

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.





Summary of Quality Information

Requirements for Improvement Activity Date

11/1/2022

Existence at time of survey of a condition, which in the Joint Commission's view, poses a threat to patients or other individuals served.

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
Behavioral Health Care and Human Services	Accredited	3/31/2022	3/30/2022	3/30/2022
🤣 Hospital	Preliminary Denial of Accreditation	11/2/2022	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	2022National Patient Safety Goals	\bigotimes	[*]
Hospital	2022National 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.

Sym	bol	Key



Footnote Key

1.	The Measure or Measure Set was not
	reported.

- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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



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)



2022 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.

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

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



2022 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	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	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

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 The organization has not met the National Patient Safety Goal.
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This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key

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The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

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

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There were no eligible patients that met

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The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

above the target range/value. This organization's performance is

2530 DeBarr Road, Anchorage, AK



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.	⊘ ²	O ²

		Со	mpared to c Accredit	other Joint ed Organiz		'n
		1	lationwide		State	wide
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

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

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

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National Quality Improvement Goals

				npared to c Commiss edited Org	sion	
Measure Area	Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		0	2	⊘ ²	
				other Joint ed Organiz	ations	
Management	Fundamentian		lationwide	A	State	
Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Rat
Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	hgths children age (1-12 years) screened for violence risk to self and others,	00% of 133 eligible Patients	100%	97%	3	

Symbol Key

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the patient recover.

such as family support, a steady job,

housing, etc. which are used to help



National Quality Improvement Goals

Reporting Period	l: April 2020 - March 2021					
	Measure Area Explanation Nationwide		sion			
Measure Area	Explanation			Ŭ	Statewid	е
	nis category of evidenced based measures as verall quality of care given to psychiatric patier			2	○ ²	
			mpared to c Accredite Nationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Assessment of violence ris substance use disorder, trauma and patient strength completed - Adolescent (13 years)	adolescent age (13-17 years) screened for violence risk to self and	00% of 213 eligible Patients	100%	97%	3	

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National Quality Improvement Goals

Reporting Peri	od: April 2020 - March 2021					
Measure Area	Explanation			0		÷
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures ass overall quality of care given to psychiatric patien		(2	∞ ²	
			Accredite	other Joint ed Organiz		
Measure	Explanation	N Hospital Results	ationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Avera Rate
Assessment of violence a substance use disorder, trauma and patient streng completed - Adult (18-64 years)	adults age (18-64 years) screened for violence risk to self and others,	CO 100% of 237 eligible Patients	100%	95%	3	

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National Quality Improvement Goals

Compared to other Joint Commission Accredited Organizations							
Measure Area	Explanation		Nationwi		Statewid	e	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie			2	∞ ²		
			mpared to c Accredite lationwide	other Joint ed Organiz			
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:		
Assessment of violence substance use disorder trauma and patient stree completed - Older Adult years)	older adult (>= 65 years) screened for violence risk to self and others,	CO 100% of 6 eligible Patients	100%	95%	3		

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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
Footnote Key			egory of evidenced based measures as quality of care given to psychiatric patie					
1. The Measure or Measure Set was not reported.				Сог		other Joint ed Organiz	Commissio vations	n
2. The Measure Set does not have an overall result.					lationwide		State	
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:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	• 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.	25% of 4 eligible Patients	100%	59%	3	3
the denominator criteria. 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.	ND ⁴	100%	42%	3	3

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National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		0	2	⊘ ²	
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The Measure Set does not have an	1			N	Nationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	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.		at Ecust.		di Louoi.	
valid. The Measure results are based on a sample of natients			Antipsychotic medications are a group of drugs used to treat					

7.	The Measure results are based on a
	sample of patients.
8.	The number of months with Measure

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to reduce the number of

psychosis. Psychosis is a mental illness that markedly interferes with a

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

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justifications include previous

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	@ ²	
The Measure or Measure Set was not reported.			1		Accredite	other Joint (ed Organiza		
The Measure Set does not have an overall result.					Nationwide		State	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement.	Multiple Antipsychotic Medications at Discharge 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	N ⁰ ⁴		2004	di Louoi.	3
The measure results are temporarily			everyday demands. Appropriate	Ŭ	100%	60%	³	3

- 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the
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overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Adults Age 65 and Older		This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	2 3	at Least: 100%	55%	at Least:	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restra Use per 1000 Patient Ho 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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 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 	Measure Area Hospital-Based Inpatient Psychiatric Services	Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.						e
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 			E a la a fi a	N	lationwide	ed Organiz	ations State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored at Least:	Average Rate:
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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.''	Hours of Physical Restr Use Adolescents Age 13		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.	0.09 (24 Total Hours in Restraint)	N/A	0.25	3	3



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on Not displayed	Measure Area	Measure Area Explanation				Statewide		
	Hospital-Based Inpatient Psychiatric Services	atient Psychiatric overall quality of care given to psychiatric patients.				™ ²		
Footnote Key 1. The Measure or Measure Set was not			Co	mpared to c	other loint	Commissio	n	
reported.2. The Measure Set does not have an				Accredit	ed Organiz	zations		
overall result. 3. The number of patients is not enough	Measure	Explanation	Hospital	Nationwide Top 10%	Average	Top 10%	ewide Average	
for comparison purposes.			Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
 Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Adults Age 18 - 64	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	1.06	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 Older Adults Age 6 Older	•	 	N/A	0.10	3	3	
	Hours of Seclusion Use 1000 Patient Hours - Ov Rate		0.07 (40 Total Hours in Seclusion)	N/A	0.44	3	3	

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

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

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2530 DeBarr Road, Anchorage, AK



National Quality Improvement Goals

Symbol Key				, in the second s				
This organization achieved the best possible results	Reporting Peri	iod: Api	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.								
This organization's performance is below the target range/value.					Accre	Commiss edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Footpoto Koy —	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
Footnote Key The Measure or Measure Set was not reported.				Con	npared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide	Ŭ	State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	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	at Least:	3
The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting	Hours of Seclusion Use Adolescents Age 13 - 17	7	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	0.07 (17 Total Hours in Seclusion)	N/A	0.19	3	3

10. Test Measure: a measure bei evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11

There were no eligible patients that met the denominator criteria.

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

every 1,000 hours of patient care. N/A Seclusion is the involuntary 0.00 (0 Total Hours in Seclusion) confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use Older This measure reports the number of hours patients age 65 and older were Adults Age 65 and Older kept in seclusion for every 1,000 hours of patient care. Seclusion is N/A the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.

physically prevented from leaving.

hours patients age 18 through 64

years were kept in seclusion for

This measure reports the number of



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.

Hours of Seclusion Use Adults

Age 18 - 64

0.53

0.07

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