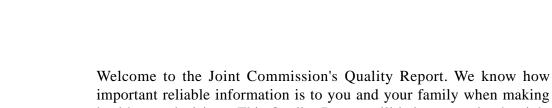


7565 Dannaher Drive, Powell, TN

Accreditation Quality Report







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: Tennova Healthcare, 7565 Dannaher Drive, Powell, TN



Summary of Quality Information

| Accreditation Prog | grams Accreditation Decision | Effective Date | Last Full S Date | urvey Last On-Site Survey Date |
|------------------------|------------------------------|-------------------|---------------------|-----------------------------------|
| 🥝 Hospital | Accredited | 5/6/2023 | 1/26/2024 | 1/26/2024 |
| olimitation 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

Ī

| | vanced Certification ograms | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---|--------------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| 0 | Acute Stroke Ready Hospital | Certification | 10/25/2023 | 10/24/2023 | 10/24/2023 |
| Ø | 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 Organizations | | |
|--|-------------------------------------|--|--------------------|--|
| | | Nationwide Statewide | | |
| Hospital | 2023National Patient Safety Goals | \oslash | * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: Jan 2022 - Dec 2022 | Perinatal Care | (in) ² | (int) ² | |
| Laboratory | 2022National Patient Safety Goals | \bigotimes | * | |

Symbol Key

| | ~ |
|---|--|
| 0 | This organization achieved the best possible results. |
| | This organization's performance is better than the target range/value. |
| | This organization's performance is 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.
- 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.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily
- 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.
- **12.** The measure rate is within optimal range.

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Locations of Care

* Primary Location

| Locations of Care | | |
|--|--|--|
| Locations of Care Metro Knoxville HMA LLC * DBA: North Knoxville Medical Center 7565 Dannaher Drive Powell, TN 37849 | | |

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Locations of Care

* Primary Location

| Locations of Care | Available Services | | |
|--|---|--|--|
| Metro Knoxville HMA LLC DBA: Turkey Creek Medical Center 10820 Parkside Drive Knoxville, TN 37934 | Joint Commission Advanced Certification Programs: Acute Stroke Ready Hospital Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Dialysis Unit (Inpatient) Ear/Kose/Throat Surgery (Surgical Services) EeG/EKG/EMG 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) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) | | |
| 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** Services: 7323 Chapman Highway, • Outpatient Clinics (Outpatient) Suite 190 Knoxville, TN 37920 Tennova Physical Therapy and Sports Services: **Medicine North** • Outpatient Clinics (Outpatient) 7540 Dannaher Drive, Suite 200 Powell, TN 37849 Tennova Sleep Center North Services: 7557A Dannaher Drive, • Outpatient Clinics (Outpatient) Suite 240 Powell, TN 37849 **Tennova Sleep Center** West Services: 10800 Parkside Drive, • Outpatient Clinics (Outpatient) Suite 202 Knoxville, TN 37934 **Tennova Surgery Center** West Services: 10800 Parkside Drive, • Ambulatory Surgery Center (Outpatient) Suite 101 • Anesthesia (Outpatient) Knoxville, TN 37934 • Perform Invasive Procedure (Outpatient)

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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 | \bigotimes |
| | 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 | \bigotimes |
| | 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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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

| | | 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 |

| | | Col | mpared to o Accredit | other Joint ed Organiz | | n |
|---|--|------------------------------------|--|---------------------------|--|------------------|
| | | Nationwide Statewi | | | wide | |
| Measure | Explanation | Hospital Results | Top Perform er Threshol d: | Average Rate: | Top Perform er Threshol d: | Average 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. | (| 1 ² | 26% | 1 ² | 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 37 eligible 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 141 eligible Patients | 72% | 50% | 52% | 36% |
| Unexpected Complications in Term Newborns per 1000 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.

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
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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 |

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.