

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

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Surve Date | y Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|-------------------------|-------------------------------|
| Hospital | Accredited | 11/7/2015 | 11/6/2015 | 11/6/2015 |
| Nursing Care Center | Accredited | 11/4/2015 | 11/3/2015 | 11/3/2015 |

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | w Last On-Site Review Date |
|--|---------------------------------------|-------------------|-----------------------|-------------------------------|
| Primary Stroke Center | Certification | 5/18/2017 | 5/17/2017 | 5/17/2017 |
| | | | | |
| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | w Last On-Site Review Date |
| Certified Programs Solution Joint Replacement - Hip | Certification Decision Certification | | | |

Other Accredited Programs/Services

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

Special Quality Awards

2012 Top Performer on Key Quality Measures®

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

| | | | : Commission Accredited zations |
|----------|-----------------------------------|------------|---------------------------------|
| | | Nationwide | Statewide |
| Hospital | 2015National Patient Safety Goals | Ø | N/A * |

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

Symbol Key

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Footnote Key

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Summary of Quality Information

| | | Compared to other Joint Commission Accredited Organizations | | |
|---------------------------|-------------------------------------|--|-----------------|--|
| | | Nationwide Statewide | | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | ND 2 | ND ² | |
| Jan 2016 - Dec 2016 | Immunization | ND 2 | № 2 | |
| | Perinatal Care | NOD 2 | № 2 | |
| | Stroke Care | NOD 2 | 2 | |
| | Venous Thromboembolism (VTE) | № 2 | © 2 | |
| Nursing Care Center | 2015National Patient Safety Goals | Ø | * | |

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Org ID: 6705







Locations of Care

| Locations of Care | Available Services |
|---|--|
| Blancy Rehabilitation | Other Clinics/Practices located at this site: |
| Center | Center for Weight Management - Duluth |
| 3215 McClure Bridge Road | Diabetes & Nutrition Education Center - Duluth |
| Ouluth, GA 30096 | Glancy Rehabilitation Outpatient Program |
| 7 diditi, 07 t 00000 | Services: |
| | 2 - 1 - 2 - 2 - 2 |
| | Inpatient Unit (Inpatient) Outpatient Clinica (Outpatient) |
| | Outpatient Clinics (Outpatient) Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis |
| | Stabilization) |
| | , |
| Gwinnett Extended Care | G • |
| Center 650 Professional Drive | Services: |
| awrenceville, GA 30046 | Dementia Care On Site Pharmany |
| J | On Site Pharmacy Rehabilitation Services |
| | Skilled Nursing Care |
| | |
| Swinnett Medical Center | Other Clinics/Practices located at this site: |
| DBA: GMC Hamilton Mill | GMC Specialty Center at Hamilton Mill |
| Campus 2078 Teron Trace, Suite | Hamilton Mill Imaging Center |
| 100 | Services: |
| Dacula, GA 30019 | 2-1-1-1-1 |
| | Outpatient Clinics (Outpatient) |
| Gwinnett Medical Center | |
| DBA: Center for Cancer | Services: |
| Care - Snellville | Administration of High Risk Medications (Outpatient) |
| 700 Tree Lane, Suite | Outpatient Clinics (Outpatient) |
| 90 Snellville, GA 30078 | Perform Invasive Procedure (Outpatient) |
| Gwinnett Medical Center | |
| DBA: Gwinnett Cardiac | Services: |
| maging | Outpatient Clinics (Outpatient) |
| 755 Walther Road, Suite | - Salpation Offices (Sulpation) |
| 30 | |
| awrenceville, GA 30045 Swinnett Medical Center | |
| DBA: Strickland Family | Services: |
| Medicine Center | Perform Invasive Procedure (Outpatient) |
| 665 Duluth Hwy, Suite | Single Specialty Practitioner (Outpatient) |
| 501 | angle opening indudential (outputtern) |
| awrenceville, GA 30046 Swinnett Medical Center | |
| DBA: Academic Internal | Services: |
| Medicine Partners | |
| 665 Duluth Highway, Suite | Perform Invasive Procedure (Outpatient)Single Specialty Practitioner (Outpatient) |
| 101 | • Single opecially i racilionel (Outpatient) |
| awrenceville, GA 30046 | |
| Gwinnett Medical Center | G |
| DBA: GMC Primary Care & Specialty Center - | Services: |
| Suwanee | Outpatient Clinics (Outpatient) |
| 120 Peachtree Industrial | |
| Boulevard, Suite 208 | |
| Suwanee, GA 30024 | |







Locations of Care

* Primary Location

Locations of Care

Gwinnett Medical Center * 1000 Medical Center Boulevard Lawrenceville, GA 30046

Available Services

Joint Commission Advanced Certification Programs:

• Primary Stroke Center

Joint Commission Certified Programs:

- Joint Replacement Hip
- Joint Replacement Knee

Other Clinics/Practices located at this site:

- 631 Imaging Center (PET/CT & MRI)
- Cancer Support Center
- Center for Cancer Care -Lawrenceville
- Center for Weight Management - Lawrenceville
- Diabetes & Nutrition Education Center - Lawrenceville
- Gwinnett Breast Center
- Gwinnett SportsRehab -Lawrenceville
- Wound Treatment Center

Services:

- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- 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)
- Gynecology (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care
 Unit)

- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

Org ID: 6705







Locations of Care

| * | Primary | Location |
|---|---------|----------|
| | | |

| Locations of Care | Available Services |
|---|--|
| Locations of Care | Available del vides |
| Gwinnett Medical Center DBA: 575 Outpatient Imaging Center 575 Professional Drive Lawrenceville, GA 30046 | Other Clinics/Practices located at this site: • GMC Pain Management Center Services: • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |
| Gwinnett Medical Center - Duluth 3620 Howell Ferry Road Duluth, GA 30096 | Primary Stroke Center Joint Commission Certified Programs: Joint Replacement - Hip Joint Replacement - Knee Other Clinics/Practices located at this site: Center for Cancer Care - Duluth Center for Screening Mammography Gwinnett Medical Center - Lawrenceville Gwinnett SportsRehab - Duluth The Concussion Institute at Gwinnett Medical Center - Duluth Services: CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gol or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) |









Locations of Care

* Primary Location

Locations of Care Gwinnett Medical Center - Duluth DBA: Johns Creek Orthopedic Surgery Center 10670 Medlock Bridge Road Duluth, GA 30097 Available Services Available Services Administration of High Risk Medications (Outpatient) Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)







2015 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 |
| Use Alarms Safely | 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 | 0000 |
| | 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 |

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

| | | 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. | ND 2 | № 2 |

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | ١ | Nationwide | | State | wide |
| 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. | 177.00 minutes 828 eligible Patients | 54.00 | 126.00 | 55.31 | 129.81 |
| 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. | 383.00 minutes 843 eligible Patients | 203.00 | 313.00 | 224.67 | 334.72 |

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation **Immunization** This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

| | | 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: |
| 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. | 96% of 628 eligible Patients | 100% | 94% | 99% | 94% |

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Commission

Compared to other Joint

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

| | | 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: |
| 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. | 100% of 33 eligible Patients | 100% | 98% | 100% | 96% |
| 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. | 3% of 179 eligible Patlents | 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. | 44% of 588 eligible Patlents | 75% | 53% | 56% | 38% |

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint **Accredited Organizations** Measure Area Statewide Explanation Nationwide Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

| | | Cor | npared to c | | | n |
|----------------------|--|-----------------------------------|-------------|------------------|-----------|------------------|
| | | | | ed Organiz | | ا د اداد |
| Managema | Eveloration | | lationwide | A., | State | |
| Measure | Explanation | Hospital Results | Scored | Average Rate: | Scored | Average Rate: |
| | | Results | at Least: | Rate. | at Least: | Rate. |
| Thrombolytic Therapy | Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed. | 97% of 36 eligible Patients | 100% | 90% | 100% | 84% |

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Org ID: 6705

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

| | | Commission | | |
|------------------------------------|---|--------------------------|------------|--|
| | | Accredited Organizations | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Venous Thromboembolism (VTE) | This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots. | 1 2 | № 2 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | | |
|----------------------------|--|---|--------------------------------|------------------|--------------------------------|------------------|--|
| | | Nationwide | | | State | Statewide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: | |
| VTE Discharge Instructions | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. | 100% of 162 eligible Patients | 100% | 93% | 100% | 95% | |

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2015 National Patient Safety Goals

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Nursing Care Center

| Safety Goals | Organizations Should | Implemented |
|--|--|-------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| Improve the safety of using medications. | Reducing Harm from Anticoagulation Therapy | Ø |
| | Reconciling Medication Information | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | Ø |
| Reduce the risk of patient harm resulting from falls. | Implementing a Fall Reduction Program | Ø |
| Prevent health care-associated pressure ulcers (decubitus ulcers). | Assessing Resident Risk for Pressure Ulcers | Ø |