

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

1000 W. Carson Street, Torrance, CA



Summary of Quality Information

Symbol Key



Footnote Key

- 1. The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- 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 | Last Full Survey | Last On-Site |
|---|------------------------|------------|------------------|--------------|
| | | Date | Date | Survey Date |
| Ambulatory Care | Accredited | 12/12/2019 | 12/11/2019 | 12/11/2019 |
| 🮯 Hospital | Accredited | 2/11/2017 | 12/13/2019 | 1/24/2020 |
| olimitation State | 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 Organiz | |
|------------------------|---|------------------------------------|------------------|
| | | Nationwide | Statewide |
| Ambulatory Care | 2019National Patient Safety Goals | Ø | ∞ * |
| Hospital | 2017National Patient Safety Goals | Ø | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | (10) ² | (m) ² |
| Oct 2018 - Sep 2019 | Hospital-Based Inpatient Psychiatric Services | (10) ² | (m) ² |
| | Perinatal Care | 1 | (m) ² |
| Laboratory | 2019National Patient Safety Goals | Ø | ()* |

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

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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: Outpatient Clinics (Outpatient) |
| 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: Harbor-UCLA Medical Center Pediatric Managed Care Clinic Harbor-UCLA Medical Center Pediatric Medical Genetics Clinic Harbor-UCLA Medical Center Womens Wellness Center Pediatric K.I.D.S Hub Clinic Services: Outpatient Clinics (Outpatient) |



Locations of Care

* Primary Location

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

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2019 National Patient Safety Goals

Ambulatory Care

| Safety Goals | Organizations Should | Implemented |
|--|---|--------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| | Eliminating Transfusion Errors | \bigotimes |
| Improve the safety of using medications. | Labeling Medications | Ø |
| | Reducing Harm from Anticoagulation Therapy | \bigcirc |
| | Reconciling Medication Information | \bigotimes |
| Reduce the risk of health care-associated infections | Meeting Hand Hygiene Guidelines | Ø |
| | Preventing Surgical Site Infections | \bigotimes |
| 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.

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 |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

Symbol Key

This organization achieved the best ossible results This organization's performance is Ð 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

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| | | 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. | ™ ² | @ ² |

| | | Cor | npared to o Accredit | other Joint ed Organiz | | n |
|--|---|---|-------------------------|---------------------------|-------------------|--------------|
| | Ν | lationwide | | State | wide | |
| Measure | Explanation | Hospital Results | Top 10% Scored | Weighte d | Top 10% Scored | Weighte d |
| | | | at Most: | Median: | at Most: | 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. | 2 383.00 minutes 512 eligible Patients | 55.00 | 134.00 | 78.65 | 186.68 |

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

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| | Reporting Period: | October 2018 - September 2019 |
|--|-------------------|-------------------------------|
|--|-------------------|-------------------------------|

| | | Compared to Comm | |
|---|---|--------------------------|-----------------------|
| | | 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 |

| | | | | other Joint ed Organiz | ations | |
|---|--|------------------------------------|---------------------------------|---------------------------|----------------------------|--------------------------|
| Measure | Explanation | N Hospital Results | Vationwide Top 10% Scored | Average Rate: | State Top 10% Scored | wide Average Rate: |
| | | Results | at Least: | Trate. | at Least: | Tate. |
| 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 211 eligible Patients | 100% | 95% | 100% | 95% |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | 1 | Vationwide | | 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 - 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. | 800 3 | 100% | 96% | 100% | 99% |

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National Quality Improvement Goals

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|---|---|---|-----------------------|--|
| | | | | |
| 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 | O ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | ١ | Vationwide | | 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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National Quality Improvement Goals

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | | lationwide | | ewide | |
| 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. | 98% of 175 eligible Patients | 100% | 95% | 100% | 94% |

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National Quality Improvement Goals

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| | | Compared to other Joint Commission Accredited Organizations | | |
|---|---|---|----------------|--|
| | | | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 1 2 | @ ² | |

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statew | | | | | |
|---|---|---|--------------------------------|------------------|--------------------------------|------------------|--|
| Measure | Explanation | N 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 - 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. | 97% of 36 eligible Patients | 100% | 95% | 100% | 97% | |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

| | | Compared to other Joint Commission | | |
|---|---|---------------------------------------|-----------------------|--|
| | | Accredited Organizations | | |
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| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ○ ² | ○ ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|---|--|--|--------------------------------|------------------|---|---------------------------|
| Measure | Explanation | N Hospital Results | Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | ewide 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. | 47% of 15 eligible Patients | 100% | 63% | 99% | 49% |
| 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% | 50% | 3 | 3 |

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The Measure Set does not have an

LAC/Harbor-UCLA Medical Center

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

| | | Compared to other Joint Commission | |
|---|---|---------------------------------------|-----------------------|
| | | 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. | ○ ² | ™ ² |

| | | Compared to other Joint Commission Accredited Organizations | | | | 'n | |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|--|
| | | <u>~</u> | | | | tewide | |
| 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% | 48% | 100% | 51% | |

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The Measure Set does not have an

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1000 W. Carson Street, Torrance, CA



National Quality Improvement Goals

Reporting Period: October 2018 - September 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 | | | | |
|--|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | ١ | lationwide | Ű | | 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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | 38% of 13 eligible Patients | 100% | 64% | 100% | 50% |

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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reported.

overall result.

Footnote Key

for comparison purposes

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ample of patients.

updated data.

The measure meets the Privacy

The Measure or Measure Set was not

The number of patients is not enough

The organization scored above 90% but

was below most other organizations.

The Measure results are based on a

The number of months with Measure

The measure results are temporarily

suppressed pending resubmission of

individual data elements or awaiting

National Quality Forum Endorsement.

10. Test Measure: a measure being

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For further information

Quality Report contents,

and explanation of the

refer to the "Quality

Report User Guide.''

evaluated for reliability of the

The Measure Set does not have an

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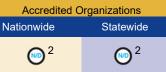
LAC/Harbor-UCLA Medical Center

1000 W. Carson Street, Torrance, CA



National Quality Improvement Goals

| This organization achieved the best possible results This organization's performance is | Reporting Per | riod: October 2018 - September 2019 |
|---|---|---|
| above the target range/value. | | |
| This organization's performance is similar to the target range/value. | | |
| This organization's performance is below the target range/value. | | |
| Not displayed | Measure Area | Explanation |
| Footpote Key | Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. |



Compared to other Joint

Commission

Compared to other Joint Commission Accredited Organizations Nationwide Statewide Measure Explanation Hospital Top 10% Average Top 10% Average Results Scored Rate: Scored Rate: at Least at Least: Multiple Antipsychotic This measure reports the number of patients age 65 and older discharged Medications at Discharge with on two or more antipsychotic Appropriate Justification Older medications for which there was an Adults Age 65 and Older The Measure results are not statistically appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a data is below the reporting requirement. person's capacity to meet life's 100% 56% 100% 45% 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 There were no eligible patients that met addition of an antipsychotic medication when the patient is also being treated with Clozapine. Hours of Physical Restraint This measure reports the total hours Use per 1000 Patient Hours patients were kept in physical **Overall Rate** 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 N/A N/A 0.49 1.16 reduces the ability of a patient to 2.16 (670 Total move his or her arms, legs, body or Hours in head freely when it is used as a Restraint) 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.

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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.

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overall result.

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

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.

The Measure Set does not have an

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

LAC/Harbor-UCLA Medical Center

1000 W. Carson Street, Torrance, CA



National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

| | | Compared to Comm | |
|---|---|--------------------------|----------------|
| | | 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 | @ 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: |
| 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. | № 0 ³ | N/A | 0.40 | N/A | 0.56 |
| 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. | 600 ³ | N/A | 0.28 | N/A | 0.36 |



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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

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| | | 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: | ewide 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. | 2.31 (663 Total Hours in Restraint) | N/A | 0.58 | N/A | 1.34 |
| 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. | 0.33 (8 Total Hours in Restraint) ³ | N/A | 0.10 | N/A | 0.13 |
| 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. | 1.97 (610 Total Hours in Seclusion) | N/A | 0.42 | N/A | 0.55 |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 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 | | | | |
|---|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewide | | | wide | |
| 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. | № 0 ³ | N/A | 0.66 | N/A | 0.16 |
| 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 | 0.22 | N/A | 0.20 |
| Hours of Seclusion Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 2.13 (609 Total Hours in Seclusion) | N/A | 0.49 | N/A | 0.63 |
| 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. | 0.03 (1 Total Hours in Seclusion) ³ | N/A | 0.08 | N/A | 0.19 |



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National Quality Improvement Goals

Reporting Period: October 2018 - September 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 | Iationwide Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | wide 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% | 99% | 100% | 99% |
| 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. | 66% of 101 eligible Patients | 73% | 51% | 82% | 63% |



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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.

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