Quality Check®

Org ID: 9792







Version: 7 Date: 6/24/2019



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

ossible results.

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Not displayed

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sample of patients.

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Footnote Key

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National Quality Forum Endorsement.

11. There were no eligible patients that met the denominator criteria.

10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting

This organization achieved the best

This organization's performance is above the target range/value.

This organization's performance is similar to the target range/value.

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This Measure is not applicable for this

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
Mospital	Accredited	10/28/2017	10/27/2017	12/8/2017

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	v Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	3/2/2019	3/1/2019	3/1/2019
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 2017National Patient Safety Goals

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

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Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	№ 2	№ 2	
Jan 2018 - Dec 2018	Immunization	ND 2	ND ²	
	Perinatal Care	ND 2	ND 2	

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Symbol Key

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- Not displayed

Footnote 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)
- 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)
- Medical ICU (Intensive Care Unit)
- Neuro/Spine ICU (Intensive Care Unit)

- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Non-Sterile Medication Compounding (Inpatient)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Nuclear Pharmacy (Inpatient)
- 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)
- Sterile Medication Compounding (Inpatient)
- 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)

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Locations of Care

Locations of Care	Available Services
Cedars-Sinai Comprehensive Transplant Center 8900 Beverly Blvd Los Angeles, CA 90048	Services: Administration of High Risk Medications (Outpatient) Outpatient Clinics (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:
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)
Coach For Kids 8723 Alden Drive Los Angeles, CA 90048	Services: • Outpatient Clinics (Outpatient)
Thalians 8730 Alden Drive Los Angeles, CA 90048	Services: • Outpatient Clinics (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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2017 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	8
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	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	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 2018 - December 2018

		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.	2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		l N	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.	159.00 minutes 636 eligible Patients	56.00	137.00	77.10	187.34
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.	370.00 minutes 636 eligible Patients	207.00	321.00	254.46	378.50

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National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Explanation Statewide **Immunization** This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10%	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.	96% of 541 eligible Patients	100%	94%	99%	94%

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National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

Compared to other Joint

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2	

		Соі	mpared to d	other Joint	Commissio	on
			Accredit	ed Organiz	ations	
			Nationwide			ewide
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.	98% of 103 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.	4% of 329 eligible Patlents	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.	63% of 5098 eligible Patients	73%	52%	80%	63%

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