

Accreditation Quality Report











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

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

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

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

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

DBA: Laurel Ridge Treatment Center, 17720 Corporate Woods Drive, San Antonio, TX



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
🎯 Behavioral Health Care	Accredited	10/7/2015	10/6/2015	10/6/2015
📀 Hospital	Accredited	10/8/2015	10/7/2015	1/25/2018

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

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2015National Patient Safety Goals	\bigotimes	⊙ *
Hospital	2016National Patient Safety Goals	\bigotimes	*
	National Quality Improvement Goals:		
Reporting Period: Jul 2016 - Jun 2017	Hospital-Based Inpatient Psychiatric Services	2 °	1

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

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

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
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 Test Measure: a measure being
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- **11.** There were no eligible patients that met the denominator criteria.

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

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Locations of Care

* Primary Location

Locations of Care	Available Services
Texas Laurel Ridge Hospital, LP * DBA: Laurel Ridge Treatment Center 17720 Corporate Woods Drive San Antonio, TX 78259	Services: • Addiction Care/Adult) (Non-detox - Adult) • Behavioral Health/Child/Youth) (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Residential Care - Child/Youth) (Partial - Adult) • Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Partial - Adult) (Detox/Non-detox - Adult) (Detox/Non-detox - Adult) • Family Support (Non 24 Hour Care)
Texas Laurel Ridge Hospital, LP DBA: Laurel Ridge at Highpoint Center 1603 Babcock Suite 148 San Antonio, TX 78229	 Services: Behavioral Health (Day Programs - Child/Youth) (Partial - Child/Youth) Family Support (Non 24 Hour Care)
Texas Laurel Ridge Hospital, LP DBA: Mission Resiliency at Laurel Ridge 1900 E. Elms Road Suite 203 Killeen, TX 76542	Services: • Addiction Care/Adult) (Non-detox - Adult) • Behavioral Health (Day Programs - Adult) (Partial - Adult) • Chemical Dependency (Day Programs - Adult) (Partial - Adult) (Non-detox - Adult) • Family Support (Non 24 Hour Care)

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2015 National Patient Safety Goals

Behavioral Health Care

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

Symbol Key

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

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2016 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	\bigotimes
Use Alarms Safely	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> ୍ତ୍ର 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	\bigotimes

Symbol Key

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The Measure Set does not have an

Texas Laurel Ridge Hospital, LP

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National Quality Improvement Goals

Reporting Per	iod: July 2016 - June 2017		
		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊘ ²	⊙ ²

			Accredit	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Averag 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.	98% of 1397 eligible Patients	100%	95%	100%	97%

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

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National Quality Improvement Goals

	Reporting Per	iod: Jul	y 2016 - June 2017									
	Measure Area Explanation Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.				Hospital-Based This category of evidenced based measures asses					de		e
					Accredite	other Joint ed Organiz						
	Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:					
ut Ily nt.	Assessment of violence substance use disorder, trauma and patient strer completed - Children (1- years)	r, engths	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	95% of 269 eligible Patients	100%	97%	100%	98%				

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National Quality Improvement Goals

			Corr	npared to c			
			Accr	Commission Accredited Organizations			
Measure Area	Explanation		Nationwi	de	Statewide	e	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric pation of the provident of the prov		•	2	⊘ ²		
		Со	mpared to c Accredite	other Joint ed Organiz		'n	
Magaura	Evaluation		Vationwide	Average	State		
Measure	Explanation	Hospital Results	Scored at Least:	Rate:	Top 10% Scored at Least:	Rat	
Assessment of violence substance use disorder, trauma and patient stren completed - Adolescent of years)	adolescent age (13-17 years) screened for violence risk to self and	98% of 349 eligible Patients	100%	96%	100%	989	

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		legory of evidenced based measures as quality of care given to psychiatric patie			2	™ ²	
1. The Measure or Measure Set was not reported.				Со	npared to o Accredit	other Joint ed Organiz		on
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3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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National Quality Improvement Goals

		Commiss	other Joint ssion ganizations			
Measure Area	Explanation		Nationwic	de	Statewide	Э
	tegory of evidenced based measures as quality of care given to psychiatric patier		(2	⊘ ²	
				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	ationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
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	96% of 99 eligible Patients	100%	95%	100%	96

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Texas Laurel Ridge Hospital, LP

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 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 	Services				other Joint ed Organiz	ations	
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	N Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	۩ ⁴	100%	53%	100%	50%

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

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services	tient Psychiatric overall quality of care given to psychiatric patients.					⊘ ²	
The Measure or Measure Set was not reported.			I	Cor	mpared to c Accredite	other Joint ed Organiz		on
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The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera 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	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	n	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	00% of	100%	54%	100%	54%
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipextentia medications to one	3 eligible Patients				

National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		0	2	™ ²	
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The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rat
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic Medications at Discharc	ae with	This measure reports the number of patients age 18 through 64 years		di Leasi.		di Leasi.	
The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Appropriate Justification Adults Age 18 - 64	0	discharged on two or more antipsychotic medications for which					
valid.			there was an appropriate justification. Antipsychotic medications are a					
The Measure results are based on a sample of patients.			group of drugs used to treat psychosis. Psychosis is a mental					
The number of months with Measure data is below the reporting requirement.			illness that markedly interferes with a	\bigcirc				
The measure results are temporarily suppressed pending resubmission of			person's capacity to meet life's everyday demands. Appropriate justifications include previous	100% of 14 eligible	100%	62%	100%	76
updated data. Test Measure: a measure being			attempts to control psychosis with one antipsychotic medication, a plan	Patients				
evaluated for reliability of the individual data elements or awaiting			to reduce the number of					
National Quality Forum Endorsement.			antipsychotic medications to one					

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Footnote Key			egory of evidenced based measures as uality of care given to psychiatric patie			2	⊘ ²		
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restrai 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.	0.03 (42 Total Hours in Restraint)	N/A	0.52	N/A	0.20	

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Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2016 - June 2017					
 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 	Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation regory of evidenced based measures as quality of care given to psychiatric patien				sion	•
Footnote Key 1. The Measure or Measure Set was not reported. 2. The Measure Set does not have an	Services				npared to c Accredite lationwide	other Joint ed Organiz	ations	n wide
overall result.3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Children Age 1 - 12		This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.08 (14 Total Hours in Restraint)	N/A	0.31	N/A	0.12
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use Adolescents Age 1		This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.05 (13 Total Hours in Restraint)	N/A	0.26	N/A	0.25



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

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

suppressed pending result updated data. 10. Test Measure: a measure

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Texas Laurel Ridge Hospital, LP

DBA: Laurel Ridge Treatment Center, 17720 Corporate Woods Drive, San Antonio, TX



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: Julv	2016 - June 2017					
This organization's performance is		j						
above the target range/value. This organization's performance is					Corr	npared to o	ther loint	
similar to the target range/value.								
This organization's performance is below the target range/value.			Accredited Organizations					
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	Э
			gory of evidenced based measures as uality of care given to psychiatric patie		(2	№ ²	
Footnote Key	Inpatient Psychiatric Services	overall qu	anity of care given to psychiatric patie	ms.	O		0	
The Measure or Measure Set was not				Cor	nnorod to c	than laint	Commissio	
reported.				COI	npared to c Accredit	ed Organiz		11
The Measure Set does not have an overall result.					lationwide			wide
The number of patients is not enough	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Averag Rate:
or comparison purposes. The measure meets the Privacy				1000110	at Least:		at Least:	, luio.
Disclosure Threshold rule.	Hours of Physical Restra	aint	This measure reports the number of hours patients age 18 through 64					
The organization scored above 90% but vas below most other organizations.	Use Adults Age 18 - 64		years were kept in physical restraints					
he Measure results are not statistically			for every 1,000 hours of patient care. Physical restraint is any manual					
alid.			method or physical or mechanical	-				
he Measure results are based on a ample of patients.			device, material, or equipment that	Ð				
he number of months with Measure			immobilizes or reduces the ability of a patient to move his or her arms,	0.01	N/A	0.62	N/A	0.22
ata is below the reporting requirement. he measure results are temporarily			legs, body or head freely when it is	(14 Total Hours in Restraint)				
uppressed pending resubmission of			used as a restriction to manage a patient's behavior or restrict the					
pdated data. est Measure: a measure being			patient's freedom of movement and					
valuated for reliability of the			is not a standard treatment for the patient's medical or psychiatric					
ndividual data elements or awaiting Jational Quality Forum Endorsement.			condition.					
here were no eligible patients that met ne denominator criteria.	Hours of Physical Restra		This measure reports the number of					
ie denominator criteria.	Use Older Adults Age 65 Older	and	hours patients age 65 and older were kept in physical restraints for every					
	0.001		1,000 hours of patient care. Physical					
r further information			restraint is any manual method or physical or mechanical device,					
d explanation of the			material, or equipment that	№ ³				
ality Report contents,			immobilizes or reduces the ability of a patient to move his or her arms,	0.00	N/A	0.15	N/A	0.03
er to the "Quality			legs, body or head freely when it is	(0 Total Hours in Restraint) ³				
port User Guide.''			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.					
	Hours of Seclusion Use p		This measure reports the total hours					
	1000 Patient Hours - Ove	erall	patients were kept in seclusion for every 1,000 hours of patient care.	Ð				
	Rate		Seclusion is the involuntary	0.15	N/A	0.39	N/A	0.07
			confinement of a patient alone in a room or an area where the patient is	(242 Total Hours in				
			physically prevented from leaving.	Seclusion)				

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Texas Laurel Ridge Hospital, LP

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National Quality Improvement Goals

Symbol Key							
 This organization achieved the best possible results This organization's performance is above the target range/value 	Reporting Period: Ju	ly 2016 - June 2017					
 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. 					npared to o Commiss edited Org	sion	
Not displayed	Measure Area	Explanation		Nationwide Statewide			e
Footnote Key		ategory 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 					other Joint ed Organiz	ations	
overall result.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. 	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.	0.50 (92 Total Hours in Seclusion)	N/A	0.54	N/A	0.27
 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. 	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	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.	0.36 (103 Total Hours in Seclusion)	N/A	0.22	N/A	0.12
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Hours of Seclusion Use Adults Age 18 - 64	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.	0.04 (47 Total Hours in Seclusion)	N/A	0.45	N/A	0.06
refer to the "Quality Report User Guide."	Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a 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	0.05	N/A	0.03



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