

# 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**

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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.
- **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.
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   Test Measure: a measure being
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- **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	5/6/2017	5/5/2017	5/5/2017
olimitation Laboratory	Accredited	7/29/2017	7/28/2017	7/28/2017

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

Hospital

Advanced Certification Certification Decision		Effective	Last Full Revi	iew Last On-Site
Programs		Date	Date	<b>Review Date</b>
Orimary 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	2017National Patient Safety Goals	${ \oslash }$	<b>*</b>	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	2 <sup>2</sup>	(m) <sup>2</sup>	
Apr 2016 - Mar 2017	Immunization	2 <sup>2</sup>	(m) <sup>2</sup>	
	Perinatal Care	( <sup>2</sup>	2 <sup>2</sup>	
Laboratory	2017National Patient Safety Goals	${igodot}$	<b>*</b>	

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



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# **Locations of Care**

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* Primary Location	
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 Other Clinics/Practices located at this site: Northern Cardiac Rehabilitation Services: CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) Ear/Kose/Throat Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Castro & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Northern Medical Group - General Surgery 708 S South Street, Suite 100 Mount Airy, NC 27030	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
Northern Medical Group - Family Medicine DBA: Northern Medical Group - Family Medicine 280 N Pointe Blvd Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Northern Medical Group - Gastroenterology 708 S South Street, Suite 100 Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
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)



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# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
Northern Medical Group - Orthopaedics DBA: Northern Medical Group - Orthopaedics 314 S. South Street, Suite 100 Mount Airy, NC 27030	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
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
Northern Medical Group - Pain Management DBA: a department of Northern Hospital 708 S. South Street, Suite 400 Mount Airy, NC 27030	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
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	<ul><li>Services:</li><li>Outpatient Clinics (Outpatient)</li></ul>

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# **2017 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	$\bigcirc$
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	$\bigcirc$
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	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> 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	$\bigcirc$
	Marking the Procedure Site	$\bigotimes$
	Performing a Time-Out	$\bigcirc$

#### 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."

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Compared to other Joint Commission Accredited Organizations

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# **National Quality Improvement Goals**

Symbol Key				
This organization achieved the best possible results This organization's performance is		Reporting Pe	riod: April 2016 - March 2017	
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.	М	easure Area	Explanation	N
		mergency epartment	This category of evidence based measures assesses the time patients remain in the hospital Emergency	

#### Footnote Key

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

leasure Area	Explanation		Nationwic	de	Statewide	Э
Emergency Department	This category of evidence based measures ass time patients remain in the hospital Emergency Department prior to inpatient admission.	, , ,			<b>0</b> <sup>2</sup>	
		Cor	npared to o Accredite	other Joint ed Organiz		'n
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Wei c Med

			at Most:	Median:	at Most:	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.	Recoordinates 635 eligible Patients	55.00	129.00	59.24	123.97
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.	278.00 minutes 635 eligible Patients	205.00	316.00	233.96	313.32

or 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.

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# **National Quality Improvement Goals**

Reporting P	eriod: April 2016 - March 2017		
			o other Joint nission
		Accredited (	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	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.	100% of 384 eligible Patients	100%	94%	100%	95%

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#### Symbol Key

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

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### Northern Hospital of Surry County

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# **National Quality Improvement Goals**

Re	porting Per	iod: April 2016 - March 2017		
			Comm	o other Joint hission
Measure	Area	Explanation	Accredited C Nationwide	Statewide
Perinata	l Care	This category of evidenced based measures assesses the care of mothers and newborns.	2 <sup>2</sup>	<b>∞</b> <sup>2</sup>

			Accredit	pared to other Joint Commission Accredited Organizations			
Measure	Explanation	N Hospital	Nationwide lospital Top 10% Average Top			Statewide	
Modouro	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	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.	€00 <sup>4</sup>	100%	98%	100%	98%	
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 31 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.	23% of 340 eligible Patients	74%	53%	67%	47%	



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# **2017 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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