

# 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.

DBA: Baldwin Park Medical Center,

1011 Baldwin Park Boulevard, Baldwin Park, CA



# **Summary of Quality Information**

Accreditation Program	s Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
🎯 Hospital	Accredited	2/24/2018	12/3/2021	12/3/2021

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
o Advanced Palliative Care	Certification	6/9/2021	6/8/2021	6/8/2021
Advanced Total Hip and Total Knee Replacement	Certification	3/13/2020	3/12/2020	3/12/2020
🥝 Heart Failure	Certification	5/12/2021	5/11/2021	5/11/2021
🥝 Primary Stroke Center	Certification	12/4/2020	12/3/2020	12/3/2020
Certified Programs	<b>Certification Decision</b>	Effective	Last Full Review	v Last On-Site
		Date	Date	<b>Review Date</b>
o Sepsis	Certification	9/22/2021	9/21/2021	9/21/2021

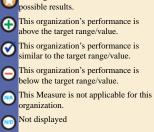
### **Special Quality Awards**

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	2019National Patient Safety Goals	Ø	<b>*</b>		
	National Quality Improvement Goals:				
Reporting Period: Jan 2020 - Dec 2020	Perinatal Care	2 °			

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

#### Symbol Key This organization achieved the best



#### **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."

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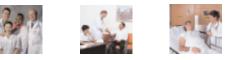
# **Locations of Care**

#### \* Primary Location

* Primary Location					
Locations of Care	Available Services Joint Commission Advanced Certification Programs:				
Kaiser Foundation Hospital-Baldwin Park Medical Center * DBA: Baldwin Park Medical Center 1011 Baldwin Park Blvd. Baldwin Park, CA 91706	Advanced Palliative Care Advanced Total Hip and Total Knee Replacement Heart Failure Primary Stroke Center <b>Sint Commission Certified Programs:</b> Sepsis <b>ther Clinics/Practices located at this site:</b> • Cardiology Clinic - Transitional Care Program				
	<ul> <li>Services:</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gl 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>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> </ul>				
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)				

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# **2019 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 Infections that are difficult to treat	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	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	$\bigcirc$

### 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." Symbol Key

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

This organization achieved the best

This organization's performance is

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

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

below the target range/value.

Footnote Key

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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

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There were no eligible patients that met

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The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

### Kaiser Foundation Hospitals-Baldwin Park Medical Center

DBA: Baldwin Park Medical Center,

1011 Baldwin Park Boulevard, Baldwin Park, CA

Org ID: 125213



# **National Quality Improvement Goals**

### Reporting Period: January 2020 - December 2020

		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.	<b>™</b> <sup>2</sup>	<b>0</b> <sup>2</sup>

		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:
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.	<b>(</b>	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.	4% of 94 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 723 eligible Patients	71%	51%	80%	63%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	868% of 1381 eligible Patients	200%	1800%	0%	1500%
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.	ND 8 1158% of 1381 eligible Patients	1500%	3100%	1300%	2800%



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

Null value or data not displayed.

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### Reporting Period: January 2020 - December 2020

				Commis	oother Joint ission rganizations Statewide	
Measure Area	Explanation		Accre Nationwie			
	egory of evidenced based measures as nothers and newborns.	ssesses the			2 <sup>2</sup>	
				pared to other Joint Commissi Accredited Organizations ationwide Stat		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Avera Rate
Unexpected Complication Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	289% of 1381 eligible	500%	1300%	500%	1400



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### 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.
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 Not displayed

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