



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



## Summary of Quality Information




### Symbol Key

-  This organization achieved the best possible results.
-  This organization's performance is better than the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is worse than 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.
12. The measure rate is within optimal range.

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
 Laboratory	Accredited	6/25/2022	6/24/2022	6/24/2022
 Nursing 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	2/16/2023	2/15/2023	2/15/2023

### Other Accredited Programs/Services

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

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	<b>2021National Patient Safety Goals</b>		 *
	<b>National Quality Improvement Goals:</b>		
Reporting Period: Jan 2022 - Dec 2022	Perinatal Care	 <sup>2</sup>	 <sup>2</sup>
Laboratory	<b>2022National Patient Safety Goals</b>		 *
Nursing Care Center	<b>2021National Patient Safety Goals</b>		 *



## Locations of Care




### \* Primary Location

Locations of Care	Available Services
<b>San Francisco General Hospital Med Center (Pathology) Bldg 3</b> 1001 Potrero Avenue, Bldg 3 San Francisco, CA 94110	<b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> </ul>
<b>San Francisco General Hospital Medical and Trauma Center</b> 1001 Potrero Avenue Bldg. 9 San Francisco, CA 94110	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Occupational Health</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> </ul>
<b>Zuckerberg San Francisco General Hospital</b> 1001 Potrero Avenue, Building 25 San Francisco, CA 94110	<b>Services:</b> <ul style="list-style-type: none"> <li>General Laboratory Tests</li> </ul>
<b>Zuckerberg San Francisco General Hospital and Trauma Center *</b> 1001 Potrero Avenue, Building 25,5 San Francisco, CA 94110	<b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Long Term Acute Care Unit (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Neurosurgery (Surgical Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Skilled Nursing Care</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Toxicology</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>



## 2021 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.

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

### Hospital

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	
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	
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

Reporting Period: January 2022 - December 2022

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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	Hospital Results	Nationwide		Statewide	
			Top Performer Threshold:	Average Rate:	Top Performer Threshold:	Average 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.		12	26%	12	24%
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.	 6% of 34 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.	 81% of 233 eligible Patients	72%	50%	80%	60%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	 20 per 1000	5	13	6	12




\* This information can also be viewed at <https://hospitalcompare.io/>  
 ---- Null value or data not displayed.

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






## 2022 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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## 2021 National Patient Safety Goals

### Symbol Key

-  The organization has met the National Patient Safety Goal.
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-  The Goal is not applicable for this organization.

### 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	
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	

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