

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.





Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	y Last On-Site Survey Date
o Ambulatory Care	Accredited	10/12/2019	3/1/2023	3/1/2023
🮯 Hospital	Accredited	7/10/2021	3/3/2023	3/3/2023

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review	v Last On-Site Review Date
Primary Stroke Center	Certification	11/10/2022	11/9/2022	11/9/2022
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🥝 Asthma, Pediatrics	Certification	5/14/2022	5/13/2022	5/13/2022

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

		Compared to other Joint Organiz	
		Nationwide	Statewide
Ambulatory Care	2019National Patient Safety Goals	Ø	
Hospital	2021National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services		2 ²
Apr 2020 - Mar 2021	Perinatal Care	NO ²	

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

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•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	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.
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- 7. The Measure results are based on a sample of patients.
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- 9. The measure results are temporarily suppressed pending resubmission of updated data. 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.

2051 Marengo St. IPT C2K100, Los Angeles, CA



Locations of Care

* Primary Location

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Coun	ty o	f Lo	s

Angeles * DBA: LAC+USC Medical Center 2051 Marengo Street, IPT C2K100 Los Angeles, CA 90033

• Primary Stroke Center **Joint Commission Certified Programs:**

Available Services Joint Commission Advanced Certification 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 (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)
- (Outpatient Child/Youth) Pediatric Otolaryngology) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Plastic Surgery) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Unit (Inpatient)

Locations of Care

Org ID: 9931



Locations of Care

Primary Location		
Locations of Care	 Magnetic Resonance Imaging (Imaging/Diagnostic Services) Mammography Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Nuclear Pharmacy (Inpatient) 	 Services Pediatric Urology) (Inpatient - Child/Youth) (Outpatient - Child/Youth) Plastic Surgery (Surgical Services) Positron Emission Tomography (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) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
County of Los Angeles DBA: LAC+USC Medical Center - Hawkins 1720 E. 120th St. Los Angeles, CA 90059	Services: • Behavioral Health (24-hour Acu Adult/Child/Youth) • Community Integration (Non 24 • Family Support (Non 24 Hour C	Hour Care)





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	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this organization.





2021 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
,		
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	\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	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this organization.



National Quality Improvement Goals

Reporting Per	iod: April 2020 - March 2021				
		Compared to Comm	o other Joint iission		
		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.	1 2	@ ²		

		Со	npared to c Accredit	other Joint ed Organiz		on
		١	lationwide	Ű		ewide
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.	97% of 273 eligible Patients	100%	96%	100%	96%

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

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Symbol Key

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

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- 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.

2051 Marengo St. IPT C2K100, Los Angeles, CA



National Quality Improvement Goals

Symbol Key								
This organization achieved the best	Reporting Peri	od: Ap	ril 2020 - March 2021					
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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide	Average	State Top 10%	wide
3. The number of patients is not enough for comparison purposes.	MedSule		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or avaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	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 10 eligible Patients	100%	97%	100%	100%

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

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the patient recover.

housing, etc. which are used to help

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National Quality Improvement Goals

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	⊘ ²	
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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:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years)	ngths	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	96% of 76 eligible Patients	100%	97%	100%	99%

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

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National Quality Improvement Goals

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patie			2	O ²	
ne Measure or Measure Set was not ported.						other Joint ed Organiz	zations	
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he number of patients is not enough r comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
he measure meets the Privacy bisclosure Threshold rule. he organization scored above 90% but as below most other organizations. he Measure results are not statistically alid. he Measure results are based on a ample of patients. he number of months with Measure ata is below the reporting requirement. he measure results are temporarily appressed pending resubmission of pdated data. est Measure: a measure being valuated for reliability of the adividual data elements or awaiting lational Quality Forum Endorsement. here were no eligible patients that met tee denominator criteria.	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	98% of 172 eligible Patients	100%	95%	100%	949

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below the target range/value.	Measure Area		Explanation		Accr Nationwi	edited Org	anizations Statewid	0
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie				²	G
Footnote Key 1. The Measure or Measure Set was not reported. 2. The Measure Set descent here and there and there and there and the Measure Set descent here and the M						other Joint ed Organiz	ations	
 The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. 	Measure		Explanation	N Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
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overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharge 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ³	100%	42%	3	3



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

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	○ ²	
The Measure or Measure Set was not								
reported.			, , , , , , , , , , , , , , , , , , ,	Cor		other Joint (ted Organiz	Commission	
The Measure Set does not have an			,	N	Vationwide	eu Organiz	State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy	Multiple Antipsychotic		This measure reports the number of		at Least:		at Least:	
Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement.	Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	n	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	O				
The measure results are temporarily			person's capacity to meet life's everyday demands Appropriate	100% of	100%	47%	100%	66%

100% of

3 eligible

Patients

- 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
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everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

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for comparison purposes. The measure meets the Privacy			-	results	at Least:	rtate.	at Least:	Rate.
Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data.	Multiple Antipsychotic Medications at Dischar Appropriate Justification Adults Age 18 - 64	0	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	44% of 9 eligible Patients	100%	60%	100%	61%

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11

There were no eligible patients that met the denominator criteria.

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to reduce the number of

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antipsychotic medication or the

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one antipsychotic medication, a plan

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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		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footpote Var	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patient		M	2	⊘ ²	
Footnote Key 1. The Measure or Measure Set was not				Cor	meaned to a	ther laint	Commissis	
reported.				Cor	npared to c Accredit	ed Organiz		n
2. The Measure Set does not have an overall result.	Magaura		Evaluation		lationwide	Average		wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Rate:	Top 10% Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	Older r	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	2 3	100%	55%	100%	72%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use per 1000 Patient He 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.	(6984 Total Hours in Restraint)	N/A	0.8583	N/A	2.3303

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

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

2051 Marengo St. IPT C2K100, Los Angeles, CA



National Quality Improvement Goals

Symbol Key								
 This organization achieved the best possible results This organization's performance is physical target range/value. 	Reporting Peri	iod: Apı	ril 2020 - March 2021					
 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 	Measure Area Hospital-Based		Explanation egory of evidenced based measures as		Accre Nationwie		sion anizations Statewide	
Eastrate Ver	Inpatient Psychiatric Services	overall o	quality of care given to psychiatric patier	nts.		2	∞ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough 	Measure		Explanation	N Hospital	Nationwide Top 10%	ed Organiz Average	zations State Top 10%	ewide Average
for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restra 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.	1.4234 (6 Total Hours in Restraint) ³	N/A	0.3472	N/A	0.1767
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.''	Hours of Physical Restra Use Adolescents Age 13		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.	7.5994 (340 Total Hours in Restraint)	N/A	0.2485	N/A	0.4257



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2051 Marengo St. IPT C2K100, Los Angeles, CA



National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie			2	№ ²	
Footnote Key	Services	overan	quality of care given to psychiatric patie	113.	0		0	
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		n
The Measure Set does not have an overall result.					lationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.	Hours of Physical Restr 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.	O 23.9797 (6638 Total Hours in Restraint)	N/A	1.0605	N/A	2.7249
There were no eligible patients that met the denominator criteria. or further information nd explanation of the puality Report contents, effer to the ''Quality eport 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 patient's medical or psychiatric condition.	0.1321 (3 Total Hours in Restraint) ³	N/A	0.0961	N/A	0.2988
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	9.0963 (3188 Total Hours in Seclusion)	N/A	0.4419	N/A	0.7282

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This organization achieved the best possible results	Reporting Period: App	ril 2020 - March 2021					
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 Commis		
O This organization's performance is below the target range/value.				Accr	edited Org		
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		egory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
Footnote Key 1. The Measure or Measure Set was not reported.			Col	mpared to o Accredit	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.				Nationwide	Ŭ	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Iop 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure 	Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.7117 (3 Total Hours in Seclusion) ³	N/A	0.4020	N/A	0.1958
 and number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	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.	3.1133 (139 Total Hours in Seclusion)	N/A	0.1948	N/A	0.2942
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	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.	A 11.0093 (3046 Total Hours in Seclusion)	N/A	0.5260	N/A	0.8151
refer to the "Quality Report User Guide."	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 provented from leaving	0.0000 (0 Total Hours in Seclusion)	N/A	0.0678	N/A	0.2940



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prevented from leaving.

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Footnote Key

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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.

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National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting P	eriod: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.			the second se	to other Joint mission
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	№ ²

		Со	mpared to c Accredit	other Joint ed Organiz		n
		Ν	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	(16%	25%	16%	23%
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.	27% 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.	64% of 110 eligible Patients	71%	50%	80%	62%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	3541% of 480 eligible Patients	501%	1303%	505%	1356%



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