

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.

7309 South 180 West, Midvale, UT



Summary of Quality Information

A	ccreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Q	Behavioral Health Care and Human Services	Accredited	7/13/2021	7/12/2021	7/12/2021
Q) Hospital	Accredited	7/15/2021	7/14/2021	9/10/2021

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2018National Patient Safety Goals	\bigotimes	[*]
Hospital	2021National Patient Safety Goals	\bigcirc	*
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	²	2 °

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

Symbol Key 1

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0	This organization achieved the best possible results.
Ð	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.
NO	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.
- 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.

Org ID: 1020



Locations of Care

* Primary Location

Locations of Care	Available Services
PHC of Utah, Inc * DBA: Highland Ridge Hospital 7309 South 180 West Midvale, UT 84047	 Other Clinics/Practices located at this site: Ridge Point Residential Treatment Center at Highland Ridge Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Detox/Non-detox - Adult)



2018 National Patient Safety Goals

Behavioral Health Care and Human Services

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

Symbol Key 3

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

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2021 National Patient Safety Goals

Hospital

Cofety Cools	Orrenizatione Chauld	luculous autori
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	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key 3

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.



National Quality Improvement Goals

Reporting Per	iod: April 2020 - March 2021		
		Compared to Comm Accredited C	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	1 2	@ ²

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	99% of 330 eligible Patients	100%	96%	3	3

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

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Symbol Key 2

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- **1.** There were no eligible patients that met the denominator criteria.

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	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patien		(2	○ ²	
Footnote Key	Services							
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The Measure Set does not have an			7	N	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results				Averag 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.	Assessment of violence is substance use disorder, trauma and patient streng completed - Children (1-7 years)	, ngths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients					

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."

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the patient recover.

are likely to harm others. Screening for substance and alcohol use

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

their use. Screening for psychological trauma history determines if patients have

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

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The Measure Set does not have an overall result.					lationwide	Ŭ	State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	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 strer	engths	adolescent age (13-17 years) screened for violence risk to self and					
The Measure results are not statistically valid.	completed - Adolescent years)	(13-17	others, 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 patients are likely to harm					
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 updated data.			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	Ð	100%	97%	3	3
Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for psychological trauma history	99% of 128 eligible Patients	10070	01 10		
individual data elements or awaiting			determines if natients have					

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

the denominator criteria.

Report User Guide."

National Quality Forum Endorsement.

There were no eligible patients that met

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	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
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The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	r, engths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient	00% of 166 eligible Patients	100%	95%	3	3

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the patient recover.

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The number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera 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 lata is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence 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 experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient	94% of 36 eligible Patients	100%	95%	3	3

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the patient recover.

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

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National Quality Improvement Goals

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 possible results This organization's performance is above the target range/value 	Reporting Period: Ap	ril 2020 - March 2021					
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Footnote Key		quality of care given to psychiatric patie		0	2	™ ²	
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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. 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 Discharge with 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.	99% of 89 eligible Patients	100%	59%	at Least:	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge with 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 to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	42%	3	3

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National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	⊙ ²	
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The Measure Set does not have an				N	Vationwide		State	wide
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. 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	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Adolescents Age 13 - 1	'n	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate	00% of	100%	47%	3	3

15 eligible

Patients

9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the

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justifications include previous

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attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
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he Measure Set does not have an verall result.				Ν	Vationwide		State	wide
The number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Averag Rate:
he measure meets the Privacy	Multiple Antipsychotic		This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but vas below most other organizations.	Medications at Discharg Appropriate Justification		patients age 18 through 64 years discharged on two or more					
he Measure results are not statistically alid.	Adults Age 18 - 64		antipsychotic medications for which there was an appropriate justification.					
he Measure results are based on a ample of patients.			Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental					
he number of months with Measure ata is below the reporting requirement.			illness that markedly interferes with a person's capacity to meet life's	\bigcirc				
The measure results are temporarily uppressed pending resubmission of polated data.			everyday demands. Appropriate justifications include previous	100% of 61 eligible Patients	100%	60%	<u>³</u>	3
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of	ratents				

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antipsychotic medications to one

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overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H 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.	0.04 (24 Total Hours in Restraint)	N/A	0.86	3	3

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 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 					mpared to c Accredit Jationwide	other Joint ed Organiz	ations	on ewide
 overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy. 	Measure		Explanation	Hospital Results		Average Rate:		
 Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Children Age 1 - 12	2	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	600 ³	N/A	0.35	3	3
11. There were no eligible patients that met the denominator criteria.	Hours of Physical Restr Use Adolescents Age 1		This measure reports the number of hours patients age 13 through 17					



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

years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual

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0.04

(6 Total Hours in Restraint)

N/A

0.25

method or physical or mechanical

device, material, or equipment that

a patient to move his or her arms,

patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric

legs, body or head freely when it is used as a restriction to manage a

immobilizes or reduces the ability of

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

condition.

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7309 South 180 West, Midvale, UT



National Quality Improvement Goals

				Compared to other Joint Commission			
Measure Area	Explanation		Accr Nationwi		anizations Statewide	0	
Hospital-Based This	category of evidenced based measures as all quality of care given to psychiatric patie						
			Accredit	pared to other Joint Commission Accredited Organizations			
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Averaç Rate:	
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.05 (18 Total Hours in Restraint)	N/A	1.06	3	3	
Hours of Physical Restraint Jse Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.10	3	3	
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.16 (92 Total Hours in Seclusion)	N/A	0.44	3	3	

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-- Null value or data not displayed.

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This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

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 Privac 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.
- 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.

The Measure Set does not have an

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.

reported.

overall result.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

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



National Quality Improvement Goals

Symbol Key Z				
This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				o other Joint hission
O This organization's performance is below the target range/value.				Organizations
Not displayed	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	2 ²
Footnote Key	00111000			
1. The Measure or Measure Set was not		Cor	npared to other Joi	nt Commission

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide	Ŭ	State	wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	№ ³	N/A	0.40	3	3	
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.	0.08 (14 Total Hours in Seclusion)	N/A	0.19	³	³	
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.	0.21 (78 Total Hours in Seclusion)	N/A	0.53	<u></u> 3	3	
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	3	3	

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