |
| Programs | | Date | Date | Review Date |
| Advanced Comprehensive Stroke Center | Certification | 5/25/2016 | 3/13/2018 | 3/13/2018 |
| Advanced Palliative Care | Certification | 1/28/2016 | 4/30/2018 | 4/30/2018 |
| Heart Failure | Certification | 4/21/2016 | 4/20/2016 | 4/20/2016 |
| Ventricular Assist Device | Certification | 2/22/2018 | 2/21/2018 | 2/21/2018 |
| | | | | |
| | | | | |
| Certified Programs | Certification Decision | Effective | Last Full Review | Last On-Site |
| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
| Certified Programs Acute Myocardial Infarction | Certification Decision Certification | _ | | |
| Acute Myocardial | | Date | Date | Review Date |
| Acute Myocardial Infarction | Certification | Date 4/20/2016 | Date 5/10/2018 | Review Date 5/10/2018 |

Special Quality Awards

- 2013 Top Performer on Key Quality Measures®
- 2012 Top Performer on Key Quality Measures®
- 2015 Hospital Magnet Award
- 2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
- 2014 Magnet Award
- 2014 ACS National Surgical Quality Improvement Program
- 2013 Gold Get With The Guidelines Heart Failure
- 2013 Gold Get With The Guidelines Stroke

4. The measure meets the Privacy Disclosure Threshold rule.

Footnote Key

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Summary of Quality Information

| | | Compared to other Joint Commission Accredited Organizations | | | |
|------------------------|-------------------------------------|--|-----------|--|--|
| | | Nationwide | Statewide | | |
| Hospital | 2017National Patient Safety Goals | Ø | N/A * | | |
| | National Quality Improvement Goals: | | | | |
| Reporting Period: | Emergency Department | ND ² | ND 2 | | |
| Oct 2016 - Sep 2017 | Immunization | 2 | ND 2 | | |
| | Perinatal Care | ND 2 | ND 2 | | |

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



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Locations of Care

* Primary Location

2600 East Parham Road Henrico, VA 23228 Bon Secours Patterson

Avenue Family Practice

DBA: Bon Secours
Patterson Avenue Family

9600 Patterson Ave Henrico, VA 23229

Practice

| Locations of Care | Available Services |
|--|---|
| Bon Secours Commonwealth Internal Medicine DBA: Bon Secours Commonwealth Internal Medicine 9220 Forest Hill Ave Suite 1-A Richmond, VA 23235 | Services: • Single Specialty Practitioner (Outpatient) |
| Bon Secours Parham Road Family Medicine DBA: Bon Secours Parham Road Family Medicine | Services: • Single Specialty Practitioner (Outpatient) |

Services:

• Single Specialty Practitioner (Outpatient)

Other Clinics/Practices located at this site:

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Locations of Care

* Primary Location

Locations of Care

Bon Secours-St Mary's Hospital * DBA: Bon Secours-St

Mary's Hospital 5801 Bremo Road Richmond, VA 23226

Available Services

Joint Commission Advanced Certification Programs:

- Advanced Comprehensive Stroke Center
- Advanced Palliative Care
- Heart Failure
- Ventricular Assist Device

Joint Commission Certified Programs:

- Acute Myocardial Infarction
- Joint Replacement Hip
- Joint Replacement Knee

Other Clinics/Practices located at this site:

- Bon Secours Advanced Heart Failure Center
- Cure and Care
- Monument Internal Medicine
- Palliative Medicine
- Patricia C. Lane MBA, SCRN

Services:

- Behavioral Health (Non 24 Hour Care - Adult)
 (24-hour Acute Care/Crisis Stabilization - Adult)
- 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)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)

- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- 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)

 Sleep Laboratory (Sleep
- Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Thoracic Surgery (Surgical Services)Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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Locations of Care

| Locations of Care | Available Services |
|--|---|
| | Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) |
| Cardiovascular Associates DBA: Cardiovascular Associates 11601 Ironbridge Road Chester, VA 23831 | Services: • Administration of High Risk Medications (Outpatient) • Single Specialty Practitioner (Outpatient) |
| Cardiovascular Associates DBA: Cardiovascular Associates 13700 St. Francis Boulevard Midlothian, VA 23114 | Services: Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient) |
| Cardiovascular Associates of Virginia DBA: Cardiovascular Associates of Virginia 7001 Forest Ave Suite 200 Richmond, VA 23230 | Other Clinics/Practices located at this site: |
| Grove Avenue Imaging Center DBA: Bon Secours Grove Avenue Imaging Center 2201 Grove Avenue Richmond, VA 23220 | Services: • Outpatient Clinics (Outpatient) |
| Redskins Training Camp Physical Therapy DBA: Redskins Training Camp Physical Therapy 2401 W. Leigh Street Richmond, VA 23220 | Services: • Outpatient Clinics (Outpatient) |
| St. Mary's Wound Care Center at Reynolds Crossing DBA: St. Mary's Wound Care Center at Reynolds Crossing 6900 Forest Avenue Richmond, VA 23230 | Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) |

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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 | 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 |
| | Preventing Multi-Drug Resistant Organism Infections | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | 0000 |
| | Preventing Surgical Site Infections | Ø |
| | Preventing Catheter-Associated Urinary Tract Infection | 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 | Ø |
| | Performing a Time-Out | Ø |

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2016 - September 2017

| | | Commission | | |
|-------------------------|---|--------------------------|------------|--|
| | | Accredited 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. | ND 2 | № 2 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | ١ | 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. | 149.00 minutes 706 eligible Patients | 55.00 | 131.00 | 49.01 | 106.46 |
| 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. | 302.00 minutes 709 eligible Patients | 205.00 | 317.00 | 203.35 | 280.60 |

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- * This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

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National Quality Improvement Goals

Reporting Period: October 2016 - September 2017

| | | 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. | № ² | № 2 | |

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statewide | | | | |
|------------------------|---|--|--------------------------------|------------------|--------------------------------|------------------|
| Measure | Measure Explanation | | 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 579 eligible Patients | 100% | 94% | 100% | 95% |

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2016 - September 2017

| | | 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 | |

| | | Cor | npared to c Accredite | other Joint ed Organiz | | on |
|-------------------------------|---|-------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | ١ | lationwide | <u> </u> | 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 58 eligible Patients | 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 157 eligible Patlents | 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. | 66% of 1088 eligible Pattents | 74% | 52% | 65% | 53% |

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