



Accreditation Quality Report





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

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

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

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

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



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 Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	5/4/2016	3/26/2019	3/26/2019
Hospital	Preliminary Denial of Accreditation	3/30/2019	3/29/2019	5/13/2019

The following standard(s) were found to be out of compliance:

- Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
- Care, treatment, and services provided through contractual agreement are provided safely and effectively.
- Documentation in the medical record is entered in a timely manner.
- Identify patients at risk for suicide. Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.
- Medical staff bylaws address self-governance and accountability to the governing body.
- Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.
- Report critical results of tests and diagnostic procedures on a timely basis.
- Staff are competent to perform their responsibilities.
- The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
- The hospital assesses and reassesses the patient and his or her condition according to defined time frames.
- The hospital collects data to monitor its performance.
- The hospital compiles and analyzes data.
- The hospital effectively manages its programs, services, sites, or departments.
- The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
- The hospital has a reliable emergency electrical power source.
- The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
- The hospital has policies and procedures that guide and support patient care, treatment, and services.
- The hospital implements its infection prevention and control plan.
- The hospital inspects, tests, and maintains medical gas and vacuum systems. Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.
- The hospital maintains complete and accurate medical records for each individual patient.

Symbol Key

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- Not displayed

Footnote Key

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2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
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11. There were no eligible patients that met the denominator criteria.

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- The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.
- The hospital maintains the integrity of the means of egress.
- The hospital makes food and nutrition products available to its patients.
- The hospital manages fire risks.
- The hospital manages risks associated with its utility systems.
- The hospital manages risks related to hazardous materials and waste.
- The hospital manages safety and security risks.
- The hospital plans the patient's care.
- The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
- The hospital provides and maintains systems for extinguishing fires.
- The hospital provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation.
- The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
- The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- The hospital respects the patient's right to receive information in a manner he or she understands.
- The hospital traces all tissues bi-directionally.
- The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
- The medical record contains information that reflects the patient's care, treatment, and services.
- The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.
- The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
- The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

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 Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site 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®



Summary of Quality Information

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

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		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2016National Patient Safety Goals		 *
Hospital	2019National Patient Safety Goals		 *
Reporting Period: Oct 2017 - Sep 2018	National Quality Improvement Goals:		
	Emergency Department	 ²	 ²
	Immunization	 ²	 ²
	Perinatal Care	 ²	 ²
Laboratory	2019National Patient Safety Goals		 *



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



Locations of Care

* 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	Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Primary Stroke Center Services: <ul style="list-style-type: none"> 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) Gynecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Outpatient Clinics (Outpatient) Post Anesthesia Care Unit (PACU) (Inpatient) Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) Surgical ICU (Intensive Care Unit) Toxicology Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
Prime Healthcare Paradise Valley LLC. DBA: Paradise Valley Hospital Bayview Behavioral Health Campus 330 Moss Street Chula Vista, CA 91911	Services: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> General Laboratory Tests



2016 National Patient Safety Goals

Symbol Key

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Behavioral Health Care




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

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2019 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	
	Eliminating Transfusion Errors	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
	Reconciling Medication Information	
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
	Preventing Infections that are difficult to treat	
	Preventing Central-Line Associated Blood Stream Infections	
	Preventing Surgical Site Infections	
	Preventing Catheter-Associated Urinary Tract Infection	
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	



National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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Compared to other Joint
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

Measure	Explanation	Hospital Results	Nationwide				Statewide	
			Top 10% Scored at Most:	Weighte d Median:	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.	 ² 188.00 minutes 731 eligible Patients	56.00	136.00	79.40	182.93		
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.	 ² 342.00 minutes 737 eligible Patients	207.00	320.00	258.09	375.82		



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National Quality Improvement Goals

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Compared to other Joint Commission
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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

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
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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Compared to other Joint Commission
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Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	 2	 2

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide 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. 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 46 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.	 49% of 173 eligible Patients	73%	51%	80%	63%



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2019 National Patient Safety Goals

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Laboratory

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Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	

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