

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.



Summary of Quality Information

Symbol Key		
This organization achieved the best possible results.	1	4
This organization's performance is above the target range/value.	F	3
This organization's performance is similar to the target range/value.	(Q
O This organization's performance is below the target range/value.		
This Measure is not applicable for this organization.	A	
Not displayed	1	H

Footnote Key

Symbol 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.
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 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🥝 Hospital	Accredited	12/15/2022	9/2/2022	12/15/2022

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

Advanced Certification	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
🥝 Primary Stroke Center	Certification	4/12/2022	4/11/2022	4/11/2022

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 Organiz	
		Nationwide	Statewide
Hospital	2022National Patient Safety Goals	Ø	()) *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	(10) ²	(²
Apr 2020 - Mar 2021	Perinatal Care	1	(²

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



Locations of Care

* Primary Location	
Locations of Care	Available Services
Cancer Center at St. Michael Medical Center 1900 NW Myhre Rd Silverdale, WA 98383	Other Clinics/Practices located at this site: • Hematology and Oncology (formerly Harrison HealthPartners He • Infusion Oncology (formerly Harrison Infusion/Oncology) • Radiation Oncology at St. Michael Medical Center
	 Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Hazardous Medication Compounding (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Harlow Medical Building DBA: St. Michael Medical center 1780 NW Myhre Rd, Harlow Building Silverdale, WA 98383	Other Clinics/Practices located at this site: Anticoagulation Clinic at St. Michael Medical Center Cardiac Rehabilitation at St. Michael Medical Center Harrison Outpatient Pediatric Rehabilitation Harrison Outpatient Rehabilitation - Silverdale St. Michael Imaging Center - Silverdale Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Harrison Belfair Urgent Care 21 NE Romance Hill Rd Belfair, WA 98528	Services: Urgent Care (Outpatient)
Harrison Imaging Center DBA: St. Michael Imaging Center - Bremerton 2700 Clare Avenue Bremerton, WA 98310	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Harrison Imaging Center - Poulsbo DBA: St. Michael Imaging Center - Poulsbo 22180 Olympic College Way NW Suite 101 Poulsbo, WA 98370	Services: • Outpatient Clinics (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
Locations of Care Harrison Medical Center - Silverdale * DBA: St. Michael Medical Center 1800 NW Myhre Road Silverdale, WA 98383	 Joint Commission Advanced Certification Programs: Primary Stroke Center Other Clinics/Practices located at this site: St. Michael Sleep Disorders Clinic Services: Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) Cardiovascular Unit (Inpatient) Cardiovascular Surgery (Surgical 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) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services)
Harrison Sleep Medicine DBA: St. Michael Sleep Disorders Center 19917 7th Avenue Suite 210 Deutles M(A. 08270	 Medical /Surgical Unit (Inpatient) Services: Single Specialty Practitioner (Outpatient)
Poulsbo, WA 98370 Harrison Wound, Hyperbaric, & Infusion DBA: Wound Care & Hyperbaric Medicine at St. Michael 742 Lebo Blvd. Suite A	Services: • Administration of Blood Product (Outpatient) • Outpatient Clinics (Outpatient)



Locations of Care

* Primary Location

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Locations of Care	Available Services
South Kitsap Medical Building 450 South Kitsap Blvd Port Orchard, WA 98366	Other Clinics/Practices located at this site: Harrison Port Orchard Urgent Care Harrison Rehabilitation - Port Orchard St. Michael Imaging Center - Port Orchard
	Services:Outpatient Clinics (Outpatient)



2022 National Patient Safety Goals

Hospital

Sofoty Coolo	Organizations Should	Implemented
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	\bigcirc
	Reconciling Medication Information	\bigcirc
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	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

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."



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

	Symbol Key
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			Compared to other Joint Commission Accredited Organizations	
		Accredited C		
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				
		N	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.	422 minutes 438 eligible Patients	49	159	107	217

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

This information can also be viewed at www.hospitalcompare.hhs.gov

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National Quality Improvement Goals

Reporting P	Period: April 2020 - March 2021		
		Comr	to other Joint nission Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	○ ²

		Compared to other Joint Commission Accredited Organizations				
			lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	(16%	25%	18%	24%
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.	3% of 69 eligible Patients	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.	66% of 283 eligible Patients	71%	50%	82%	71%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	2018% of 1189 eligible Patients	212%	1780%	682%	1844%
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	3280% of 1189 eligible Patients	1508%	3084%	1629%	2772%



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Perinatal Care		This category of evidenced based measures assesses the care of mothers and newborns.		™ ²		0 ²		
			Cor	mpared to c Accredite	other Joint ed Organiz		n	
			Ν	Nationwide		Statewide		
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate	
Unexpected Complic Term Newborns per 7 livebirths - Severe Ra	1000	The severe rate equals the number of patients with severe complications.	1261% of 1189 eligible Patients	501%	1303%	535%	9289	



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