

# 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

5475 South 500 East, Ogden, UT



## **Summary of Quality Information**

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	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	10/16/2020	10/16/2020
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	<b>())</b> *	
Hospital	2019National 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.
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.
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### **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.

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



### Ogden Regional Medical Center



## **Summary of Quality Information**

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best			Compared to other Joint Organi	
e is			Nationwide	Statewide
e is		National Quality Improvement Goals:		
e is	Reporting Period:	Emergency Department	2 <sup>2</sup>	<b>1</b>
for this	Jan 2019 - Dec 2019	Perinatal Care	<b>NO</b> <sup>2</sup>	<b>1</b> 2

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## **Locations of Care**

#### \* Primary Location

- 1		
	Locations of Care	Available Services
I	Columbia Ogden Medical Center, Inc. DBA: Ogden Regional Medical Center 600 West 2700 North Ogden, UT 84414	Services: • Other



## **Locations of Care**

### \* Primary Location

Locations of Care	Available Services
Ogden Regional Medical	Joint Commission Advanced Certification Programs:
<b>Center</b> * 5475 South 500 East Ogden, UT 84405-6978	<ul> <li>Advanced Total Hip and Total Knee Replacement</li> <li>Primary Stroke Center</li> </ul>
	Joint Commission Certified Programs: <ul> <li>Spine Surgery</li> </ul>
	Other Clinics/Practices located at this site: • ACT Residential • Intermountain Healthcare
	Ogden Clinic     Tanner Clinic     Utah Orthopaedics
	<ul> <li>Services:</li> <li>Addiction Care/Adult) (Non-detox - Adult)</li> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) (Residential Care - Adult)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Chemical Dependency (Day Programs - Adult) (Residential Care - Adult) (Partial - Adult) (Non-detox - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic</li> </ul>
	Services)Compounding (Inpatient)Family Support (Non 24 Hour Care)Surgical ICU (Intensive Care Unit)Gastroenterology (Surgical Services)Surgical Unit (Inpatient)TeleradiologyTeleradiology
	GI or Endoscopy Lab     (Imaging/Diagnostic     Services)     Gynecological Surgery     (Surgical Services)     Gynecological Surgery     (Surgical Services)     Ultrasound     (Imaging/Diagnostic Services)     Ultrasound
	(Surgical Services) (Imaging/Diagnostic Services) • Urology (Surgical Services)

- Urology (Surgical Services)
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## **Locations of Care**

Locations of Care	Available	e Services
	<ul> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Mammography</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical Detoxification (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul>	<ul> <li>Vascular Surgery (Surgica Services)</li> </ul>

5475 South 500 East, Ogden, UT



## 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	$\bigotimes$
	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.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." 5475 South 500 East, Ogden, UT



## **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> ଭ ଭ ଭ
	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	$\bigcirc$

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## **National Quality Improvement Goals**

Reporting Period: January 2019 - December 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.	@ <sup>2</sup>	<b>1</b> 2	

		Compared to other Joint Commission Accredited Organizations				
		N	Nationwide Statewide		wide	
Measure	Explanation	Hospital Results	Top 10% Scored	Weighte d	Top 10% Scored	Weighte d
			at Most:	Median:	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.	52.00 minutes 526 eligible Patients	55.00	133.00	51.08	68.90

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

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

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5475 South 500 East, Ogden, UT



## **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				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	91% of 11 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.	1% of 72 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.	39% of 317 eligible Patients	73%	51%	70%	52%



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