

# 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.



# **Summary of Quality Information**

### Symbol Key 1

0	This organization achieved the best possible results.
	This organization's performance is above the target range/value.
	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
	This 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
🮯 Hospital	Accredited	12/15/2018	12/14/2018	1/23/2019

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

Certification programs recognized by the Centers for Medicare and Medicaid Services (CMS) Ventricular Assist Device

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	11/20/2019	11/19/2019	11/19/2019
olimits Ventricular Assist Device	Certification	10/22/2020	10/21/2020	10/21/2020
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
		Date	Date	Review Date
🎯 Joint Replacement - Hip	Certification	1/23/2020	2/18/2022	2/18/2022
📀 Joint Replacement - Knee	Certification	1/23/2020	2/18/2022	2/18/2022

### **Other Accredited Programs/Services**

- Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))
- Laboratory (Accredited by American Society for Histocompatibility and Immunogenetics (ASHI))

### **Special Quality Awards**

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
2015 Silver Get With The Guidelines - Resuscitation
2013 Hospital Magnet Award
2012 ACS National Surgical Quality Improvement Program
2012 Gold Plus Get With The Guidelines - Stroke
2012 Silver - The Medal of Honor for Organ Donation



# **Summary of Quality Information**

### Symbol Key 1

0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below 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.
- 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.

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

		Compared to other Joint Commission Accredited Organizations			
		Nationwide Statewide			
Hospital	2018National Patient Safety Goals	Ø	<b>∞</b> *		
	National Quality Improvement Goals:				
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	@ <sup>2</sup>	@ <sup>2</sup>		

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



# **Locations of Care**

Locations of Care	Available Services
Barnes Jewish Extended Care 401 Corporate Park Drive Clayton, MO 63105	Services: • Rehabilitation Services • Skilled Nursing Care
Barnes Jewish Hospital Center for Outpatient Health 4901 Forest Park Parkway Saint Louis, MO 63108	<ul> <li>Services:</li> <li>Behavioral Health (Non 24 Hour Care - Adult)</li> <li>Chemical Dependency (Non 24 Hour Care - Adult) (Detox - Adult)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
Barnes Jewish Hospital Invitrofertilization 4444 Forest Park Saint Louis, MO 63108	Services: • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Barnes Jewish Hospital Psychiatric Care 5355 Delmar Blvd Saint Louis, MO 63112	<ul><li>Services:</li><li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li></ul>



# **Locations of Care**

### \* Primary Location

Frimary Location     Ausilable Services				
Locations of Care	Available Services			
Barnes-Jewish Hospital * 1 Barnes Jewish Plaza Saint Louis, MO 63110	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Advanced Comprehensive Stroke Center</li> <li>Ventricular Assist Device</li> </ul>			
1 Barnes Jewish Plaza	<ul> <li>Ventricular Assist Device</li> <li>Joint Commission Certified Programs:         <ul> <li>Joint Replacement - Hip</li> <li>Joint Replacement - Knee</li> </ul> </li> <li>Services:         <ul> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Cardios Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gartoenterology (Surgical Services)</li> <li>Gartoenterology (Surgical Services)</li> <li>Gartoenterology (Surgical Services)</li> <li>Gartoelterology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hematology/Oncology Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology</li> </ul> </li> </ul>	s) al nt) s) s		
	<ul> <li>(Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit</li> <li>Vascular Surgery (Surgical Services)</li> </ul>			

(Inpatient)



# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
	Medical ICU (Intensive Care Unit)
Barnes-Jewish Hospital Center for Advanced Medicine South Co 5201 Midamerica Plaza Saint Louis, MO 63129	Services: • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
Barnes-Jewish Hospital Laboratory and Radiology Dept 1110 Highlands Plaza Dr E., Ste 325 Saint Louis, MO 63110	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Barnes-Jewish Hospital Outpatient Orthopedic Center 14532 South Outer Forty Drive Chesterfield, MO 63017	Services: • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
Siteman Cancer Center - South County DBA: Barnes Jewish Hospital - Radiation Oncology Services 5225 Midamerica Plaza Saint Louis, MO 63129	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>



# **2018 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
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
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ର ଭ
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
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	$\bigotimes$
	Performing a Time-Out	$\bigotimes$

### Symbol Key 3

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." Symbol Key 2

Footnote Key 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.

reported.

overall result.

0

 $\oslash$ 

e

ND

2.

3.

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.

1 Barnes Jewish Plaza, Saint Louis, MO



### **National Quality Improvement Goals**

Symbol Key 2			1	1
This organization achieved the best possible results	Reporting F	Period: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.			the second se	to other Joint mission
his organization's performance is elow the target range/value.				Organizations
lot displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>○</b> <sup>2</sup>	<b>1 2</b>
Footmate Ver				

		Compared to other Joint Commission Accredited Organizations				on 
		Nationwide Statewi			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	<b>(</b>	16%	25%	13%	21%
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 32 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.	38% of 239 eligible Patients	71%	50%	66%	50%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1573% of 1652 eligible Patients	212%	1780%	375%	20509
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	O 7021% of 1652 eligible Patients	1508%	3084%	1818%	36939



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

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

Null value or data not displayed.

ared to other laint



## **National Quality Improvement Goals**

Reporting Period: April 2020 - March 2021

Sym	bol	Key	2

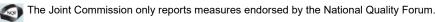
This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

### **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
- the denominator criteria.

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

				Compared to other Joint Commission			
			Accredited Organizations				
Measure Area Explanation				Nationwide		Statewide	
Perinatal Care		egory of evidenced based measures as mothers and newborns.	ssesses the	<b>™</b> <sup>2</sup>		2 <sup>2</sup>	
			Compared to other Joint Commission Accredited Organizations				
Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate		The severe rate equals the number of patients with severe complications.	5447% of 1652 eligible Patients	501%	1303%	602%	1644%



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

-- Null value or data not displayed.