

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

Org ID: 6531

Accreditation Quality Report





Version: 1 Date: 1/9/2020



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

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey	y Last On-Site Survey Date
Hospital	Accredited	5/6/2017	5/5/2017	5/5/2017
Laboratory	Accredited	7/27/2019	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 Review Last On-Sit	
Programs		Date	Date	Review Date
Primary Stroke Center	Certification	12/9/2017	12/9/2019	12/9/2019

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	Ø	№ *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	2 ²	ND 2	
Jul 2018 - Jun 2019	Perinatal Care	№ 2	№ 2	
Laboratory	2019National Patient Safety Goals	Ø	N/A *	

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

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.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 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."

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Locations of Care

Locations of Care	Available Services
Northern Hospital District of Surry County DBA: Northern Pediatrics 100 North Pointe Boulevard Mount Airy, NC 27030 Northern Hospital District of Surry County * DBA: Northern Regional Hospital 830 Rockford Street Mount Airy, NC 27030	Services:
Northern Hospital District of Surry County DBA: Northern Urology 423 S. South Street, Suite 101 Mount Airy, NC 27030	Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Northern Hospital District of Surry County DBA: Northern Obstetrics & Gynecology 510 S. South Street Mount Airy, NC 27030	Services:

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Locations of Care

Locations of Care	Available Services
Northern Hospital	Other Clinics/Practices located at this site:
District of Surry County	Northern
DBA: Northern Rehab	• Northern
314 S. South Street. Suite	Services:
100	
Mount Airy, NC 27030	Outpatient Clinics (Outpatient)
Northern Hospital	
District of Surry County	Services:
DBA: Northern	
Cardiology	General Laboratory Tests Contraction (Outront)
708 S South Street. Suite	 Outpatient Clinics (Outpatient)
200	
Mount Airy, NC 27030	
Northern Hospital	
District of Surry County	Services:
DBA: Northern Pain	General Laboratory Tests
Management	Outpatient Clinics (Outpatient)
110 Dutchman's Court	Perform Invasive Procedure (Outpatient)
Elkin, NC 28621	Toxicology
	·
Northern Hospital	
District of Surry County	Services:
DBA: Northern Pain	 Outpatient Clinics (Outpatient)
Management	
708 S. South Street, Suite	
400	
Mount Airy, NC 27030	
Northern Hospital District of Surry County	Services:
DBA: Northern	22,22,22
Gastroenterology	General Laboratory Tests
708 S South Street, Suite	Outpatient Clinics (Outpatient)
100 S South Street, Suite	
Mount Airy, NC 27030	
Northern Hospital	
District of Surry County	Services:
DBA: Northern Family	General Laboratory Tests
Medicine	Outpatient Clinics (Outpatient)
280 N Pointe Blvd	Perform Invasive Procedure (Outpatient)
Mount Airy, NC 27030)
Northern Hospital	
District of Surry County	Services:
DBA: Northern	Outpatient Clinics (Outpatient)
Orthopaedics	, , , ,
314 S. South Street, Suite	
100	
Mount Airy, NC 27030	
Northern Hospital	G
District of Surry County	Services:
DBA: Northern General	 Outpatient Clinics (Outpatient)
C	
Surgery	 Perform Invasive Procedure (Outpatient)
Surgery 708 S South Street, Suite 100	Perform Invasive Procedure (Outpatient)

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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	Ø
	Eliminating Transfusion Errors	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	Ø
	Reconciling Medication Information	Ø
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	Ø
	Preventing Central-Line Associated Blood Stream Infections	<u> </u>
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	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	Ø
	Performing a Time-Out	Ø

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National Quality Improvement Goals

Reporting Period: July 2018 - June 2019

Commission				
Accredited Organizations				
Nationwide Statewide				
№ 2	ND 2			

Compared to other Joint

		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				n	
		N	lationwide		State	Statewide	
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.	111.00 minutes 737 eligible Patients	55.00	135.00	58.34	130.68	

- 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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- This organization's performance is Ø
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National Quality Improvement Goals

Reporting Period: July 2018 - June 2019

Commission				
Accredited Organizations				
Nationwide	Statewide			

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2

		Cor	mpared to o			on
		Accredited Organizations Nationwide States			ewide	
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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.	WD ⁴	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.	38% of 281 eligible Patients	73%	52%	67%	46%

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Footnote Key

Symbol Key

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2019 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.

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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