DBA: Banner-University Medical Center Tucson, 1501 North Campbell Avenue, Tucson, AZ

Org ID: 9514

Accreditation Quality Report





Version: 1 Date: 1/9/2019

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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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission

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Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|--------------------------|-----------------------------|
| Home Care | Accredited | 9/21/2017 | 9/20/2017 | 9/20/2017 |
| Hospital | Accredited | 9/23/2017 | 9/22/2017 | 9/5/2018 |
| Laboratory | Accredited | 1/6/2018 | 1/5/2018 | 1/5/2018 |

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

Pathology and Clinical Laboratory

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Banner University Medical Center-Tucson

1501 N. Campbell Avenue, Tucson, AZ. 85724

Hospital

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

Ventricular Assist Device

| Advanced Certification | Certification Decision | Effective | Last Full Review Last On-Site | | |
|-------------------------------|-------------------------------|------------------|--------------------------------------|--------------------|--|
| Programs | | Date | Date | Review Date | |
| Primary Stroke Center | Certification | 5/27/2017 | 5/26/2017 | 5/26/2017 | |
| Ventricular Assist Device | Certification | 4/19/2017 | 4/18/2017 | 4/18/2017 | |

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

2014 Hospital Magnet Award2012 Gold Plus Get With The Guidelines - Stroke2010 Silver - The Medal of Honor for Organ Donation

Symbol Key

- 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

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- 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.
- 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.
- 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."

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Summary of Quality Information

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------|-------------------------------------|---|-----------------------|--|
| | | Nationwide | Statewide | |
| Home Care | 2017National Patient Safety Goals | Ø | N/A * | |
| Hospital | 2018National Patient Safety Goals | Ø | N/A * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | № 2 | № ² | |
| Apr 2017 - Mar 2018 | Immunization | ND 2 | ND 2 | |
| | Perinatal Care | ND 2 | ND 2 | |
| Laboratory | 2018National Patient Safety Goals | Ø | * | |

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

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Locations of Care

* Primary Location

Locations of Care

Banner University

Medical
Center-Tucson *
DBA: Banner University
Medical Center-Tucson
1501 N. Campbell Avenue
Tucson, AZ 85724

Available Services

Joint Commission Advanced Certification Programs:

- Primary Stroke Center
- Ventricular Assist Device

Services:

- 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)
- Durable Medical Equipment
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- External Infusion Pump Supplies
- External Infusion Pumps
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Infusion Pharmacy
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)

- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Pediatric Unit (Inpatient)
- Pharmacy/Dispensary, General Services
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology
- (Imaging/Diagnostic Services)Sleep Laboratory (Sleep
- Laboratory)Surgical ICU (Intensive Care
- Unit)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Transplant Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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Locations of Care

| Locations of Care | Available Services |
|--------------------------|---|
| Banner-UMC Tucson | |
| University of Arizona | Services: |
| Cancer Center | |
| DBA: Banner-UMC | Administration of High Risk Medications (Outpatient) |
| | Outpatient Clinics (Outpatient) |
| Tucson University of | |
| Arizona Cancer Center | |
| 1891 West Orange Grove | |
| Road BLDG 1, BLDG 2 | |
| Tucson, AZ 85704 | |
| Banner-University | |
| Medical Center Green | Services: |
| Valley | Outpatient Clinics (Outpatient) |
| DBA: Banner-University | |
| Medical Center Green | |
| Valley | |
| 1141 South La Canada | |
| Drive | |
| Green Valley, AZ 85614 | |
| Banner-University | |
| Medical Center | Services: |
| Orthopedics and | Outpatient Clinics (Outpatient) |
| Physical th | - Sulpation Similes (Sulpations) |
| DBA: Banner UMC | |
| Orthopedics and Physical | |
| therapy | |
| 707 N. Alvernon, Suite | |
| 203 and Suite 205 | |
| Tucson, AZ 85711 | |
| Banner-University | |
| Medical Center Tucson | Services: |
| Cancer Center | Administration of Blood Product (Outpatient) |
| DBA: Banner-University | Administration of Blood Froduct (Outpatient) Administration of High Risk Medications (Outpatient) |
| Medical Center Tucson | Outpatient Clinics (Outpatient) |
| Cancer Center | - Carpation Cilinos (Outpation) |
| 3838 North Campbell | |
| Avenue | |
| Tucson, AZ 85719 | |
| Banner-University | |
| Medical Center Tucson | Services: |
| Primary Care | Outpatient Clinics (Outpatient) |
| DBA: Banner-University | • Outpatient Offices (Outpatient) |
| Medical Center Tucson | |
| Primary Care | |
| 265 West Ina Road | |
| Tucson, AZ 85704 | |
| Banner-University | |
| Medical Center Tucson | Services: |
| Primary Care Pediatr | 2 |
| | Outpatient Clinics (Outpatient) |
| | |
| DBA: Banner UMC | |
| | |

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Locations of Care

| Locations of Care | Available Services |
|--|--|
| Banner-University Medical Center Tucson- Medical Imaging DBA: Banner-University Medical Center Tucson- Medical Imaging 4291 North Campbell Avenue Tucson, AZ 85719 | Services: • Outpatient Clinics (Outpatient) |
| Banner-University Medical CenterTucson Campus-Banner Univers DBA: Banner University Medicine North 3838 North Campbell Avenue, Building 2 Tucson, AZ 85719 | Services: • Outpatient Clinics (Outpatient) |

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2017 National Patient Safety Goals

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."

Home Care

| Safety Goals | Organizations Should | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification. | Use of Two Patient 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 |
| Reduce the risk of patient harm resulting from falls. | Implementing a Fall Reduction Program | Ø |
| The organization identifies safety risks inherent in its patient population. | Identifying Risks Associated with Home Oxygen | Ø |

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2018 National Patient Safety Goals

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Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|-------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| | Eliminating Transfusion Errors | 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 |
| | Preventing Multi-Drug Resistant Organism Infections | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | 8888 |
| | Preventing Surgical Site Infections | Ø |
| | Preventing Catheter-Associated Urinary Tract Infection | 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 |

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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

| | | Compared to other Joint Commission | | |
|-------------------------|---|------------------------------------|-----------------------|--|
| | | Accredited Organizations | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Emergency Department | This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. | ∞ ² | № ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|--|---|---|-------------------------------|-------------------|-------------------------------|-------------------|
| | | N | lationwide | | State | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Most: | Weighte d Median: | Top 10% Scored at Most: | Weighte d Median: |
| Admit Decision Time to ED Departure Time for Admitted Patients | The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit. | 150.00 minutes 627 eligible Patients | 55.00 | 135.00 | 79.21 | 146.07 |
| Median Time from ED Arrival to ED Departure for Admitted ED Patients | The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital. | 434.00 minutes 630 eligible Patients | 205.00 | 319.00 | 268.94 | 334.66 |

- 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.

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Measure Area

Immunization







National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations** Nationwide Statewide

94%

99%

95%

100%

83% of

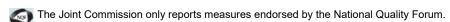
534 eligible Patients

Org ID: 9514

| | manifest activity for processing and instance | | | | | |
|------------------------|--|---------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | | | | | |
| | | Соі | | other Joint ed Organiz | Commissio zations | n |
| | | 1 | Nationwide | | State | wide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | | Top 10% Scored at Least: | Average Rate: |
| Influenza Immunization | This prevention measure addresses acute care hospitalized inpatients | Θ | | | | |

Explanation

This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza



screened for seasonal influenza

immunization status and were

vaccinated prior to discharge if

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

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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint Accredited Organizations

Org ID: 9514

| | | 7 tool baltoa Olganization | | |
|----------------|--|----------------------------|------------|--|
| 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 | | | | on |
|-------------------------------|---|---|------|------------------|--------------------------------|-----|
| | | Nationwide Statew | | | wide | |
| Measure | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | |
| Antenatal Steroids | This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth. | 100% of 10 eligible Patients | 100% | 98% | 100% | 99% |
| 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 40 eligible Pattents | 0% | 2% | 0% | 1% |
| 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 255 eligible Patlents | 73% | 51% | 68% | 44% |

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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 |