

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.
Ð	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

- 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.
- 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site 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	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 Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Advanced Comprehensive 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 Organizations	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	<u>ب</u>
Hospital	2021National Patient Safety Goals	$\overline{\mathbf{O}}$	*
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(10) ²	2 ²
Jan 2021 - Dec 2021	Perinatal Care	(m) ²	1

One Medical Center Drive, Morgantown, WV



Summary of Quality Information

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

0	This organization achieved the best possible results.
Ð	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.
1	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.
- 6. 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.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.

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Laboratory	2023National Patient Safety Goals	\bigotimes	*



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



* 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 Sleep Evaluation Center Services: • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Inpatient Unit (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient)
West Virginia University Hospitals, Inc. DBA: Rockefeller Neuroscience Institute, Innovation Center 33 Medical Center Drive Suite 240 Morgantown, WV 26506	Other Clinics/Practices located at this site: RNIIC Behavioral Medicine Clinic RNIIC Neurology Clinic RNIIC Neurosurgery Clinic Services: Anesthesia (Outpatient) 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	 Joint Commission Advanced Certification Programs: Advanced Comprehensive Stroke Center Advanced Total Hip and Total Knee Replacement Ventricular Assist Device Other Clinics/Practices located at this site: Betty Puskar Breast Care Center Betty Puskar Breast Care Center Bonnie's Bus Children's Hospital Maternal Fetal Medicine Clinic Children's Hospital Pediatric Clinics Children's Hospital Pediatric Infusion Clinic Physician Office Center Clark K. Sleeth Family Medicine Clin Physician Office Center EEG/EMG Physician Office Center EEG/EMG Physician Office Center Lab Physician Office Center Lab Physician Office Center Medical Conter Physician Office Center Medical Group Practice Physician Office Center Medical Group Practice Physician Office Center Medical Specialties Clinic West Virginia University Eye Institute
	 Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Nauro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neuro/Spine Unit (Inpatient) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical Services) Othopedic/Spine Unit (Inpatient) Outpatient Clinics (Outpatier Pediatric Unit (Inpatient) Plastic Surgery (Surgical Services)



Locations of Care	Available Services
	 Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Haging (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit)
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)



* Primary Location

One Medical Center Drive, Morgantown, WV

Locations of Care	Available Services
WVU Sleep Evaluation Center operated by WVU Hospitals, Inc. 205 Bakers Ridge Road Morgantown, WV 26508	Services: Outpatient Clinics (Outpatient)
WVU Spine Medicine Center operated by WVU Hospitals, Inc. 943 Maple Drive, Lower Level Morgantown, WV 26505	Services: Outpatient Clinics (Outpatient)
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	 Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult) Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult) Community Integration (Non 24 Hour Care) General Laboratory Tests

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.

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	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
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	\bigotimes

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



National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

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

		Compared to other Joint Commission Accredited Organizations						
		Nationwide				Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	NO% of 581 eligible Patients	100%	95%	3	3		

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

---- Null value or data 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
- 1. There were no eligible patients that met the denominator criteria.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

		Compared to Comm	
		Accredited O	.
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	⊘ ²

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

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

---- Null value or data not displayed.

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 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.
- 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 Per	iod: January 2021 - December 2021		
			nission
Measure Area	Explanation	Accredited C Nationwide	<mark>rganizatior</mark> Statew
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	0

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

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

---- Null value or data not displayed.

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 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.
- 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

eporting Peri	iod: January 2021 - December 2021		
		Accredited Organization	
e Area	Explanation	Nationwide	Statewid
	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 ²	™ ²
	e Area Il-Based ht Psychiatric	I-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	e Area Explanation Nationwide This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations						
		١	lationwide		Statewide			
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:		
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	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, housing, etc. which are used to help the patient recover.	100% of 293 eligible Patients	100%	95%	3	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.
Э	This organization's performance is worse than the target range/value.
NO	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.
- 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 med
- 1. There were no eligible patients that met the denominator criteria.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jan	uary 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. This organization's performance is 						npared to o Commiss	sion	
worse than the target range/value.						edited Org		
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footpote Voy	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	O ²	
Footnote Key 1. The Measure or Measure Set was not				Cor	npared to c	ther loint	Commissio	n
reported.				COI		ed Organiz		
2. The Measure Set does not have an overall result.			F or low offer		lationwide	A		ewide
3. 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. For further information and explanation of the	Assessment of violence substance use disorder trauma and patient stre completed - Older Adult years)	, ngths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	CO 100% of 105 eligible Patients	at Least: 100%	94%	at Least:	3
Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Overall Rate		This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications.	2 100% of 24 eligible Patients	100%	53%	3	3

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.

Null value or data not displayed.

Symbol Key

0

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

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

This organization achieved the best possible results	Reporting Per	riod: 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.				Com	pared to o Commiss		
This organization's performance is worse than the target range/value.				Accre	edited Org		
Not displayed	Measure Area	Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures asse overall quality of care given to psychiatric patients		0	2	∞ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Со	mpared to o Accredite	other Joint ed Organiz		on
The Measure Set does not have an			١	lationwide	- 5		ewide
overall result. The number of patients is not enough for comparison purposes	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Averag Rate:

The Measure Set does not have an					cu organiz		wide
overall result.	Magaura	Evolonation		Vationwide	Augraga		
• The number of patients is not enough	Measure	Explanation	Hospital	· · · · · · · · · · · · · · · · · · ·	•	Top 10%	•
for comparison purposes.			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of		ai Leasi.		al Least.	
The organization scored above 90% but was below most other organizations.	Medications at Discharge with Appropriate Justification	patients age 1 through 12 years discharged on two or more					
The Measure results are not statistically valid.	Children Age 1 - 12	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	1				
The measure results are temporarily suppressed pending resubmission of		person's capacity to meet life's everyday demands. Appropriate		100%	34%	3	3
updated data. Test Measure: a measure being		justifications include previous attempts to control psychosis with					
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					
1. There were no eligible patients that met the denominator criteria.		antipsychotic medication or the addition of an antipsychotic					
		medication when the patient is also being treated with Clozapine.					
For further information	Multiple Antipsychotic Medications at Discharge with	This measure reports the number of patients age 13 through 17 years					
and explanation of the	Appropriate Justification	discharged on two or more					
Quality Report contents,	Adolescents Age 13 - 17	antipsychotic medications for which there was an appropriate justification.					
refer to the "Quality Depart User Cuide "		Antipsychotic medications are a group of drugs used to treat					
Report User Guide.''		psychosis. Psychosis is a mental					
		illness that markedly interferes with a person's capacity to meet life's	№ ³	100%	42%	³	3
		everyday demands. Appropriate justifications include previous		10078	42 /0		
		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.					

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

© Copyright 2025, The Joint Commission

17

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					
 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. 	Compared to other Joint Commission Accredited Organizations						
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Footnote Key		is category of evidenced based measures as erall quality of care given to psychiatric patie		(2	⊘ ²	
1. The Measure or Measure Set was not reported.			Co	mpared to c	other Joint 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 Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharge wi Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	CO 100% of 21 eligible Patients	100%	56%	3	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge wi Appropriate Justification Old Adults Age 65 and Older	This measure reports the number of the patients age 65 and older discharged	ND ⁴	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



National Quality Improvement Goals

Reporting Per	iod: January 2021 - December 2021		
		Comm	o other Joint hission Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2	™ ²

		Compared to other Joint Commission Accredited Organizations				
						ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use per 1000 Patient Hours - 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.	0.1449 (65 Total Hours in Restraint)	N/A	0.8411	3	3
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.	0.4069 (2 Total Hours in Restraint) ³	N/A	0.5600	3	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.
	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
- 1. There were no eligible patients that met the denominator criteria.

Symbol Key

ossible results

ot displayed

reported.

overall result.

Footnote Key

Ð

 \oslash

e

ND

2.

3.

4.

5.

8.

11

valid.

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		
			o other Joint hission Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	0 ²

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

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

---- Null value or data not displayed.

Symbol Key

ossible results

ot displayed

Footnote Key

0

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

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.

West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

od: January 2021 - December 2021		
	Accredited C	rganizations
Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 ²	™ ²
	Explanation This category of evidenced based measures assesses the	Compared to Commendation Accredited Commendation Accredited Commendation Nationwide

• The Measure or Measure Set was not reported.			Cor	npared to c Accredite	other Joint ed Organiz		'n
• The Measure Set does not have an overall result.				lationwide	Ŭ	State	wide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically 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 Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.000 (0 Total Hours in Restraint)	N/A	0.0925	3	3
 There were no eligible patients that met the denominator criteria. For further information and explanation of the 	Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.4255	3	3
Quality Report contents, refer to the "Quality Report User Guide."	Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.4104	3	³
	Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.1564	3	3

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

Null value or data not displayed.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2	2

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
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	0.5170	³	3	
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0487	³	<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.
NO	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.

Symbol Key

ossible results

ot displayed

reported.

overall result.

Footnote Key

Ð

 \oslash

e

ND

2.

4.

5.

8.

9.

11

valid.

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

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 Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	2	⊘ ²

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	(34%	26%	30%	27%
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 19 eligible Patients	0%	2%	0%	2%
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.	53% of 272 eligible Patients	71%	49%	67%	43%
Unexpected Complications in Term Newborns per 1000 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 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.