

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.

DBA: Banner-University Medical Center Tucson, 1625 North Campbell, Tucson, AZ



Summary of Quality Information

| Svm | ibol | Key |
|-----|------|-----|
| ~ | | |

| 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.
- 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.
- 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 | 9/23/2017 | 4/30/2021 | 4/30/2021 |

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 | 10/10/2019 | 8/21/2019 | 8/21/2019 |
| 🤣 Ventricular Assist Device | Certification | 7/12/2019 | 7/11/2019 | 7/11/2019 |

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 Award

- 2012 Gold Plus Get With The Guidelines Stroke
- 2010 Silver The Medal of Honor for Organ Donation

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------|-------------------------------------|--|----------------|--|
| | | Nationwide | Statewide | |
| Hospital | 2019National Patient Safety Goals | \bigotimes | * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | 1 | (² | |
| Jan 2019 - Dec 2019 | Perinatal Care | () ² | (² | |

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

DBA: Banner-University Medical Center Tucson, 1625 North Campbell, Tucson, AZ



Locations of Care

* Primary Location

| Locations of Care |
|---|
| Banner University Medical Center-Tucson * DBA: Banner University Medical Center-Tucson 1625 N. Campbell Avenue Tucson, AZ 85719 |

DBA: Banner-University Medical Center Tucson, 1625 North Campbell, Tucson, AZ



Locations of Care

* Primary Location **Available Services** Locations of Care **Banner-UMC Tucson University of Arizona** Services: **Cancer Center** Administration of High Risk Medications (Outpatient) DBA: Banner-UMC • 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 • Outpatient Clinics (Outpatient) DBA: Banner UMC Orthopedics 707 N. Alvernon, Suite 205 Tucson, AZ 85711 **Banner-University** Medical Center Tucson Services: **Cancer Center** Administration of Blood Product (Outpatient) DBA: Banner-University • Administration of High Risk Medications (Outpatient) Medical Center Tucson • Hazardous Medication Compounding (Outpatient) **Cancer Center** Outpatient Clinics (Outpatient) 3838 North Campbell Avenue Tucson, AZ 85719 **Banner-University** Medical Center Tucson Services: **Primary Care** Outpatient Clinics (Outpatient) DBA: Banner-University Medical Center Tucson Primary Care 265 West Ina Road Tucson, AZ 85704 **Banner-University Medical Center Tucson** Services: **Primary Care Pediatr** • Outpatient Clinics (Outpatient) DBA: Banner UMC **Primary Care Pediatrics** 7901 East 22nd Street Tucson, AZ 85710



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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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2019 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 Infections that are difficult to treat | \bigcirc |
| | Preventing Central-Line Associated Blood Stream Infections | <u>ତ</u> ତ |
| | 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 | \bigcirc |
| | Performing a Time-Out | \bigcirc |

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."

DBA: Banner-University Medical Center Tucson, 1625 North Campbell, Tucson, AZ

Org ID: 9514



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | | | o other Joint hission |
|-------------------------|---|----------------|--------------------------|
| | | Accredited C | 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 | | | | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | ١ | 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. | ND 2 179.00 minutes 663 eligible Patients | 55.00 | 133.00 | 67.62 | 146.60 |

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

--- Null value or data not displayed.

Symbol Key

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- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
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DBA: Banner-University Medical Center Tucson, 1625 North Campbell, Tucson, AZ



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | | 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 | | | | on |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | ١ | lationwide | | State | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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 15 eligible Patients | 100% | 98% | 100% | 99% |
| 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. | ⊕ | 12% | 25% | 10% | 22% |
| 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 49 eligible Patients | 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. | 37% of 268 eligible Patients | 73% | 51% | 55% | 44% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications. | 2686.00 minutes 1154 eligible Patients | | | | |

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DBA: Banner-University Medical Center Tucson, 1625 North Campbell, Tucson, AZ

livebirths - Severe Rate

Org ID: 9514



National Quality Improvement Goals

| Reporti | ng Period: Jar | uary 2019 - December 2019 | | | | | |
|--|----------------|--|---|--|------------------|--------------------------------|----------------|
| • | Ũ | • | | | | | |
| | | | | Compared to other Joint Commission | | | |
| | | | | Accr | edited Org | anizations | |
| Measure Area | | Explanation | | Nationwide | | Statewide | |
| | | tegory of evidenced based measures assesses the mothers and newborns. | | ™ ² | | 2 ² | |
| | | | | mpared to other Joint Commission Accredited Organizations Vationwide Statewide | | | |
| Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Averaç Rate |
| 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. | 10 3899.00 minutes 1154 eligible Patients | | | | |
| Unexpected Complications in Term Newborns per 1000 | | The severe rate equals the number of patients with severe complications. | 1 0 | | | | |

1213.00 minutes 1154 eligible

Patients

Symbol Key

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