

County of Los Angeles Auditor Controller DBA: Los Angeles County+University of Southern CA Medical Center, 1200 North State Street. IPT C2K100, Los Angeles, CA

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

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
Ø Ambulatory Care	Accredited	7/30/2018	6/5/2018	6/5/2018
🎯 Hospital	Accredited	1/28/2017	1/27/2017	9/7/2017

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Revie Date	w Last On-Site Review Date
orimary Stroke Center	Certification	12/19/2018	12/18/2018	12/18/2018
Certified Programs	Certification Decision	Effective Date	Last Full Revie Date	w Last On-Site Review Date
🥝 Asthma, Pediatrics	Certification	3/6/2018	3/5/2018	3/5/2018

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		
Ambulatory Care	2018National Patient Safety Goals	\bigotimes	<u>*</u>	
Hospital	2017National Patient Safety Goals	\odot	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	2 ²	1	
Apr 2018 - Mar 2019	Hospital-Based Inpatient Psychiatric Services	2 ²	NO ²	
	Perinatal Care	2 ²	ND ²	

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

Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is below 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.

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Locations of Care

* Primary Location

* Primary Location					
Locations of Care	Available Services				
	Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Commission Certified Programs: Asthma, Pediatrics Services: Allergen Extract (Inpatient) Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Brachytherapy (Imaging/Diagnostic Services) Burn Unit (Inpatient) Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiotovascular Unit (Inpatient) Pediatric Cardiothoracic Surgery (Inpatient - Child/Youth) Pediatric Dentistry) (Outpatient - Child/Youth) Pediatric Dentistry) (Outpatient - Child/Youth)				
	 Cardiothoracic Surgery (Surgical Services) Cardiovascular Unit (Inpatient) Community Integration (Non 24 Hour Care) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) Eating Disorders (Outpatient) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Eating Disorders (Outpatient) Eastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gi or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Hematology/Oncology Unit Child/Youth) Pediatric Castroenterology (Surgical Services) Gi or Endoscopy Lab (Inpatient - Child/Youth) Pediatric Cophthalmology (Inpatient - Child/Youth) Pediatric Coral/Maxofacial Surgery (Inpatient - Child/Youth) Pediatric Child/Youth) Pediatric Child/Youth) Pediatric Coral/Maxofacial Surgery (Inpatient - Child/Youth) Pediatric Child/Youth) 				
	 (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Pediatric Otolaryngology) (Inpatient - Child/Youth) Pediatric Plastic Surgery) (Inpatient - Child/Youth) Pediatric Plastic Surgery) (Inpatient - Child/Youth) Pediatric Linit (Inpatient) 				

Pediatric Unit (Inpatient)

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Locations of Care

Primary Location	
Locations of Care	Available Services
	 Magnetic Resonance Imaging (Imaging/Diagnostic Services) Mammography 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) Nuclear Sprices) Nuclear Pharmacy (Inpatient) Surgical Unit (Inpatient) Surgical Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
County of Los Angeles Auditor Controller DBA: LAC+USC Medical Center - Hawkins 1720 E. 120th St. Los Angeles, CA 90059	 Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care)

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2018 National Patient Safety Goals

Ambulatory Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø
	Preventing Surgical Site Infections	\bigcirc
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	Ø
	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.

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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	\bigcirc
	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> ୍ତ୍ର 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.

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National Quality Improvement Goals

			·	
ne best	Reporting Per	riod: April 2018 - March 2019		
nce is		*		
ince is lue.			Compared to Comm	
ince is			Accredited C	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				n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	ď	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.	2 151.00 minutes 669 eligible Patients	55.00	136.00	78.35	186.52

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

This information can also be viewed at www.hospitalcompare.hhs.gov

--- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
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 Not displayed

Footnote Key

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- **3.** The number of patients is not enough for comparison purposes.
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- 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.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible rationts that me
- **1.** There were no eligible patients that met the denominator criteria.

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This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

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

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Average

Rate:

94%



National Quality Improvement Goals

Reporting Per			
		Comm	o other Joint hission Drganizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	™ ²

2.	reported. The Measure Set does not have an			Co	mpared to o			on
	overall result.				Accreait Nationwide	ed Organiz	zations State	ewic
3. 4.	The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Av F
8. 9. 10. 11.	The organization scored above 90% but was below most other organizations.	Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,	100% of 311 eligible Patients	100%	95%	100%	

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

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

the patient recover.

housing, etc. which are used to help

This information can also be viewed at www.hospitalcompare.hhs.gov

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ar	oril 2018 - March 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr		ganizations	
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		(2	№ ²	
The Measure or Measure Set was not reported.				Co	mpared to o Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.				ľ	Nationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	Assessment of violence substance use disorder, trauma and patient stren completed - Children (1 years)	r, engths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for		di Leasi.		di Leasi.	

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."

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

the patient recover.

patients are likely to harm

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

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

100%

100%

100% of

11 eliaible

Patients

95%

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National Quality Improvement Goals

Reporting Per	iod: April 2	2018 - March 2019					
Measure Area		Explanation			npared to c Commiss edited Org de	sion	e
Hospital-Based Inpatient Psychiatric Services		ry of evidenced based measures assesses the ity of care given to psychiatric patients.			2	1	
				npared to c Accredite lationwide	other Joint ed Organiz	ations	on ewide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years)	; ad ngths sc : (13-17 ott ps vic pa the ris	his measure reports the number of dolescent age (13-17 years) creened for violence risk to self and hers, substance and alcohol use, sychological trauma history and atient strengths. Screening for olence risk to self determines if atients are likely to harm emselves. Screening for violence sk to others determines if patients e likely to harm others. Screening	G				

Symbol Key

0	This organization achieved the best possible results
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	This organization's performance is similar to the target range/value.
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Footnote Key

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- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. 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."

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

the patient recover.

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed. 100%

100% of

129 eligible

Patients

95%

100%

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ND

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11

was below mo The Measure r valid. 7.

10. Test Measure:

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	oril 2018 - March 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accre	edited Org	ganizations	
Not displayed	Measure Area		Explanation		Nationwid	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	⊘ ²	
Footnote Key	00111003							
The Measure or Measure Set was not reported.			1	Cor	mpared to of Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				N	Vationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	Assessment of violence substance use disorder, trauma and patient strer completed - Adult (18-64 years)	r, engths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm				di Louei.	

• The number of patients is not enough for comparison purposes.	Measure	Explanation	Results
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their	00% of 153 eligible Patients

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

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the patient recover.

feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

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

100%

95%

100%

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National Quality Improvement Goals

Reporting Per	iod: April 2018 - March 2019					
			Accre		sion anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measu overall quality of care given to psychiatri		0	2	∞ ²	
			mpared to c Accredite	other Joint ed Organiz	zations	on wide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Assessment of violence substance use disorder, trauma and patient strer completed - Older Adult years)	ngths older adult (>= 65 years) screene	ed s, ce nts				

100% of

18 eliaible

Patients

100%

94%

100%

95%

Symbol Key

This organization achieved the be ossible results This organization's performance Ð above the target range/value. This organization's performance Ø imilar to the target range/value. This organization's performance below the target range/value. ot displayed

Footnote Key

- 1. The Measure or Measure Set was reported.
- 2. The Measure Set does not have a overall result.
- 3. The number of patients is not enfor comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 9 was below most other organization
- 6. The Measure results are not stati valid.
- 7. The Measure results are based or sample of patients.
- 8. The number of months with Mea data is below the reporting requir
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
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- the denominator criteria.

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the patient recover.

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

determines if patients need help for

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lives which have left them fearful or

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This organization achieved the best possible results	Reporting Period: Ap	ril 2018 - March 2019					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Com	npared to c Commiss		
O This organization's performance is below the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation tegory of evidenced based measures as		Nationwi	de	Statewid	e
Footnote Key		quality of care given to psychiatric patie		(2	№ ²	
1. The Measure or Measure Set was not reported.			Cor	npared to c Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.		_		lationwide		State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
4. The measure meets the Privacy	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	100% of 4 eligible Patients	100%	62%	100%	52%
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.''	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	1	100%	48%	3	3



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National Quality Improvement Goals

			to other Joint nission
		Accredited	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	⊘ ²

		Accredited Organizations					
		Nationwide			State	atewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication s to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ⁴	100%	53%	100%	48%	

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-- Null value or data not displayed.

Symbol Key

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- 7. The Measure results are based on a sample of patients.
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- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

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County of Los Angeles Auditor Controller

DBA: Los Angeles County+University of Southern CA Medical Center, 1200 North State Street. IPT C2K100, Los Angeles, CA



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	od: Ap	ril 2018 - March 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwid	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	O ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Cor	mpared to of	other Joint (ed Organiz		'n
The Measure Set does not have an			,	ľ	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Multiple Antipsychotic Medications at Discharge Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an expression interfection.					

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a

group of drugs used to treat

psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

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."

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

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100% of

3 eligible

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64%

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suppressed pending result updated data. 10. Test Measure: a measure

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results This organization's performance is	Reporting Per	riod: Ap	ril 2018 - March 2019					
This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed	Measure Area Hospital-Based Inpatient Psychiatric		Explanation tegory of evidenced based measures as quality of care given to psychiatric patier				sion	e
Footnote Key	Services				~		~	
 The Measure or Measure Set was not reported. The Measure Set does not have an 					npared to o Accredite lationwide	other Joint (ed Organiz	ations	on
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:		
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	on Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3	100%	54%	100%	48%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	O 11.73 (5528 Total Hours in Restraint)	N/A	0.48	N/A	1.05

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The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

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National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting Per	iod: April 2018 - March 2019		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Dan Amerika IZ ana	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	⊘ ²
Footnote Key				
The Measure or Measure Set was not		Col	mpared to other Jo	int Commissio

		Compared to other Joint Commission Accredited Organizations				on
		Ν	lationwide			ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.24 (1 Total Hours in Restraint) ³	N/A	0.37	N/A	0.40
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	7.94 (504 Total Hours in Restraint)	N/A	0.26	N/A	0.32



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National Quality Improvement Goals

Reporting Per	iod: April 2018 - March 2019		
		Compared to Comm Accredited C	nission
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	1

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	12.88 (5017 Total Hours in Restraint)	N/A	0.55	N/A	1.21
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.40 (6 Total Hours in Restraint) ³	N/A	0.14	N/A	0.18
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	6.82 (3215 Total Hours in Seclusion)	N/A	0.37	N/A	0.48

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This organization achieved the best possible results
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Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.
- 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.
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For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''**

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National Quality Improvement Goals

This organization achieved the best possible results This organization's performance is above the target range/value.	Reporting Per	iod: April 2018 - March 2019		
This organization's performance is similar to the target range/value. This organization's performance is below the target range/value.			Comn	o other Joint nission Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	@ ²

		Compared to other Joint Commission Accredited Organizations				
		N	Jationwide	eu Organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.60	N/A	0.19
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	01.01 (64 Total Hours in Seclusion)	N/A	0.22	N/A	0.18
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	8.00 (3118 Total Hours in Seclusion)	N/A	0.42	N/A	0.55
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	2.33 (33 Total Hours in Seclusion) ³	N/A	0.04	N/A	0.06



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National Quality Improvement Goals

Reporting Pe	eriod: April 2018 - March 2019		
			o other Joint nission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ 2	0 ²

		Cor	npared to c Accredit	other Joint ed Organiz		on	
			lationwide			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.	100% of 16 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.	0% of 11 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.	68% of 164 eligible Patients	73%	52%	81%	63%	



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