

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

DBA: Mercy Health - Tiffin Hospital, 45 Saint Lawrence Drive, Tiffin, OH

Org ID: 7104



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	V Last On-Site Survey Date
📀 Home Care	Accredited	9/11/2014	8/2/2017	8/2/2017
🎯 Hospital	Accredited	9/11/2014	8/2/2017	8/2/2017

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

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	
Home Care	2014National Patient Safety Goals	\bigotimes	*	
Hospital	2014National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	1	(m) ²	
Oct 2015 - Sep 2016	Immunization	1	(m) ²	
	Perinatal Care	(10) ²	2 ²	
	Stroke Care	1	(m) ²	
	Venous Thromboembolism (VTE)	() ²	(²	

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

Symbol Key

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•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
-	Not displayed

Footnote Key

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DBA: Mercy Health - Tiffin Hospital, 45 Saint Lawrence Drive, Tiffin, OH



Locations of Care

* Primary Location

Locations of Care	Available Services
Mercy Cancer Center DBA: Mercy Cancer Center 40 Fair Lane Tiffin, OH 44883	 Services: Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient)
Mercy Health - Tiffin Hospital LLC * DBA: Mercy Health - Tiffin Hospital 45 Saint Lawrence Drive Tiffin, OH 44883-0727	 Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) CT Scanner (Imaging/Diagnostic Services) ETSC/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Goynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Magnetic Resonance Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit)
Mercy Home Care 40 Fair Lane Tiffin, OH 44883	Services: • Home Health Aides • Home Health, Non-Hospice Services • Medical Social Services • Occupational Therapy • Skilled Nursing Services • Speech Language Pathology

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Locations of Care

* Primary Location

Locations of Care	Available Services
Tiffin MOB, LTD DBA: Mercy Health-Tiffin Hospital Medical Office Building (MOB) 27 St. Lawrence Dr. Tiffin, OH 44883	Other Clinics/Practices located at this site: Mercy Tiffin - Pain Clinic Mercy Tiffin - Wound Clinic Tiffin Rehabilitation Services: Outpatient Clinics (Outpatient)

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2014 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient 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
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

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.

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2014 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
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	\bigotimes
	Reconciling Medication Information	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	\bigotimes
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	\bigotimes
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Join Commission	
		Accredited C	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				'n
		1	lationwide		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.	42.00 minutes 323 eligible Patients	53.00	124.00	46.81	100.42
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.	234.00 minutes 323 eligible Patients	202.00	311.00	208.44	271.23

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		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	0 ²

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	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.	93% of 264 eligible Patients	100%	94%	100%	95%

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

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Mercy Health - Tiffin Hospital LLC

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission	
		Accredited Organizatio	
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				
Management		Nationwide Statewid				
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.	•••• ⁴	100%	98%	100%	99%
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 39 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.	56% of 109 eligible Patients	75%	53%	68%	50%



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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	0 ²	⊘ ²

		Coi	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:	
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.	0% of 3 eligible Patients ³	100%	90%	100%	86%	

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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		Compared to other Joint 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 1 1 1 1 1 1 1 1 1	№ ²	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide 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.	ND ⁴	100%	93%	100%	92%

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