

DBA: Wayne Memorial Hospital,

2700 Wayne Memorial Drive, Goldsboro, NC Org ID: 6501

# Accreditation Quality Report





Version: 6 Date: 5/12/2018



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

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## **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	2/28/2015	2/9/2018	3/22/2018
Laboratory	Accredited	9/17/2016	9/16/2016	9/16/2016

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

Pathology and Clinical Laboratory Hospital

#### **Special Quality Awards**

2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2015National Patient Safety Goals	Ø	<b>₩</b> *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	ND 2	<b>№</b> 2	
Oct 2016 - Sep 2017	Immunization	<b>№</b> 2	<b>№</b> 2	
	Perinatal Care	ND 2	<b>(40)</b> 2	
Laboratory	2016National Patient Safety Goals	Ø	<b>*</b>	

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

### Symbol Key

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- This organization's performance is
- below the target range/value.

  This Measure is not applicable for this
- This Measure is not applicable for this organization.
- Not displayed

#### **Footnote Key**

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- 3. 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.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 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.

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## **Locations of Care**

* Primary Location  Locations of Care	Available Services		
Goldsboro Orthopedic Rehabilitation DBA: Goldsboro Orthopedic Rehabilitation 2808 Mclamb Pl. Goldsboro, NC 27534 Wayne Memorial	Services:  • Outpatient Clinics (Outpatient)  Other Clinics/Practices located at this site:		
Hospital, Inc. * DBA: Wayne Memorial Hospital 2700 Wayne Memorial Drive Goldsboro, NC 27534	Center for Nutrition and Diabetes Health Goldsboro Wound Care  Services:  Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Cardiac Catheterization Lab (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gil or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Indeplace of Care Unit (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services)  Medical I/Surgical Unit (Inpatient) Neuro/Spine Unit (Inpatient)  Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Ophthalmology (Surgical Services) Ophthalmology (Surgical Services) Ophthalmology (Surgical Services) Pediatric Unit (Inpatient) Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (Inpatient) Sleep Laboratory (Sleep Laboratory) Surgical Int (Inpatient) Teleradiology (Imaging/Diagnostic Services) Toxicology Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Serv		

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## **2015 National Patient Safety Goals**

#### **Symbol Key**

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The Goal is not applicable for this organization.

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### 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	8888
	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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## **National Quality Improvement Goals**

### Reporting Period: October 2016 - September 2017

		Commission	
		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.	<b>№</b> 2	<b>№</b> 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.	123.00 minutes 704 eligible Patients	55.00	131.00	57.46	126.09
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.	295.00 minutes 706 eligible Patients	205.00	317.00	230.05	316.10

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- \* This information can also be viewed at www.hospitalcompare.hhs.gov
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Compared to other Joint

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## **National Quality Improvement Goals**

Reporting Period: October 2016 - September 2017

Compared to other Joint			
Commission			
Accredited C	rganizations		
lationwide	Statewide		

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		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>№</b> 2	<b>№</b> 2

		Compared to other Joint Commission Accredited Organizations			n	
		١	lationwide		State	wide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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 532 eligible Patients	100%	94%	100%	95%

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## **National Quality Improvement Goals**

### Reporting Period: October 2016 - September 2017

Compared to other Joint **Accredited Organizations** 

Org ID: 6501

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		on
			Nationwide	cu Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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.	ND 3	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.	2% of 45 eligible Pattents	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.	40% of 253 eligible Pattlents	74%	52%	66%	46%

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Footnote Key

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## **2016** National Patient Safety Goals

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### 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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