

DBA: Paradise Valley Hospital, 2400 East Fourth Street, National City, CA

Org ID: 9975

Accreditation Quality Report





Version: 5 Date: 4/26/2019



Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the
 prevention of medical errors such as surgery on the wrong side of
 the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission

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Summary of Quality Information

Activity Date Requirements for Improvement

3/29/2019 Existence at time of survey of a condition, which in the Joint Commission's view, poses a threat to

patients or other individuals served.

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
Behavioral Health Care	Accredited	5/4/2016	3/26/2019	3/26/2019
Mospital	Preliminary Denial of Accreditation	3/29/2019	3/29/2019	4/17/2019
Laboratory	Accredited	2/19/2019	2/7/2019	2/7/2019

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

Pathology and Clinical Laboratory

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review Last On-Site	
Programs		Date	Date	Review Date
Primary Stroke Center	Certification	11/30/2018	10/12/2018	10/12/2018

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide	
Behavioral Health Care	2016National Patient Safety Goals	Ø	∞ *
Hospital	2019National Patient Safety Goals	Ø	₩ *

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

Symbol Key

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- Φ This organization's performance is above the target range/value.
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- Not displayed

Footnote Key

- 1. 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.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 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.
- 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."

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Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide Statewide	
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ 2	ND ²
Jul 2017 - Jun 2018	Immunization	№ 2	ND ²
	Perinatal Care	№ 2	ND 2
Laboratory	2019National Patient Safety Goals	Ø	N/A *

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Locations of Care

*	Primary	/ Location

* Primary Location	
Locations of Care	Available Services
Prime Healthcare Paradise Valley LLC. * DBA: Paradise Valley Hospital 2400 E. Fourth Street National City, CA 91950-2099	Primary Stroke Center Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) Cardiac Catheterization Lab (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Prime Healthcare Paradise Valley LLC. DBA: Paradise Valley Hospital Bayview Behavioral Health Campus 330 Moss Street Chula Vista, CA 91911	Services: Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) General Laboratory Tests
Prime Healthcare Paradise Valley LLC. 610 Euclid Ave, Ste 202 National City, CA 91950	Services: • General Laboratory Tests

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2016 National Patient Safety Goals

Symbol Key

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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."

Behavioral Health Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

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2019 National Patient Safety Goals

Symbol Key

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	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	8 8
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	Ø
	Preventing Central-Line Associated Blood Stream Infections	8000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	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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Measure Area

Emergency

Department







National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

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

Org ID: 9975

		Cor	npared to o Accredit	other Joint ed Organiz		n
		١	lationwide		State	wide
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.	172.00 minutes 686 eligible Patients	56.00	135.00	79.89	181.87
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	330.00 minutes 686 eligible Patients	206.00	320.00	258.08	377.23

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National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint Commission	
Accredited Organizations	
Nationwide Statewide	
^ 2	^ 2

		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ ²	№ 2

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	85% of 525 eligible Patients	100%	94%	99%	93%

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National Quality Improvement Goals

Reporting Period: July 2017 - June 2018

Compared to other Joint **Accredited Organizations**

Org ID: 9975

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2

		Cor	npared to c	other Joint ed Organiz		on
		N	Nationwide	eu Organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	3	100%	98%	100%	98%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	2% of 43 eligible Patients	0%	2%	0%	1%
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.	59% of 181 eligible Patients	73%	51%	79%	63%

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2019 National Patient Safety Goals

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Laboratory

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
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø