

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.

1001 Potrero Avenue, Bldg 5 Second Floor RM 2A5, San Francisco, CA





Summary of Quality Information

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	This organization's performance is below the target range/value.
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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	
		Date	Date	Survey Date
🎯 Hospital	Accredited	11/25/2020	5/7/2021	5/7/2021
olimitation Laboratory	Accredited	7/27/2019	7/26/2019	7/26/2019
Oursing Care Center	Accredited	5/5/2021	5/4/2021	5/4/2021

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	4/30/2021	4/29/2021	4/29/2021
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
🥝 Traumatic Brain Injury	Certification	5/1/2021	4/30/2021	4/30/2021

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

			Compared to other Joint Commission Accredited Organizations	
	Nationwide Statewid		Statewide	
Hospital	2020National Patient Safety Goals	Ø	*	

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

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Summary of Quality Information

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ion's performance is et range/value.			Nationwide	Statewide
ion's performance is		National Quality Improvement Goals:		
arget range/value. ion's performance is et range/value.	Reporting Period:	Emergency Department	№ ²	2 ²
is not applicable for this	Jan 2019 - Dec 2019	Hospital-Based Inpatient Psychiatric Services	ND ²	() ²
		Perinatal Care	2 ²	() ²
te Key	Laboratory	2019National Patient Safety Goals	Ø	*
or Measure Set was not	Nursing Care	2021National Patient Safety Goals	Ø	*
Set does not have an	Care Center			

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Locations of Care

* Primary Location	
Locations of Care	Available Services
San Francisco General Hospital Med Center 995 Potrero Ave, Bldg 80, 90 San Francisco, CA 94110	Other Clinics/Practices located at this site: Positive Health and OTOP Services: General Laboratory Tests
San Francisco General Hospital Med Center (Pathology) Bldg 3 1001 Potrero Avenue, Bldg 3 San Francisco, CA 94110	Services: General Laboratory Tests
San Francisco General Hospital Medical and Trauma Center 1001 Potrero Avenue Bldg. 9 San Francisco, CA 94110	Other Clinics/Practices located at this site: Occupational Health Services: General Laboratory Tests
Zuckerberg San Francisco General Hospital 1001 Potrero Avenue, Building 25 San Francisco, CA 94110	Services: • General Laboratory Tests

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Locations of Care

* Primary Location

	Available Services
Locations of Care	Available Services
Zuckerberg San Francisco General Hospital and Trauma Center * 1001 Potrero Avenue, Building 25,5 San Francisco, CA 94110	 Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Commission Certified Programs: Traumatic Brain Injury
	Services:
	 Cardiac Catheterization Lab (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Labor & Delivery (Inpatient) Long Term Acute Care Unit (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit)

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2020 National Patient Safety Goals

Hospital

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 Reconciling Medication Information	(V) (V)
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	Ø
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

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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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

			o other Joint nission	
	Accredite		d 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				
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Scored	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.	VO 2 347.00 minutes 905 eligible Patients	55.00	133.00	75.73	180.51

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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	

		Cor	mpared to o Accredit	other Joint ed Organiz		on
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	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.	82% of 225 eligible Patients	100%	95%	100%	95%

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		١	lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 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.	€ 3 	100%	96%	100%	99%

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		١	lationwide		State	wide
Measure	Explanation	Hospital Results	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 - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 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.	ND 3	100%	96%	100%	99%

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		١	lationwide			wide
Measure	Explanation	Hospital Results	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 - 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.	85% of 157 eligible Patients	100%	95%	100%	94%

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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	O 76% of 68 eligible Patients	100%	95%	100%	97%

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Measure	Explanation	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 persons capacity to meet lifes everyday demands.	58% of 19 eligible Patients	100%	63%	97%	52%	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3	100%	47%	3	3	

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Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<mark>₩0</mark> 3 	100%	48%	100%	52%

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		1	Vationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	53% of 15 eligible Patients	100%	65%	98%	52%

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

This organization achieved the best possible results	Reporting Per	iod: January 2019 - December 2019					
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This organization's performance is similar to the target range/value.				Com	pared to o Commiss		
This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures ass overall quality of care given to psychiatric patien		(2	○ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Co	mpared to c Accredite	other Joint ed Organiz		'n
• The Measure Set does not have an overall result.				Nationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:

	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.

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

Measure	Explanation	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.	75% of 4 eligible Patients	100%	56%	100%	50%
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.	1.98 (826 Total Hours in Restraint)	N/A	0.48	N/A	1.13

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This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

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The number of months with Measure data is below the reporting requirement.

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There were no eligible patients that met

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The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

above the target range/value. This organization's performance is

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		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	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 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.	<mark>№0</mark> 3 	N/A	0.40	N/A	0.48
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 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.	ND 3	N/A	0.29	N/A	0.35



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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to other Joint Commission	
		Accredited C	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				n
Measure	Explanation	N Hospital Results	lationwide			ewide Average Rate:
		recounto	at Least:	riato.	at Least:	riato.
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.	C222 (819 Total Hours in Restraint)	N/A	0.56	N/A	1.31
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.	0.14 (6 Total Hours in Restraint)	N/A	0.09	N/A	0.12
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.	4.57 (1904 Total Hours in Seclusion)	N/A	0.40	N/A	0.55

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Symbol Key

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This organization achieved the best

Footnote Key

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to other Joint Commission	
		Accredited C	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	N Hospital Results	Vationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 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.	<mark>₩</mark> 93	N/A	0.69	N/A	0.12
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 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.	№ 3 	N/A	0.21	N/A	0.22
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.	4.57 (1686 Total Hours in Seclusion)	N/A	0.45	N/A	0.62
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.	4.54 (218 Total Hours in Seclusion)	N/A	0.08	N/A	0.21



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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		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	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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 11 eligible Patients	100%	98%	100%	99%
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.	(12%	25%	12%	22%
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.	0% of 29 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.	82% of 180 eligible Patients	73%	51%	81%	62%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	4822.00 minutes 788 eligible Patients				

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

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Symbol Key

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Compared to other Joint

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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isplayed	Measure Area	Explanation	N
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	
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		Compared to other Joint Commission Accredited Organizations				
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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	10				
	conditions, these are babies that are expected to do well and routinely go home with the mother.	7487.00 minutes 788 eligible Patients				
Unexpected Complications in Term Newborns per 1000	The severe rate equals the number of patients with severe complications.	1 0				
livebirths - Severe Rate		2664.00 minutes 788 eligible Patients				

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Symbol Key

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2019 National Patient Safety Goals

Laboratory

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
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø

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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2021 National Patient Safety Goals

Nursing Care Center

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

Symbol Key

The organization has met the National Patient Safety Goal.
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