

# Accreditation Quality Report





Version: 3 Date: 5/9/2019





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

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

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

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

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

# Frontline Hospital DBA: North Star Behavioral Health,

2530 DeBarr Road, Anchorage, AK Org ID: 1049







# **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Y Last On-Site Survey Date
Behavioral Health Care	Accredited	3/10/2016	2/12/2019	2/12/2019
Hospital	Accredited	3/12/2016	2/15/2019	2/15/2019

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

Psychiatric Hospital

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Behavioral Health Care	2017National Patient Safety Goals	Ø	<b>©</b> *	
Hospital	2016National Patient Safety Goals	Ø	<b>₩</b> *	
	National Quality Improvement Goals:			
Reporting Period: Oct 2017 - Sep 2018	Hospital-Based Inpatient Psychiatric Services	<b>∞</b> <sup>2</sup>	© <sup>2</sup>	

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

#### **Symbol Key**

- 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
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  This organization's performance is
- below the target range/value.
- This Measure is not applicable for this organization.
- Not displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
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  10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting
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  There were no eligible patients that met the denominator criteria.



# Frontline Hospital DBA: North Star Behavioral Health,

2530 DeBarr Road, Anchorage, AK







# **Locations of Care**

* Primary Location	
Locations of Care	Available Services
Frontline Hospital * DBA: North Star Behavioral Health 2530 DeBarr Road Anchorage, AK 99508-2948	Services:  • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Child/Youth)
Frontline Hospital DBA: North Star Behavioral Health - Chris Kyle Patriots Hospital 1650 S. Bragaw Anchorage, AK 99508	Services:  • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
North Star DeBarr Residential Treatment Center 1500 DeBarr Circle Anchorage, AK 99508	Services:  • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Child/Youth) (Residential Care - Child/Youth)
North Star Palmer Residential Treatment Center mile 2.5 Clark-Wolverine Rd. Palmer, AK 99645	Services:  • Behavioral Health (Residential Care - Child/Youth)

Org ID: 1049







# **2017 National Patient Safety Goals**

#### 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.

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

### **Behavioral Health Care**

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

Org ID: 1049





2530 DeBarr Road, Anchorage, AK





# **2016 National Patient Safety Goals**

#### **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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# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	Ø
Use Alarms Safely	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	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

DBA: North Star Behavioral Health, 2530 DeBarr Road, Anchorage, AK

Org ID: 1049







### **National Quality Improvement Goals**

Reporting Period: October 2017 - September 2018

Compared to other Joint Commission Accredited Organizations

		Compared to other Joint Commission Accredited Organizations				n
		N	lationwide		State	wide
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.	98% of 638 eligible Patients	100%	94%	3	3

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- \* This information can also be viewed at www.hospitalcompare.hhs.gov
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#### Footnote Key

Symbol Key

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DBA: North Star Behavioral Health, 2530 DeBarr Road, Anchorage, AK

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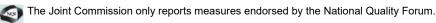


# **National Quality Improvement Goals**

Reporting Period: October 2017 - September 2018

Compared to other Joint Commission
Accredited Organizations

		Compared to other Joint Commission Accredited Organizations				n
			Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:		Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	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 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.	98% of 243 eligible Patients	100%	95%	3	3



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DBA: North Star Behavioral Health, 2530 DeBarr Road, Anchorage, AK

Org ID: 1049

Compared to other Joint



Services





# **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

Measure Area Explanation Nationwide Statewide

Hospital-Based Inpatient Psychiatric voverall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations			n	
		1	lationwide		State	ewide
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 - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 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	98% of 251 eligible Patients	100%	95%	3	3

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Org ID: 1049

Compared to other Joint







### **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

		Compared to other Joint Commission Accredited Organizations				n
		1	Nationwide		State	wide
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 - Adult (18-64 years)	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 the patient recover.	98% of 139 eligible Patients	100%	94%	3	3

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### **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

Compared to other Joint
Commission
Accredited Organizations
Nationwide Statewide

Measure Area Explanation Nationwide S

Hospital-Based Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Cor	npared to o Accredit	other Joint ed Organiz		on
		١	lationwide			ewide
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 - 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 strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help	100% of 5 eligible Patients	100%	93%	3	3

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DBA: North Star Behavioral Health, 2530 DeBarr Road, Anchorage, AK

Org ID: 1049







# **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

		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.	<b>№</b> 2	<b>№</b> <sup>2</sup>	

CCIVICCS						
		Compared to other Joint Commission			on	
		Accredited Organizations Nationwide Statew			wide	
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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.	ND 4	100%	63%	3	3
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 or the addition of an antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	3 	100%	41%	3	3

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# **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

		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.	<b>∞</b> <sup>2</sup>	<b>⊚</b> ²	

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	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 medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.		100%	51%	3	3

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Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

		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.	<b>∞</b> <sup>2</sup>	<b>№</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				n
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with 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 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 is also being treated with Clozapine.	3	100%	64%	3	3

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Compared to other Joint
Compared to other some
Commission

**Accredited Organizations** Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

		Compared to other Joint Commission Accredited Organizations				on
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Average Rate:
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 medication to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	₩ <b>0</b> 3 ———	100%	57%	3	3
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.	0.06 (42 Total Hours in Restraint)	N/A	0.45	3	3

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Compared to other Joint







### **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

		Cor	npared to o	other Joint ed Organiz		on
		1	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use 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.	0.08 (20 Total Hours in Restraint)	N/A	0.34	3	3
Hours of Physical Restraint Use 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.	0.06 (22 Total Hours in Restraint)	N/A	0.25	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
   Null value or data not displayed.

#### **Symbol Key**

- 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.
- 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.
- 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.
- The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- There were no eligible patients that met the denominator criteria.

DBA: North Star Behavioral Health, 2530 DeBarr Road, Anchorage, AK

Org ID: 1049

Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

20.71000						
		Cor	npared to c			on
			Accredit lationwide	ed Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored	
		rtesuits	at Least:	rtate.	at Least:	itale.
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.	0.00 (0 Total Hours in Restraint)	N/A	0.51	3	3
Hours of Physical Restraint Use 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	0.17	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.	0.57 (402 Total Hours in Seclusion)	N/A	0.35	3	3

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Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: October 2017 - September 2018

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.

Services						
		Compared to other Joint Commission Accredited Organizations				on
		1	lationwide			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.	1.34 (322 Total Hours in Seclusion)	N/A	0.61	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.	0.22 (80 Total Hours in Seclusion)	N/A	0.23	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.	0.00 (0 Total Hours in Seclusion)	N/A	0.39	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	0.04	3	3

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