DBA: Gateway Regional Medical Center, 2100 Madison Avenue, Granite City, IL

Org ID: 7351

# Accreditation Quality Report





Version: 3 Date: 5/8/2021

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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.

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## **Summary of Quality Information**

| Accreditation Programs | <b>Accreditation Decision</b> | Effective<br>Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|------------------------|-------------------------------|-------------------|--------------------------|-----------------------------|
| Hospital               | Accredited                    | 5/11/2019         | 5/10/2019                | 3/31/2021                   |
| Laboratory             | Accredited                    | 5/26/2018         | 5/7/2021                 | 5/7/2021                    |

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

Pathology and Clinical Laboratory

Hospital

| Certified Programs | <b>Certification Decision</b> | Effective<br>Date | Last Full Revie Date | w Last On-Site<br>Review Date |
|--------------------|-------------------------------|-------------------|----------------------|-------------------------------|
| Chest Pain         | Certification                 | 3/23/2019         | 3/22/2019            | 3/22/2019                     |

### **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<br>Organizations |                       |  |
|------------------------|-------------------------------------|--|-----------------------|--|
|                        |                                     | Nationwide   | Statewide             |  |
| Hospital               | 2019National Patient Safety Goals   | Ø  | <b>№</b> *            |  |
|                        | National Quality Improvement Goals: |  |                       |  |
| Reporting<br>Period:   | Emergency Department                | ND 2   | ND <sup>2</sup>       |  |
| Jan 2019 -<br>Dec 2019 | Immunization                        | ND <sup>2</sup>  | <b>№</b> 2            |  |
|                        | Perinatal Care                      | 2  | <b>№</b> <sup>2</sup> |  |
| Laboratory             | 2018National Patient Safety Goals   | Ø  | N/A *                 |  |

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.

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## **Locations of Care**

| * | Primary  | / Location |
|---|----------|------------|
|   | rillialy | Location   |

| Locations of Care  | Available Services  |
|--|---|
| Granite City Hospital<br>(Occupational Health)<br>DBA: Gateway Regional<br>Medical Center<br>Occupational Health<br>2044 Madison Avenue<br>Suite G-6<br>Granite City, IL 62040 | Services:  • Outpatient Clinics (Outpatient)  |
| Granite City IL Hospital Co LLC DBA: Wound Care Center, a Department of Gateway Regional 2100 Madison Avenue Granite City, IL 62040  | Other Clinics/Practices located at this site:  • Laboratory, Radiology  Services:  • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |

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### Granite City Illinois Hospital Company, LLC

DBA: Gateway Regional Medical Center, 2100 Madison Avenue, Granite City, IL

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### **Locations of Care**

#### \* Primary Location

Locations of Care

**Granite City Illinois Hospital Company** DBA: Gateway Regional Medical Center 2100 Madison Avenue Granite City, IL 62040

#### **Available Services**

#### **Joint Commission Certified Programs:**

Chest Pain

#### Services:

- Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization -Adult/Child/Youth) (Partial Hospitalization -Adult)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiovascular Unit (Inpatient)
- **Chemical Dependency** (24-hour Acute Care/Crisis Stabilization - Adult) (Detox - Adult)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)

- Medical Detoxification (Inpatient)
- Medical ICU (Intensive Care Unit)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- **Nuclear Medicine** (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Sleep Laboratory (Sleep Laboratory)
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Toxicology
- Ultrasound (Imaging/Diagnostic Services)
- **Urology (Surgical Services)**
- Vascular Surgery (Surgical Services)

#### **Granite City Illinois Hospital Company LLC DBA:** Gateway Urgent Care

#### **Services:**

- General Laboratory Tests
- Urgent Care (Outpatient)

4273 South Rte 159

Glen Carbon, IL 62034

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## **Locations of Care**

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

| Locations of Care  | Available Services  |
|--|---|
| Granite City Illinois Hospital Company LLC DBA: Gateway Urgent Care 1000 Eleven South, Suite 1A Columbia, IL 62236   | Services:  • General Laboratory Tests • Urgent Care (Outpatient)  |
| Granite City Illinois Hospital Company, LLC DBA: Gateway Imaging - Waterloo, A Department of Gateway Regional 509 Hamacher Suite 300 Waterloo, IL 62298    | Services:  • Single Specialty Practitioner (Outpatient)   |
| Granite City Illinois Hospital Corporation, LLC DBA: Gateway Regional Medical Center Bariatrics Center 2044 Madison Avenue Suite G7 Granite City, IL 62040 | Other Clinics/Practices located at this site:  • Gateway Regional Medical Center Bariatrics Center  Services:  • Single Specialty Practitioner (Outpatient) |

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## **2019 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                         | 8<br>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 Infections that are difficult to treat          | Ø           |
|  | Preventing Central-Line Associated Blood Stream Infections | 8000        |
|  | 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           |

Symbol Key

ossible results

lot displayed

reported.

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting

overall result.

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Ø

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### Granite City Illinois Hospital Company, LLC

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Compared to other Joint







## **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

|                         |   | Commission               |            |
|-------------------------|---|--------------------------|------------|
|                         |   | Accredited Organizations |            |
| Measure Area            | Explanation   | Nationwide               | Statewide  |
| Emergency<br>Department | This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. | <b>№</b> <sup>2</sup>    | <b>№</b> 2 |

|  |   | Compared to other Joint Commission<br>Accredited Organizations<br>Nationwide Statewide |                               |                         |                               |                         |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| Measure  | Explanation   | Hospital<br>Results  | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>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. | 86.00 minutes 431 eligible Patients  | 55.00                         | 133.00                  | 61.09                         | 107.22                  |
| Median Time from ED Arrival<br>to ED Departure for Admitted<br>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.  | 253.00 minutes 431 eligible Patients   | 200.00                        | 350.00                  | 180.97                        | 268.63                  |

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the denominator criteria.

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## **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

|              |  | · ·                      | o other Joint<br>nission |
|--------------|--|--------------------------|--------------------------|
|              |  | Accredited Organizations |                          |
| Measure Area | Explanation  | Nationwide               | Statewide                |
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. | <b>№</b> <sup>2</sup>    | <b>№</b> 2               |

|                        |   | Compared to other Joint Commission Accredited Organizations |                    |         |                  |                  |
|------------------------|---|---|--------------------|---------|------------------|------------------|
| Measure                | Explanation   | Hospital  | Vationwide Top 10% | Average | Top 10%          | ewide<br>Average |
|                        |   | Results   | Scored at Least:   | 0       | Scored at Least: | 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. | 99% of 589 eligible Patients                                | 99%                | 92%     | 100%             | 89%              |

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## **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

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.

|   |   | Соі  | mpared to c      |         |                  | on    |
|---|---|--|------------------|---------|------------------|-------|
|   |   | Accredited Organizations Nationwide Statewide  |                  |         | ewide            |       |
| Measure   | Explanation   | Hospital                                       | •                | Average | Top 10%          |       |
|   |   | Results  | Scored at Least: | Rate:   | Scored at Least: | 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.   | N00 4  | 100%             | 98%     | 100%             | 99%   |
| Cesarean Birth  | This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.  | 48% of<br>61 eligible<br>Patients              | 12%              | 25%     | 11%              | 24%   |
| 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. | 5% of<br>39 eligible<br>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.  | 17% of<br>100 eligible<br>Patients             | 73%              | 51%     | 60%              | 45%   |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications.  | 1913.00<br>minutes<br>209 eligible<br>Patients |                  |         |                  |       |

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Compared to other Joint





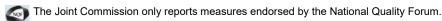


## **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

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

|  |   | Compared to other Joint Commission<br>Accredited Organizations<br>Nationwide Statewide |                                |                  |                                |                  |
|--|---|--|--------------------------------|------------------|--------------------------------|------------------|
| Measure  | Explanation   | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Overall Rate | This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother. | 8133.00<br>minutes<br>209 eligible<br>Patients   |                                |                  |                                |                  |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Severe Rate  | The severe rate equals the number of patients with severe complications.  | 6220.00<br>minutes<br>209 eligible<br>Patients   |                                |                  |                                |                  |



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## **2018 National Patient Safety Goals**

### Symbol Key

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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."

### Laboratory

| Safety Goals   | Organizations Should                                    | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification.              | Use of Two Patient Identifiers                          | Ø           |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø           |
| Reduce the risk of health care-associated infections         | Meeting Hand Hygiene Guidelines                         | Ø           |