



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.

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



Summary of Quality Information

Symbol Key

- This organization achieved the best possible results.
- This organization's performance is above the target range/value.
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Footnote Key

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2. The Measure Set does not have an overall result.
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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 Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Ambulatory Care | Accredited | 6/19/2018 | 4/25/2018 | 4/25/2018 |
| Hospital | Accredited | 7/14/2017 | 6/2/2017 | 3/7/2019 |

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

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---|------------------------|----------------|-----------------------|--------------------------|
| Advanced Total Hip and Total Knee Replacement | Certification | 11/12/2018 | 9/19/2018 | 9/19/2018 |
| Primary Stroke Center | Certification | 7/17/2018 | 7/16/2018 | 7/16/2018 |

| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|--------------------|------------------------|----------------|-----------------------|--------------------------|
| Spine Surgery | Certification | 9/21/2018 | 9/20/2018 | 9/20/2018 |

Other Accredited Programs/Services

- Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2012 Top Performer on Key Quality Measures®

2012 Gold Plus Get With The Guidelines - Stroke

| | | Compared to other Joint Commission Accredited Organizations | |
|-----------------|-----------------------------------|---|-----------|
| | | Nationwide | Statewide |
| Ambulatory Care | 2018National Patient Safety Goals | | * |
| Hospital | 2019National Patient Safety Goals | | * |



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Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

National Quality Improvement Goals:

Reporting Period:
Apr 2018 -
Mar 2019

Emergency Department

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Perinatal Care

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Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| Columbia Ogden Medical Center, Inc. * DBA: Ogden Regional Medical Center 5475 South 500 East Ogden, UT 84405-6978 | Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Advanced Total Hip and Total Knee Replacement Primary Stroke Center Joint Commission Certified Programs: <ul style="list-style-type: none"> Spine Surgery Other Clinics/Practices located at this site: <ul style="list-style-type: none"> ACT Residential Intermountain Healthcare Ogden Clinic Tanner Clinic Utah Orthopaedics Services: <ul style="list-style-type: none"> Addiction Care/Adult (Non-detox - Adult) Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) (Residential Care - Adult) Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Residential Care - Adult) (Partial - Adult) (Non-detox - Adult) Community Integration (Non 24 Hour Care) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Family Support (Non 24 Hour Care) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Pediatric Unit (Inpatient) Peer Support (Non 24 Hour Care) 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) Sleep Studies (Outpatient) Sterile Medication Compounding (Inpatient) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) |



Locations of Care




* Primary Location

| Locations of Care | Available Services |
|--|---|
| | <ul style="list-style-type: none">• Hazardous Medication Compounding (Inpatient)• Inpatient Unit (Inpatient)• Interventional Radiology (Imaging/Diagnostic Services)• Labor & Delivery (Inpatient)• Magnetic Resonance Imaging (Imaging/Diagnostic Services)• Mammography• Medical /Surgical Unit (Inpatient)• Medical Detoxification (Inpatient)• Medical ICU (Intensive Care Unit)• Vascular Surgery (Surgical Services) |
| Columbia Ogden Medical Center, Inc. DBA: Ogden Regional Medical Center 600 West 2700 North Ogden, UT 84414 | Services: <ul style="list-style-type: none">• Other |













2018 National Patient Safety Goals

Symbol Key

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

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Ambulatory Care

| Safety Goals | Organizations Should | Implemented |
|--|---|--|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Reduce the risk of health care-associated infections | Meeting Hand Hygiene Guidelines |  |
| | Preventing Surgical Site Infections |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |



2019 National Patient Safety Goals

Symbol Key

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Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Reduce the harm associated with clinical alarm systems. | Use Alarms Safely on Medical Equipment |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Infections that are difficult to treat |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| | Preventing Surgical Site Infections |  |
| | Preventing Catheter-Associated Urinary Tract Infection |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |



National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

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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

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|---|---|----------|-------------------------|----------|
| | | | Nationwide | Weighted | Statewide | Weighted |
| | | | Top 10% Scored at Most: | Median: | Top 10% Scored at Most: | 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. | 2 54.00 minutes 512 eligible Patients | 55.00 | 136.00 | 48.99 | 66.60 |



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

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National Quality Improvement Goals

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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

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|-------------------------------|---|--|--|---------|--------------------------------|---------|
| | | | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | 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 10 eligible Patients | 100% | 98% | 100% | 97% |
| 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. 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. | 1% of 72 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. | 45% of 360 eligible Patients | 73% | 52% | 63% | 53% |



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