

# 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**

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This organization's performance is above the target range/value.
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This Measure is not applicable for this organization.
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#### **Footnote Key**

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
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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 Date	Last Full Survey Date	Last On-Site Survey Date
o Ambulatory Care	Accredited	10/17/2018	10/16/2018	10/16/2018
🎯 Hospital	Accredited	2/11/2017	2/10/2017	9/20/2017
olimitation States Contraction States Contractic Co	Accredited	5/16/2019	5/15/2019	5/15/2019

#### Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Pathology and Clinical Laboratory

Hospital

#### **Other Accredited Programs/Services**

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

#### **Special Quality Awards**

2012 Silver - The Medal of Honor for Organ Donation

			Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide		
Ambulatory Care	2018National Patient Safety Goals	$\bigotimes$			
Hospital	2017National Patient Safety Goals	$\bigotimes$	*		
-	National Quality Improvement Goals:				
Reporting Period:	Emergency Department	<b>(1</b> ) <sup>2</sup>	2 <sup>2</sup>		
Apr 2018 - Mar 2019	Hospital-Based Inpatient Psychiatric Services	<b>(1</b> ) <sup>2</sup>	2 <sup>2</sup>		
	Perinatal Care	( <sup>2</sup>	<b>()</b> <sup>2</sup>		
Laboratory	2019National Patient Safety Goals	${igodot}$	<b>*</b>		

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

1000 W. Carson Street, Torrance, CA



## **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
County of Los Angeles Family Health Center 1403 West Lomita Boulevard, 2nd Floor Harbor City, CA 90710	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
County of Los Angeles Gardena Clinic DBA: Gardena Clinic - Gardena High School 1301 West 182nd Street, Suite W1 Gardena, CA 90248	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Harbor-UCLA Medical Professional Building 1000 W. Carson Street, Suites 350,500, & 800, 1000-1300 Torrance, CA 90509	Other Clinics/Practices located at this site: <ul> <li>Harbor-UCLA Medical Center Pediatric Managed Care Clinic</li> <li>Harbor-UCLA Medical Center Pediatric Medical Genetics Clinic</li> <li>Harbor-UCLA Medical Center Womens Wellness Center</li> <li>Pediatric K.I.D.S Hub Clinic</li> </ul> Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>



## **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
LOCATORISOF CATE Medical Center * 1000 W. Carson Street Torrance, CA 90509	<ul> <li>Services:</li> <li>Behavioral Health (24-hour Acute Care/Crisis</li> <li>Stabilization - Adult)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Labs (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Coronary Care Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Family Support (Non 24 Hour Care)</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>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Clin (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inaging (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Mammography</li> <li>Medical ICU (Intensive Care Unit)</li> </ul>

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## **2018 National Patient Safety Goals**

### **Ambulatory Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	0
	Eliminating Transfusion Errors	$\bigotimes$
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	<b>(</b>
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	$\odot$
	Preventing Surgical Site Infections	$\bigotimes$
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	$\bigotimes$
	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.

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

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## **2017 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
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	$\bigcirc$
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
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

#### Symbol Key

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

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## **National Quality Improvement Goals**

Reporting Period: April 2018 - March 2019

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This organization achieved the best ossible results This organization's performance is 0 above the target range/value. This organization's performance is  $\oslash$ similar to the target range/value. This organization's performance is e below the target range/value. lot displayed ND

#### Footnote Key

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		Compared to Comm	o other Joint hission
		Accredited C	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.	<b>™</b> <sup>2</sup>	<b>○</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure Explanation		Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	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.	2 410.00 minutes 536 eligible Patients	55.00	136.00	78.35	186.52

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## **National Quality Improvement Goals**

	Reporting Per	iod: April 2018 - March 2019		
		r i i i i i i i i		
			Compared to Comm	o other Joint hission
			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.	<b>@</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

		Cor	mpared to c Accredite	other Joint ed Organiz		n
			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 - 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.	98% of 193 eligible Patients	100%	95%	100%	94%

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#### 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.
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   There were no eligible patients that met
- 1. 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." Ð

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## **National Quality Improvement Goals**

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Eastasta Vay	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	@ <sup>2</sup>	
Footnote Key							_	
reported.		Compared to other Joint Commission Accredited Organizations					'n	
The Measure Set does not have an overall result.		<u>v</u>			ewide			
The number of patients is not enough for comparison purposes.	Measure	Measure Explanation Hos Res			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure	Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	ngths	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

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

their use. Screening for

psychological trauma history

determines if patients have experienced terrible events in their

<b>b.</b>	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
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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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This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2018 - March 2019							
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This organization's performance is below the target range/value.					Accredited Organizations					
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е		
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>№</b> <sup>2</sup>			
Footnote Key	Services									
The Measure or Measure Set was not reported.				Cor	npared to c Accredit	other Joint ed Organiz		n		
The Measure Set does not have an overall result.		Ν					Statewide			
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	Assessment of violence substance use disorder, trauma and patient strei completed - Adolescent years)	ngths	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							

valid. 7. The Measure results are based on a sample of patients.

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patient strengths. Screening for

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violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

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

for substance and alcohol use

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Not displayed	Measure Area		Explanation		Nationwide Statewide			e		
	Hospital-Based Inpatient Psychiatric Services	npatient Psychiatric overall quality of care given to psychiatric patients.					<b>⊘</b> <sup>2</sup>			
Footnote Key	00111000									
The Measure or Measure Set was not reported.				Cor	mpared to c Accredit	other Joint ed Organiz		on		
The Measure Set does not have an     overall result.					lationwide			ewide		
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:		
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		at Least:		at Least:			
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	adults age (18-64 years) screened for violence risk to self and others,							
The Measure results are not statistically valid.	completed - Adult (18-6 years)	64	substance and alcohol use, psychological trauma history and							
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if							
• The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence							
The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening	$\bigotimes$						
updated data. • Test Measure: a measure being			for substance and alcohol use determines if patients need help for	98% of	100%	95%	100%	92%		
evaluated for reliability of the individual data elements or awaiting			their use. Screening for psychological trauma history datarminos if nationta have	169 eligible Patients						

National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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the patient recover.

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This organization's performance is similar to the target range/value. This organization's performance is					Compared to other Joint Commission				
below the target range/value.					Accr	edited Org	anizations		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е	
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>©</b> <sup>2</sup>		<b>№</b> <sup>2</sup>		
Footnote Key	Gervices			Cor	mored to a	other laint	Commissio	20	
reported.				COI	Compared to other Joint Commission Accredited Organizations				
The Measure Set does not have an overall result.					lationwide		State	ewide	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:	
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence substance use disorder, trauma and patient stren completed - Older Adult years)	ngths	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	00% of 24 eligible Patients	100%	94%	100%	95%	

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## **National Quality Improvement Goals**

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possible results	Reporting Period:	April 2018 - March 2019							
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area	Explanation			npared to c Commiss edited Org de	sion	÷		
	Hospital-Based Thi	is category of evidenced based measures as erall quality of care given to psychiatric patie		@ <sup>2</sup>					
Footnote Key 1. The Measure or Measure Set was not	Services		Cor	ompared to other Joint Commission					
<ul><li>reported.</li><li>2. The Measure Set does not have an</li></ul>				Accredit	ed Organiz	ations			
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:			
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharge wir 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.	50% of 10 eligible Patients	100%	62%	100%	52%		
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge 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.	€ 	100%	48%	3	3		

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his organization's performance is imilar to the target range/value.			Com	Compared to other Joint Commission			
his organization's performance is elsewhere the larget range/value.			Accre	Accredited Organizations			
Not displayed	Measure Area	Explanation	Nationwie	de	Statewide	е	
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesse overall quality of care given to psychiatric patients.	es the	2	<b>○</b> <sup>2</sup>		
'ootnote Key	CONTROCT						
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e number of patients is not enough r comparison purposes.	Measure	· · · · · · · · · · · · · · · · · · ·	sults Scored	Average Rate:	Top 10% Scored	Av I	
			at Least		at Least		

- for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.

- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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."

		١	lationwide	ou organiz		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 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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	53%	100%	48%

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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### LAC/Harbor-UCLA Medical Center

1000 W. Carson Street, Torrance, CA



## **National Quality Improvement Goals**

Symbol Key	1							
This organization achieved the best possible results	Reporting Per	iod: Ar	oril 2018 - March 2019					
This organization's performance is above the target range/value.	1							
This organization's performance is similar to the target range/value.	1				Com	npared to o Commiss	other Joint	
This organization's performance is below the target range/value.	I				Accredited Organizations			
Not displayed	Measure Area		Explanation		Nationwid	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>™</b> <sup>2</sup>	
The Measure or Measure Set was not reported.			1	Cor	mpared to o Accredite	other Joint ed Organiz		on
The Measure Set does not have an	1		7	N	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	Multiple Antipsychotic Medications at Discharg 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					

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."

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

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

illness that markedly interferes with a

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44% of

9 eligible

Patients

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

Null value or data not displayed.

64%

100%

100%

53%

### LAC/Harbor-UCLA Medical Center

1000 W. Carson Street, Torrance, CA



## **National Quality Improvement Goals**

Symbol Key This organization achieved the best									
possible results	Reporting Per	riod: Ap	ril 2018 - March 2019						
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area Hospital-Based	This cat	Explanation	ssesses the	Accr Nationwi		sion anizations Statewide	e	
Footnote Key	Inpatient Psychiatric Services		quality of care given to psychiatric patie		<b>@</b>	2	<sup>2</sup> <sup>2</sup>		
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>					npared to c Accredite Jationwide	other Joint ed Organiz	ations	on	
<ul><li>overall result.</li><li>3. The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:		
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n 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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	۩0 <sup>4</sup>	100%	54%	100%	48%	
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Rest Use per 1000 Patient H 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.	2.98 (916 Total Hours in Restraint)	N/A	0.48	N/A	1.05	

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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### LAC/Harbor-UCLA Medical Center

1000 W. Carson Street, Torrance, CA

Rate:

0.40

0.32



## **National Quality Improvement Goals**

Symbol Key					
This organization achieved the best possible results	Reporting Per	iod: April 2018 - March 2019			
This organization's performance is above the target range/value.		-			
This organization's performance is similar to the target range/value.			Cor	npared to ot Commissi	
This organization's performance is below the target range/value.			Acci	redited Orga	
Not displayed	Measure Area	Explanation	Nationwi	de	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	ses the	) <sup>2</sup>	<b>⊘</b> <sup>2</sup>
Footnote Key	Services				
The Measure or Measure Set was not eported.			Compared to Accredit	other Joint C ted Organiza	
The Measure Set does not have an			Nationwide		State
overall result.	Measure	Explanation Ho	ospital Top 10%	Average	Top 10%

	overall result.				allonwide		Jiai
3.	The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:
8. 9. 10	Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.	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.	₩ <sup>3</sup>	N/A	0.37	N/A
F a C r	There were no eligible patients that met the denominator criteria.	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.	₩ <sup>3</sup>	N/A	0.26	N/A



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### LAC/Harbor-UCLA Medical Center

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## **National Quality Improvement Goals**

Symbol Key							
his organization achieved the best ossible results	Reporting Per	iod: April 2018 - March 2019					
his organization's performance is pove the target range/value.		-					
his organization's performance is milar to the target range/value.				Com	pared to o Commiss		
his organization's performance is elow the target range/value.				Accre		anizations	
lot displayed	Measure Area	Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		<b>(</b>	2	<b>○</b> <sup>2</sup>	
Footnote Key he Measure or Measure Set was not ported.			Cor	npared to o	ther Joint ( ed Organiz		n
he Measure Set does not have an			Ν	lationwide	eu Organiz	State	wi
rerall result. ne number of patients is not enough r comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Av I

	for comparison purposes.
4.	The measure meets the Privacy
	Disclosure Threshold rule.
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- 5. The organization scored above 90% but was below most other organizations. 6. The Measure results are not statistically
- valid.
- 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:
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.	913 Total Hours in Restraint)	N/A	0.55	N/A	1.21
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.	0.23 (4 Total Hours in Restraint) <sup>3</sup>	N/A	0.14	N/A	0.18
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.	0.60 (185 Total Hours in Seclusion)	N/A	0.37	N/A	0.48

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

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1000 W. Carson Street, Torrance, CA



## **National Quality Improvement Goals**

Reporting Period: April 2018 - March 2019

	Symbol Key
0	This organization achieved the best possible results
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that met
- 1. 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."

		Compared to Comm	
		Accredited C	rganizations
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.	@ <sup>2</sup>	<b>O</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				on
			lationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	<b>№</b> <sup>3</sup>	N/A	0.60	N/A	0.19
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.	<b>№</b> 3	N/A	0.22	N/A	0.18
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.	0.63 (185 Total Hours in Seclusion)	N/A	0.42	N/A	0.55
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.04	N/A	0.06

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

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sample of patients.

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

Footnote Key

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overall result.

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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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

### LAC/Harbor-UCLA Medical Center

1000 W. Carson Street, Torrance, CA



## **National Quality Improvement Goals**

This organization achieved the best possible results	Reporting Pe	eriod: April 2018 - March 2019		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				o other Joint
O 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.	<b>⊘</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				n
			Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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.	100% of 14 eligible Patients	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 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 16 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.	65% of 94 eligible Patients	73%	52%	81%	63%



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1000 W. Carson Street, Torrance, CA



## **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.

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