

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 | as Accreditation Decision | Effective Date | Last Full Surv Date | ey Last On-Site Survey Date |
|-----------------------|---------------------------|-------------------|------------------------|--------------------------------|
| 🎯 Hospital | Accredited | 12/4/2021 | 12/3/2021 | 3/18/2022 |

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 |
|------------------------------------|------------------------|-------------------|--------------------------|-------------------------------|
| 🥝 Advanced Palliative Care | Certification | 5/17/2023 | 5/16/2023 | 5/16/2023 |
| o Primary Stroke Center | Certification | 4/22/2022 | 4/21/2022 | 4/21/2022 |
| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | v Last On-Site Review Date |
| 🙆 Sepsis | Certification | 8/11/2023 | 8/10/2023 | 8/10/2023 |

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------------------------------|-------------------------------------|----------------------------------------------------------------|--------------------------|--|
| | | Nationwide | Statewide | |
| Hospital | 2021National Patient Safety Goals | \oslash | * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: Jan 2022 - Dec 2022 | Perinatal Care | 1 | (10) ² | |

Symbol Key

This organization achieved the best ossible results. 0 This organization's performance is better than the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is e worse than the target range/value. This Measure is not applicable for this (14) organization. Not displayed (10)

Footnote Key

- The Measure or Measure Set was not reported.
 The Measure Set does not have an
- 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.
- **12.** The measure rate is within optimal range.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." DBA: Baldwin Park Medical Center,

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Locations of Care

* Primary Location Locations of Care **Available Services Kaiser Foundation Hospital - Baldwin Park** Services: 1011 Baldwin Park Blvd. Ambulatory Surgery Center (Outpatient) Baldwin Park, CA 91706 Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient) Kaiser Foundation Joint Commission Advanced Certification Programs: Hospital-Baldwin Park Advanced Palliative Care Medical Center **Primary Stroke Center** • DBA: Baldwin Park **Medical Center Joint Commission Certified Programs:** 1011 Baldwin Park Blvd. Sepsis Baldwin Park, CA 91706 **Other Clinics/Practices located at this site:** Cardiology Clinic - Transitional Care Program GI Lab Mobile CT Unit Services: • CT Scanner • Medical ICU (Intensive Care Unit) (Imaging/Diagnostic Nuclear Medicine Services) Ear/Nose/Throat Surgery (Imaging/Diagnostic Services) Ophthalmology (Surgical (Surgical Services) Gastroenterology (Surgical Services) Orthopedic Surgery (Surgical Services) • GI or Endoscopy Lab Services) (Imaging/Diagnostic Post Anesthesia Care Unit Services) (PACU) (Inpatient) Gynecological Surgery Radiation Oncology (Imaging/Diagnostic Services) (Surgical Services) • Gynecology (Inpatient) Sterile Medication Compounding (Inpatient) Hazardous Medication Compounding (Inpatient) Surgical ICU (Intensive Care • Inpatient Unit (Inpatient) Unit) Interventional Radiology Teleradiology (Imaging/Diagnostic (Imaging/Diagnostic Services) Services) Ultrasound Labor & Delivery (Inpatient) (Imaging/Diagnostic Services) Magnetic Resonance Urology (Surgical Services) Vascular Surgery (Surgical Imaging (Imaging/Diagnostic • Services) Services) Medical /Surgical Unit (Inpatient) Kaiser Permanente **Irwindale Ambulatory** Services: **Surgical Unit**

Surgical Unit• Administration of High Risk Medications (Outpatient)12761 Schabarum• Administration of High Risk Medications (Outpatient)Avenue Irwindale, CA• Ambulatory Surgery Center (Outpatient)Irwindale, CA 91706• Perform Invasive Procedure (Outpatient)

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Locations of Care

* Primary Location

| Locations of Care | Available Services |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 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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2021 National Patient Safety Goals

Hospital

| Safety Goals | Organizations Should | Implemented |
|------------------------------------------------------------------------------------|---------------------------------------------------------|--------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| 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 | \bigotimes |
| | Reconciling Medication Information | Ø |
| 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 |
| 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 | \bigotimes |
| | Marking the Procedure Site | \bigotimes |
| | Performing a Time-Out | \bigcirc |

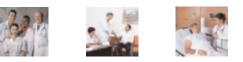
Symbol Key

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.

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

| | | 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 |

| | | Co | Compared to other Joint Commission Accredited Organizations | | | n |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|------------------|----------------------------------------|------------------|
| | | Nationwide | | | | |
| Measure | Explanation | Hospital Results | Top Perform er Threshol d: | Average Rate: | Top Perform er Threshol d: | 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. | () | 1 ² | 26% | 1 ² | 24% |
| 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 156 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. | 61% of 1469 eligible Patients | 72% | 50% | 80% | 60% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate | The severe rate equals the number of patients with severe complications. | 7 per 1000 | 5 | 13 | 6 | 12 |

* This information can also be viewed at https://hospitalcompare.io/

---- Null value or data not displayed.

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