

## 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



### **Summary of Quality Information**

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	y Last On-Site Survey Date
🮯 Behavioral Health Care	Accredited	8/30/2014	6/16/2017	6/16/2017
🥝 Hospital	Accredited	8/30/2014	6/16/2017	7/25/2017

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

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2014National Patient Safety Goals	$\bigotimes$	<sup>*</sup>
Hospital	2014National Patient Safety Goals	Ø	<b>(</b> )*
	National Quality Improvement Goals:		
Reporting Period: Jan 2016 - Dec 2016	Hospital-Based Inpatient Psychiatric Services	@ <sup>2</sup>	@ <sup>2</sup>

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

#### 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.
•	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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.10. Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

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
Prairie St. John's * 510 4th Street South Fargo, ND 58103	Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) • Chemical Dependency (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) • Community Integration (Non 24 Hour Care)
Prairie St. Michael's Residence 340 6th Ave Fargo, ND 58103	Services: • Chemical Dependency (Residential Care - Adult) • Community Integration (Non 24 Hour Care)
Prairie St. Stephen's Residence 334 6th Avenue South Fargo, ND 58103	Services: • Chemical Dependency (Residential Care - Adult) • Community Integration (Non 24 Hour Care)
St. Genevieve's Place 390 6th Ave. South Fargo, ND 58103	Services: • Addiction Care/Adult) • Behavioral Health (Day Programs - Adult) (Partial - Adult) • Chemical Dependency (Day Programs - Adult) (Partial - Adult) • Community Integration (Non 24 Hour Care)



### **2014 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.



### **2014 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	$\bigcirc$
	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	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

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 The Goal is not applicable for this organization.



#### Reporting Period: January 2016 - December 2016

		Compared to Comm	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>

		Cor	mpared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	95% of 866 eligible Patients	100%	94%	3	3

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

---- Null value or data not displayed.

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This organization achieved the best possible results
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- 1. There were no eligible patients that met the denominator criteria.



Reporting Peri	iod: January 2016 - December 2016		
		Compared to Comm	
		Accredited C	rganizations
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.	@ <sup>2</sup>	<b>™</b> <sup>2</sup>

		Со	Compared to other Joint Commissio Accredited Organizations			
		١	lationwide	Ŭ	State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	92% of 126 eligible Patients	100%	95%	3	3

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Reporting Peri	iod: January 2016 - December 2016		
		Compared to Comm Accredited C	
Measure Area	Explanation	Nationwide	Statewid
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 <sup>2</sup>	<b>0</b> <sup>2</sup>

		Cor	mpared to o Accredit	other Joint ed Organiz		n
		١	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	96% of 227 eligible Patients	100%	96%	3	3

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Reporting Per	iod: January 2016 - December 2016		
		Compared to Comm	nission
Measure Area	Explanation	Accredited C Nationwide	rganizations) Statewic
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 <sup>2</sup>	<b>○</b> <sup>2</sup>

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	95% of 443 eligible Patients	100%	94%	3	3

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- **1.** There were no eligible patients that met the denominator criteria.



	Compared to Comm Accredited O	nission
Explanation	Nationwide	Statewid
This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>O</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>
	This category of evidenced based measures assesses the	Comm Accredited C Explanation Nationwide

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide 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 the patient recover.	94% of 70 eligible Patients	100%	92%	3	3

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   There were no eligible patients that met
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### **National Quality Improvement Goals**

	Reporting Peri	iod: January 2016 - December 2016		
			Comm	o other Joint hission
N	Measure Area	Explanation	Accredited C Nationwide	Organizations Statewide
h	Hospital-Based npatient 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	npared to other Joi Accredited Orga	
		Ν	lationwide	Statewid

2					Accredit	ed Organiz	ations	
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	overall result.	Measure	Explanation	Hospital		Average		
3.	The number of patients is not enough			Results	Scored	Rate:	Scored	Rate:
	for comparison purposes.			Results	at Least:	Rate.	at Least:	Rate.
4.	The measure meets the Privacy				ai Leasi.		al Least.	
	Disclosure Threshold rule.	Multiple Antipsychotic	This is a proportion measure. A					
5.	The organization scored above 90% but	Medications at Discharge with	proportion measure is a measure					
	was below most other organizations.	Appropriate Justification	which shows the number of					
6.	The Measure results are not statistically	Overall Rate	occurrences over the entire group					
	valid.		within which the occurrence should					
7.			take place. The numerator is					
	sample of patients.		expressed as a subset of the	$\bigotimes$				
8			denominator. This measure reports					
0.	The number of months with Measure data is below the reporting requirement.		the overall number of patients		100%	61%	3	3
9.			discharged on two or more	59% of 37 eligible				
٦.	The measure results are temporarily suppressed pending resubmission of		antipsychotic medications.	Patients				
	updated data.		Antipsychotic medications are a					
10			group of drugs used to treat					
10	• Test Measure: a measure being evaluated for reliability of the		psychosis. Psychosis is a mental					
	individual data elements or awaiting		illness that markedly interferes with a					
	National Quality Forum Endorsement.		persons capacity to meet lifes					
11	• There were no eligible patients that met		everyday demands.					
	the denominator criteria.	Multiple Antipsychotic	This measure reports the number of					
	the denominator enterna.		patients age 1 through 12 years					
		Medications at Discharge with	discharged on two or more					
		Appropriate Justification	antipsychotic medications for which					
	· · · · · · · · · · · · · · · · · · ·	Children Age 1 - 12						
	or further information		there was an appropriate justification.					
a	nd explanation of the		Antipsychotic medications are a					
C	Duality Report contents,		group of drugs used to treat					
			psychosis. Psychosis is a mental					
	efer to the "Quality		illness that markedly interferes with a	<b>ND</b> 3				
R	leport User Guide.''		person's capacity to meet life's		100%	63%	3	3
			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.					



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The measure meets the Privacy Disclosure Threshold rule.

above the target range/value. This organization's performance is



### **National Quality Improvement Goals**

Reporting Per	iod: January 2016 - December 2016		
		Comm	o other Joint hission
Measure Area	Explanation	Accredited C	rganizations Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>O</b> <sup>2</sup>

		Coi	mpared to o Accredit	other Joint ed Organiz		n
Measure Explanation		N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide 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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	59%	3	3

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

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### **National Quality Improvement Goals**

Reporting Per	iod: January 2016 - December 2016			
		Compared to other Join Commission		
		Accredited C	rganizations	
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>	

		Coi	Commissic ations	n		
		1	Vationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	56% of 32 eligible Patients	100%	62%	3	3

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### **National Quality Improvement Goals**

Symbol Key								
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<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> </ul>						npared to o Commiss edited Org	sion	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key			egory of evidenced based measures as uality of care given to psychiatric patie		<b>(</b>	2	<b>⊙</b> <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>					npared to c Accredite Jationwide	other Joint ed Organiz	ations	n wide
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
<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 the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharge v Appropriate Justification O Adults Age 65 and Older		This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication s to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	80% of 5 eligible Patients <sup>3</sup>	100%	56%	3	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restrain Use per 1000 Patient Hour 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	0.11 (69 Total Hours in Restraint)	N/A	0.50	3	3

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

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

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

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

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This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

above the target range/value. This organization's performance is



### **National Quality Improvement Goals**

Reporting Per	iod: January 2016 - December 2016		
		Compared to Comm Accredited C	nission
Measure Area	Explanation	Nationwide	Statewid
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1</b> 2	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	lationwide	Ŭ		ewide Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.49 (16 Total Hours in Restraint)	N/A	0.35	3	3
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.19 (29 Total Hours in Restraint)	N/A	0.33	3	3



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### **National Quality Improvement Goals**

	Reporting Period: January 2016 - December 2016		
5		Compared to Comm	
5		Accredited C	Organizations
	Measure Area Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric Services	<b>2</b>	<b>⊘</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.05 (22 Total Hours in Restraint)	N/A	0.53	3	3
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.07 (2 Total Hours in Restraint) <sup>3</sup>	N/A	0.39	3	3
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.05 (30 Total Hours in Seclusion)	N/A	0.36	<u></u> 3	3

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

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- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations. The Measure results are not statistically
- valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11 There were no eligible patients that met the denominator criteria.

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This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

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Footnote Key

The Measure or Measure Set was not

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The measure meets the Privacy Disclosure Threshold rule.

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

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

above the target range/value. This organization's performance is

Compared to other Joint



### **National Quality Improvement Goals**

# Reporting Period: January 2016 - December 2016

		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.	<b>∞</b> <sup>2</sup>	<b>○</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide State			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	0.05 (2 Total Hours in Seclusion)	N/A	0.54	3	3
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.09 (15 Total Hours in Seclusion)	N/A	0.21	3	3
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.03 (14 Total Hours in Seclusion)	N/A	0.41	3	3
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	0.07	<u></u> 3	3



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

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