

# Accreditation Quality Report





Version: 1 Date: 1/11/2024

# County of Los Angeles DBA: Los Angeles General Medical Center, 2051 Marengo St. IPT C2K100, Los Angeles, CA

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.

# County of Los Angeles

DBA: Los Angeles General Medical Center, 2051 Marengo St. IPT C2K100, Los Angeles, CA

Org ID: 9931







## **Summary of Quality Information**

| Accreditation Program | s Accreditation Decision | Effective<br>Date | Last Full Su<br>Date | rvey Last On-Site<br>Survey Date |
|-----------------------|--------------------------|-------------------|----------------------|----------------------------------|
| Ambulatory Care       | Accredited               | 3/2/2023          | 3/1/2023             | 3/1/2023                         |
| Hospital              | Accredited               | 3/4/2023          | 3/3/2023             | 3/3/2023                         |

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

Hospital

| Advanced Certification Programs | <b>Certification Decision</b> | Effective<br>Date | Last Full Review         | v Last On-Site<br>Review Date |
|---------------------------------|-------------------------------|-------------------|--------------------------|-------------------------------|
| Primary Stroke Center           | Certification                 | 11/10/2022        | 11/9/2022                | 11/9/2022                     |
| Certified Programs              | <b>Certification Decision</b> | Effective<br>Date | Last Full Review<br>Date | v Last On-Site<br>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 Commission Accredited<br>Organizations |  |  |
|--|-------------------------------------|---------------|--|--|--|
|  |                                     | Nationwide    | Statewide  |  |  |
| Ambulatory<br>Care                             | 2023National Patient Safety Goals   | Ø             | NA *   |  |  |
| Hospital                                       | 2023National Patient Safety Goals   | Ø             | (N/A) *  |  |  |
|  | National Quality Improvement Goals: |               |  |  |  |
| Reporting<br>Period:<br>Jan 2022 -<br>Dec 2022 | Perinatal Care                      | <b>(10)</b> 2 | <b>(v)</b> <sup>2</sup>  |  |  |

#### **Symbol Key**

- This organization achieved the best possible results.
- This organization's performance is better than the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is worse than the target range/value.
- This Measure is not applicable for this
- organization.
- Not displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- 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.
- 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.
- 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.

  There were no eligible patients that met the denominator criteria.
- 12. The measure rate is within optimal range.

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

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### **Locations of Care**

#### \* Primary Location

### Locations of Care

### County of Los Angeles \*

DBA: Los Angeles General Medical Center 2051 Marengo Street, IPT C2K100 Los Angeles, CA 90033

#### Available Services

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Joint Commission Certified Programs:**

Asthma, Pediatrics

#### **Services:**

- 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)
   Ophthalmology
   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)

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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) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Nuclear Pharmacy (Inpatient) | <ul> <li>Pediatric Urology) (Inpatient Child/Youth) (Outpatient - Child/Youth)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomograph (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services</li> <li>Sleep Laboratory (Sleep Laboratory)</li> <li>Sleep Studies (Outpatient)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul> |
| County of Los Angeles DBA: Los Angeles General Medical Center - Hawkins 720 E. 120th St. | Services:  • Behavioral Health (24-hour Acu Adult/Child/Youth)  • Community Integration (Non 24  |  |

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# **2023 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           |
| 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           |
| Universal Protocol                                   | Conducting a Pre-Procedure Verification Process | Ø           |

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# 2023 National Patient Safety Goals

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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         | Ø           |
|  | Marking the Procedure Site                              | Ø           |
|  | Performing a Time-Out                                   | Ø           |

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Compared to other Joint







### **National Quality Improvement Goals**

#### Reporting Period: January 2022 - December 2022

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 |  |                  |                            | n                |
|---|---|---|--|------------------|----------------------------|------------------|
|   |   | Nationwide Statewid   |  |                  | wide                       |                  |
| Measure   | Explanation   | Hospital<br>Results   | Top<br>Perform<br>er<br>Threshol<br>d: | Average<br>Rate: | Top Perform er Threshol d: | Average<br>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.  | <b>⊕</b>  | 12                                     | 26%              | (ND) 12                    | 24%              |
| 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. | 7% of<br>15 eligible<br>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.   | 62% of<br>191 eligible<br>Patients                          | 72%                                    | 50%              | 80%                        | 60%              |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Severe Rate | The severe rate equals the number of patients with severe complications.  | 9 per 1000  | 5                                      | 13               | 6                          | 12               |

This information can also be viewed at https://hospitalcompare.io/
Null value or data not displayed.

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