

# 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**

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$\mathbf{S}$	DOI	Ney	

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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 ample 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Hospital	Accredited	3/1/2018	12/21/2017	6/15/2018

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

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
🮯 Inpatient Diabetes	Certification	12/28/2018	11/2/2018	11/2/2018
🥝 Primary Stroke Center	Certification	3/20/2018	3/19/2018	3/19/2018

### **Other Accredited Programs/Services**

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

### **Special Quality Awards**

2013 Top Performer on Key Quality Measures®

- 2012 Top Performer on Key Quality Measures®
- 2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2017National Patient Safety Goals	${igodot}$	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>(10)</b> <sup>2</sup>		
Oct 2018 - Sep 2019	Perinatal Care	<b>(1</b> ) <sup>2</sup>	(m) <sup>2</sup>	

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



### **Locations of Care**

#### \* Primary Location Available Services Locations of Care Norhthern Utah Healthcare Corporation Services: DBA: St. Mark's Surgery • Administration of Blood Product (Outpatient) Center at 45th South Administration of High Risk Medications (Outpatient) 348 E. 4500 S., Suite 100 Ambulatory Surgery Center (Outpatient) Salt Lake City, UT 84107 Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient) Northern Utah **Healthcare Corporation** Services: DBA: St. Mark's Hospital Outpatient Clinics (Outpatient) Millcreek Imaging Center 3738 South 900 East Salt Lake City, UT 84106 Northern Utah Other Clinics/Practices located at this site: **Healthcare Corporation** • Taylorsville Emergency Center DBA: St. Mark's Hospital Taylorsville Emergency Services: Center • Administration of High Risk Medications (Outpatient) 2675 West Taylorsville • Anesthesia (Outpatient) Blvd. Taylorsville, UT 84129 Northern Utah **Healthcare Corporation** Services: DBA: St. Mark's Hospital Administration of Blood Product (Outpatient) West Valley Emergency Administration of High Risk Medications (Outpatient) Center Anesthesia (Outpatient) 5668 West 3100 South • Perform Invasive Procedure (Outpatient) West Valley City, UT 84128 St. Mark's Hospital Senior Health Center Services: DBA: Outpatient Senior Single Specialty Practitioner (Outpatient) Health Clinic 1275 E. Fort Union Blvd., Suite 150 Cottonwood Heights, UT 84047



# **Locations of Care**

### \* Primary Location

Locations of Care
Locations of Care St. Marks Hospital * DBA: Northern Utah Healthcare Corporation 1200 East, 3900 South Salt Lake City, UT 84124



# **2017 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	$\bigotimes$
	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.

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



# **National Quality Improvement Goals**

Reporting Period: October 2018 - September 2019

#### Symbol Key

This organization achieved the best possible results
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### **Footnote Key**

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- **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.
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			to other Joint mission	
		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.	<b>™</b> <sup>2</sup>	<b>™</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				'n
		Ν	lationwide		Statewide	
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.	62.00 minutes 463 eligible Patients	55.00	134.00	50.82	66.30

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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# **National Quality Improvement Goals**

### Reporting Period: October 2018 - September 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>™</b> <sup>2</sup>	@ <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				n
			lationwide		State	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 13 eligible Patients	100%	99%	100%	98%
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.	0% of 55 eligible Patients	0%	2%	0%	1%
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 350 eligible Patients	73%	51%	65%	52%



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