

Accreditation Quality Report





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

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

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

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



Summary of Quality Information

Symbol Key 1

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.
- 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 Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	6/20/2019	6/8/2022	6/8/2022
🙆 Hospital	Accredited	9/19/2020	6/10/2022	6/10/2022

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide	Statewide			
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	ن ه *			
Hospital	2020National Patient Safety Goals	Ø	*			
	National Quality Improvement Goals:					
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 °	2 °			

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



Locations of Care

* Primary Location

Locations of Care	Available Services
F.W. of Saratoga, Inc. * DBA: Four Winds-Saratoga 30 Crescent Avenue Saratoga Springs, NY 12866	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth)





2019 National Patient Safety Goals

Behavioral Health Care and Human Services

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

Symbol Key 3

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."



2020 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key 3

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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Reporting Per	iod: April 2020 - March 2021		
			o other Joint hission
		Accredited C	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	™ ²

		Cor	npared to o Accredit	other Joint ed Organiz		on
		Ν	lationwide		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 - 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 2371 eligible Patients	100%	96%	100%	92%

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

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

---- Null value or data not displayed.

Symbol Key 2

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.
 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 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.
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- **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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National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O 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			2	⊘ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 					mpared to c Accredite Jationwide	other Joint ed Organiz	ations	ewide
overall result. 3. The number of patients is not enough for comparison purposes. 4. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		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. 	Assessment of violence substance use disorder, trauma and patient stree 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 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	98% of 349 eligible Patients	100%	97%	100%	98%

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the patient recover.

feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

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

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
This organization's performance is below the target range/value.					Accr		anizations	
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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an					mpared to c Accredite Nationwide	other Joint ed Organiz	ations	on 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. The measure results are temporarily suppressed pending resubmission of	Assessment of violence substance use disorder trauma and patient stre completed - Adolescent years)	r, engths	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	Ø			a Least.	

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.

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

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

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

97%

100%

95%

100%

95% of

993 eligible

Patients



				npared to o Commiss	sion	
Measure Area	Explanation		Accr Nationwi	edited Org	anizations Statewide	_
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measu overall quality of care given to psychiatric				2 Contended	5
		Со	mpared to c Accredite	other Joint ed Organiz		n
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Assessment of violence substance use disorder, trauma and patient strer completed - Adult (18-64 years)	adults age (18-64 years) screened for violence risk to self and others	e s g Ø 96% of 998 eligible Patients	100%	95%	100%	90%

Symbol Key 2

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.
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Footnote Key

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the patient recover.

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National Quality Improvement Goals

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This organization's performance is above the target range/value.							
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Not displayed	Measure Area	Explanation		Nationwi		Statewid	е
Footnote Key		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
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overall result. 3. The number of patients is not enough for comparison purposes.	Measure	Explanation	N 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. 	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,	94% of 31 eligible Patients	100%	95%	100%	89%

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the patient recover.

housing, etc. which are used to help

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
O This organization's performance is below the target range/value.				Accr			
Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
Footnote Key		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
1. The Measure or Measure Set was not reported.			Cor	npared to o	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.		-		lationwide		State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharge 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.	51% of 35 eligible Patients	100%	59%	100%	71%
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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ⁴	100%	42%	3	3

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

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Symbol Key 2 This organization achieved the best

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National Quality Improvement Goals

Symbol Key 2					//			
This organization achieved the best possible results	Reporting Per	iod: Ap	oril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.				1		pared to ot Commissi		
This organization's performance is below the target range/value.				/		edited Orga		
Not displayed	Measure Area		Explanation		Nationwid	le	Statewide	
	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.			ľ	Con		other Joint C ed Organiza	Commission zations	
The Measure Set does not have an			7	N	lationwide		Statev	wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic		This measure reports the number of					

patients age 13 through 17 years

Antipsychotic medications are a

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

group of drugs used to treat

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

discharged on two or more

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.

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Null value or data not displayed.

Medications at Discharge with

Appropriate Justification

Adolescents Age 13 - 17

100%

47%

100%

45%





National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Perio	od: Ap	oril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
Footnote Key			ategory of evidenced based measures as quality of care given to psychiatric patier		0	2	@ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 					Accredite	ed Organiz		
overall result.		_	E-minution -		Nationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's	Ø				
9. The measure results are temporarily	1		person's capacity to meet me's		100%	60%	100%	73%

	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 alamanta or avaiting

- ndividual data elements or awaiting National Quality Forum Endorsement. 11 There were no eligible patients that met
- the denominator criteria.

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everyday demands. Appropriate

antipsychotic medications to one antipsychotic medication or the

justifications include previous attempts to control psychosis with one antipsychotic medication, a plan

to reduce the number of

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

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Null value or data not displayed.

100%

50% of 32 eligible Patients 60%

100%

73%



National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
Θ This organization's performance is below the target range/value.					Accr	redited Orga		
Not displayed	Measure Area		Explanation		Nationwic		Statewide	
Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	∞ ²	
Footnote Key 1. The Measure or Measure Set was not			T	Co	mpared to o	other loint	Commissi	on
reported.						ted Organiz	zations	
2. The Measure Set does not have an overall result.	Mageura		Explanation		Vationwide		State	
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:	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. 	barison purposes. sure meets the Privacy re Threshold rule. Inization scored above 90% but w most other organizations. Issure results are not statistically usure results are based on a of patients. Suber of months with Measure elow the reporting requirement. sure results are temporarily ed pending resubmission of data. Issure i measure being of for reliability of the al data elements or awaiting Quality Forum Endorsement. Bar on of ligible patients that met		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 	100%	55%	100%	72%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restrain Use per 1000 Patient Hou 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.	0.02 (18 Total Hours in Restraint)	N/A	0.86	N/A	0.28

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Null value or data not displayed.



National Quality Improvement Goals

Symbol Key 2								
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This organization's performance is similar to the target range/value.					Con	npared to c		
This organization's performance is					Commission Accredited Organizations			
below the target range/value.	Measure Area		Explanation		Nationwi		Statewide	_
Not displayed	Hospital-Based	This oct	tegory of evidenced based measures a	access the	Nationwi	ue	Statewice	-
	Inpatient Psychiatric Services		quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	00111000							
1. The Measure or Measure Set was not reported.				Coi	mpared to o			n
2. The Measure Set does not have an				Ν	Accredit Nationwide	ed Organiz		wide
overall result.	Measure		Explanation	Hospital		Average	Top 10%	
3. The number of patients is not enough for comparison purposes.				Results	Scored	Rate:	Scored	Rate:
4. The measure meets the Privacy			This was a second state of the second state of		at Least:		at Least:	
Disclosure Threshold rule.	Hours of Physical Rest Use Children Age 1 - 12		This measure reports the number of hours patients age 1 through 12					
5. The organization scored above 90% but was below most other organizations.		-	years were kept in physical restraints					
6. The Measure results are not statistically			for every 1,000 hours of patient care. Physical restraint is any manual					
valid.			method or physical or mechanical					
7. The Measure results are based on a sample of patients.			device, material, or equipment that	\odot				
8. The number of months with Measure			immobilizes or reduces the ability of a patient to move his or her arms,		N/A	0.35	N/A	0.42
data is below the reporting requirement. 9. The measure results are temporarily			legs, body or head freely when it is	0.06 (13 Total Hours				
9. The measure results are temporarily suppressed pending resubmission of			used as a restriction to manage a	in Restraint)				
updated data.			patient's behavior or restrict the patient's freedom of movement and					
10. Test Measure: a measure being evaluated for reliability of the			is not a standard treatment for the					
individual data elements or awaiting			patient's medical or psychiatric					
National Quality Forum Endorsement.			condition.					
11. There were no eligible patients that met the denominator criteria.	Hours of Physical Rest Use Adolescents Age 1		This measure reports the number of hours patients age 13 through 17					
	Use Audiescents Age T	0-17	years were kept in physical restraints					
			for every 1,000 hours of patient care.					
For further information			Physical restraint is any manual method or physical or mechanical					
and explanation of the			device, material, or equipment that	(+)				
Quality Report contents,			immobilizes or reduces the ability of	Ŭ	N/A	0.25	N/A	0.26
refer to the "Quality			a patient to move his or her arms, legs, body or head freely when it is	0.02 (4 Total Hours				
Report User Guide.''			used as a restriction to manage a	in Restraint)				
			patient's behavior or restrict the					



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

patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric

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

condition.

Null value or data not displayed. ____



Symbol Key 2											
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021								
This organization's performance is above the target range/value.											
This organization's performance is similar to the target range/value.					Com	pared to c					
O This organization's performance is below the target range/value.							Commission Accredited Organizations				
Mot displayed	Measure Area						Statewid	e			
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.			(2	1 2				
1. The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		on			
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	Vationwide	Average	State	ewide			
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	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 Adults Age 18 - 64	raint	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.	0.00 (1 Total Hours in Restraint)	N/A	1.06	N/A	0.33			
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use Older Adults Age 6 Older		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	0.10	N/A	0.01			
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	0.18 (135 Total Hours in Seclusion)	N/A	0.44	N/A	0.10			

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best	Reporting Perio	od: Ap	ril 2020 - March 2021					
ce is								
ce is le.					Con	npared to o Commiss		
ce is					Accr	edited Org	anizations	
	Measure Area		Nationwi	de	Statewide			
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie	@ ²		⊘ ²		
vas not		mpared to o Accredit	other Joint ed Organiz		n			
e an					lationwide			wide
enough	Measure		Explanation	Hospital Results	Iop 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
90% but ations. atistically on a	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.	0.49 (100 Total Hours in Seclusion)	N/A	0.40	N/A	0.42
uirement. rarily ion of aiting rsement.	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.	0.10 (27 Total Hours in Seclusion)	N/A	0.19	N/A	0.21
that met	Hours of Seclusion Use <i>A</i> Age 18 - 64	Adults	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.	0.03 (8 Total Hours in Seclusion)	N/A	0.53	N/A	0.10
	Hours of Seclusion Use (Older	This measure reports the number of					

Symbol Key 2

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.
 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.

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

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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.

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

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Adults Age 65 and Older

N/A

0.00 (0 Total Hours

in Seclusion)

0.07

0.01

N/A