St. Anthony's Hospital
1200 Seventh Avenue North, Saint Petersburg, FL Org ID: 6915

Accreditation Quality Report



The Joint Commission

Version: 2
Date: 1/28/2020



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
Hospital	Accredited	3/11/2017	1/17/2020	1/17/2020

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

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Primary Stroke Center	Certification	11/13/2019	11/12/2019	11/12/2019

Other Accredited Programs/Services

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

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	**2017National Patient Safety Goals**	✓	N/A *
Reporting Period: Jul 2018 - Jun 2019	**National Quality Improvement Goals:**		
	Emergency Department	N/D [2]	N/D [2]

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

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Locations of Care

* Primary Location

Locations of Care	Available Services
Carillon Outpatient Center 900 Carillon Parkway Saint Petersburg, FL 33716	**Other Clinics/Practices located at this site:** • Carillon OP Rehab **Services:** • Outpatient Clinics (Outpatient)
St. Anthony's Cancer Center DBA: St. Anthony's Cancer Center 1201 Fifth Avenue North, Suite 130 Saint Petersburg, FL 33705	**Services:** • Outpatient Clinics (Outpatient)

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Locations of Care

* Primary Location

Locations of Care	Available Services
St. Anthony's Hospital * DBA: St. Anthony's Hospital 1200 Seventh Avenue North Saint Petersburg, FL 33705	**Joint Commission Advanced Certification Programs:** • Primary Stroke Center **Services:** • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiovascular Unit (Inpatient) • Coronary Care Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Family Support (Non 24 Hour Care) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Hematology/Oncology Unit (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Neuro/Spine Unit (Inpatient) • Neurosurgery (Surgical Services) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Plastic Surgery (Surgical Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Sleep Laboratory (Sleep Laboratory) • Surgical ICU (Intensive Care Unit) • Surgical Unit (Inpatient) • Teleradiology (Imaging/Diagnostic Services) • Thoracic Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)
St. Anthony's Professional Building DBA: St. Anthony's Profesisional Building 1201 5th Avenue North Saint Petersburg, FL 33705	**Other Clinics/Practices located at this site:** • Breast Center • Cardio/Pulmonry Rehab • MRI **Services:** • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)

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Locations of Care

*** Primary Location**

Locations of Care	Available Services
St. Anthony's Resource Center DBA: St. Anthony's Resource Center 500 9th Street North Saint Petersburg, FL 33705	**Other Clinics/Practices located at this site:** • OP Rehab • Wound Care **Services:** • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Suncoast Medical Clinic 620 10th St No. Suite 2F Saint Petersburg, FL 33705	**Other Clinics/Practices located at this site:** • This pertains to the Infusion Center in that building **Services:** • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient)

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2017 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	✓
	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	✓
Reduce the harm associated with clinical alarm systems.	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	✓

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National Quality Improvement Goals

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Reporting Period: July 2018 - June 2019

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Compared to other Joint Commission Accredited Organizations: Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	N/D 2	N/D 2

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Most:	Nationwide Weighted Median:	Statewide Top 10% Scored at Most:	Statewide 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.	N/D 2 131.00 minutes 1610 eligible Patients	55.00	135.00	67.97	123.38

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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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