

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

1001 Potrero Avenue, Second Floor RM 2A5, San Francisco, CA





Summary of Quality Information

Symbol Key

0	This organization achieved the best possible results.
•	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.
- 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. 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.

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

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
🮯 Hospital	Accredited	6/24/2017	6/23/2017	8/31/2017
olimitation States (Section 2017) Section 2017 Section 20	Accredited	7/22/2017	7/21/2017	7/21/2017
Oursing Care Center	Accredited	6/24/2017	6/23/2017	6/23/2017

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

Hospital

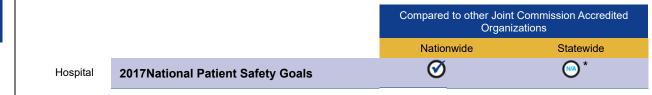
Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
orimary Stroke Center	Certification	3/2/2016	3/1/2016	3/1/2016
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
🮯 Traumatic Brain Injury	Certification	3/1/2016	2/29/2016	2/29/2016

Other Accredited Programs/Services

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

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2012 Gold - The Medal of Honor for Organ Donation



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Compared to other Joint Commission Accredited Organizations

Statewide

Nationwide



Summary of Quality Information

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1. The Measure or Measure Set was not reported.	Laboratory	2017National Patient Safety Goals

Nursing

Care

Center

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 The number of patients is not enough

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	National Quality improvement Ooals.		
ng	Emergency Department	() ²	O ²
16 - 17	Hospital-Based Inpatient Psychiatric Services	(10) ²	O ²
	Immunization	NO ²	O ²
	Perinatal Care	NO ²	2
tory	2017National Patient Safety Goals	Ø	*
9	2017National Patient Safety Goals	Ø	○ *

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Locations of Care

Locations of Care	Available Services
San Francisco General Hospital Med Center (Pathology) Bldg 3 1001 Potrero Avenue, Bldg 3 San Francisco, CA 94110	Services: • General Laboratory Tests
San Francisco General Hospital Med Center, FHC, UCC 995 Potrero Ave, Bldg 80, 90 San Francisco, CA 94110	Other Clinics/Practices located at this site: • Pos. Health, Derm & Renal Clinics, OTOP Services: • General Laboratory Tests
San Francisco General Hospital Medical and Trauma Center 1001 Potrero Avenue San Francisco, CA 94110	Services: • General Laboratory Tests
Zuckerberg San Francisco General Hospital and Trauma Center * 1001 Potrero Avenue, Building 25 San Francisco, CA 94110	Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Commission Certified Programs: Traumatic Brain Injury Services: 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) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Cator Resonance Imaging (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services)

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Locations of Care

* Primary Location

Locations of Care	Available Services
Zuckerberg San Francisco Gerneral Hospital 887 Potrero Avenue San Francisco, CA 94110	Services: General Laboratory Tests

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2017 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
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
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ୍ତ୍ର ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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 National Patient Safety Goal.
 The Goal is not applicable for this organization.

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National Quality Improvement Goals

ne best	Reporting Period: July 2016 - June 2017								
nce is									
nce is lue. nce is			Comm	o other Joint hission Drganizations					
	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.	262.00 minutes 857 eligible Patients	55.00	131.00	75.61	177.85
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.	514.00 minutes 862 eligible Patients	204.00	317.00	251.63	380.79

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National Quality Improvement Goals

Reporting Per	iod: July 2016 - June 2017				
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				on
		Nationwide			Statewide	
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.	100% of 181 eligible Patients	100%	95%	100%	95%

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Zuckerberg San Francisco General Hospital

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National Quality Improvement Goals

Symbol Key									
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2016 - June 2017						
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This organization's performance is below the target range/value.					Accr	edited Org			
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е	
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²		
Footnote Key	Services								
The Measure or Measure Set was not reported.				Со	mpared to c Accredite	other Joint ed Organiz		n	
The Measure Set does not have an								tatewide	
overall result. 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.	Assessment of violence substance use disorder trauma and patient stre 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 strengthe Screening for		ut Lodot.				

- was below most other organization 6. The Measure results are not statis valid.
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the patient recover.

patient strengths. Screening for

patients are likely to harm

violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

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

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

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

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Zuckerberg San Francisco General Hospital

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trauma and patient strengths

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completed - Adolescent (13-17



National Quality Improvement Goals

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This organization's performance is below the target range/value.					edited Orga		
Not displayed	Measure Area	Explanation		Nationwid	Je	Statewide	
	Inpatient Psychiatric over	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.			2	@ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.		Ţ	Con		other Joint C ed Organiza	Commissior zations	n
The Measure Set does not have an overall result.		7	N	lationwide		Statev	wide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence risk, substance use disorder,	 This measure reports the number of adolescent age (13-17 years) 		al Least.		al Least.	

screened for violence risk to self and

others, substance and alcohol use,

psychological trauma history and

violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

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the patient recover.

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Zuckerberg San Francisco General Hospital

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.				Com	pared to c Commiss		
This organization's performance is below the target range/value.				Accre	edited Org	anizations	
Not displayed	Measure Area	Explanation		Nationwig	de	Statewide	e
		ategory of evidenced based measures a I quality of care given to psychiatric patie		0	2	⊘ ²	
Footnote Key	Services						
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.			N	lationwide	ou organiz	State	wide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence risk,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder, trauma and patient strengths	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Adult (18-64 years)	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.		patient strengths. Screening for violence risk to self determines if					
The number of months with Measure data is below the reporting requirement.		patients are likely to harm themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of		risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	\bigcirc				
 updated data. Test Measure: a measure being surface of the provide bing of the second sec		determines if patients need help for their use. Screening for	100% of 131 eligible	100%	95%	100%	94%
evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.		psychological trauma history determines if patients have	Patients				
• There were no eligible patients that met		experienced terrible events in their					

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National Quality Improvement Goals

Reporting Peri	iod: Jul	y 2016 - June 2017					
				Com			
					edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric					2	⊘ ²	
Services							
			Con				n
			N			State	wide
Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Averag Rate:
	,	This measure reports the number of		at Least:		at Least:	
	ngths	for violence risk to self and others,					
completed - Older Adult (years)	(>= 65	psychological trauma history and					
		violence risk to self determines if					
		themselves. Screening for violence					
		are likely to harm others. Screening	\bigcirc				
		determines if patients need help for	100% of	100%	95%	100%	95%
		their use. Screening for	50 eligible Patients				
		experienced terrible events in their					
	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Assessment of violence substance use disorder, trauma and patient strer completed - Older Adult	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Measure Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65	Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures as overall quality of care given to psychiatric patie Measure Explanation 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	Measure Area Explanation Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Measure Explanation Measure Explanation Measure Explanation Measure Explanation Measure Explanation 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 Image: Ima	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to Compar	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Accredited Organiz Measure Measure Explanation Image: Compared to other Joint Accredited Organiz Measure Measure Explanation Compared to other Joint Accredited Organiz Measure Measure Explanation Compared to other Joint Accredited Organiz Measure Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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 self determines if patients are likely to harm themselves. Screening for violence risk to self adechol use determines if patients need help for their use. Screening for psychological trauma history determines if patients need help for their use. Screening for psychological trauma history 100% 95%	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. Image: Compared to other Joint Commission Accredited Organizations Measure Explanation Compared to other Joint Commission Accredited Organizations Statewide Measure Explanation Nationwide State Scored at Least: State Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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 self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm themselves. Screening for balants are balelp for their use. Screening for polyolacit trauma histo

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Zuckerberg San Francisco General Hospital

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		1	2	№ ²	
1. The Measure or Measure Set was not				Co	mpared to c	other Joint	Commissic	'n
reported.2. The Measure Set does not have an					Accredit	ed Organiz	zations	
overall result.	Measure		Explanation	N Hospital	Vationwide Top 10%	Average	State Top 10%	
3. The number of patients is not enough for comparison purposes.				Results	Scored	Rate:	Scored	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 	Multiple Antipsychotic Medications at Discharg 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 12 eligible Patients	at Least:	61%	at Least: 99%	47%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharg 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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	8	100%	53%	3	3



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

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

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Zuckerberg San Francisco General Hospital

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period: Ju	ıly 2016 - June 2017					
This organization's performance is above the target range/value.							
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This organization's performance is below the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
	Inpatient Psychiatric overal	ategory of evidenced based measures as Il quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Cor	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.			N	lationwide		State	wide
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.	Multiple Antipsychotic Medications at Discharge with	This measure reports the number of patients age 13 through 17 years		ai Leasi.		at Least.	

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. 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.

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

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

to reduce the number of

discharged on two or more

group of drugs used to treat

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

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antipsychotic medication or the

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

one antipsychotic medication, a plan

there was an appropriate justification.

illness that markedly interferes with a

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Appropriate Justification

Adolescents Age 13 - 17

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Footnote Key

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The measure meets the Privacy Disclosure Threshold rule.

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National Quality Improvement Goals

Reporting Peri	od: Jul	y 2016 - June 2017					
					pared to o Commiss edited Org		
Measure Area		Explanation		Nationwie	de	Statewide	
Hospital-Based Inpatient Psychiatric Services						⊘ ²	
			Cor		ther Joint ed Organiz	Commissio ations	n
			N	lationwide		State	wide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Multiple Antipsychotic Medications at Discharg 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					

- 7. 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.
- 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
- 1. 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 Joint Commission only reports measures endorsed by the National Quality Forum.

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psychosis. Psychosis is a mental

person's capacity to meet life's

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.

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

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period: Jul	y 2016 - June 2017					
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The Measure Set does not have an			N	Accredit Iationwide	ed Organiz		wide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 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 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	00% of 5 eligible Patients	100%	56%	100%	45%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	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.	0.13 (56 Total Hours in Restraint)	N/A	0.52	N/A	1.21

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National Quality Improvement Goals

Reporting Peri	iod: July 2016 - June 2017					
				pared to o Commiss edited Org		
Measure Area	Explanation		Nationwic	Ŭ	Statewide	Э
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asses overall quality of care given to psychiatric patients.		0	2	⊙ ²	
				other Joint ed Organiz	ations	
			lationwide		State	
Measure	Explanation H	Hospital	Top 10%	Average	Top 10%	Ave

	for comparison purposes.
4.	The measure meets the Privacy
	Disclosure Threshold rule.

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- 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.
- 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.

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

		Nationwide		State	ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Jse 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.	8	N/A	0.31	N/A	0.11
Hours of Physical Restraint Jse 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.	8 	N/A	0.26	N/A	0.25



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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Jul	y 2016 - June 2017					
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similar to the target range/value.					Com	pared to o Commiss		
O This organization's performance is below the target range/value.			-			edited Orga		
Not displayed	Measure Area Hospital-Based	This cat	Explanation egory of evidenced based measures as	sesses the	Nationwide		Statewide	9
	Inpatient Psychiatric Services		quality of care given to psychiatric patie		0	2	⊙ ²	
Footnote Key 1. The Measure or Measure Set was not	00111003			Cor	npared to c	thor loint	Commissio	p
reported. 2. The Measure Set does not have an					Accredite	ed Organiz	ations	
overall result.	Measure		Explanation	Hospital	lationwide Top 10%	Average	State Top 10%	
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 	Hours of Physical Restra Use Adults Age 18 - 64	aint	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.	0.16 (56 Total Hours in Restraint)	N/A	0.62	N/A	1.40
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.''	Hours of Physical Restra Use Older Adults Age 68 Older Hours of Seclusion Use	5 and	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. This measure reports the total hours	0.00 (0 Total Hours in Restraint)	N/A	0.15	N/A	0.05
	1000 Patient Hours - Ov Rate		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.	1.08 (458 Total Hours in Seclusion)	N/A	0.39	N/A	0.60

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The Measure or Measure Set was not

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

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National Quality Improvement Goals

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s organization achieved the best sible results	Reporting Per	riod: July 2016 - June 2017		
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is organization's performance is nilar to the target range/value.				to other Joint nission
is organization's performance is low the target range/value.				Organizations
displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2	⊘ ²
'ootnote Key	Services		Ŭ	-

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	<mark>№0</mark> 8 	N/A	0.54	N/A	0.19
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.	800 B	N/A	0.22	N/A	0.14
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.	1.25 (455 Total Hours in Seclusion)	N/A	0.45	N/A	0.69
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.	0.06 (4 Total Hours in Seclusion)	N/A	0.05	N/A	0.06

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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017			
			to other Joint
			nission 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				n
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	•	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.	79% of 514 eligible Patients	100%	94%	100%	94%

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Symbol Key

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

- 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.
- 5. The organization scored above 90% but was below most other organizations.
- 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.
- **9.** 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 rations that me
- 1. There were no eligible patients that met the denominator criteria.

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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

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The number of months with Measure data is below the reporting requirement.

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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	Period: July 2016 - June 2017		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				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
Esstrate Ver				

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			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.	80% of 5 eligible Patients	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.	0% of 32 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.	68% of 161 eligible Patients	74%	52%	80%	63%



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2017 National Patient Safety Goals

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

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.

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2017 National Patient Safety Goals

Nursing Care Center

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	\bigotimes
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Central-Line Associated Blood Stream Infections	\bigotimes
	Preventing Catheter-Associated Urinary Tract Infection	\bigotimes
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
Prevent health care-associated pressure ulcers (decubitus ulcers).	Assessing Resident Risk for Pressure Ulcers	Ø

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.