



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH  
President of the Joint Commission



## Summary of Quality Information

### 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 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.
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.
9. 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.

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                 |
| Laboratory             | Accredited             | 7/25/2015      | 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 Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---------------------------------|------------------------|----------------|-----------------------|--------------------------|
| 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                                 | <b>2017 National Patient Safety Goals</b>  |   | *            |
|  | <b>National Quality Improvement Goals:</b> |   |              |
| Reporting Period:<br>Jan 2016 - Dec 2016 | Emergency Department                       | <sup>2</sup>  | <sup>2</sup> |
|  | Immunization                               | <sup>2</sup>  | <sup>2</sup> |
|  | Perinatal Care                             | <sup>2</sup>  | <sup>2</sup> |
|  | Stroke Care                                | <sup>2</sup>  | <sup>2</sup> |
|  | Venous Thromboembolism (VTE)               | <sup>2</sup>  | <sup>2</sup> |
| Laboratory                               | <b>2016 National Patient Safety Goals</b>  |   | *            |



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



## Locations of Care

### \* Primary Location

| Locations of Care  | Available Services   |
|--|--|
| <b>Northern Hospital of Surry County *</b><br>DBA: Northern Hospital District of Surry County<br>830 Rockford Street<br>Mount Airy, NC 27030           | <b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> </ul> <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Northern Cardiac Rehabilitation</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Toxicology</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> </ul> |
| <b>Northern Medical Group - General Surgery</b><br>708 S South Street, Suite 100<br>Mount Airy, NC 27030   | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>  |
| <b>Northern Medical Group - Family Medicine</b><br>DBA: Northern Medical Group - Family Medicine<br>280 N Pointe Blvd<br>Mount Airy, NC 27030          | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>  |
| <b>Northern Medical Group - Gastroenterology</b><br>708 S South Street, Suite 100<br>Mount Airy, NC 27030  | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>   |
| <b>Northern Medical Group - Medical Specialists</b><br>DBA: a department of Northern Hospital<br>708 S South Street, Suite 200<br>Mount Airy, NC 27030 | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>   |



# Northern Hospital of Surry County

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

Org ID: 6531



## Locations of Care




### \* Primary Location

| Locations of Care  | Available Services  |
|--|---|
| <b>Northern Medical Group - Orthopaedics</b><br>DBA: Northern Medical Group - Orthopaedics<br>314 S. South Street, Suite 100<br>Mount Airy, NC 27030 | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>Northern Medical Group - Pain Management</b><br>DBA: a department of Northern Hospital<br>110 Dutchman's Court<br>Elkin, NC 28621                 | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Toxicology</li> </ul> |
| <b>Northern Medical Group - Pain Management</b><br>DBA: a department of Northern Hospital<br>708 S. South Street, Suite 400<br>Mount Airy, NC 27030  | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>Northern Medical Group - Pediatrics</b><br>DBA: a department of Northern Hospital<br>100 North Pointe Boulevard<br>Mount Airy, NC 27030           | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>Northern Medical Group- Urology</b><br>DBA: a department of Northern Hospital<br>423 S. South St.<br>Mount Airy, NC 27030                         | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>                     |
| <b>Northern Medical Group-Obstetrics and Gynecology</b><br>DBA: a department of Northern Hospital<br>510 S. South Street<br>Mount Airy, NC 27030     | <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>                     |
| <b>Northern Rehab and Wound Care</b><br>314 S. South Street, Suite 100<br>Mount Airy, NC 27030   | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>  |



## 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                             |    |
|  | Eliminating Transfusion Errors                             |    |
| Improve the effectiveness of communication among caregivers.                 | Timely Reporting of Critical Tests and Critical Results    |    |
| Improve the safety of using medications.                                     | Labeling Medications                                       |    |
|  | Reducing Harm from Anticoagulation Therapy                 |    |
|  | Reconciling Medication Information                         |    |
| Reduce the harm associated with clinical alarm systems.                      | Use Alarms Safely on Medical Equipment                     |    |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines                            |   |
|  | Preventing Multi-Drug Resistant Organism Infections        |  |
|  | Preventing Central-Line Associated Blood Stream Infections |  |
|  | Preventing Surgical Site Infections                        |  |
|  | Preventing Catheter-Associated Urinary Tract Infection     |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide                |  |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process            |  |
|  | Marking the Procedure Site                                 |  |
|  | Performing a Time-Out                                      |  |





## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### 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.
- 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.
9. 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.

Compared to other Joint  
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. | 2          | 2         |

Compared to other Joint Commission  
Accredited Organizations

| Measure  | Explanation   | Hospital Results                             | Compared to other Joint Commission Accredited Organizations |                  |                         |                  |
|--|---|--|---|------------------|-------------------------|------------------|
|  |   |  | Nationwide  |                  | Statewide               |                  |
|  |   |  | Top 10% Scored at Most:                                     | Weighted Median: | Top 10% Scored at Most: | Weighted 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. | 2<br>89.00 minutes<br>615 eligible Patients  | 54.00   | 126.00           | 59.24                   | 113.64           |
| 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.  | 2<br>280.00 minutes<br>615 eligible Patients | 203.00  | 313.00           | 231.29                  | 299.65           |



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.






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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016



### 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.
-  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.
9. 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.

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

| Measure                | Explanation   | Compared to other Joint Commission Accredited Organizations  |  |                  |   |                  |
|------------------------|---|--|--|------------------|---|------------------|
|                        |   | Hospital Results   | Nationwide<br>Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Statewide<br>Top 10%<br>Scored<br>at Least: | Average<br>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. | <br>100% of<br>375 eligible<br>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](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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





## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### 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.
- 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.
9. 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.

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. | 2          | 2         |

Compared to other Joint Commission  
Accredited Organizations

| Measure                       | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|-------------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|                               |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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.   | 4<br>----   | 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. 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. | <br>0% of 29 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.   | <br>17% of 339 eligible Patients                            | 75%                                 | 53%           | 65%                                | 47%           |



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### 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.
- 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.
9. 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.

Compared to other Joint  
Commission

Accredited Organizations

| Measure Area | Explanation  | Nationwide | Statewide |
|--------------|--|------------|-----------|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. | 2          | 2         |

Compared to other Joint Commission  
Accredited Organizations

| Measure              | Explanation  |                  |  |                  |   |                  |
|----------------------|--|------------------|--|------------------|---|------------------|
|                      |  | Hospital Results | Nationwide<br>Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Statewide<br>Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Thrombolytic Therapy | Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed. | 3<br>---         | 100%   | 90%              | 100%  | 93%              |



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### 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.
- 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.
9. 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.

Compared to other Joint  
Commission  
Accredited Organizations

| 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. | <sup>2</sup> | <sup>2</sup> |

Compared to other Joint Commission  
Accredited Organizations

| Measure                    | Explanation  | Hospital Results                | Compared to other Joint Commission Accredited Organizations |               |                          |               |
|----------------------------|--|---------------------------------|---|---------------|--------------------------|---------------|
|                            |  |                                 | Nationwide  |               | Statewide                |               |
|                            |  |                                 | Top 10% Scored at Least:                                    | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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. | <br>100% of 4 eligible Patients | 100%  | 93%           | 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](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## 2016 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.

### Laboratory

| Safety Goals   | Organizations Should                                    | Implemented   |
|--|---|---|
| Improve the accuracy of patient identification.              | Use of Two Patient Identifiers                          |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Reduce the risk of health care-associated infections         | Meeting Hand Hygiene Guidelines                         |  |

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