

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.

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

DBA: Hampton Behavioral Health Center, 650 Rancocas Rd, Westampton, NJ



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	y Last On-Site
		Date	Date	Survey Date
🎯 Behavioral Health Care	Accredited	3/11/2017	3/10/2017	3/10/2017
🎯 Hospital	Accredited	3/11/2017	3/10/2017	4/18/2017

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	${igodot}$	⊙ *
Hospital	2017National Patient Safety Goals	\bigotimes	*
	National Quality Improvement Goals:		
Reporting Period: Apr 2018 - Mar 2019	Hospital-Based Inpatient Psychiatric Services	@ ²	2 ²

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

Symbol Key

0	This organization achieved the best possible results.
Ð	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.

DBA: Hampton Behavioral Health Center, 650 Rancocas Rd, Westampton, NJ



Locations of Care

* Primary Location

Locations of Care	Available Services
Hampton Behavioral Health Center DBA: Hampton Counseling Center 1001 Kings Highway South Cherry Hill, NJ 08034	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial - Adult/Child/Youth)
Hampton Behavioral Health Center DBA: Hampton Counseling Center 1544 Kuser Road, Bldg C, Unit C-5, Center City Office Park Hamilton, NJ 08619	Services: • Behavioral Health (Day Programs - Adult) (Partial - Adult)
UHS of Hampton Inc * DBA: Hampton Behavioral Health Center 650 Rancocas Road Mount Holly, NJ 08060	Other Clinics/Practices located at this site: Hampton Counseling Center Hampton Counseling Center - Cherry Hill Services: Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth)

DBA: Hampton Behavioral Health Center, 650 Rancocas Rd, Westampton, NJ



2017 National Patient Safety Goals

Behavioral Health Care

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

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.

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2017 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	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\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 Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ ତ ତ
	Preventing Surgical Site Infections	\bigotimes
	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	\bigotimes

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DBA: Hampton Behavioral Health Center, 650 Rancocas Rd, Westampton, NJ



National Quality Improvement Goals

Reporting Per	iod: April 2018 - March 2019		
		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	⊘ ²

			Accredit	Commission ations Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
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.	96% of 1264 eligible Patients	100%	95%	100%	97%

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

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Quality Report contents,

refer to the "Quality Report User Guide."

UHS of Hampton Inc.

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		egory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
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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	№ ²	
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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	∞ ²	
1. The Measure or Measure Set was not reported.						other Joint ed Organiz	ations	
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National Quality Improvement Goals

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Measure Area	•					Ð
	This category of evidenced based measures associate the second seco		0	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:	wide Avera Rate
Assessment of violence ri substance use disorder, trauma and patient streng completed - Older Adult (years)	older adult (>= 65 years) screened for violence risk to self and others,	94% of 125 eligible Patients	100%	94%	100%	989

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below the target range/value.	Measure Area	Explanation		Accre Nationwie	edited Org	anizations Statewide	
Mot displayed		Explanation s category of evidenced based measures as	ssesses the				
Footnote Key	Inpatient Psychiatric over Services	rall quality of care given to psychiatric patie	nts.	0	2	∞ ²	
1. The Measure or Measure Set was not reported.			Cor	npared to c Accredite	other Joint ed Organiz		'n
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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:
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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 with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	600 ³	100%	48%	3	3

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National Quality Improvement Goals

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Measure Area	Measure Area Explanation						е	
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie	@ ²		™ ²			
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Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra	
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 group of drugs used to treat						

7.	The Measure results are based on a
	sample of patients.

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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:
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one antipsychotic medication, a plan

illness that markedly interferes with a

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58% of

98 eligible

Patients

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64%

100%

100%

72%

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overall result.The number of patients is not enough for comparison purposes.	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 Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.04 (33 Total Hours in Restraint)	N/A	0.48	N/A	0.31

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2. The Measure Set does not have an overall result.					lationwide	, j	State	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:
 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. 	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.	0.01 (0 Total Hours in Restraint) ³	N/A	0.37	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	0.05 (4 Total Hours in Restraint)	N/A	0.26	3	3



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

condition.

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National Quality Improvement Goals

				npared to c Commis	sion	
Measure Area	Explanation		Nationwi		anizations Statewid	e
Hospital-Based	his category of evidenced based measures as verall quality of care given to psychiatric patie				™ ²	
		Со	mpared to c Accredite	other Joint ed Organiz	zations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Averag Rate:
Hours of Physical Restrai Use Adults Age 18 - 64	t This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.04 (27 Total Hours in Restraint)	N/A	0.55	N/A	0.35
Hours of Physical Restrai Use Older Adults Age 65 Older	nd hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.03 (2 Total Hours in Restraint)	N/A	0.14	N/A	0.02
Hours of Seclusion Use p 1000 Patient Hours - Ove Rate		0.06 (59 Total Hours in Seclusion)	N/A	0.37	N/A	2.09

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possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 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 Privac Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 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.
- 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
- 1. There were no eligible patients that met the denominator criteria.

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Symbol Key							
This organization achieved the best possible results	Reporting Period: A	April 2018 - March 2019					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Corr	npared to o Commiss		
This organization's performance is below the target range/value.	1			Accr	redited Org		
Not displayed	Measure Area	Explanation		Nationwie		Statewide	e
		category of evidenced based measures as all quality of care given to psychiatric patie		() ²	⊘ ²	
Footnote Key 1. The Measure or Measure Set was not				_			
reported.	1		Cor		other Joint ted Organiz	Commissio zations	n
The Measure Set does not have an overall result.				Nationwide	Ŭ	State	ewide
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. 	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.	0.00 (0 Total Hours in Seclusion)	N/A	0.60	3	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 National Quality Forum Endorsement. 	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.	0.09 (8 Total Hours in Seclusion)	N/A	0.22	3	3
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 Adults Age 18 - 64		0.06 (47 Total Hours in Seclusion)	N/A	0.42	N/A	2.46
refer to the "Quality Report User Guide."	Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a	Ø	N/A	0.04	N/A	0.04



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patient alone in a room or an area where the patient is physically prevented from leaving.

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0.06 (3 Total Hours in Seclusion)