

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



Summary of Quality Information

Symbol Key

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

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 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."

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
🮯 Home Care	Accredited	10/18/2014	8/30/2017	8/30/2017
🮯 Hospital	Accredited	1/19/2015	9/1/2017	11/3/2017
oNursing Care Center	Accredited	1/19/2015	8/30/2017	8/30/2017

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

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Home Care	2014National Patient Safety Goals	${\mathfrak O}$	()*	
Hospital	2017National Patient Safety Goals	Ø	()*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	1	() ²	
Apr 2016 - Mar 2017	Hospital-Based Inpatient Psychiatric Services	1	O ²	
	Immunization	(1) ²	O ²	
	Perinatal Care	() ²	2 °	
Nursing Care Center	2014National Patient Safety Goals	\bigotimes	<u>ن</u> ه *	

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



Locations of Care	Available Services
Chase Building 401 Market St. Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Express Clinic Calcutta DBA: An outpatient dpeartment of Trinity Health System St. Route 170 Calcutta Square Calcutta OH. Suite B East Liverpool, OH 43920	Services: • Outpatient Clinics (Outpatient)
Express Clinic Toronto DBA: An outpatient department of Trinity Health System 1800 Franklin St. Toronto, OH 43964	Services: Outpatient Clinics (Outpatient)
Medical Pavilion 4100 Johnson Road 4100 Johnson Road, Suite 102, 207,104, 208 Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Teramana Cancer Center 3204 Johnson Road Steubenville, OH 43952	Services: • Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Trinity ExpressCare 148 Main St. Wintersville, OH 43953	Services: • Urgent Care (Outpatient)



* Primary Location

Locations of Care	Available Services		
Trinity Medical Center East 380 Summit Avenue Steubenville, OH 43952	 Services: Addiction Care/Adult/Child/Youth) Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) Chemical Dependency (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) Family Support (Non 24 Hour Care) Home Health Aides Home Health Aides Inpatient Unit (Inpatient) Occupational Therapy 		



* Primary Location

Locations of Care	Available Services
Trinity Medical Center West * 4000 Johnson Road Steubenville, OH 43952	 Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardioxascular Unit (Inpatient) C T Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) G or Endoscopy Lab (Imaging/Diagnostic Services) Gonecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Medical ICU (Intensive Care Unit) Magnetic Resonance Medical ICU (Intensive Care Unit)
Trinity Outpatient Endoscopy Center 1805 Sinclair Avenue Steubenville, OH 43952	Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)



* Primary Location	
Locations of Care	Available Services
Trinity Outpatient ENT- Radiology DBA: An Outpatient Department of Trinity Health System 2315 Sunset BLVD. Steubenville OH. Steubenville, OH 43952	Services: Single Specialty Practitioner (Outpatient)
Trinity Sports Medicine 3151 Johnson Rd. Suite 2 Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Trinity WorkCare 3203 Johnson Road Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Wellness Center DBA: An outpatient department of Trinity Health System 1840 Franklin St. Toronto, OH 43964	Services: • Outpatient Clinics (Outpatient)



2014 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient 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
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	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.



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	\bigcirc
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	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
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
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Reporting Period: April 2016 - March 2017

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Footnote Key

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		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	@ ²	1

		Compared to other Joint Commission Accredited Organizations				
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	RED ² 72.00 minutes 879 eligible Patients	55.00	129.00	49.85	100.71
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	244.00 minutes 881 eligible Patients	205.00	316.00	209.19	273.12

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e best ce is	Reporting Per	iod: April 2016 - March 2017		
ce is ie.			Compared to Comm	
ce is			Accredited O	rganizations
	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

			Cor	npared to c Accredit	other Joint ed Organiz		n		
			١	lationwide		Statewide			
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
t Y	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.	94% of 467 eligible Patients	100%	95%	100%	95%		

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Ap	ril 2016 - March 2017					
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This organization's performance is below the target range/value.					Accr	redited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	○ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Cor	mpared to o	other Joint ted Organiz		on
The Measure Set does not have an			,	ľ	Vationwide			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:	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. 	Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	, ngths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients					

	data is below the reporting requirement.
9.	The measure results are temporarily
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	evaluated for reliability of the

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the patient recover.

are likely to harm others. Screening for substance and alcohol use

determines if patients need help for

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

their use. Screening for psychological trauma history

determines if patients have experienced terrible events in their

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

100%

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Reporting Peri	iod: Ap	ril 2016 - March 2017					
					Commis	other Joint sion anizations	
Measure Area		Explanation		Nationwi	de	Statewide	Э
Hospital-Based Inpatient Psychiatric Services	This cat overall	ssesses the nts.		2	⊘ ²		
					other Joint ed Organiz	zations	
Measure		Explanation	N Hospital	Vationwide	Average	State	
Nousure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate
Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years)	ngths	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm					

t enough	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
ve 90% but izations. statistically ed on a Measure equirement. porarily ssion of ng e waiting iorsement. nts that met	Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	8	100%	96%	3	3

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- 1. There were no eligible patients that met the denominator criteria.

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National Quality Improvement Goals

Symbol Key								
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	™ 2	
Footnote Key The Measure or Measure Set was not				Со	mpared to c	other Joint	Commissio	on
reported.						ed Organiz		
The Measure Set does not have an overall result.					Vationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy	Assessment of violence	winte	This measure reports the number of		at Least:		at Least:	
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.	substance use disorder substance use disorder trauma and patient stre completed - Adult (18-6 years)	, ngths	adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of updated data.			are likely to harm others. Screening for substance and alcohol use	\bigotimes	100%	95%	100%	95%

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.

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the patient recover.

determines if patients need help for

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

their use. Screening for

psychological trauma history

determines if patients have

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

100%

94% of

443 eligible

Patients

95%

100%

95%

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updated data. 10. Test Measure: a measure being evaluated for reliability of the



National Quality Improvement Goals

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This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	™ ²	
The Measure or Measure Set was not reported.				Cor	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.				Ν	lationwide	5	State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	e risk,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder, trauma and patient stree	,	older adult (>= 65 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Older Adult years)	t (>= 65	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.	· ,		patient strengths. Screening for violence risk to self determines if					
			themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening	Θ				
updated data. Test Measure: a measure being			determines if patients need help for	83% of	100%	95%	100%	94%
evaluated for reliability of the individual data elements or awaiting			psychological trauma history	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			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	83% of 24 eligible	100%	95%	100%	

individual data elements or await National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwie		Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	∞ ²	
1. The Measure or Measure Set was not reported.				Co	mpared to c			n
2. The Measure Set does not have an					Accredite	ed Organiz		wide
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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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 Discharg 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.	NDD 8	100%	59%	3	3

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National Quality Improvement Goals

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This organization's performance is below the target range/value.					Accre	edited Org		
Not displayed	Measure Area		Explanation		Nationwie	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊙ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an				N	lationwide	5 a 6 1 g		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:	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.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	ı ı	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.					

	The Measure results are not statistically valid.
7.	The Measure results are based on a

- sample of patients. 8.
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Antipsychotic medications are a group of drugs used to treat

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

illness that markedly interferes with a

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

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100%

54%



Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Ap	ril 2016 - March 2017					
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 Commiss		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier			2	⊘ ²	
The Measure or Measure Set was not reported.				Col	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				1	lationwide		State	wide
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.	Multiple Antipsychotic Medications at Discharg	e with	This measure reports the number of patients age 18 through 64 years		al Least.		al Least.	

reported.

Symbol Key

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- 2. The Measure Set does not have an overall result. 3.
- The number of patients is not enoug 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."

being treated with Clozapine.

discharged on two or more

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

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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Appropriate Justification

Adults Age 18 - 64

100%

21% of

39 eligible

Patients

61%

67%

97%



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2016 - March 2017					
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 Commission			
Othis organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
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				Cor	npared to c	other Joint	Commissio	on
reported.2. The Measure Set does not have an					Accredit	ed Organiz	ations	
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide 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 the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Adults Age 65 and Olde	n 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.	50% of 4 eligible Patients	100%	55%	100%	64%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.32 (34 Total Hours in Restraint)	N/A	0.52	N/A	0.11

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

Symbol Key								
This organization achieved the best possible results	Reporting Per	lod: Ap	ril 2016 - March 2017					
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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.					Accr	redited Orga		
Not displayed	Measure Area		Explanation		Nationwie	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patien		0) ²	○ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor		other Joint ted Organiz	Commissio	'n
The Measure Set does not have an			· · · · · · · · · · · · · · · · · · ·	N	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	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	Hours of Physical Restra 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.	100 8	N/A	0.34	3	5

	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."

			at Least:		at Least:	
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	600 8	N/A	0.34	3	3
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	600 8	N/A	0.33	3	3



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

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Symbol Key								
is organization achieved the best ssible results	Reporting Perio	od: Apr	il 2016 - March 2017					
is organization's performance is over the target range/value.								
is organization's performance is nilar to the target range/value.					Com	npared to o Commiss		
nis organization's performance is slow the target range/value.					Accr	edited Orga		
lot displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key			egory of evidenced based measures as quality of care given to psychiatric patier		0	2	0 ²	
ne Measure or Measure Set was not ported.				Cor	mpared to o Accredite	other Joint (ed Organiz		on
ne Measure Set does not have an verall result.				N	Vationwide			ewide
he number of patients is not enough r comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Avera Rate
he measure meets the Privacy isclosure Threshold rule. he organization scored above 90% but as below most other organizations	Hours of Physical Restrair Use Adults Age 18 - 64	nt	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints		at Least:		at Least:	

Footnote Key The Measure or Measure Set was reported.

Symbol Key

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- 2. The Measure Set does not have ar overall result.
- 3. The number of patients is not eno for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90 was below most other organizations.
- The Measure results are not statistically valid.
- 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.''**

			lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Jse Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.35 (34 Total Hours in Restraint)	N/A	0.59	N/A	0.11
Hours of Physical Restraint Jse Older Adults Age 65 and Dlder	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.16	N/A	0.17
lours of Seclusion Use per 000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.39	N/A	0.13

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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sample of patients.

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

This organization achieved the best

This organization's performance is

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

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

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.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an



National Quality Improvement Goals

Reporting Per	iod: April 2016 - March 2017		
		Compared to Comm Accredited O	ission
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	1 2

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Vationwide	Average Rate:	State	ewide Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	€00 ⁸	N/A	0.54	at Least.	3
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	ND 8	N/A	0.22	<u></u> 3	³
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.44	N/A	0.13
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.06	N/A	0.05

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Reporting F	Period: April 2016 - March 2017		
			to other Joint nission
		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses	(1) ²	\bigcirc^2

		Compared to other Joint Commission Accredited Organizations				n
		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	94% of 586 eligible Patients	100%	94%	100%	94%

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Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
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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 Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 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.
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- 1. There were no eligible patients that met the denominator criteria.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

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. The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

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sample of patients.

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



National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting P	eriod: April 2016 - March 2017		
This organization's performance is above the target range/value.		-		
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ ²	0 ²
\mathbf{F} () \mathbf{I}				

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Nationwide Hospital Top 10% Average		Statewide Top 10% Average		
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	∞ 3 	100%	98%	100%	99%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	2% of 60 eligible Patients	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	20% of 451 eligible Patients	74%	53%	67%	49%



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2014 National Patient Safety Goals

Nursing Care Center

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	\bigotimes
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Central-Line Associated Blood Stream Infections	\bigotimes
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
Prevent health care-associated pressure ulcers (decubitus ulcers).	Assessing Resident Risk for Pressure Ulcers	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.