

Accreditation Quality Report





Quality Check®



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 Regional Hospital,

830 Rockford Street, Mount Airy, NC



Summary of Quality Information

Symbol 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.
	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.
- 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	5/6/2017	5/5/2017	5/5/2017
olimitation Laboratory	Accredited	7/29/2017	7/26/2019	7/26/2019

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	Review Date
Ø Primary Stroke Center	Certification	12/9/2017	12/8/2017	12/8/2017

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	${igodot}$	*		
	National Quality Improvement Goals:				
Reporting Period:	Emergency Department	2 ²			
Apr 2018 - Mar 2019	Perinatal Care	(m) ²	1 2		
Laboratory	2017National Patient Safety Goals	Ø	*		

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





Locations of Care

* Primary Location Locations of Care **Available Services Northern Hospital District of Surry County** Services: DBA: Northern Pediatrics General Laboratory Tests 100 North Pointe • Outpatient Clinics (Outpatient) Boulevard Mount Airy, NC 27030 **Northern Hospital** Joint Commission Advanced Certification Programs: **District of Surry** Primary Stroke Center County DBA: Northern Regional **Other Clinics/Practices located at this site:** Hospital Northern Cardiac Rehabilitation 830 Rockford Street Mount Airy, NC 27030 Services: • CT Scanner Non-Sterile Medication (Imaging/Diagnostic Compounding (Inpatient) Services) Normal Newborn Nursery • Ear/Nose/Throat Surgery (Inpatient) (Surgical Services) Nuclear Medicine EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Ophthalmology (Surgical (Imaging/Diagnostic Services) Services) Orthopedic Surgery (Surgical Gastroenterology (Surgical Services) Services) General Laboratory Tests • Outpatient Clinics (Outpatient) • GI or Endoscopy Lab Positron Emission Tomography • (Imaging/Diagnostic (PET) (Imaging/Diagnostic Services) Services) • Gynecological Surgery Post Anesthesia Care Unit (Surgical Services) (PACU) (Inpatient) • Gynecology (Inpatient) Sterile Medication Hazardous Medication Compounding (Inpatient) Compounding (Inpatient) Swing Beds Inpatient Unit (Inpatient) Teleradiology Labor & Delivery (Inpatient) (Imaging/Diagnostic Services) Toxicology Magnetic Resonance Imaging (Imaging/Diagnostic Ultrasound • Services) (Imaging/Diagnostic Services) Medical /Surgical Unit • Urology (Surgical Services) (Inpatient) Medical ICU (Intensive Care Unit) Northern Hospital **District of Surry County** Services: DBA: Northern Urology General Laboratory Tests 423 S. South Street, Suite Outpatient Clinics (Outpatient) 101 Perform Invasive Procedure (Outpatient) Mount Airy, NC 27030 Northern Hospital **District of Surry County** Services: DBA: Northern Obstetrics • General Laboratory Tests & Gynecology • Outpatient Clinics (Outpatient) 510 S. South Street Perform Invasive Procedure (Outpatient) Mount Airy, NC 27030





Locations of Care

Locations of Care	Available Services
Northern Hospital District of Surry County DBA: Northern Rehab 314 S. South Street, Suite 100 Mount Airy, NC 27030	Other Clinics/Practices located at this site: Northern Services: Outpatient Clinics (Outpatient)
Northern Hospital District of Surry County DBA: Northern Cardiology 708 S South Street, Suite 200 Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Northern Hospital District of Surry County DBA: Northern Pain Management 110 Dutchman's Court Elkin, NC 28621	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) • Toxicology
Northern Hospital District of Surry County DBA: Northern Pain Management 708 S. South Street, Suite 400 Mount Airy, NC 27030	Services: • Outpatient Clinics (Outpatient)
Northern Hospital District of Surry County DBA: Northern Gastroenterology 708 S South Street, Suite 100 Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Northern Hospital District of Surry County DBA: Northern Family Medicine 280 N Pointe Blvd Mount Airy, NC 27030	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Northern Hospital District of Surry County DBA: Northern Orthopaedics 314 S. South Street, Suite 100 Mount Airy, NC 27030	Services: • Outpatient Clinics (Outpatient)
Northern Hospital District of Surry County DBA: Northern General Surgery 708 S South Street, Suite 100 Mount Airy, NC 27030	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)

DBA: Northern Regional Hospital, 830 Rockford Street, Mount Airy, NC

Org ID: 6531



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	\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	\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>ଷ</u> ଭ ଭ ଭ
	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.

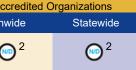
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

DBA: Northern Regional Hospital, 830 Rockford Street, Mount Airy, NC



National Quality Improvement Goals

moor Key					
s organization achieved the best sible results	Rej	porting Per	iod: April 2018 - March 2019		
s organization's performance is ve the target range/value.					
s organization's performance is ilar to the target range/value.				Compared to Comm	
s organization's performance is w the target range/value.					rganizations
displayed	Measure	Area	Explanation	Nationwide	Statewide
	Emergen Departme		This category of evidence based measures assesses the time patients remain in the hospital Emergency	∞ ²	№ ²



		Compared to other Joint Commission Accredited Organizations				on
		١	Vationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	ď	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to E Departure Time for Admi Patients	· · · · · · · · · · · · · · · · · · ·	2 110.00 minutes 724 eligible Patients	55.00	136.00	58.54	128.59

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

Department prior to inpatient admission.

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

Null value or data not displayed.

Symbol Kev

This o possil This Ŧ his \checkmark imila his

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.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. 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.
- 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."

Symbol Key

ossible results

lot displayed

0

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

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

reported.

overall result.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

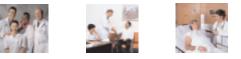
the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

Northern Hospital District of Surry County

DBA: Northern Regional Hospital, 830 Rockford Street, Mount Airy, NC



National Quality Improvement Goals

Period: April 2018 - March 2019		
		o other Joint hission
	Accredited C	Organizations
Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the care of mothers and newborns.	№ ²	⊘ ²
	Explanation This category of evidenced based measures assesses the	Compared t Comm Accredited C Explanation Nationwide This category of evidenced based measures assesses the 2

			Compared to other Joint Commission Accredited Organizations				
		lationwide			ewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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	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.	4% of 25 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.	35% of 282 eligible Patients	73%	52%	66%	46%	



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. ____

DBA: Northern Regional Hospital, 830 Rockford Street, Mount Airy, NC



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

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."