

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

One Medical Center Drive, Morgantown, WV



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.
	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
- -	This organization's performance is below the target range/value. This Measure is not applicable for this organization.

Footnote Key

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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
🥝 Behavioral Health Care	Accredited	7/11/2018	7/10/2018	7/10/2018
🥝 Hospital	Accredited	7/14/2018	7/13/2018	8/1/2019
🙆 Laboratory	Accredited	11/23/2017	11/14/2019	11/14/2019

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Pathology and Clinical Laboratory

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	12/4/2017	10/29/2019	10/29/2019
Advanced Total Hip and Total Knee Replacement	Certification	1/10/2019	1/9/2019	1/9/2019
🥝 Ventricular Assist Device	Certification	8/22/2018	7/25/2018	7/25/2018

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2015 Hospital Magnet Award
2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
2013 Gold Plus Get With The Guidelines - Heart Failure
2012 Silver - The Medal of Honor for Organ Donation
2010 Silver - The Medal of Honor for Organ Donation

Compared to other Joint Commission Organizations			
		Nationwide	Statewide
Behavioral Health Care	2018National Patient Safety Goals	Ø	[*] ۲

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

One Medical Center Drive, Morgantown, WV



Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
Hospital	2019National Patient Safety Goals	Ø	™ *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	(m) ²	NO ²
Apr 2018 - Mar 2019	Hospital-Based Inpatient Psychiatric Services	2 ²	NO ²
	Perinatal Care	2 ²	1
Laboratory	2017National Patient Safety Goals	Ø	₩ *

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Locations of Care	Available Services
Center for Hope and Healing operated by WVU Hospitals, Inc. 751 Benefactor Drive Morgantown, WV 26501	 Services: Chemical Dependency (Residential Care - Adult) (Detox/Non-detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) General Laboratory Tests Peer Support (Non 24 Hour Care)
Suncrest Towne Centre Clinic operated by WVU Hospitals, Inc. 600 Suncrest Towne Centre Morgantown, WV 26505	Other Clinics/Practices located at this site: Suncrest Towne Centre Department of Medicine Endocrinology C Suncrest Towne Centre Department of Medicine Nephrology Clin Suncrest Towne Centre Department of Medicine Rheumatology Cl Services: Administration of High Risk Medications (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient)
University Town Centre Clinic operated by WVU Hospitals, Inc 6040 University Town Centre Drive Morgantown, WV 26501	 Other Clinics/Practices located at this site: University Town Centre Clark K. Sleeth Family Medicine Cente University Town Centre Dermatology University Town Centre Geriatrics University Town Centre Imaging University Town Centre Laboratory University Town Centre Medicine Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
West Virginia University Hospitals, Inc. DBA: WVU Medicine Children's Neurodevelopmental Center (NDC) 201 Baker's Ridge Road Morgantown, WV 26508	Services: Outpatient Clinics (Outpatient)
West Virginia University Hospitals, Inc. DBA: Fairmont Regional Cancer Center 1325 Locust Avenue Fairmont, WV 26554-1435	Services: Outpatient Clinics (Outpatient)



* Primary Location

One Medical Center Drive, Morgantown, WV

* Primary Location	
Locations of Care	Available Services
West Virginia University Hospitals, Inc. * One Medical Center Drive Morgantown, WV 26506-8242	 Joint Commission Advanced Certification Programs: Advanced Comprehensive Stroke Center Advanced Total Hip and Total Knee Replacement Ventricular Assist Device Other Clinics/Practices located at this site: Betty Puskar Breast Care Center Betty Puskar Breast Care Center Bonnie's Bus Mary Babb Randolph Cancer Center Neurology Clinic Neurosurgery Clinic Neurosurgery Clinic Neurosurgery Clinic Neurosurgery Clinic Physician Office Center Clark K. Sleeth Family Medicine Clinic Physician Office Center EEG/EMG Physician Office Center ENT Clinic Physician Office Center Itabi Physician Office Center Physician Office Center Medical Group Practice Physician Office Center Medical Specialties Clinic Southeast Tower Heart and Vascular Institute HVI Specialties West Virginia University Eye Institute
	 Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Nuclear Medication Compounding (Inpatient) Nuclear Medical (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient)

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Locations of Care	Available Services
	 EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Medical /Surgical Unit (Inpatient)
WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. 608 Cheat Road Morgantown, WV 26508	Other Clinics/Practices located at this site: • Cheat Lake Family Medicine Clinic • Cheat Lake Pediatric Clinic • Cheat Lake Lab • Cheat Lake Plastic Surgery • Cheat Lake OB/GYN Clinic • Cheat Lake Plastic Surgery • Cheat Lake Pediatric and Adult Allergy and Immunology • Cheat Lake Radiology Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
WVU Pain Management Center operated by WVU Hospitals, Inc. Suite 150 1075 VanVoorhis Road Morgantown, WV 26505	Services: • Administration of High Risk Medications (Outpatient) • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
WVU Sleep Evaluation Center operated by WVU Hospitals, Inc. 205 Bakers Ridge Road Morgantown, WV 26508	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
WVU Spine Medicine Center operated by WVU Hospitals, Inc. 943 Maple Drive, Lower Level Morgantown, WV 26505	Services: • Outpatient Clinics (Outpatient)





* Primary Location

One Medical Center Drive, Morgantown, WV

Locations of Care WVUH Chestnut Ridge Center operated by WVU Hospitals, Inc. DBA: Chestnut Ridge Center Day Hospital 3600 Collins Ferry Road Morgantown, WV 26505

Other Clinics/Practices located at this site: • Assertive Community Treatment Services: • Assertive Community Treatment/Community Sur

Assertive Community Treatment/Community Support Services
 (Non 24 Hour Care - Adult)

Available Services

- Behavioral Health (Day Programs Adult) (Partial - Adult)
- Community Integration (Non 24 Hour Care)
- General Laboratory Tests

One Medical Center Drive, Morgantown, WV



2018 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.

One Medical Center Drive, Morgantown, WV



2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Cool Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this organization.

One Medical Center Drive, Morgantown, WV

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National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

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		Compared to other Join Commission				
		Accredited Organizatio				
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.	∞ ²	1 2			

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide	Statewide		
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.	2 105.00 minutes 452 eligible Patients	55.00	136.00	43.65	84.72

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

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

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		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.	2	@ ²

		Compared to other Joint Commission Accredited Organizations							
		١	lationwide		State	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.	99% of 423 eligible Patients	100%	95%	3	3			

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2018 - March 2019					
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below the target range/value.						edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	№ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Coi	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.	Measure		Evaluation		Vationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Scored	Average Rate:
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. 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.	Assessment of violence substance use disorder trauma and patient stre completed - Children (1 years)	, ngths	This measure reports the number of children age (1-12 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	00% of 17 eligible Patients	100%	95%	3	3
or further information			such as family support, a steady job,					

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the patient recover.

housing, etc. which are used to help

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

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Rep	orting Per	iod: Apı	ril 2018 - March 2019					
Measure A	Area		Explanation			0		e
Hospital-E Inpatient F Services	ased Psychiatric		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
					Accredit	other Joint ed Organiz		
	Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Avera Rate
substance trauma and	nt of violence use disorder, d patient strer - Adolescent	ngths	This measure reports the number of adolescent age (13-17 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,	00% of 138 eligible Patients	100%	95%	3	

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

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This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric					2	2	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to d			on
The Measure Set does not have an				N	Accredit lationwide	ed Organiz	ations State	ewid
overall result. The number of patients is not enough	Measure		Explanation	Hospital	Top 10%	Average		
for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	F
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	risk	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder, trauma and patient stren	,	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically	completed - Adult (18-64		substance and alcohol use,					
valid.	years)		psychological trauma history and patient strengths. Screening for					
The Measure results are based on a sample of patients.			violence risk to self determines if					
The number of months with Measure			patients are likely to harm themselves. Screening for violence					
data is below the reporting requirement. The measure results are temporarily			risk to others determines if patients					
suppressed pending resubmission of			are likely to harm others. Screening for substance and alcohol use	Ð			0	
updated data. Test Measure: a measure being			determines if patients need help for	99% of	100%	95%	3	
evaluated for reliability of the			their use. Screening for	170 eligible Patients				
individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have					
There were no eligible patients that met			experienced terrible events in their					

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National Quality Improvement Goals

Reporting Peri	iod: Ap	ril 2018 - March 2019					
				Con			
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewid	e
Inpatient Psychiatric		0,			2	™ ²	
			Co				on
			1		ou organiz		ewide
Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
substance use disorder, trauma and patient strer	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	00% of 98 eligible Patients	100%	94%	3	3
	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Assessment of violence substance use disorder, trauma and patient streat completed - Older Adult	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Measure Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65	Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures as overall quality of care given to psychiatric paties Measure Explanation Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) 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 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	Measure Area Explanation Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Measure Explanation Measure Explanation Measure Explanation Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) 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 patients are likely to harm themselves. Screening for violence risk to self determines if patients are likely to harm others. Screening for psychological trauma history 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	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to get the Accredite to the compared to the compa	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Accredited Organiz Services Measure Explanation Image: Compared to other Joint Accredited Organiz Nationwide Measure Explanation Hospital Services Measure Explanation Nationwide Compared to other Joint Accredited Organiz Nationwide Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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 psychological trauma history 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 100% 94%	Compared to other Joint Commission 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. Image: Compared to other Joint Commission Compared to other Joint Commission Services Compared to other Joint Commission Compared to other Joint Commission Statewide Measure Explanation Hospital Top 10% Average Top 10% Scored at Least: State Assessment of violence risk, substance and alcohol use, psychological trauma history and patient strengths completed - Older Aduit (>= 65 years) screening for violence risk to self determines if patients are likely to harm others. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to self determines if patients need help for their use. Screening for bises 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 patients are likely to harm others. Screening for patients are likely to harm others. Screening for anxious and unable to handle their feelings. Screening for anxious and unable to handle their f

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.

the patient recover.

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

West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Symbol Key This organization achieved the best possible results	Reporting Peri	od: Ap	ril 2018 - March 2019					
 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 Footnote Key The Measure or Measure Set was not 			Explanation tegory of evidenced based measures as quality of care given to psychiatric patier	ents.	Accru Nationwid) ²	sion janizations Statewide	
 The Measure of Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. 	Measure		Explanation		Accredite	ted Organiz		ewide
 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. 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 	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.	40% of 5 eligible Patients	at Least:	62%	at Least:	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12		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.	€€ 0 3 	100%	48%	3	3



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The Measure results are based on a

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

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There were no eligible patients that met

the denominator criteria.

West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV

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National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier			2	⊘ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.			I	Cor	mpared to o Accredite	ther Joint (ed Organiza		n
The Measure Set does not have an overall result.				N	Vationwide		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 was below most other organizations. The Measure results are not statistically	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 13	n	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					

			at Least:		at Least:	
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 medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ³	100%	53%	3	

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

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

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2018 - March 2019					
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This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	O ²	
The Measure or Measure Set was not reported.				Co	mpared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					Nationwide	_		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:	Average Rate:
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. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being	Multiple Antipsychotic Medications at Dischar Appropriate Justification Adults Age 18 - 64	0	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	67% of 3 eligible Patients	100%	64%	at Least.	3

- 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.

to reduce the number of

one antipsychotic medication, a plan

antipsychotic medications to one

antipsychotic medication or the

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

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One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

R	eporting Peri	iod: Apı	il 2018 - March 2019					
						npared to o Commiss redited Org	sion	
Measure	e Area		Explanation		Nationwi	de	Statewid	e
Hospital Inpatien Services	t Psychiatric		egory of evidenced based measures as uality of care given to psychiatric patie			2	∞ ²	
						other Joint ed Organiz	ations	
	Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
Hours of	Antipsychotic ons at Discharg ate Justification ge 65 and Olde	i Older r	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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. This measure reports the total hours	4	100%	54%	3	3
Use per Overall F	1000 Patient He	ours -	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.	0.19 (50 Total Hours in Restraint)	N/A	0.48	3	3

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Symbol Key

possible results
 This organization's performance is above the target range/value.
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 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 Privac 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.
- 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
- 1. There were no eligible patients that met the denominator criteria.

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	oril 2018 - March 2019					
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	∞ ²	
The Measure or Measure Set was not reported.						other Joint ed Organiz	ations	
overall result.			E-mlan - Kan		lationwide	A		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	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 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	Hours of Physical Rest Use Children Age 1 - 1		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	0.00 (0 Total Hours in Restraint)	N/A	0.37	<u></u> 3	3

is not a standard treatment for the

This measure reports the number of

years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual

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0.08

(3 Total Hours

in Restraint)

N/A

0.26

hours patients age 13 through 17

method or physical or mechanical

device, material, or equipment that

a patient to move his or her arms,

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

legs, body or head freely when it is

immobilizes or reduces the ability of

patient's medical or psychiatric

condition

- 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.

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

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Hours of Physical Restraint

Use Adolescents Age 13 - 17

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West Virginia University Hospitals, Inc.

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period:	April 2018 - March 2019					
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Footnote Key		s category of evidenced based measures a erall quality of care given to psychiatric patie			2	⊘ ²	
The Measure or Measure Set was not reported.			Cor		other Joint ed Organiz	Commissic zations	n
The Measure Set does not have an overall result.			٨	lationwide		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:	Ave Ra
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	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	æ				

8.	The number of months with Measure
	data is below the reporting requirement
9.	The measure results are temporarily
	suppressed pending resubmission of

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

11 There were no eligible patients that met the denominator criteria.

For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''**

Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Av R
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.	0.23 (45 Total Hours in Restraint)	N/A	0.55	3	-
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 (3 Total Hours in Restraint)	N/A	0.14	3	-
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.37	3	-

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

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

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.

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There were no eligible patients that met

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For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''**

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting Per	riod: April 2018 - March 2019		
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This organization's performance is below the target range/value.			Accredited O	
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.	⊘ ²	№ ²
Footnote Key	Services			
The Measure or Measure Set was not		Con	npared to other Joi	nt Commission

		Compared to other Joint Commission Accredited Organizations					
		Nationwide State					
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.60	3	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.	0.00 (0 Total Hours in Seclusion)	N/A	0.22	3	<u></u> 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.	0.00 (0 Total Hours in Seclusion)	N/A	0.42	³	3	
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	3	3	



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Footnote Key

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The number of patients is not enough for comparison purposes.

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

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.

West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Reporting Per	iod: April 2018 - March 2019								
			o other Joint						
		Comm	nission						
		Accredited C	Organizations						
Measure Area	Explanation	Nationwide	Statewide						
Perinatal Care	This category of evidenced based measures assesses the	№ ²	\bigcirc ²						
	care of mothers and newborns.								

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	100% of 22 eligible Patients	100%	98%	100%	96%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 12 eligible Patients	0%	2%	0%	3%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	54% of 188 eligible Patients	73%	52%	56%	43%



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One Medical Center Drive, Morgantown, WV



2017 National Patient Safety Goals

Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	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.