

Accreditation Quality Report





Version: 5 Date: 3/23/2024 working to improve that care.

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

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.











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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	12/15/2021	12/14/2021	12/14/2021
	Accredited	3/22/2024	12/17/2021	3/21/2024
Laboratory	Accredited	12/22/2023	12/21/2023	12/21/2023

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Pathology and Clinical Laboratory

Hospital

Advanc	ed Certification	Certification Decision	Effective	Last Full Review	Last On-Site
Prograi	ms		Date	Date	Review Date
	nced Comprehensive e Center	Certification	4/21/2022	4/20/2022	4/20/2022
Adva Total	nced Total Hip and Knee Replacement	Certification	5/6/2023	5/5/2023	5/5/2023
Ventr	icular 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		Statewide
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	(4) *
Hospital	2024National Patient Safety Goals	Ø	N/A *
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	ND ²	ND ²
Jan 2022 - Dec 2022	Perinatal Care	ND 2	№ 2











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Summary of Quality Information

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

Laboratory

2023National Patient Safety Goals













Locations of Care

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











Locations of Care

* Primary Location

Locations of Care	Available Services
West Virginia University Hospitals, Inc. DBA: Fairmont Regional Cancer Center 1325 Locust Avenue Fairmont, WV 26554-1435	Services: • Outpatient Clinics (Outpatient)









Locations of Care

* Primary Location

Locations of Care

West Virginia University Hospitals, Inc. * One Medical Center Drive

WV 26506-8242

Morgantown,

Available Services

Joint Commission Advanced Certification Programs:

- Advanced Comprehensive Stroke Center
- · Advanced Total Hip and Total Knee Replacement
- Ventricular Assist Device

Other Clinics/Practices located at this site:

- Betty Puskar Breast Care Center
- · Bonnie's Bus
- Children's Hospital Maternal Fetal Medicine Clinic
- Children's Hospital Pediatric Clinics
- Children's Hospital Pediatric Infusion Clinic
- Mary Babb Randolph Cancer Center
- Physician Office Center Clark K. Sleeth Family Medicine
- Physician Office Center EEG/EMG
- Physician Office Center ENT Clinic
- Physician Office Center Lab
- Physician Office Center Medical Center Pharmacy
- Physician Office Center Medical Group Practice
- Physician Office Center Medical Specialties Clinic
- Physician Office Center Neurology Clinic

- Physician Office Center Neurosurgery Clinic
- Physician Office Center Orthopedics Clinic
- Physician Office Center Pediatric Specialties Clinic
- Physician Office Center Pre-admission Testing
- Physician Office Center Radiology
- Physician Office Center Surgical Specialties Clinic
- Physician Office Center Ultrasound
- Radiation Oncology
- Ruby Transplant Alliance Clinic
- Southeast Tower Cardiac and Pulmonary Rehab
- Southeast Tower Heart and Vascular Institute Cardiology Clin
- Southeast Tower Heart and Vascular Institute HVI Specialties
- West Virginia University Eye Institute

Services:

- Behavioral Health (24-hour Acute Care/Crisis Stabilization -Adult/Child/Youth)
- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)

- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Plastic Surgery (Surgical Services)









Locations of Care

*	Primary	Location
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Locations of Care **Available Services** Ear/Nose/Throat Surgery Positron Emission Tomography (Surgical Services) (PET) (Imaging/Diagnostic EEG/EKG/EMG Lab Services) Post Anesthesia Care Unit (Imaging/Diagnostic Services) (PACU) (Inpatient) Gastroenterology (Surgical Radiation Oncology (Imaging/Diagnostic Services) Services) **General Laboratory Tests** Sterile Medication GI or Endoscopy Lab Compounding (Inpatient) (Imaging/Diagnostic Surgical ICU (Intensive Care Services) Unit) Gynecological Surgery Surgical Unit (Inpatient) (Surgical Services) Thoracic Surgery (Surgical Gynecology (Inpatient) Services) Hazardous Medication Toxicology Compounding (Inpatient) Transplant Surgery (Surgical Hematology/Oncology Unit Services) (Inpatient) Ultrasound Inpatient Unit (Inpatient) (Imaging/Diagnostic Services) Interventional Radiology **Urology (Surgical Services)** Vascular Surgery (Surgical (Imaging/Diagnostic Services) Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care **West Virginia University** Other Clinics/Practices located at this site: Hospitals, Inc. Fairmont Medical Center Cardiology **DBA**: Fairmont Medical · Fairmont Medical Center Neurology Center Fairmont Medical Center Pulmonary Clinic 1325 Locust Avenue Fairmont Medical Center Sleep Evaluation Center Fairmont, WV 26554 **Services:** • CT Scanner Outpatient Clinics (Outpatient) (Imaging/Diagnostic Post Anesthesia Care Unit Services) (PACU) (Inpatient) • Dementia Care Rehabilitation Services Skilled Nursing Care Dialysis Unit (Inpatient) GI or Endoscopy Lab Sleep Laboratory (Sleep Laboratory) (Imaging/Diagnostic Sterile Medication Services) Inpatient Unit (Inpatient) Compounding (Inpatient) Magnetic Resonance Ultrasound Imaging (Imaging/Diagnostic (Imaging/Diagnostic Services) Services) Medical /Surgical Unit (Inpatient)

On Site Pharmacy









Locations of Care

* Primary	Locati	ion
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	Locations of Care	Available Services
1	West Virginia University Hospitals, Inc. DBA: Rockefeller Neuroscience Institute, Innovation Center 33 Medical Center Drive Suite 240 and 211 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)
	West Virginia University Hospitals, Inc. DBA: WVUH Specialty Pharmacy & Home Infusion 3040 University Ave Morgantown, WV 26505	Services: Infusion Pharmacy Non-Sterile Medication Compounding Pharmacy/Dispensary,General Services Specialty Pharmacy Sterile Medication Compounding
	WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. 608 Cheat Road Morgantown, WV 26508	Other Clinics/Practices located at this site:
	WVU Pain Management Center operated by WVU Hospitals, Inc. Suite 150 1075 VanVoorhis Road Morgantown, WV 26505	Services: Administration of High Risk Medications (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
	WVU Sleep Evaluation Center operated by WVU Hospitals, Inc. 205 Bakers Ridge Road Morgantown, WV 26508	Services: • Outpatient Clinics (Outpatient)
	WVU Spine Medicine Center operated by WVU Hospitals, Inc. 943 Maple Drive, Lower Level Morgantown, WV 26505	Services: • Outpatient Clinics (Outpatient)











Locations of Care

* Primary Location

Locations of Care
WVUH Chestnut Ridge
Center operated by WVU
Hospitals, Inc.
DBA: Intensive Treatment
Clinic
3600 Collins Ferry Road
Morgantown, WV 26505

Available Services

Other Clinics/Practices located at this site:

• Assertive Community Treatment

Services:

- 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









Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

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











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2024 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	Ø
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø









National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Comm	ission
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	1 2	№ 2

Measure	Explanation		mpared to d Accredit Nationwide Top Perform er Threshol d:	other Joint ed Organiz 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.	100% of 548 eligible Patients	100%	95%	 3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	© 2	№ 2	

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average 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 9 eligible Patients	100%	97%		3

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		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	© 2	№ 2	

Measure	Explanation		mpared to o Accredit Nationwide Top Perform er Threshol d:	other Joint ed Organiz 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 165 eligible Patients	100%	96%	 3

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Compared to other Joint







One Medical Center Drive, Morgantown, WV





National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	№ 2	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital Results	Nationwide Top Perform	Average Rate:	State Top Perform	wide Average Rate:
			er Threshol d:		er Threshol d:	
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 276 eligible Patients	100%	94%		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

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		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	№ 2	

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients 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 98 eligible Patients	100%	95%		3

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		Compared to other Joint Commission Accredited Organizations				on
		١	Nationwide			ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	100% of 25 eligible Pattents	100%	47%		3
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	№ 3 ————	100%	21%		3

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ 2	№ ²	

Measure	Explanation		Nationwide Top Perform er Threshol	other Joint ed Organiz Average Rate:	cations State Top Perform er Threshol	on ewide Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	3	d: 100%	24%	d: 	3

This information can also be viewed at https://hospitalcompare.io/ Null value or data not displayed.

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Footnote Key

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV

Org ID: 6444

Compared to other Joint









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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	№ 2	

		Соі	npared to o	other Joint ed Organiz		on
		N	lationwide			ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Multiple Antipsychotic Medications at Discharge with 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	100% of 17 eligible Patients	100%	50%		3

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Compared to other Joint







One Medical Center Drive, Morgantown, WV





National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	№ 2

		Compared to other Joint Commission Accredited Organizations				n
			Nationwide	- 3		wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	100% of 8 eligible Patients	100%	46%		3
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.	0.1523 (106 Total Hours in Restraint)	N/A	0.5767		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊚ ²	№ ²	

		Cor		other Joint ed Organiz	Commissio ations	n
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0000 (0 Total Hours in Restraint)	N/A	0.3845		3
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.6273 (70 Total Hours in Restraint)	N/A	0.3412		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	№ 2	

		Compared to other Joint Commission Accredited Organizations				on
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
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.	0.0662 (34 Total Hours in Restraint)	N/A	0.6823		3
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0357 (2 Total Hours in Restraint)	N/A	0.1097		3

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Compared to other Joint







One Medical Center Drive, Morgantown, WV





National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	№ 2

		Compared to other Joint Commission Accredited Organizations				n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
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	0.3738		3
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	0.4111		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	0.1738		3
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.4421		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Commission		
		Accredited Organization		
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 Statewic			wide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
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	0.0766		3

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25









National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		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			wide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	⊕	ND 12	26%	ND 12	28%
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 20 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.	51% of 298 eligible Patients	72%	50%	63%	47%
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	9	17

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Symbol Key

- The organization has met the National Patient Safety Goal.
 - The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

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

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