Kaiser Foundation Hospitals-Baldwin Park Medical Center
DBA: Baldwin Park Medical Center,
1011 Baldwin Park Boulevard, Baldwin Park, CA

Org ID: 125213

Accreditation Quality Report

The Joint Commission

Version: 3
Date: 2/27/2021

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

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	12/4/2020	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	**2019 National Patient Safety Goals**	✓	N/A *
	National Quality Improvement Goals:		
Reporting Period: Jan 2019 - Dec 2019	Emergency Department	N/D [2]	N/D [2]
	Immunization	N/D [2]	N/D [2]
	Perinatal Care	N/D [2]	N/D [2]
	Tobacco Treatment	N/D [2]	N/D [2]

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

Quality Check®

Locations of Care

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:** ● Advanced Palliative Care ● Advanced Total Hip and Total Knee Replacement ● Heart Failure ● Primary Stroke Center **Other Clinics/Practices located at this site:** ● Cardiology Clinic - Transitional Care Program **Services:** ● 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) ● Hazardous Medication Compounding (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) ● Sterile Medication Compounding (Inpatient) ● Surgical ICU (Intensive Care Unit) ● Teleradiology (Imaging/Diagnostic Services) ● Ultrasound (Imaging/Diagnostic Services) ● Urology (Surgical Services) ● Vascular Surgery (Surgical Services)
Kaiser Permanente Irwindale Ambulatory Surgery Unit 12761 Schabarum Avenue, Irwindale, CA Irwindale, CA 91706	**Services:** ● Ambulatory Surgery Center (Outpatient) ● Anesthesia (Outpatient) ● Perform Invasive Procedure (Outpatient)
Kaiser Permannte Peritoneal Dialysis Training DBA: Outpatient Peritoneal Dialysis Training 1813 N. Hacienda Blvd. La Puente, CA 91744	**Services:** ● Dialysis (Outpatient) ● Outpatient Clinics (Outpatient)

2019 National Patient Safety Goals

Symbol Key

✓	The organization has met the National Patient Safety Goal.
⊖	The organization has not met the National Patient Safety Goal.
N/A	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."

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: January 2019 - December 2019

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	N/D ²	N/D ²

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.	N/D ² 96.00 minutes 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.	N/D ² 369.00 minutes 508 eligible Patients	200.00	350.00	280.40	411.68

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

---- Null value or data not displayed.

National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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.
- ⊖ This organization's performance is below the target range/value.
- (N/D) 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.
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."

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	(N/D) 2	(N/D) 2

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
			Nationwide		Statewide	
		Hospital Results	Top 10% Scored at Least:	Average Rate:	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 446 eligible Patients	99%	92%	99%	93%

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	N/D 2	N/D 2

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
			Nationwide		Statewide	
		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 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.	➕ ----	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 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.	➕ 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.	✔️ 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.	N/D 10 519.00 minutes 2696 eligible Patients				

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Reporting Period: January 2019 - December 2019

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	N/D 2	N/D 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:
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.	N/D 10 964.00 minutes 2696 eligible Patients				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	N/D 10 445.00 minutes 2696 eligible Patients				

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		Compared to other Joint 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	N/D 2	N/D 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.	✔ 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.	✔ 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.	⭐ 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.	✔ 56% of 9 eligible Patients	89%	46%	87%	67%

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