

# Accreditation Quality Report





Version: 8 Date: 12/14/2018 1 Pinckney Boulevard, Beaufort, SC



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

### Naval Hospital Beaufort

1 Pinckney Boulevard, Beaufort, SC

Ora ID: 6579







# **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	11/28/2018	6/4/2015	6/4/2015
Hospital	Accredited	6/6/2015	6/5/2015	3/24/2017

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care	2018National Patient Safety Goals	Ø	<b>@</b> *	
Hospital	2017National Patient Safety Goals	Ø	N/A *	
	National Quality Improvement Goals:			
Reporting Period:	Immunization	<b>№</b> <sup>2</sup>	<b>№</b> 2	
Apr 2017 - Mar 2018	Substance Use	ND 2	ND <sup>2</sup>	
	Tobacco Treatment	ND 2	ND <sup>2</sup>	

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.
- 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."

Org ID: 6579







# **Locations of Care**

* Primary Loc	cation
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Locations of Care	Available Services
BHA 2nd Recruit Training Battalion 598 Malecon St. Beaufort, SC 29902	Services:  • Outpatient Clinics (Outpatient)
BHA 3rd Recruit Training Battalion 686 3rd Battalion Rd Beaufort, SC 29902	Services:  • Outpatient Clinics (Outpatient)
BHA 4th Recruit Training Battalion 939 Santo Domingo St Beaufort, SC 29902	Services:  • Outpatient Clinics (Outpatient)
BHA Crucible 283 Henderson St Beaufort, SC 29902	Services:  • Outpatient Clinics (Outpatient)
BHC Marine Corps Recruit Depot Parris IslandDental Bldg. 674 Blvd de France Parris Island, SC 29905	Services:  Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
BHC Marine Corps Recruit Depot Parris IslandMedical Building 670 Boulevard DeFrance Parris Island, SC 29905	Services:  • Outpatient Clinics (Outpatient)
Branch Health Annex (BHA) 1st Recruit Training Battalion 592 Guantanamo St Beaufort, SC 29902	Services:  • Outpatient Clinics (Outpatient)
Branch Health Clinic (BHC) Marine Corps Air Station Beaufort Building 598 Geiger Blvd Beaufort, SC 29902	Other Clinics/Practices located at this site:  • Branch Dental Clinic Marine Corps Alr Station  Services:  • Outpatient Clinics (Outpatient)



1 Pinckney Boulevard, Beaufort, SC





# **Locations** of Care

#### \* Primary Location

### Locations of Care

# Naval Hospital Beaufort \* 1 Pinckney Boulvard Beaufort, SC 29902-6148

#### Available Services

#### Other Clinics/Practices located at this site:

Naval Hospital Beaufort Medical Home Port

#### **Services:**

- Behavioral Health (Non 24 Hour Care - Adult)
- CT Scanner (Imaging/Diagnostic Services)
- Developmental Disabilities -Programs / Services (Non 24 Hour Care - Child/Youth)
- Employment Services (Non 24 Hour Care)
- Inpatient Unit (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)

- Medical /Surgical Unit (Inpatient)
- Orthopedic Surgery (Surgical Services)
- Outpatient Clinics (Outpatient)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Ultrasound (Imaging/Diagnostic Services)

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## **2018 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."

### **Behavioral Health Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

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# **2017 National Patient Safety Goals**

#### **Symbol Key**

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## 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	୭୭୭୭ ୭୭୭୭
	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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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Measure Area

**Immunization** 





### **National Quality Improvement Goals**

### Reporting Period: April 2017 - March 2018

Compared to other Joint Commission

Accredited Organizations

Explanation

Nationwide

Statewide

This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	90% of 145 eligible Patients	100%	94%	100%	94%

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

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overall result.

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### **National Quality Improvement Goals**

### Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation Substance Use This category of evidence based measures assesses the overall quality of care provided for Substance Abuse

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
	F 1 0		Nationwide	_		
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Alcohol Use Screening	The number of patients who were asked about unhealthy use of alcohol within the first three days of admission to the hospital.	43% of 213 eligible Patients	100%	90%	3	3

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### **National Quality Improvement Goals**

### Reporting Period: April 2017 - March 2018

Compared to other Joint Commission

		COMMINICONOM		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	<b>№</b> 2	<b>№</b> 2	

		Cor	mpared to o			n
		Accredited Organizations Nationwide Statewide				vuido
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
Wedsure	Explanation	Results	Scored	Rate:	Scored	Rate:
		rtocarto	at Least:	rtato.	at Least:	rato.
Tobacco Use Screening	The number of patients who were asked about tobacco use within the first three days of admission to the hospital.	99% of 213 eligible Patients	100%	98%	3	3
Tobacco Use Treatment	The number of patients who use tobacco who actually received counseling or medications to help them stop using tobacco.	8% of 12 eligible Patients	77%	44%	3	3
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	8% of 12 eligible Patients	63%	18%	3	3
Tobacco Use Treatment Provided or Offered	The number of patients who use tobacco who were offered or received counseling or medications to help them stop using tobacco. This measure also includes patients who were offered the counseling and/or medications but refused them.	42% of 12 eligible Patients	99%	77%	3	3
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	33% of 12 eligible Pattents	94%	52%	3	3

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