

# 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**

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey Last On-Site	
		Date	Date	Survey Date
🮯 Behavioral Health Care	Accredited	6/9/2016	12/10/2015	12/10/2015
🎯 Hospital	Accredited	12/12/2015	10/19/2018	10/19/2018

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2015National Patient Safety Goals	Ø	<b>*</b>
Hospital	2018National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	2 <sup>2</sup>	(m) <sup>2</sup>
Apr 2017 - Mar 2018	Hospital-Based Inpatient Psychiatric Services		2 <sup>2</sup>
	Immunization		2 <sup>2</sup>

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

#### Symbol Key

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.
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   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."





# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Banner - University Medical Center South Campus - Alvernon DBA: Banner - University Medical Center South Family Medicine 707 N Alvernon Suites 101 Tucson, AZ 85711	Other Clinics/Practices located at this site: • Banner - University Medical Center South Multi-Specialty, Su Services: • Outpatient Clinics (Outpatient)
Banner University Medical Center South Campus DBA: Banner University Medical Center South Campus Family Medicin 3950 S Country Club Rd Suite 130 Tucson, AZ 85714	<ul> <li>Other Clinics/Practices located at this site:</li> <li>Diabetes, Suite 140</li> <li>Services:</li> <li>Outpatient Clinics (Outpatient)</li> </ul>





# **Locations of Care**

#### \* Primary Location

Locations of Care	Available	Services
Banner- University Medical Center South Campus * 2800 E Ajo Way Tucson, AZ 85713	Other Clinics/Practices locate • Banner University Medical Center South Campus Psychiatry • Multi Suite 100 • Multi Suite 101 • Multi Suite 102 Services: • Behavioral Health (Non 24 Hour Care - Adult)	ed at this site: Multi Suite 103 Multi Suite 105 Multi Suite 200 Multi Suite 200
	<ul> <li>Hour Care - Adult)</li> <li>(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>Gl 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> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> </ul>	<ul> <li>Unit)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Outpatient Clinics (Outpatient 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>Surgical Unit (Inpatient)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>

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# **2015 National Patient Safety Goals**

#### **Behavioral Health Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

#### 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."

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# **2018 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	$\bigotimes$
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	$\bigcirc$
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 Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ର ଭ
	Preventing Surgical Site Infections	$\bigotimes$
	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

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# **National Quality Improvement Goals**

Reporting Period: April 2017 - March 2018

Symbol Key
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		Compared to Comm	
		Accredited C	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.	<b>1 2</b>	<b>O</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				n
		1	Nationwide		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.	ND 2 119.00 minutes 861 eligible Patients	55.00	135.00	79.21	146.07
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 369.00 minutes 865 eligible Patients	205.00	319.00	268.94	334.66

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Compared to other Joint Commission



# **National Quality Improvement Goals**

Reporting Per	riod: April 2017 - March 2018		
		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

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			lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	<b>P</b> 79% of 471 eligible Patients	100%	95%	100%	92%

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#### Banner- University Medical Center South Campus

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Org ID: 398269



# **National Quality Improvement Goals**

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ot displayed	Measure Area	Explanation	Nationwide	e Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	ses the	<sup>2</sup> 🙆 <sup>2</sup>
Sootnote Key	Services			
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For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''** 

Results Scored Rate: Scored Rate: at Least: at Least: Assessment of violence risk, This measure reports the number of children age (1-12 years) screened substance use disorder, for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Children (1-12 psychological trauma history and years) 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 100% 97% 3 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.

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lot displayed	Measure Area	Explanation	Natio	onwide	Statewide
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	es the	<b>0</b> <sup>2</sup>	<b>™</b> <sup>2</sup>
Sootnote Key	Services				
ne Measure or Measure Set was not ported.				d to other Join redited Organ	nt Commissior nizations
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Measure Explanation Hospital Top 10% Average Top 10% Averade Results Scored Rate: Scored Rate: at Least: at Least Assessment of violence risk, This measure reports the number of adolescent age (13-17 years) substance use disorder, screened for violence risk to self and trauma and patient strengths others, substance and alcohol use, completed - Adolescent (13-17 psychological trauma history and years) 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 100% 3 96% 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.

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Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Ap	ril 2017 - March 2018					
This organization's performance is above the target range/value.								
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Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier			2	@ <sup>2</sup>	
The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				N	lationwide	Ŭ	State	wide
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:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Assessment of violence substance use disorder,	,	This measure reports the number of adults age (18-64 years) screened		at Least.		at Least.	

5.	The organization scored above 90% bu
	was below most other organizations.
	The Measure results are not statistically
	valid.

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for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Adult (18-64 psychological trauma history and years) 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 100% 95% 100% 93% determines if patients need help for 77% of their use. Screening for 324 eligible Patients 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.

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This organization achieved the best

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Footnote Key

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Reporting Perio	d: April 2017 - March 2018					
			Com	npared to c Commise	other Joint sion	
			Accr	edited Org	anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e i
	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.			2	<b>∞</b> <sup>2</sup>	
		Со	mpared to c Accredit	other Joint ed Organiz		on
			lationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave R
Assessment of violence r substance use disorder, trauma and patient streng	older adult (>= 65 years) screened					

	was below most other organizations.	
6.	The Measure results are not statistically	
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substance and alcohol use, completed - Older Adult (>= 65 psychological trauma history and years) 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 100% 94% 100% 96% determines if patients need help for 86% of their use. Screening for 147 eliaible Patients 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.

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Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Es chusta Var			egory of evidenced based measures as quality of care given to psychiatric patient		<b>(</b>	2	<b>№</b> <sup>2</sup>	
Footnote Key           1.         The Measure or Measure Set was not				Co	mpared to c	other leint	Commissio	
reported.					Accredit	ed Organiz	zations	
overall result.	Measure		Explanation	N Hospital	Vationwide	Average	State	wide Average
3. The number of patients is not enough for comparison purposes.				Results	Scored	Rate:	Scored	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 denominative criteria</li> </ol>	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	with	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.	50% of 8 eligible Patients	at Least:	62%	at Least:	66%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	with	This measure reports the number of patients age 1 through 12 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.	<b>€</b> 3 	100%	41%	3	3



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Footnote Key

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			Comr	to other Joint nission Organizations
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			npared to other Jo Accredited Orga ationwide	
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			Accieuit	eu Organiz	auons	
		Ν	lationwide		State	ewide
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 Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>600</b> 3 	100%	49%	3	3

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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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

## 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**

	iod: April 2017 - March 2018		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>⊘</b> <sup>2</sup>	@ <sup>2</sup>			
Compared to other Joint Commission Accredited Organizations						
		lationwide	Statewide			

3.	The number of patients is not enough
	for comparison purposes.

The Measure Set does not have an

The Measure or Measure Set was not

- 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.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   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."

			Accredit	ed Organiz	ations	
		N	lationwide		State	wide
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 to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	43% of 7 eligible Patients	100%	63%	100%	69%

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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 Perio	od: Api	ril 2017 - March 2018					
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>			Explanation egory of evidenced based measures as quality of care given to psychiatric patie				sion	
<ol> <li>Footnote Key</li> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> </ol>	Measure		Explanation		Vationwide	ed Organiz	ations	wide
3. The number of patients is not enough for comparison purposes.	Weddure		Explanation	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>	Multiple Antipsychotic Medications at Discharge Appropriate Justification ( Adults Age 65 and Older		This measure reports the number of patients age 65 and older 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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	۩04	100%	58%	100%	64%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restrai Use per 1000 Patient Hou 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.	0.13 (111 Total Hours in Restraint)	N/A	0.48	N/A	0.04



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sample of patients.

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

The Measure or Measure Set was not

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.

### 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 Per	iod: April 2017 - March 2018		
		Comn	o other Joint hission 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>○</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				on
		١	Nationwide St			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 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.	<b>600</b> 3	N/A	0.34	3	3
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 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.	<mark>₩</mark> 93 	N/A	0.24	3	3



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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. Not displayed

Footnote Key

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overall result.

The Measure or Measure Set was not

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.

The Measure Set does not have an

## Banner- University Medical Center South Campus

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# **National Quality Improvement Goals**

iod: April 2017 - March 2018		
	Comn	o other Joint nission Organizations
Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>∞</b> <sup>2</sup>
	Explanation This category of evidenced based measures assesses the	Compared to Common Accredited Common Accredited

		Compared to other Joint Commission Accredited Organizations				on
			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	0.14 (101 Total Hours in Restraint)	N/A	0.56	N/A	0.04
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.	0.08 (10 Total Hours in Restraint)	N/A	0.15	N/A	0.01
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.	0.03 (26 Total Hours in Seclusion)	N/A	0.37	N/A	0.02

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overall result.

The Measure or Measure Set was not

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.

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sample of patients.

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

### Banner- University Medical Center South Campus

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# **National Quality Improvement Goals**

Symbol Key				
This organization achieved the best possible results	Reporting Per	iod: April 2017 - March 2018		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				o other Joint
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1</b>	<b>1 1 1 1 1 1 1 1 1 1</b>
Footnote Key	Services			

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 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.	ND 3	N/A	0.60	<sup>3</sup>	3
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 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.	<b>€</b> 	N/A	0.19	3	3
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.	0.04 (26 Total Hours in Seclusion)	N/A	0.42	N/A	0.02
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.04	N/A	0.00

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



# **National Quality Improvement Goals**

#### Reporting Period: April 2017 - March 2018

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>⊘</b> <sup>2</sup>	<b>⊘</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations					
		١	lationwide		State	tewide	
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.	91% of 471 eligible Patients	100%	94%	99%	95%	

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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.
 This organization's performance is below the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

#### **Footnote Key**

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible rationts that me
- 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."