DBA: LAC+USC Medical Center,

1200 North State Street. IPT C2K100, Los Angeles, CA

Org ID: 9931

Accreditation Quality Report





Version: 5 Date: 7/22/2021

DBA: LAC+USC Medical Center, 1200 North State Street. IPT C2K100, Los Angeles, CA

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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.

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Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | y Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|-----------------------|-------------------------------|
| Ambulatory Care | Accredited | 10/12/2019 | 10/11/2019 | 10/11/2019 |
| Hospital | Accredited | 3/13/2021 | 10/11/2019 | 7/9/2021 |

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

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | v Last On-Site Review Date |
|---------------------------------|-------------------------------|-------------------|-----------------------|-------------------------------|
| Primary Stroke Center | Certification | 4/7/2021 | 4/6/2021 | 4/6/2021 |
| Certified Programs | Certification Decision | Effective Date | Last Full Review Date | v Last On-Site Review Date |
| Asthma, Pediatrics | Certification | 2/15/2020 | 2/14/2020 | 2/14/2020 |

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 | Ø | N/A * |
| Hospital | 2021National Patient Safety Goals | Ø | N/A * |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | № 2 | ND ² |
| Jan 2019 - Dec 2019 | Hospital-Based Inpatient Psychiatric Services | ND 2 | ND 2 |
| | Perinatal Care | ND 2 | ND 2 |

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

Symbol Key

- This organization achieved the best possible results.
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- This Measure is not applicable for this
- organization.
- Not displayed

Footnote Key

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- 3. The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
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Locations of Care

* Primary Location

Locations of Care

County of Los Angeles Auditor Controller * DBA: LAC+USC Medical Center 1200 North State Street, IPT C2K100 Los Angeles, CA 90033

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)
- 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)
- Family Support (Non 24 Hour Care)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)Hazardous Medication
- Compounding (Inpatient)Hematology/Oncology Unit
- Hematology/Oncology Uni (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)

- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Cardiology (Inpatient - Child/Youth)
 (Outpatient - Child/Youth)
- Pediatric Cardiothoracic Surgery (Inpatient -Child/Youth)
- Pediatric Dentistry)
 (Outpatient Child/Youth)
- Pediatric Dermatology)
 (Inpatient Child/Youth)
 (Outpatient Child/Youth)
- Pediatric Emergency Medicine (Outpatient - Child/Youth)
- Pediatric Endocrinology (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Gastroenterology) (Inpatient - Child/Youth)
 (Outpatient - Child/Youth)
- Pediatric General Surgery) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Nephrology)
 (Inpatient Child/Youth)
 (Outpatient Child/Youth)
- Pediatric Neurosurgery (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Ophthalmology (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Oral/Maxofacial Surgery (Inpatient -Child/Youth)
- Pediatric Otolaryngology)
 (Inpatient Child/Youth)
 (Outpatient Child/Youth)

(Outpatient - Child/Youth)

- Pediatric Plastic Surgery) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- ent)
 - Pediatric Unit (Inpatient)

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Locations of Care

| 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) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Nuclear Pharmacy (Inpatient) | Pediatric Urology) (Inpatient - Child/Youth) (Outpatient - Child/Youth) Plastic Surgery (Surgical Services) Positron Emission Tomograph (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Radiation Oncology (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Laboratory) Sleep Studies (Outpatient) Sterile Medication Compounding (Inpatient) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Urlogy (Surgical Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services) |
| ounty of Los Angeles uditor Controller BA: LAC+USC Medical enter - Hawkins 720 E. 120th St. | Services: | |

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2019 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

Ambulatory Care

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

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2021 National Patient Safety Goals

Symbol Key

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The Goal is not applicable for this organization.

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Hospital

| Safety Goals | Organizations Should | Implemented |
|--|---|-------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø |
| Improve the safety of using medications. | Labeling Medications | Ø |
| | Reducing Harm from Anticoagulation Therapy | Ø |
| | Reconciling Medication Information | Ø |
| 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 |
| 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 | Ø |

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | | Commission | | |
|-------------------------|---|--------------------------|------------|--|
| | | Accredited Organizations | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Emergency Department | This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission. | № ² | № 2 | |

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statewide | | | | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| Measure | Explanation | Hospital Results | Top 10% Scored at Most: | Weighte d Median: | Top 10% Scored at Most: | Weighte d Median: |
| Admit Decision Time to ED Departure Time for Admitted Patients | The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit. | 301.00 minutes 588 eligible Patients | 55.00 | 133.00 | 75.73 | 180.51 |



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

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Compared to other Joint

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint Commission Accredited Organizations

| | | 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 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|--|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | | wide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average 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. | 98% of 343 eligible Patients | 100% | 95% | 100% | 95% |

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint
Commission
Accredited Organizations

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|---|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide | | | State | wide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years) | 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, housing, etc. which are used to help the patient recover. | 100% of 16 eligible Patients | 100% | 96% | 100% | 99% |

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint Commission

Accredited Organizations

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

| | | Соі | mpared to o Accredit | other Joint ed Organiz | | on |
|--|--|------------------------------------|-------------------------|---------------------------|-----------|---------|
| | | 1 | Nationwide | | State | ewide |
| Measure | Explanation | Hospital | | Average | Top 10% | Average |
| | | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | at Least: | |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years) | This measure reports the number of adolescent age (13-17 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, housing, etc. which are used to help | 98% of 136 eligible Patients | 100% | 96% | 100% | 99% |

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

the patient recover.

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint
Commission
Accredited Organizations
Nationwide Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

Explanation

№ 2



Footnote Key

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| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|---|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewide | | | wide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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 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 157 eligible Patients | 100% | 95% | 100% | 94% |

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint **Accredited Organizations** Nationwide Statewide

Org ID: 9931

№ 2

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| | | Соі | mpared to o | ther Joint ed Organiz | | n |
|---|--|-----------------------------|--------------------------------|--------------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | State | wide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) | This measure reports the number of older adult (>= 65 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, housing, etc. which are used to help the patient recover. | 97% of 34 eligible Patients | 100% | 95% | 100% | 97% |

Explanation

This category of evidenced based measures assesses the

overall quality of care given to psychiatric patients.

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

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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

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|--|---|----------------------------------|-----------------------|------------|------------------|-------|
| | | Соі | mpared to d | | | on |
| | | | | ed Organiz | | ewide |
| Measure | Explanation | Hospital | Nationwide Top 10% | Average | Top 10% | |
| | <u> </u> | Results | Scored at Least: | Rate: | Scored at Least: | Rate: |
| 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. | 83% of 6 eligible Patients | 100% | 63% | 97% | 52% |
| 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 medication to one antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine. | € 3 | 100% | 47% | 3 | 3 |

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | | Compared to other Joint Commission | | |
|---|---|------------------------------------|-----------------------|--|
| | | 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 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | | |
|--|---|---|--------------------------------|------------------|--------------------------------|------------------|--|
| | | Nationwide S | | | State | Statewide | |
| 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 to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | № 03 ——— | 100% | 48% | 100% | 52% | |

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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Org ID: 9931

DBA: LAC+USC Medical Center,

1200 North State Street. IPT C2K100, Los Angeles, CA



Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | N | lationwide | | 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 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 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 is also being treated with Clozapine. | 83% of 6 eligible Patients | 100% | 65% | 98% | 52% |

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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

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| | | Соі | mpared to d | other Joint ed Organiz | | on |
| | | Nationwide Statewid | | | | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and 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 to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ₩ D 3 ——— | 100% | 56% | 100% | 50% |
| Hours of Physical Restraint Use per 1000 Patient Hours - 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. | 7.58 (3563 Total Hours in Restraint) | N/A | 0.48 | N/A | 1.13 |

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint
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lationwide Statewide

Org ID: 9931

| | | 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. | ND 2 | № 2 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewic | | | | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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. | 27.24 (143 Total Hours in Restraint) ³ | N/A | 0.40 | N/A | 0.48 |
| 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. | 7.84 (481 Total Hours in Restraint) | N/A | 0.29 | N/A | 0.35 |

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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

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| | | Cor | mpared to d | other Joint ed Organiz | | on |
| | | | Accredit Nationwide | eu Organiz | | ewide |
| Measure | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | |
| 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. | 8.22 (2899 Total Hours in Restraint) | N/A | 0.56 | N/A | 1.31 |
| 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. | 0.79 (40 Total Hours in Restraint) | N/A | 0.09 | N/A | 0.12 |
| 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. | 7.53 (3542 Total Hours in Seclusion) | N/A | 0.40 | N/A | 0.55 |

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National Quality Improvement Goals

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Reporting Period: January 2019 - December 2019

Compared to other Joint **Accredited Organizations**

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewic | | | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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. | 1.96 (10 Total Hours in Seclusion) ³ | N/A | 0.69 | N/A | 0.12 |
| 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. | 0.69 (42 Total Hours in Seclusion) | N/A | 0.21 | N/A | 0.22 |
| 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. | 7.60 (2683 Total Hours in Seclusion) | N/A | 0.45 | N/A | 0.62 |
| 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. | 15.90 (807 Total Hours in Seclusion) | N/A | 0.08 | N/A | 0.21 |



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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

| | | Соі | npared to c | other Joint ed Organiz | | on |
|---|---|--|------------------|---------------------------|------------------|-------|
| | | Nationwide Statewide | | | | |
| Measure | Explanation | Hospital | | Average | Top 10% | |
| | | Results | Scored at Least: | Rate: | Scored at Least: | 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. | 100% of | 100% | 98% | 100% | 99% |
| Cesarean Birth | Antenatal steroids are steroids given before birth. This measure reports the number of | 11 eligible Patients | | | | |
| Cesalean Bilan | first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section. | ⊕ | 12% | 25% | 12% | 22% |
| 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 19 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. | 70% of 163 eligible Patients | 73% | 51% | 81% | 62% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications. | 3269.00 minutes 734 eligible Patients | | | | |

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National Quality Improvement Goals

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Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statewide | | | | |
|--|---|--|--------------------------------|------------------|--------------------------------|------------------|
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate | This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother. | 5449.00 minutes 734 eligible Patients | | | | |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate | The severe rate equals the number of patients with severe complications. | 2179.00 minutes 734 eligible Patients | | | | |

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