

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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|-----------------|-------|-----|--------------|-----|
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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

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
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- sample of patients.
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- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

| Accreditation Programs | Accreditation Decision | Effective | 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 | ₩ * |

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. |
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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

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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

Reporting Period: April 2018 - March 2019

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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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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awa

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 | | | | | |
| 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 | | | | | Con | npared to c Commise | | |
| 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.

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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 | |

Symbol Key

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updated data. 10. Test Measure: a measure being evaluated for reliability of the

West Virginia University Hospitals, Inc.

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|---|---|---------|--|--------------------------|------------------------|------------------------|---------------------|------|
| This organization achieved the best possible results | Reporting Peri | lod: 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. | | | | | Con | npared to c Commiss | | |
| 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 | | | | | |

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

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the patient recover.

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



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.

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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 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 |



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

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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.

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.

West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV

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National Quality Improvement Goals

| Symbol Key | | | | | | | | / |
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| This organization achieved the best possible results | Reporting Per | iod: Ap | oril 2018 - March 2019 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Com | pared to of Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accre | edited Orga | | |
| Not displayed | Measure Area | | Explanation | | Nationwic | le | Statewide | |
| | 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.

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | riod: 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. | | | | | Com | npared to o Commise | | |
| 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.

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

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 |

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

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Symbol Key

possible results
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 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
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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 | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | riod: Ap | oril 2018 - March 2019 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Com | npared to c Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accr | edited Org | | |
| 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

condition.

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Hours of Physical Restraint

Use Adolescents Age 13 - 17

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

| Symbol Key | | | | | | | |
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| This organization achieved the best possible results | Reporting Period: | April 2018 - March 2019 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | Com | npared to c Commiss | | |
| This organization's performance is below the target range/value. | | | | Accr | | anizations | |
| Not displayed | Measure Area | Explanation | | Nationwi | de | Statewide | e |
| 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 |
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| | 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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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.

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.''**

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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 | | |
| This organization's performance is above the target range/value. | | | | |
| This organization's performance is similar to the target range/value. | | | Compared to Comm | |
| 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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This organization's performance is

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Footnote Key

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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.

West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

| Reporting Per | iod: April 2018 - March 2019 | | | | | | | | |
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| | | | 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.