

# Certification Quality Report



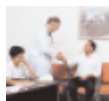


Welcome to The Joint Commission's Quality Report! We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, The Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks certification, it demonstrates a strong commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is one important way to help you determine whether a health care organization can meet your needs. Discuss this report with your doctor and other health care professionals before making a care decision. This report covers National Patient Safety Goals, which are guidelines that focus on the highest priority safety and quality issues such as preventing surgery on the wrong side of the body and reducing medication errors.




Your comments are 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

Mark R. Chassin, MD  
President of the Joint Commission




## Summary of Certification 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."

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
 Primary Stroke Center	Certification	3/20/2008	1/17/2008	1/17/2008





  

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
 Heart Failure	Certification	3/17/2008	1/18/2008	1/18/2008
 Joint Replacement - Hip	Certification	3/13/2008	1/17/2008	1/17/2008
 Joint Replacement - Knee	Certification	3/12/2008	1/17/2008	1/17/2008

Compared to other Joint Commission Accredited Organizations

Nationwide

### National Patient Safety Goals

- 2008 Heart Failure: 
- 2008 Joint Replacement - Hip: 
- 2008 Joint Replacement - Knee: 
- 2008 Primary Stroke Center: 



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<p><b>Grant Medical Center *</b> 111 South Grant Avenue Columbus, OH 43215</p>	<p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>● Primary Stroke Center</li> </ul> <p><b>Joint Commission Certified Programs:</b></p> <ul style="list-style-type: none"> <li>● Heart Failure</li> <li>● Joint Replacement - Hip</li> <li>● Joint Replacement - Knee</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Cancer Center/Oncology (Inpatient)</li> <li>● Cardiac Catheterization Lab (Inpatient, Outpatient)</li> <li>● Cardiac Surgery (Inpatient)</li> <li>● Cardiac Unit/Cardiology (Inpatient, Outpatient)</li> <li>● CT Scanner (Inpatient, Outpatient)</li> <li>● Dialysis (Inpatient)</li> <li>● EEG/EKG/EMG Lab (Inpatient, Outpatient)</li> <li>● Emergency Room (Outpatient)</li> <li>● Endocrinology (Inpatient)</li> <li>● Family Practice (Inpatient, Outpatient)</li> <li>● Gastroenterology (Inpatient, Outpatient)</li> <li>● General Medical Services (Inpatient, Outpatient)</li> <li>● General Surgery (Inpatient, Outpatient)</li> <li>● GI or Endoscopy Lab (Inpatient, Outpatient)</li> <li>● Gynecology (Inpatient, Outpatient)</li> <li>● Hematology/Blood Treatment (Inpatient)</li> <li>● Imaging/Radiology (Inpatient, Outpatient)</li> <li>● Infectious Diseases (Inpatient)</li> <li>● Infusion Services (Outpatient)</li> <li>● Intensive Care Unit (Inpatient)</li> <li>● Internal Medicine (Inpatient, Outpatient)</li> <li>● Labor &amp; Delivery (Inpatient)</li> <li>● Magnetic Resonance Imaging (Inpatient, Outpatient)</li> <li>● Nephrology (Inpatient)</li> <li>● Neurology (Inpatient)</li> <li>● Neurosurgery (Inpatient)</li> <li>● Nuclear Medicine (Inpatient, Outpatient)</li> <li>● Nursery (Inpatient)</li> <li>● Obstetrics (Outpatient)</li> <li>● Operating Room (Inpatient, Outpatient)</li> <li>● Ophthalmology/Eye Surgery (Inpatient, Outpatient)</li> <li>● Oral Maxillofacial Surgery (Inpatient, Outpatient)</li> <li>● Orthopedic Surgery (Inpatient, Outpatient)</li> <li>● Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient)</li> <li>● Outpatient Surgery (Outpatient)</li> <li>● Pain Management (Inpatient)</li> <li>● Pediatric Care (Outpatient)</li> <li>● Plastic Surgery (Inpatient, Outpatient)</li> <li>● Podiatry (Inpatient, Outpatient)</li> <li>● Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient)</li> <li>● Pulmonary Function Lab (Inpatient, Outpatient)</li> <li>● Radiation Oncology (Inpatient, Outpatient)</li> <li>● Rehabilitation (Inpatient)</li> <li>● Respiratory Care (Ventilator) (Inpatient)</li> <li>● Rheumatology (Inpatient)</li> <li>● Sleep Center (Outpatient)</li> <li>● Telemetry (Inpatient)</li> <li>● Thoracic Surgery (Inpatient)</li> </ul>



## Locations of Care




**\* Primary Location**

Locations of Care	Available Services
	<ul style="list-style-type: none"> <li>● Trauma/Burn Unit (Inpatient)</li> <li>● Ultrasound (Inpatient, Outpatient)</li> <li>● Urgent Care/Emergency Medicine (Outpatient)</li> <li>● Urology (Inpatient, Outpatient)</li> <li>● Vascular Surgery (Inpatient, Outpatient)</li> <li>● Wound Care (Outpatient)</li> </ul>



















## National Patient Safety Goals

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### 2008 Heart Failure




Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
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.	
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 facility.	
Reduce the risk of resident harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.	Develop and implement a protocol for administration and documentation of the flu vaccine.	
	Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.	
	Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.	
Encourage residents' active involvement in their own care as a resident safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	




## National Patient Safety Goals

### 2008 Heart Failure

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Safety Goals	Organizations Should	Implemented
	Conduct a "time out" immediately before starting the procedure.	

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### 2008 Joint Replacement - Hip




Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
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.	
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 facility.	
Reduce the risk of resident harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.	Develop and implement a protocol for administration and documentation of the flu vaccine.	
	Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.	
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Encourage residents' active involvement in their own care as a resident safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	




## National Patient Safety Goals

### 2008 Joint Replacement - Hip

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### 2008 Joint Replacement - Knee




Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
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.	
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 facility.	
Reduce the risk of resident harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.	Develop and implement a protocol for administration and documentation of the flu vaccine.	
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	Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.	
Encourage residents' active involvement in their own care as a resident safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	




## National Patient Safety Goals

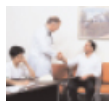
### 2008 Joint Replacement - Knee

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### 2008 Primary Stroke Center




Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
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.	
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.	
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Reduce the risk of resident harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.	Develop and implement a protocol for administration and documentation of the flu vaccine.	
	Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.	
	Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.	
Encourage residents' active involvement in their own care as a resident safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
Universal Protocol	Conduct a pre-operative verification process.	
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## National Patient Safety Goals

### 2008 Primary Stroke Center

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