



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.



Summary of Quality Information

Symbol Key

-  This organization achieved the best possible results.
-  This organization's performance is better than the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is worse than 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.
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	7/16/2021	7/15/2021	7/15/2021

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

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
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 Inpatient Diabetes	Certification	11/19/2022	11/18/2022	11/18/2022
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Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
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 Joint Replacement - Hip	Certification	2/10/2023	12/8/2022	12/8/2022
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 Joint Replacement - Knee	Certification	2/10/2023	12/9/2022	12/9/2022
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Other Accredited Programs/Services

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

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2021 National Patient Safety Goals		 *
	National Quality Improvement Goals:		
Reporting Period: Jan 2021 - Dec 2021	Perinatal Care	 ²	 ²



Locations of Care

* Primary Location

Locations of Care	Available Services
Northern Utah Healthcare Corporation DBA: St. Mark's Surgery Center at 45th South 348 E. 4500 S., Suite 100 Salt Lake City, UT 84107	Services: <ul style="list-style-type: none"> • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
Northern Utah Healthcare Corporation * DBA: St. Mark's Hospital 1200 East, 3900 South Salt Lake City, UT 84124	Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Inpatient Diabetes Joint Commission Certified Programs: <ul style="list-style-type: none"> Joint Replacement - Hip Joint Replacement - Knee Services: <ul style="list-style-type: none"> 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) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) 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) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Neurosurgery (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) Plastic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) Sterile Medication Compounding (Inpatient) Surgical Unit (Inpatient) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
Northern Utah Healthcare Corporation DBA: St. Mark's Hospital Millcreek Imaging Center 3738 South 900 East Salt Lake City, UT 84106	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services
Northern Utah Healthcare Corporation DBA: St. Mark's Hospital Taylorsville Emergency Center 2675 West Taylorsville Blvd. Taylorsville, UT 84129	Services: <ul style="list-style-type: none"> Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)
Northern Utah Healthcare Corporation DBA: St. Mark's Hospital Outpatient Senior Health Center 1275 E. Fort Union Blvd., Suite 150 Cottonwood Heights, UT 84047	Services: <ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)
Northern Utah Healthcare Corporation DBA: St. Mark's Hospital West Valley Emergency Center 5668 West 3100 South West Valley City, UT 84128	Services: <ul style="list-style-type: none"> Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)



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.

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
	Reconciling Medication Information	
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	



National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

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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

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.		34%	26%	25%	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.	 0% of 46 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.	 33% of 399 eligible Patients	71%	49%	71%	51%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	 23 per 1000	5	13	5	13

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

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