

# Accreditation Quality Report







Silver Hill Hospital 208 Valley Road, New Canaan, CT

> 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 ٠ 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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0	This organization achieved the best possible results.
<b>Ð</b>	This organization's performance is above the target range/value.
	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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

Accreditation Programs		Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	5/19/2022	5/18/2022	5/18/2022
🮯 Hospital	Accredited	5/26/2022	5/25/2022	5/25/2022

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	<sup>*</sup>
Hospital	2022National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	2 <sup>2</sup>	
Apr 2020 - Mar 2021	Immunization	2 <sup>2</sup>	2 <sup>2</sup>
	Substance Use	(10) <sup>2</sup>	(m) <sup>2</sup>
	Tobacco Treatment	<b>()</b> <sup>2</sup>	<b>(10)</b> <sup>2</sup>

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	<ul> <li>Services:</li> <li>Addiction Services/Adult) (Non-detox - Adult)</li> <li>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)</li> <li>Chemical Dependency (Day Programs - Adult) (Transitional Living - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - 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)</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 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.



## **2022 National Patient Safety Goals**

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	$\bigotimes$
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	$\bigcirc$
	Marking the Procedure Site	$\bigotimes$
	Performing a Time-Out	$\bigotimes$

#### 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.

Symbol Key 2 This organization achieved possible results

Footnote Key The Measure or Measure Set was not

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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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Report User Guide."



### **National Quality Improvement Goals**

This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.			Compared to Comm	
This organization's performance is below the target range/value.			Accredited C	
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footpoto Voy	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>

<ul> <li>reported.</li> <li>The Measure Set does not have an overall result.</li> </ul>					other Joint ed Organiz	ations	
<ul> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy</li> </ul>	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
<ul> <li>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> </ul>	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

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

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

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### **National Quality Improvement Goals**

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Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Footnote Key						<b>1</b> 2	
he Measure or Measure Set was not ported.			Со	mpared to c Accredite	other Joint ed Organiz		n
he Measure Set does not have an verall result.				Vationwide	Ŭ		wide
The number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations	Assessment of violence risk, substance use disorder, trauma and patient strengths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others,					

- 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.
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- the denominator criteria.

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

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 - 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.	<b>ND</b> 3	100%	97%	3	3

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

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Period: April 2020 - March 2021									
This organization's performance is above the target range/value.										
This organization's performance is similar to the target range/value.							Compared to other Joint Commission			
This organization's performance is below the target range/value.					Accr	edited Org				
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е		
	Hospital-Based Inpatient Psychiatric		egory 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			mpared to other Joint Commission Accredited Organizations						
The Measure Set does not have an overall result.				Ν	lationwide			ewide		
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years)	ngths	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							

5.	The number of months with Measure
	data is below the reporting requirement.
Э.	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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the patient recover. The Joint Commission only reports measures endorsed by the National Quality Forum.

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

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

their use. Screening for

psychological trauma history

determines if patients have

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99% of

171 eligible

Patients

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

97%

100%

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### **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commise		
This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi		Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>№</b> <sup>2</sup>	
The Measure or Measure Set was not reported. The Measure Set does not have an						other Joint ed Organiz	ations	
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement.	Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-6- years)	ngths	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 otherm determines if patients					

risk to others determines if patients

are likely to harm others. Screening for substance and alcohol use

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

their use. Screening for

psychological trauma history determines if patients have

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99% of

328 eligible Patients

100%

95%

9.	The measure results are temporarily
	suppressed pending resubmission of
	updated data.
.0.	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."

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

the patient recover.

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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### **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	redited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		•	) <sup>2</sup>	<b>O</b> <sup>2</sup>	
• The Measure or Measure Set was not reported.				Co	mpared to o Accredit	other Joint ted Organiz		n
• The Measure Set does not have an overall result.					Nationwide		State	
<ul> <li>The number of patients is not enough for comparison purposes.</li> </ul>	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Averag Rate:
The measure meets the Privacy	A	i. I.	This was accurate the mumber of		at Least:		at Least:	
Disclosure Threshold rule.	Assessment of violence substance use disorder.	· ·	This measure reports the number of older adult (>= 65 years) screened					
• The organization scored above 90% but was below most other organizations.	trauma and patient stren	,	for violence risk to self and others,					
The Measure results are not statistically	completed - Older Adult		substance and alcohol use, psychological trauma history and					
valid.	years)		patient strengths. Screening for					
7. The Measure results are based on a sample of patients.			violence risk to self determines if					
3. The number of months with Measure			patients are likely to harm themselves. Screening for violence					
data is below the reporting requirement.			risk to others determines if patients					
• The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening	$\bigcirc$				
updated data.			for substance and alcohol use determines if patients need help for		100%	95%	3	3
0. Test Measure: a measure being			their use. Screening for	100% of 34 eligible				
evaluated for reliability of the individual data elements or awaiting			psychological trauma history	Patients				
National Quality Forum Endorsement.			determines if patients have experienced terrible events in their					
11. There were no eligible patients that met the denominator criteria.			lives which have left them fearful or					
ule denominator criteria.			anxious and unable to handle their					
			feelings. Screening for patient					

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

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the patient recover.

strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.



### **National Quality Improvement Goals**

Symbol Key 2								
<ul> <li>This organization achieved the dest</li> <li>This organization's performance is</li> <li>This organization's performance is</li> </ul>	Reporting Per	iod: Ap	ril 2020 - March 2021					
<ul> <li>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</li> </ul>						npared to c Commise	sion	
below the target range/value.	Measure Area		Explanation		Nationwi		anizations Statewide	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie				<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>						other Joint ed Organiz	zations	on ewide
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	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</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.	92% of 24 eligible Patients	100%	59%	3	3
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>600</b> 3	100%	42%	3	3

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

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

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100%

47%



### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Per	iod: Apr	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.				1	Com	npared to ot Commiss		
This organization's performance is below the target range/value.				'	Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwid	le	Statewide	
Festmoto Voy	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures ass quality of care given to psychiatric patien		<b>(</b>	2	@ <sup>2</sup>	
Footnote Key	00000							
The Measure or Measure Set was not reported.				Con	mpared to ot Accredite	other Joint ( ed Organiza		
The Measure Set does not have an			7	N	lationwide		Statev	wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic		This measure reports the number of					

patients age 13 through 17 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

group of drugs used to treat

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

discharged on two or more

5. The organization scored above 90% but was below most other organizations. 6.

- The Measure results are not statistically valid.
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Null value or data not displayed.

Medications at Discharge with

Appropriate Justification

Adolescents Age 13 - 17

Symbol Key 2 This organization achieved the best

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### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.				Compared to other Joint Commission				
This organization's performance is below the target range/value.			Accredited Organizations					
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>™</b> 2	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.				Ν	Vationwide	ou organiz	State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. 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	Multiple Antipsychotic Medications at Discharg 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					

The Measure results are based on a	
sample of patients.	
The number of months with Measure	
data is below the reporting requirement.	
The measure results are temporarily	
suppressed pending resubmission of	
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illness that markedly interferes with a

person's capacity to meet life's

justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

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91% of

23 eligible

Patients

100%

60%

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



### **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Peri	od: Ap	ril 2020 - March 2021					
<ul> <li>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> <li>Not displayed</li> </ul>	Measure Area Hospital-Based Inpatient Psychiatric		Explanation tegory of evidenced based measures as quality of care given to psychiatric patier				sion	•
<ol> <li>Footnote Key</li> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>	Services				Accredit	other Joint ed Organiz		
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharge Appropriate Justification Adults Age 65 and Older	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
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restra Use per 1000 Patient Ho 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

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

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



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organization achieved the best ole results	Reporting Pe	riod: April 2020 - March 2021				
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ot displayed	Measure Area	Explanation		Nationwide	Statewide	
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures a overall quality of care given to psychiatric pati		<b>™</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>	
ootnote Key	Services					
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erall result.	Measure	Explanation	Hospital	Top 10% Average	ge Top 10% i	

- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule. 5.

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- 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.

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

		Accredited Organizations						
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Averag 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			



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### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Period: A	pril 2020 - March 2021						
This organization's performance is above the target range/value.		•						
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		ategory of evidenced based measures as I quality of care given to psychiatric patie		<b>(</b>	2	<b>∞</b> <sup>2</sup>		
Footnote Key	Services	. , , , , ,		Ŭ		U		
The Measure or Measure Set was not reported.			Со	Compared to other Joint Commission Accredited Organizations				
The Measure Set does not have an overall result.	Measure	Explanation	N Hospital	Vationwide	Average	State	wide Average	
The number of patients is not enough for comparison purposes.	medeure	LAplanaton	Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ul>	Hours of Physical 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	
• There were no eligible patients that met the denominator criteria. For further information nd explanation of the Quality Report contents, efer to the ''Quality Report User Guide.''	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	<u></u> 3	3	

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The Measure or Measure Set was not

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The number of patients is not enough for comparison purposes.

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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.

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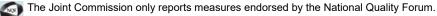
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### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021		
This organization's performance is above the target range/value.				
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This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	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>
Footnote Key	Services			

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide Statew				
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.	<b>№</b> 0 <sup>3</sup>	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	<u></u> 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	<u></u> 3



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



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

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide Statewi			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	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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- **1.** There were no eligible patients that met the denominator criteria.



Reporting Period: April 2020 - March 2021					
		Comr	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	<b>№</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>		

		Cor	mpared to c Accredit	other Joint ed Organiz		on
					ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	00% of 96 eligible Patients	100%	66%	3	3

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Reporting Period: April 2020 - March 2021					
Compared to other Joint Commission					
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Measure Area	Explanation	Nationwide	Statewide		

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		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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