

# 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.

DBA: UNC Health Wayne, 2700 Wayne Memorial Drive, Goldsboro, NC



# **Summary of Quality Information**

Symbol K	ley
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0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is worse than the target range/value.
	This Measure is not applicable for this organization.
1	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.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🮯 Hospital	Accredited	7/1/2022	8/6/2021	6/30/2022
olimitation description of the second	Accredited	12/10/2022	12/9/2022	12/9/2022

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

Hospital

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
📀 Joint Replacement - Hip	Certification	8/23/2022	8/12/2022	8/12/2022
🥝 Joint Replacement - Knee	Certification	8/23/2022	8/12/2022	8/12/2022

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2022National Patient Safety Goals	${\mathfrak O}$	™	
	National Quality Improvement Goals:			
Reporting Period: Jan 2021 - Dec 2021	Perinatal Care	@0 <sup>2</sup>	(m) <sup>2</sup>	
Laboratory	2022National Patient Safety Goals	Ø		





# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Primary Location Locations of Care Wayne Memorial Hospital Inc. * DBA: Wayne UNC Health Care 2700 Wayne Memorial Drive Goldsboro, NC 27534	Joint Commission Certified Programs:     Joint Replacement - Hip     Joint Replacement - Knee     Other Clinics/Practices located at this site:     • Goldsboro Wound Care     Services:     • Cardiac Catheterization Lab (Surgical Services)     • Cardiovascular Unit (Inpatient)     • CT Scanner (Imaging/Diagnostic Services)     • Dialysis Unit (Inpatient)     • EEG/EKG/EMG Lab (Imaging/Diagnostic Services)     • Gorenal Laboratory Tests     • G or Endoscopy Lab (Imaging/Diagnostic Services)     • Gynecological Surgery (Surgical Services)     • Gynecological Surgery (Surgical Services)     • Gynecological Surgery (Surgical Services)     • Gynecology (Inpatient)     • Hematology/Oncology Unit (Inpatient)     • Inpatient Unit (Inpatient)     • Inpatient Unit (Inpatient)     • Inpatient Unit (Inpatient)     • Inpatient Onit (Inpatient)     • Inpatient Onit (Inpatient)     • Inaging (Diagnostic Services)     • Corpoounding (Inpatient)     • Hematology/Oncology Unit (Inpatient)     • Interventional Radiology (Imaging/Diagnostic Services)     • Labor & Delivery (Inpatient)     • Medical /Surgical Unit (Inpatient)     • Medical /Surgical

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# **2022 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 Reconciling Medication Information	(V) (V)
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 Marking the Procedure Site Performing a Time-Out	<u>8</u> 00

#### 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.

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# **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

		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.	<b>™</b> <sup>2</sup>	<b>0</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	<b>(</b>	34%	26%	32%	23%
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 27 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.	28% of 248 eligible Patients	71%	49%	60%	44%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	29 per 1000	5	13	6	12

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

---- Null value or data not displayed.

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# **2022 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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The organization has not met the National Patient Safety Goal.
The Goal is not applicable for this organization.

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