Quality Check®

Buena Vista Regional Medical Center

1525 West Fifth Street, Storm Lake, IA

Org ID: 8304

Accreditation Quality Report



The Joint Commission

Version: 2

Date: 3/31/2011



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, 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 the key area of 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.

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

- 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Critical Access Hospital	Accredited	4/1/2009	3/23/2011	3/23/2011
Home Care	Accredited	3/28/2008	3/23/2011	3/23/2011
Pathology and Clinical Laboratory	Accredited	9/19/2009	9/18/2009	9/18/2009

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

Pathology and Clinical Laboratory

Critical Access Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Critical Access Hospital	**2009National Patient Safety Goals**	✓	N/A *
Home Care	**2008National Patient Safety Goals**	✓	N/A *
Pathology and Clinical Laboratory	**2010National Patient Safety Goals**	✓	N/A *

© Copyright 2024, The Joint Commission





Locations of Care

*** Primary Location**

Locations of Care	Available Services
Buena Vista Regional Medical Center - North Campus 1305 West Milwaukee Avenue Storm Lake, IA 50588	• Home Health, Non-Hospice Services • Hospice Care • Personal Care/Support Non-Hospice
Buena Vista Regional Medical Center * 1525 West Fifth Street Storm Lake, IA 50588	• Acute Care • Allergy (Outpatient) • Cancer Center/Oncology (Outpatient) • CT Scanner (Inpatient, Outpatient) • EEG/EKG/EMG Lab (Inpatient, Outpatient) • Emergency Room (Outpatient) • Gastroenterology (Outpatient) • General Laboratory Tests • General Medical Services (Inpatient, Outpatient) • General Surgery (Inpatient, Outpatient) • GI or Endoscopy Lab (Inpatient, Outpatient) • Gynecology (Inpatient, Outpatient) • Hematology/Blood Treatment (Inpatient, Outpatient) • Imaging/Radiology (Inpatient, Outpatient) • Infusion Therapy (Inpatient, Outpatient) • Intensive Care Unit (Inpatient) • Internal Medicine (Inpatient, Outpatient) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Inpatient, Outpatient) • Mental Health (Inpatient) • Nephrology (Outpatient) • Neurology (Outpatient) • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) • Obstetrics (Inpatient) • Operating Room (Inpatient, Outpatient) • Ophthalmology/Eye Surgery (Inpatient, Outpatient) • Orthopedic Surgery (Inpatient, Outpatient) • Otolaryngology/Ear, Nose, and Throat (Outpatient) • Outpatient Surgery (Outpatient) • Pain Management (Inpatient, Outpatient) • Pediatric Care (Inpatient, Outpatient) • Podiatry (Inpatient, Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Psychiatric Unit • Pulmonary Function Lab (Inpatient, Outpatient) • Rehabilitation and Physical Medicine (Inpatient, Outpatient) • Respiratory Care (Ventilator) (Inpatient) • Respite Care (Inpatient) • Rheumatology (Outpatient) • Skilled Nursing Facility (Inpatient) • Sleep Center (Outpatient) • Telemetry (Inpatient) • Toxicology • Ultrasound (Inpatient, Outpatient) • Urology (Inpatient, Outpatient)

© Copyright 2024, The Joint Commission





2009 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."

Critical Access 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.	Reading Back Verbal Orders	✓
	Creating a List of Abbreviations Not to Use	✓
	Timely Reporting of Critical Tests and Critical Results	✓
	Managing Hand–Off Communications	✓
Improve the safety of using medications.	Managing Look Alike, Sound Alike Medications	✓
	Labeling Medications	✓
	Reducing Harm from Anticoagulation Therapy	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
	Sentinel Events Resulting from Infection	N/A
	Preventing Multi-Drug Resistant Organism Infections	✓
	Preventing Central-Line Associated Blood Stream Infections	✓
	Preventing Surgical Site Infections	✓
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	✓
Encourage patients' active involvement in their own care as a patient safety strategy.	Patient and Family Reporting of Safety Concerns	✓
Improve recognition and response to changes in a patient's condition.	Requesting Assistance for a Patient with a Worsening Condition	✓
Universal Protocol	Conducting a Pre-Procedure Verification Process	✓
	Marking the Procedure Site	✓
	Performing a Time-Out	✓

© Copyright 2024, The Joint Commission





CMS Mortality Rates

Critical Access Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2006 through June 2009
Last Updated: October 07, 2010

The U.S. National 30-day Death Rate from Heart Attack = 16%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30-Day Death (Mortality) Rates from Heart Attack = **17.7%**	Not Available		
Number of Medicare Heart Attack Patients = 31			
Out of 4569 hospitals in U.S.	95 hospitals in the U.S. Better than U.S. National Rate	2744 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate
	1685 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 111 hospitals in Iowa	0 hospitals in Iowa Better than U.S. National Rate	41 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	70 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Heart Failure = 11%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30-Day Death (Mortality) Rates from Heart Failure = **14.4%**	Not Available		
Number of Medicare Heart Failure Patients = 97			
Out of 4743 hospitals in U.S.	199 hospitals in the U.S. Better than U.S. National Rate	3801 hospitals in the U.S. No different than U.S. National Rate	140 hospitals in the U.S. Worse than U.S. National Rate
	603 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 116 hospitals in Iowa	0 hospitals in Iowa Better than U.S. National Rate	101 hospitals in Iowa No different than U.S. National Rate	1 hospitals in Iowa Worse than U.S. National Rate
	14 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Pneumonia = 12%			
	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30-Day Death (Mortality) Rates from Pneumonia = **13.8%**	Not Available		
Number of Medicare Pneumonia Patients = 143			

© Copyright 2024, The Joint Commission





CMS Mortality Rates

Critical Access Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate The rates displayed in this table are from data reported for discharges July 2006 through June 2009 Last Updated: October 07, 2010			
Out of 4788 hospitals in U.S.	222 hospitals in the U.S. Better than U.S. National Rate	3988 hospitals in the U.S. No different than U.S. National Rate	221 hospitals in the U.S. Worse than U.S. National Rate
	357 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 116 hospitals in Iowa	3 hospitals in Iowa Better than U.S. National Rate	104 hospitals in Iowa No different than U.S. National Rate	6 hospitals in Iowa Worse than U.S. National Rate
	3 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2006 through June 2009. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Risk Adjusted Mortality measures please see user guides.

© Copyright 2024, The Joint Commission





CMS Readmission Rates

Critical Access Hospital

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

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2006 through June 2009
Last Updated: October 07, 2010

The U.S. National Rate for Readmissions for Heart Attack Patients = 20%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30 Day Hospital Readmission Rates from Heart Attack Patients = **0%**	Not Available		
Number of Medicare Heart Attack Patients = 18			
Out of 4476 hospitals in U.S.	29 hospitals in the U.S. Better than U.S. National Rate	2403 hospitals in the U.S. No different than U.S. National Rate	45 hospitals in the U.S. Worse than U.S. National Rate
	1999 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 109 hospitals in Iowa	0 hospitals in Iowa Better than U.S. National Rate	26 hospitals in Iowa No different than U.S. National Rate	1 hospitals in Iowa Worse than U.S. National Rate
	82 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Heart Failure Patients = 25%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30 Day Hospital Readmission Rates from Heart Failure Patients = **25.1%**	Not Available		
Number of Medicare Heart Failure Patients = 101			
Out of 4759 hospitals in U.S.	147 hospitals in the U.S. Better than U.S. National Rate	3869 hospitals in the U.S. No different than U.S. National Rate	193 hospitals in the U.S. Worse than U.S. National Rate
	550 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 116 hospitals in Iowa	3 hospitals in Iowa Better than U.S. National Rate	101 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	12 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%			
	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	**No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)**	**Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)**
30 Day Hospital Readmission Rates from Pneumonia Patients = **18.6%**	Not Available		

© Copyright 2024, The Joint Commission





CMS Readmission Rates

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.
- 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.
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.
10.

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

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2006 through June 2009
Last Updated: October 07, 2010

Number of Medicare Pneumonia Patients = 145			
Out of 4813 hospitals in U.S.	64 hospitals in the U.S. Better than U.S. National Rate	4223 hospitals in the U.S. No different than U.S. National Rate	163 hospitals in the U.S. Worse than U.S. National Rate
	363 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 116 hospitals in Iowa	4 hospitals in Iowa Better than U.S. National Rate	109 hospitals in Iowa No different than U.S. National Rate	0 hospitals in Iowa Worse than U.S. National Rate
	3 hospitals in Iowa did not have enough cases to reliably tell how well they are performing		

These percentages were calculated by Centers for Medicare and Medicaid Services from Medicare data on patients discharged July 2006 through June 2009. They do not include people in Medicare Advantage (Managed care) plans or people who do not have Medicare.

For technical information on 30 Day Readmission Rates please see user guides.

© Copyright 2024, The Joint Commission





Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

Survey Date Range	Number of Completed Surveys	Survey Response Rate
January 2009 through December 2009	Fewer than 100	0%

Question	Explanation
How often did doctors communicate well with patients?	Patients reported how often their doctors communicated well with them during their hospital stay. “Communicated well” means doctors **explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

Doctors "always" communicated well			Doctors "usually" communicated well			Doctors "sometimes" or "never" communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	82%	80%	0% [3]	15%	15%	0% [3]	3%	5%

Question	Explanation
How often did nurses communicate well with patients?	Patients reported how often their nurses communicated well with them during their hospital stay. “Communicated well” means nurses **explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

Nurses "always" communicated well			Nurses "usually" communicated well			Nurses "sometimes" or "never" communicated well		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	79%	75%	0% [3]	18%	19%	0% [3]	3%	6%

Question	Explanation
How often did patients receive help quickly from hospital staff?	Patients reported how often they were helped quickly when they used the **call button** or needed help in **getting to the bathroom** or **using a bedpan**.

Patients "always" received help as soon as they wanted			Patients "usually" received help as soon as they wanted			Patients "sometimes" or "never" received help as soon as they wanted		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	67%	63%	0% [3]	26%	26%	0% [3]	7%	11%

© Copyright 2024, The Joint Commission





Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

Survey Date Range	Number of Completed Surveys	Survey Response Rate
January 2009 through December 2009	Fewer than 100	0%

Question	Explanation
How often was patients' pain well controlled?	If patients needed medicine for pain during their hospital stay, the survey asked how often their pain was well controlled. “Well controlled” means their **pain was well controlled** and that the **hospital staff did everything they could to help** patients with their pain.

Pain was "always" well controlled			Pain was "usually" well controlled			Pain was "sometimes" or "never" well controlled		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	70%	69%	0% [3]	25%	24%	0% [3]	5%	7%

Question	Explanation
How often did staff explain about medicines before giving them to patients?	If patients were given medicine that they had not taken before, the survey asked how often staff explained about the medicine. “Explained” means that hospital staff told **what the medicine was for** and what **side effects it might have** before they gave it to the patient.

Staff "always" explained			Staff "usually" explained			Staff "sometimes" or "never" explained		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	63%	60%	0% [3]	20%	18%	0% [3]	17%	22%

© Copyright 2024, The Joint Commission





Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

Survey Date Range	Number of Completed Surveys	Survey Response Rate
January 2009 through December 2009	Fewer than 100	0%

Question	Explanation
How often were the patients' rooms and bathrooms kept clean?	Patients reported how often their **hospital room and bathroom were kept clean**.

Room was "always" clean			Room was "usually" clean			Room was "sometimes" or "never" clean		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	76%	70%	0% [3]	18%	20%	0% [3]	6%	10%

Question	Explanation
How often was the area around patients' rooms kept quiet at night?	Patients reported how often **the area around their room was quiet at night.**

"Always" quiet at night			"Usually" quiet at night			"Sometimes" or "never" quiet at night		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	61%	57%	0% [3]	31%	31%	0% [3]	8%	12%

Question	Explanation
Were patients given information about what to do during their recovery at home?	The survey asked patients about information they were given when they were ready to leave the hospital. Patients reported whether hospital staff had **discussed the help they would need at home**. Patients also reported whether they were given **written information about symptoms or health problems to watch for during their recovery**.

Yes, staff did give patients this information			No, staff did not give patients this information		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	84%	81%	0% [3]	16%	19%

© Copyright 2024, The Joint Commission





Survey of Patients' Hospital Experiences

Footnote Key

1. Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
2. This displays less than 12 months of accurate data.
3. Survey results are not available for this period.
4. No patients were eligible for the HCAHPS Survey.

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

Survey Date Range	Number of Completed Surveys	Survey Response Rate
January 2009 through December 2009	Fewer than 100	0%

Question	Explanation
How do patients rate the hospital overall?	After answering all other questions on the survey, **patients answered a separate question that asked for an overall rating of the hospital**. Ratings were on a scale from 0 to 10, where "0" means "worst hospital possible" and "10" means "best hospital possible."

Patients who gave a rating of 9 or 10 (high)			Patients who gave a rating of 7 or 8 (medium)			Patients who gave a rating of 6 or lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	72%	66%	0% [3]	22%	25%	0% [3]	6%	9%

Question	Explanation
Would patients recommend the hospital to friends and family?	The survey asked patients **whether they would recommend the hospital** to their friends and family.

YES, patients would definitely recommend the hospital			YES, patients would probably recommend the hospital			NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
0% [3]	72%	69%	0% [3]	25%	25%	0% [3]	3%	6%

© Copyright 2024, The Joint Commission





2008 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."

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	✓
	Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a “time out,”) to confirm the correct patient, procedure and site using active—not passive—communication techniques.	✓
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	✓
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	✓
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	✓
	Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.	✓
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	✓
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	✓
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	✓
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	✓
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.	✓
	A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.	✓
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	✓
Encourage patients’ active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	✓

© Copyright 2024, The Joint Commission





2008 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."

Home Care

Safety Goals	Organizations Should	Implemented
The organization identifies safety risks inherent in its patient population.	The organization identifies risks associated with long-term oxygen therapy such as home fires.	✓

© Copyright 2024, The Joint Commission





2010 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."

Pathology and Clinical Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	✓
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	✓

© Copyright 2024, The Joint Commission