

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

Org ID: 6531

# Accreditation Quality Report





Version: 5 Date: 12/7/2022

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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.

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# **Summary of Quality Information**

Accreditation Programme	rams Accreditation Decision	Effective		vey Last On-Site
		Date	Date	Survey Date
Mospital	Accredited	2/22/2020	2/21/2020	2/21/2020
Laboratory	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

<b>Advanced Certification</b>	<b>Certification Decision</b>	<b>Effective</b>	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
Primary Stroke Center	Certification	2/16/2022	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	Ø	<b>₩</b>		
	National Quality Improvement Goals:				
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	© <sup>2</sup>	© 2		
Laboratory	2021National Patient Safety Goals	Ø	<b>W</b> 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**

- The Measure or Measure Set was not reported.
- 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.
- 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.

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# **Locations of Care**

Locations of Care	Available Services
Northern Cardiac Rehabilitation Northern Regional Hospital Mount Airy, NC 27030	Other Clinics/Practices located at this site:  • Northern Cardiac Rehabilitation  Services:  • General Laboratory Tests
Northern Hospital District of Surry County DBA: Northern Pediatrics 100 North Pointe Boulevard Mount Airy, NC 27030	Services:
Northern Hospital District of Surry County * DBA: Northern Regional Hospital 830 Rockford Street Mount Airy, NC 27030	<ul> <li>Primary Stroke Center</li> <li>Other Clinics/Practices located at this site:         <ul> <li>Northern Cardiac Rehabilitation</li> </ul> </li> <li>Services:         <ul> <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>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul> </li> <li>Primary Stroke Center</li> <li>Northern Cardiac Rehabilitation</li> <li>Northern Cardiac Rehabilitation</li> <li>Norn-Sterile Medication Compounding (Inpatient)</li> <li>Nuclear Medicine</li> <li>(Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Outpatient Clinics (Outpatient Positron Emission Tomograph (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Services)</li> <li>Outpatient Clinics (Outpatient Positron Emission Tomograph (PET) (Imaging/Diagnostic Services)</li> <li>Ferile Medication Compounding (Inpatient)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Sterile Medication Compounding (Inpatient)</li></ul>
Northern Hospital District of Surry County DBA: Northern Urology 423 S. South Street, Suite 101	Services:      General Laboratory Tests     Outpatient Clinics (Outpatient)     Perform Invasive Procedure (Outpatient)

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# **Locations of Care**

Locations of Care	Available Services
Northern Hospital District of Surry County DBA: Northern Obstetrics & Gynecology 510 S. South Street Mount Airy, NC 27030	Services:      General Laboratory Tests     Outpatient Clinics (Outpatient)     Perform Invasive Procedure (Outpatient)
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:
Northern Hospital District of Surry County DBA: Northern Gastroenterology 708 S South Street, Suite 100 Mount Airy, NC 27030	Services:
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)
Northern Hospital District of Surry County 119 Welch Road, Suite A Mount Airy, NC 27030	Services:  • General Laboratory Tests
Northern Hospital of Surry County 119 Welch Road, Suite C Mount Airy, NC 27030	Services:  • General Laboratory Tests

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# **2020 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
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
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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: April 2020 - March 2021

Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		Col	mpared to o	other Joint ed Organiz		on
			Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
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 Patlients	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%

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  - This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

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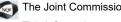
# **National Quality Improvement Goals**

### Reporting Period: April 2020 - March 2021

Compared to other Joint

		Accircuited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> 2	<b>№</b> 2	
	Con	Compared to other Joint Commission		

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure Explanation		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	3100% of 258 eligible Patients	501%	1303%	657%	1186%



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# **2021 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