Org ID: 7852



# Accreditation Quality Report





Version: 5 Date: 2/10/2024 working to improve that care.

DBA: Tennova Healthcare,
7565 Dannaher Drive, Powell, TN



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

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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### Symbol Key

- This organization achieved the best oossible results.
- Φ This organization's performance is better than the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is worse than the target range/value.
- This Measure is not applicable for this organization.
- Not displayed

#### Footnote Key

- 1. 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.
- 4. 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.
- 12. The measure rate is within optimal range.

For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

## **Summary of Quality Information**

| <b>Accreditation Prog</b> | grams Accreditation Decision | <b>Effective</b> | Last Full S | urvey Last On-Site |
|---------------------------|------------------------------|------------------|-------------|--------------------|
|                           |                              | Date             | Date        | <b>Survey Date</b> |
| Hospital                  | Accredited                   | 5/6/2023         | 3/26/2021   | 5/5/2023           |
| Laboratory                | Accredited                   | 9/23/2022        | 9/22/2022   | 9/22/2022          |

#### 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> | <b>Effective</b> | <b>Last Full Review Last On-Site</b> |                    |
|--------------------------------|-------------------------------|------------------|--------------------------------------|--------------------|
| Programs                       |                               | Date             | Date                                 | <b>Review Date</b> |
| Acute Stroke Ready<br>Hospital | Certification                 | 10/25/2023       | 10/24/2023                           | 10/24/2023         |
| Primary Stroke Center          | Certification                 | 10/26/2023       | 10/25/2023                           | 10/25/2023         |

#### **Other Accredited Programs/Services**

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

|  |                                     | Compared to other Joint Commission Accredited<br>Organizations |               |  |
|--|-------------------------------------|--|---------------|--|
|  |                                     | Nationwide   | Statewide     |  |
| Hospital                                       | 2023National Patient Safety Goals   | Ø  | N/A *         |  |
|  | National Quality Improvement Goals: |  |               |  |
| Reporting<br>Period:<br>Jan 2022 -<br>Dec 2022 | Perinatal Care                      | <b>№</b> <sup>2</sup>  | <b>(10)</b> 2 |  |
| Laboratory                                     | 2022National Patient Safety Goals   | Ø  | N/A *         |  |



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## **Locations of Care**

\* Primary Location

Locations of Care

Metro Knoxville HMA LLC \* DBA: North Knoxville Medical Center 7565 Dannaher Drive

Powell, TN 37849

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Services:**

- Cardiac Catheterization Lab (Surgical Services)
- 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)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Non-Sterile Medication Compounding (Inpatient)

- Nuclear Medicine (Imaging/Diagnostic Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sleep Laboratory (Sleep Laboratory)
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Toxicology
- Ultrasound
   (Imaging/D)
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

4



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## **Locations of Care**

\* Primary Location

**Locations of Care** 

### Metro Knoxville HMA

DBA: Turkey Creek Medical Center 10820 Parkside Drive Knoxville, TN 37934

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Acute Stroke Ready Hospital

#### **Services:**

- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- (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)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)

- Neurosurgery (Surgical Services)
- Non-Sterile Medication Compounding (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Sleep Laboratory (Sleep Laboratory)
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

#### Metro Knoxville HMA LLC

DBA: The Birthing Center at North Knoxville Medical Center

7557A Dannaher Drive, Suite 120 Powell, TN 37849

#### **Services:**

- General Laboratory Tests
- Inpatient Unit (Inpatient)
- Labor & Delivery (Inpatient)
- Normal Newborn Nursery (Inpatient)

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## **Locations of Care**

\* Primary Location

| Locations of Care  | Available Services                           |
|--|--|
| Tennova Ambulatory Care Center South 7323 Chapman Highway, Suite 190 Knoxville, TN 37920           | Services:  • Outpatient Clinics (Outpatient) |
| Tennova Physical Therapy and Sports Medicine North 7540 Dannaher Drive, Suite 200 Powell, TN 37849 | Services:  • Outpatient Clinics (Outpatient) |
| Tennova Sleep Center<br>North<br>7557A Dannaher Drive,<br>Suite 240<br>Powell, TN 37849            | Services:  • Outpatient Clinics (Outpatient) |
| Tennova Sleep Center West 10800 Parkside Drive, Suite 202 Knoxville, TN 37934                      | Services:  • Outpatient Clinics (Outpatient) |
| Tennova Surgery Center<br>West<br>10800 Parkside Drive,<br>Suite 101<br>Knoxville, TN 37934        | Services:                                    |

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### **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."

## **2023 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 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           |
| 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           |
| 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           |

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## **National Quality Improvement Goals**

Reporting Period: January 2022 - December 2022

|                |  | 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 Accredited Organizations |  |                  |  |                  |
|---|---|---|--|------------------|--|------------------|
|   |   | ١   | lationwide                             | Ť                | State                                  | wide             |
| Measure   | Explanation   | Hospital<br>Results   | Top<br>Perform<br>er<br>Threshol<br>d: | Average<br>Rate: | Top<br>Perform<br>er<br>Threshol<br>d: | Average<br>Rate: |
| 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.  | <b>(1)</b>  | 12                                     | 26%              | (I) 12                                 | 26%              |
| 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. | 8% of<br>37 eligible<br>Patients                            | 0%                                     | 2%               | 0%                                     | 3%               |
| 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.  | 60% of<br>141 eligible<br>Patients                          | 72%                                    | 50%              | 52%                                    | 36%              |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Severe Rate | The severe rate equals the number of patients with severe complications.  | 28 per 1000   | 5                                      | 13               | 7                                      | 19               |

This information can also be viewed at https://hospitalcompare.io/
Null value or data not displayed.

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## 2022 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           |