

# 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**

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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. |
| Θ   | 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.
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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<br>Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|--|------------------------|-------------------|--------------------------|-----------------------------|
| Behavioral Health Care and<br>Human Services | Accredited             | 3/31/2022         | 3/30/2022                | 1/18/2023                   |
| 🎯 Hospital                                   | Accredited             | 1/17/2023         | 4/1/2022                 | 3/29/2023                   |

#### 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<br>Organiz |  |
|---|--|------------------------------------|--|
|   |  | Nationwide                         | Statewide  |
| Behavioral<br>Health<br>Care and<br>Human<br>Services | 2022National Patient Safety Goals  | $\bigotimes$                       | (in the second s |
| Hospital  | 2022National Patient Safety Goals  | Ø                                  | *  |
| Reporting<br>Period:<br>Apr 2020 -<br>Mar 2021        | National Quality Improvement Goals:<br>Hospital-Based Inpatient Psychiatric Services | @ <sup>2</sup>                     | @ <sup>2</sup>   |

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



# **Locations of Care**

| * Primary Location  |   |
|---|---|
| Locations of Care   | Available Services  |
| Frontline Hospital *<br>DBA: North Star<br>Behavioral Health<br>2530 DeBarr Road<br>Anchorage,<br>AK 99508-2948                       | Services:<br>• Behavioral Health (Day Programs - Adult)<br>(24-hour Acute Care/Crisis Stabilization - Child/Youth)<br>(Partial Hospitalization - Adult)   |
| Frontline Hospital<br>DBA: North Star<br>Behavioral Health - Chris<br>Kyle Patriots Hospital<br>1650 S. Bragaw<br>Anchorage, AK 99508 | Other Clinics/Practices located at this site:<br>• IOP/PHP<br>Services:<br>• Behavioral Health (Day Programs - Adult)<br>(24-hour Acute Care/Crisis Stabilization - Adult)<br>(Partial Hospitalization - Adult) |
| North Star DeBarr<br>Residential Treatment<br>Center<br>1500 DeBarr Circle<br>Anchorage, AK 99508                                     | Services:<br>• Behavioral Health (24-hour Acute Care/Crisis Stabilization -<br>Child/Youth)<br>(Residential Care - Child/Youth)   |
| North Star Palmer<br>Residential Treatment<br>Center<br>mile 2.5 Clark-Wolverine<br>Rd.<br>Palmer, AK 99645                           | Services:<br>• 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<br>identification of individuals<br>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<br>safety risks inherent in the<br>population of the individuals<br>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<br>communication among<br>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<br>associated with clinical<br>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<br>safety risks inherent in its<br>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                                   | $\bigcirc$   |

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

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There were no eligible patients that met

the denominator criteria.

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The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

2530 DeBarr Road, Anchorage, AK



# **National Quality Improvement Goals**

| Reporting Per                                       | iod: April 2020 - March 2021  |                       |   |
|---|---|-----------------------|---|
|   |   |                       | o other Joint<br>hission<br>Organizations |
| Measure Area  | Explanation   | Nationwide            | Statewide                                 |
| Hospital-Based<br>Inpatient Psychiatric<br>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>                     |

|   |  | Cor                                      |                                | other Joint<br>ed Organiz | Commissic<br>ations            | on              |
|---|--|--|--------------------------------|---------------------------|--------------------------------|-----------------|
|   |  | Ν  | lationwide                     |                           | State                          | wide            |
| Measure   | Explanation  | Hospital<br>Results                      | Top 10%<br>Scored<br>at Least: | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: | Averag<br>Rate: |
| Assessment of violence risk,<br>substance use disorder,<br>trauma and patient strengths<br>completed - Overall Rate | This measure reports the overall<br>number of patients screened for<br>violence risk to self and others,<br>substance and alcohol use,<br>psychological trauma history and<br>patient strengths. Screening for<br>violence risk to self determines if<br>patients are likely to harm<br>themselves. Screening for violence<br>risk to others determines if patients<br>are likely to harm others. Screening<br>for substance and alcohol use<br>determines if patients need help for<br>their use. Screening for<br>psychological trauma history<br>determines if patients have<br>experienced terrible events in their<br>lives which have left them fearful or<br>anxious and unable to handle their<br>feelings. Screening for patient<br>strengths identifies positive things<br>such as family support, a steady job,<br>housing, etc. which are used to help<br>the patient recover. | 2<br>100% of<br>589 eligible<br>Patients | 100%                           | 96%                       | 3                              | 3               |

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



## **National Quality Improvement Goals**

|   |   |                                    |                     | npared to c<br>Commiss<br>edited Org | sion                           |              |
|---|---|------------------------------------|---------------------|--------------------------------------|--------------------------------|--------------|
| Measure Area  | Explanation   |                                    | Nationwi            | de                                   | Statewide                      | 9            |
| Hospital-Based<br>Inpatient Psychiatric<br>Services   | This category of evidenced based measures as<br>overall quality of care given to psychiatric patier |                                    | 0                   | 2                                    | <b>⊘</b> <sup>2</sup>          |              |
|   |   |                                    |                     | other Joint<br>ed Organiz            | ations                         |              |
| Management  | Fundamentian  |                                    | lationwide          | A                                    | State                          |              |
| Measure   | Explanation   | Hospital<br>Results                | Scored<br>at Least: | Average<br>Rate:                     | Top 10%<br>Scored<br>at Least: | Aver:<br>Rat |
| Assessment of violence<br>substance use disorder,<br>trauma and patient stren<br>completed - Children (1-<br>years) | hgths children age (1-12 years) screened for violence risk to self and others,                      | 00% of<br>133 eligible<br>Patients | 100%                | 97%                                  | 3                              |              |

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housing, etc. which are used to help



# **National Quality Improvement Goals**

| Reporting Period   | l: April 2020 - March 2021  |                                    |  |                                      |                                |   |
|--|---|------------------------------------|--|--------------------------------------|--------------------------------|---|
|  |   |                                    |  | npared to c<br>Commiss<br>edited Org | sion                           |   |
| Measure Area   | Explanation   |                                    | Nationwi                               | Ŭ                                    | Statewid                       | е |
|  | nis category of evidenced based measures as<br>verall quality of care given to psychiatric patier |                                    |  | 2                                    | <b>○</b> <sup>2</sup>          |   |
|  |   |                                    | mpared to c<br>Accredite<br>Nationwide | other Joint<br>ed Organiz            |                                |   |
| Measure  | Explanation   | Hospital<br>Results                |  | Average<br>Rate:                     | Top 10%<br>Scored<br>at Least: |   |
| Assessment of violence ris<br>substance use disorder,<br>trauma and patient strength<br>completed - Adolescent (13<br>years) | adolescent age (13-17 years)<br>screened for violence risk to self and                            | 00% of<br>213 eligible<br>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<br>Inpatient Psychiatric<br>Services  | This category of evidenced based measures ass<br>overall quality of care given to psychiatric patien |   | <b>(</b>                                    | 2                         | <b>∞</b> <sup>2</sup>                   |               |
|  |  |   | Accredite                                   | other Joint<br>ed Organiz |   |               |
| Measure  | Explanation  | N<br>Hospital<br>Results                  | ationwide<br>Top 10%<br>Scored<br>at Least: | Average<br>Rate:          | State<br>Top 10%<br>Scored<br>at Least: | Avera<br>Rate |
| Assessment of violence a<br>substance use disorder,<br>trauma and patient streng<br>completed - Adult (18-64<br>years) | adults age (18-64 years) screened for violence risk to self and others,                              | CO<br>100% of<br>237 eligible<br>Patients | 100%  | 95%                       | 3                                       |               |

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### **National Quality Improvement Goals**

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

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## **National Quality Improvement Goals**

| Symbol Key  This organization achieved the best possible results   | 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>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 overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>  |   | Explanation<br>his category of evidenced based measures as<br>verall quality of care given to psychiatric patier<br>Explanation  | nts.<br>Cor                      | Accre<br>Nationwid<br>Impared to o<br>Accredite<br>lationwide | 2   | sion<br>anizations<br>Statewide<br>commissio<br>ations<br>State | n<br>wide |
| <ol> <li>The measure meets the Privacy<br/>Disclosure Threshold rule.</li> <li>The organization scored above 90% but<br/>was below most other organizations.</li> <li>The Measure results are not statistically<br/>valid.</li> <li>The Measure results are based on a<br/>sample of patients.</li> <li>The number of months with Measure<br/>data is below the reporting requirement.</li> <li>The measure results are temporarily<br/>suppressed pending resubmission of<br/>updated data.</li> <li>Test Measure: a measure being<br/>evaluated for reliability of the<br/>individual data elements or awaiting<br/>National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol> | he measure meets the Privacy<br>isclosure Threshold rule.<br>he organization scored above 90% but<br>as below most other organizations.<br>he Measure results are not statistically<br>ulid.<br>he Measure results are based on a<br>imple of patients.<br>he number of months with Measure<br>ata is below the reporting requirement.<br>he measure results are temporarily<br>pppressed pending resubmission of<br>odated data.<br>est Measure: a measure being<br>aluated for reliability of the<br>dividual data elements or awaiting | This is a proportion measure. A<br>proportion measure is a measure<br>which shows the number of<br>occurrences over the entire group<br>within which the occurrence should<br>take place. The numerator is<br>expressed as a subset of the<br>denominator. This measure reports<br>the overall number of patients<br>discharged on two or more<br>antipsychotic medications.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>persons capacity to meet lifes<br>everyday demands.  | 25% of<br>4 eligible<br>Patients | 100%  | 59% | <u></u> 3   | 3         |
| the denominator criteria.<br>For further information<br>and explanation of the<br>Quality Report contents,<br>refer to the ''Quality<br>Report User Guide.''   | Multiple Antipsychotic<br>Medications at Discharge wi<br>Appropriate Justification<br>Children Age 1 - 12   | This measure reports the number of<br>patients age 1 through 12 years<br>discharged on two or more<br>antipsychotic medications for which<br>there was an appropriate justification.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>person's capacity to meet life's<br>everyday demands. Appropriate<br>justifications include previous<br>attempts to control psychosis with<br>one antipsychotic medication, a plan<br>to reduce the number of<br>antipsychotic medications to one<br>antipsychotic medication or the<br>addition of an antipsychotic<br>medication when the patient is also<br>being treated with Clozapine. | €€€ <sup>4</sup>                 | 100%  | 42% | 3   | 3         |

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

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### **National Quality Improvement Goals**

| Symbol Key   |   |   |   |                     |                                |                             |                                |                 |
|--|---|---|---|---------------------|--------------------------------|-----------------------------|--------------------------------|-----------------|
| This organization achieved the best<br>possible results  | Reporting Per   | iod: Ap   | oril 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                            | npared to o<br>Commiss      |                                |                 |
| This organization's performance is below the target range/value.   |   |   |   |                     | Accr                           | ganizations                 |                                |                 |
| Not displayed  | Measure Area  |   | Explanation   |                     | Nationwide                     |                             | Statewide                      | e               |
|  | Hospital-Based<br>Inpatient Psychiatric<br>Services   | npatient Psychiatric overall quality of care given to psychiatric patients. |   |                     |                                | )2                          | <b>⊘</b> <sup>2</sup>          |                 |
| Footnote Key   | 00111003  |   |   |                     |                                |                             |                                |                 |
| The Measure or Measure Set was not reported.   |   |   |   | Cor                 | mpared to o<br>Accredite       | other Joint (<br>ed Organiz |                                | 'n              |
| The Measure Set does not have an   | 1   |   |   | N                   | Nationwide                     |                             |                                | ewide           |
| overall result.<br>The number of patients is not enough<br>for comparison purposes.  | Measure   |   | Explanation   | Hospital<br>Results | Top 10%<br>Scored<br>at Least: | Average<br>Rate:            | Top 10%<br>Scored<br>at Least: | Averag<br>Rate: |
| The measure meets the Privacy<br>Disclosure Threshold rule.<br>The organization scored above 90% but<br>was below most other organizations.<br>The Measure results are not statistically | Multiple Antipsychotic<br>Medications at Discharg<br>Appropriate Justification<br>Adolescents Age 13 - 17 | n   | This measure reports the number of<br>patients age 13 through 17 years<br>discharged on two or more<br>antipsychotic medications for which<br>there was an appropriate justification. |                     | at Ecust.                      |                             | di Louoi.                      |                 |
| valid.<br>The Measure results are based on a<br>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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addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

justifications include previous

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

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### **National Quality Improvement Goals**

| Symbol Key   |   |         |   |                        |                                |                              |                                |                  |
|--|---|---------|---|------------------------|--------------------------------|------------------------------|--------------------------------|------------------|
| This organization achieved the best possible results   | Reporting Peri  | iod: Ap | oril 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                            | npared to of<br>Commiss      |                                |                  |
| This organization's performance is below the target range/value.   |   |         |   |                        | Accr                           | edited Orga                  |                                |                  |
| Not displayed  | Measure Area  |         | Explanation   |                        | Nationwic                      | de                           | Statewide                      | e                |
| Footnote Key   | Hospital-Based<br>Inpatient Psychiatric<br>Services   |         | tegory of evidenced based measures as<br>quality of care given to psychiatric patier  | 0                      | 2                              | @ <sup>2</sup>               |                                |                  |
| The Measure or Measure Set was not reported.   |   |         | 1   |                        | Accredite                      | other Joint (<br>ed Organiza |                                |                  |
| The Measure Set does not have an<br>overall result.  |   |         |   |                        | Nationwide                     |                              | State                          |                  |
| The number of patients is not enough for comparison purposes.  | Measure   |         | Explanation   | Hospital<br>Results    | Top 10%<br>Scored<br>at Least: | Average<br>Rate:             | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| The measure meets the Privacy<br>Disclosure Threshold rule.<br>The organization scored above 90% but<br>was below most other organizations.<br>The Measure results are not statistically<br>valid.<br>The Measure results are based on a<br>sample of patients.<br>The number of months with Measure<br>data is below the reporting requirement. | Multiple Antipsychotic<br>Medications at Discharge<br>Appropriate Justification<br>Adults Age 18 - 64 |         | This measure reports the number of<br>patients age 18 through 64 years<br>discharged on two or more<br>antipsychotic medications for which<br>there was an appropriate justification.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>person's capacity to meet life's | <b>ND</b> <sup>4</sup> |                                | 2004                         | di Louoi.                      | 3                |
| The measure results are temporarily  |   |         | everyday demands. Appropriate   | Ŭ                      | 100%                           | 60%                          | <sup>3</sup>                   | 3                |

- 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the
- individual data elements or awaiting National Quality Forum Endorsement. 11 There were no eligible patients that met
- the denominator criteria.

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

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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

justifications include previous

to reduce the number of

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Null value or data not displayed.

2530 DeBarr Road, Anchorage, AK



## **National Quality Improvement Goals**

| Symbol Key   |  |         |  |  |                     |             |                       |         |
|--|--|---------|--|--|---------------------|-------------|-----------------------|---------|
| This organization achieved the best possible results   | Reporting Perio  | od: 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.  |  | Com     |  |  |                     |             |                       |         |
| O This organization's performance is below the target range/value.   |  |         | Accr   | sion<br>anizations                         |                     |             |                       |         |
| w Not displayed  | Measure Area   |         | Explanation  |  | Nationwi            | de          | Statewide             | e       |
| Footpote Vay   |  |         | egory of evidenced based measures as<br>quality of care given to psychiatric patie   |  | <b>(</b>            | 2           | <b>○</b> <sup>2</sup> |         |
| Footnote Key           1.         The Measure or Measure Set was not   |  |         |  | Cor  | npared to c         | other loint | Commissio             | n       |
| <ul><li>reported.</li><li>2. The Measure Set does not have an</li></ul>  |  |         |  |  | Accredit            | ed Organiz  | ations                |         |
| <ol> <li>The number of patients is not enough</li> </ol>   | Measure  |         | Explanation  | Hospital                                   |                     |             | State<br>Top 10%      | Average |
| for comparison purposes.   |  |         |  | Results                                    | Scored<br>at Least: | Rate:       | Scored<br>at Least:   | Rate:   |
| <ol> <li>The measure meets the Privacy<br/>Disclosure Threshold rule.</li> <li>The organization scored above 90% but<br/>was below most other organizations.</li> <li>The Measure results are not statistically<br/>valid.</li> <li>The Measure results are based on a<br/>sample of patients.</li> <li>The number of months with Measure<br/>data is below the reporting requirement.</li> <li>The measure results are temporarily<br/>suppressed pending resubmission of<br/>updated data.</li> <li>Test Measure: a measure being<br/>evaluated for reliability of the<br/>individual data elements or awaiting<br/>National Quality Forum Endorsement.</li> <li>There were no eligible patients that met<br/>the denominator criteria.</li> </ol> | Multiple Antipsychotic<br>Medications at Discharge<br>Appropriate Justification (<br>Adults Age 65 and Older | Older   | This measure reports the number of<br>patients age 65 and older discharged<br>on two or more antipsychotic<br>medications for which there was an<br>appropriate justification.<br>Antipsychotic medications are a<br>group of drugs used to treat<br>psychosis. Psychosis is a mental<br>illness that markedly interferes with a<br>person's capacity to meet life's<br>everyday demands. Appropriate<br>justifications include previous<br>attempts to control psychosis with<br>one antipsychotic medication, a plan<br>to reduce the number of<br>antipsychotic medications to one<br>antipsychotic medication or the<br>addition of an antipsychotic<br>medication when the patient is also<br>being treated with Clozapine. | <b>600</b> 3                               | 100%                | 55%         | 3                     | 3       |
| For further information<br>and explanation of the<br>Quality Report contents,<br>refer to the ''Quality<br>Report User Guide.''  | Hours of Physical Restrai<br>Use per 1000 Patient Hou<br>Overall Rate  |         | This measure reports the total hours<br>patients were kept in physical<br>restraints for every 1,000 hours of<br>patient care. Physical restraint is any<br>manual method or physical or<br>mechanical device, material, or<br>equipment that immobilizes or<br>reduces the ability of a patient to<br>move his or her arms, legs, body or<br>head freely when it is used as a<br>restriction to manage a patient's<br>behavior or restrict the patient's<br>freedom of movement and is not a<br>standard treatment for the patient's<br>medical or psychiatric condition.   | 0.0862<br>(49 Total Hours<br>in Restraint) | N/A                 | 0.8583      | 3                     | 3       |

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## **National Quality Improvement Goals**

| Symbol Key   |   |          |   |  |                                |                           |                                |                           |
|--|---|----------|---|--|--------------------------------|---------------------------|--------------------------------|---------------------------|
| <ul> <li>This organization achieved the best possible results</li> <li>This organization's performance is above the target range/value.</li> </ul>   | Reporting Peri                                      | iod: Apı | ril 2020 - March 2021   |  |                                |                           |                                |                           |
| <ul> <li>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> </ul>   |   |          | Com   |  |                                |                           |                                |                           |
| Not displayed  | Measure Area  |          | Explanation   |  | Nationwide State               |                           |                                | e                         |
| Footnote Key   | Hospital-Based<br>Inpatient Psychiatric<br>Services |          | egory of evidenced based measures as<br>quality of care given to psychiatric patie  |  |                                | 2                         | <b>⊘</b> <sup>2</sup>          |                           |
| <ol> <li>The Measure or Measure Set was not<br/>reported.</li> <li>The Measure Set does not have an</li> </ol>   |   |          |   |  |                                | other Joint<br>ed Organiz | ations                         |                           |
| <ol> <li>The number of patients is not enough<br/>for comparison purposes.</li> </ol>  | Measure   |          | Explanation   | N<br>Hospital<br>Results                   | Top 10%<br>Scored<br>at Least: | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: | ewide<br>Average<br>Rate: |
| <ol> <li>The measure meets the Privacy<br/>Disclosure Threshold rule.</li> <li>The organization scored above 90% but<br/>was below most other organizations.</li> <li>The Measure results are not statistically<br/>valid.</li> <li>The Measure results are based on a<br/>sample of patients.</li> <li>The number of months with Measure<br/>data is below the reporting requirement.</li> <li>The measure results are temporarily<br/>suppressed pending resubmission of<br/>updated data.</li> <li>Test Measure: a measure being<br/>evaluated for reliability of the<br/>individual data elements or awaiting<br/>National Quality Forum Endorsement.</li> </ol> | Hours of Physical Restra<br>Use Children Age 1 - 12 |          | This measure reports the number of<br>hours patients age 1 through 12<br>years were kept in physical restraints<br>for every 1,000 hours of patient care.<br>Physical restraint is any manual<br>method or physical or mechanical<br>device, material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition.  | 0.1531<br>(25 Total Hours<br>in Restraint) | N/A                            | 0.3472                    | 3                              | 3                         |
| 11. There were no eligible patients that met<br>the denominator criteria.<br>For further information<br>and explanation of the<br>Quality Report contents,<br>refer to the "Quality<br>Report User Guide."   | Hours of Physical Restra<br>Use Adolescents Age 13  |          | This measure reports the number of<br>hours patients age 13 through 17<br>years were kept in physical restraints<br>for every 1,000 hours of patient care.<br>Physical restraint is any manual<br>method or physical or mechanical<br>device, material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition. | 0.0942<br>(24 Total Hours<br>in Restraint) | N/A                            | 0.2485                    | 3                              | 3                         |



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## **National Quality Improvement Goals**

| Symbol Key   |  |                                       |   |  |                         |                           |                                |       |
|--|--|---------------------------------------|---|--|-------------------------|---------------------------|--------------------------------|-------|
| This organization achieved the best possible results   | Reporting Per  | riod: 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.  |  | Compared to other Joint<br>Commission |   |  |                         |                           |                                |       |
| This organization's performance is<br>below the target range/value.  |  | Accr                                  | edited Org  |  |                         |                           |                                |       |
| Not displayed  | Measure Area   |                                       | Explanation   |  | Nationwi                | Ŭ                         | Statewide                      | е     |
|  | Hospital-Based<br>Inpatient Psychiatric<br>Services  |                                       | egory of evidenced based measures as<br>quality of care given to psychiatric patier   |  |                         | 2                         | <b>⊘</b> <sup>2</sup>          |       |
| Footnote Key           1.         The Measure or Measure Set was not   |  |                                       |   | 0  |                         | the second start          | 0                              |       |
| reported.  |  |                                       |   | Cor  | npared to c<br>Accredit | otner Joint<br>ed Organiz |                                | n     |
| 2. The Measure Set does not have an overall result.  | Масациа  |                                       | Evaluation  |  | lationwide              | Average                   |                                | wide  |
| 3. The number of patients is not enough for comparison purposes.   | Measure  |                                       | Explanation   | Hospital<br>Results                        | Scored<br>at Least:     | Rate:                     | Top 10%<br>Scored<br>at Least: | Rate: |
| <ol> <li>The measure meets the Privacy<br/>Disclosure Threshold rule.</li> <li>The organization scored above 90% but<br/>was below most other organizations.</li> <li>The Measure results are not statistically<br/>valid.</li> <li>The Measure results are based on a<br/>sample of patients.</li> <li>The number of months with Measure<br/>data is below the reporting requirement.</li> <li>The measure results are temporarily<br/>suppressed pending resubmission of<br/>updated data.</li> <li>Test Measure: a measure being<br/>evaluated for reliability of the<br/>individual data elements or awaiting<br/>National Quality Forum Endorsement.</li> </ol> | sure Threshold rule.<br>ganization scored above 90% but<br>low most other organizations.<br>easure results are not statistically<br>easure results are based on a<br>of patients.<br>mber of months with Measure<br>below the reporting requirement.<br>easure results are temporarily<br>ssed pending resubmission of<br>d data.<br>easure: a measure being<br>ed for reliability of the<br>Hours of Physical Restraint<br>Use Adults Age 18 - 64<br>Use Adults Age 18 - 64 |                                       | This measure reports the number of<br>hours patients age 18 through 64<br>years were kept in physical restraints<br>for every 1,000 hours of patient care.<br>Physical restraint is any manual<br>method or physical or mechanical<br>device, material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition. | 0.000<br>(0 Total Hours<br>in Restraint)   | N/A                     | 1.0605                    | 3                              | 3     |
| 11. There were no eligible patients that met<br>the denominator criteria.<br>For further information<br>and explanation of the<br>Quality Report contents,<br>refer to the ''Quality<br>Report User Guide.''   | Hours of Physical Restr<br>Use Older Adults Age 6<br>Older   |                                       | This measure reports the number of<br>hours patients age 65 and older were<br>kept in physical restraints for every<br>1,000 hours of patient care. Physical<br>restraint is any manual method or<br>physical or mechanical device,<br>material, or equipment that<br>immobilizes or reduces the ability of<br>a patient to move his or her arms,<br>legs, body or head freely when it is<br>used as a restriction to manage a<br>patient's behavior or restrict the<br>patient's freedom of movement and<br>is not a standard treatment for the<br>patient's medical or psychiatric<br>condition.        | €€0 <sup>4</sup>                           | N/A                     | 0.0961                    | 3                              | 3     |
|  | Hours of Seclusion Use<br>1000 Patient Hours - O<br>Rate   |                                       | This measure reports the total hours<br>patients were kept in seclusion for<br>every 1,000 hours of patient care.<br>Seclusion is the involuntary<br>confinement of a patient alone in a<br>room or an area where the patient is<br>physically prevented from leaving.  | 0.0717<br>(40 Total Hours<br>in Seclusion) | N/A                     | 0.4419                    | 3                              | 3     |

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

| Symbol Key  |   |  |  |  |          |   |                 |       |
|---|---|--|--|--|----------|---|-----------------|-------|
| This organization achieved the best<br>possible results   | Reporting Period                                      | l: April 2020 -  | March 2021   |  |          |   |                 |       |
| <ul> <li>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> </ul>  | Measure Area  | Con<br>Accr<br>Nationwi  |  |  |          |   |                 |       |
| Not displayed   | Hospital-Based T                                      |  | Explanation<br>denced based measures a<br>re given to psychiatric patie  |  |          |   | Statewide       | 5     |
| <ol> <li>Footnote Key</li> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>   | Measure   |  | Explanation  |  | Accredit | other Joint<br>ed Organiz<br>Average<br>Rate: | ations<br>State | ewide |
| <ul> <li>5. The organization scored above 90% but was below most other organizations.</li> <li>6. The Measure results are not statistically valid.</li> <li>7. The Measure results are based on a sample of patients.</li> </ul>  | Hours of Seclusion Use<br>Children Age 1 - 12         | hours patie<br>years were<br>every 1,00<br>Seclusion<br>confineme<br>room or an      | ure reports the number of<br>ents age 1 through 12<br>e kept in seclusion for<br>0 hours of patient care.<br>is the involuntary<br>nt of a patient alone in a<br>n area where the patient is<br>prevented from leaving.  | 0.1457<br>(24 Total Hours<br>in Seclusion) | N/A      | 0.4020  | 3               | 3     |
| <ul> <li>8. The number of months with Measure data is below the reporting requirement.</li> <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> </ul> | Hours of Seclusion Use<br>Adolescents Age 13 - 17     | hours patie<br>years were<br>every 1,00<br>Seclusion<br>confineme<br>room or an      | ure reports the number of<br>ents age 13 through 17<br>e kept in seclusion for<br>0 hours of patient care.<br>is the involuntary<br>nt of a patient alone in a<br>a area where the patient is<br>prevented from leaving. | 0.0664<br>(17 Total Hours<br>in Seclusion) | N/A      | 0.1948  | <sup>3</sup>    | 3     |
| 11. There were no eligible patients that met<br>the denominator criteria.<br>For further information<br>and explanation of the<br>Quality Report contents,  | Hours of Seclusion Use Ad<br>Age 18 - 64              | hours patie<br>years were<br>every 1,00<br>Seclusion<br>confineme<br>room or an      | ure reports the number of<br>ents age 18 through 64<br>e kept in seclusion for<br>0 hours of patient care.<br>is the involuntary<br>nt of a patient alone in a<br>n area where the patient is<br>prevented from leaving. | 0.0000<br>(0 Total Hours<br>in Seclusion)  | N/A      | 0.5260  | 3               | 3     |
| refer to the "Quality<br>Report User Guide."  | Hours of Seclusion Use Old<br>Adults Age 65 and Older | hours patie<br>kept in sec<br>hours of pa<br>the involur<br>patient alo<br>where the | ure reports the number of<br>ents age 65 and older were<br>clusion for every 1,000<br>atient care. Seclusion is<br>itary confinement of a<br>ne in a room or an area<br>patient is physically<br>from leaving.           | ۩ <sup>4</sup>                             | N/A      | 0.0678  | <sup>3</sup>    | 3     |



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