

# 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.

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



# **Summary of Quality Information**

| S        | vm | bol | Key |
|----------|----|-----|-----|
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| 0   | This organization achieved the best possible results.                 |
|-----|---|
| •   | 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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- 2. The Measure Set does not have an overall result.
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- 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<br>Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| 🧼 Hospital             | Accredited             | 4/1/2021          | 5/10/2019                | 3/31/2021                   |
| olimitation 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 | Certification Decision | Effective<br>Date | Last Full Review<br>Date | v 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               | 2021National Patient Safety Goals   | ${}^{\oslash}$   | <b>*</b>       |
|                        | National Quality Improvement Goals: |  |                |
| Reporting<br>Period:   | Emergency Department                | 2 <sup>2</sup>   | @ <sup>2</sup> |
| Jan 2019 -<br>Dec 2019 | Immunization                        | <b>1</b>   | 2 <sup>2</sup> |
|                        | Perinatal Care                      | 2 <sup>2</sup>   | 2 <sup>2</sup> |
| Laboratory             | 2018National Patient Safety Goals   | ${}^{\odot}$   | ™              |

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

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



# **Locations of Care**

#### \* Primary 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: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>   |
| Granite City IL Hospital<br>Co LLC<br>DBA: Wound Care<br>Center, a Department of<br>Gateway Regional<br>1261 University Drive<br>Edwardsville, IL 62025                        | Other Clinics/Practices located at this site:<br>• Laboratory, Radiology<br>Services:<br>• General Laboratory Tests<br>• Outpatient Clinics (Outpatient)<br>• Perform Invasive Procedure (Outpatient) |

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# **Locations of Care**

#### \* Primary Location

| * Primary Location  |  |  |  |  |
|---|--|--|--|--|
| Locations of Care   | Available Services   |  |  |  |
| Granite City Illinois<br>Hospital Company *<br>DBA: Gateway Regional<br>Medical Center<br>2100 Madison Avenue<br>Granite City, IL 62040 | <ul> <li>Joint Commission Certified Programs: <ul> <li>Chest Pain</li> </ul> </li> <li>Stervices: <ul> <li>Behavioral Health (Day<br/>Programs - Adult)<br/>(24-hour Acute Care/Crisis<br/>Stabilization -<br/>Adult)</li> <li>(Partial Hospitalization -<br/>Adult)</li> <li>Cardiox Catheterization Lab<br/>(Surgical Services)</li> <li>Cardioxascular Unit<br/>(Inpatient)</li> <li>Chemical Dependency<br/>(24-hour Acute Care/Crisis<br/>Stabilization - Adult)<br/>(Detox - Adult)</li> <li>Chemical Dependency<br/>(24-hour Acute Care/Crisis<br/>Stabilization - Adult)<br/>(Detox - Adult)</li> <li>CT Scanner<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery<br/>(Surgical Services)</li> <li>EEG/EKG/EMG Lab<br/>(Imaging/Diagnostic<br/>Services)</li> <li>General Laboratory Tests</li> <li>G or Endoscopy Lab<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication<br/>Compounding (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance<br/>Imaging (Imaging/Diagnostic<br/>Services)</li> <li>Medical /Surgical Unit<br/>(Inpatient)</li> </ul></li></ul> |  |  |  |
| Granite City Illinois<br>Hospital Company LLC<br>DBA: Gateway Urgent<br>Care<br>4273 South Rte 159<br>Glen Carbon, IL 62034             | Services:<br>• General Laboratory Tests<br>• Urgent Care (Outpatient)  |  |  |  |

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



# **Locations of Care**

#### \* Primary Location

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

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# **2021 National Patient Safety Goals**

### Hospital

| Safety Goals   | Organizations Should                                    | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification.                                    | Use of Two Patient Identifiers                          | Ø           |
| Improve the effectiveness of<br>communication among<br>caregivers.                 | Timely Reporting of Critical Tests and Critical Results | Ø           |
| Improve the safety of using medications.   | Labeling Medications                                    | Ø           |
|  | Reducing Harm from Anticoagulation Therapy              | $\bigcirc$  |
|  | Reconciling Medication Information                      | Ø           |
| Reduce the harm<br>associated with clinical<br>alarm systems.                      | Use Alarms Safely on Medical Equipment                  | Ø           |
| Reduce the risk of health care-associated infections.                              | Meeting Hand Hygiene Guidelines                         | Ø           |
| The organization identifies<br>safety risks inherent in its<br>patient population. | Identifying Individuals at Risk for Suicide             | Ø           |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process         | $\bigcirc$  |
|  | Marking the Procedure Site                              | $\bigcirc$  |
|  | Performing a Time-Out                                   | $\bigcirc$  |

### 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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Org ID: 7351



# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

|                         |   |                | o other Joint<br>hission |
|-------------------------|---|----------------|--------------------------|
|                         |   | Accredited C   | 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. | @ <sup>2</sup> | @ <sup>2</sup>           |

|  | Compared to other Joint Commission<br>Accredited Organizations  |  |                               | 'n                      |                               |                         |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
|  |   | Ν  | lationwide                    |                         | State                         | wide                    |
| 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<br>takes from the time the physician<br>decides to admit a patient into the<br>hospital from the Emergency<br>Department until the patient actually<br>leaves the ED to go to the inpatient<br>unit. | 86.00 minutes<br>431 eligible<br>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<br>the time the patient arrives in the<br>Emergency Department until the<br>patient is admitted as an inpatient<br>into the hospital.  | 253.00 minutes<br>431 eligible<br>Patients | 200.00                        | 350.00                  | 180.97                        | 268.63                  |

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

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed.

#### Symbol Key

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2100 Madison Avenue, Granite City, IL



# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

|              |   | Compared to other Joint<br>Commission<br>Accredited Organizations |                       |
|--------------|---|---|-----------------------|
|              |   |   |                       |
| Measure Area | Explanation   | Nationwide  | Statewide             |
| Immunization | This evidence-based prevention measure set assesses<br>immunization activity for pneumonia and influenza. | <b>⊘</b> <sup>2</sup>   | <b>○</b> <sup>2</sup> |

|                        |   | Compared to other Joint Commission<br>Accredited Organizations |                                |           |                                |                  |
|------------------------|---|--|--------------------------------|-----------|--------------------------------|------------------|
|                        |   | Nationwide   |                                | Statewide |                                |                  |
| Measure                | Explanation   | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | U U       | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Influenza Immunization | This prevention measure addresses<br>acute care hospitalized inpatients<br>age 6 months and older who were<br>screened for seasonal influenza<br>immunization status and were<br>vaccinated prior to discharge if<br>indicated. | 99% of<br>589 eligible<br>Patients                             | 99%                            | 92%       | 100%                           | 89%              |

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# **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

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

|   |  | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |                                | n                |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|
|   |  | Nationwide Statewid  |                                |                  | wide                           |                  |
| 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: |
| Antenatal Steroids  | This measure reports the overall<br>number of mothers who were at risk<br>of preterm delivery at 24-32 weeks<br>gestation receiving antenatal steroids<br>prior to delivering preterm newborns.<br>Antenatal steroids are steroids given<br>before birth.  | €€0 <sup>4</sup>   | 100%                           | 98%              | 100%                           | 99%              |
| Cesarean Birth  | This measure reports the number of<br>first-time moms with a full-term,<br>single baby in a head-down position<br>who delivered the baby by cesarean<br>section.   | 48% of<br>61 eligible<br>Patients                              | 12%                            | 25%              | 11%                            | 24%              |
| Elective Delivery   | This measure reports the overall<br>number of mothers who had elective<br>vaginal deliveries or elective<br>cesarean sections at equal to and<br>greater than 37 weeks gestation to<br>less than 39 weeks gestation. An<br>elective delivery is the delivery of a<br>newborn(s) when the mother was not<br>in active labor or presented with<br>spontaneous ruptured membranes<br>prior to medical induction and/or<br>cesarean section. | 5% of<br>39 eligible<br>Patients                               | 0%                             | 2%               | 0%                             | 2%               |
| Exclusive Breast Milk Feeding   | This measure reports the overall<br>number of newborns who are<br>exclusively breast milk fed during the<br>newborns entire hospitalization.<br>Exclusive breast milk feeding is when<br>a newborn receives only breast milk<br>and no other liquids or solids except<br>for drops or syrups consisting of<br>vitamins, minerals, or medicines.  | O<br>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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### Granite City Illinois Hospital Company, LLC

DBA: Gateway Regional Medical Center,

2100 Madison Avenue, Granite City, IL

at Least:

**10** 

8133.00

minutes 209 eligible Patients

ND 10

6220.00 minutes 209 eligible

Patients

Average

Rate:

at Least:



Unexpected Complications in

Unexpected Complications in

Term Newborns per 1000

livebirths - Severe Rate

Term Newborns per 1000

livebirths - Overall Rate

# **National Quality Improvement Goals**

| This organization achieved the best possible results                  | Reporting Per  | riod: January 2019 - December 2019  |                          |                                 |                       |                            |
|---|----------------|---|--------------------------|---------------------------------|-----------------------|----------------------------|
| This organization's performance is above the target range/value.      |                |   |                          |                                 |                       |                            |
| This organization's performance is similar to the target range/value. |                |   |                          | Com                             | pared to c<br>Commise | other Joint<br>sion        |
| This organization's performance is below the target range/value.      |                |   |                          | Accre                           | edited Org            | anizations                 |
| Not displayed   | Measure Area   | Explanation   |                          | Nationwic                       | de                    | Statewide                  |
|   | Perinatal Care | This category of evidenced based measures as<br>care of mothers and newborns. | sesses the               | <b>(</b>                        | 2                     | <b>⊘</b> <sup>2</sup>      |
| Footnote Key  |                |   | 0.00                     |                                 | 41                    | <b>O</b> i i -             |
| • The Measure or Measure Set was not reported.                        |                |   |                          |                                 | ed Organiz            | ations                     |
| The Measure Set does not have an overall result.                      | Measure        | Explanation   | N<br>Hospital<br>Results | lationwide<br>Top 10%<br>Scored | Average<br>Rate:      | State<br>Top 10%<br>Scored |

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

The severe rate equals the number

of patients with severe complications.

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home with the mother.

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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# **2018 National Patient Safety Goals**

### Laboratory

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

#### Symbol Key

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 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.