



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

Symbol Key

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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Hospital | Accredited | 11/25/2014 | 7/18/2014 | 4/27/2017 |
| Laboratory | Accredited | 6/26/2015 | 6/25/2015 | 6/25/2015 |
| Nursing Care Center | Accredited | 7/16/2014 | 7/15/2014 | 7/15/2014 |

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

Pathology and Clinical Laboratory

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---------------------------------|------------------------|----------------|-----------------------|--------------------------|
| Primary Stroke Center | Certification | 3/2/2016 | 3/1/2016 | 3/1/2016 |

| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Traumatic Brain Injury | Certification | 3/1/2016 | 2/29/2016 | 2/29/2016 |

Other Accredited Programs/Services

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

Special Quality Awards

2014 Top Performer on Key Quality Measures®

2012 Gold - The Medal of Honor for Organ Donation

Hospital

2017 National Patient Safety Goals

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide



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Reporting Period:
Oct 2015 -
Sep 2016

National Quality Improvement Goals:

Emergency Department

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Hospital-Based Inpatient Psychiatric Services

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 ²

Immunization

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Perinatal Care

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Venous Thromboembolism (VTE)

 ²

 ²

Laboratory

2015 National Patient Safety Goals



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Nursing
Care
Center

2014 National Patient Safety Goals



 *



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Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| San Francisco Behavioral Health Center -2nd floor 887 Potrero Avenue San Francisco, CA 94110 | Services: <ul style="list-style-type: none"> General Laboratory Tests |
| San Francisco General Hospital Med Center (Pathology) Bldg 3 1001 Potrero Avenue, Bldg 3 San Francisco, CA 94110 | Services: <ul style="list-style-type: none"> General Laboratory Tests |
| San Francisco General Hospital Med Center, FHC, UCC 995 Potrero Ave, Bldg 80, 90 San Francisco, CA 94110 | Other Clinics/Practices located at this site: <ul style="list-style-type: none"> Pos. Health, Derm & Renal Clinics, OTOP Services: <ul style="list-style-type: none"> Blood Donor Center General Laboratory Tests |
| San Francisco General Hospital Medical and Trauma Center 2550 23rd Street, Bldg. 9 San Francisco, CA 94110 | Services: <ul style="list-style-type: none"> General Laboratory Tests |



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|---|---|
| Zuckerberg San Francisco General Hospital and Trauma Center * 1001 Potrero Avenue, San Francisco, CA 94110 | Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Primary Stroke Center Joint Commission Certified Programs: <ul style="list-style-type: none"> Traumatic Brain Injury Services: <ul style="list-style-type: none"> Cardiac Catheterization Lab (Surgical Services) 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) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Outpatient Clinics (Outpatient) Pediatric Unit (Inpatient) Post Anesthesia Care Unit (PACU) (Inpatient) Skilled Nursing Care Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Thoracic Surgery (Surgical Services) Toxicology Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services) |



















2017 National Patient Safety Goals

Symbol Key

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Hospital






| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Reduce the harm associated with clinical alarm systems. | Use Alarms Safely on Medical Equipment |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Multi-Drug Resistant Organism Infections |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| | Preventing Surgical Site Infections |  |
| | Preventing Catheter-Associated Urinary Tract Infection |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |



National Quality Improvement Goals

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Compared to other Joint 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. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|---|---|------------------|-------------------------|------------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Most: | Weighted Median: | Top 10% Scored at Most: | Weighted 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. |  ² 208.00 minutes 822 eligible Patients | 53.00 | 124.00 | 66.15 | 160.16 |
| 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. |  ² 456.00 minutes 828 eligible Patients | 202.00 | 311.00 | 244.74 | 366.03 |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--|--|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|---|---|---------------|--------------------------|---------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate | This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. |  97% of 187 eligible Patients | 100% | 94% | 100% | 93% |



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Compared to other Joint Commission Accredited Organizations

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|---|---|--|--|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|---|--------------------------|---------|--------------------------|---------|
| | | Hospital Results | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years) | This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. |  97% of 151 eligible Patients | 100% | 94% | 100% | 92% |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
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| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------|---------|--------------------------|---------|
| | | Hospital Results | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) | This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. |  100% of 36 eligible Patients | 100% | 92% | 100% | 88% |



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|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate | This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. | ³ 55% of 20 eligible Patients ³ | 100% | 62% | 100% | 53% |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64 | This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ³ 67% of 15 eligible Patients ³ | 100% | 63% | 100% | 52% |



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| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older | This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ³ 20% of 5 eligible Patients ³ | 100% | 56% | 100% | 53% |
| Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate | This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.21 (65 Total Hours in Restraint) | N/A | 0.49 | N/A | 1.07 |



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| Hours of Physical Restraint Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.24 (65 Total Hours in Restraint) | N/A | 0.53 | N/A | 1.23 |
| Hours of Physical Restraint Use Older Adults Age 65 and Older | This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.00 (0 Total Hours in Restraint) | N/A | 0.38 | N/A | 0.08 |
| Hours of Seclusion Use per 1000 Patient Hours - Overall Rate | This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 2.23 (710 Total Hours in Seclusion) | N/A | 0.36 | N/A | 0.59 |



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| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

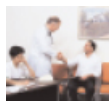
| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|--|--------------------------|---------------|--------------------------|---------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Hours of Seclusion Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. |  2.48 (690 Total Hours in Seclusion) | N/A | 0.41 | N/A | 0.67 |
| Hours of Seclusion Use Older Adults Age 65 and Older | This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. |  0.51 (20 Total Hours in Seclusion) | N/A | 0.08 | N/A | 0.13 |



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 Period: October 2015 - September 2016



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.
-  Not displayed


Footnote 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.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. 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.

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

| Measure | Explanation | | | | | |
|------------------------|---|---|--------------------------|---------|--------------------------|---------|
| | | Hospital Results | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | Rate: |
| 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. |  80% of 491 eligible Patients | 100% | 94% | 100% | 95% |

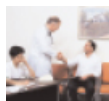


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National Quality Improvement Goals

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Compared to other Joint Commission Accredited 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

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|-------------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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. | 4 ---- | 100% | 98% | 100% | 98% |
| 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. 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 35 eligible Patients | 0% | 2% | 0% | 1% |
| 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. | 69% of 157 eligible Patients | 75% | 53% | 81% | 63% |

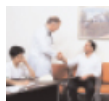


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National Quality Improvement Goals

Reporting Period: October 2015 - September 2016



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11. There were no eligible patients that met the denominator criteria.

Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|------------------------------|---|--|--|
| Venous Thromboembolism (VTE) | This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|----------------------------|--|--|---|---------------|--------------------------|---------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| VTE Discharge Instructions | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. |  81% of 48 eligible Patients | 100% | 93% | 100% | 95% |



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2015 National Patient Safety Goals

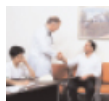
Symbol Key

-  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.

Laboratory




| Safety Goals | Organizations Should | Implemented |
|--|---|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Reduce the risk of health care-associated infections | Meeting Hand Hygiene Guidelines |  |

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2014 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.

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Nursing Care Center

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| Improve the safety of using medications. | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| Reduce the risk of patient harm resulting from falls. | Implementing a Fall Reduction Program |  |
| Prevent health care-associated pressure ulcers (decubitus ulcers). | Assessing Resident Risk for Pressure Ulcers |  |