

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.

DBA: Forest View Hospital, 1055 Medical Park Drive SE, Grand Rapids, MI



Summary of Quality Information

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\mathbf{S}	vm	DO	l Key	V I

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

Footnote Key

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

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	8/28/2021	8/27/2021	8/27/2021
🥝 Hospital	Accredited	8/28/2021	8/27/2021	10/28/2021

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

Special Quality Awards

2013 Top Performer on Key Quality Measures® **2**012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredite Organizations		
		Nationwide Statewic		
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	[*]	
Hospital	2021National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 °		

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





Locations of Care

* Primary Location

Locations of Care	Available Services
Forest View Psychiatric Hospital * DBA: Forest View Hospital 1055 Medical Park Drive, SE Grand Rapids, MI 49546	 Services: Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Eating Disorders/Adult/Child/Youth) (Inpatient - Adult/Child/Youth) (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Family Support (Non 24 Hour Care)

DBA: Forest View Hospital, 1055 Medical Park Drive SE, Grand Rapids, MI



2021 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

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

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

DBA: Forest View Hospital, 1055 Medical Park Drive SE, Grand Rapids, MI



2021 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key 3

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

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021							
			o other Joint hission 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				

		Со	mpared to c Accredit	other Joint ed Organiz		n
		١	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	98% of 949 eligible Patients	100%	96%	100%	95%

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

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Symbol Key 2

This organization achieved the best possible results
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 This organization's performance is below the target range/value.
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 There were no eligible patients that met
- **1.** 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."

DBA: Forest View Hospital, <u>1055 Medi</u>cal Park Drive SE, Grand Rapids, MI



National Quality Improvement Goals

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Measure Area	Explanation		Nationwi	de	Statewide	е
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric pati			2	∞ ²	
				other Joint ed Organiz	zations	
Measure	Explanation	Hospital	Vationwide	Average	Top 10%	wide Ave
		Results	Scored at Least:	Rate:	Scored at Least:	Ra
Assessment of violence substance use disorder, trauma and patient strer completed - Children (1- years)	children age (1-12 years) screened for violence risk to self and others,	99% of 79 eligible Patients	100%	97%	3	

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the patient recover.

such as family support, a steady job,

housing, etc. which are used to help

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Forest View Psychiatric Hospital

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi		Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
1. The Measure or Measure Set was not reported.				Со	mpared to o Accredit	other Joint ed Organiz		on
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. 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. 	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 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,	99% of 270 eligible Patients	100%	97%	3	3

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housing, etc. which are used to help

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

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Forest View Psychiatric Hospital

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
Footnote Key	00111000							
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The Measure Set does not have an overall result.				N	lationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	,	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Adult (18-6 years)	4	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening	Ð				
updated data.			for substance and alcohol use determines if patients need help for	98% of	100%	95%	100%	96%
Test Measure: a measure being evaluated for reliability of the			their use. Screening for	527 eligible Patients				
individual data elements or awaiting			psychological trauma history	1 430113				

- 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.

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,

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below the target range/value.	Measure Area		Explanation		Nationwi	Ŭ	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
 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:	
 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. 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. 	Assessment of violence substance use disorder, trauma and patient streu completed - Older Adult years)	ngths	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,	99% of 73 eligible Patients	100%	95%	100%	94%

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the patient recover.

housing, etc. which are used to help

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Forest View Psychiatric Hospital

DBA: Forest View Hospital, 1055 Medical Park Drive SE, Grand Rapids, MI



National Quality Improvement Goals

Symbol Key 2								
• possible results • This organization's performance is above the target range/value	Reporting Period	: April 2020 - Ma	arch 2021					
 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. Not displayed 	Measure Area		Explanation			npared to o Commiss edited Orga	sion	
	Hospital-Based Th	nis category of eviden	ced based measures as iven to psychiatric patie				○ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 					mpared to c Accredite Jationwide	other Joint ed Organiz		
overall result. 3. The number of patients is not enough for comparison purposes.	Measure	E	xplanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 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. 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 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	ith proportion mea which shows t occurrences o within which th take place. Th expressed as denominator. the overall nur discharged on antipsychotic r Antipsychotic r group of drugs psychosis. Psi illness that ma	ver the entire group e occurrence should e numerator is a subset of the This measure reports nher of patients two or more nedications. medications are a used to treat cchosis is a mental rkedly interferes with a ity to meet lifes	79% of 119 eligible Patients	100%	59%	100%	73%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge w Appropriate Justification Children Age 1 - 12	This measure patients age 1 discharged on antipsychotic r there was an a Antipsychotic i group of drugs psychosis. Psy illness that ma person's capa everyday dem justifications ir attempts to co one antipsych- to reduce the r antipsychotic r addition of an medication wh	reports the number of through 12 years two or more nedications for which ppropriate justification. medications are a used to treat vchosis is a mental rkedly interferes with a city to meet life's ands. Appropriate clude previous ntrol psychosis with otic medication, a plan number of nedications to one medication or the	20% of 5 eligible Patients	100%	42%	3	3

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Forest View Psychiatric Hospital

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National Quality Improvement Goals

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This organization's performance is above the target range/value.	1							
This organization's performance is similar to the target range/value.	1				Com	npared to o Commiss		
This organization's performance is below the target range/value.	I				Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		(2	⊘ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an			1		mpared to o Accredite Nationwide	other Joint (ed Organiz	zations	on ewide
overall result. 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:	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. The measure results are temporarily suppressed pending resubmission of updated data.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	n	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	62% of 13 eligible Patients	100%	47%	3	s

- 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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to reduce the number of

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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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e		
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	⊘ ²			
Footnote Key	00111000									
The Measure or Measure Set was not reported.				Cor	Compared to other Joint Commission Accredited Organizations					
• The Measure Set does not have an				N	ationwide		State	wide		
overall result. 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 Discharge 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							

	data is below the reporting requirement.	
•	The measure results are temporarily	
	suppressed pending resubmission of	
	updated data.	
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	evaluated for reliability of the	

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illness that markedly interferes with a

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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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84% of

94 eligible Patients

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Null value or data not displayed.

60%

100%

100%

79%

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National Quality Improvement Goals

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O This organization's performance is below the target range/value.				Accr	redited Org		
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Footnote Key		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	⊘ ²	
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2. The Measure Set does not have an overall result.	Magguro	Fundamention		lationwide			ewide
3. 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:
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	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.	0.05 (39 Total Hours in Restraint)	N/A	0.86	N/A	0.68

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as juality of care given to psychiatric patie		(2	⊘ ²		
1. The Measure or Measure Set was not reported.						other Joint ed Organiz	ations		
2. The Measure Set does not have an overall result.	Managemen		Furley stien		lationwide	A		wide	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	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 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. 	,		This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.23 (5 Total Hours in Restraint) ³	N/A	0.35	3	3	
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.''	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.	0.05 (12 Total Hours in Restraint)	N/A	0.25	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

Forest View Psychiatric Hospital

DBA: Forest View Hospital, 1055 Medical Park Drive SE, Grand Rapids, MI



National Quality Improvement Goals

Symbol Key 2 This organization achieved the best								
possible results This organization's performance is	Reporting Per	iod: Ap	ril 2020 - March 2021					
above the target range/value. This organization's performance is similar to the target range/value.	Compared to other Joi Commission							
This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	∞ ²	
The Measure or Measure Set was not reported.				Со	mpared to o Accredit	other Joint ed Organiz		n
The Measure Set does not have an overall result.					Vationwide	Ŭ	State	ewide
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Iop 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. 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.	Hours of Physical Restr Use Adults Age 18 - 64	aint	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.05 (22 Total Hours in Restraint)	N/A	1.06	N/A	0.79
here were no eligible patients that met e denominator criteria. I further information l explanation of the ality Report contents, er to the ''Quality port User Guide.''	Hours of Physical Restr Use Older Adults Age 6 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	N/A	0.05
	Hours of Seclusion Use 1000 Patient Hours - Ov 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	0.05 (40 Total Hours in Seclusion)	N/A	0.44	N/A	0.09

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

room or an area where the patient is

physically prevented from leaving.

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

Null value or data not displayed.

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Forest View Psychiatric Hospital

DBA: Forest View Hospital, 1055 Medical Park Drive SE, Grand Rapids, MI



National Quality Improvement Goals

Symbol Key 2							
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.				Com	pared to o Commiss		
This organization's performance is below the target range/value.				Accre		anizations	
Not displayed	Measure Area	Explanation		Nationwic	le	Statewide	e
Footnote Key		s category of evidenced based measures as rall quality of care given to psychiatric patie		he 2		O ²	
he Measure or Measure Set was not eported.			Cor	npared to o Accredite	ther Joint d Organiz		on
The Measure Set does not have an verall result.			Ν	lationwide	Ű		ewide
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	Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12	3				

- was below most other organizations. The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11 There were no eligible patients that met
- the denominator criteria.

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

		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.37 (8 Total Hours in Seclusion) 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.	0.01 (2 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.	0.06 (30 Total Hours in Seclusion)	N/A	0.53	N/A	0.06
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	N/A	0.04

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