

# 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.                  |
|----------|--|
| <b>Ð</b> | This organization's performance is better than the target range/value. |
| Ø        | This organization's performance is similar to the target range/value.  |
| Θ        | This organization's performance is worse than the target range/value.  |
| •        | This Measure is not applicable for this organization.                  |
| •••      | Not displayed  |

#### **Footnote Key**

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

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

| Accreditation Programs                       | Accreditation Decision | Effective  | Last Full Survey | Last On-Site |
|--|------------------------|------------|------------------|--------------|
|  |                        | Date       | Date             | Survey Date  |
| Behavioral Health Care and<br>Human Services | Accredited             | 12/15/2021 | 12/14/2021       | 12/14/2021   |
| 🥝 Hospital                                   | Accredited             | 12/18/2021 | 12/17/2021       | 6/8/2023     |
| Aboratory                                    | Accredited             | 3/17/2023  | 3/4/2022         | 3/16/2023    |

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

Hospital

| Advanced Certification<br>Programs            | Certification Decision | Effective<br>Date | Last Full Review<br>Date | Last On-Site<br>Review Date |
|---|------------------------|-------------------|--------------------------|-----------------------------|
| Advanced Comprehensive<br>Stroke Center       | Certification          | 4/21/2022         | 4/20/2022                | 4/20/2022                   |
| Advanced Total Hip and Total Knee Replacement | Certification          | 5/22/2021         | 5/5/2023                 | 5/5/2023                    |
| 🥝 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))

|   |   | Compared to other Joint Commission Accredited<br>Organizations |                |
|---|---|--|----------------|
|   |   | Nationwide Statewide   |                |
| Behavioral<br>Health<br>Care and<br>Human<br>Services | 2021National Patient Safety Goals             | Ø  | *<br>۲         |
| Hospital  | 2021National Patient Safety Goals             | $\bigotimes$   | <b>*</b>       |
|   | National Quality Improvement Goals:           |  |                |
| Reporting<br>Period:                                  | Hospital-Based Inpatient Psychiatric Services | <b>()</b> <sup>2</sup>   | 2 <sup>2</sup> |
| Jan 2021 -<br>Dec 2021                                | Perinatal Care                                | 2 <sup>2</sup>   | <b>1</b>       |

One Medical Center Drive, Morgantown, WV



## **Summary of Quality Information**

| a  |                        | Key |
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| VI | $\mathbf{n}\mathbf{h}$ | KAV |
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|    |                        |     |

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|            |                                   | Compared to other Joint Commission Accredited<br>Organizations |           |
|------------|-----------------------------------|--|-----------|
|            |                                   | Nationwide   | Statewide |
| Laboratory | 2023National Patient Safety Goals | $\bigotimes$   | <b>*</b>  |



| Locations of Care  | Available Services   |
|--|--|
| Center for Hope and<br>Healing operated by<br>WVU Hospitals, Inc.<br>751 Benefactor Drive<br>Morgantown, WV 26501  | <ul> <li>Services:</li> <li>Chemical Dependency (Residential Care - Adult)<br/>(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<br>Clinic operated by WVU<br>Hospitals, Inc.<br>600 Suncrest Towne<br>Centre<br>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<br>Clinic operated by WVU<br>Hospitals, Inc<br>6040 University Town<br>Centre Drive<br>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<br>Hospitals, Inc.<br>DBA: WVU Medicine<br>Children's<br>Neurodevelopmental<br>Center (NDC)<br>201 Baker's Ridge Road<br>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<br>Hospitals, Inc.<br>DBA: Fairmont Medical<br>Center<br>1325 Locust Avenue<br>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<br>(Imaging/Diagnostic<br>Services)         • Dialysis Unit (Inpatient)         • Inpatient Unit (Inpatient)         • Magnetic Resonance<br>Imaging (Imaging/Diagnostic<br>Services)         • Medical /Surgical Unit<br>(Inpatient) |
| West Virginia University<br>Hospitals, Inc.<br>DBA: Rockefeller<br>Neuroscience Institute,<br>Innovation Center<br>33 Medical Center Drive<br>Suite 240<br>Morgantown, WV 26506 | Other Clinics/Practices located at this site: <ul> <li>RNIIC Behavioral Medicine Clinic</li> <li>RNIIC Neurology Clinic</li> <li>RNIIC Neurosurgery Clinic</li> </ul> <li>Services: <ul> <li>Anesthesia (Outpatient)</li> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>   |



#### \* Primary Location

| Locations of Care  | Available Services   |
|--|--|
| Locations of Care<br>West Virginia University<br>Hospitals, Inc. *<br>One Medical Center Drive<br>Morgantown,<br>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<br/>Acute Care/Crisis</li> <li>Stabilization -<br/>Adult/Child/Youth)</li> <li>Brachytherapy<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Cardiac Catheterization Lab<br/>(Surgical Services)</li> <li>Cardiac Surgery (Surgical<br/>Services)</li> <li>Cardiac Surgery (Surgical<br/>Services)</li> <li>Cardiothoracic Surgery<br/>(Surgical Services)</li> <li>Cardiothoracic Surgery<br/>(Surgical Services)</li> <li>Cardiothoracic Surgery<br/>(Surgical Services)</li> <li>Cardiothoracic Surgery<br/>(Surgical Services)</li> <li>Cardiovascular Unit<br/>(Inpatient)</li> <li>CT Scanner<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Cardiovascular Unit<br/>(Inpatient)</li> <li>CT Scanner<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Neuro/Spine ICU (Intensive<br/>Care Unit)</li> <li>Neurosurgery (Surgical<br/>Services)</li> <li>Non-Sterile Medication<br/>Compounding (Inpatient)</li> <li>Normal Newborn Nursery<br/>(Inpatient)</li> <li>Nuclear Medicine<br/>(Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical<br/>Services)</li> <li>Orthopedic Surgery (Surgical<br/>Services)</li> <li>Othopedic/Spine Unit<br/>(Inpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Plastic Surgery (Surgical<br/>Services)</li> </ul>  |



| Locations of Care  | Available Services   |
|--|--|
|  | <ul> <li>Ear/Nose/Throat Surgery<br/>(Surgical Services)</li> <li>EEG/EKG/EMG Lab<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Gastroenterology (Surgical<br/>Services)</li> <li>General Laboratory Tests</li> <li>Gl or Endoscopy Lab<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Gynecological Surgery<br/>(Surgical Services)</li> <li>Gynecological Surgery<br/>(Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication<br/>Compounding (Inpatient)</li> <li>Hematology/Oncology Unit<br/>(Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology<br/>(Imaging/Diagnostic<br/>Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance<br/>Imaging (Imaging/Diagnostic<br/>Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance<br/>Imaging (Imaging/Diagnostic<br/>Services)</li> <li>Medical /Surgical Unit<br/>(Inpatient)</li> <li>Medical ICU (Intensive Care<br/>Unit)</li> <li>Medical ICU (Intensive Care<br/>Unit)</li> <li>Medical ICU (Intensive Care<br/>Unit)</li> </ul> |
| West Virginia University<br>Hospitals, Inc.<br>DBA: Fairmont Regional<br>Cancer Center<br>1325 Locust Avenue<br>Fairmont,<br>WV 26554-1435 | Services:<br>• Outpatient Clinics (Outpatient)   |
| WVU Cheat Lake<br>Physicians operated by<br>WVU Hospitals, Inc.<br>608 Cheat Road<br>Morgantown, WV 26508                                  | Other Clinics/Practices located at this site:         • Cheat Lake Family Medicine<br>Clinic       • Cheat Lake Pediatric and Adult<br>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<br>Center operated by WVU<br>Hospitals, Inc.<br>Suite 150 1075<br>VanVoorhis Road<br>Morgantown, WV 26505              | Services:<br>• Administration of High Risk Medications (Outpatient)<br>• General Laboratory Tests<br>• Outpatient Clinics (Outpatient)<br>• Perform Invasive Procedure (Outpatient)  |



#### \* Primary Location

One Medical Center Drive, Morgantown, WV

| Locations of Care  | Available Services  |
|--|---|
| WVU Sleep Evaluation<br>Center operated by WVU<br>Hospitals, Inc.<br>205 Bakers Ridge Road<br>Morgantown, WV 26508         | Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>   |
| WVU Spine Medicine<br>Center operated by WVU<br>Hospitals, Inc.<br>943 Maple Drive, Lower<br>Level<br>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<br>Hospitals, Inc.<br>DBA: Chestnut Ridge   | Assertive Community Treatment Services:   |
| Center Day Hospital<br>3600 Collins Ferry Road<br>Morgantown, WV 26505   | <ul> <li>Assertive Community Treatment/Community Support Services<br/>(Non 24 Hour Care - Adult)</li> <li>Behavioral Health (Day Programs - Adult)<br/>(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<br>identification of individuals<br>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<br>safety risks inherent in the<br>population of the individuals<br>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



## **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<br>communication among<br>caregivers.                 | Timely Reporting of Critical Tests and Critical Results | Ø           |
| Improve the safety of using<br>medications.  | Labeling Medications                                    | Ø           |
|  | Reducing Harm from Anticoagulation Therapy              | $\bigcirc$  |
|  | Reconciling Medication Information                      | Ø           |
| Reduce the harm<br>associated with clinical<br>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<br>safety risks inherent in its<br>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: January 2021 - December 2021

|   |   | Compared to other Joint<br>Commission |                |  |
|---|---|---------------------------------------|----------------|--|
|   |   | Accredited C                          | Organizations  |  |
| Measure Area  | Explanation   | Nationwide                            | Statewide      |  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | <b>⊙</b> <sup>2</sup>                 | @ <sup>2</sup> |  |

|   |  |  | Accredit              | other Joint<br>ed Organiz |                     |                 |
|---|--|--|-----------------------|---------------------------|---------------------|-----------------|
| Measure   | Explanation  | N<br>Hospital                            | lationwide<br>Top 10% | Average                   | State<br>Top 10%    | wide<br>Average |
|   | , i  | Results                                  | Scored<br>at Least:   | Rate:                     | Scored<br>at Least: | Rate:           |
| Assessment of violence risk,<br>substance use disorder,<br>trauma and patient strengths<br>completed - Overall Rate | This measure reports the overall<br>number of patients screened for<br>violence risk to self and others,<br>substance and alcohol use,<br>psychological trauma history and<br>patient strengths. Screening for<br>violence risk to self determines if<br>patients are likely to harm<br>themselves. Screening for violence<br>risk to others determines if patients<br>are likely to harm others. Screening<br>for substance and alcohol use<br>determines if patients need help for<br>their use. Screening for<br>psychological trauma history<br>determines if patients have<br>experienced terrible events in their<br>lives which have left them fearful or<br>anxious and unable to handle their<br>feelings. Screening for patient<br>strengths identifies positive things<br>such as family support, a steady job,<br>housing, etc. which are used to help<br>the patient recover. | 2<br>100% of<br>581 eligible<br>Patients | 100%                  | 95%                       | 3                   | 3               |

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

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One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| Reporting Peri                                      | od: January 2021 - December 2021  |                     |                |
|---|---|---------------------|----------------|
|   |   | Compared to<br>Comm |                |
|   |   | Accredited C        | rganizations   |
| Measure Area  | Explanation   | Nationwide          | Statewid       |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 <sup>2</sup>      | @ <sup>2</sup> |

|   |   | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |                                | on               |
|---|---|--|--------------------------------|------------------|--------------------------------|------------------|
|   |   | Nationwide Stat  |                                | State            | ewide                          |                  |
| Measure   | Explanation   | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Assessment of violence risk,<br>substance use disorder,<br>trauma and patient strengths<br>completed - Children (1-12<br>years) | This measure reports the number of<br>children age (1-12 years) screened<br>for violence risk to self and others,<br>substance and alcohol use,<br>psychological trauma history and<br>patient strengths. Screening for<br>violence risk to self determines if<br>patients are likely to harm<br>themselves. Screening for violence<br>risk to others determines if patients<br>are likely to harm others. Screening<br>for substance and alcohol use<br>determines if patients need help for<br>their use. Screening for<br>psychological trauma history<br>determines if patients have<br>experienced terrible events in their<br>lives which have left them fearful or<br>anxious and unable to handle their<br>feelings. Screening for patient<br>strengths identifies positive things<br>such as family support, a steady job,<br>housing, etc. which are used to help<br>the patient recover. | 100% of<br>12 eligible<br>Patients                             | 100%                           | 97%              | 3                              | 3                |

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One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| Reporting Peri                                     | od: January 2021 - December 2021  |                            |                            |
|--|---|----------------------------|----------------------------|
|  |   | Comm                       | o other Joint<br>hission   |
| Measure Area                                       | Explanation   | Accredited C<br>Nationwide | Organizations<br>Statewide |
| Hospital-Based<br>npatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 <sup>2</sup>             | @ <sup>2</sup>             |

|  |  | Compared to other Joint Commission<br>Accredited Organizations<br>Nationwide Statewi |                                |                  |                                |   |
|--|--|--|--------------------------------|------------------|--------------------------------|---|
| Measure  | Explanation  | N<br>Hospital<br>Results   | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: |   |
| Assessment of violence risk,<br>substance use disorder,<br>trauma and patient strengths<br>completed - Adolescent (13-17<br>years) | This measure reports the number of<br>adolescent age (13-17 years)<br>screened for violence risk to self and<br>others, substance and alcohol use,<br>psychological trauma history and<br>patient strengths. Screening for<br>violence risk to self determines if<br>patients are likely to harm<br>themselves. Screening for violence<br>risk to others determines if patients<br>are likely to harm others. Screening<br>for substance and alcohol use<br>determines if patients need help for<br>their use. Screening for<br>psychological trauma history<br>determines if patients have<br>experienced terrible events in their<br>lives which have left them fearful or<br>anxious and unable to handle their<br>feelings. Screening for patient<br>strengths identifies positive things<br>such as family support, a steady job,<br>housing, etc. which are used to help<br>the patient recover. | 00% of<br>171 eligible<br>Patients   | 100%                           | 97%              | 3                              | 3 |

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Footnote Key

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### West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| eporting Peri | iod: January 2021 - December 2021   |   |   |
|---------------|---|---|---|
|               |   |   |   |
|               |   | Accredited C  | rganizations  |
| e Area        | Explanation   | Nationwide  | Statewid  |
|               | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 <sup>2</sup>  | <b>™</b> <sup>2</sup>   |
|               | e Area<br>Il-Based<br>ht Psychiatric  | I-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | e Area Explanation Nationwide<br>This category of evidenced based measures assesses the<br>overall quality of care given to psychiatric patients. |

|   |  | Cor                                 | mpared to o<br>Accredit        | other Joint<br>ed Organiz |                                | n                |
|---|--|-------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
|   |  | ٨                                   | lationwide                     |                           | State                          | wide             |
| Measure   | Explanation  | Hospital<br>Results                 | Top 10%<br>Scored<br>at Least: | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Assessment of violence risk,<br>substance use disorder,<br>trauma and patient strengths<br>completed - Adult (18-64<br>years) | This measure reports the number of<br>adults age (18-64 years) screened<br>for violence risk to self and others,<br>substance and alcohol use,<br>psychological trauma history and<br>patient strengths. Screening for<br>violence risk to self determines if<br>patients are likely to harm<br>themselves. Screening for violence<br>risk to others determines if patients<br>are likely to harm others. Screening<br>for substance and alcohol use<br>determines if patients need help for<br>their use. Screening for<br>psychological trauma history<br>determines if patients have<br>experienced terrible events in their<br>lives which have left them fearful or<br>anxious and unable to handle their<br>feelings. Screening for patient<br>strengths identifies positive things<br>such as family support, a steady job,<br>housing, etc. which are used to help<br>the patient recover. | 100% of<br>293 eligible<br>Patients | 100%                           | 95%                       | 3                              | 3                |

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

Disclosure Threshold rule. The organization scored above 90% but was below most other organizations.

- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| Reporting Perio   | d: January 2021 - December 2021   |   |                                |                                      |                       |                           |
|---|---|---|--------------------------------|--------------------------------------|-----------------------|---------------------------|
|   |   |   |                                | npared to o<br>Commiss<br>edited Org | sion                  |                           |
| Measure Area  | Explanation   |   | Nationwi                       | Ŭ                                    | Statewid              | e                         |
| Hospital-Based  | his category of evidenced based measures a verall quality of care given to psychiatric patie  |   |                                |                                      | <b>⊘</b> <sup>2</sup> |                           |
|   |   |   |                                | other Joint<br>ed Organiz            |                       | on                        |
| Measure   | Explanation   | N<br>Hospital<br>Results                  | Top 10%<br>Scored<br>at Least: | Average<br>Rate:                     |                       | ewide<br>Average<br>Rate: |
| Assessment of violence r<br>substance use disorder,<br>trauma and patient streng<br>completed - Older Adult (<br>years) | hs older adult (>= 65 years) screened for violence risk to self and others,   | CO<br>100% of<br>105 eligible<br>Patients | 100%                           | 94%                                  | 3                     | 3                         |
| Multiple Antipsychotic<br>Medications at Discharge<br>Appropriate Justification<br>Overall Rate                         | This is a proportion measure. A<br>with proportion measure is a measure<br>which shows the number of<br>occurrences over the entire group<br>within which the occurrence should<br>take place. The numerator is<br>expressed as a subset of the<br>denominator. This measure reports<br>the overall number of patients<br>discharged on two or more<br>antipsychotic medications. | 100% of<br>24 eligible<br>Patients        | 100%                           | 53%                                  | 3                     | 3                         |

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than 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 Privac Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

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

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.

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### West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| This organization achieved the best possible results                   | Reporting Per                           | iod: January 2021 - December 2021   |          |                          |                           |                       |         |
|--|---|---|----------|--------------------------|---------------------------|-----------------------|---------|
| This organization's performance is better than the target range/value. |   |   |          |                          |                           |                       |         |
| This organization's performance is similar to the target range/value.  |   |   |          | Corr                     | npared to o<br>Commiss    |                       |         |
| This organization's performance is worse than the target range/value.  |   |   |          | Accr                     | edited Org                |                       |         |
| Not displayed  | Measure Area                            | Explanation   |          | Nationwi                 | de                        | Statewide             | Э       |
|  | Hospital-Based<br>Inpatient Psychiatric | This category of evidenced based measures ass<br>overall quality of care given to psychiatric patient |          | <b>(</b>                 | 2                         | <b>∞</b> <sup>2</sup> |         |
| Footnote Key   | Services                                |   |          |                          |                           |                       |         |
| The Measure or Measure Set was not reported.                           |   |   | Cor      | npared to c<br>Accredite | other Joint<br>ed Organiz |                       | on      |
| The Measure Set does not have an                                       |   |   | Ν        | lationwide               |                           |                       | wide    |
| overall result.  | Measure                                 | Explanation   | Hospital | Top 10%                  | Average                   | Top 10%               | Average |
| 5• The number of patients is not enough for comparison purposes.       |   |   | Results  | Scored                   | Rate:                     | Scored                | Rate:   |

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."

| Measure   | Explanation   | Hospital<br>Results    | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
|---|---|------------------------|--------------------------------|------------------|--------------------------------|------------------|
| Multiple Antipsychotic<br>Medications at Discharge with<br>Appropriate Justification<br>Children Age 1 - 12     | This measure reports the number of<br>patients age 1 through 12 years<br>discharged on two or more<br>antipsychotic medications for which<br>there was an appropriate justification.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>person's capacity to meet life's<br>everyday demands. Appropriate<br>justifications include previous<br>attempts to control psychosis with<br>one antipsychotic medication, a plan<br>to reduce the number of<br>antipsychotic medication to ne<br>antipsychotic medication or the<br>addition of an antipsychotic<br>medication when the patient is also<br>being treated with Clozapine.    | <b>evo</b> 4           | 100%                           | 34%              | 3                              | 3                |
| Multiple Antipsychotic<br>Medications at Discharge with<br>Appropriate Justification<br>Adolescents Age 13 - 17 | This measure reports the number of<br>patients age 13 through 17 years<br>discharged on two or more<br>antipsychotic medications for which<br>there was an appropriate justification.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>person's capacity to meet life's<br>everyday demands. Appropriate<br>justifications include previous<br>attempts to control psychosis with<br>one antipsychotic medication, a plan<br>to reduce the number of<br>antipsychotic medications to one<br>antipsychotic medication or the<br>addition of an antipsychotic<br>medication when the patient is also<br>being treated with Clozapine. | <b>ND</b> <sup>3</sup> | 100%                           | 42%              | 3                              | 3                |

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

### West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| Symbol Key   |   |   |  |                                |                           |                                |                  |
|--|---|---|--|--------------------------------|---------------------------|--------------------------------|------------------|
| This organization achieved the best possible results   | Reporting Period:   | January 2021 - December 2021  |  |                                |                           |                                |                  |
| <ul> <li>This organization's performance is better than the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is worse than the target range/value.</li> </ul>   |   |   |  | Accr                           |                           | sion<br>anizations             |                  |
| Not displayed  | Measure Area  | Explanation   |  | Nationwi                       | de                        | Statewide                      | e                |
| Footnote Key   |   | is category of evidenced based measures as<br>erall quality of care given to psychiatric patie  |  | <b>(</b>                       | 2                         | <b>™</b> <sup>2</sup>          |                  |
| 1. The Measure or Measure Set was not reported.  |   |   | Co                                       | mpared to c                    | other Joint<br>ed Organiz |                                | on               |
| 2. The Measure Set does not have an overall result.  |   |   | 1  | Vationwide                     | eu organiz                |                                | ewide            |
| 3. The number of patients is not enough for comparison purposes.   | Measure   | Explanation   | Hospital<br>Results                      | Top 10%<br>Scored<br>at Least: | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| <ol> <li>The measure meets the Privacy<br/>Disclosure Threshold rule.</li> <li>The organization scored above 90% but<br/>was below most other organizations.</li> <li>The Measure results are not statistically<br/>valid.</li> <li>The Measure results are based on a<br/>sample of patients.</li> <li>The number of months with Measure<br/>data is below the reporting requirement.</li> <li>The measure results are temporarily<br/>suppressed pending resubmission of<br/>updated data.</li> <li>Test Measure: a measure being<br/>evaluated for reliability of the<br/>individual data elements or awaiting<br/>National Quality Forum Endorsement.</li> <li>There were no eligible patients that met<br/>the denominator criteria.</li> </ol> | Multiple Antipsychotic<br>Medications at Discharge wi<br>Appropriate Justification<br>Adults Age 18 - 64          | This measure reports the number of<br>patients age 18 through 64 years<br>discharged on two or more<br>antipsychotic medications for which<br>there was an appropriate justification.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>person's capacity to meet life's<br>everyday demands. Appropriate<br>justifications include previous<br>attempts to control psychosis with<br>one antipsychotic medication, a plan<br>to reduce the number of<br>antipsychotic medication or the<br>addition of an antipsychotic<br>medication when the patient is also<br>being treated with Clozapine. | CO<br>100% of<br>21 eligible<br>Patients | 100%                           | 56%                       | 3                              | 3                |
| For further information<br>and explanation of the<br>Quality Report contents,<br>refer to the "Quality<br>Report User Guide."  | Multiple Antipsychotic<br>Medications at Discharge wi<br>Appropriate Justification Old<br>Adults Age 65 and Older | This measure reports the number of the patients age 65 and older discharged   | <b>ND</b> <sup>4</sup>                   | 100%                           | 43%                       | 3                              | 3                |

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

being treated with Clozapine.

One Medical Center Drive, Morgantown, WV

Measure Area

Services

Hospital-Based

Inpatient Psychiatric

compared to other Joint

credited Organizations

Statewide

**1** 2

Commission

Nationwide

**1** 2



## **National Quality Improvement Goals**

| Reporting Period: January 2021 - December 2021 |    |
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|  | C  |
|  | Ac |

Explanation

This category of evidenced based measures assesses the

overall quality of care given to psychiatric patients.

Not displayed

Symbol Key

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This organization achieved the best

This organization's performance is

better than the target range/value. This organization's performance is

similar to the target range/value.

This organization's performance is

orse than the target range/value.

#### **Footnote Key**

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

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

|   |  | 6~   | an aread term                  | ther loint       | Commissis                      |                  |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|
|   |  | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |                                | n                |
|   |  |  | lationwide                     |                  | State                          | ewide            |
| Measure   | Explanation  | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Hours of Physical Restraint<br>Use per 1000 Patient Hours -<br>Overall Rate | This measure reports the total hours<br>patients were kept in physical<br>restraints for every 1,000 hours of<br>patient care. Physical restraint is any<br>manual method or physical or<br>mechanical device, material, or<br>equipment that immobilizes or<br>reduces the ability of a patient to<br>move his or her arms, legs, body or<br>head freely when it is used as a<br>restriction to manage a patient's<br>behavior or restrict the patient's<br>freedom of movement and is not a<br>standard treatment for the patient's<br>medical or psychiatric condition.                               | 0.1449<br>(65 Total Hours<br>in Restraint)                     | N/A                            | 0.8411           | 3                              | 3                |
| Hours of Physical Restraint<br>Use Children Age 1 - 12                      | This measure reports the number of<br>hours patients age 1 through 12<br>years were kept in physical restraints<br>for every 1,000 hours of patient care.<br>Physical restraint is any manual<br>method or physical or mechanical<br>device, material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition. | 0.4069<br>(2 Total Hours<br>in Restraint) <sup>3</sup>         | N/A                            | 0.5600           | 3                              | 3                |

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

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overall result.

Footnote Key

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sample of patients.

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

This organization achieved the best

This organization's performance is

better than the target range/value. This organization's performance is

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

orse than the target range/value.

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

### West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| Reporting Per                                       | iod: January 2021 - December 2021   |            |   |
|---|---|------------|---|
|   |   | Comm       | o other Joint<br>nission<br>Organizations |
| Measure Area  | Explanation   | Nationwide | Statewid                                  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | <b>2</b>   | @ <sup>2</sup>                            |

|  |   | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |   | on                        |
|--|---|--|--------------------------------|------------------|---|---------------------------|
| Measure  | Explanation   | N<br>Hospital<br>Results                                       | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | State<br>Top 10%<br>Scored<br>at Least: | ewide<br>Average<br>Rate: |
| Hours of Physical Restraint<br>Use Adolescents Age 13 - 17 | This measure reports the number of<br>hours patients age 13 through 17<br>years were kept in physical restraints<br>for every 1,000 hours of patient care.<br>Physical restraint is any manual<br>method or physical or mechanical<br>device, material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition. | 0.2688<br>(22 Total Hours<br>in Restraint)                     | N/A                            | 0.4158           | 3                                       | 3                         |
| Hours of Physical Restraint<br>Use Adults Age 18 - 64      | This measure reports the number of<br>hours patients age 18 through 64<br>years were kept in physical restraints<br>for every 1,000 hours of patient care.<br>Physical restraint is any manual<br>method or physical or mechanical<br>device, material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition. | 0.1397<br>(40 Total Hours<br>in Restraint)                     | N/A                            | 1.0167           | 3                                       | 3                         |

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

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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.

This organization achieved the best

This organization's performance is

better than the target range/value. This organization's performance is

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

orse than the target range/value.

The Measure or Measure Set was not

### West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

| Reporting Per                                       | iod: January 2021 - December 2021   |                                     |                |
|---|---|-------------------------------------|----------------|
|   |   | Compared to<br>Comm<br>Accredited C | nission        |
| Measure Area  | Explanation   | Nationwide                          | Statewide      |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | <b>@</b> <sup>2</sup>               | @ <sup>2</sup> |
|   |   |                                     |                |

| • The Measure or Measure Set was not reported.   |   |  | Cor                                       | npared to c<br>Accredite       | other Joint (<br>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<br>Results                       | Top 10%<br>Scored<br>at Least: | Average<br>Rate:            | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| <ul> <li>The measure meets the Privacy<br/>Disclosure Threshold rule.</li> <li>The organization scored above 90% but<br/>was below most other organizations.</li> <li>The Measure results are not statistically<br/>valid.</li> <li>The Measure results are based on a<br/>sample of patients.</li> <li>The number of months with Measure<br/>data is below the reporting requirement.</li> <li>The measure results are temporarily<br/>suppressed pending resubmission of<br/>updated data.</li> <li>Test Measure: a measure being<br/>evaluated for reliability of the<br/>individual data elements or awaiting<br/>National Quality Forum Endorsement.</li> </ul> | Hours of Physical Restraint<br>Use Older Adults Age 65 and<br>Older | This measure reports the number of<br>hours patients age 65 and older were<br>kept in physical restraints for every<br>1,000 hours of patient care. Physical<br>restraint is any manual method or<br>physical or mechanical device,<br>material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition. | 0.000<br>(0 Total Hours<br>in Restraint)  | N/A                            | 0.0925                      | 3                              | 3                |
| <ul> <li>There were no eligible patients that met the denominator criteria.</li> <li>For further information and explanation of the</li> </ul>   | Hours of Seclusion Use per<br>1000 Patient Hours - Overall<br>Rate  | This measure reports the total hours<br>patients were kept in seclusion for<br>every 1,000 hours of patient care.<br>Seclusion is the involuntary<br>confinement of a patient alone in a<br>room or an area where the patient is<br>physically prevented from leaving.   | 0.0000<br>(0 Total Hours<br>in Seclusion) | N/A                            | 0.4255                      | 3                              | 3                |
| Quality Report contents,<br>refer to the "Quality<br>Report User Guide."   | Hours of Seclusion Use<br>Children Age 1 - 12                       | This measure reports the number of<br>hours patients age 1 through 12<br>years were kept in seclusion for<br>every 1,000 hours of patient care.<br>Seclusion is the involuntary<br>confinement of a patient alone in a<br>room or an area where the patient is<br>physically prevented from leaving.   | 0.0000<br>(0 Total Hours<br>in Seclusion) | N/A                            | 0.4104                      | 3                              | <sup>3</sup>     |
|  | Hours of Seclusion Use<br>Adolescents Age 13 - 17                   | This measure reports the number of<br>hours patients age 13 through 17<br>years were kept in seclusion for<br>every 1,000 hours of patient care.<br>Seclusion is the involuntary<br>confinement of a patient alone in a<br>room or an area where the patient is<br>physically prevented from leaving.  | 0.0000<br>(0 Total Hours<br>in Seclusion) | N/A                            | 0.1564                      | 3                              | 3                |

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

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

|   |   | Compared to other Joint<br>Commission |           |  |
|---|---|---------------------------------------|-----------|--|
|   |   | Accredited Organizations              |           |  |
| Measure Area  | Explanation   | Nationwide                            | Statewide |  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | <b>2</b>                              | <b>2</b>  |  |

|   |   | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |                                |                  |
|---|---|--|--------------------------------|------------------|--------------------------------|------------------|
|   |   | Ν  | lationwide                     |                  | State                          | wide             |
| Measure   | Explanation   | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Hours of Seclusion Use Adults<br>Age 18 - 64            | This measure reports the number of<br>hours patients age 18 through 64<br>years were kept in seclusion for<br>every 1,000 hours of patient care.<br>Seclusion is the involuntary<br>confinement of a patient alone in a<br>room or an area where the patient is<br>physically prevented from leaving. | 0.0000<br>(0 Total Hours<br>in Seclusion)                      | N/A                            | 0.5170           | <sup>3</sup>                   | 3                |
| Hours of Seclusion Use Older<br>Adults Age 65 and Older | This measure reports the number of<br>hours patients age 65 and older were<br>kept in seclusion for every 1,000<br>hours of patient care. Seclusion is<br>the involuntary confinement of a<br>patient alone in a room or an area<br>where the patient is physically<br>prevented from leaving.        | 0.0000<br>(0 Total Hours<br>in Seclusion)                      | N/A                            | 0.0487           | <sup>3</sup>                   | <u></u> 3        |

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

#### Symbol Key

| 0  | This organization achieved the best possible results                   |
|----|--|
| •  | This organization's performance is better than the target range/value. |
| Ø  | This organization's performance is similar to the target range/value.  |
| Θ  | This organization's performance is worse than the target range/value.  |
| 80 | Not displayed  |

#### **Footnote Key**

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 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
- **1.** There were no eligible patients that met the denominator criteria.

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overall result.

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.

This organization achieved the best

This organization's performance is

better than the target range/value. This organization's performance is

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

vorse than the target range/value.

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

### West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



## **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

|                |  | Compared to other Join<br>Commission |                       |
|----------------|--|--------------------------------------|-----------------------|
|                |  | Accredited C                         | Organizations         |
| Measure Area   | Explanation  | Nationwide                           | Statewide             |
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | <b>№</b> <sup>2</sup>                | <b>™</b> <sup>2</sup> |

|   |  | Compared to other Joint Commission<br>Accredited Organizations |            |                  |                                |                  |
|---|--|--|------------|------------------|--------------------------------|------------------|
|   |  | N  | lationwide | ou organiz       | Statewide                      |                  |
| Measure   | Explanation  | Hospital<br>Results  |            | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Cesarean Birth  | This measure reports the number of<br>first-time moms with a full-term,<br>single baby in a head-down position<br>who delivered the baby by cesarean<br>section.   | <b>(</b>   | 34%        | 26%              | 30%                            | 27%              |
| Elective Delivery   | This measure reports the overall<br>number of mothers who had elective<br>vaginal deliveries or elective<br>cesarean sections at equal to and<br>greater than 37 weeks gestation to<br>less than 39 weeks gestation. An<br>elective delivery is the delivery of a<br>newborn(s) when the mother was not<br>in active labor or presented with<br>spontaneous ruptured membranes<br>prior to medical induction and/or<br>cesarean section. | 0% of<br>19 eligible<br>Patients                               | 0%         | 2%               | 0%                             | 2%               |
| Exclusive Breast Milk Feeding   | This measure reports the overall<br>number of newborns who are<br>exclusively breast milk fed during the<br>newborns entire hospitalization.<br>Exclusive breast milk feeding is when<br>a newborn receives only breast milk<br>and no other liquids or solids except<br>for drops or syrups consisting of<br>vitamins, minerals, or medicines.  | 53% of<br>272 eligible<br>Patients                             | 71%        | 49%              | 67%                            | 43%              |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Severe Rate | The severe rate equals the number of patients with severe complications.   | 10 per 1000  | 5          | 13               | 6                              | 14               |

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

---- Null value or data not displayed.

One Medical Center Drive, Morgantown, WV



## **2023 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<br>communication among<br>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.