Quality Check®

Org ID: 9576

Accreditation Quality Report





Version: 9 Date: 12/5/2020

DBA: St. Michael Medical Center, 2520 Cherry Avenue, Bremerton, WA

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.

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Accredited	6/8/2019	6/7/2019	7/19/2019

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

Advanced Certification	Certification Decision	Effective	Last Full Review Last On-Sit		
Programs		Date	Date	Review Date	
Primary Stroke Center	Certification	8/9/2018	8/8/2018	8/8/2018	

Other Accredited Programs/Services

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

Special Quality Awards

2012 Top Performer on Key Quality Measures® 2013 Silver Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2019National Patient Safety Goals	Ø	₩ *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	ND ²	№ 0 ²	
Jan 2019 - Dec 2019	Perinatal Care	№ 2	(ND) 2	

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

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 Measure is not applicable for this organization.
- Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 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.
- 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.

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

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Locations of Care

* Primary Location	
Locations of Care	Available Services
Harrison - Silverdale DBA: St. Michael Medical Center 1800 NW Myhre Road Silverdale, WA 98383	Services:
Harrison Belfair Urgent Care 21 NE Romance Hill Rd Belfair, WA 98528	Services: • Urgent Care (Outpatient)
Harrison Imaging - Bremerton MRI 2530 Cherry Avenue Bremerton, WA 98310	Services: • Outpatient Clinics (Outpatient)
Harrison Imaging - Port Orchard 450 South Kitsap Blvd Suite 110 Port Orchard, WA 98366	Services: • Outpatient Clinics (Outpatient)
Harrison Imaging - Silverdale 1780 NW Mhyre Road Suite 1220 Silverdale, WA 98383	Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Harrison Imaging Center DBA: St. Michael Imaging Center 2700 Clare Avenue Bremerton, WA 98310	Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Harrison Imaging Center - Poulsbo 22180 Olympic College Way NW Suite 101 Poulsbo, WA 98370	Services: • Outpatient Clinics (Outpatient)
Harrison Infusion Center - Poulsbo 19500 10th Avenue Suite 100 Poulsbo, WA 98370	Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Perform Invasive Procedure (Outpatient) Single Specialty Practitioner (Outpatient)
Harrison Infusion Clinic 2720 Clare Ave Bremerton, WA 98310	Services:

Rehabilitation -

1780 NW Myhre Rd Suite

Silverdale, WA 98383

Silverdale

G210

Services:

• Single Specialty Practitioner (Outpatient)

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Locations of Care

Primary Location Locations of Care	Available Services	
Harrison Medical Center * 2520 Cherry Avenue Bremerton, WA 98310	Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Cardiac Catheterization Lab (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) Gynecological Surgery (Surgical Services) Hematology/Oncology Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit)	nt)
Harrison Medical Center- Cardiac Rehabilitation 2601 Cherry Ave Suite111 Bremerton, WA 98310	Services: • Outpatient Clinics (Outpatient)	
Harrison Medical Center- YMCA Rehabilitation Clinic 3909 NW Randall Way Silverdale Suite 201 Silverdale, WA 98383	Services: • Outpatient Clinics (Outpatient)	

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Locations of Care

* Primary Location

Locations of Care	Available Services
Harrison Port Orchard Urgent Care 450 South Kitsap Blvd #100 Port Orchard, WA 98366	Services: • Urgent Care (Outpatient)
Harrison Sleep Medicine 19917 7th Avenue Suite 210 Poulsbo, WA 98370	Services: • Single Specialty Practitioner (Outpatient)
Harrison Wound, Hyperbaric, & Infusion 742 Lebo Blvd. Suite A Bremerton, WA 98310	Services: Administration of Blood Product (Outpatient) Outpatient Clinics (Outpatient)

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2019 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."

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	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
	Preventing Infections that are difficult to treat	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	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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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		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.	∞ ²	№ ²	

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored	Weighte d	Top 10% Scored	Weighte d
			at Most:	Median:	at Most:	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.	160.00 minutes 571 eligible Patients	55.00	133.00	73.42	158.84

- 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.

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint Commission

	Acciedited	Jigariizalions
Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the care of mothers and newborns.	2	№ 2
	This category of evidenced based measures assesses the	Explanation Nationwide This category of evidenced based measures assesses the 2

		Cor	npared to o Accredit	other Joint ed Organiz		on
		Nationwide				ewide
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.	100% of 4 eligible Patients	100%	98%	100%	99%
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.	2% of 137 eligible Patlents	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.	73% of 377 eligible Patients	73%	51%	82%	72%

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