

# 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.

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





### **Summary of Quality Information**

Symbol Key 1	~		<b>TT</b>	-
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0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
•••	Not displayed

#### Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
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- 11. There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	2/13/2019	3/30/2022	3/30/2022
🮯 Hospital	Accredited	2/16/2019	4/1/2022	6/9/2022

#### 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 Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2019National Patient Safety Goals	$\bigotimes$	(in) *
Hospital	2019National Patient Safety Goals	Ø	*
	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.



## **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: <ul> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> </ul>
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)



# **2019 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 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."



# **2019 National Patient Safety Goals**

### Hospital

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

#### Symbol Key 3

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### **National Quality Improvement Goals**

Reporting Per	iod: April 2020 - March 2021		
		Compared to Comm Accredited C	nission
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>O</b> <sup>2</sup>

				other Joint ed Organiz		on
		١	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 589 eligible Patients	100%	96%	3	3

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

---- Null value or data not displayed.

#### Symbol Key 2

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### **National Quality Improvement Goals**

reporting ron	iod: April 2020 - March 2021					
				npared to c Commiss edited Org		
Measure Area	Explanation		Nationwi	de	Statewide	е
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patie			2	<b>∞</b> <sup>2</sup>	
			Accredit	other Joint ed Organiz		
Measure	Explanation	N Hospital	lationwide	Average	State Top 10%	wide
Medsure	Слранацон	Results	Scored at Least:	Rate:	Scored at Least:	Rate
Assessment of violence substance use disorder, trauma and patient strer completed - Children (1- years)	children age (1-12 years) screened for violence risk to self and others,	100% of 133 eligible Patients	100%	97%	3	3

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### **National Quality Improvement Goals**

				npared to c Commise	sion	
Measure Area	Explanation		Accre Nationwie		anizations Statewid	_
Hospital-Based	This category of evidenced based measures as overall quality of care given to psychiatric patie				@ <sup>2</sup>	
			mpared to c Accredite Jationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Assessment of violence r substance use disorder, trauma and patient streng completed - Adolescent ( years)	adolescent age (13-17 years) screened for violence risk to self and	100% of 213 eligible Patients	100%	97%	3	

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or await 2530 DeBarr Road, Anchorage, AK



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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier			2	<b>№</b> <sup>2</sup>	
The Measure or Measure Set was not reported.			1	Co	mpared to c Accredite	other Joint ( ted Organiz		on
The Measure Set does not have an overall result.					Vationwide			ewide
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:	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 the denominator criteria.	Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 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	CO 100% of 237 eligible Patients	100%	95%	3	3

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>1 2</b>	
Footnote Key	Services							
The Measure or Measure Set was not reported.			Cor	npared to c Accredit	other Joint ed Organiz		on	
The Measure Set does not have an overall result.			E an la se a fina		lationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul>	Assessment of violence substance use disorder, trauma and patient stre completed - Older Adult years)	, ngths	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,	00% of 6 eligible Patients	100%	95%	3	3

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2530 DeBarr Road, Anchorage, AK



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Symbol Key 2	Reporting Period	l: April 2020 - March 2021					
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul> Footnote Key <ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>	Measure Area Hospital-Based Th	Explanation his category of evidenced based measures as verall quality of care given to psychiatric patiel	nts. Cor	Accre Nationwid	2	sion anizations Statewide 2 Commissio	n
<ol> <li>overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ol>	Multiple Antipsychotic Medications at Discharge w 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.	25% of 4 eligible Patients	at Least:	59%	at Least:	3
	Multiple Antipsychotic Medications at Discharge w Appropriate Justification Children Age 1 - 12	This measure reports the number of	4	100%	42%	3	3

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Symbol Key 2 This organization achieved the best

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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		s the		<b>O</b> <sup>2</sup>	
The Measure or Measure Set was not reported. The Measure Set does not have an					mpared to c Accredite Nationwide	other Joint ed Organiz		
overall result. The number of patients is not enough for comparison purposes.	all result. Measure Measure of patients is not enough comparison purposes.		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.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	1	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					

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.
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group of drugs used to treat psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

illness that markedly interferes with a

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Footnote Key The Measure or Measure Set was n

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### **National Quality Improvement Goals**

Reporting Peri	iod: Ap	ril 2020 - March 2021					
				Con	npared to o Commise		
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewide	е
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			<b>@</b> <sup>2</sup> <b>@</b> <sup>2</sup>		
					other Joint ed Organiz	ations	
Measure		Explanation	Hospital	Vationwide Top 10%	Average	State Top 10%	ewide Ave
Weasure		LAplanation	Results	Scored at Least:	Rate:	Scored at Least:	Ra
Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a					
		person's capacity to meet life's	<b>№</b> <sup>4</sup>	100%	60%	3	

- data is below the reporting requirement 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
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Null value or data not displayed.

100%

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possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
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Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			)2	<b>O</b> <sup>2</sup>	
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<ul> <li>overall result.</li> <li>3. The number of patients is not enough for comparison purposes.</li> <li>4. The number of patients is not enough for comparison purposes.</li> </ul>	Measure		Explanation	Hospital Results		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.	0.09 (49 Total Hours in Restraint)	N/A	0.86	3	3

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This organization's performance is similar to the target range/value.								
O This organization's performance is below the target range/value.					Accr	Commiss edited Org		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	Э
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>™</b> 2	
Footnote Key	Services							
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>				Cor	npared to c Accredite	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.	Management				lationwide	A		wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ol>	Hours of Physical Restr 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.	0.15 (25 Total Hours in Restraint)	N/A	0.35	3	3
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use Adolescents Age 1		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	0.09 (24 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

condition.

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2530 DeBarr Road, Anchorage, AK



### **National Quality Improvement Goals**

Symbol Key 2							
This organization achieved the best possible results	Reporting Per	riod: 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.			Com	pared to c Commiss			
OThis organization's performance is below the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation	41	Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures a overall quality of care given to psychiatric patie		0	2	<b>№</b> <sup>2</sup>	
Footnote Key	Services						
1. The Measure or Measure Set was not reported.			Со	mpared to c Accredite	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.				lationwide		State	wide
<b>3.</b> The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement</li> </ol>			0.00 (0 Total Hours	at Least: N/A	1.06	at Least:	3
<ol> <li>9. The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>11. There were no eligible patients that meta</li> </ol>	Hours of Physical Rest	used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. This measure reports the number of	in Restraint)				
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Use Older Adults Age 6 Older	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.		N/A	0.10	3	3
	Hours of Seclusion Use 1000 Patient Hours - O Rate		0.07 (40 Total Hours in Seclusion)	N/A	0.44	3	3

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#### **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Peri	od: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	Ŧ	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> ²	
1. The Measure or Measure Set was not reported.				Co	mpared to c Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.					Nationwide	_		wide
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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure</li> </ol>	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.	0.15 (24 Total Hours in Seclusion)	N/A	0.40	3	3
<ul> <li>data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ul>	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.	0.07 (17 Total Hours in Seclusion)	N/A	0.19	<sup>3</sup>	<sup>3</sup>
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Hours of Seclusion Use Age 18 - 64	Adults	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	0.53	3	3

This measure reports the number of

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

hours patients age 65 and older were

N/A

0.07

\_\_\_3

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

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

Hours of Seclusion Use Older

Adults Age 65 and Older