

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

| Accreditation Programs | Accreditation Decision | Effective | Last Full Survey | |
|------------------------|------------------------|-----------|------------------|-------------|
| | | Date | Date | Survey Date |
| 🮯 Ambulatory Care | Accredited | 6/19/2018 | 4/25/2018 | 4/25/2018 |
| 🎯 Hospital | Accredited | 7/14/2017 | 6/2/2017 | 8/21/2018 |

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

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | w 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 | w 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 | Ø | ()* |
| Hospital | 2018National Patient Safety Goals | Ø | ()) * |

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

Symbol Key

| 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. |
| Э | This organization's performance is below the target range/value. |
| | This Measure is not applicable for this organization. |
| ND | 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.
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- 5. The organization scored above 90% but was below most other organizations.
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- 7. The Measure results are based on a sample of patients.
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 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.

Ogden Regional Medical Center

5475 South 500 East, Ogden, UT

Compared to other Joint Commission Accredited



Summary of Quality Information

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

| | | Organizations | |
|------------------------|-------------------------------------|--------------------------|----------------|
| | | Nationwide | Statewide |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | (10) ² | 2 ² |
| Jul 2017 - Jun 2018 | Immunization | () ² | |
| | Perinatal Care | () ² | 1 |

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Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| ACT Residential 5490 S. 500 E. Ogden, UT 84405 | Services: Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Non-detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care) |



Locations of Care

* Primary Location

| Trindry Ecoution | |
|---|--|
| | |
| * Primary Location Locations of Care Ogden Regional Medical Center * DBA: Ogden Regional Medical Center 5475 South 500 East Ogden, UT 84405-6978 | Available Services Joint Commission Advanced Certification Programs: Advanced Total Hip and Total Knee Replacement Primary Stroke Center Joint Commission Certified Programs: Spine Surgery Other Clinics/Practices located at this site: Intermountain Healthcare Ogden Clinic Tanner Clinic Tanner Clinic Utah Orthopaedics Brachytherapy (Imaging/Diagnostic Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) Beartoenterology (Surgical Services) Positron Emission Tomography (PT) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Paciation Oncology (Imaging/Diagnostic Services) Sleep Studies (Outpatient) Sterile Medication Compounding (Inpatient) Sterile Medication Compounding (Inpatient) Surgical Unit (Inpatient) |
| | Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Laboratory) Sleep Studies (Outpatient) Sterile Medication Compounding (Inpatient) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Surgical Unit (Inpatient) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical |
| | Services) Services) Mammography Ultrasound Medical /Surgical Unit (Imaging/Diagnostic Services) (Inpatient) Urology (Surgical Services) Medical Detoxification Vascular Surgery (Surgical Services) (Inpatient) Services) Medical ICU (Intensive Care Unit) Services) Non-Sterile Medication Compounding (Inpatient) |

Quality Check*

Ogden Regional Medical Center

5475 South 500 East, Ogden, UT



Locations of Care

* Primary Location

Locations of Care

Available Services



2018 National Patient Safety Goals

Ambulatory Care

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



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>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 |
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Ogden Regional Medical Center

5475 South 500 East, Ogden, UT



National Quality Improvement Goals

| Reporting F | Period: July 2017 - June 2018 | | |
|-------------------------|---|-------------------------|--------------------------|
| | | | |
| | | | o other Joint hission |
| | | Accredited Organization | |
| 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 Nationwide Statewide | | | | |
|--|---|--|---|--------|-------------------|-------------------------|
| Measure | Explanation | Hospital Results | Iationwide Top 10% Scored at Most: | | Top 10% Scored | 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. | 56.00 minutes 561 eligible Patients | 56.00 | 135.00 | 50.80 | 69.63 |
| 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. | 2 185.00 minutes 563 eligible Patients | 206.00 | 320.00 | 176.55 | 214.94 |

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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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National Quality Improvement Goals

| Reporting P | eriod: July 2017 - June 2018 | | | |
|--------------|---|--------------------------|---------------------------|--|
| | | | | |
| | | | to other Joint nission | |
| | | Accredited Organizations | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. | 1 2 | № ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|--|-----------|---------|-----------|---------|
| | | Nationwide Statewid | | | wide | |
| Measure | Explanation | Hospital | Top 10% | Average | Top 10% | Average |
| | | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | at Least: | |
| Influenza Immunization | This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. | 99% of 584 eligible Patients | 100% | 94% | 100% | 94% |

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National Quality Improvement Goals

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| This organization's performance is similar to the target range/value. | | | Compared to other Joint Commission | | |
| This organization's performance is below the target range/value. | | | | Organizations | |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide | |
| | Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | ○ ² | 2 | |
| Footnoto Voy | | | | | |

| | | Cor | npared to c Accredit | other Joint ed Organiz | | on |
|-------------------------------|--|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | Nationwide Statewi | | | wide | |
| 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 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. | 2% of 86 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. | 55% of 354 eligible Patients | 73% | 51% | 69% | 57% |



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