

# 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.

DBA: Northern Regional Hospital,

830 Rockford Street, Mount Airy, NC



# **Summary of Quality Information**

Svm	hol	Key	1
Sym	001	IXCy	-

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.
- 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	2/22/2020	2/21/2020	2/21/2020
olimitation and the second sec	Accredited	12/11/2021	12/10/2021	12/10/2021

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-Si		
Programs		Date	Date	<b>Review Date</b>	
🥝 Primary Stroke Center	Certification	12/10/2019	2/15/2022	2/15/2022	

#### **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	2020National Patient Safety Goals	$\bigotimes$	<b>*</b>	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	2 °	<b>(10)</b> <sup>2</sup>	
Laboratory	2021National Patient Safety Goals	Ø	<b>*</b>	

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**

* Primary Location	
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: <ul> <li>Northern</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
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 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: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
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)
Northern Hospital District of Surry County 119 Welch Road, Suite A Mount Airy, NC 27030	Services: <ul> <li>General Laboratory Tests</li> </ul>

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# **2020 National Patient Safety Goals**

# Hospital

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
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
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 3

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." Symbol Key 2 This organization achieved the best

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.

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#### Northern Hospital District of Surry County

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



# **National Quality Improvement Goals**

Reporting Per	iod: April 2020 - March 2021		
		Compared to Comm Accredited C	nission
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> <sup>2</sup>	<b>⊘</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
			lationwide	Ŭ		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	<b>(</b>	16%	25%	17%	23%
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 28 eligible Patients	0%	2%	0%	2%
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.	27% of 292 eligible Patients	71%	50%	64%	44%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1937% of 258 eligible Patients	212%	1780%	389%	1662%
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	5038% of 258 eligible Patients	1508%	3084%	1681%	2848%



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

Null value or data not displayed.

Symbol Key 2

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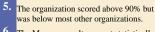


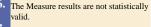
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Perinatal Care		tegory of evidenced based measures as mothers and newborns.	ssesses the		2	<b>0</b> <sup>2</sup>	
Footnote Key				Cor	mpared to c	ther Joint	Commissio	n.
The Measure or Measure Set was not						ed Organiz		
reported.				N	lationwide		State	wide
The Measure Set does not have an overall result.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The number of patients is not enough				rtoouno	at Least:	riato.	at Least:	rute.
for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Unexpected Complicati Term Newborns per 10 livebirths - Severe Rate	00	The severe rate equals the number of patients with severe complications.	3100% of	501%	1303%	657%	1186%

3100% of 258 eligible

Patients





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# **2021 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

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