

# 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: Tennova Healthcare,

900 E. Oak Hill Avenue, Knoxville, TN





### **Summary of Quality Information**

Accreditation Programs	Accreditation Decision	Effective	Last Full Sur	vey Last On-Site
		Date	Date	Survey Date
🥝 Behavioral Health Care	Accredited	7/15/2014	7/14/2014	7/14/2014
🎯 Home Care	Accredited	7/19/2014	7/18/2014	1/11/2016
🎯 Hospital	Accredited	2/28/2015	7/18/2014	12/23/2015
old Laboratory	Accredited	1/3/2017	11/3/2016	11/3/2016

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

Hospital

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	<b>Review Date</b>
Acute Stroke Ready Hospital	Certification	6/16/2017	6/15/2017	6/15/2017
o Primary Stroke Center	Certification	5/20/2015	6/14/2017	6/14/2017
Certified Programs	<b>Certification Decision</b>	Effective	Last Full Review	v Last On-Site
		Date	Date	<b>Review Date</b>
🥝 Joint Replacement - Hip	Certification	10/29/2016	10/28/2016	10/28/2016
🎯 Joint Replacement - Knee	Certification	10/29/2016	10/28/2016	10/28/2016

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
Behavioral Health Care	2014National Patient Safety Goals	$\bigotimes$	<b>∞</b> *
Home Care	2016National Patient Safety Goals	$\bigcirc$	<b>*</b>
Hospital	2015National Patient Safety Goals	Ø	*

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

### Symbol Key

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Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
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nization's performance is		National Quality Improvement Goals:		
the target range/value.	Reporting Period:	Emergency Department	2 <sup>2</sup>	
target range/value. sure is not applicable for this on.	Oct 2015 - Sep 2016	Immunization	<b>(10)</b> <sup>2</sup>	(m) <sup>2</sup>
ayed		Perinatal Care	2 <sup>2</sup>	
note Key		Stroke Care	<b>1</b>	2 <sup>2</sup>
sure or Measure Set was not		Tobacco Treatment	2 <sup>2</sup>	(m) <sup>2</sup>
sure Set does not have an esult.		Venous Thromboembolism (VTE)	2 <sup>2</sup>	2 <sup>2</sup>
ber of patients is not enough parison purposes. sure meets the Privacy	Laboratory	2016National Patient Safety Goals	Ø	*

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# **Locations of Care**

#### \* Primary Location

Locations of Care	Available	e Services
Locations of Care North Knoxville Medical Center 7565 Dannaher Drive Powell, TN 37849	Joint Commission Advanced • Primary Stroke Center Services: • Cardiac Catheterization Lab (Surgical Services) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery	<ul> <li>Certification Programs:</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Plastic Surgery (Surgical</li> </ul>
	<ul> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> </ul>	<ul> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Sleep Laboratory (Sleep Laboratory)</li> <li>Surgical ICU (Intensive Care</li> </ul>
	<ul> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul>	<ul> <li>Unit)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> </ul>





# **Locations of Care**

#### \* Primary Location

Locations of Care	Available	Services
Locations of Care Physicians Regional Medical Center * 900 East Oak Hill Avenue Knoxville, TN 37917	Joint Commission Advanced Primary Stroke Center Joint Commission Certified H Joint Replacement - Hip Joint Replacement - Knee Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic 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) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services)	<ul> <li>Certification Programs:</li> <li>Programs:</li> <li>Programs:</li> <li>Programs:</li> <li>Neuro/Spine ICU (Intensive Care Unit)</li> <li>Neuro/Spine Unit (Inpatient)</li> <li>Neurosurgery (Surgical Services)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Peer Support (Non 24 Hour Care)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Thoracic Surgery (Surgical</li> </ul>
	<ul> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hematology/Oncology Unit</li> </ul>	<ul> <li>Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> </ul>
	<ul> <li>(Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> </ul>	<ul> <li>Toxicology</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>

(Inpatient)

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# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
	Medical ICU (Intensive Care Unit)
St. Mary's Surgery Center 1515 St. Mary's St. Knoxville, TN 37917	Other Clinics/Practices located at this site: <ul> <li>Pain Center</li> </ul> <li>Services: <ul> <li>Ambulatory Surgery Center (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>General Laboratory Tests</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul> </li>
Tennova Ambulatory Care Center South 7323 Chapman Hwy, Ste 190 Knoxville, TN 37920	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Tennova Cardiac Rehab Services PRMC Professional Bldg Suite 810 900 E.Oak Hill Ave Knoxville, TN 37917	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Tennova Comprehensive Pain Treatment Center Turkey Creek 10810 Parkside Drive Knoxville, TN 37934	Services: • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Tennova Physical Therapy and Sports Medicine, North 7540 Dannaher Drive, Suite 200 Powell, TN 37849	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Tennova Sleep Center North 7540 Dannaher Drive, Suite 300 Powell, TN 37849	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Tennova Sleep Center South 7323 Chapman Highway Knoxville, TN 37920	<ul><li>Services:</li><li>Outpatient Clinics (Outpatient)</li></ul>
Tennova Sleep Center West 10800 Parkside Dr., Suite 202 Knoxville, TN 37934	Services: • Outpatient Clinics (Outpatient)
Tennova Surgery Center West 10800 Parkside Drive Suite 101 Knoxville, TN 37934	Services: • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)





# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services	
Locations of Care Turkey Creek Medical Center 10820 Parkside Drive Knoxville, TN 37934	Joint Commission Advanced Certification Acute Stroke Ready Hospital Services: Cardiac Catheterization Lab (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Castroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Ultrasoun (Imaging/Diagnostic Services) Unit)	CU (Intensive Care gery (Surgical ewborn Nursery ) ledicine Diagnostic Services iology (Surgical ic Surgery (Surgical irgery (Surgical sthesia Care Unit npatient) Oncology Diagnostic Services poratory (Sleep y) CU (Intensive Care ogy Diagnostic Services Surgery (Surgical d Diagnostic Services Surgery (Surgical

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# **2014 National Patient Safety Goals**

### **Behavioral Health Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two 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
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	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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# **2016 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.
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 The Goal is not applicable for this organization.

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# **2015 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	$\bigotimes$
Use Alarms Safely	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	$\bigcirc$
	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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

### Symbol Key

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### **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission		
		Accredited Organization		
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.	@ <sup>2</sup>	@ <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		N	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.	2 152.00 minutes 629 eligible Patients	53.00	124.00	45.69	98.57
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.	2 337.00 minutes 629 eligible Patients	202.00	311.00	188.57	269.48

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

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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.	<b>⊘</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		١	Vationwide		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 579 eligible Patients	100%	94%	100%	96%

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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
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>○</b> <sup>2</sup>	@ <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				
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.	<b>∞</b> 3 	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.	6% of 53 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.	53% of 383 eligible Patients	75%	53%	58%	42%



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### **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

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

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide	Ŭ	State	wide
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.	00% of 9 eligible Patients	100%	90%	100%	88%

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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
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	2 <sup>2</sup>	<b>⊘</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
			lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Tobacco Use Screening	The number of patients who were asked about tobacco use within the first three days of admission to the hospital.	99% of 578 eligible Patients	100%	98%	100%	100%
Tobacco Use Treatment	The number of patients who use tobacco who actually received counseling or medications to help them stop using tobacco.	29% of 156 eligible Patients	66%	34%	71%	33%
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	2% of 126 eligible Patients	33%	11%	23%	7%
Tobacco Use Treatment Provided or Offered	The number of patients who use tobacco who were offered or received counseling or medications to help them stop using tobacco. This measure also includes patients who were offered the counseling and/or medications but refused them.	78% of 156 eligible Patients	99%	68%	95%	64%
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	O 34% of 126 eligible Patients	94%	48%	82%	39%



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

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

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### **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission		
		Accredited Organization		
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.	<b>№</b> <sup>2</sup>	<b>™</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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.	100% of 54 eligible Patients	100%	93%	100%	92%

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

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#### 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 organization's performance is below the target range/value.
 Not displayed

#### **Footnote Key**

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. 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.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** 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.
   There were no eligible patients that med
- **1.** There were no eligible patients that met the denominator criteria.

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# **2016 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 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	

#### 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.