



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.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission



Summary of Quality Information



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.
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.
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."

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Behavioral Health Care | Accredited | 6/12/2015 | 5/1/2018 | 5/1/2018 |
|  Hospital | Accredited | 6/13/2015 | 5/3/2018 | 5/3/2018 |

Other Accredited Programs/Services

- Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

| | | Compared to other Joint Commission Accredited Organizations | |
|--|---|--|--|
| | | Nationwide | Statewide |
| Behavioral Health Care | 2015 National Patient Safety Goals |  |  * |
| Hospital | 2015 National Patient Safety Goals |  |  * |
| National Quality Improvement Goals: | | | |
| Reporting Period: Oct 2016 - Sep 2017 | Emergency Department |  ² |  ² |
| | Immunization |  ² |  ² |



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



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|---|
| Army Health Clinic Southern Command 9301 NW 33rd Street Doral, FL 33172 | Other Clinics/Practices located at this site: <ul style="list-style-type: none"> Army Health Clinic Southern Command Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient) |



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| Dwight David Eisenhower Army Medical Center * Building 300, Hospital Road Fort Gordon, GA 30905 | Other Clinics/Practices located at this site: <ul style="list-style-type: none"> Allergy Clinic Army Wellness Center Brace Shop Cardiology Clinic Cardiothoracic Clinic Child and Family Behavioral Health Services Community Behavioral Health Services Community Care Clinic Connelly Health Clinic Coumadin Clinic Dermatology Clinic EENT Clinic Endocrinology Clinic Family Medicine Clinic Gastroenterology Clinic General Surgery Clinic Hyperbaric Clinic Infectious Disease Clinic Integrated Pain Management Center Internal Medicine Clinic Nephrology Clinic Neuroscience and Rehabilitation Center Oral Maxillofacial Surgery Clinic Outpatient Behavioral Health Services Post Exchange Pharmacy Pulmonary Clinic Rheumatology Clinic Substance Use Disorder Care Clinic Troop Medical Clinic #4 Urology Clinic Vascular Clinic |
| | Services: <ul style="list-style-type: none"> Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Chemical Dependency (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Non-detox - Adult) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Outpatient Clinics (Outpatient) Peer Support (Non 24 Hour Care) Plastic Surgery (Surgical Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sleep Laboratory (Sleep Laboratory) Surgical ICU (Intensive Care Unit) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services) |



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|--|--|
| | <ul style="list-style-type: none"> • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) |
| Rodriguez Army Health Clinic Building 21 Fort Buchanan, PR 00934 | Other Clinics/Practices located at this site: <ul style="list-style-type: none"> • Rodriguez Army Health Clinic Services: <ul style="list-style-type: none"> • Developmental Disabilities - Programs / Services (Non 24 Hour Care - Child/Youth) • Family Support (Non 24 Hour Care) • Outpatient Clinics (Outpatient) |







2015 National Patient Safety Goals

Symbol Key

-  The organization has met the National Patient Safety Goal.
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-  The Goal is not applicable for this organization.

Behavioral Health Care




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

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2015 National Patient Safety Goals

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Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Multi-Drug Resistant Organism Infections |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| | Preventing Surgical Site Infections |  |
| | Preventing Catheter-Associated Urinary Tract Infection |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |



National Quality Improvement Goals

Reporting Period: October 2016 - September 2017

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Compared to other Joint Commission 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

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|--|---|------------------|-------------------------|------------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Most: | Weighted Median: | Top 10% Scored at Most: | Weighted 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. |  2 90.00 minutes 567 eligible Patients | 55.00 | 131.00 | 54.52 | 137.71 |
| Median Time from ED Arrival to ED Departure for Admitted ED Patients | The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital. |  2 273.00 minutes 569 eligible Patients | 205.00 | 317.00 | 236.70 | 337.79 |



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

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National Quality Improvement Goals

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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|--------------|--|---|---|
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | | | | | |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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. |  53% of 494 eligible Patients | 100% | 94% | 99% | 93% |



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