



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

Symbol Key

- This organization achieved the best possible results.
- This organization's performance is above the target range/value.
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Footnote Key

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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 |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Hospital | Accredited | 2/28/2015 | 2/27/2015 | 4/8/2015 |

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---|------------------------|----------------|-----------------------|--------------------------|
| Advanced Palliative Care | Certification | 7/28/2016 | 7/27/2016 | 7/27/2016 |
| Advanced Total Hip and Total Knee Replacement | Certification | 1/4/2018 | 11/17/2017 | 11/17/2017 |
| Heart Failure | Certification | 7/22/2016 | 7/21/2016 | 7/21/2016 |
| Primary Stroke Center | Certification | 7/21/2016 | 7/20/2016 | 7/20/2016 |

Special Quality Awards

2014 Top Performer on Key Quality Measures®
 2013 Top Performer on Key Quality Measures®
 2012 Top Performer on Key Quality Measures®
 2014 Gold Plus Get With The Guidelines - Stroke

| | | Compared to other Joint Commission Accredited Organizations | |
|--|--|---|--------------|
| | | Nationwide | Statewide |
| Hospital | 2015 National Patient Safety Goals | | * |
| | National Quality Improvement Goals: | | |
| | Emergency Department | ² | ² |
| | Immunization | ² | ² |
| | Perinatal Care | ² | ² |
| Reporting Period: Jul 2016 - Jun 2017 | Tobacco Treatment | ² | ² |



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



Kaiser Foundation Hospitals-Baldwin Park Medical Center

DBA: Baldwin Park Medical Center,
1011 Baldwin Park Boulevard, Baldwin Park, CA

Org ID: 125213



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|--|---|
| Kaiser Foundation Hospital-Baldwin Park Medical Center * DBA: Baldwin Park Medical Center 1011 Baldwin Park Blvd. Baldwin Park, CA 91706 | Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> • Advanced Palliative Care • Advanced Total Hip and Total Knee Replacement • Heart Failure • Primary Stroke Center Other Clinics/Practices located at this site: <ul style="list-style-type: none"> • Cardiology Clinic - Transitional Care Program • Outpatient Peritoneal Dialysis Training Services: <ul style="list-style-type: none"> • CT Scanner (Imaging/Diagnostic Services) • Ear/Nose/Throat Surgery (Surgical Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Gynecology (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Surgical ICU (Intensive Care Unit) • Teleradiology (Imaging/Diagnostic Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services) |



















2015 National Patient Safety Goals

Symbol Key

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

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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 |  |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Multi-Drug Resistant Organism Infections |  |
| | 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 |  |



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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

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Compared to other Joint
Commission

Accredited 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 |

Compared to other Joint Commission
Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|--|---|------------------|-------------------------|------------------|
| | | | Nationwide | | Statewide | |
| | | | Top 10% Scored at Most: | Weighted Median: | Top 10% Scored at Most: | Weighted 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 98.00 minutes 522 eligible Patients | 55.00 | 131.00 | 75.61 | 177.85 |
| Median Time from ED Arrival to ED Departure for Admitted ED Patients | The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital. | 2 350.00 minutes 522 eligible Patients | 204.00 | 317.00 | 251.63 | 380.79 |



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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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|--------------|--|---|---|
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | | | | | |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Influenza Immunization | This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. |  99% of 476 eligible Patients | 100% | 94% | 100% | 94% |



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Compared to other Joint
Commission

Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|----------------|--|------------|-----------|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | 2 | 2 |

Compared to other Joint Commission
Accredited Organizations

| Measure | Explanation | Hospital Results | Nationwide | | Statewide | |
|-------------------------------|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | | Top 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 42 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. 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. | 1% of 189 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. | 69% of 796 eligible Patients | 74% | 52% | 80% | 63% |



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Compared to other Joint
Commission

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| Measure Area | Explanation | Nationwide | Statewide |
|-------------------|--|------------|-----------|
| Tobacco Treatment | This category of evidence based measures assesses the overall quality of care provided for tobacco use | 2 | 2 |

Compared to other Joint Commission
Accredited Organizations

| Measure | Explanation | Hospital Results | Nationwide | | Statewide | |
|--|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Tobacco Use Screening | The number of patients who were asked about tobacco use within the first three days of admission to the hospital. | 98% of 640 eligible Patients | 100% | 98% | 100% | 97% |
| Tobacco Use Treatment | The number of patients who use tobacco who actually received counseling or medications to help them stop using tobacco. | 79% of 28 eligible Patients | 80% | 43% | 85% | 65% |
| Tobacco Use Treatment at Discharge | The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital. | 52% of 25 eligible Patients | 55% | 19% | 58% | 43% |
| Tobacco Use Treatment Provided or Offered | The number of patients who use tobacco who were offered or received counseling or medications to help them stop using tobacco. This measure also includes patients who were offered the counseling and/or medications but refused them. | 96% of 28 eligible Patients | 97% | 74% | 97% | 85% |
| Tobacco Use Treatment Provided or Offered at Discharge | The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them. | 56% of 25 eligible Patients | 91% | 48% | 79% | 67% |



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