

Accreditation Quality Report





Version: 5 Date: 8/27/2021

Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the
 prevention of medical errors such as surgery on the wrong side of
 the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.









Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	Last On-Site
		Date	Date	Survey Date
Behavioral Health Care and Human Services	Accredited	11/14/2017	6/16/2021	6/16/2021
Home Care	Accredited	8/31/2017	6/15/2021	6/15/2021
Hospital	Accredited	11/17/2017	6/18/2021	8/26/2021
Nursing Care Center	Accredited	8/31/2017	6/15/2021	6/15/2021

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

Hospital

C	ertified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
@	Post-Acute Care - Nursing Care Center	Post-Acute Care	11/14/2017	6/15/2021	6/15/2021

Other Accredited Programs/Services

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Home Care	2014National Patient Safety Goals	Ø	№ *
Hospital	2019National Patient Safety Goals	Ø	N/A *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ ²	№ 2
Jan 2019 - Dec 2019	Hospital-Based Inpatient Psychiatric Services	(MD) 2	ND 2
	Immunization	(ND) 2	ND 2
	Perinatal Care	№ 2	ND 2

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

Symbol Key

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Footnote Key

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 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting
- 11. There were no eligible patients that met the denominator criteria.

National Quality Forum Endorsement.





Nursing

Care

Center





Summary of Quality Information

2014National Patient Safety Goals

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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Compared to other Joint Commission Accredited
Organizations

Nationwide Statewide

*

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Locations of Care

Locations of Care	Available Services
Chase Building 401 Market St. Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Express Clinic Calcutta DBA: An outpatient department of Trinity Health System St. Route 170 Calcutta Square Calcutta OH. Suite B East Liverpool, OH 43920	Services: • Outpatient Clinics (Outpatient)
Medical Pavilion 4100 Johnson Road 4100 Johnson Road, Suite 102, 207,104, 101,208 Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Outpatient Physical Therapy DBA: An outpatient department of Trinity Health System 1800 Franklin St. Toronto, OH 43964	Services: • Outpatient Clinics (Outpatient)
St. Clairsville #1 (Radiology & Lab Services) DBA: An outpatient department of Trinity Health System 106 Plaza Drive Saint Clairsville, OH 43950	Services: • Outpatient Clinics (Outpatient)
St. Clairsville #2 (Outpatient Physical Therapy) DBA: An outpatient department of Trinity Health System 109 Plaza Drive Saint Clairsville, OH 43950	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 150 Main St. Wintersville, OH 43953	Services: • Urgent Care (Outpatient)
Trinity Health System Cadiz 82424 Cadiz Jewitt Road Cadiz, OH 43907	Services: • Outpatient Clinics (Outpatient)









Locations of Care

Locations of Care	Available Services
Trinity Medical Center Aquatic Therapy DBA: An outpatient department of Trinity Health System 200 Franciscan Square Steubenville, OH 43952	Services: • Outpatient Clinics (Outpatient)
Trinity Medical Center	Joint Commission Certified Programs:
East 380 Summit Avenue Steubenville, OH 43952	Post-Acute Care - Nursing Care Center Services:
	Addiction Services/Adult/Child/Youth) (Non-detox - Adult) Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult) (Non 24 Hour Care - Adult) (Partial Dependency (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (Yartial Hospitalization - Adult/Child/Youth) (Yartial Hospitalization - Adult/Child/Youth) (Non-detox - Adult) Family Support (Non 24 Hour Care) Home Health Aides Home Health, Non-Hospice Services Inpatient Unit (Inpatient) Occupational Therapy









Locations of Care

Trinity Medical Center West * 4000 Johnson Road Steubenville, OH 43952	Services:
	 Cardiovascular Unit (Inpatient) Coronary Care Unit (Inpatient) CT 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) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (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)
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)









Locations of Care

	*	Pri	imary	/ Loca	tion
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Locations of Care

Available Services

Trinity WorkCare
380 Summit Ave. Suite
G105
Steubenville, OH 43952

Available Services

Services:

Outpatient Clinics (Outpatient)









2014 National Patient Safety Goals

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."

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









2019 National Patient Safety Goals

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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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	8
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø









National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Comm	nission
		Accredited C	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	№ ²

			npared to c Accredite lationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored	Weighte d Median:	Top 10% Scored	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.	130.00 minutes 909 eligible Patients	55.00	133.00	52.06	100.90
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.	339.00 minutes 909 eligible Patients	200.00	350.00	199.15	265.70

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Measure Area

Hospital-Based

Services

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint
Commission
Accredited Organizations

	Accredited C	rganizations
Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	⊚ ²

		Col	mpared to o	other Joint ed Organiz		on
		1	Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 320 eligible Patients	100%	95%	100%	96%

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint Commission

Accredited Organizations

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Соі	mpared to o	other Joint ed Organiz		n
		١	Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	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 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.	ND 3	100%	96%	3	3

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint Commission

Accredited Organizations

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Соі	mpared to d	other Joint ed Organiz		on
			Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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	ND 3	100%	96%	3	3

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

the patient recover.

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National Quality Improvement Goals

Reporting Period: January 2019 - December 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	ND 2	

		Co	mpared to o	other Joint ed Organiz		on
		1	Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 301 eligible Patients	100%	95%	100%	96%

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint **Accredited Organizations** Nationwide Statewide

№ 2

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		Col	mpared to o	other Joint ed Organiz		n
			Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 19 eligible Patients	100%	95%	100%	97%

Explanation

This category of evidenced based measures assesses the

overall quality of care given to psychiatric patients.

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National Quality Improvement Goals

Reporting Period: January 2019 - December 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.	1 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				on
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	86% of 35 eligible Patients	100%	63%	89%	61%
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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	№ 03 ———	100%	47%	3	3

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				on
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	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 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 is also being treated with Clozapine.	3	100%	48%	3	3

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				on
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's 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 is also being treated with Clozapine.	86% of 35 eligible Patients	100%	65%	89%	61%

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		0		Alexandra Sank	0	
		Col	mpared to o	otner Joint ed Organiz		on
			Nationwide	cu Organiz		ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	3 	at Least:	56%	at Least:	58%
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.	0.40 (35 Total Hours in Restraint)	N/A	0.48	N/A	0.07

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Commission
Accredited Organizations

Explanation Nationwide Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

Compared to other Joint

		Compared to other Joint Commission				
		Accredited Organizations Nationwide Statewide				vuido
Measure	Explanation	Hospital		Average	Top 10%	
Weasure	Схріанацон	Results	Scored	Rate:	Scored	Rate:
		results	at Least:	rtate.	at Least:	rtate.
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.	3	N/A	0.40	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.	3	N/A	0.29	3	3

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to other Joint Commission Accredited Organizations			on	
		Nationwide Statev			wide	
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Hours of Physical Restraint Use 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.	0.43 (35 Total Hours in Restraint)	N/A	0.56	N/A	0.08
Hours of Physical Restraint Use Older Adults Age 65 and Older	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	0.09	N/A	0.02
Hours of Seclusion Use per 1000 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	0.40	N/A	0.07

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Col	mpared to o	other Joint	Commissio	on
			Accredit	ed Organiz	ations	
			lationwide			ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Hours of Seclusion Use	This measure reports the number of		at Least.		at Least.	
Children Age 1 - 12	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.	ND 3	N/A	0.69	3	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 3	N/A	0.21	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	0.45	N/A	0.08
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	0.08	N/A	0.00

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint **Accredited Organizations** Measure Area Explanation Nationwide Statewide **Immunization** This evidence-based prevention measure set assesses (ND) 2 immunization activity for pneumonia and influenza

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	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.	77% of 583 eligible Patients	99%	92%	99%	94%

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint

		~		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	67% of 3 eligible Patients	100%	98%	100%	98%
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	33% of 120 eligible Patients	12%	25%	11%	24%
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.	4% of 27 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.	28% of 328 eligible Patients	73%	51%	65%	46%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	352.00 minutes 284 eligible Patients				

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Compared to other Joint

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
			lationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	6338.00 minutes 284 eligible Patients				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	5985.00 minutes 284 eligible Patients				

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2014 National Patient Safety Goals

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."

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	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Central-Line Associated Blood Stream Infections	Ø
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