

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

DBA: Northern Hospital District of Surry County, 830 Rockford Street, Mount Airy, NC



Summary of Quality Information

S	ym	bol	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.
Θ	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.
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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Hospital	Accredited	6/7/2014	6/6/2014	6/6/2014
Laboratory Accreditation Program	Accredited	7/25/2015	7/24/2015	7/24/2015

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
o Primary Stroke Center	Certification	2/2/2016	1/11/2016	1/11/2016

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2014National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	(m) ²	(m) ²	
Jul 2014 - Jun 2015	Heart Attack Care	(m) ²	1	
	Immunization	(m) ²	1	
	Stroke Care	8 e	8 × 10 × 10 × 10 × 10 × 10 × 10 × 10 × 1	
	Venous Thromboembolism (VTE)	Ð	Ð	

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

DBA: Northern Hospital District of Surry County, 830 Rockford Street, Mount Airy, NC



Summary of Quality Information

		Compared to other Joint Organi	
		Nationwide	Statewide
Laboratory Accreditatio n Program	2015National Patient Safety Goals	\bigotimes	*

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Locations of Care

Locations of Care	Available Services
Northern Hospital of Surry County * DBA: Northern Hospital District of Surry County 830 Rockford Street Mount Airy, NC 27030	 Joint Commission Advanced Certification Programs: Primary Stroke Center Services: 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) General Laboratory Tests Gornecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Northern Medical Group - Family Medicine 280 N Pointe Blvd Mount Airy, NC 27030	Services: • General Laboratory Tests
Northern Medical Group - Gastroenterology 601 Willow Street, Unit 2 Mount Airy, NC 27030	Services: • General Laboratory Tests
Northern Medical Group - Medical Specialists DBA: a department of Northern Hospital 708 S South Street, Suite 200 Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Northern Medical Group - Pain Management DBA: a department of Northern Hospital 110 Dutchman's Court Elkin, NC 28621	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) • Toxicology



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Locations of Care

* Primary Location	
Locations of Care	Available Services
Northern Medical Group - Pain Management DBA: a department of Northern Hospital 708 S. South Street, Suite 400 Mount Airy, NC 27030	Services: • Outpatient Clinics (Outpatient)
Northern Medical Group - Pediatrics DBA: a department of Northern Hospital 100 North Pointe Boulevard Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Northern Medical Group- Urology DBA: a department of Northern Hospital 423 S. South St. Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Northern Medical Group-Obstetrics and Gynecology DBA: a department of Northern Hospital 510 S. South Street Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Northern Rehab and Wound Care 314 S. South Street, Suite 100 Mount Airy, NC 27030	Services: • Outpatient Clinics (Outpatient)

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2014 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	\bigotimes
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	\bigotimes
	Reconciling Medication Information	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	\bigotimes
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>ତ</u> ତ୍ର ତ
	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	\bigotimes
	Marking the Procedure Site	\bigcirc
	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.

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National Quality Improvement Goals

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nce is								
nce is ue. nce is				o other Joint hission				
100 15			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	
		N	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.	64 minutes 280 eligible Patients	52	123	55	111
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.	254 minutes 283 eligible Patients	199	311	225	302

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This organization's performance is below the target range/value.			Accredited 0	Organizations
lot displayed	Measure Area	Explanation	Nationwide	Statewide
Footuoto Vor	Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	1 2	⊘ ²
Footnote Key		parono.		
The Measure or Measure Set was not				

		Со	mpared to o Accredit	other Joint ed Organiz		n
		Ν	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		Top 10% Scored at Least:	Average Rate:
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.*	№ 3	91%	53%	3	3

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

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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 F	Period: July 2014 - June 2015		
			to other Joint nission
		Accredited	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ ²	№ ²

				other Joint ed Organiz	ations	
		١	lationwide		State	ewide
Measure	Explanation	Hospital	Top 10%	U U	Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	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.	100% of 170 eligible Patients	100%	95%	100%	95%

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This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Stroke Care		tegory of evidence based measures ass quality of care provided to Stroke (STK)		(8	💌 ⁸	
Footnote Key								
The Measure or Measure Set was not reported.				Cor	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide	_		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Anticoagulation Ther Atrial Fibrillation/Flut		Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure		at Least.		at Least.	
valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of undered data.			reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the	NOD 8 100% of 3 eligible Patients	100%	97%	100%	97%

	updated data.	
10.	Test Measure: a measure being	
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	National Quality Forum Endorsement.	
11		

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	prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	No% of 3 eligible Patients	100%	97%	100%	97%
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	8 100% of 20 eligible Patients	100%	98%	100%	98%



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National Quality Improvement Goals

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possible results	Reporting Per	iod: Jul	y 2014 - June 2015					
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Not displayed	Measure Area		Explanation		Nationwi		Statewid	e
	Stroke Care		egory of evidence based measures ass quality of care provided to Stroke (STK)			8	№ ⁸	
Footnote Key 1. The Measure or Measure Set was not				Cor	npared to o	other Joint ed Organiz		on
reported. 2. The Measure Set does not have an				N	lationwide	Ŭ	State	ewide
overall result.The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. 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 	Assessed for Rehabilita	ition	Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	NO 8 100% of 23 eligible Patients	100%	99%	100%	99%
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	Discharged on Antithror Therapy	nbotic	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	ND 8 100% of 21 eligible Patients	100%	99%	100%	100%
Report User Guide.''	Discharged on Statin Medication		Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of cholesterol circulating in the blood.	8 100% of 12 eligible Patients	100%	98%	100%	98%



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Not displayed	Measure Area	Explanation		Nationwi	Ű	Statewide	e
	Stroke Care	This category of evidence based measures associate overall quality of care provided to Stroke (STK)		(8	№ ⁸	
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 The Measure Set does not have an overall result. The number of patients is not enough 	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 	Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	100% of te eligible Patients	100%	94%	100%	96%
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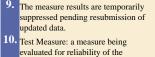
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This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Stroke Care		egory of evidence based measures ass quality of care provided to Stroke (STK)		0	8	0 8	
Footnote Key The Measure or Measure Set was not reported.						other Joint ed Organiz	ations	
The Measure Set does not have an	Measure		Explanation	Hospital	Vationwide Top 10%	Average	State	wide Average
overall result. The number of patients is not enough for comparison purposes.	incucure			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily memory of the state of	Venous Thromboembo (VTE) Prophylaxis	lism	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The incidence of blood clots is lowest	ND 8 100% of 22 eligible Patients	100%	97%	100%	98%



individual data elements or awaiting National Quality Forum Endorsement. 11

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National Quality Improvement Goals

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mo Not displayed	Measure Area	Explanation
	Venous Thromboembolism	This category of evidence-based measures a overall quality of care related to prevention a

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		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	Ð	Ð

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	100% of 117 eligible Patients	100%	97%	100%	98%
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	100% of 7 eligible Patients	100%	92%	100%	95%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	100% of 14 eligible Patients	100%	94%	100%	95%

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

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

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National Quality Improvement Goals

Reporting Per	riod: July 2014 - June 2015		
		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assess overall quality of care related to prevention and tre- of blood clots.	Ð	Ð
		npared to other Jo Accredited Orga ationwide	
Maaarina	Evaluation		

		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
VTE Prophylaxis	Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	100% of 493 eligible Patients	100%	95%	100%	96%

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

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

-- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

- 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.
- The measure meets the Privacy Disclosure Threshold rule.
 The organization scored above
 - The organization scored above 90% but was below most other organizations.
- 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.
- **9.** 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.
 There were no eligible rationts that me
- **1.** There were no eligible patients that met the denominator criteria.

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2015 National Patient Safety Goals

Laboratory Accreditation Program

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

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.