

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

n	1 1	Key
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0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
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••	This Measure is not applicable for this organization.
•	Not displayed

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	12/2/2019
olimitation States Contraction Contraction States Contraction Contraction States Contractic Contract	Accredited	11/15/2019	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	10/30/2019	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 Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2018National Patient Safety Goals	Ø	[*]

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	2 ²	ND ²
Jul 2018 - Jun 2019	Hospital-Based Inpatient Psychiatric Services		NO ²
	Perinatal Care		○ ²
Laboratory	2019National 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 Bonnie's Bus Mary Babb Randolph Cancer Center Neurology Clinic Neurosurgery Clinic Physician Office Center Clark K. Sleeth Family Medicine Clin Physician Office Center EEG/EMG Physician Office Center ENT Clinic Physician Office Center Lab Physician Office Center Lab Physician Office Center Physician Office Center Physician Office Center Lab Physician Office Center Medical Group Practice Physician Office Center Medical Specialties Clinic Physician Office Center 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) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Cardiovascular Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Radiation Oncology (Imaging/Diagnostic Services) 	

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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 Family Medicine Clinic • Cheat Lake Padiatric Clinic • Cheat Lake OB/GYN Clinic • Cheat Lake OB/GYN Clinic • Cheat Lake Pediatric and Adult Allergy and Immunology • Cheat Lake Radiology
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	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\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



Reporting Period: July 2018 - June 2019

National Quality Improvement Goals

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

		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	1 1 1 1 1 1 1 1 1 1	1 2

			npared to c Accredite lationwide	other Joint ed Organiz		
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 464 eligible Patients	55.00	135.00	45.87	87.30

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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 Per	iod: July 2018 - June 2019		
		Compared to Comm	o other Joint lission
		Accredited C	rganizations
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

		Cor		other Joint ed Organiz	Commission zations		
		N	lationwide	Ű	Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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 404 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

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services	atient Psychiatric overall quality of care given to psychiatric patients.				2	∞ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.					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:	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)	r, engths	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	00% of 13 eligible Patients	100%	95%	3	3

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the patient recover.

housing, etc. which are used to help

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One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Reporting Period: July	y 2018 - June 2019		Com	npared to c			
			Accr	Commission Accredited Organizations			
Measure Area	Explanation		Nationwi	de	Statewide	е	
	egory of evidenced based measures as quality of care given to psychiatric patie		0	@ ²			
		Con	npared to c Accredite	other Joint ed Organiz		n	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Avera Rate	
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	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 134 eligible Patients	100%	96%	3		

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	Hospital-Based Inpatient Psychiatric	ospital-Based This category of evidenced based measures assesses the				2	⊘ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to o Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.					lationwide		State	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	· ·	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	ngths	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Adult (18-64 years)	4	substance and alcohol use, psychological trauma history and patient etrapatha. Screening for					
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of updated data.			are likely to harm others. Screening for substance and alcohol use	Ð	100%	05%	3	3
Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for	99% of 165 eligible Patients	100%	95%	9	0
individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have experienced terrible events in their	Fallents				

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National Quality Improvement Goals

Reporting Pe	riod: Jul	y 2018 - June 2019					
Measure Area Explanation Nationwide St						sion	e
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
					other Joint ed Organiz		n wide
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Avera Rate
Assessment of violence substance use disorder trauma and patient stru- completed - Older Adur years)	er, engths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,	CO 100% of 92 eligible Patients	100%	94%	3	

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Mot displayed	Measure Area		Explanation		Nationwie	de	Statewide	è
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	™ ²	
1. The Measure or Measure Set was not				Cor	mpared to c	other loint	Commissio	n
reported. 2. The Measure Set does not have an				CO		ed Organiz		
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4. The measure meets the Privacy					at Least:		at Least:	
 Disclosure Threshold rule. 5. The organization scored above 90% but was below most other organizations. 6. The Measure results are not statistically valid. 7. The Measure results are based on a sample of patients. 8. The number of months with Measure data is below the reporting requirement. 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharg 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.	€€€\$4 	100%	62%	3	3
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	49%	3	3



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

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

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV

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100%

49%



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	ly 2018 - June 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 Commiss		
This organization's performance is below the target range/value.								
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
	Hospital-Based Inpatient Psychiatric) ²	№ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Cor	mpared to o	other Joint ed Organiz		on
The Measure Set does not have an			,	N	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	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. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a	⋒ ³				

- 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.''**

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person's capacity to meet life's

justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

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

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	ly 2018 - June 2019					
This organization's performance is above the target range/value.	1							
This organization's performance is similar to the target range/value.	1				Com	npared to o Commiss		
This organization's performance is below the target range/value.	I				Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	@ ²	
Footnote Key	UCI VICES							
The Measure or Measure Set was not reported.	1			Cor		other Joint (ed Organiz	Commissio rations	n
The Measure Set does not have an	I			N	Vationwide	u organi	State	wide
overall result.	Measure		Explanation	Hospital	Top 10%	Average		Average
The number of patients is not enough for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic		This measure reports the number of		at Least.		di Leasi.	
The organization scored above 90% but was below most other organizations.	Medications at Discharg Appropriate Justification	•	patients age 18 through 64 years discharged on two or more					
The Measure results are not statistically valid.	Adults Age 18 - 64		antipsychotic medications for which there was an appropriate justification.					
The Measure results are based on a sample of patients.			Antipsychotic medications are a group of drugs used to treat					
The number of months with Measure data is below the reporting requirement.			psychosis. Psychosis is a mental illness that markedly interferes with a					
The measure results are temporarily			person's capacity to meet life's everyday demands. Appropriate	U	100%	64%	3	3

- Footnote Key The Measure or Measure Set was n 1. reported. 2. The Measure Set does not have an overall result. 3.
- The number of patients is not enoug for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% was below most other organization
- The Measure results are not statisti valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measu data is below the reporting requirer
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

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

justifications include previous

to reduce the number of

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

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

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National Quality Improvement Goals

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Symbol Key This organization achieved the best								
wassible results	Reporting Per	iod: Jul	y 2018 - June 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 o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area	Measure Area Explanation				Nationwide Statewide		9
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊙ ²	
 The Measure or Measure Set was not reported. 				Cor		other Joint		n
2. The Measure Set does not have an				N	Accreait lationwide	ed Organiz	ations State	wide
overall result.3. 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 evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older er	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	€€0 ⁴	100%	55%	3	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Use per 1000 Patient H Overall Rate		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.	0.15 (39 Total Hours in Restraint)	N/A	0.48	3	3

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: July	v 2018 - June 2019					
Dabove the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
This organization's performance is					Accr	edited Org		
below the target range/value.	Measure Area		Explanation		Nationwi		Statewid	<u>a</u>
		This cate	egory of evidenced based measures as	ssesses the	Nationwi			
Footnote Key			uality of care given to psychiatric patie		(2	⊘ ²	
The Measure or Measure Set was not							• • •	
reported.				Col	mpared to o			on
The Measure Set does not have an overall result.				١	Vationwide	ccredited Organizations nwide Statew		
3. The number of patients is not enough	Measure		Explanation	Hospital			Top 10%	
for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule.	Hours of Physical Restra	int	This measure reports the number of				at Loast.	
The organization scored above 90% but	Use Children Age 1 - 12		hours patients age 1 through 12					
was below most other organizations.			years were kept in physical restraints					
• The Measure results are not statistically			for every 1,000 hours of patient care. Physical restraint is any manual					
valid.The Measure results are based on a			method or physical or mechanical					
sample of patients.			device, material, or equipment that					
• The number of months with Measure			immobilizes or reduces the ability of a patient to move his or her arms,	\mathbf{U}	N/A	0.39	3	3
data is below the reporting requirement. The measure results are temporarily			legs, body or head freely when it is					
The measure results are temporarily suppressed pending resubmission of			used as a restriction to manage a					
updated data.			patient's behavior or restrict the patient's freedom of movement and					
• Test Measure: a measure being evaluated for reliability of the			is not a standard treatment for the					
individual data elements or awaiting			patient's medical or psychiatric condition.					
• There were no eligible patients that met	Llaura of Dhysical Destro	int						
the denominator criteria.	Hours of Physical Restra Use Adolescents Age 13		This measure reports the number of hours patients age 13 through 17					
	ooc / dolooconto / go 10	.,	years were kept in physical restraints					
			for every 1,000 hours of patient care.					
For further information			Physical restraint is any manual method or physical or mechanical					
and explanation of the			device, material, or equipment that	(+)				
Quality Report contents,			immobilizes or reduces the ability of	Ŭ	N/A	0.27	3	3
refer to the "Quality			a patient to move his or her arms, legs, body or head freely when it is	0.09 (4 Total Hours				
Report User Guide.''			used as a restriction to manage a	in Restraint)				
			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					



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condition.

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2018 - June 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Corr	npared to c Commiss		
O This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	
Eastusta Kau	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	○ ²	
Footnote Key 1. The Measure or Measure Set was not				0.00		then leint	Commissio	_
reported.				Cor	npared to c Accredite	ed Organiz		n
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide	Average	State Top 10%	wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	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. 	Hours of Physical Restr 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.	0.17 (32 Total Hours in Restraint)	N/A	0.56	3	3
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.''	Hours of Physical Restr Use Older Adults Age 6 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.	0.11 (3 Total Hours in Restraint)	N/A	0.12	3	3
	Hours of Seclusion Use 1000 Patient Hours - O 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	0.40	3	3

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period	: July 2018 - June 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 o 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		nis category of evidenced based measures a rerall quality of care given to psychiatric patie		(2	⊘ ²	
• The Measure or Measure Set was not reported.			Cor	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.	Measure	Evaluation		lationwide	Average		ewide
• The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	Scored at Least:	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 	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.	₩ ⁴ 	N/A	0.60	3	3
 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. 	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	3
There were no eligible patients that met the denominator criteria.	Hours of Seclusion Use Adu Age 18 - 64	ults This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for	\bigcirc				

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

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every 1,000 hours of patient care.

confinement of a patient alone in a room or an area where the patient is

physically prevented from leaving.

kept in seclusion for every 1,000 hours of patient care. Seclusion is

the involuntary confinement of a

where the patient is physically prevented from leaving.

patient alone in a room or an area

This measure reports the number of hours patients age 65 and older were

Seclusion is the involuntary

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

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Hours of Seclusion Use Older

Adults Age 65 and Older

N/A

N/A

0.00

(0 Total Hours in Seclusion)

0.00 (0 Total Hours

in Seclusion)

0.46

0.07

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Symbol Key This organization achieved the b

This organization's performance

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

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

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Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

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sample of patients.

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Reporting P	Reporting Period: July 2018 - June 2019					
			to other Joint nission			
		Accredited C	Organizations			
Measure Area	Explanation	Nationwide	Statewide			
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	™ ²			

		Compared to other Joint Commissio Accredited Organizations				
		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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%	98%
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 8 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.	50% of 196 eligible Patients	73%	52%	57%	43%



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2019 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.