Quality Check®

Org ID: 9792

Accreditation Quality Report





Version: 8 Date: 9/8/2017



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 Symbol Key

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Cedars-Sinai Health System

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

Org ID: 9792







Summary of Quality Information

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 Programs	Certification Decision	Effective Date	Last Full Review Date	w Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	1/20/2017	1/19/2017	1/19/2017
Ventricular Assist Device	Certification	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

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

Compared to other Joint Commission Accredited Organizations

Nationwide Statewide

Hospital

2014National Patient Safety Goals

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

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

Org ID: 9792







Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	№ ²	2	
Jan 2016 - Dec 2016	Immunization	(40) 2	№ 2	
	Perinatal Care	2	ND 2	
	Stroke Care	2	ND 2	
	Venous Thromboembolism (VTE)	²	2	

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Symbol Key

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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:

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Locations of Care

* Primary Location

Locations of Care

Cedars - Sinai Health System * DBA: Cedars - Sinai Medical Center 8700 Beverly Boulevard Los Angeles, CA 90048

Available Services

Joint Commission Advanced Certification Programs:

- Advanced Comprehensive Stroke Center
- Ventricular Assist Device

Services:

- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (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)
- Medical ICU (Intensive Care Unit)

- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- 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)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Transplant Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

Cedars-Sinai Comprehensive Transplant Center 8900 Beverly Blvd Los Angeles, CA 90048

Services:

- Administration of High Risk Medications (Outpatient)
- Outpatient Clinics (Outpatient)

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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)

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2014 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."

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	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
Use Alarms Safely	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	Ø
	Preventing Central-Line Associated Blood Stream Infections	Ø
	Preventing Surgical Site Infections	<u> </u>
	Preventing Catheter-Associated Urinary Tract Infection	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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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Commission		
		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.	ND 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide		State	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.	126.00 minutes 386 eligible Patients	54.00	126.00	64.00	163.85
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.	343.00 minutes 386 eligible Patients	203.00	313.00	243.52	369.05

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital	Top 10%	Average	Top 10% Scored	Average
		Results	Scored at Least:	Rate:	at Least:	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.	88% of 533 eligible Patients	100%	94%	100%	95%

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Accredited Organizations Measure Area Statewide Explanation Nationwide Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

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			Accredit Nationwide	eu Organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
			at Least:		at Least:	
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 138 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 562 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 5678 eligible Patients	75%	53%	81%	64%

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National Quality Improvement Goals

This organization achieved the best possible results Reporting Period: January 2016 - December 2016

Compared to other Joint Commission

Accredited Organizations

Measure Area

Explanation

Nationwide

Stroke Care

This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

			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:
	Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	98% of 46 eligible Patients	100%	90%	100%	94%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	№ 2	№ 2

		Compared to other Joint Commission Accredited Organizations					
		Nationwide			State	Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	97% of 77 eligible Patients	100%	93%	100%	95%	

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