

# 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.

One Medical Center Drive, Morgantown, WV



# **Summary of Quality Information**

### 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.
Э	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
<b>ND</b>	Not displayed

### **Footnote Key**

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Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
Behavioral Health Care and Human Services	Accredited	12/15/2021	12/14/2021	12/14/2021
🥝 Hospital	Accredited	12/18/2021	12/17/2021	4/1/2022
Aboratory	Accredited	3/5/2022	3/4/2022	3/4/2022

### 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
Ø	Advanced Comprehensive Stroke Center	Certification	4/21/2022	4/20/2022	4/20/2022
Ø	Advanced Total Hip and Total Knee Replacement	Certification	5/22/2021	5/21/2021	5/21/2021
Ø	Ventricular Assist Device	Certification	8/17/2022	8/16/2022	8/16/2022

### **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 and	2021National Patient Safety Goals	Ø	<u>نه</u> *	

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One Medical Center Drive, Morgantown, WV

Compared to other Joint Commission Accredited



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		Organizations	
		Nationwide	Statewide
Human Services			
Hospital	2021National Patient Safety Goals	Ø	<b>*</b>
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	<b>(10)</b> <sup>2</sup>	(m) <sup>2</sup>
Apr 2020 - Mar 2021	Perinatal Care	2 °	2 <sup>2</sup>
Laboratory	2022National Patient Safety Goals	$\bigotimes$	*

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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	<ul> <li>Services:</li> <li>Chemical Dependency (Residential Care - Adult) (Detox/Non-detox - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> <li>General Laboratory Tests</li> <li>Peer Support (Non 24 Hour Care)</li> </ul>
Suncrest Towne Centre Clinic operated by WVU Hospitals, Inc. 600 Suncrest Towne Centre Morgantown, WV 26505	Other Clinics/Practices located at this site: <ul> <li>Suncrest Towne Centre Department of Medicine Endocrinology C</li> <li>Suncrest Towne Centre Department of Medicine Nephrology Clin</li> <li>Suncrest Towne Centre Department of Medicine Rheumatology Cl</li> </ul> <li>Services: <ul> <li>Administration of High Risk Medications (Outpatient)</li> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
University Town Centre Clinic operated by WVU Hospitals, Inc 6040 University Town Centre Drive Morgantown, WV 26501	<ul> <li>Other Clinics/Practices located at this site: <ul> <li>University Town Centre Clark</li> <li>K. Sleeth Family Medicine</li> <li>Cente</li> <li>University Town Centre</li> <li>Dermatology</li> <li>University Town Centre</li> <li>Geriatrics</li> <li>University Town Centre</li> <li>Inviersity Town Centre</li> &lt;</ul></li></ul>
West Virginia University Hospitals, Inc. DBA: WVU Medicine Children's Neurodevelopmental Center (NDC) 201 Baker's Ridge Road Morgantown, WV 26508	<ul> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul> Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>



### \* Primary Location

One Medical Center Drive, Morgantown, WV

Locations of Care	Available Services
West Virginia University Hospitals, Inc. DBA: Fairmont Medical Center 1325 Locust Avenue Fairmont, WV 26554	Other Clinics/Practices located at this site:         • Fairmont Medical Center Cardiology         • Fairmont Medical Center Neurology         • Fairmont Medical Center Pulmonary Clinic         • Fairmont Medical Center Pulmonary Clinic         • Fairmont Medical Center Pulmonary Clinic         • Fairmont Medical Center Sleep Evaluation Center         Services:         • CT Scanner (Imaging/Diagnostic Services)         • Dialysis Unit (Inpatient)         • Inpatient Unit (Inpatient)         • Magnetic Resonance Imaging (Imaging/Diagnostic Services)         • Medical /Surgical Unit
West Virginia University Hospitals, Inc. DBA: Rockefeller Neuroscience Institute, Innovation Center 33 Medical Center Drive Suite 240 Morgantown, WV 26506	(Inpatient) Other Clinics/Practices located at this site: • RNIIC Behavioral Medicine Clinic • RNIIC Neurology Clinic • RNIIC Neurosurgery Clinic Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)



### \* Primary Location

Locations of Care	Available Services
Locations of Care West Virginia University Hospitals, Inc. * One Medical Center Drive Morgantown, WV 26506-8242	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Advanced Comprehensive Stroke Center</li> <li>Advanced Total Hip and Total Knee Replacement</li> <li>Ventricular Assist Device</li> </ul> Other Clinics/Practices located at this site: <ul> <li>Betty Puskar Breast Care Center</li> <li>Bonnie's Bus</li> <li>Children's Hospital Maternal Fetal Medicine Clinic</li> <li>Children's Hospital Pediatric Clinics</li> <li>Children's Hospital Pediatric Infusion Clinic</li> <li>Mary Babb Randolph Cancer Center</li> <li>Physician Office Center Clark K. Sleeth Family Medicine Clini</li> <li>Physician Office Center EEG/EMG</li> <li>Physician Office Center IEEG/EMG</li> <li>Physician Office Center Lab</li> <li>Physician Office Center Imedical Center Pharmacy</li> <li>Physician Office Center Medical Group Practice</li> <li>Physician Office Center Medical Group Practice</li> <li>Physician Office Center Medical Specialties Clinic</li> <li>Southeast Tower Heart and Vascular Institute HVI Specialties</li> <li>West Virginia University Eye Institute</li> </ul>
	<ul> <li>Services:</li> <li>Behavioral Health (24-hour Acute Care/Crisis</li> <li>Stabilization - Adult/Child/Youth)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Neuro/Spine ICU (Intensive Care Unit)</li> <li>Neurosurgery (Surgical Services)</li> <li>Non-Sterile Medication Compounding (Inpatient)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Othopedic/Spine Unit (Inpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Plastic Surgery (Surgical Services)</li> </ul>



Locations of Care	Available Services
	<ul> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hematology/Oncology Unit (Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul>
West Virginia University Hospitals, Inc. DBA: Fairmont Regional Cancer Center 1325 Locust Avenue Fairmont, WV 26554-1435	Services: • Outpatient Clinics (Outpatient)
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 and Adult Allergy and Immunology         • Cheat Lake Lab       • Cheat Lake Pediatric Clinic         • Cheat Lake OB/GYN Clinic       • 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)



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One Medical Center Drive, Morgantown, WV

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WVU Sleep Evaluation Center operated by WVU Hospitals, Inc. 205 Bakers Ridge Road Morgantown, WV 26508	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
WVU Spine Medicine Center operated by WVU Hospitals, Inc. 943 Maple Drive, Lower Level Morgantown, WV 26505	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
WVUH Chestnut Ridge	Other Clinics/Practices located at this site:
Center operated by WVU Hospitals, Inc. DBA: Chestnut Ridge	Assertive Community Treatment Services:
Center Day Hospital 3600 Collins Ferry Road Morgantown, WV 26505	<ul> <li>Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult)</li> <li>Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>General Laboratory Tests</li> </ul>

One Medical Center Drive, Morgantown, WV



# **2021 National Patient Safety Goals**

# **Behavioral Health Care and Human Services**

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.

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One Medical Center Drive, Morgantown, WV



# **2021 National Patient Safety Goals**

# Hospital

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
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	Ø
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
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	$\bigcirc$

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One Medical Center Drive, Morgantown, WV



# **National Quality Improvement Goals**

Reporting Period: April 2020 - March 2021

# Symbol Key This organization achieved the best possible results This organization's performance is above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed

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		Comm	
		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.	@ <sup>2</sup>	<b>O</b> <sup>2</sup>

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	2 100% of 504 eligible Patients	100%	96%	3	3

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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**

			Accre			
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measures ass overall quality of care given to psychiatric patien		Nationwi		Statewide	•
			Accredite	other Joint ed Organiz		
Measure	Explanation	N Hospital Results	ationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Avera Rate
Assessment of violence substance use disorder trauma and patient stre completed - Children (1 years)	ngths children age (1-12 years) screened for violence risk to self and others,	00% of 10 eligible Patients	100%	97%	3	

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One Medical Center Drive, Morgantown, WV



# **National Quality Improvement Goals**

Reporting P	eriod: Ap	ril 2020 - March 2021					
Measure Area		Explanation					э
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>○</b> <sup>2</sup>	
				npared to c Accredit lationwide	other Joint ed Organiz	zations	on ewide
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Avera Rate
Assessment of violen substance use disord trauma and patient st completed - Adolesce years)	er, rengths	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,	CO 100% of 181 eligible Patients	100%	97%	3	

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>™</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not				Cor	npared to c	other Joint	Commissio	on
reported. The Measure Set does not have an				N	Accredit Jationwide	ed Organiz		ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	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 stren completed - Adult (18-6- years)	ngths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients 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 237 eligible Patients	at Least: 100%	95%	at Least:	3

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# **National Quality Improvement Goals**

Reporting Perio	od: April 2020 - March 2021					
	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patier				sion	e
			npared to c Accredite lationwide	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results		Average Rate:		
Assessment of violence r substance use disorder, trauma and patient streng completed - Older Adult ( years)	older adult (>= 65 years) screenedgthsfor violence risk to self and others,	CO 100% of 76 eligible Patients	100%	95%	3	3

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Orbitation's performance is below the target range/value.						edited Org	anizations	
Not displayed	Measure Area Hospital-Based	This cat	Explanation egory of evidenced based measures as	seeses the	Nationwi	de	Statewide	e
Footnote Key	Inpatient Psychiatric Services		quality of care given to psychiatric patiel		<b>(</b>	2	<b>∞</b> <sup>2</sup>	
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2. The Measure Set does not have an overall result.					Vationwide		State	ewide
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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	e with	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	ND 2 100% of 22 eligible Patients	100%	59%	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 Discharge Appropriate Justification Children Age 1 - 12	e with	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>№0</b> <sup>3</sup>	100%	42%	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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# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.				I	Com	npared to of Commiss		
This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
I	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>1 2</b>	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Con		other Joint ( ed Organiz	Commissio zations	'n
The Measure Set does not have an				N	lationwide			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:	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.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	1	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.					

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 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.

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

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

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

illness that markedly interferes with a

group of drugs used to treat

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

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

# 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	iod: Ap	ril 2020 - March 2021					
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	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz		n
The Measure Set does not have an overall result.				١	lationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic		This measure reports the number of		at Least:		at Least:	
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	$\bigcirc$				
The measure results are temporarily suppressed pending resubmission of			person's capacity to meet life's everyday demands. Appropriate	100% of	100%	60%	3	3
updated data.			justifications include previous attempts to control psychosis with	19 eligible Patients				
Test Measure: a measure being evaluated for reliability of the			one antipsychotic medication, a plan to reduce the number of					
individual data elements or awaiting National Quality Forum Endorsement.			antipsychotic medications to one					

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.

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

# 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	iod: Ap	ril 2020 - March 2021					
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		Explanation		Nationwi	Ŭ	Statewid	Э
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			)2	<b>∞</b> <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> </ol>		Compared t						n
2. The Measure Set does not have an				N	lationwide	ed Organiz		wide
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ul>	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	CO 100% of 3 eligible Patients	100%	55%		3
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.1521 (46 Total Hours in Restraint)	N/A	0.8583	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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# **National Quality Improvement Goals**

Symbol Key					
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021			
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 Commis	other Joint sion
This organization's performance is below the target range/value.			Accr	edited Org	ganizations
Not displayed	Measure Area	Explanation	Nationwi	de	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses overall quality of care given to psychiatric patients.	the	) <sup>2</sup>	<b>○</b> <sup>2</sup>
Footnote Key	Services				
The Measure or Measure Set was not reported.			Compared to o Accredit	other Joint ted Organiz	
The Measure Set does not have an overall result.			Nationwide		Statewide
overall result.	Measure	Explanation Hosp	ital Top 10%	Averade	Top 10% Av

- 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

		<u> </u>	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	<b>ND</b> <sup>4</sup>	N/A	0.3472	3	3
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.2621 (16 Total Hours in Restraint)	N/A	0.2485	3	



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One Medical Center Drive, Morgantown, WV



# **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Period: Ap	pril 2020 - March 2021					
This organization's performance is above the target range/value.							
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This organization's performance is below the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation		Nationwi		Statewid	е
	Hospital-Based This ca	ategory of evidenced based measures as	ssesses the		0		
		quality of care given to psychiatric patie	nts.	0	)2	<u></u> ∞ <sup>2</sup>	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Coi	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				Vationwide	Ŭ	State	ewide
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. 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 Restraint Use Adults Age 18 - 64 Hours of Physical Restraint	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. This measure reports the number of	0.1382 (30 Total Hours in Restraint)	N/A	1.0605	at Least:	3
For further information nd explanation of the Quality Report contents, efer to the ''Quality Report User Guide.''	Use Older Adults Age 65 and Older	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 candition	0.000 (0 Total Hours in Restraint)	N/A	0.0961	3	3

suppressed pending result updated data. 10. Test Measure: a measure

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

This measure reports the total hours

patients were kept in seclusion for

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.

Seclusion is the involuntary

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

condition.

Null value or data not displayed.

Hours of Seclusion Use per 1000 Patient Hours - Overall

Rate

0.4419

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(0 Total Hours in Seclusion)

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Footnote Key

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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.

reported.

overall result.

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

# West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV

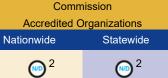


# **National Quality Improvement Goals**

Symbol Key		
This organization achieved the best possible results	Reporting Peri	iod: April 2020 - March 2021
above the target range/value.		
This organization's performance is similar to the target range/value.		
O This organization's performance is below the target range/value.		
Not displayed	Measure Area	Explanation
	Hospital-Based Inpatient Psychiatric	This category of evidenced based n overall quality of care given to psycl

Services

Explanation ced based measures assesses the iven to psychiatric patients.



Compared to other Joint

		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.	<b>ND</b> <sup>4</sup>	N/A	0.4020	<sup>3</sup>	3
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.1948	3	3
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.5260	<sup>3</sup>	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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0678	<sup>3</sup>	3

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

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Symbol Key

reported.

overall result.

The Measure or Measure Set was not

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

# West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



# **National Quality Improvement Goals**

This organization achieved the best possible results	Reporting F	Period: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				o other Joint hission
This organization's performance is below the target range/value.			Accredited C	Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>O</b> <sup>2</sup>	<b>⊘</b> <sup>2</sup>
Footnote Key				

		Cor	mpared to c Accredite	other Joint ed Organiz		on
		Nationwide Statewid				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	<b>(</b>	16%	25%	20%	26%
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 15 eligible Patients	0%	2%	0%	1%
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.	55% of 285 eligible Patients	71%	50%	60%	42%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	3364% of 1278 eligible Patients	212%	1780%	0%	20769
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	4616% of 1278 eligible Patients	1508%	3084%	1296%	38279

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One Medical Center Drive, Morgantown, WV

Compared to other Joint



# **National Quality Improvement Goals**

Reporting Period: April 2020 - March 2021

Symbol	Key
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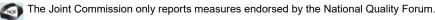
This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

### **Footnote Key**

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

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

	Commission						
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewide	e
Perinatal Care		tegory of evidenced based measures assesses the mothers and newborns.		<b></b>	$\sim^2$ $\odot^2$		
			Cor	npared to c Accredite	other Joint ed Organiz		n
			Ν	lationwide		State	ewide
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Averag Rate:
Unexpected Complicati Term Newborns per 100 livebirths - Severe Rate	00	The severe rate equals the number of patients with severe complications.	1251% of 1278 eligible Patients	501%	1303%	529%	1750%



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

One Medical Center Drive, Morgantown, WV



# **2022 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.

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