

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

C	1 1	Key
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\mathbf{S} y III		INCY

0	This organization achieved the best possible results.
•	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than the target range/value.
	This Measure is not applicable for this organization.
•	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 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.
- **12.** The measure rate is within optimal range.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y 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	12/19/2022

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	2022National Patient Safety Goals	Ø	*	
Hospital	2022National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(m) ²	1	
Jan 2022 - Dec 2022	Substance Use	2 ²	ND ²	
	Tobacco Treatment	(1) ²	ND ²	



Locations of Care

* Primary Location

Locations of Care	Available Services
Silver Hill Hospital * 208 Valley Road New Canaan, CT 06840	 Services: 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) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult) (Supervised - Adult/Child/Youth) (Partial Hospitalization - Adult) (Supervised - Adult/Child/Youth) (Detox - Adult) (Non-detox - Adult)



2022 National Patient Safety Goals

Behavioral Health Care and Human Services

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

Symbol Key

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

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.



Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission	
		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.	⊙ ²	@ ²

			Accredit	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	95% of 528 eligible Patients	100%	95%		3

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

Symbol Key

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Reporting Period: January 2022 - December 2022

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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

			npared to c Accredite lationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	۩]3 	100%	97%		3

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	Compared to other Joint Commission Accredited Organizations						
Measure Area		Explanation		Nationwi	de	Statewide	e
		egory of evidenced based measures as quality of care given to psychiatric patie	@	2	⊘ ²		
			Accredit	other Joint ed Organiz			
Measure		Explanation	Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	Average Rate:
Assessment of violence ri substance use disorder, trauma and patient streng completed - Adolescent (1 years)	ths	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,	97% of 155 eligible Patients	100%	96%		3

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

housing, etc. which are used to help

the patient recover.



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				npared to o Commiss edited Org	sion		
Measure Area		Explanation		Nationwi	de	Statewide	9
Hospital-Based Inpatient Psychiatric Services		ory of evidenced based measures as lity of care given to psychiatric patie			2	○ ²	
					other Joint ed Organiz	Commissio ations State	
Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence substance use disorder trauma and patient strei completed - Adult (18-6 years)	; a ngths fc 4 s 4 p vv vv tt ri a fc d t t p d d e liv s s s s	This measure reports the number of dults age (18-64 years) screened or violence risk to self and others, ubstance and alcohol use, sychological trauma history and vatient strengths. Screening for iolence risk to self determines if natients are likely to harm memselves. Screening for violence isk to others determines if patients attents are likely to harm nemselves. Screening for violence isk to others determines if patients are likely to harm others. Screening or substance and alcohol use letermines if patients need help for neir use. Screening for sychological trauma history letermines if patients have experienced terrible events in their ves which have left them fearful or inxious and unable to handle their eelings. Screening for patient trengths identifies positive things uch as family support, a steady job, iousing, etc. which are used to help ne patient recover.	94% of 350 eligible Patients	100%	94%		3

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				npared to o Commiss edited Orga	sion		
Measure Area	Explanation		Nationwi	de	Statewide	e	
	nis category of evidenced based measures a verall quality of care given to psychiatric patie	•	2	⊙ ²			
	Compared to other Joint Commission Accredited Organizations						
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	wide Average Rate:	
Assessment of violence risk substance use disorder, trauma and patient strength completed - Older Adult (>= years)	older adult (>= 65 years) screened for violence risk to self and others,	96% of 23 eligible Patients	100%	95%		3	

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National Quality Improvement Goals

Symbol Rey							
This organization achieved the best possible results	Reporting Period: 1	January 2022 - December 2022					
This organization's performance is better than the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to c		
This organization's performance is				Accr	Commiss edited Org		
worse than the target range/value. Not displayed	Measure Area Explanation				de	Statewid	_
i or displayed		category of evidenced based measures as	ssesses the				
	Inpatient Psychiatric over	rall quality of care given to psychiatric patie			2	∞ ²	
Footnote Key	Services						
The Measure or Measure Set was not eported.			Cor	mpared to o Accredit	other Joint ed Organiz		n
The Measure Set does not have an overall result.				lationwide	ou organiz	State	ewide
he number of patients is not enough	Measure	Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
comparison purposes.			Results	er	Nale.	er	Nale.
measure meets the Privacy losure Threshold rule.				Threshol		Threshol	
organization scored above 90% but below most other organizations.	Multiple Antipsychotic	This is a proportion measure. A		d:		d:	
Measure results are not statistically	Medications at Discharge with	n proportion measure is a measure					
L T	Appropriate Justification	which shows the number of occurrences over the entire group					
leasure results are based on a e of patients.	Overall Rate	within which the occurrence should					
umber of months with Measure		take place. The numerator is					
below the reporting requirement.		expressed as a subset of the denominator. This measure reports	№ ²				
easure results are temporarily essed pending resubmission of		the overall number of patients	86% of	100%	47%		3
d data.		discharged on two or more antipsychotic medications.	29 eligible Patients				
asure: a measure being d for reliability of the		Antipsychotic medications are a	1 dionis				
al data elements or awaiting Quality Forum Endorsement.		group of drugs used to treat psychosis. Psychosis is a mental					
vere no eligible patients that met		illness that markedly interferes with a					
ominator criteria.		persons capacity to meet lifes					
sure rate is within optimal	Multiple Antipovehetic	everyday demands. This measure reports the number of					
	Multiple Antipsychotic Medications at Discharge with	•					
	Appropriate Justification	discharged on two or more					
ner information	Children Age 1 - 12	antipsychotic medications for which there was an appropriate justification.					
nation of the		Antipsychotic medications are a					
eport contents,		group of drugs used to treat psychosis. Psychosis is a mental					
e "Quality		illness that markedly interferes with a	ND 3				
Jser Guide.''		person's capacity to meet life's everyday demands. Appropriate	U	100%	21%		3
		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 Clozanine					

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

being treated with Clozapine.

Null value or data not displayed. ____



Reporting Period: January 2022 - December 2022

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				Compared to other Joint Commission Accredited Organizations			
Measure Area	E	xplanation	Nationwi	de	Statewide	e	
Hospital-Based Inpatient Psychiatric Services	This category of evidence overall quality of care giv			2	∞ ²		
				Accredit	other Joint ed Organiz		
	F	1 4	N Hospital	lationwide Top	A		ewide
Measure	Measure Explanation				Average Rate:	Top Perform er Threshol d:	Average Rate:
Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	e with patients age 13 discharged on two antipsychotic me	ports the number of through 17 years two or more edications for which propriate justification.					

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

addition of an antipsychotic

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

illness that markedly interferes with a

group of drugs used to treat

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

100%

24%

3



Reporting Period: January 2022 - December 2022

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				npared to o Commiss edited Org	sion			
Measure Area		Explanation		Nationwi	Nationwide Statewide			
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		2	⊘ ²			
	Com							
Measure Explanation				Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Average Rate:	
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 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.	86% of 28 eligible Patients	100%	50%		3	

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



National Quality Improvement Goals

Symbol Key									
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 This organization's performance is better than the target range/value. This organization's performance is similar to the target range/value. 					Com	npared to o Commiss			
O This organization's performance is worse than the target range/value.									
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	Э	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		(2	™ ²		
1. The Measure or Measure Set was not				Со	mpared to c	other Joint	Commissic	on	
reported. 2. The Measure Set does not have an						ed Organiz		ewide	
 overall result. 3. The number of patients is not enough for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	Hospital Results	Nationwide Top Perform er Threshol	Average Rate:	Top Perform er Threshol	Average Rate:	
 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. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. The measure rate is within optimal range. 	Multiple Antipsychotic Medications at Dischar Appropriate Justification Adults Age 65 and Olde	n Older er	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	d: 100%	46%	d:	3	
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Rest Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a	0.0596 (11 Total Hours in Restraint)	N/A	0.5767		3	

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

standard treatment for the patient's medical or psychiatric condition.

Null value or data not displayed. ____



National Quality Improvement Goals

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worse than the target range/value.	Measure Area		Explanation		Nationwi	Ŭ	Statewid	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie) ²	№ ²	
Footnote Key	Services				Ŭ		Ŭ	
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4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol		er Threshol	
5. The organization scored above 90% but	Linux of Dissol Doot		This was a surround also some have a		d:		d:	
 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. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Hours of Physical Restr 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.	ND ³	N/A	0.3845		3
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Adolescents Age 1		This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. 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	0.0231 (1 Total Hours in Restraint)	N/A	0.3412		3

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

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Symbol Key

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Footnote Key

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For further information

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refer to the "Quality

Report User Guide."

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National Quality Improvement Goals

This organization achieved the best Reporting Period: January 2022 - December 2022 This organization's performance is better than the target range/value. This organization's performance is Compared to other Joint Commission This organization's performance is Accredited Organizations orse than the target range/value. Measure Area Nationwide Explanation Statewide Hospital-Based This category of evidenced based measures assesses the **1** 2 **№**² Inpatient Psychiatric overall quality of care given to psychiatric patients. Services The Measure or Measure Set was not Compared to other Joint Commission Accredited Organizations The Measure Set does not have an Statewide Measure Explanation Hospital Тор Average Тор Average The number of patients is not enough Results Perform Rate: Perform Rate: er er Threshol Threshol d d: The organization scored above 90% but Hours of Physical Restraint This measure reports the number of was below most other organizations. hours patients age 18 through 64 Use Adults Age 18 - 64 The Measure results are not statistically years were kept in physical restraints for every 1,000 hours of patient care. The Measure results are based on a Physical restraint is any manual method or physical or mechanical The number of months with Measure device, material, or equipment that Đ data is below the reporting requirement. immobilizes or reduces the ability of The measure results are temporarily N/A 0.6823 ____3 a patient to move his or her arms, suppressed pending resubmission of 0.0793 (10 Total Hours legs, body or head freely when it is in Restraint) used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and individual data elements or awaiting is not a standard treatment for the National Quality Forum Endorsement. patient's medical or psychiatric There were no eligible patients that met condition The measure rate is within optimal Hours of Physical Restraint This measure reports the number of hours patients age 65 and older were Use Older Adults Age 65 and kept in physical restraints for every Older 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 **Quality Report contents,** N/A 0.1097 3 a patient to move his or her arms, 0.0000 (0 Total Hours in Restraint) 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. Hours of Seclusion Use per This measure reports the total hours 1000 Patient Hours - Overall patients were kept in seclusion for every 1,000 hours of patient care. Rate ____3 Seclusion is the involuntary N/A 0.3738 0.0000 confinement of a patient alone in a (0 Total Hours room or an area where the patient is in Seclusion) physically prevented from leaving.

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

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

Symbol Key		
This organization achieved the best possible results		
This organization's performance is better than the target range/value.		
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O This organization's performance is worse than the target range/value.		
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\sim		н

Footnote Key

- The Measure or Measure Set was not 1. 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.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 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.
- 12. The measure rate is within optimal range.

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

			Compared to other Joint Commission Accredited Organizations			
Measure Area	Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric pati			2	⊘ ²	
		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital	lationwide Top	Average	Top	ewide Average
		Results	Perform	Rate:	Perform	Rate:
			er Threshol d:		er Threshol d:	
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	1 1 1 1 1 1 1 1 1 1	N/A	0.4111		3

	room or an area where the patient is physically prevented from leaving.				
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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.1738	
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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.4421	
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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0766	

confinement of a patient alone in a

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

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Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission	
		Accredited C	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

				other Joint ed Organiz	zations	
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	85% of 33 eligible Patients	97%	47%		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.	85% of 33 eligible Patients	100%	62%		3

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

Symbol Key

0	This organization achieved the best possible results
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is worse than the target range/value.
80	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.
- 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.
- 7. The Measure results are based on a sample of patients.
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- **11.** There were no eligible patients that met the denominator criteria.
- **12.** The measure rate is within optimal range.



Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	2	0 ²

		Со	mpared to o Accredit	other Joint ed Organiz		'n
		1	Vationwide	Ŭ	State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:		Top Perform er Threshol d:	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.	6% of 33 eligible Patients	38%	16%		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.	64% of 33 eligible Patients	100%	53%		3

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

Symbol Key

0	This organization achieved the best possible results
•	This organization's performance is better than the target range/value.
	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than the target range/value.
NO	Not displayed

Footnote Key

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