

# 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

This organization achieved the best possible results.	st
This organization's performance i above the target range/value.	s
This organization's performance i similar to the target range/value.	s
This organization's performance i below the target range/value.	s
This Measure is not applicable for organization.	this
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#### **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.
- 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	9/29/2022	9/28/2022	9/28/2022
🥝 Hospital	Accredited	10/5/2022	10/4/2022	10/4/2022

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

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures®2013 Top Performer on Key Quality Measures®2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations				
		Nationwide	Statewide			
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	<sup>*</sup>			
Hospital	2022National Patient Safety Goals	Ø	<b>*</b>			
	National Quality Improvement Goals:					
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 c	2 °			

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



# **Locations of Care**

Primary Location Locations of Care	Available Services
Excel Center of Arlington 1105 N. Cooper Street, Arlington, TX Arlington, TX 76011	Services: • Behavioral Health (Day Programs - Child/Youth) (Partial Hospitalization - Child/Youth) • Family Support (Non 24 Hour Care) • Peer Support (Non 24 Hour Care)
Excel Center of Lewisville 401 N. Valley Parkway, Suite 100 and 200 Lewisville, TX 75067	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth)
Millwood Hospital * DBA: Millwood Hospital 1011 North Cooper Street Arlington, TX 76011	<ul> <li>Services:</li> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Detox - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> </ul>
The Excel Center of Arlington 1111 North Cooper St. Arlington, TX 76011	Services: • Addiction Services/Adult) (Detox - Adult) (Non-detox - Adult) • Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) • Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Detox - Adult) (Detox - Adult) (Non-detox - Adult) • Community Integration (Non 24 Hour Care)
The Excel Center of Fort Worth 1220 West Presidio Fort Worth, TX 76102	<ul> <li>Services:</li> <li>Behavioral Health (Day Programs - Child/Youth) (Partial Hospitalization - Child/Youth)</li> <li>Community Integration (Non 24 Hour Care)</li> </ul>



## **2022 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

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 NA organization.

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



# **2022 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	$\bigotimes$
	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	$\bigotimes$

#### 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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### **National Quality Improvement Goals**

This organization achieved the best possible results This organization's performance is above the target range/value.	Reporting Per	riod: April 2020 - March 2021		
This organization's performance is similar to the target range/value. This organization's performance is below the target range/value.				o other Joint hission Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footnote Kev	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>@</b> <sup>2</sup>	<b>○</b> <sup>2</sup>

		Cor	mpared to o Accredit	other Joint ed Organiz		on
		Ν	lationwide			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.	ND 2 99% of 1201 eligible Patients	100%	96%	100%	95%

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

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

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie			2	<b>○</b> <sup>2</sup>	
Footnote Key	Services							
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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.	Assessment of violence	,	This measure reports the number of					
The organization scored above 90% but was below most other organizations.	substance use disorder, trauma and patient stren	ngths	children age (1-12 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Children (1- years)	-12	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					

valid.
The Measure results are based on a
sample of patients.
The number of months with Measure

- data is below the reporting requirement. 9. The measure results are temporarily
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the patient recover. The Joint Commission only reports measures endorsed by the National Quality Forum.

patients are likely to harm

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

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

for substance and alcohol use

psychological trauma history

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their use. Screening for

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99% of

225 eligible

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100%

97%

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

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National Quality Forum Endorsement.

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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		<b>(</b>	2	<b>⊘</b> <sup>2</sup>	
<ul> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough</li> </ul>	Measure		Explanation		mpared to o Accredit lationwide Top 10% Scored	other Joint ed Organiz Average Rate:	ations State	ewide
for comparison purposes.				TCSUILS	at Least:	itale.	at Least:	Nate.
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of</li> </ul>	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	O				
updated data. • Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			determines if patients need help for their use. Screening for psychological trauma history determines if patients have	100% of 247 eligible Patients	100%	97%	100%	98%

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the denominator criteria.

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
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The Measure Set does not have an overall result.				N	lationwide	ou organiz	State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	e risk,	This measure reports the number of		al Least.		al Least.	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	,	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically	completed - Adult (18-6		substance and alcohol use, psychological trauma history and					
valid. The Measure results are based on a	years)		patient strengths. Screening for violence risk to self determines if					
sample of patients. The number of months with Measure			patients are likely to harm					
data is below the reporting requirement.			themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening	$\bigcirc$				
updated data.			for substance and alcohol use determines if patients need help for	100% of	100%	95%	100%	95%
• Test Measure: a measure being evaluated for reliability of the			their use. Screening for	551 eligible Patients				
individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have					

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

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	<b>™</b> <sup>2</sup>	
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The Measure Set does not have an overall result.				N	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:	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement.	Assessment of violence substance use disorder, trauma and patient stren completed - Older Adult years)	ngths	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					
The manufacture reporting requirement.			risk to others determines if patients	~				

- data is below the reporting require 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
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housing, etc. which are used to help

for substance and alcohol use

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determines if patients have experienced terrible events in their

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99% of

178 eligible

Patients

100%

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87%

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### **National Quality Improvement Goals**

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possible results	Reporting Peri	od: Ap	ril 2020 - March 2021					
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	Hospital-Based Inpatient Psychiatric		egory of evidenced based measures as quality of care given to psychiatric patie		M	2	<b>⊘</b> <sup>2</sup>	
Footnote Key	Services						•	
1. The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz	Commissio zations	n
2. The Measure Set does not have an overall result.					lationwide		State	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Iop 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharg 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.	59% of 37 eligible Patients	100%	59%	100%	63%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>№0</b> <sup>4</sup>	100%	42%	100%	55%



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This organization's performance is below the target range/value.				Accre		anizations	
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Footpoto Voy	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asso overall quality of care given to psychiatric patients		<b>(</b>	2	@ <sup>2</sup>	
Footnote Key The Measure or Measure Set was not reported.			Cor	mpared to o	other Joint ( ed Organiz		on
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overall result. The number of patients is not enough	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:		
for comparison purposes.			results	Ocorca	rtate.	Ocorcu	

- for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule.
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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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>€0</b> <sup>4</sup>	100%	47%	100%	53%

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This organization's performance is below the target range/value.				Accr	edited Org		
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Footnote Key The Measure or Measure Set was not reported.			Cor	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				lationwide			wide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations.	Multiple Antipsychotic Medications at Discharge w Appropriate Justification	This measure reports the number of patients age 18 through 64 years discharged on two or more		at Loast.			

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

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58% of

26 eligible

Patients

100%

60%

100%

65%

- The organization scored above 90% was below most other organizations. 6. The Measure results are not statistically valid.
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Adults Age 18 - 64



### **National Quality Improvement Goals**

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Hospital Results	Scored	Average Rate:	Scored	Average Rate:
ed a a a 78% of 9 eligible Patients an o rs ny $\widetilde{v}^2$	100%	55%	100%	64%
	h a $\frac{e}{2}$	Nationw         res assesses the patients.       Image: Compared to Accredit Nationwide Hospital Top 10% Scored at Least:         of ged n       Top 10% Scored at Least:         n       Image: Compared to Accredit Nationwide Scored at Least:         of ged n       Image: Compared to Accredit Nationwide Scored at Least:         of ged n       Image: Compared to Accredit Nationwide Scored at Least:         of ged in the Accredit Patients       Image: Compared to Accredit Accr	Nationwide         res assesses the patients.       2         Compared to other Joint Accredited Organiz         Nationwide       Average       Rate:         Nationwide       Average       Rate:       Average         Nationwide       Nationwide       Average       Rate:       Average         Nationwide       Nationwide       Average       Rate:       Average         of ged	res assesses the patients. Compared to other Joint Commission Accredited Organizations Nationwide State Nationwide Average Top 10% Results Scored at Least: Top 10% Results Scored at Least: Top 10% Patients 100% 55% 100% 100% 55% 100% N/A 0.8583 N/A

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

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

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### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Apı	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.					Con	npared to c Commiss		
This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	@ <sup>2</sup>	
• The Measure or Measure Set was not reported.				Со	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.			<b>-</b> 1 - 2		Vationwide	•		wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Iop 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ul>	Hours of Physical Restr Use Children Age 1 - 12	2	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.	0.0265 (3 Total Hours in Restraint)	N/A	0.3472	N/A	0.1892
1. There were no eligible patients that met the denominator criteria.	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.					

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

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

Physical restraint is any manual

method or physical or mechanical

device, material, or equipment that

a patient to move his or her arms,

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

legs, body or head freely when it is used as a restriction to manage a

immobilizes or reduces the ability of

 $\oplus$ 

0.0262

(4 Total Hours in Restraint)

N/A

0.2485

N/A

0.1751

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

condition.

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### **National Quality Improvement Goals**

Symbol Key								
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.					Corr	pared to c Commise		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
with the second	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		0	2	<b>○</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		'n
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide	Average	State Top 10%	
3. The number of patients is not enough for comparison purposes.	Measure			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ol>	Hours of Physical Restr Use Adults Age 18 - 64	aint	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.	0.0058 (3 Total Hours in Restraint)	N/A	1.0605	N/A	0.1867
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.	0.0039 (0 Total Hours in Restraint)	N/A	0.0961	N/A	0.1107
	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.	0.2415 (190 Total Hours in Seclusion)	N/A	0.4419	N/A	0.9229

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### **National Quality Improvement Goals**

Reporting Per	iod: April 2020 - March 2021					
				npared to c Commise	sion	
	<b>—</b> 1 — 0			edited Org		
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measures a overall quality of care given to psychiatric patie		Nationwi		Statewide	2
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
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.	O.6306 (65 Total Hours in Seclusion)	N/A	0.4020	N/A	0.44
Hours of Seclusion Use Adolescents Age 13 - 1	· · · · · · · · · · · · · · · · · · ·	0.4450 (74 Total Hours in Seclusion)	N/A	0.1948	N/A	0.21
Hours of Seclusion Use 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.	0.1113 (52 Total Hours in Seclusion)	N/A	0.5260	N/A	1.20
Hours of Seclusion Use Adults Age 65 and Olde		0,0000	N/A	0.0678	N/A	0.02

#### Symbol Key

0	This organization achieved the best possible results
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•	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.
- 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 me the denominator criteria.

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

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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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0.0000 (0 Total Hours in Seclusion)