



Accreditation Quality Report





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

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

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

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



Summary of Quality Information



Symbol Key 1

-  This organization achieved the best possible results.
-  This organization's performance is above the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is below the target range/value.
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-  Not displayed

Footnote Key

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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Behavioral Health Care and Human Services | Accredited | 5/9/2019 | 5/18/2022 | 5/18/2022 |
|  Hospital | Accredited | 5/8/2019 | 5/25/2022 | 5/25/2022 |

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

Psychiatric Hospital

| | | Compared to other Joint Commission Accredited Organizations | |
|---|---|--|--|
| | | Nationwide | Statewide |
| Behavioral Health Care and Human Services | 2019 National Patient Safety Goals |  |  * |
| | 2019 National Patient Safety Goals |  |  * |
| Hospital | National Quality Improvement Goals: | | |
| | Hospital-Based Inpatient Psychiatric Services |  ² |  ² |
| | Immunization |  ² |  ² |
| | Substance Use |  ² |  ² |
| Reporting Period: Apr 2020 - Mar 2021 | Tobacco Treatment |  ² |  ² |



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



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|---|
| Silver Hill Hospital * 208 Valley Road New Canaan, CT 06840 | Services: <ul style="list-style-type: none">• Addiction Services/Adult (Non-detox - Adult)• Behavioral Health (Day Programs - Adult/Child/Youth) (Transitional Living - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) (Supervised - Adult/Child/Youth)• Chemical Dependency (Day Programs - Adult) (Transitional Living - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult) (Supervised - Adult/Child/Youth) (Detox - Adult) (Non-detox - Adult) |



2019 National Patient Safety Goals

Symbol Key 3

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

Behavioral Health Care and Human Services




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

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2019 National Patient Safety Goals

Symbol Key 3

-  The organization has met the National Patient Safety Goal.
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Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|---|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers |  |
| | Eliminating Transfusion Errors |  |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results |  |
| Improve the safety of using medications. | Labeling Medications |  |
| | Reducing Harm from Anticoagulation Therapy |  |
| | Reconciling Medication Information |  |
| Reduce the harm associated with clinical alarm systems. | Use Alarms Safely on Medical Equipment |  |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines |  |
| | Preventing Infections that are difficult to treat |  |
| | Preventing Central-Line Associated Blood Stream Infections |  |
| | Preventing Surgical Site Infections |  |
| | Preventing Catheter-Associated Urinary Tract Infection |  |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide |  |
| Universal Protocol | Conducting a Pre-Procedure Verification Process |  |
| | Marking the Procedure Site |  |
| | Performing a Time-Out |  |



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|------------|-----------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 | 2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|---|------------------------------|---|---------------|--------------------------|-------------------|
| | | | Nationwide | | Statewide | |
| | | | 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. | 99% of 533 eligible Patients | 100% | 96% | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------|---------------|--------------------------|-------------------|
| | | 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 - 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. | ³ | 100% | 97% | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|---|--------------------------|---------|--------------------------|-------------------|
| | | Hospital Results | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | 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. | 99% of 171 eligible Patients | 100% | 97% | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|---|--------------------------|---------|--------------------------|-------------------|
| | | Hospital Results | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | 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. | 99% of 328 eligible Patients | 100% | 95% | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|---|--------------------------|---------|--------------------------|-------------------|
| | | Hospital Results | Nationwide | Average | Statewide | Average |
| | | | Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | Rate: |
| 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. | 100% of 34 eligible Patients | 100% | 95% | ---- ³ | ---- ³ |



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| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|---|--------------------------|---------------|--------------------------|-------------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate | This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. | 92% of 24 eligible Patients | 100% | 59% | ---- ³ | ---- ³ |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12 | This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ³ ---- | 100% | 42% | ---- ³ | ---- ³ |



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|---|---|--|--|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. |  ² |  ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|--|--------------------------|---------------|--------------------------|-------------------|
| | | 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. |  ⁴ ---- | 100% | 47% | ---- ³ | ---- ³ |



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| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

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|---|--|---|--------------------------|---------------|--------------------------|-------------------|
| | | 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. | 91% of 23 eligible Patients | 100% | 60% | ---- ³ | ---- ³ |



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|--|---|---|--------------------------|---------------|--------------------------|-------------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ³ ---- | 100% | 55% | ---- ³ | ---- ³ |
| Hours of Physical Restraint Use per 1000 Patient Hours - 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. | 0.00 (1 Total Hours in Restraint) | N/A | 0.86 | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------|---------------|--------------------------|-------------------|
| | | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | 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. | ³ | 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. | 0.01 (0 Total Hours in Restraint) | N/A | 0.25 | ---- ³ | ---- ³ |



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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------|---------------|--------------------------|-------------------|
| | | 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. | 0.00 (0 Total Hours in Restraint) | N/A | 1.06 | ---- 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. | 0.00 (0 Total Hours in Restraint) | N/A | 0.10 | ---- 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. | 0.03 (4 Total Hours in Seclusion) | N/A | 0.44 | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---|---|--------------|--------------|
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ² | ² |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Hospital Results | Compared to other Joint Commission Accredited Organizations | | | |
|--|--|--|---|---------------|--------------------------|-------------------|
| | | | Nationwide | Average Rate: | Statewide | Average Rate: |
| | | | Top 10% Scored at Least: | | 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. | ³ ---- | N/A | 0.40 | ---- 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. | 0.02 (1 Total Hours in Seclusion) | N/A | 0.19 | ---- 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 (3 Total Hours in Seclusion) | N/A | 0.53 | ---- 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 | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|--------------|--|---|---|
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|-------------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Influenza Immunization | This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. |  79% of 304 eligible Patients | 100% | 86% | ---- ³ | ---- ³ |



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Compared to other Joint Commission Accredited Organizations

| Measure Area | Explanation | Nationwide | Statewide |
|---------------|--|---|---|
| Substance Use | This category of evidence based measures assesses the overall quality of care provided for Substance Abuse |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|-------------------------------------|---------------|------------------------------------|-------------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Alcohol and Other Drug Use Disorder Treatment at Discharge | The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who either accepted a prescription to help them stop drinking or using drugs or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. |  99% of 96 eligible Patients | 100% | 48% | ---- ³ | ---- ³ |
| Alcohol and Other Drug Use Treatment Provided or Offered at Discharge | The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who were either offered or accepted a prescription to help them stop drinking or using drugs or were offered or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. This measure also includes patients who refused both a prescription to help them stop drinking or using drugs and treatment for their serious problem with drinking alcohol or using drugs. |  100% of 96 eligible Patients | 100% | 66% | ---- ³ | ---- ³ |



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| Measure Area | Explanation | Nationwide | Statewide |
|-------------------|--|---|---|
| Tobacco Treatment | This category of evidence based measures assesses the overall quality of care provided for tobacco use |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure | Explanation | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|--|-------------------------------------|---------------|------------------------------------|-------------------|
| | | Hospital Results | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| Tobacco Use Treatment at Discharge | The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital. |  5% of 44 eligible Patients | 58% | 16% | ---- ³ | ---- ³ |
| Tobacco Use Treatment Provided or Offered at Discharge | The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them. |  61% of 44 eligible Patients | 96% | 65% | ---- ³ | ---- ³ |



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