

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



Summary of Quality Information

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| 0 | This organization achieved the best possible results. |
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Footnote Key

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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 |
|------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| 🮯 Home Care | Accredited | 9/17/2016 | 9/16/2016 | 9/16/2016 |
| 🮯 Hospital | Accredited | 9/17/2016 | 9/16/2016 | 9/16/2016 |
| 🙆 Laboratory | Accredited | 8/1/2015 | 8/25/2017 | 8/25/2017 |

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

Hospital

| Advanced Certification | Certification Decision | Effective | Last Full Review | v Last On-Site |
|------------------------|------------------------|-----------|------------------|--------------------|
| Programs | | Date | Date | Review Date |
| Primary Stroke Center | Certification | 7/11/2017 | 7/10/2017 | 7/10/2017 |

Other Accredited Programs/Services

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

Special Quality Awards

2014 Gold Plus Get With The Guidelines - Stroke

| | | Compared to other Joint Commission Accredited Organizations | |
|------------------------|-------------------------------------|--|-----------|
| | | Nationwide | Statewide |
| Home Care | 2016National Patient Safety Goals | Ø | * |
| Hospital | 2016National Patient Safety Goals | Ø | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | (10) ² | |
| Apr 2016 - Mar 2017 | Immunization | (10) ² | |
| | Perinatal Care | NO ² | 2 |

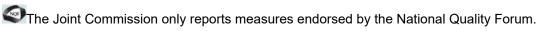
The Joint Commission only reports measures endorsed by the National Quality Forum.



1202 South Tyler Street, Covington, LA

Summary of Quality Information

| | | | t Commission Accredited zations |
|------------|-----------------------------------|------------|---------------------------------|
| | | Nationwide | Statewide |
| Laboratory | 2015National Patient Safety Goals | Ø | ™ * |



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Locations of Care

| Locations of Care | Available Services |
|---|---|
| Bone & Joint Clinic 71211 Highway 21, Suite A Covington, LA 70433 | Other Clinics/Practices located at this site: • N/A Services: • Single Specialty Practitioner (Outpatient) |
| Covington Cardiovascular Care 1006 S. Harrison Street Covington, LA 70433 | Other Clinics/Practices located at this site: • N/A Services: • Single Specialty Practitioner (Outpatient) |
| Northlake Surgical Associates, LTD 606 West 11th Avenue Covington, LA 70433 | Services: Single Specialty Practitioner (Outpatient) |
| Outpatient Pavilion of St. Tammany Parish Hospital 16300 Highway 1085 Covington, LA 70433 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |
| St. Tammany Parish Hospital Community Wellness Center 1505 N. Florida Street Covington, LA 70433 | Services: General Laboratory Tests Outpatient Clinics (Outpatient) |
| St. Tammany Parish Hospital Covington Surgery Center 1203 S. Tyler, Suite 300 Covington, LA 70433 | Services: • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests • Perform Invasive Procedure (Outpatient) |
| St. Tammany Parish Hospital Outpatient Rehabilitation at the 71256 Francis Road Covington, LA 70433 | Other Clinics/Practices located at this site: • N/A Services: • Single Specialty Practitioner (Outpatient) |
| St. Tammany Parish Hospital Outpatient Therapy Services 1414 S. Tyler Street Covington, LA 70433 | Services: • Outpatient Clinics (Outpatient) |
| St. Tammany Parish Hospital Sleep Disorders Center 80 Gardenia Drive Covington, LA 70433 | Services: Outpatient Clinics (Outpatient) |



Locations of Care

| Locations of Care | Available | Services |
|--|--|---|
| St. Tammany Parish Hospital, Service District Number 1 * 1202 South Tyler Street Covington, LA 70433 | Joint Commission Advanced Primary Stroke Center Services: Cardiac Catheterization Lab (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) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Garciolagnostic Services) Garciolagnostic Services) Gastroenterology (Surgical Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) | |
| St.Tammany Hospital Home Health/Hospice 725 West 11th St Covington, LA 70433 | Services: • General Laboratory Tests • Home Health Aides • Home Health, Non-Hospice Services • Hospice Care • Medical Social Services | Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology |



Locations of Care

| * Primary Location | |
|---|--|
| Locations of Care | Available Services |
| St.Tammany Parish Hospital Mandeville Diagnostic Center 201 St. Ann Drive, Suite A Mandeville, LA 70471 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) |
| STPN Covington 80 Gardenia Drive Covington, LA 70433 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) |
| STPN Folsom 82525 Highway 25 Folsom, LA 70437 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) |
| STPN Madisonville 1520 Hwy 22 West Madisonville, LA 70447 | Services: General Laboratory Tests Single Specialty Practitioner (Outpatient) |
| STPN Mandeville 201 St. Ann Drive, Suite B Mandeville, LA 70471 | Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) |
| Women's Pavilion of St. Tammany Parish Hospital 301 N. Hwy. 190 Covington, LA 70433 | Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |



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.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.



2016 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 | \bigcirc |
| 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 |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | \bigotimes |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | \bigotimes |
| | Preventing Multi-Drug Resistant Organism Infections | \bigotimes |
| | Preventing Central-Line Associated Blood Stream Infections | <u>ଷ</u> ର 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 | \bigotimes |
| | Marking the Procedure Site | \bigcirc |
| | Performing a Time-Out | \bigcirc |

Symbol Key

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St. Tammany Parish Hospital Service District Number 1

1202 South Tyler Street, Covington, LA

Compared to other Joint

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National Quality Improvement Goals

Symbol Key

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| | Reporting Period: April 2016 - March 2017 |
|--|---|
|--|---|

| | | 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. | 1 2 | 1 1 1 1 1 1 1 1 1 1 | |

| | | Accredited Organizations | | | | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | ١ | 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. | ND 2 138.00 minutes 806 eligible Patients | 55.00 | 129.00 | 44.31 | 116.30 |
| 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. | 2 305.00 minutes 806 eligible Patients | 205.00 | 316.00 | 182.64 | 288.01 |

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

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



National Quality Improvement Goals

Reporting Period: April 2016 - March 2017

| | | 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. | 2 | ○ ² |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|--|------------|---------|-----------|---------|
| | | Ν | lationwide | | State | wide |
| Measure | Explanation | Hospital | Top 10% | Average | Top 10% | Average |
| | | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | at Least: | |
| 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. | 97% of 650 eligible Patients | 100% | 94% | 99% | 93% |

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Symbol Key

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St. Tammany Parish Hospital Service District Number 1

1202 South Tyler Street, Covington, LA

Statewide



National Quality Improvement Goals

| Reporting P | eriod: April 2016 - March 2017 | | |
|----------------|--|-----------------------|--------------------------|
| | | | |
| | | | o other Joint hission |
| | | Accredited C | Organizations |
| Measure Area | Explanation | Nationwide | Statewide |
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | ™ ² | ○ ² |

Footnote Key

Symbol Key

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| | | Compared to other Joint Commission Accredited Organizations | | | | |
|-------------------------------|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewide | | | | wide |
| 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. | 90% of 10 eligible Patients | 100% | 98% | 100% | 96% |
| 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. | 0% of 41 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. | 61% of 277 eligible Patients | 74% | 53% | 54% | 40% |



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2015 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 |

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