

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, <u>1055</u> Medical Park Drive SE, Grand Rapids, MI



Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Surve Date | y Last On-Site Survey Date |
|----------------------------------------------|------------------------|-------------------|-------------------------|-------------------------------|
| Behavioral Health Care and Human Services | Accredited | 8/28/2021 | 8/27/2021 | 8/27/2021 |
| 🮯 Hospital | Accredited | 9/9/2023 | 8/27/2021 | 9/8/2023 |

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

| | | Compared to other Joint Organiz Nationwide | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|--------------|
| Behavioral Health Care and Human Services | 2021National Patient Safety Goals | | Statewide |
| Hospital | 2023National Patient Safety Goals | Ø | ₩ * |
| Reporting Period: Jan 2022 - Dec 2022 | National Quality Improvement Goals: Hospital-Based Inpatient Psychiatric Services | @ ² | ² |

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. |
| 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.





Locations of Care

* Primary Location

| Locations of Care | Available Services |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forest View Outpatient Clinic DBA: Forest View Medication Management Clinic 1001 Medical Park Dr SE, Suite 211 Grand Rapids, MI 49546 | Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) |
| 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) (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) (Partial Hospitalization - Adult/Child/Youth) Family Support (Non 24 Hour Care) |

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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

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.

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



2023 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

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 The Goal is not applicable for this organization.

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



National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

| | | | o other Joint hission |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| | | Accredited C | Organizations |
| Measure Area | Explanation | Nationwide | Statewide |
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ⊘ ² | ™ ² |

| | | | | other Joint ed Organiz | zations | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------|---------------------------|-------------------------------------------------|------------------|
| 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. | 99% of 967 eligible Patients | 100% | 95% | 100% | 96% |

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

Symbol Key

This organization achieved the best possible results
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- **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.
- 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.
- **12.** The measure rate is within optimal range.

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National Quality Improvement Goals

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| Measure Area | | Explanation | | Accr Nationwi | | anizations Statewid | 0 |
| Hospital-Based Inpatient Psychiat Services | | category of evidenced based measures a all quality of care given to psychiatric patie | | | | ² | |
| | | | | | other Joint ed Organiz | zations | |
| Measur | • | Explanation | Hospital Results | Nationwide Top Perform er Threshol d: | Average Rate: | Top Perform er Threshol d: | ewide Avera Rate |
| Assessment of viol substance use disc trauma and patient completed - Childry years) | rder, strengths | 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. | 100% of 107 eligible Patients | 100% | 97% | 100% | 97% |

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National Quality Improvement Goals

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| Measure Area | | Explanation | | Nationwi | Nationwide State | | |
| Hospital-Based Inpatient Psychiatric Services | | egory of evidenced based measures as quality of care given to psychiatric patie | | • | 2 | ∞ ² | |
| | | | | | other Joint ed Organiz | | n |
| Measure | | Explanation | Hospital Results | Nationwide Top Perform er Threshol d: | Average Rate: | State Top Perform er Threshol d: | ewide Avera Rate |
| Assessment of violence substance use disorder, rauma and patient strer completed - Adolescent vears) | 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, housing, etc. which are used to help | 100% of 293 eligible Patients | 100% | 96% | 100% | 96% |

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National Quality Improvement Goals

| Reporting Perio | January 2022 - December 2022 | | | | | |
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| | Explanation is category of evidenced based measures as erall quality of care given to psychiatric patier | | | de | | |
| Services | than quality of care given to psychiatric parter | | | | | |
| | | | npared to c Accredite lationwide | other Joint ed Organiz | ations | on ewide |
| Measure | Explanation | Hospital Results | Top Perform er Threshol d: | Average Rate: | Top Perform er Threshol d: | Avera Rate |
| Assessment of violence r ubstance use disorder, rauma and patient streng completed - Adult (18-64 rears) | adults age (18-64 years) screened | 99% of 498 eligible Patients | 100% | 94% | 100% | 97% |

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the patient recover.

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National Quality Improvement Goals

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| | | | | Accr | | anizations | |
| Measure Area | | Explanation | | Nationwi | | Statewid | е |
| Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | 0 | 2 | № ² | |
| | | | | | other Joint ed Organi | zations | |
| Measure | | Explanation | Hospital Results | Vationwide Top Perform er Threshol d: | Average Rate: | Top Perform er Threshol d: | ewide Avera Rate |
| Assessment of violence substance use disorder trauma and patient stre completed - Older Adul 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, housing, etc. which are used to help the patient recover. | 97% of 99% of 69 eligible Patients | 100% | 95% | 100% | 94% |

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- **12.** The measure rate is within optimal range.

Forest View Psychiatric Hospital

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



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | iod: Jan | uary 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. | | | | | Com | pared to o Commiss | | |
| O This organization's performance is worse than the target range/value. | | | | | Accr | edited Org | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e |
| | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patier | | @ | 2 | ○ ² | |
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| reported.2. The Measure Set does not have an | | | | | npared to c Accredite lationwide | ed Organiz | | |
| overall result.3. The number of patients is not enough | Measure | | Explanation | Hospital | Тор | Average | Тор | Average |
| for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule. | | | | Results | Perform er Threshol | Rate: | Perform er Threshol | Rate: |
| 5. The organization scored above 90% but | Multiple Antipouchatio | | This is a preparties processe 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. The measure rate is within optimal | 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. | 80% of 59 eligible Patients | 100% | 47% | 100% | 70% |
| range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.'' | Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Children Age 1 - 12 | | This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | € •••• | 100% | 21% | | 3 |

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

the denominator criteria. 12. The measure rate is within optimal

Forest View Psychiatric Hospital

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



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results This organization's performance is | Reporting Per | riod: Jan | nuary 2022 - December 2022 | | | | | |
| better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value. Not displayed | Measure Area | | Explanation | | | npared to c Commiss edited Org de | sion | е |
| 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. | | | | | mpared to o Accredit | other Joint ed Organiz | zations | on ewide |
| overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. | Measure | | Explanation | Hospital Results | Top Perform er Threshol d: | Average Rate: | Top Perform er Threshol d: | Averaç 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 Discharg Appropriate Justification Adolescents Age 13 - 1 | 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 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 | 55% of 11 eligible Patients | 100% | 24% | | 3 |

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

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being treated with Clozapine.

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

the denominator criteria. 12. The measure rate is within optimal

Forest View Psychiatric Hospital

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



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results This organization's performance is | Reporting Peri | iod: Jan | uary 2022 - December 2022 | | | | | |
| better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value. | | | | | Accr | npared to c Commiss edited Org | sion anizations | |
| Not displayed | Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Accredited On Nationwide Measure Explanation Compared to other Accredited On Nationwide Measure Explanation Hospital Nationwide Measure Explanation Hospital Nationwide Multiple Antipsychotic Medications at Discharge with Appropriate Justification Aduits 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 for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis with one antipsychotic medications to one antipsychotic medications to one antipsychotic medications to one antipsychotic medications to one antipsychotic medications to one 100% 56 | | Statewide | | | | | |
| Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an | | | | | Accredit | | ations | |
| The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but | Measure | | Explanation | Hospital | Top Perform er Threshol | Average Rate: | Top Perform er Threshol d: | ewide Averaç 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. | Medications at Discharg Appropriate Justification | | patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one | 88% of 40 eligible | 100% | 50% | 100% | 72% |

medication when the patient is also being treated with Clozapine.

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Forest View Psychiatric Hospital

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National Quality Improvement Goals

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| This organization achieved the best possible results | Reporting Per | iod: Jan | uary 2022 - December 2022 | | | | | |
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| This organization's performance is similar to the target range/value. | | | | | Com | pared to o Commiss | | |
| O This organization's performance is worse than the target range/value. | | | | | Accre | edited Org | anizations | |
| Mot displayed | Measure Area | | Explanation | | Nationwic | de | Statewide | Э |
| | Hospital-Based Inpatient Psychiatric Services | | egory of evidenced based measures as quality of care given to psychiatric patier | | 0 | 2 | ○ ² | |
| Footnote Key 1. The Measure or Measure Set was not | 00111003 | | | | | | • • • | _ |
| reported. | | | | Cor | npared to c Accredite | ed Organiz | | n |
| 2. The Measure Set does not have an overall result. | | | | | lationwide | | State | |
| 3. The number of patients is not enough | Measure | | Explanation | Hospital Results | Top Perform | Average Rate: | Top Perform | Average Rate: |
| for comparison purposes.4. The measure meets the Privacy | | | | | er | | er | |
| Disclosure Threshold rule. 5. The organization scored above 90% but | | | | | Threshol d: | | Threshol d: | |
| 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 Discharg Appropriate Justification Adults Age 65 and Olde | n Older | This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication s to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | 83% of 6 eligible Patients | 100% | 46% | 100% | 53% |
| For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." | Hours of Physical Restr 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 standard treatment for the patient's medical or psychiatric condition. | 0.0427 (32 Total Hours in Restraint) | N/A | 0.5767 | N/A | 0.3486 |

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

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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 | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | iod: Jan | uary 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. | | | | | Com | npared to o Commiss | | |
| O This organization's performance is worse than the target range/value. | | | | | Accr | edited Orga | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e |
| | Hospital-Based Inpatient Psychiatric Services | | egory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | ∞ ² | |
| Footnote Key 1. The Measure or Measure Set was not | 00111003 | | | | | | | _ |
| reported. | | | | Cor | npared to c Accredit | other Joint ed Organiz | | 'n |
| 2. The Measure Set does not have an overall result. | | | | | lationwide | Ŭ | State | |
| 3. The number of patients is not enough | Measure | | Explanation | Hospital Results | Top Perform | Average Rate: | Top Perform | Average Rate: |
| for comparison purposes.4. The measure meets the Privacy | | | | | er | | er | |
| Disclosure Threshold rule. | | | | | Threshol d: | | Threshol d: | |
| 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 | 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. | | | | | |
| 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. | | | 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 | 0.1989 (5 Total Hours in Restraint) ³ | N/A | 0.3845 | N/A | 1.3916 |
| 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. | | | 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. | | | | | |
| 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 13 | | 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. | 0.0574 (13 Total Hours in Restraint) | N/A | 0.3412 | N/A | 0.4953 |

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Forest View Psychiatric Hospital

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|---------------------------|-------------------------------------------------|--------------------------|
| This organization achieved the best | Reporting Per | iod: Jan | uary 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. | | | | | Com | pared to o Commiss | | |
| O This organization's performance is worse than the target range/value. | | | | | Accr | edited Org | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | Э |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | 0 | 2 | ○ ² | |
| 1. The Measure or Measure Set was not reported. | | | | Cor | npared to c Accredite | other Joint ed Organiz | | n |
| overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. | Measure | | Explanation | N Hospital Results | lationwide Top Perform er Threshol d: | Average Rate: | State Top Perform er Threshol d; | wide 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. | 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. | 0.0293 (13 Total Hours in Restraint) | u. N/A | 0.6823 | u. N/A | 0.3258 |
| 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 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. | 0.0035 (0 Total Hours in Restraint) ³ | N/A | 0.1097 | N/A | 0.0780 |
| | 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 physically prevented from leaving. | 0.0083 (6 Total Hours in Seclusion) | N/A | 0.3738 | N/A | 0.1636 |

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

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updated data. 10. Test Measure: a measure being evaluated for reliability of the

the denominator criteria. 12. The measure rate is within optimal

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Forest View Psychiatric Hospital

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



National Quality Improvement Goals

| Footnote Key This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | | | | | | | | ymbol Key |
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| heure thate targe range-value. This organization's performance is wore than the target range-value. This organization's performance is wore than the target range-value. Not displayed FOCTOP CEAP The Measure or Measure Set was not reported. The measure measure measu | | | | | | nuary 2022 - December 2022 | Reporting Period: Jan | |
| This organization's performance is initiat to target range/value. Not displayed Measure Area Explanation Nationwide Compared to other Joint Commission Measure Area Explanation Nationwide Statewide Network Str was not protect. This category of evidenced based measures assesses the protect Organization scored above Measure Str was not protect. Statewide Measure Area Explanation Hospital Top Average To | | | | | | | | |
| Missinguization's performance is source during range/value. Not displayed Accredited Organizations performance is source many set and source and set and s | | | | Com | | | | |
| Measure Area Explanation Nationwide Statewide Poptial-Based Inpatient Psychiatric services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Commission Accredited Organizations. Ne Measure of Measure Set was not ported. Measure are set does not have an verall result. Measure Explanation Image: Compared to other Joint Commission Accredited Organizations. Measure of Measure Set does not have an verall result. Measure Explanation Image: Compared to other Joint Commission Accredited Organizations. Measure meets the Privacy factorum for ond above 90% but as below most other organizations. Measure explanation Use Children Age 1 - 12 This measure reports the number of hours patients age 1 through 12 years were kept in sectusion for every 1.000 hours of patient care. Sectusion is the involuntary confinement of a patient alone in a physically prevented from leaving. N/A 0.4111 N/A Hours of Sectusion Use Adolescents Age 13 - 17 This measure reports the number of hours patients age 13 through 17 years were kept in sectusion for every 1.000 hours of patient care. Sectusion is the involutary confinement of a patient alone in a physically prevented from leaving. N/A 0.4111 N/A Measure aneasure regists measure reports the number of Adolescents Age 13 - 17 This measure reports the number of hours patients age 13 through 17 years were kept in seclusion of revery 1.000 hours of patient care. Seclusio | 3 | | | Accre | | | | |
| Notice Services Inpatient Psychiatric Services overall quality of care given to psychiatric patients. Impatient Services Impatient Psychiatric Services Inpatient Psychiatric Services Inpatient Psychiatric Services overall quality of care given to psychiatric patients. Impatient Psychiatric Services < | de | Statewide | de | Nationwic | | Explanation | Measure Area | |
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| ported. the Measure Set does not have an evenil result. the number of patients is not enough r comparison purposes. the measure meets the Privacy isolowne Threshold rule. the organization scored above 90% but as below most other organizations. the Measure results are hoased on a mple of patients. the measure results are based on a mple of patients. the measure results are the patient is the measure results are the patient is physically prevented from leaving. 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 the sclusion 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 the sclusion 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 the sclusion for the sclusion for the sclusion is the involuntary confinement of a patient alone in a room or an area where the patient is the Sclusion is the involuntary the Sclusion is the involuntary confinement of a patient alone in a room or an area where | | \cup | | U | | | | Sootnote Key |
| rerall result. Measure Explanation Houspital Top Average Top nemesure meets the Privacy isclowing Threshold rule. Hours of Seclusion Use This measure reports the number of hours patients are based on a mple of patients. Hours of Seclusion Use This measure reports the number of a patient alone in a room or an area where the patient is physically prevented from leaving. N/A 0.4111 N/A Hours of Seclusion Use Addelata date elements or awaiting ational Quity Forum Endorsement. Hours of Seclusion Use Addelts This measure reports the number of hours patient alone in a room or an area where the patient is physically prevented from leaving. N/A 0.4111 N/A Hours of Seclusion Use Addelata and Quity Forum Endorsement. Hours of Seclusion Use Addels This measure reports the number of hours patient alone in a room or an area where the patient is physically prevented from leaving. N/A 0.4111 N/A | ion | | | | Cor | | | ported. |
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| be organization scored above 90% but is below most other organizations. be Measure results are not statistically id. e Measure results are not statistically id. e Measure results are based on a mple of patients. e number of months with Measure ta is below the reporting requirement. e measure results are temporarily ppressed pending resubmission of dated data. Hours of Seclusion Use Adults at elements or awaiting tional Quality Forum Endorsement. e measure rate is within optimal ge. Hours of Seclusion Use Adults Ac e 18 - 64 | i i | Threshol | | Threshol | | | | |
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| e number of months with Measure a is below the reporting requirement. e measure results are temporarily pressed pending resubmission of lated data. t Measure: a measure being lutated for reliability of the ividual data elements or awaiting tional Quality Forum Endorsement. e measure rate is within optimal ge. Hours of Seclusion Use Adults hours of Seclusion Use Adults 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. N/A 0.1738 N/A N/A 0.1738 N/A | 0.398 | N/A | 0.4111 | N/A | 0.0690 | | | |
| a is below the reporting requirement. e measure results are temporarily ppressed pending resubmission of tated data. st Measure: a measure being duated for reliability of the lividual data elements or awaiting tional Quality Forum Endorsement. ere were no eligible patients that met denominator criteria. e measure rate is within optimal ge. Hours of Seclusion Use Adults A do lescents Age 13 - 17 Hours of Seclusion Use A do lescents Age 13 - 17 Hours of Seclusion Use A do lescents Age 13 - 17 Hours of Seclusion Use A do lescents Age 13 - 17 Hours of Seclusion Use A do lescents Age 13 - 17 Hours of Seclusion Use Adults A do lescents Age 13 - 17 Hours of Seclusion Use Adults A do lescents Age 13 - 17 Hours of Seclusion Use Adults A do lescents Age 13 - 17 Hours of Seclusion Use Adults A do lescents Age 13 - 17 Hours of Seclusion Use Adults A do lescents Age 13 - 17 Hours of Seclusion Use Adults A do lescents Age 18 - 64 Hours patients age 18 through 64 Hours patients age 18 through 64 | | | | | (2 Total Hours | confinement of a patient alone in a | | |
| Hours of Seclusion Use Adolescents Age 13 - 17 Hours of Seclusion Use Adolescents Age 18 - 64 Hours patients age 18 through 64 | | | | | | · · · · · | | |
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| at Measure: a measure being years were kept in seclusion for Image: Seclusion is the involuntary build data elements or awaiting wears were kept in seclusion for Image: Seclusion is the involuntary confinement of a patient alone in a 0.0030 Image: Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is N/A 0.1738 N/A e measure rate is within optimal Hours of Seclusion Use Adults This measure reports the number of hours patients age 18 through 64 Image: Seclusion is Image: Seclusion i | | | | | | • | | |
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| ere were no eligible patients that met denominator criteria. e measure rate is within optimal ge. Hours of Seclusion Use Adults Age 18 - 64 hours patients age 18 through 64 | | | | | | | | |
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| commentent of a patient alone in a saturian | | | | | (4 Total Hours in Seclusion) | • | | |
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| ity report contents, | | | | | | | Hours of Seclusion Use Older | |
| to the Quanty | | | | | - | • | | |
| kept in seclusion for every 1,000 | | | | | \bigcirc | kept in seclusion for every 1,000 | 0 | ort User Guide. |
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| the involuntary confinement of a patient alone in a room or an area (0 Total Hours | 0.843 | N/A | 0.0766 | N/A | | the involuntary confinement of a patient alone in a room or an area | | |
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