

Quality Report



Joint Commission

on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

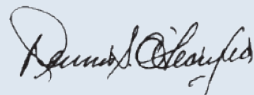
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Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, Joint 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@jcaho.org with your comments and suggestions.






Dennis S. O'Leary, MD
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.

Accreditation Decision

Accredited

Decision Effective Date

September 20, 2006

Accredited Programs



Ambulatory Care

Last Full Survey Date

August 31, 2006

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

Compared to other Joint Commission Accredited Organizations

	Nationwide	Statewide
2006 National Patient Safety Goals:		 *

* State Results are not Calculated for the National Patient Safety Goals.



Locations of Care

* Primary Location




Locations of Care	Available Services
<p>Cyrus One Data Center 4201 Southwest Freeway Houston, TX 77027</p>	<ul style="list-style-type: none"> • Diagnostic Imaging
<p>Horizon Radiology 1 Limited, LLP * 210 Spring Hill Drive Suite 150 Spring, TX 77386</p>	<ul style="list-style-type: none"> • Diagnostic Imaging
















2006 National Patient Safety Goals

Ambulatory Care

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.

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Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.	
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 order or test result "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms and symbols 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.	Standardize and limit the number of drug concentrations available in the organization.	
	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.	
	Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.	
Reduce the risk of health care-associated infections.	Comply with current 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.	Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.	
	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.	
Reduce the risk of surgical fires.	Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentration under drapes.	



Organizations Quality Report History

2006

Accredited

September 20, 2006

Active Programs:
Ambulatory Care

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