



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



Summary of Quality Information

Symbol Key

-  This organization achieved the best possible results.
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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Hospital | Accredited | 8/22/2014 | 8/21/2014 | 12/17/2015 |

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

Hospital



| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|--|------------------------|----------------|-----------------------|--------------------------|
|  Hip Fracture | Certification | 7/11/2016 | 5/13/2016 | 5/13/2016 |
|  Sepsis | Certification | 3/4/2015 | 3/3/2015 | 3/3/2015 |

Other Accredited Programs/Services

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

Special Quality Awards

2015 ACS National Surgical Quality Improvement Program

| | | Compared to other Joint Commission Accredited Organizations | |
|--|--|--|--|
| | | Nationwide | Statewide |
| Hospital | 2015 National Patient Safety Goals |  |  * |
| | National Quality Improvement Goals: | | |
| Reporting Period: Jul 2015 - Jun 2016 | Emergency Department |  ² |  ² |
| | Immunization |  ² |  ² |
| | Perinatal Care |  ² |  ² |
| | Stroke Care |  ² |  ² |
| | Venous Thromboembolism (VTE) |  ² |  ² |



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



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| Advanced Wound Center at Cookeville Regional Medical Center DBA: Advanced Wound Center at Cookeville Regional Medical Center 250 N. Cedar Avenue Cookeville, TN 38501 | Services: <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |
| Cardiac & Pulmonary Rehabilitation Center 228 West 4th Street, Suite 100 Cookeville, TN 38501 | Services: <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient) |



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| Cookeville Regional Medical Center Authority * DBA: Cookeville Regional Medical Center Authority 1 Medical Center Boulevard Cookeville, TN 38501 | Joint Commission Certified Programs: <ul style="list-style-type: none"> • Hip Fracture • Sepsis Services: <ul style="list-style-type: none"> • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (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) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Gynecology (Inpatient) • Hematology/Oncology Unit (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neuro/Spine Unit (Inpatient) • Neurosurgery (Surgical Services) • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Outpatient Clinics (Outpatient) • Pediatric Unit (Inpatient) • Positron Emission Tomography (PET) (Imaging/Diagnostic 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) |
| Diabetes Education Program 127 North Oak Cookeville, TN 38501 | Services: <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient) |
| Outpatient Physical Therapy Department 215 West 6th Street Cookeville, TN 38501 | Services: <ul style="list-style-type: none"> • Outpatient Clinics (Outpatient) |



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|--|---|
| Rehab Center 215 West 6th Street Cookeville, TN 38501 | Services: <ul style="list-style-type: none"> • Inpatient Unit (Inpatient) • Medical /Surgical Unit (Inpatient) • Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) |



2015 National Patient Safety Goals

Symbol Key

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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 |  |
| Use Alarms Safely | 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 |  |



National Quality Improvement Goals

Reporting Period: July 2015 - June 2016



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Compared to other Joint 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. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|--|---|----------|-------------------------|----------|
| | | | Nationwide | Weighted | Statewide | Weighted |
| | | | Top 10% Scored at Most: | Median: | Top 10% Scored at Most: | 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. |  ² 121 minutes 636 eligible Patients | 52 | 122 | 45 | 98 |
| 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. |  ² 320 minutes 636 eligible Patients | 202 | 309 | 187 | 268 |



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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 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | | | | | |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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. |  90% of 545 eligible Patients | 100% | 94% | 100% | 96% |



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Compared to other Joint Commission
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

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|-------------------------------|---|--|--|------------------|---|------------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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% | 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. 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. | 15% of 41 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. | 37% of 1394 eligible Patients | 75% | 53% | 58% | 41% |



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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. |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Nationwide | | Statewide | |
|----------------------|--|--|--------------------------|---------------|--------------------------|---------------|
| | | | 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. |  100% of 3 eligible Patients | 100% | 89% | 100% | 87% |



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| 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. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|----------------------------|--|--|---|---------------|--------------------------|---------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | 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. |  92% of 99 eligible Patients | 100% | 93% | 100% | 92% |



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