

# 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

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **Summary of Quality Information**

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0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•••	This Measure is not applicable for this organization.
•	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.
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- 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🞯 Hospital	Accredited	12/15/2012	12/14/2012	12/14/2012

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

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
Hospital	2012National Patient Safety Goals	$\bigotimes$	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	<b>(10)</b> <sup>2</sup>	(m) <sup>2</sup>
Apr 2014 - Mar 2015	Hospital-Based Inpatient Psychiatric Services	8 ee	<b>6</b> 8
	Immunization	<b>(1</b> ) <sup>2</sup>	(m) <sup>2</sup>
	Stroke Care	<b>6</b> 8	8 e
	Venous Thromboembolism (VTE)	Θ	Θ

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





# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
Banner University	Other Clinics/Practices located at this site:
Medical Center South	<ul> <li>Family Medicine and Diabetes</li> </ul>
Campus	,
DBA: Banner University	Services:
Medical Center South	<ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Campus Family Medicin 3950 S Country Club Rd	
Suite 130	
Tucson, AZ 85714	
Banner University	
Medical Center South	Services:
Campus	Outpatient Clinics (Outpatient)
DBA: Banner University	
Medical Center South	
Campus Diabetes	
3950 S Country Club Suite 140	
Tucson, AZ 85714	
Banner University	
Medical Center South	Services:
Campus	Outpatient Clinics (Outpatient)
DBA: Banner University	
Medical Center South	
Campus Multi Ste 100	
2800 E Ajo Way Tucson, AZ 85713	
Banner- University	
Medical Center South	Services:
Campus	Outpatient Clinics (Outpatient)
DBA: Banner University	
Medical Center South	
Campus Multi Ste 101	
2800 E Ajo Way Tucson, AZ 85713	
Banner- University	
Medical Center South	Services:
Campus	Outpatient Clinics (Outpatient)
DBA: Banner- University	
Medical Center South	
Campus Ste 102 2800 E Ajo Way	
Tucson, AZ 85713	
Banner- University	
Medical Center South	Services:
Campus	Outpatient Clinics (Outpatient)
DBA: Banner- University	
Medical Center South	
Campus Ste 103 2800 E Ajo Way	
Tucson, AZ 85713	
Banner- University	
Medical Center South	Services:
Campus	<ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
DBA: Banner- University	
Medical Center South	
Campus Ste 105 2800 E Ajo Way	
Tucson, AZ 85713	

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services			
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste200 2800 E Ajo Way Tucson, AZ 85713	Services: • Outpatient Clinics (Outpatient)			
Banner- University Medical Center South Campus DBA: Banner- University Medical Center South Campus Ste 300 BPH-1 2800 E Ajo Way Tucson, AZ 85713	Services: • Behavioral Health (Non 24 Hou	r Care - Adult)		
Banner- University Medical Center South Campus * 2800 E Ajo Way Tucson, AZ 85713	<ul> <li>Services:</li> <li>Behavioral Health (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Eating Disorders (Outpatient)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Inpatient, Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> </ul>	<ul> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Pediatric Nephrology (Outpatient - Child/Youth)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>		
Banner- University Medical Center South Campus - Alvernon DBA: Banner-University Medical Center South Family Medicine	Services: • Outpatient Clinics (Outpatient)			

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **Locations of Care**

Locations of Care	Available Services
Banner- University Medical Center South Campus - Alvernon DBA: Banner-University Medical Center South Multi-speciality 707 N Alvernon Suites 201 Tucson, AZ 85711	Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
Banner- University Medical Center South Campus - Alvernon DBA: Banner-University Medical Center South Ophthalmology 707 N Alvernon Suites 301 (Ophthalmology) Tucson, AZ 85711	Services: • Outpatient Clinics (Outpatient)

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **2012 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	() () () () () () () () () () () () () (
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	$\bigcirc$
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	0 0 0 0 0 0
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	$\bigotimes$
	Providing a Reconciled Medication List to the Patient	$\bigcirc$
	Settings in Which Medications are Minimally Used	<u>000</u>
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	$\bigotimes$
	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.

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Compared to other Joint



# **National Quality Improvement Goals**

Symbol Key		
This organization achieved the best possible results	Reporting Pe	eriod: April 2014 - March 2015
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.		
Not displayed	Measure Area	Explanation
	Emergency Department	This category of evidence based measures asset time patients remain in the hospital Emergency

#### **Footnote Key**

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- **1.** 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."

		Commission	
		Accredited O	rganizations
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.	@ <sup>2</sup>	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d 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.	223 minutes 168 eligible Patients	52	122	66	157
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.	433 minutes 170 eligible Patients	200	311	233	360

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

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed.

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Compared to other Joint Commission



# **National Quality Improvement Goals**

Reporting Per	iod: April 2014 - March 2015		
		Compared to Comm	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1</b> 8	<b>1 1 1 1 1 1 1 1 1 1</b>

Footnote Key The Measure or Measure Set was not

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- the denominator criteria.

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		N	Accredit	ed Organiz		unial a
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	wide Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	NOD 8 27% of 96 eligible Patients	100%	93%	100%	95%

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

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#### Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	oril 2014 - March 2015					
This organization's performance is above the target range/value.								
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This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	8	<b>8</b>	
The Measure or Measure Set was not reported. The Measure Set does not have an					mpared to c Accredite Nationwide	other Joint ed Organiz		
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement.	Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 years)	r, engths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients					

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26% of

70 eligible

Patients

100%

93%

100%

94%

9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the

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are likely to harm others. Screening

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

### Banner- University Medical Center South Campus

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This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2014 - March 2015					
This organization's performance is above the target range/value.								
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O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	е
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	8	<b>○</b> <sup>8</sup>	
Footnote Key	Services							
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>				Cor	npared to c Accredite	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.	Magaura		Evolution		lationwide	Average		wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Rate:	Top 10% Scored at Least:	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Assessment of violence substance use disorder, trauma and patient strer completed - Older Adult years)	ngths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	8 31% of 26 eligible Patients <sup>3</sup>	100%	89%	3	3
Quality Report contents, refer to the "Quality Report User Guide."	Patients Discharged on Multiple Antipsychotic Medications Overall Rat	te	This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	8 13% of 96 eligible Patients	1%	10%	5%	8%



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Footnote Key

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The Measure Set does not have an

### Banner- University Medical Center South Campus

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# **National Quality Improvement Goals**

Measure Area Hospital-Based Th		Comn	to other Joint nission Drganizations			
		Accredited (	Organizations			
		Accredited Organizations				
Hospital-Based Th	Explanation	Nationwide	Statewide			
	nis category of evidenced based measures assesses the rerall quality of care given to psychiatric patients.	8	<b>™</b> 8			
	C	ompared to other Jo Accredited Orga				

				ed Organiz		
			lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Patients Discharged on Multiple Antipsychotic Medications Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	NO 8 14% of 78 eligible Patients	1%	13%	5%	10%
Patients Discharged on Multiple Antipsychotic Medications Older Adults Age 65 and Older	This measure reports the number of patients age 65 or older discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands.	6% of 18 eligible Patients <sup>3</sup>	0%	8%	<sup>3</sup>	3
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	0% of 9 eligible Patients <sup>3</sup>	100%	58%	100%	65%

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# **National Quality Improvement Goals**

		Compared to	other laint
		Comm Accredited O	iission
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier	<b>1</b> 8	<b>1</b> 8
		npared to other Joi Accredited Orga	nizations
NA	Evaluation		Statewide Top 10% Aver
Measure	Explanation	Accredited Organ lationwide Top 10% Averag	nizations St

4.	The measure meets the Privacy
	Disclosure Threshold rule.
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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	0% of 8 eligible Patients <sup>3</sup>	100%	59%	100%	66%

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

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#### Banner- University Medical Center South Campus

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Org ID: 398269

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100%

53%



# **National Quality Improvement Goals**

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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patien		<b>(</b>	8	<b>○</b> <sup>8</sup>	
The Measure or Measure Set was not			r.					
reported.				Cor	mpared to o Accredite	other Joint ( ed Organiz		n
The Measure Set does not have an overall result.				Ň	Vationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Multiple Antipsychotic Medications at Discharg	ge with	This measure reports the number of patients age 65 and older discharged		ut Louot.		ut Loudt.	

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to reduce the number of

on two or more antipsychotic

appropriate justification.

medications for which there was an

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

illness that markedly interferes with a

group of drugs used to treat

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

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Appropriate Justification Older

Adults Age 65 and Older

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



# **National Quality Improvement Goals**

			~		ALCO ALCON	
				npared to o Commiss	sion	
Measure Area	Explanation		Nationwi	<mark>edited Org</mark> de	anizations Statewide	<u>_</u>
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie				<b>1</b>	
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Vationwide Top 10% Scored	Average Rate:	Top 10% Scored	ewide Avera Rate
		Results	at Least:	Nale.	at Least:	Naic
Post Discharge Continui Care Plan Created Over Rate		ND 8 42% of 149 eligible Patients	100%	92%	100%	95%

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

after discharge from the hospital.

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

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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.
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#### Footnote Key

- 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.
- 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.
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   There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **National Quality Improvement Goals**

Reporting Perio	April 2014 - March 2015					
				npared to c Commis edited Org		
Measure Area	Explanation		Nationwi	de	Statewid	е
	category of evidenced based measures a rall quality of care given to psychiatric patie		<b>(</b>	) <sup>8</sup>	<b>№</b> <sup>8</sup>	
				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Vationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Avera Rat
Post Discharge Continuir Care Plan Created Adults 18 - 64	discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	47% of 106 eligible Patients	100%	92%	100%	95
Post Discharge Continuir Care Plan Created Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	28% of 43 eligible Patients	100%	86%	3	

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

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

#### Symbol Key

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   There were no eligible patients that met
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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaitir

For further information and explanation of the **Quality Report contents,** refer to the "Quality

Report User Guide."

### Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



# **National Quality Improvement Goals**

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Indentified transpondence       Inden	This organization achieved the best	Reporting Pe	riod: Ap	ril 2014 - March 2015					
Discontration's performance is balantiario the target range/value. Not displayed       Measure Area       Explanation       Accreatited Curmission       Accreatited Curmission         Not displayed       Measure Area       Explanation       Nationwide       Statewide         Not displayed       This category of evidenced based measures assesses the hypatient Psychiatric       Image: Compared to other Joint Commission       Nationwide       Statewide         Not and the target range/value. Not displayed       This category of evidenced based measures assesses the hypatient Psychiatric       Image: Compared to other Joint Commission       Nationwide       Statewide         Not compared to other Joint Commission       This category of evidenced based measures assesses the hypatient Psychiatric       Image: Compared to other Joint Commission Accreatited Organizations accreatited Organizations accreatited Displayed       Nationwide       Statewide         Ne assure results are hore ongoing for comparison purpose. The measure for bio organization shelw most be organization at as below most were and the organization at as below most were and the organization the shelw most were constatistically value.       This is a proportion measure is a proportion measure is a measure within which the occurrence should take place. The number of patients is information for the next provider or care which contains the reason or shelw most were and statistically value.       Image: Statewide statewide were assure value to reliable place cated. Accontinuing care plan created. Accontinuing care plan created. Accontinuing care plan created. Accontinuing care plan created. Accontinuin									
below the target range/value.       Not displayed       Nation:vide       Statewide         Not displayed       Measure Area       Explanation       Nation:vide       Statewide         Post Discharge Continuing Care Plan Transmitted Overall Rate       This is a proportion measure. A contradicted Organizations. The Measure statistically valid. Scored down the organization score dawse 0%0 but was been on the software results are temporarily suppressed patients.       Measure Continuing Care Plan Transmitted Overall Rate       This is a proportion measure. A contradicted Organizations. The Measure results are temporarily suppressed patients.       Nation:vide       Statewide         Post Discharge Continuing Care Plan Transmitted Overall Rate       This is a proportion measure. A continuing care plan transmitted Overall Rate       The number of patients in organizations. The Measure results are temporarily suppressed care a subset of the courrences over the entire group within which the courrence should take place. The numerator is expressed as a subset of the courrence is information for the next provider of care which contains the reason the patient was hospitalized, the patient was patient was hospitalized. The subset of the denominator. This measure reports discharged with a containing care plan transmited organizations are proportion the next provider of the care prove or the entire group within a containing care plan transmited overall methor the next provider of care which contains the reporting requirement.       Image: Statewide organization score about the courrence should take temporaries and statistically valid.       Image: Statewide organization score about the courrence should take temporaries and the time of discharge from the hospital the tist of a	This organization's performance is similar to the target range/value.					Con			
Hospital-Based Inpatient Psychiatric Services       This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.       Image: The service of the ser						Accr	edited Org	anizations	
Fontnet Key       Inpatient Psychiatric       overall quality of care given to psychiatric patients.       Impatient S        Impatient S       <		Measure Area		Explanation		Nationwi	de	Statewid	е
Continuing Regular bases Set was not exported.         Measure Set does not have an worral result.         Dest Discharge Continuing Care Plan Transmitted Overall Rate         Nationwide       Nationwide         Nationwide         Nationwide         Nationwide         Nationwide         Nationwide         Nationwide         Nationwide       Nationwide         Nationwide       Nationwide         Nation		Inpatient Psychiatric					8	<b>™</b> 8	
eported. The Measure Set does not have an overall result. The number of patients is not enough of comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The measure meets the Privacy Disclosure Threshold rule. The Measure results are not statistically and before regarding results are based on a ample of patients. The Measure results are not statistically and is below the reporting requirement. The measure meets the privacy Disclosure transmitted Overall Measure as unserve which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure peorts the overall number of patients discharge from the hospital, the list of all medications the patient was hospitalized, the patient is information for the next provider of care which contains the reason the patient was prescribed at the time of discharge from the hospital and the recorrence of solutions and the state medications for the patient's and the patient's and the patient's the overall number of all the state of all medications the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital and the recorrence for the patient's diagnosis at the time of discharge from the hospital and the recorrence of all the state of all the state of the state of all medications for the patient's the patient was hospitalized, the patient's the pat		Services							
The Measure Set does not have an wordl result.       Measure Set does not have an wordl result.       Nationalize of the set of					Co				on
Measure       Explanation       Hospital Results       Top 10%       Average Rate       Top 10%       Average Rate       Scored Scored       Rate         Measure mets the Privacy biclosure Threshold rule.       This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of ocare which containing care plan created. A continuing care plan treated bischarge from the hospital, the list of all medications the patient's ational Quality Forum Endorsement. There were no eligible patients that met he denominator criteria.       100%       86%       100%	The Measure Set does not have an						ed Organiz		ewide
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but vas below most other organizations. The Measure results are not statistically alid. The Measure results are to months with Measure tata is below the reporting requirement. The measure results are temporarily uppressed pending resubmission of pdated data. Test Measure: a measure being valuated for reliability of the ndividual data elements or avaiting valuated for reliability of the ndividual atta elements orawaiting valuated for reliability of the ndiv	The number of patients is not enough	Measure		Explanation					Averag Rate:
<ul> <li>Post Discharge Continuing Care Plan Transmitted Overall Rate</li> <li>Post Discharge Continuing Care Which shows the number of care which contains the reason the patient was hospitalized, the patient's</li> <li>Post Discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's</li> <li>Post Discharge Continuing Care Plan recommendations for the patient's</li> </ul>						at Least:		at Least:	
r further information       discharge from the hospital. The next         d explanation of the       provider of care is the medical         professional or facility who will be       professional or facility who will be	The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the ndividual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met he denominator criteria.	Care Plan Transmitted		proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical	42% of 149 eligible	100%	86%	100%	90%

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

after discharge from the hospital.

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

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This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key

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The Measure Set does not have an

The number of patients is not enoug for comparison purposes

The organization scored above 90% was below most other organization

The measure meets the Privacy Disclosure Threshold rule.

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

#### Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



# **National Quality Improvement Goals**

Reporting Peri	iod: Ap	ril 2014 - March 2015					
				Com	pared to c	other Joint	
Commission Accredited Organizations							
Measure Area	Measure Area Explanation N						Э
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	8	<b>8</b> 8	
			Cor		other Joint ed Organiz	Commissic zations	'n
			Ν	lationwide		State	wide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Post Discharge Continu Care Plan Transmitted A Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is					

#### The Measure results are not statisti valid. 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.''** 

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

information for the next provider of

care which contains the reason the

diagnosis at the time of discharge

prescribed at the time of discharge

recommendations for the patient's

discharge from the hospital. The next

from the hospital, the list of all

medications the patient was

continued care at the time of

provider of care is the medical

professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.

from the hospital and the

patient was hospitalized, the patient's

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47% of

106 eligible Patients

100%

86%

100%

90%

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

### Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2014 - March 2015					
This organization's performance is above the target range/value.		I III						
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
Easterate Vers	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	8	<b>1</b> 8	
Footnote Key 1. The Measure or Measure Set was not				Cor	mpared to c	thor loint	Commissio	
reported.					npared to c Accredit	ed Organiz		и <b>т</b>
overall result.	Measure		Explanation	N Hospital	Vationwide Top 10%	Average	State Top 10%	wide Average
3. The number of patients is not enough for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Post Discharge Continu Care Plan Transmitted Adults Age 65 and Olde	Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	28% of 43 eligible Patients	100%	81%	<u></u> 3	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Rest Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.1204 (14 Total Hours in Restraint)	N/A	0.5232	N/A	0.1171



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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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

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Footnote Key

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The number of patients is not enough for comparison purposes.

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The measure meets the Privacy Disclosure Threshold rule.

### Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



# **National Quality Improvement Goals**

			to other Joint mission
		Accredited (	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1</b> 8	<b>№</b> <sup>8</sup>

			Accredit	ed Organiz			
Measure	Explanation	N Hospital Results	lationwide Top 10% Scored	Average Rate:	State Top 10% Scored	wide Average Rate:	
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.1449 (14 Total Hours in Restraint)	at Least: N/A	0.5886	at Least: N/A	0.1218	
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0144 (0 Total Hours in Restraint) <sup>3</sup>	N/A	0.3372	N/A	0.0662	
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.3228 (38 Total Hours in Seclusion)	N/A	0.3242	N/A	0.0588	

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DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



# **National Quality Improvement Goals**

Reporting Per	iod: April 2014 - March 2015		
		Compared to Comm Accredited C	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1</b> 8	<b>™</b> 8

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.3735 (36 Total Hours in Seclusion)	N/A	0.3527	N/A	0.0601	
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.1035 (2 Total Hours in Seclusion) <sup>3</sup>	N/A	0.0770	N/A	0.0091	

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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#### Symbol Key

This organization achieved the best possible results
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 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
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# **National Quality Improvement Goals**

#### Reporting Period: April 2014 - March 2015

			o other Joint hission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>0</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				n
		١	Nationwide Statewide			wide
Measure	Explanation	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.	78% of 287 eligible Patients	100%	95%	99%	94%

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

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#### Symbol Key

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   There were no eligible rations that me
- 1. There were no eligible patients that met the denominator criteria.

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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

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

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Footnote Key

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The Measure Set does not have an

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

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

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

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# **National Quality Improvement Goals**

Reporting I	Period: April 2014 - March 2015		
		Comr	to other Joint nission Drganizations
Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	<b>1</b> 8	8 💽 8

		Coi	mpared to o Accredit	other Joint ed Organiz		on
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	ND 8 100% of 3 eligible Patients	100%	97%	100%	98%
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	92% of 12 eligible Patients <sup>3</sup>	100%	98%	100%	98%



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

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DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



# **National Quality Improvement Goals**

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				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewid	e
Stroke Care		tegory of evidence based measures ass quality of care provided to Stroke (STK)		<b>•</b>	8	<b>™</b> 8	
			Co	mpared to c	other Joint ed Organiz		on
			1	Vationwide	eu Organiz		ewide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Assessed for Rehabilit		Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	100% of 15 eligible Patients	100%	99%	100%	98%
ischarged on Antithro herapy	mbotic	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	93% of 14 eligible Patients <sup>3</sup>	100%	99%	100%	99%
Discharged on Statin Medication		Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of	100% of 10 eligible Patients	100%	98%	100%	97%



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#### Footnote Kev

- The Measure or Measure Set w reported.
- 2. The Measure Set does not have overall result.
- 3. The number of patients is not e for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above was below most other organiza
- The Measure results are not sta valid.
- The Measure results are based sample of patients.
- 8. The number of months with Mo data is below the reporting requ
- 9. The measure results are tempor suppressed pending resubmission updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or aw National Quality Forum Endors 11
- There were no eligible patients the denominator criteria.

### Banner- University Medical Center South Campus

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# **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Peri	od: April 2014 - March 2015					
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Not displayed	Measure Area	Explanation		Nationwi		Statewide	e
	Stroke Care	This category of evidence based measures ass overall quality of care provided to Stroke (STK)		<b>@</b>	8	<b>™</b> 8	
Footnote Key 1. The Measure or Measure Set was not			Со	mpared to c			n
reported.				Accredite Nationwide	ed Organiz		wide
2. The Measure Set does not have an overall result.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored	
3. The number of patients is not enough for comparison purposes.			results	at Least:	ruto.	at Least:	nate.
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being</li> </ol>	Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	100% of 8 eligible Patients	100%	94%	100%	93%
<ul> <li>10. fest Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>11. There were no eligible patients that met the denominator criteria.</li> <li>For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."</li> </ul>	Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	<b>ND</b> <sup>4</sup>	100%	85%	100%	91%



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Symbol Key								
This organization achieved the best possible results	Reporting Period	d: April 2014 - March 2015						
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below the target range/value.				Accredited Organizations				
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		his category of evidence based measures as werall quality of care provided to Stroke (STK)						
Footnote Key 1. The Measure or Measure Set was not reported.				ompared to other Joint Commission Accredited Organizations				
<ol> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough</li> </ol>	Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:	
<ul> <li>for comparison purposes.</li> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> </ul>	Venous Thromboembolism (VTE) Prophylaxis	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of	<b>№0</b> <sup>8</sup>	100%	07%	100%	06%	

7.	The Measure results are based on a
	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
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For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''** 

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

stroke patients receive treatment for

the prevention of blood clots. Stroke

patients are at increased risk of

incidence of blood clots is lowest

when patients are treated to prevent

developing blood clots. The

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

them.

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100%

94% of 16 eligible

Patients<sup>3</sup>

97%

100%

96%

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# **National Quality Improvement Goals**

#### Reporting Period: April 2014 - March 2015

			Compared to other Joint Commission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	Θ	Θ	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Nationwide         Statew           Hospital         Top 10%         Average         Top 10%			Average	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	94% of 83 eligible Patients	100%	97%	100%	97%
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	80% of 49 eligible Patients	100%	92%	100%	84%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	97% of 67 eligible Patients	100%	95%	100%	94%

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# **National Quality Improvement Goals**

#### Reporting Period: April 2014 - March 2015

		Compared to other Joint Commission Accredited Organizations				
		1	Vationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	Top 10% Scored at Least:	Average Rate:
VTE Prophylaxis	Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	91% of 227 eligible Patients	100%	94%	100%	94%

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- **1.** There were no eligible patients that met the denominator criteria.