

# 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**

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vm	hol	Key
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0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
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Θ	This organization's performance is worse than 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.
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- 4. The measure meets the Privacy Disclosure Threshold rule.
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- 12. The measure rate is within optimal range.

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

Accreditation Programs	s Accreditation Decision	Effective Date	Last Full Surv Date	yey Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	9/29/2022	9/28/2022	9/28/2022
🙆 Hospital	Accredited	10/5/2023	10/4/2022	10/4/2023

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

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	<sup>*</sup>	
Hospital	2023National Patient Safety Goals	$\bigotimes$	*	
	National Quality Improvement Goals:			
Reporting Period: Jan 2022 - Dec 2022	Hospital-Based Inpatient Psychiatric Services	@ <sup>2</sup>	@ <sup>2</sup>	



# **Locations of Care**

Locations of Care	Available Services
Excel Center of Arlington 1105 N. Cooper Street, Arlington, TX Arlington, TX 76011	<ul> <li>Services:</li> <li>Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult)</li> <li>Family Support (Non 24 Hour Care)</li> <li>Peer Support (Non 24 Hour Care)</li> </ul>
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 at Midtown DBA: The Excel Center at Midtown 900 Jerome St, Suite 401 Fort Worth, TX 76104	<ul> <li>Services:</li> <li>Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> </ul>
The Excel Center of Arlington 1111 North Cooper St. Arlington, TX 76011	<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>
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.



# **2023 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	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
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	$\bigotimes$
	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.



### **National Quality Improvement Goals**

#### Reporting Period: January 2022 - December 2022

			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.	<b>@</b> <sup>2</sup>	<b>⊘</b> <sup>2</sup>

				other Joint ed Organiz	Commissic zations State	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	Ref of 1427 eligible Patients	100%	95%	100%	93%

This information can also be viewed at https://hospitalcompare.io/ --- Null value or data not displayed.

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### **National Quality Improvement Goals**

Reporting Peri	od: January 2022 - December 2022					
			Com	npared to c Commise		
				edited Org		
Measure Area	Explanation		Nationwi	de	Statewid	е
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures ass overall quality of care given to psychiatric patien			2	<b>⊘</b> <sup>2</sup>	
				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital	lationwide Top	Average	State Top	ewide Ave
INCASULE	Explanation	Results	Perform er	Rate:	Perform er	Ra
			Threshol d:		Threshol d:	
Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	children age (1-12 years) screened for violence risk to self and others,	<b>O</b> 87% of 259 eligible Patients	100%	97%	100%	96

\* This information can also be viewed at https://hospitalcompare.io/

the patient recover.

Symbol Key

This organization achieved the best

Not displayed

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Reporting Peri	od: January 2022 - December 2022					
Measure Area Hospital-Based Inpatient Psychiatric	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patier				sion	e
Services					U	
		Cor		other Joint ed Organiz		on
		Ν	lationwide		State	wid
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Ave R
Assessment of violence substance use disorder, trauma and patient stren completed - Adolescent years)	adolescent age (13-17 years) gths screened for violence risk to self and	87% of 274 eligible Patients	100%	96%	100%	9

such as family support, a steady job,

housing, etc. which are used to help

the patient recover.

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Symbol Key This organization a ossible results This organization's

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1011 North Cooper Street, Arlington, TX

ewide

Average

Rate:

93%



### **National Quality Improvement Goals**

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This organization's performance is similar to the target range/value.					Corr	npared to o Commiss		
This organization's performance is worse than the target range/value.					Accr	edited Orga	anizations	
Not displayed	Measure Area		Explanation		Nationwie	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>™</b> 2	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		on
The Measure Set does not have an				N	lationwide	eu Organiz	State	-wio
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	A\ F
The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
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 str completed - Adult (18- years)	er, rengths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if		U.		u.	

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

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

determines if patients have experienced terrible events in their

their use. Screening for

the patient recover.

Θ

86% of

681 eligible Patients

100%

94%

100%

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This information can also be viewed at https://hospitalcompare.io/ Null value or data not displayed.



### **National Quality Improvement Goals**

Reporting Period	od: January 2022 - December 2022					
Measure Area Hospital-Based	Explanation This category of evidenced based measures as	sesses the	Accr Nationwi		sion anizations Statewid	
npatient Psychiatric Services	overall quality of care given to psychiatric patier		<b>(</b>	2	<b>№</b> <sup>2</sup>	
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Ave R
Assessment of violence substance use disorder, rauma and patient stren completed - Older Adult (ears)	older adult (>= 65 years) screened for violence risk to self and others,	84% of         213 eligible         Patients	100%	95%	100%	8

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the patient recover.

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O This organization's performance is worse than the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	Ŧ	Statewid	э
	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>	
Footnote Key 1. The Measure or Measure Set was not						Alexandra Santa	0	
reported.				Col	mpared to o Accredit	ed Organiz		n
2. The Measure Set does not have an overall result.	Magaura		Evalenction	N Hospital	lationwide Top			wide
<ol> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy Disclosure Threshold rule.</li> </ol>	Measure		Explanation	Results	Perform er Threshol d:	Average Rate:	Perform er Threshol d:	Average Rate:
<ol> <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 the denominator criteria.</li> <li>The measure rate is within optimal</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.	ND 2 100% of 35 eligible Patients	100%	47%	100%	62%
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	0	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	<b>ND</b> <sup>3</sup>	100%	21%	100%	32%

This information can also be viewed at https://hospitalcompare.io/

being treated with Clozapine.

Null value or data not displayed. \_\_\_\_



### **National Quality Improvement Goals**

# Reporting Period: January 2022 - December 2022

			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.	<b>2</b>	<b>™</b> <sup>2</sup>

		Со	npared to c Accredite	other Joint ed Organiz		on	
		١	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Averag 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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<mark>№0</mark> 3	100%	24%	100%	38%	

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## **National Quality Improvement Goals**

					Commis	other Joint sion anizations	
Measure Area		Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services		legory of evidenced based measures as quality of care given to psychiatric patie			2	<b>∞</b> <sup>2</sup>	
			Со	mpared to c Accredite	other Joint ed Organiz		on
				lationwide		State	
Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Av F
Multiple Antipsychotic Medications at Dischar Appropriate Justification Adults Age 18 - 64	•	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic	100% of 33 eligible Patients	100%	50%	100%	E

medication when the patient is also being treated with Clozapine.

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Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
Es structo Vor	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>○</b> <sup>2</sup>	
Footnote Key           1.         The Measure or Measure Set was not				Cor	mored to a	ther laint	Commissio	•
reported.				Cor	npared to c Accredite	ed Organiz		n
2. The Measure Set does not have an overall result.	Magguro		Evaluation		lationwide	Average	State	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> </ol>					er Threshol		er Threshol	
5. The organization scored above 90% but was below most other organizations.	Multiple Antipsychotic		This measure reports the number of		d:		d:	
<ul> <li>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 the denominator criteria.</li> <li>The measure rate is within optimal range.</li> </ul>	Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older er	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.	€€0 <sup>4</sup>	100%	46%	100%	50%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0193 (17 Total Hours in Restraint)	N/A	0.5767	N/A	0.1350

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
			tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>⊘</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		'n
The Measure Set does not have an overall result.					lationwide			wide
The number of patients is not enough	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
for comparison purposes. The measure meets the Privacy				rtoouno	er	riato.	er	riato.
Disclosure Threshold rule.					Threshol d:		Threshol d:	
The organization scored above 90% but was below most other organizations.	Hours of Physical Restrai	nt	This measure reports the number of		a:		a:	
The Measure results are not statistically valid.	Use Children Age 1 - 12		hours patients age 1 through 12 years were kept in physical restraints					
The Measure results are based on a			for every 1,000 hours of patient care.					
sample of patients.			Physical restraint is any manual method or physical or mechanical	111-2004				
The number of months with Measure data is below the reporting requirement.			device, material, or equipment that	Ð				
The measure results are temporarily suppressed pending resubmission of			immobilizes or reduces the ability of a patient to move his or her arms,	0.0722	N/A	0.3845	N/A	0.1424
updated data.			legs, body or head freely when it is	(7 Total Hours in Restraint)				
0. Test Measure: a measure being evaluated for reliability of the			used as a restriction to manage a patient's behavior or restrict the					
individual data elements or awaiting			patient's freedom of movement and					
National Quality Forum Endorsement. 1. There were no eligible patients that met			is not a standard treatment for the patient's medical or psychiatric					
the denominator criteria.			condition.					
2. The measure rate is within optimal range.	Hours of Physical Restrai		This measure reports the number of hours patients age 13 through 17					
	Use Audiescents Aye 15	- 17	years were kept in physical restraints					
			for every 1,000 hours of patient care. Physical restraint is any manual					
For further information			method or physical or mechanical	•				
and explanation of the			device, material, or equipment that immobilizes or reduces the ability of	Ð				
Quality Report contents,			a patient to move his or her arms,	0.0424	N/A	0.3412	N/A	0.1207
refer to the ''Quality Report User Guide.''			legs, body or head freely when it is used as a restriction to manage a	(6 Total Hours in Restraint)				
Report-esci Guide.			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.					

This information can also be viewed at https://hospitalcompare.io/

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaitir

There were no eligible patients that the denominator criteria. 12. The measure rate is within optimal 1011 North Cooper Street, Arlington, TX



### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Period	d: Januar	y 2022 - December 2022					
This organization's performance is better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is						pared to o Commiss	ion	
worse than the target range/value.						edited Orga		
Not displayed	Measure Area Hospital-Based T	bio octorio	Explanation	access the	Nationwic	de	Statewide	•
Footnote Key			ry of evidenced based measures as ty of care given to psychiatric patie		<b>(</b>	2	<b>∞</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Con	npared to o Accredite	ther Joint d Organiz		n
• The Measure Set does not have an overall result.					lationwide		State	
The number of patients is not enough for comparison purposes.     The measure meets the Privacy Disclosure Threshold rule.	Measure		Explanation	Hospital Results	Top Perform er Threshol	Average Rate:	Top Perform er Threshol	Average Rate:
<ul> <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>The were no eligible patients that met the denominator criteria.</li> </ul>	Hours of Physical Restrain Use Adults Age 18 - 64	ho ye for Ph de im a p leg us pa pa is i pa	is measure reports the number of urs patients age 18 through 64 ars were kept in physical restraints every 1,000 hours of patient care. hysical restraint is any manual ethod or physical or mechanical vice, material, or equipment that mobilizes or reduces the ability of patient to move his or her arms, js, body or head freely when it is ed as a restriction to manage a tient's behavior or restrict the tient's freedom of movement and not a standard treatment for the tient's medical or psychiatric ndition.	0.0061 (3 Total Hours in Restraint)	d: N/A	0.6823	d: N/A	0.1511
2. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restrain Use Older Adults Age 65 a Older	and ho ke 1,0 res ph ma im a p leg us us pa ja ja pa ja	is measure reports the number of urs patients age 65 and older were pt in physical restraints for every 000 hours of patient care. Physical straint is any manual method or ysical or mechanical device, aterial, or equipment that mobilizes or reduces the ability of patient to move his or her arms, gs, body or head freely when it is ed as a restriction to manage a tient's behavior or restrict the tient's freedom of movement and not a standard treatment for the tient's medical or psychiatric ndition.	0.0006 (0 Total Hours in Restraint)	N/A	0.1097	N/A	0.0290
	Hours of Seclusion Use pe 1000 Patient Hours - Over Rate	er Th rall pa ev Se co roo	is measure reports the total hours tients were kept in seclusion for ery 1,000 hours of patient care. clusion is the involuntary nfinement of a patient alone in a om or an area where the patient is ysically prevented from leaving.	0.2949 (253 Total Hours in Seclusion)	N/A	0.3738	N/A	0.1323

This information can also be viewed at https://hospitalcompare.io/

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

the denominator criteria. **12.** The measure rate is within optimal



### **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Period: Jan	nuary 2022 - December 2022					
This organization's performance is better than the target range/value.							_
This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
This organization's performance is worse than the target range/value.				Accr	edited Orga		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	Э
	•	ntegory of evidenced based measures a quality of care given to psychiatric patie			2	<b>O</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not	00111003					• • •	_
reported.			Cor		other Joint ed Organiz		n
The Measure Set does not have an overall result.		-		lationwide	Ŭ	State	wide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.				er Threshol d:		er Threshol d:	
The organization scored above 90% but was below most other organizations.	Hours of Seclusion Use	This measure reports the number of		u.		u.	
• The Measure results are not statistically valid.	Children Age 1 - 12	hours patients age 1 through 12 years were kept in seclusion for	Θ				
The Measure results are based on a		every 1,000 hours of patient care. Seclusion is the involuntary	1.1061	N/A	0.4111	N/A	0.3851
sample of patients. The number of months with Measure		confinement of a patient alone in a	(105 Total Hours in				
data is below the reporting requirement. The measure results are temporarily		room or an area where the patient is physically prevented from leaving.	Seclusion)				
suppressed pending resubmission of updated data.	Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17					
• Test Measure: a measure being evaluated for reliability of the		years were kept in seclusion for	Θ				
individual data elements or awaiting National Quality Forum Endorsement.		every 1,000 hours of patient care. Seclusion is the involuntary	0.4916	N/A	0.1738	N/A	0.1435
• There were no eligible patients that met		confinement of a patient alone in a room or an area where the patient is	(73 Total Hours in Seclusion)				
The measure rate is within optimal	Hours of Seclusion Use Adults	physically prevented from leaving. This measure reports the number of					
range.	Age 18 - 64	hours patients age 18 through 64					
		years were kept in seclusion for every 1,000 hours of patient care.	Ð	N/A	0.4421	N/A	0.1227
For further information		Seclusion is the involuntary confinement of a patient alone in a	0.1335 (75 Total Hours	IN/A	0.4421	11/7	0.1227
nd explanation of the		room or an area where the patient is physically prevented from leaving.	in Seclusion)				
Quality Report contents, refer to the ''Quality	Hours of Seclusion Use Older	This measure reports the number of					
Report User Guide.''	Adults Age 65 and Older	hours patients age 65 and older were kept in seclusion for every 1,000	0				
		hours of patient care. Seclusion is the involuntary confinement of a		N/A	0.0766	N/A	0.0497
		patient alone in a room or an area	0.0000 (0 Total Hours in Seclusion)				

This information can also be viewed at https://hospitalcompare.io/

where the patient is physically prevented from leaving.

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