

Accreditation Quality Report





Version: 12 Date: 10/8/2021



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.



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective	Last Full Sur	vey Last On-Site
		Date	Date	Survey Date
Optimized Ambulatory Care	Accredited	4/17/2021	4/16/2021	4/16/2021
🮯 Hospital	Accredited	4/17/2021	4/16/2021	6/18/2021

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Advanced Total Hip and Total Knee Replacement	Certification	8/12/2021	8/11/2021	8/11/2021
🥝 Primary Stroke Center	Certification	10/17/2020	10/16/2020	10/16/2020
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🧼 Spine Surgery	Certification	9/21/2018	8/12/2021	8/12/2021

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® **2**012 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Ambulatory Care	2021National Patient Safety Goals	Ø	()) *
Hospital	2021National 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.
Э	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
	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



Summary of Quality Information

S	ym'	bol	l Key

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.	
Θ	This organization's performance is below the target range/value.	
•	This Measure is not applicable for this organization.	
0	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.
- The Measure results are based on a sample of patients.
 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."

best			Compared to other Joint Organiz	
ce is			Nationwide	Statewide
ce is		National Quality Improvement Goals:		
e. ce is	Reporting Period:	Emergency Department	(10) ²	2 ²
for this	Jan 2019 - Dec 2019	Perinatal Care	2 ²	2 ²

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





Locations of Care

* Primary Location

Locations of Care	Available Services
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	e Services
Ogden Regional Medical	Joint Commission Advanced	Certification Programs:
Center * 5475 South 500 East	 Advanced Total Hip and Total Kne Primary Stroke Center 	0
Ogden, UT 84405-6978	Joint Commission Certified	Programs:
	Spine Surgery	
	Other Clinics/Practices locat	ed at this site:
	 ACT Residential Intermountain Healthcare 	
	Ogden Clinic	
	Tanner ClinicUtah Orthopaedics	
	Services:	
	Addiction Services/Adult)	Non-Sterile Medication
	(Non-detox - Adult)Behavioral Health (24-hour	Compounding (Inpatient)Normal Newborn Nursery
	Acute Care/Crisis	(Inpatient)
	Stabilization - Adult)Brachytherapy	 Nuclear Medicine (Imaging/Diagnostic Services)
	(Imaging/Diagnostic	Ophthalmology (Surgical
	Services)Cardiac Catheterization Lab	Services)Orthopedic Surgery (Surgical
	 Cardiac Catheterization Lab (Surgical Services) 	 Onnopedic Surgery (Surgical Services)
	Cardiac Surgery (Surgical	Orthopedic/Spine Unit
	Services)Cardiothoracic Surgery	(Inpatient)Outpatient Clinics (Outpatient)
	(Surgical Services)	Pediatric Unit (Inpatient)
	 Chemical Dependency (Day Programs - Adult) 	 Peer Support (Non 24 Hour Care)
	(24-hour Acute Care/Crisis	 Plastic Surgery (Surgical
	Stabilization - Adult)	Services)
	(Residential Care - Adult) (Partial Hospitalization - Adult)	 Positron Emission Tomograph (PET) (Imaging/Diagnostic Services)
	(Non-detox - Adult)	Post Anesthesia Care Unit
	 Community Integration (Non 24 Hour Care) 	(PACU) (Inpatient)Radiation Oncology
	CT Scanner	(Imaging/Diagnostic Services)
	(Imaging/Diagnostic Services)	 Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis
	 Ear/Nose/Throat Surgery 	Stabilization)
	(Surgical Services)	Sleep Laboratory (Sleep
	 EEG/EKG/EMG Lab (Imaging/Diagnostic 	Laboratory)Sleep Studies (Outpatient)
	Services)	Sterile Medication
	 Family Support (Non 24 Hour Care) 	Compounding (Inpatient)Surgical ICU (Intensive Care
	 Gastroenterology (Surgical 	• Surgical ICO (Intensive Care Unit)
	Services)	 Surgical Unit (Inpatient)
	 GI or Endoscopy Lab (Imaging/Diagnostic 	 Teleradiology (Imaging/Diagnostic Services)
	Services)	Thoracic Surgery (Surgical
	Gynecological Surgery (Surgical Services)	Services)
	(Surgical Services)	 Ultrasound (Imaging/Diagnostic Services)

(Imaging/Diagnostic Services)





Locations of Care

Locations of Care	Available Services
	 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) Neurosurgery (Surgical Services)



2021 National Patient Safety Goals

Ambulatory Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
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
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes

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.



2021 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
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
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 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 Period: January 2019 - December 2019

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.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily
- 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 reliests that me
- 1. 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."

		Compared to other Joint		
		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				
		Nationwide Statewide			wide	
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.	COD 2 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

--- Null value or data not displayed.



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.	2	™ ²	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			ewide	
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.	91% of 11 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.	()	12%	25%	9%	18%
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%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	10 3536.00 minutes 1414 eligible Patients				

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.
- **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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. 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."

11

Ogden Regional Medical Center

5475 South 500 East, Ogden, UT



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

nance is value.				o other Joint
mance is ue.			Accredited C	Organizations
	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	0 ²	™ ²

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - 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.	5021.00 minutes 1414 eligible Patients				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	1485.00 minutes 1414 eligible Patients				

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.
- **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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible relients that me
- **1.** There were no eligible patients that met the denominator criteria.