

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

1 Medical Center Boulevard, Cookeville, TN

Org ID: 7821







Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|-------------------------------|----------------|--------------------------|-----------------------------|
| Hospital | Accredited | 8/12/2017 | 8/11/2017 | 8/11/2017 |

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

Hospital

| Certified Programs | Certification Decision | Effective Date | Last Full Revie Date | w Last On-Site Review Date |
|--------------------|------------------------|-------------------|----------------------|-------------------------------|
| Hip Fracture | Certification | 7/11/2016 | 4/16/2018 | 4/16/2018 |
| Sepsis | Certification | 3/9/2017 | 3/8/2017 | 3/8/2017 |

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 | 2017National Patient Safety Goals | Ø | N/A * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | ND ² | ND ² | |
| Jul 2016 - Jun 2017 | Immunization | NO 2 | № 2 | |
| | Perinatal Care | ND 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.
- 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.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
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- The measure results are temporarily suppressed pending resubmission of updated data.
- 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 |
|---|--|
| 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: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) |
| Cardiac & Pulmonary Rehabilitation Center 228 West 4th Street, Suite 100 Cookeville, TN 38501 | Services: • Outpatient Clinics (Outpatient) |









Locations of Care

Outpatient Physical Therapy Department

215 West 6th Street

Cookeville, TN 38501

Services:

Outpatient Clinics (Outpatient)

* Primary Location **Available Services Locations of Care Cookeville Regional Joint Commission Certified Programs: Medical Center** Hip Fracture **Authority** Sepsis DBA: Cookeville Regional **Medical Center Authority** 1 Medical Center **Services:** Boulevard Cardiac Catheterization Lab • Neuro/Spine Unit (Inpatient) Cookeville, TN 38501 (Surgical Services) Neurosurgery (Surgical Cardiac Surgery (Surgical Services) Normal Newborn Nursery Services) Cardiothoracic Surgery (Inpatient) **Nuclear Medicine** (Surgical Services) Cardiovascular Unit (Imaging/Diagnostic Services) (Inpatient) Orthopedic Surgery (Surgical Coronary Care Unit Services) Orthopedic/Spine Unit (Inpatient) CT Scanner (Inpatient) (Imaging/Diagnostic Outpatient Clinics (Outpatient) Pediatric Unit (Inpatient) Services) Dialysis Unit (Inpatient) Positron Emission Tomography Ear/Nose/Throat Surgery (PET) (Imaging/Diagnostic (Surgical Services) Services) EEG/EKG/EMG Lab Post Anesthesia Care Unit (Imaging/Diagnostic (PACU) (Inpatient) Services) Radiation Oncology Gastroenterology (Surgical (Imaging/Diagnostic Services) Services) Sleep Laboratory (Sleep GI or Endoscopy Lab Laboratory) (Imaging/Diagnostic Surgical ICU (Intensive Care Services) Unit) Gynecological Surgery Surgical Unit (Inpatient) Teleradiology (Surgical Services) Gynecology (Inpatient) (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Hematology/Oncology Unit (Inpatient) Services) Inpatient Unit (Inpatient) Ultrasound Interventional Radiology (Imaging/Diagnostic Services) (Imaging/Diagnostic **Urology (Surgical Services)** Services) Vascular Surgery (Surgical Labor & Delivery (Inpatient) Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care **Diabetes Education** Program **Services:** 127 North Oak • Outpatient Clinics (Outpatient) Cookeville, TN 38501

1 Medical Center Boulevard, Cookeville, TN

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Locations of Care

* Primary Location

Locations of Care **Rehab Center** 215 West 6th Street Cookeville, TN 38501 **Services:**

Available Services

- Inpatient Unit (Inpatient)
- Medical /Surgical Unit (Inpatient)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)

1 Medical Center Boulevard, Cookeville, TN

Org ID: 7821







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 | 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 | Ø Ø |
| 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 Multi-Drug Resistant Organism Infections | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | Ø |
| | Preventing Surgical Site Infections | Ø |
| | Preventing Catheter-Associated Urinary Tract Infection | 0000 |
| 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 |

1 Medical Center Boulevard, Cookeville, TN

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National Quality Improvement Goals

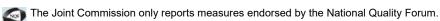
Reporting Period: July 2016 - June 2017

| Commission | | | | |
|--------------------------|------|--|--|--|
| Accredited Organizations | | | | |
| Nationwide Statewide | | | | |
| ND 2 | ND 2 | | | |

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 | Top 10% Scored at Most: | Weighte d | 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. | 139.00 minutes 610 eligible Patients | 55.00 | 131.00 | 44.88 | 99.90 |
| 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. | 328.00 minutes 610 eligible Patients | 204.00 | 317.00 | 186.13 | 273.38 |



This information can also be viewed at www.hospitalcompare.hhs.gov

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1 Medical Center Boulevard, Cookeville, TN

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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

| Compared to | o otner Joint |
|--------------|---------------|
| Comm | nission |
| Accredited C | rganizations |
| lationwide | Statewide |

| 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 Nationwide Statewide | | | | |
|------------------------|---|--|--------------------------------|------------------|---------|------------------|
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% | 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. | 89% of 542 eligible Patients | 100% | 94% | 100% | 96% |

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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

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 | | | | |
|-------------------------------|---|---|------|------------------|--------------------------------|-----|
| | | Nationwide | | cu Organiz | Statewide | |
| Measure | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | |
| 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. | 100% of 3 eligible Patients | 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 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. | 15% of 48 eligible Pattents | 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. | 40% of 1406 eligible Patients | 74% | 52% | 57% | 41% |

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