

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

601 Dallas Highway, Villa Rica, GA Org ID: 67







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey Last On-Site	
		Date	Date	Survey Date
Behavioral Health Care	Accredited	11/29/2018	11/28/2018	11/28/2018
Hospital	Accredited	12/1/2018	11/30/2018	11/30/2018

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

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review Last On-Site		
Programs		Date	Date	Review Date	
Primary Stroke Center	Certification	6/1/2017	5/21/2019	5/21/2019	

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2018National Patient Safety Goals	Ø	*
Hospital	2018National Patient Safety Goals	Ø	N/A *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ 2	№ 2
Jan 2018 - Dec 2018	Immunization	№ 2	№ 0 ²
	Perinatal Care	2 °	№ 2

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."

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Locations of Care

Primary Location Locations of Care	Available Services
Partial Hosptialization Program (PHP) 523 Dixie Street Carrollton, GA 30117	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth) • Community Integration (Non 24 Hour Care)
Tanner Medical Center / Villa Rica, Acute/Behavioral Care * 601 Dallas Highway Villa Rica, GA 30180	Primary Stroke Center Services:
Tanner MS Infusion Center 3200 Downwood Circle, Suite 550 Atlanta, GA 30327	Services:
TMC/VR Behavioral Health Services IP and OP 20 Herrell Road Villa Rica, GA 30180	Services: • Addiction Care/Adult) (Detox/Non-detox - Adult) • Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) • Chemical Dependency (Day Programs - Adult) (Partial - Adult) (Detox/Non-detox - Adult) • Community Integration (Non 24 Hour Care)

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Locations of Care

*	Primary	/ Location
	rillialy	Location

Locations of Care	Available Services
TMC/VR Behavioral Health Services OP Core Program 101 Quartz Drive. Suite 103A Villa Rica, GA 30180	Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) • Case Management (Non 24 Hour Care - Adult/Child/Youth)
Willowbrooke at Tanner Cartersville 958 Joe Frank Harris Parkway SE Suite 103 Cartersville, GA 30120	Services: Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth) Community Integration (Non 24 Hour Care)

601 Dallas Highway, Villa Rica, GA

Org ID: 6741







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

601 Dallas Highway, Villa Rica, GA

Ora ID: 6741







2018 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	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	8 8
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	Ø
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	8 8 8 8
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

601 Dallas Highway, Villa Rica, GA Org ID: 6741







National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

		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	lationwide		State	ewide
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.	112.00 minutes 437 eligible Patients	56.00	137.00	56.42	148.44
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.	293.00 minutes 437 eligible Patients	207.00	321.00	234.39	351.52

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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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601 Dallas Highway, Villa Rica, GA Org ID: 6741







National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

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.

		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.	95% of 294 eligible Patients	100%	94%	100%	93%

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601 Dallas Highway, Villa Rica, GA Org ID: 6741





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National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

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				
		1	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.	ND 4	100%	98%	100%	98%
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 44 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.	41% of 391 eligible Patlients	73%	52%	57%	40%

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