

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.
- 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.
- 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.

Ogden Regional Medical Center

5475 South 500 East, Ogden, UT

Compared to other Joint Commission Accredited



Summary of Quality Information

C -	www.h.al	IZ an
	ymbol	- K e V
\sim	, 0	,

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.
	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
N	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.
- 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. 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."

		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

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





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
	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.

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

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.

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.
 Not displayed

Footnote Key

- 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.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 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.
- 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.

Ogden Regional Medical Center

5475 South 500 East, Ogden, UT



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%

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.

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 organization's performance is below the target range/value.
 Not displayed

Footnote Key

- 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.
- 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.
 There were no eligible rationts that me
- 1. There were no eligible patients that met the denominator criteria.

Symbol Key This organization achieved the ossible results

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

reported.

overall result.

Ð

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

Ogden Regional Medical Center

5475 South 500 East, Ogden, UT



National Quality Improvement Goals

Symbol Key					
This organization achieved the best possible results	Reporting P	eriod: July 2017 - June 2018			
This organization's performance is above the target range/value.					
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%



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. ____