

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

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	y Last On-Site
		Date	Date	Survey Date
Behavioral Health Care and Human Services	Accredited	7/13/2021	7/12/2021	7/12/2021
🎯 Hospital	Accredited	5/13/2022	7/14/2021	8/15/2023

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	Ø	<u>*</u>
Hospital	2021National Patient Safety Goals	\bigotimes	*
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(10) ²	(10) ²
Jan 2021 - Dec 2021	Immunization	(1) ²	(²
	Substance Use	() ²	(m) ²
	Tobacco Treatment	(m) ²	2 ²

Symbol Key

0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than 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.
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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

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.

7309 South 180 West, Midvale, UT



2021 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
,		
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	\bigotimes
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	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\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.



Reporting Period: January 2021 - December 2021

			o other Joint hission
		Accredited C	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

			Accredit	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	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.	88% of 480 eligible Patients	100%	95%		3

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

Symbol Key

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National Quality Improvement Goals

This organization achieved the best possible results	Reporting Pe	riod: January 2021 - December 2021		
This organization's performance is better than the target range/value.				
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This organization's performance is worse than the target range/value.			Accredited C	Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footpoto Voy	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2	⊘ ²

Footnote Key

Symbol Key

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

Services						
				ted Organiz	zations	
		D	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	children age (1-12 years) screened	€€€¶4 	100%	97%		3

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



National Quality Improvement Goals

 This organization achieved the best possible results This organization's performance is better than the target range/value 	Reporting Per	iod: Jar	nuary 2021 - December 2021					
 better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value. 						npared to o Commiss edited Org	sion	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 					mpared to c Accredit Nationwide	other Joint ed Organiz		
 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 	Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
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such as family support, a steady job,

housing, etc. which are used to help

the patient recover.

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

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Report User Guide.''

Quality Report contents, refer to the "Quality



National Quality Improvement Goals

~ j 1110 01 110 j									
This organization achieved the best possible results	Reporting Per	iod: Jan	uary 2021 - December 2021						
This organization's performance is better than the target range/value.									
This organization's performance is similar to the target range/value.						Compared to other Joint Commission			
O This organization's performance is worse than the target range/value.					Accr		anizations		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e	
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	№ ²		
Footnote Key 1. The Measure or Measure Set was not reported.				Co	mpared to o Accredit	other Joint ed Organiz		on	
2. The Measure Set does not have an overall result.					Vationwide		State	ewide	
 The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	Hospital Results	Top Perform er Threshol d [.]	Average Rate:	Top Perform er Threshol d [.]	Average Rate:	
 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. The measure rate is within optimal range. 	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	, ngths	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 strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help	97% of 239 eligible Patients	100%	95%		3	

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

the patient recover.

10



Reporting Period	od: January 2021 - December 2021					
				npared to o Commiss edited Org	sion	
Measure Area	Explanation		Nationwi		Statewide	<u>_</u>
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier				@ ²	
				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Jationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Avera Rate
Assessment of violence substance use disorder, trauma and patient stren completed - Older Adult of years)	older adult (>= 65 years) screened for violence risk to self and others,	98% of 55 eligible Patients	100%	94%		3

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the patient recover.

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National Quality Improvement Goals

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This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is worse than the target range/value.				Accredited Orga				
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Es structo Vor			egory of evidenced based measures as quality of care given to psychiatric patient		(2	⊘ ²	
Footnote Key 1. The Measure or Measure Set was not				Cor	moored to c	ther loint	Commissio	n
reported. 2. The Measure Set does not have an		Compared to other Joint Commission Accredited Organizations						
overall result.	Measure		Explanation	N Hospital	lationwide Top	Average	State Top	wide Average
3. The number of patients is not enough for comparison purposes.	modouro		Explanation	Results	Perform	Rate:	Perform	Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol		er Threshol	
5. The organization scored above 90% but					d:		d:	
 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. 12. The measure rate is within optimal 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	e with	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.	2 73% of 95 eligible Patients	100%	53%		3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	• with	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.	₩ 0 ³	100%	34%		3

This information can also be viewed at https://hospitalcompare.io/

Null value or data not displayed. ____



National Quality Improvement Goals

 This organization achieved the best possible results This organization's performance is better than the target range/value. 	Reporting Per	riod: Jai	nuary 2021 - December 2021					
This organization's performance is similar to the target range/value. This organization's performance is				Compared to other Joint Commission Accredited Organization				
Worse than the target range/value.	Measure Area		Explanation		Nationwi		Statewide	
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Hospital-Based This category of evidenced based measures assesses the Inpatient Psychiatric overall quality of care given to psychiatric patients.						
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result.			— • • •		lationwide	•	State	
 The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	Hospital Results	Top Perform er Threshol	Average Rate:	Top Perform er Threshol	Average Rate:
 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 Discharg Appropriate Justificatio 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 justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one	47% of 15 eligible Patients	d: 100%	42%	d: 	3

antipsychotic medication or the addition of an antipsychotic

medication when the patient is also being treated with Clozapine.

the denominator criteria. 12. The measure rate is within optimal range.

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

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range.



National Quality Improvement Goals

J J								
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This organization's performance is better than the target range/value.								
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C This organization's performance is					Accr	edited Org		
worse than the target range/value.	Measure Area		Explanation		Nationwi		Statewid	~
Not displayed		This as			Nationwi	ue	Statewic	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie				™ ²	
Footnote Key	Services							
1. The Measure or Measure Set was not reported.				Co	mpared to o	other Joint ed Organiz		on
2. The Measure Set does not have an					Nationwide	eu organiz		ewide
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
5. The organization scored above 90% but was below most other organizations.	Multiple Antipsychotic		This measure reports the number of		u.		u.	
6. The Measure results are not statistically valid.	Medications at Dischar Appropriate Justificatio		patients age 18 through 64 years discharged on two or more					
7. The Measure results are based on a sample of patients.	Adults Age 18 - 64		antipsychotic medications for which there was an appropriate justification.					
8. The number of months with Measure			Antipsychotic medications are a group of drugs used to treat					
data is below the reporting requirement. 9. The measure results are temporarily			psychosis. Psychosis is a mental					
suppressed pending resubmission of			illness that markedly interferes with a person's capacity to meet life's	\bigotimes				
updated data. 10. Test Measure: a measure being			everyday demands. Appropriate	77% of	100%	56%		3
evaluated for reliability of the			justifications include previous	71 eligible Patients				
individual data elements or awaiting National Quality Forum Endorsement.			attempts to control psychosis with one antipsychotic medication, a plan					
11. There were no eligible patients that met			to reduce the number of					
the denominator criteria.			antipsychotic medications to one					
12. The measure rate is within optimal			antipsychotic medication or the addition of an antipsychotic					
range			addition of an antiosycholic					

For further information

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addition of an antipsychotic

medication when the patient is also being treated with Clozapine.



	Reporting Per	iod: Jan	uary 2021 - December 2021					
					Com	npared to c Commis		
					Accr	edited Org	anizations	
	Measure Area		Explanation		Nationwi	de	Statewide	•
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		@ ² @ ²			
				Cor		other Joint ed Organiz	Commissio	n
				N	lationwide	eu Organiz	State	wide
	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Averaç Rate
					Threshol		Threshol	
	Multiple Antipsychotic		This measure reports the number of		d:		d:	
	Hours of Physical Rest	n Older er	nis 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.	78% of 9 eligible Patients	100%	43%		3
U	ise per 1000 Patient H overall Rate		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.	0.0243 (19 Total Hours in Restraint)	N/A	0.8411		3

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O This organization's performance is worse than the target range/value.					Accredited Organizations			
o Not displayed	Measure Area		Explanation		Nationwide S		Statewide	÷
Footpoto Voy	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	○ ²	
Footnote Key 1. The Measure or Measure Set was not				Cor	nnared to c	ther loint	Commissio	n
reported.2. The Measure Set does not have an					Accredite	ed Organiz	ations	
overall result.	Measure		Explanation	N Hospital	lationwide Top	Average	State Top	Average
for comparison purposes.				Results	Perform er	Rate:	Perform	Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					Threshol		Threshol	
5. The organization scored above 90% but was below most other organizations.	Hours of Physical Restr	aint	This measure reports the number of		d:		d:	
6. The Measure results are not statistically	Use Children Age 1 - 12		hours patients age 1 through 12 years were kept in physical restraints					
valid. 7. The Measure results are based on a			for every 1,000 hours of patient care.					
sample of patients.8. The number of months with Measure			Physical restraint is any manual method or physical or mechanical					
data is below the reporting requirement.			device, material, or equipment that immobilizes or reduces the ability of	№ ⁴		0 5000		2
suppressed pending resubmission of			a patient to move his or her arms, legs, body or head freely when it is		N/A	0.5600		5
updated data. 10. Test Measure: a measure being			used as a restriction to manage a					
evaluated for reliability of the individual data elements or awaiting			patient's behavior or restrict the patient's freedom of movement and					
National Quality Forum Endorsement. 11. There were no eligible patients that met			is not a standard treatment for the patient's medical or psychiatric					
the denominator criteria.			condition.					
12. The measure rate is within optimal range.	Hours of Physical Restr Use Adolescents Age 1		This measure reports the number of hours patients age 13 through 17					
	Ŭ		years were kept in physical restraints for every 1,000 hours of patient care.					
For further information			Physical restraint is any manual					
and explanation of the			method or physical or mechanical device, material, or equipment that	Ð				
Quality Report contents,			immobilizes or reduces the ability of a patient to move his or her arms,	0.0514	N/A	0.4158		3
refer to the "Quality Report User Guide."			legs, body or head freely when it is used as a restriction to manage a	(12 Total Hours in Restraint)				
Report User Guide.			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.					

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National Quality Improvement Goals

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This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss	ther Joint sion	
O This organization's performance is worse than the target range/value.					Accre	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services	ient Psychiatric overall quality of care given to psychiatric patients.					○ ²	
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		'n
 overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	N Hospital Results	ationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	Average Rate:
 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. 	Hours of Physical Restr 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.	0.0140 (7 Total Hours in Restraint)	u. N/A	1.0167	u.	3
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Older Adults Age 6 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.	0.0018 (0 Total Hours in Restraint)	N/A	0.0925		3
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	0.1151 (89 Total Hours in Seclusion)	N/A	0.4255		³

This information can also be viewed at https://hospitalcompare.io/

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Perio	d: Jan	uary 2021 - December 2021					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Com	ther Joint		
O This organization's performance is worse than the target range/value.					Accr	edited Orga	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
			egory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
Footnote Key 1. The Measure or Measure Set was not							• • •	
reported.				Cor	npared to c Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.					lationwide	Ŭ	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform er	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but 					er Threshol d:		Threshol d:	
 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 	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.	№0 ⁴	N/A	0.4104		3
 The measure results are temporarry 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. 	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.	0.0422 (10 Total Hours in Seclusion)	N/A	0.1564		3
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents,	Hours of Seclusion Use A Age 18 - 64	dults	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.	0.1594 (79 Total Hours in Seclusion)	N/A	0.5170		3
refer to the "Quality Report User Guide."	Hours of Seclusion Use O Adults Age 65 and Older	lder	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	0.0022 (0 Total Hours in Seclusion)	N/A	0.0487		3

This information can also be viewed at https://hospitalcompare.io/

where the patient is physically prevented from leaving.

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Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	⊘ ²	™ ²	

		Со	mpared to c Accredit	other Joint ed Organiz		n	
		١	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:		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.	5% of 153 eligible Patients	99%	84%		3	

This information can also be viewed at https://hospitalcompare.io/

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Symbol Key

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

Footnote Key

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- 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.
- **12.** The measure rate is within optimal range.



Reporting Period: January 2021 - December 2021

		Compared to Comm	o other Joint hission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Substance Use	This category of evidence based measures assesses the overall quality of care provided for Substance Abuse	⊘ ²	0 ²	

		Coi	mpared to o Accredit	other Joint ed Organiz		n
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Alcohol and Other Drug Use Disorder Treatment at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who either accepted a prescription to help them stop drinking or using drugs or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital.	43% of 165 eligible Patients	98%	47%		3
Alcohol and Other Drug Use Treatment Provided or Offered at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who were either offered or accepted a prescription to help them stop drinking or using drugs or were offered or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. This measure also includes patients who refused both a prescription to help them stop drinking or using drugs and treatment for their serious problem with drinking alcohol or using drugs.	58% of 165 eligible Patients	100%	71%		3

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Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	2	™ ²

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	2% of 135 eligible Patients	55%	16%		3
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	24% of 135 eligible Patients	97%	56%		3

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Footnote Key

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