

# 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**

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#### **Footnote Key**

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- **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	Last Full Survey Last On-S	
		Date	Date	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	<b>Certification Decision</b>	Effective	Last Full Review Last On-Site		
Programs		Date	Date	<b>Review Date</b>	
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 Award2012 Gold Plus Get With The Guidelines - Stroke2010 Silver - The Medal of Honor for Organ Donation

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2019National Patient Safety Goals	Ø	<b>())</b> *	

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

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# **Summary of Quality Information**

Y chieved the best			Compared to other Joint Organiz	
performance is ge/value.			Nationwide	Statewide
performance is		National Quality Improvement Goals:		
range/value. performance is	Reporting Period:	Emergency Department	<b>ND</b> <sup>2</sup>	(m) <sup>2</sup>
ge/value. applicable for this	Jan 2019 - Dec 2019	Perinatal Care	<b>1</b>	2 <sup>2</sup>

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#### Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
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•••	This Measure is not applicable for this organization.
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# **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

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# **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





# **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: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>

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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>ଷ</u> ୍ଠ ଷ୍
	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	$\bigotimes$

### Symbol Key

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

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

Org ID: 9514



# **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

		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.	@ <sup>2</sup>	@ <sup>2</sup>

		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

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# **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.	<b>2</b>	<b>○</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
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.	<b>⊕</b>	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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livebirths - Severe Rate

Org ID: 9514



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	Reporting Period: January 2019 - December 2019												
			•										
						Compared to other Joint Commission							
						Accredited Organizations							
Me	Measure Area		Explanation	Nationwide		Statewide							
Per			egory of evidenced based measures assesses the mothers and newborns.		2 <sup>2</sup>		<b>∞</b> <sup>2</sup>						
		mpared to other Joint Commission Accredited Organizations Nationwide Statewide											
	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		Avera Rate					
Terr	expected Complicatic m Newborns per 100 births - 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									
	expected Complication m Newborns per 100		The severe rate equals the number of patients with severe complications.	10									

1213.00 minutes 1154 eligible Patients

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