

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

Svm	ibol	Key
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Footnote Key

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- 2. The Measure Set does not have an overall result.
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- 4. The measure meets the Privacy Disclosure Threshold rule.
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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	12/13/2014	12/12/2014	12/12/2014

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

Certification programs recognized by the Centers for Medicare and Medicaid Services (CMS) Ventricular Assist Device

Advanced Certification Co Programs			Last Full Review Date	Last On-Site Review Date
Stroke Center Ce	ertification	1/20/2017	1/19/2017	1/19/2017
🥝 Ventricular Assist Device Ce	ertification	7/12/2017	7/11/2017	7/11/2017

Other Accredited Programs/Services

- Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))
- Laboratory (Accredited by American Society for Histocompatibility and Immunogenetics (ASHI))

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program 2014 Magnet Award

			Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide	
Hospital	2014National Patient Safety Goals	Ø	*	

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



Summary of Quality Information

		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	2 ²	2 ²
Apr 2016 - Mar 2017	Immunization	1	2 ²
	Perinatal Care	2	2 ²
	Period: Apr 2016 -	Reporting Period: Apr 2016 - Mar 2017 Immunization	Reporting Period: Apr 2016- Mar 2017 Emergency Department Immunization Image: Constraint of the second

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Locations of Care

* Primary Location

Locations of Care	Available Services
Cancer Treatment Center 9090 Wilshire Blvd, 2nd Floor Beverly Hills, CA 90211	Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient)





Locations of Care

* Primary Location



Locations of Care

Locations of Care	Available Services
Cedars-Sinai Medical Center 310 Surgery Center 310 South San Vicente Boulevard Los Angeles, CA 90048	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
Cedars-Sinai Medical Center Mark Goodson Building DBA: Mark Goodson Building 444 San Vicente Boulevard Suite 160 Los Angeles, CA 90048	Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Cedars-Sinai Medical Center Spielberg Building 8723 Alden Drive Los Angeles, CA 90048	Services: • Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Cedars-Sinai Medical Office Tower 8635 West Third Street Los Angeles, CA 90048	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Cedars-Sinai Medical Office Tower 8631 West Third Street Los Angeles, CA 90048	 Services: Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient)
Thalians 8730 Alden Drive Los Angeles, CA 90048	Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
The Pavillion 127 S. San Vicente Boulevard Los Angeles, CA 90048	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)



2014 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	\bigotimes
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	\bigotimes
Use Alarms Safely	Use Alarms Safely on Medical Equipment	(() ()
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	\bigotimes
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଭ</u> ତ୍ତର ୧
	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	\bigotimes
	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.



National Quality Improvement Goals

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erformance is e/value.				Accredited O	
	М	leasure Area	Explanation	Nationwide	Statewide
N 7		mergency epartment	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	™ ²	1 2

		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:
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.	2 135.00 minutes 467 eligible Patients	55.00	129.00	74.99	173.51
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 348.00 minutes 467 eligible Patients	205.00	316.00	249.90	378.31

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National Quality Improvement Goals

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			to other Joint nission
		Accredited Organizations	
		N N N	Statewide
Measure Area	Explanation	Nationwide	Statewide

		Compared to other Joint Commission Accredited Organizations				n	
		Nationwide			State	Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Average Rate:	
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	92% of 529 eligible Patients	100%	94%	100%	94%	

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DBA: Cedars-Sinai Medical Center, 8700 Beverly Blvd., Los Angeles, CA



National Quality Improvement Goals

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Not displayed	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				n
		Nationwide State				
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 127 eligible Patients	100%	98%	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.	2% of 529 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.	67% of 5561 eligible Patients	74%	53%	80%	64%



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