

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

Symbol Key

| 0 | This organization achieved the best possible results. |
|----------|-----------------------------------------------------------------------|
| Ð | This organization's performance is above the target range/value. |
| | This organization's performance is similar to the target range/value. |
| Θ | This organization's performance is below the target range/value. |
| • | This Measure is not applicable for this organization. |
| • | 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.

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 | 5/8/2021 | 5/7/2021 | 8/11/2021 |
| olimitation States (Section 2017) Section 2017 Section 20 | Accredited | 6/25/2022 | 6/24/2022 | 6/24/2022 |
| 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 | Certification Decision | Effective | Last Full Review | Last On-Site |
|-------------------------|------------------------|-----------|------------------|--------------------|
| Programs | | Date | Date | Review Date |
| 🥝 Primary Stroke Center | Certification | 4/30/2021 | 4/29/2021 | 4/29/2021 |

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 | Statewide | |
| Hospital | 2021National Patient Safety Goals | ${igodot}$ | * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: Apr 2020 - Mar 2021 | Perinatal Care | 2 ° | 1 | |
| Laboratory | 2022National Patient Safety Goals | Ø | * | |

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



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Compared to other Joint Commission Accredited Organizations

Statewide

Nationwide

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Nursing 2021National Patient Safety Goals Care

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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

| Locations of Care |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Locations of Care Zuckerberg San Francisco General Hospital and Trauma Center * 1001 Potrero Avenue, Building 25,5 San Francisco, CA 94110 |

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2021 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 | \bigcirc |
| | Reconciling Medication Information | Ø |
| 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 | \bigotimes |
| | 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.

Symbol Key

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Footnote Key

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

Zuckerberg San Francisco General Hospital

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National Quality Improvement Goals

| This organization achieved the best possible results | Reporting Pe | eriod: April 2020 - March 2021 | | |
|-----------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------|------------|-----------------------|
| This organization's performance is above the target range/value. | | | | |
| This organization's performance is similar to the target range/value. | | | | o other Joint |
| This organization's performance is below the target range/value. | | | | Organizations |
| Not displayed | 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 | , in the second s | State | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Avera 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% | 16% | 23% |
| 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 19 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. | 84% of 96 eligible Patients | 71% | 50% | 80% | 62% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications. | 3171% of 599 eligible Patients | 212% | 1780% | 0% | 1421 |
| 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. | 6510% of 599 eligible Patients | 1508% | 3084% | 1258% | 2777 |



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

Null value or data not displayed.

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National Quality Improvement Goals

| | Reporting Peri | od: Api | ril 2020 - March 2021 | | | | | |
|------|---------------------------------------------------------------------|---------|--------------------------------------------------------------------------|--------------------------------------|--------------------------------|-----------------------------|--------------------------------|------------|
| | | - | | | | | | |
| | | | | | Com | pared to o Commiss | | |
| | | | | | Accr | edited Orga | anizations | |
| Me | easure Area | | Explanation | | Nationwi | de | Statewide | e |
| Pe | rinatal Care | | egory of evidenced based measures as nothers and newborns. | ssesses the | (| 2 | ○ ² | |
| | | | | Cor | mpared to c Accredite | other Joint (ed Organiz | | 'n |
| | | | | N | lationwide | Statewide | | |
| | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Aver Ra |
| Terr | expected Complication m Newborns per 100 births - Severe Rate | | The severe rate equals the number of patients with severe complications. | 3338% of 599 eligible Patients | 501% | 1303% | 505% | 135 |



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2022 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 |

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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 | \bigcirc |
| 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 |

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