



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.



Summary of Quality Information




Symbol Key 1

-  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.
-  This organization's performance is below the target range/value.
-  This Measure is not applicable for this organization.
-  Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
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9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Ambulatory Care | Accredited | 12/12/2019 | 12/11/2019 | 12/11/2019 |
|  Hospital | Accredited | 12/14/2019 | 12/13/2019 | 1/24/2020 |
|  Laboratory | Accredited | 12/30/2021 | 12/29/2021 | 12/29/2021 |

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 | 2019 National Patient Safety Goals |  |  * |
| | 2019 National Patient Safety Goals |  |  * |
| Hospital | National Quality Improvement Goals: | | |
| | Reporting Period: Apr 2020 - Mar 2021 |  ² |  ² |
| Laboratory | 2021 National Patient Safety Goals |  |  * |



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



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: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient) |
| County of Los Angeles Gardena Clinic DBA: Gardena Clinic - Gardena High School 1301 West 182nd Street, Suite W1 Gardena, CA 90248 | Services: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient) |



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|--|--|
| LAC/Harbor-UCLA Medical Center * 1000 W. Carson Street Torrance, CA 90509 | Services: <ul style="list-style-type: none"> • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Coronary Care Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical 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) • Hazardous Medication Compounding (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Mammography • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neuro/Spine ICU (Intensive Care Unit) • Neurosurgery (Surgical Services) • Non-Sterile Medication Compounding (Inpatient) • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Outpatient Clinics (Outpatient) • Pediatric Unit (Inpatient) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Sleep Laboratory (Sleep Laboratory) • Sleep Studies (Outpatient) • Sterile Medication Compounding (Inpatient) • Surgical ICU (Intensive Care Unit) • Teleradiology (Imaging/Diagnostic Services) • Thoracic Surgery (Surgical Services) • Toxicology • Transplant Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services) |













2019 National Patient Safety Goals

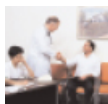
Symbol Key 3

-  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."




Ambulatory Care

| Safety Goals | Organizations Should | Implemented |
|--|---|--|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Reduce the risk of health care-associated infections | Meeting Hand Hygiene Guidelines |  |
| | Preventing Surgical Site Infections |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |















2019 National Patient Safety Goals

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Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| 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 |  |
| | Preventing Infections that are difficult to treat |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| | Preventing Surgical Site Infections |  |
| | Preventing Catheter-Associated Urinary Tract Infection |  |
| 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: April 2020 - March 2021

Symbol Key 2

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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 | Compared to other Joint Commission Accredited Organizations | | | |
|---|---|------------------------------------|---|---------------|-----------|---------------|
| | | | Nationwide | Average Rate: | Statewide | 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. | | 16% | 25% | 16% | 23% |
| Elective Delivery | This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section. | 0% of 20 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. | 59% of 123 eligible Patients | 71% | 50% | 80% | 62% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications. | 2253% of 577 eligible Patients | 212% | 1780% | 0% | 1421% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate | This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother. | 4852% of 577 eligible Patients | 1508% | 3084% | 1258% | 2777% |



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

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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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 | Compared to other Joint Commission Accredited Organizations | | | |
|---|--|---|---|---------------|-------------------------------|---------------|
| | | | Nationwide | Average Rate: | Statewide | Average Rate: |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate | The severe rate equals the number of patients with severe complications. |  2599% of 577 eligible Patients | Top 10% Scored at Least: 501% | 1303% | Top 10% Scored at Least: 505% | 1356% |



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2021 National Patient Safety Goals

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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 |  |