



## Accreditation Quality Report





Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals - measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at [qualityreport@jointcommission.org](mailto:qualityreport@jointcommission.org) with your comments and suggestions.



## Summary of Quality Information

### Symbol Key

- This organization achieved the best possible results.
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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Hospital               | Accredited             | 2/24/2018      | 2/23/2018             | 12/17/2019               |

### 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          | 9/7/2018       | 9/6/2018              | 9/6/2018                 |
| Advanced Total Hip and Total Knee Replacement | Certification          | 3/13/2020      | 3/12/2020             | 3/12/2020                |
| Heart Failure                                 | Certification          | 8/8/2018       | 8/7/2018              | 8/7/2018                 |
| Primary Stroke Center                         | Certification          | 7/14/2018      | 12/3/2020             | 12/3/2020                |

### 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          | <b>2019 National Patient Safety Goals</b>  |   | *            |
|                   | <b>National Quality Improvement Goals:</b> |   |              |
| Reporting Period: | Emergency Department                       | <sup>2</sup>  | <sup>2</sup> |
| Jan 2019 -        | Immunization                               | <sup>2</sup>  | <sup>2</sup> |
| Dec 2019          | Perinatal Care                             | <sup>2</sup>  | <sup>2</sup> |
|                   | Tobacco Treatment                          | <sup>2</sup>  | <sup>2</sup> |



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   |
|--|--|
| <b>Kaiser Foundation Hospital-Baldwin Park Medical Center *</b><br>DBA: Baldwin Park Medical Center<br>1011 Baldwin Park Blvd.<br>Baldwin Park, CA 91706 | <b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Advanced Palliative Care</li> <li>Advanced Total Hip and Total Knee Replacement</li> <li>Heart Failure</li> <li>Primary Stroke Center</li> </ul> <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Cardiology Clinic - Transitional Care Program</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul> |
| <b>Kaiser Permanente Irwindale Ambulatory Surgery Unit</b><br>12761 Schabarum Avenue, Irwindale, CA 91706  | <b>Services:</b> <ul style="list-style-type: none"> <li>Ambulatory Surgery Center (Outpatient)</li> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>  |
| <b>Kaiser Permanente Peritoneal Dialysis Training</b><br>DBA: Outpatient Peritoneal Dialysis Training<br>1813 N. Hacienda Blvd.<br>La Puente, CA 91744   | <b>Services:</b> <ul style="list-style-type: none"> <li>Dialysis (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> </ul>  |



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## 2019 National Patient Safety Goals

### Symbol Key

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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                         |    |
| 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                                      |  |



# Kaiser Foundation Hospitals-Baldwin Park Medical Center

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

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## National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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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<br>96.00 minutes<br>508 eligible Patients  | 55.00   | 133.00           | 75.73                   | 180.51           |
| 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<br>369.00 minutes<br>508 eligible Patients | 200.00  | 350.00           | 280.40                  | 411.68           |



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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   | Compared to other Joint Commission Accredited Organizations   |                                     |               |                                    |               |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|                        |   | 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. | <br>99% of 446 eligible Patients | 99%                                 | 92%           | 99%                                | 93%           |



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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 |                          |               |                          |               |
|---|---|---|--------------------------|---------------|--------------------------|---------------|
|   |   | Nationwide  |                          | Statewide     |                          |               |
| 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.   | <br>100% of 40 eligible Patients                            | 100%                     | 98%           | 100%                     | 99%           |
| 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.  | <br>23% of 951 eligible Patients                            | 12%                      | 25%           | 12%                      | 22%           |
| 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. | <br>1% of 176 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.   | <br>71% of 811 eligible Patients                            | 73%                      | 51%           | 81%                      | 62%           |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications.  | <br>519.00 minutes<br>2696 eligible Patients                |                          |               |                          |               |



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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   | Compared to other Joint Commission Accredited Organizations   |                          |               |                          |               |
|--|---|---|--------------------------|---------------|--------------------------|---------------|
|  |   | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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. | <br>964.00 minutes<br>2696 eligible Patients   |                          |               |                          |               |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate  | The severe rate equals the number of patients with severe complications.  | <br>445.00 minutes<br>2696 eligible Patients |                          |               |                          |               |



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Commission

Accredited Organizations

| 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 |                          |               |                          |               |
|--|---|---|--------------------------|---------------|--------------------------|---------------|
|  |   | Nationwide  |                          | Statewide     |                          |               |
| Measure  | Explanation   | Hospital Results  | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Tobacco Use Treatment                                  | The number of patients who use tobacco who actually received counseling or medications to help them stop using tobacco.   | <br>80% of 10 eligible Patients                             | 80%                      | 40%           | 81%                      | 47%           |
| 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.  | <br>56% of 9 eligible Patients                              | 70%                      | 17%           | 72%                      | 27%           |
| 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.                               | <br>100% of 10 eligible Patients                            | 98%                      | 76%           | 99%                      | 87%           |
| 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. | <br>56% of 9 eligible Patients                              | 89%                      | 46%           | 87%                      | 67%           |



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