

# Accreditation Quality Report





Version: 8 Date: 6/30/2021

Org ID: 9533

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.

5475 South 500 East, Ogden, UT







# **Summary of Quality Information**

<b>Accreditation Programs</b>	<b>Accreditation Decision</b>	Effective	Last Full Survey	Last On-Site
		Date	Date	<b>Survey Date</b>
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

<b>Advanced Certification</b>	<b>Certification Decision</b>	<b>Effective</b>	<b>Last Full Review</b>	v Last On-Site	
Programs		Date	Date	<b>Review Date</b>	
Advanced Total Hip and Total Knee Replacement	Certification	11/12/2018	9/19/2018	9/19/2018	
Primary Stroke Center	Certification	10/17/2020	10/16/2020	10/16/2020	
Certified Programs	<b>Certification Decision</b>	<b>Effective</b>	Last Full Review	v Last On-Site	
		Date	Date	<b>Review Date</b>	
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 Organia	
		Nationwide	Statewide
Ambulatory Care	2021National Patient Safety Goals	Ø	N/A *
Hospital	2021National Patient Safety Goals	Ø	N/A *

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

### Symbol Key

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#### Footnote Key

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- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
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- 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.

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# **Summary of Quality Information**

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewid		
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>№</b> 0 <sup>2</sup>	<b>№</b> 2	
Jan 2019 - Dec 2019	Perinatal Care	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>	

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# **Locations of Care**

* Primary Location
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,	
Locations of Care	Available Services
Columbia Ogden Medical Center, Inc. DBA: Ogden Regional Medical Center 600 West 2700 North Ogden, UT 84414	Services:  • Other

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## **Locations of Care**

#### \* Primary Location

### Locations of Care

#### 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:

- ACT Residential
- Intermountain Healthcare
- Ogden Clinic
- Tanner Clinic
- Utah Orthopaedics

#### **Services:**

- Addiction Services/Adult) (Non-detox - Adult)
- Behavioral Health (24-hour Acute Care/Crisis Stabilization - 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 Hospitalization -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)

- 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)
- Outpatient Clinics (Outpatient)
- 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)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- 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)

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# **Locations of Care**

*	Driman	, 1	Location
	rilliary	, ,	Location

^ Primary Location	
Locations of Care	Available 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> <li>Neurosurgery (Surgical Services)</li> </ul>

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# **2021 National Patient Safety Goals**

### 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."

## **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	Ø
	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø

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# **2021 National Patient Safety Goals**

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## 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	Ø
	Reconciling Medication Information	Ø
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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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**Symbol Key** 

possible results

ot displayed

reported.

valid.

sample of patients.

updated data.

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Footnote Key The Measure or Measure Set was not

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## Ogden Regional Medical Center

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Measure Area

Emergency

Department





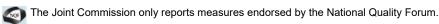
# **National Quality Improvement Goals**

Reporting Period: January 2019 - December 2019

	Commission		
	Accredited Organizations		
Explanation	Nationwide	Statewide	
This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>№</b> 2	<b>№</b> 2	

Compared to other Joint

				other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	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.	52.00 minutes 526 eligible Patients	55.00	133.00	51.08	68.90



This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
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Measure Area

Perinatal Care





# **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

**Accredited Organizations** Statewide Explanation Nationwide This category of evidenced based measures assesses the (ND) 2 care of mothers and newborns.

Compared to other Joint

		Compared to other Joint Commission				
		Accredited Organizations				
		١	lationwide			ewide
Measure	Explanation	Hospital	Top 10%	_	Top 10%	_
		Results	Scored at Least:	Rate:	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.	91% of 11 eligible	100%	98%	100%	99%
Cesarean Birth	Antenatal steroids are steroids given before birth.  This measure reports the number of	Patients				
	first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	<b>⊕</b>	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.	3536.00 minutes 1414 eligible				

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# **National Quality Improvement Goals**

### Reporting Period: January 2019 - December 2019

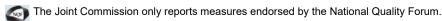
Compared to other Joint Commission

Accredited Organizations

Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		Compared to other Joint Commission						
		Accredited Organizations						
			Nationwide			Statewide		
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						



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