

#### 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

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



# **Summary of Quality Information**

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	y Last On-Site
		Date	Date	Survey Date
Ambulatory Care	Accredited	10/12/2019	10/11/2019	10/11/2019
🎯 Hospital	Accredited	1/28/2017	10/11/2019	10/29/2019

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	w Last On-Site Review Date
o Primary Stroke Center	Certification	12/19/2018	12/18/2018	12/18/2018
Certified Programs	Certification Decision	Effective Date	Last Full Review 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	2019National Patient Safety Goals	$\bigotimes$	<u>*</u>
Hospital	2019National Patient Safety Goals	$\odot$	<b>*</b>
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	@ <sup>2</sup>	<b>1</b>
Jul 2018 - Jun 2019	Hospital-Based Inpatient Psychiatric Services	2 <sup>2</sup>	<b>NO</b> <sup>2</sup>
	Perinatal Care	2 <sup>2</sup>	<b>NO</b> <sup>2</sup>

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.

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



# **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)
	<ul> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Eating Disorders (Outpatient)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Eating Disorders (Outpatient)</li> <li>Eastroenterology (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gi or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Hematology/Oncology Unit</li> <li>Child/Youth)</li> <li>Pediatric Castroenterology (Surgical Services)</li> <li>Gi or Endoscopy Lab (Inpatient - Child/Youth)</li> <li>Pediatric Cophthalmology (Inpatient - Child/Youth)</li> <li>Pediatric Coral/Maxofacial Surgery (Inpatient - Child/Youth)</li> <li>Pediatric Child/Youth)</li> <li>Pediatric Child/Youth)</li> <li>Pediatric Coral/Maxofacial</li> <li>Surgery (Inpatient - Child/Youth)</li> <li>Pediatric Child/Youth)</li> <li>Pediatr</li></ul>
	<ul> <li>(Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Pediatric Otolaryngology) (Inpatient - Child/Youth)</li> <li>Pediatric Plastic Surgery) (Inpatient - Child/Youth)</li> <li>Pediatric Plastic Surgery)</li> <li>(Inpatient - Child/Youth)</li> <li>Pediatric Linit (Inpatient)</li> </ul>

Pediatric Unit (Inpatient)

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



# **Locations of Care**

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

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



# **2019 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	$\bigcirc$
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	Ø
	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.

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



# **2019 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	$\bigotimes$
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 Infections that are difficult to treat	$\bigotimes$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	$\bigotimes$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigotimes$
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	$\bigotimes$
	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.

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



# **National Quality Improvement Goals**

	Reporting Per	riod: July 2018 - June 2019		
			Comm	o other Joint hission Organizations
Me	easure Area	Explanation	Nationwide	Statewide
	nergency epartment	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>O</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				n
		١	Vationwide		State	ewide
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.	COD <sup>2</sup> 156.00 minutes 619 eligible Patients	55.00	135.00	79.09	187.52

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.
 This organization's performance is below the target range/value.
 Not displayed

#### **Footnote Key**

- 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.
- 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.

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



# **National Quality Improvement Goals**

Reporting Per	iod: July 2018 - June 2019		
			o other Joint
Measure Area	Explanation	Commission Accredited Organization Nationwide Statewi	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	@ <sup>2</sup>

		Coi	mpared to o Accredit	other Joint ed Organiz		on
		1	lationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
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, housing, etc. which are used to help the patient recover.	99% of 320 eligible Patients	100%	95%	100%	95%

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.
 Not displayed

#### **Footnote Key**

- 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.
- 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.
- 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.

### 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	Reporting Per	iod: Jul	y 2018 - June 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.						npared to o Commiss	sion	
below the target range/value.					Accr Nationwi	edited Org		
Not displayed		Measure Area Explanation					Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services					2	<b>№</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz		on
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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	ngths	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 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,	00% of 12 eligible Patients	100%	95%	100%	99%

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.

housing, etc. which are used to help

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

Ð

 $\oslash$ 

e

ND

1.

2.

3.

4.

5.

6.

8.

9.

#### 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 Per	iod: Jul	y 2018 - June 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					
Not displayed	Measure Area	Measure Area Explanation						e
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Hospital-BasedThis category of evidenced based measures assesses the overall quality of care given to psychiatric patients.					<b>⊘</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide			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:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		at Least.		at Least.	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	adolescent age (13-17 years) screened for violence risk to self and					
The Measure results are not statistically valid.	completed - Adolescent years)	t (13-17	others, substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of updated data.			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	Ð	100%	96%	100%	99%
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			determines if patients need help for their use. Screening for psychological trauma history	99% of 132 eligible Patients	10070	90 %	10070	9970

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.

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,

housing, etc. which are used to help

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

### 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	Reporting Peri	iod: Jul	y 2018 - June 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commise		
below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services					2	<b>№</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz		on
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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Assessment of violence substance use disorder, trauma and patient strer completed - Adult (18-64 years)	ngths	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 feelings. Screening for patient strengths identifies positive things such as family support, a steady job,	00% of 144 eligible Patients	100%	95%	100%	93%

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.

housing, etc. which are used to help

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

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



# **National Quality Improvement Goals**

Reporting Perio	od: July 2018 - June 2019					
	Explanation This category of evidenced based measu overall quality of care given to psychiatric		Compared to other Joint CommissionAccredited OrganizationsNationwideStatewideImage: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2"NationwideStatewideImage: Colspan="2">Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2" </th			
			mpared to o Accredit Nationwide	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Assessment of violence r substance use disorder, trauma and patient streng completed - Older Adult ( years)	older adult (>= 65 years) screene for violence risk to self and others	ed s, for for ir s job,	100%	94%	100%	96%

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.
 Not displayed

#### **Footnote Key**

- 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.
- 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.
- 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 me 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.

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

### 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 Perio	od: July	y 2018 - June 2019										
This organization's performance is			, 2010 - 0110 - 017										
above the target range/value. This organization's performance is similar to the target range/value.					Com	npared to c Commise							
O This organization's performance is below the target range/value.		Accredited Organizations											
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e					
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>						
1. The Measure or Measure Set was not				Cor	mpared to c	other Joint	Commissic	n					
<ul><li>reported.</li><li>2. The Measure Set does not have an</li></ul>					Accredit	ed Organiz	ations						
overall result.	Measure		Explanation	Hospital	Vationwide Top 10%	Average	Top 10%	wide Average					
3. The number of patients is not enough for comparison purposes.			·	Results	Scored at Least:	Rate:	Scored at Least:	Rate:					
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	e with	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%	51%					
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	e with	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 medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>600</b> 3	100%	49%	3	3					



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

0

 $\oslash$ 

e

ND

1.

2.

### 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				
organization achieved the best sible results	Reporting Per	riod: July 2018 - June 2019		
s organization's performance is vertice to be the second				
is organization's performance is nilar to the target range/value.			Com	pared to other Joint Commission
his organization's performance is elow the target range/value.			Accre	edited Organizations
ot displayed	Measure Area	Explanation	Nationwic	de Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	ses the	2 2
Footnote Key	Services			
he Measure or Measure Set was not ported.				other Joint Commission ed Organizations
he Measure Set does not have an			Nationwide	State
rerall result.	Measure	Explanation He	ospital Top 10%	Average Top 10%

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. The Measure results are not statistically
- valid.
- 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."

			Accredit	ed Organiz		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		1	Vationwide		State	wide
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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	4	100%	49%	100%	46%

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.

Ð

Ø

1. reported.

2.

3.

4.

5.

6.

#### 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 Per	iod: Jul	ly 2018 - June 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Corr	npared to o Commiss		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>⊘</b> <sup>2</sup>	
Footnote Key	Controct							
The Measure or Measure Set was not reported.				Col	ompared to other Joint Commission Accredited Organizations			
The Measure Set does not have an overall result.				1			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.	Multiple Antipsychotic		This measure reports the number of		at Least.		di Leasi.	
The organization scored above 90% but was below most other organizations.	Medications at Discharg Appropriate Justification		patients age 18 through 64 years discharged on two or more					
The Measure results are not statistically valid.	Adults Age 18 - 64		antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a					
The Measure results are based on a sample of patients.			group of drugs used to treat					

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.

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

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

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

illness that markedly interferes with a

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

Null value or data not displayed.

64%

100%

100% of

3 eligible

Patients

100%

51%

updated data. 10. Test Measure: a measure

0

 $\oslash$ 

e

ND

2.

3.

4.

5.

8.

11

### 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 Per	riod: Jul	y 2018 - June 2019					
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area Hospital-Based Inpatient Psychiatric	This cat			sion			
Footnote Key	Services				-			
<ul> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ul>						other Joint ed Organiz	ations	ewide
<ul> <li>The number of patients is not enough for comparison purposes.</li> </ul>	Measure		Explanation	Hospital Results		Average Rate:		
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul>	Multiple Antipsychotic Medications at Dischar Appropriate Justificatio Adults Age 65 and Olde	n 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.	<b>€</b> 3	100%	55%	100%	48%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Rest 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.	0.35 (5167 Total Hours in Restraint)	N/A	0.48	N/A	1.10

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.

### 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 Per	iod: Jul	y 2018 - June 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	This cat overall	tegory of evidenced based measures as quality of care given to psychiatric patie	ssesses the nts.	<b>(10</b>	2	<b>™</b> 2	
Footnote Key 1. The Measure or Measure Set was not				Co	mpared to c	other loint	Commissio	n
reported. 2. The Measure Set does not have an					Accredit	ed Organiz	ations	
overall result.	Measure		Explanation	N Hospital	Vationwide Top 10%	Average	State	wide Average
<b>3.</b> The number of patients is not enough for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Hours of Physical Restr Use Children Age 1 - 12	2	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. This measure reports the number of	5.87 (23 Total Hours in Restraint) <sup>3</sup>	N/A	0.39	N/A	0.43
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Adolescents Age 1		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.	8.45 (583 Total Hours in Restraint)	N/A	0.27	N/A	0.35



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. \_\_\_\_

0

 $\oslash$ 

e

ND

1. reported.

2.

#### 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 Per	iod: Jul	y 2018 - June 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		
This organization's performance is					Accr	edited Org		
below the target range/value.	Measure Area		Explanation		Nationwi	Ŭ	Statewide	e
	Hospital-Based Inpatient Psychiatric	Hospital-Based This category of evidenced based measures assesses the				@ <sup>2</sup>		
Footnote Key	OCIVICES							
<ul> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ul>						other Joint ed Organiz	ations	
overall result.	Measure		Evalenction		lationwide	Auerogo		wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ul>	Hours of Physical Restr Use Adults Age 18 - 64	raint	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.	H1.28 (4523 Total Hours in Restraint)	N/A	0.56	N/A	1.27
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.''	Hours of Physical Restr Use Older Adults Age 6 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	1.48 (38 Total Hours in Restraint) <sup>3</sup>	N/A	0.12	N/A	0.15

Hours of Seclusion Use per 1000 Patient Hours - Overall Rate

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

patient's medical or psychiatric

This measure reports the total hours

patients were kept in seclusion for

every 1,000 hours of patient care.

confinement of a patient alone in a

room or an area where the patient is physically prevented from leaving.

Seclusion is the involuntary

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

condition.

Null value or data not displayed.

0.40

N/A

0.52

Θ

6.91

(3448 Total Hours in Seclusion)

N/A

3. The number of patients is no for comparison purposes. 4. The measure meets the Priva Disclosure Threshold rule. 5. The organization scored abo was below most other organ 6. The Measure results are not valid. The Measure results are bas

- sample of patients. 8. The number of months with
- data is below the reporting r 9. The measure results are tem
- suppressed pending resubmi updated data.
- 10. Test Measure: a measure bei evaluated for reliability of th individual data elements or a National Quality Forum End 11
- There were no eligible patier the denominator criteria.

### 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 Per	iod: Jul	y 2018 - June 2019					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commise		
This organization's performance is		Accredited Organizations						
below the target range/value.	Measure Area		Explanation				Statewide	2
	Hospital-Based	This cat	tegory of evidenced based measures as	ssesses the				, 
Footpoto Voy	Inpatient Psychiatric Services		quality of care given to psychiatric patie		<b></b>	2	<b>™</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not				Со	mpared to c	other Joint	Commissic	'n
reported. The Measure Set does not have an					Accredited Organizations			
overall result.	Measure		Explanation	N Hospital	Nationwide	Average	State Top 10%	
The number of patients is not enough for comparison purposes.	Medsure		Explanation	Results	Scored	Rate:	Scored	Rate:
• The measure meets the Privacy	Hours of Seclusion Use		This measure reports the number of		at Least:		at Least:	
<ul> <li>Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure</li> </ul>	Children Age 1 - 12		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.	2.31 (9 Total Hours in Seclusion) <sup>3</sup>	N/A	0.60	N/A	0.18
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.	Hours of Seclusion Use Adolescents Age 13 - 1		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.	0.38 (26 Total Hours in Seclusion)	N/A	0.22	N/A	0.20
For further information and explanation of the Quality Report contents,	Hours of Seclusion Use Age 18 - 64	Adults	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.	6.69 (2683 Total Hours in Seclusion)	N/A	0.46	N/A	0.59
refer to the "Quality Report User Guide."	Hours of Seclusion Use Adults Age 65 and Olde		This measure reports the number of hours patients age 65 and older were kent in seclusion for every 1,000	<b>6</b> 3				

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

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

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.

Null value or data not displayed.

<mark>№</mark>0<sup>3</sup>

28.53

(730 Total Hours in

Seclusion)3

N/A

0.07

N/A

0.16

Symbol Kev

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

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

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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 measure meets the Privacy Disclosure Threshold rule.

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

### 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 P	eriod: July 2018 - June 2019			
This organization's performance is above the target range/value.					
This organization's performance is similar to the target range/value.			Compared to other Joint Commission		
O This organization's performance is below the target range/value.			Accredited Organizations		
m Not displayed	Measure Area	Explanation	Nationwide	Statewide	
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>⊘</b> <sup>2</sup>	<b>№</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	lationwide Top 10% Scored	Average Rate:	State Top 10% Scored	ewide 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.	00% of 9 eligible Patients	at Least: 100%	98%	at Least: 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.	74% of 165 eligible Patients	73%	52%	82%	63%



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. \_\_\_\_