

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, 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 the key area of 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.

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.

1525 West Fifth Street, Storm Lake, IA

Compared to other Joint Commission Accredited



Summary of Quality Information

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

Accreditation Program	s Accreditation Decision	Effective	Last Full Surv	vey Last On-Site
		Date	Date	Survey Date
🤣 Ambulatory Care	Accredited	9/21/2023	9/20/2023	9/20/2023
oritical Access Hospital	Accredited	9/30/2023	9/29/2023	9/29/2023
Aboratory	Accredited	7/28/2023	7/27/2023	7/27/2023

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

Critical Access Hospital

		Organiz	
		Nationwide	Statewide
Ambulatory Care	2023National Patient Safety Goals	Ø	
Critical Access Hospital	2023National Patient Safety Goals	Ø	™
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(1) ²	2 °
Jan 2022 - Dec 2022	Immunization	O ²	() ²
	Substance Use	(1) ²	() ²
	Tobacco Treatment		() ²
Laboratory	2023National Patient Safety Goals	Ø	()) *



Locations of Care

Primary Location	* Primary	/ Location
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1525 West Fifth Street, Storm Lake, IA

Locations of Care	Available Services	
Buena Vista Regional Medical Center * 1525 West Fifth Street Storm Lake, IA 50588	(Imaging/DiagnosticOphthalServices)ServicesEar/Nose/Throat Surgery (Surgical Services)Orthope Services)EEG/EKG/EMG Lab (Imaging/DiagnosticOutpatie Positron Services)Gastroenterology (Surgical Services)Positron (PET) (IGastroenterology (Surgical Services)Post An (PACU)Gl or Endoscopy Lab 	J/Diagnostic Services) mology (Surgical s) dic Surgery (Surgical s) ent Clinics (Outpatient) Emission Tomography maging/Diagnostic s) esthesia Care Unit (Inpatient) tric Unit aboratory (Sleep ory) tudies (Outpatient) Aedication unding (Inpatient) eds ology g/Diagnostic Services) gy Center (Trauma

1525 West Fifth Street, Storm Lake, IA



2023 National Patient Safety Goals

Ambulatory Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\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.

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2023 National Patient Safety Goals

Critical Access 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	\bigcirc

Symbol Key

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 The organization has not met the National Patient Safety Goal.
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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

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ue.			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

		Со	mpared to c Accredite	other Joint ed Organiz		n
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide 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.	0% of 129 eligible Patients	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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3 ——	100%	21%		3

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

Symbol Key

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Statewide



National Quality Improvement Goals

Reporting Period: Ja	nuary 2022 - December 2022		
		· · · · · · · · · · · · · · · · · · ·	to other Joint nission
		Accredited 0	Organizations
Measure Area	Explanation	Nationwide	Statewide

Footnote Key

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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.					O ²	
Measure			other Joint ed Organiz Average Rate:	Commission zations State Top Perform			
				er Threshol d:		er Threshol d:	
Multiple Antipsychotic Medications at Discharg 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 sto one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	600 ³	100%	24%		3

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

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	1 2

		Col	mpared to c Accredite	other Joint ed Organiz		on
		1	lationwide		State	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 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.	€ 3	100%	50%		3

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Buena Vista Regional Medical Center

1525 West Fifth Street, Storm Lake, IA



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This organization's performance is similar to the target range/value.					Corr	pared to o Commiss		
O This organization's performance is worse than the target range/value.					Accr	edited Org	anizations	
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	™ ²	
Footnote Key 1. The Measure or Measure Set was not				Cor	mpared to c	other Joint	Commissio	n
reported.2. The Measure Set does not have an				N	Accredite	ed Organiz	ations State	wido
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
 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. The measure rate is within optimal range. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	O% of 129 eligible Patients	100%	46%		3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate	aint ours -	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	0.0000 (0 Total Hours in Restraint)	N/A	0.5767		3

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National Quality Improvement Goals

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better than the target range/value.						
This organization's performance is similar to the target range/value.			Cor	mpared to o Commis		
This organization's performance is worse than the target range/value.			Acc	redited Org	ganizations	
Not displayed	Measure Area	Explanation	Nationw	ide	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assessed overall quality of care given to psychiatric patients.	es the) ²	○ ²	
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The Measure or Measure Set was not reported.			Compared to Accredi	other Joint		n
• The Measure Set does not have an			Nationwide	Ŭ	State	wi
 overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy. 	Measure	•	spital Top sults Perform er	Average Rate:	Top Perform er	A

for comparison purposes 4. The measure meets the Privacy Disclosure Threshold rule. 5.

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ission Statewide Average Rate: rm Threshol Threshol d: d: Hours of Physical Restraint This measure reports the number of hours patients age 1 through 12 Use Children Age 1 - 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 N/A 0.3845 ____3 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. Hours of Physical Restraint This measure reports the number of hours patients age 13 through 17 Use Adolescents Age 13 - 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 N/A 0.3412 3 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.

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Buena Vista Regional Medical Center

1525 West Fifth Street, Storm Lake, IA



National Quality Improvement Goals

This organization achieved the best Reporting Period: January 2022 - December 2022 This organization's performance is better than the target range/value. This organization's performance is Compared to other Joint imilar to the target range/value. Commission This organization's performance is Accredited Organizations orse than the target range/value. Measure Area Nationwide Explanation Statewide Hospital-Based This category of evidenced based measures assesses the 2 C ND 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services The Measure or Measure Set was not Compared to other Joint Commission Accredited Organizations The Measure Set does not have an Statewide Measure Explanation Hospital Тор Average Тор Average The number of patients is not enough Results Perform Rate: Perform Rate: er er Threshol Threshol d d: The organization scored above 90% but Hours of Physical Restraint This measure reports the number of was below most other organizations. hours patients age 18 through 64 Use Adults Age 18 - 64 The Measure results are not statistically years were kept in physical restraints for every 1,000 hours of patient care. The Measure results are based on a Physical restraint is any manual method or physical or mechanical The number of months with Measure device, material, or equipment that data is below the reporting requirement. immobilizes or reduces the ability of The measure results are temporarily N/A 0.6823 ____3 a patient to move his or her arms, suppressed pending resubmission of 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 individual data elements or awaiting is not a standard treatment for the National Quality Forum Endorsement. patient's medical or psychiatric There were no eligible patients that met condition The measure rate is within optimal Hours of Physical Restraint This measure reports the number of hours patients age 65 and older were Use Older Adults Age 65 and kept in physical restraints for every Older 1,000 hours of patient care. Physical restraint is any manual method or For further information physical or mechanical device, material, or equipment that immobilizes or reduces the ability of N/A 0.1097 3 **Quality Report contents,** a patient to move his or her arms, 0.0000 (0 Total Hours in Restraint) 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. Hours of Seclusion Use per This measure reports the total hours 1000 Patient Hours - Overall patients were kept in seclusion for every 1,000 hours of patient care. Rate ____3 Seclusion is the involuntary N/A 0.3738 0.0000 (0 Total Hours confinement of a patient alone in a room or an area where the patient is in Seclusion)

This information can also be viewed at https://hospitalcompare.io/

physically prevented from leaving.

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Footnote Key

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Buena Vista Regional Medical Center

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

			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				
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:		ewide Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	€€0 ³	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.	<mark>№0</mark> 3 	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.	ND 3	N/A	0.4421		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	0.0766		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	⊘ ²	

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	76% of 63 eligible Patients	99%	79%		3

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		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Substance Use	This category of evidence based measures assesses the overall quality of care provided for Substance Abuse	0 ²	0 ²	

				other Joint ed Organiz	zations	
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Alcohol and Other Drug Use Disorder Treatment at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who either accepted a prescription to help them stop drinking or using drugs or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital.	ND ⁴	97%	47%		3
Alcohol and Other Drug Use Treatment Provided or Offered at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who were either offered or accepted a prescription to help them stop drinking or using drugs or were offered or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. This measure also includes patients who refused both a prescription to help them stop drinking or using drugs and treatment for their serious problem with drinking alcohol or using drugs.	ND ⁴	100%	62%		3

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		Compared to other Joint Commission		
		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	⊘ ²	0 ²	

		Compared to other Joint Commission Accredited Organizations					
		1	Nationwide		State	wide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:		Top Perform er Threshol d:	Average Rate:	
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	0% of 6 eligible Patients	38%	16%		3	
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	0% of 6 eligible Patients	100%	53%		3	

This information can also be viewed at https://hospitalcompare.io/
 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.
- **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.
- **12.** The measure rate is within optimal range.

1525 West Fifth Street, Storm Lake, IA



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.