

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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission



Summary of Quality Information

Symbol Key

| 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
 Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| 🮯 Hospital | Accredited | 3/19/2016 | 2/8/2019 | 2/8/2019 |

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

Special Quality Awards

2012 Top Performer on Key Quality Measures®

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|--|-------------------|--|--|--|
| | | Nationwide | Statewide | | | |
| Hospital | 2017National Patient Safety Goals | Ø | * | | | |
| | National Quality Improvement Goals: | | | | | |
| Reporting Period: Jul 2017 - Jun 2018 | Hospital-Based Inpatient Psychiatric Services | (10) ² | (in) ² | | | |

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

1401 West Ash Street, Goldsboro, NC



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--|--|
| Cherry Hospital * 1401 W. Ash Street Goldsboro, NC 27530 | Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Employment Services (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care) |

1401 West Ash Street, Goldsboro, NC



2017 National Patient Safety Goals

Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|----------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| | Eliminating Transfusion Errors | \bigotimes |
| 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 | \bigcirc |
| 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 |
| | Preventing Multi-Drug Resistant Organism Infections | \bigotimes |
| | Preventing Central-Line Associated Blood Stream Infections | <u>ଷ</u> ଭ ଭ ଭ |
| | Preventing Surgical Site Infections | \bigcirc |
| | Preventing Catheter-Associated Urinary Tract Infection | \bigcirc |
| 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 | \bigotimes |
| | Performing a Time-Out | \bigcirc |

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.

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



National Quality Improvement Goals

| Reporting Per | iod: July 2017 - June 2018 | | |
|---|---|---------------------|-----------------------|
| | | | |
| | | Compared to Comm | |
| | | Accredited C | rganizations |
| 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 | 0 ² |

| | | Compared to other Joint Commission Accredited Organizations | | | | | |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|--|
| | | | | | | wide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: | |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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. | 96% of 755 eligible Patients | 100% | 95% | 100% | 96% | |

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

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Symbol Key

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

Footnote Key

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

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



National Quality Improvement Goals

| Repo | rting Perio | od: July | 7 2017 - June 2018 | | | | | |
|---|--------------------------------|----------|--|--|---------------------------------------|--------------------------------------|--------------------------------|-------------|
| M | | | Evaluation | | Accr | npared to c Commise edited Org | sion anizations | |
| Measure Are Hospital-Bas Inpatient Ps Services | sed | | Explanation egory of evidenced based measures a uality of care given to psychiatric patie | | Nationwi | | Statewide | |
| | | | | | mpared to c Accredit Vationwide | other Joint ed Organiz | zations | on ewide |
| N | leasure | | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | |
| Assessment substance us trauma and p completed - years) | se disorder, patient streng | gths | 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 | CO 100% of 16 eligible Patients | 100% | 96% | 3 | 3 |

Symbol Key This organization achieved the b

possible results
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- 1. There were no eligible patients that met the denominator criteria.

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the patient recover.

such as family support, a steady job,

housing, etc. which are used to help

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

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



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | riod: Jul | ly 2017 - June 2018 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Con | npared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accr | edited Org | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | е |
| | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | | 2 | ⊘ ² | |
| Footnote Key | Gervices | | | | | | | |
| The Measure or Measure Set was not reported. | | | | Cor | npared to o Accredit | other Joint ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | N | lationwide | | State | wide |
| 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 | e risk, | 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 | , | adolescent age (13-17 years) screened for violence risk to self and | | | | | |
| The Measure results are not statistically valid. | completed - Adolescent years) | t (13-17 | others, 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 | Ø | | | | |
| updated data. | | | for substance and alcohol use determines if patients need help for | 98% of | 100% | 95% | 3 | 3 |
| Test Measure: a measure being evaluated for reliability of the | | | their use. Screening for psychological trauma history | 162 eligible Patients | | | | |
| individual data elements or awaiting National Quality Forum Endorsement. | | | determines if patients have | | | | | |

National Quality Forum Endors 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."

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the patient recover.

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

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

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | riod: Jul | ly 2017 - June 2018 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Com | npared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accr | edited Org | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | е |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | 0 | 2 | ⊘ ² | |
| The Measure or Measure Set was not reported. | | | | Со | mpared to c Accredite | other Joint ed Organiz | | on |
| The Measure Set does not have an overall result. | | | | | Nationwide | | State | |
| 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 data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of | Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years) | r, engths | This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use | Ø | | | | |
| updated data. • Test Measure: a measure being | | | determines if patients need help for | 95% of | 100% | 95% | 100% | 96% |

566 eligible Patients

- updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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the patient recover.

their use. Screening for

psychological trauma history

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

determines if patients have

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



National Quality Improvement Goals

| Symbol Key | | | | | | | |
|---|---|--|-----------------------------------|--------------------------------|---------------------------|-----------------------|------------------|
| This organization achieved the best possible results | Reporting Period: Ju | ly 2017 - June 2018 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | Com | npared to c Commiss | | |
| O This organization's performance is below the target range/value. | | | | Accr | edited Org | | |
| Not displayed | Measure Area | Explanation | | Nationwi | de | Statewid | e |
| Footnote Key | | ategory 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 c Accredite | other Joint ed Organiz | | on |
| 2. The Measure Set does not have an overall result | | | | Vationwide | Ŭ | State | ewide |
| | Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Scored | Average Rate: |
| overall result.3. The number of patients is not enough | Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) | This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient | 00% of 11 eligible Patients | 100% | 93% | at Least: | 94% |

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

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the patient recover.

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

housing, etc. which are used to help

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



National Quality Improvement Goals

| Symbol Key This organization achieved the best | | | | | | | | |
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| possible results | Reporting Peri | iod: Jul | y 2017 - June 2018 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Com | npared to c Commiss | | |
| O This organization's performance is below the target range/value. | | | | | Accr | edited Org | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | | Statewide | ; |
| 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 | | | | Со | mpared to c | | | n |
| reported.2. The Measure Set does not have an | | | | N | Accredit | ed Organiz | ations State | wide |
| 3. The number of patients is not enough for comparison purposes. | Measure | | Explanation | 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 with Appropriate Justification Overall Rate | | This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands. | 86% of 73 eligible Patients | 100% | 63% | 97% | 82% |
| the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.'' | Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12 | | This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ND ³ | 100% | 40% | 3 | 3 |



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

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100%

50%



National Quality Improvement Goals

| Reporting Peri | od: July 2017 - June 2018 | | | | | |
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| | | | | Commis | other Joint sion anizations | |
| Measure Area | Explanation | | Nationwic | de | Statewide | e |
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures overall quality of care given to psychiatric pat | | 0 | 2 | ⊘ ² | |
| | | | npared to o Accredite lationwide | other Joint ed Organiz | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Aver Ra |
| Multiple Antipsychotic Medications at Discharge Appropriate Justification Adolescents Age 13 - 17 | discharged on two or more | | | | | |

2. The Measure Set does not have an overall result.

Footnote Key The Measure or Measure Set was n

Symbol Key

ossible results

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This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

above the target range/value. This organization's performance is

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- 3. The number of patients is not enough for comparison purposes.
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 The Measure results are not statistically
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 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." 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.

there was an appropriate justification.

illness that markedly interferes with a

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

one antipsychotic medication, a plan

group of drugs used to treat

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

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

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | iod: Jul | y 2017 - June 2018 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is immediately set of the set of t | | | | | Com | pared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accre | | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwic | de | Statewide | e |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | 0 | 2 | O ² | |
| The Measure or Measure Set was not reported. | | | | Cor | npared to o Accredite | other Joint (ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | | lationwide | | State | |
| The number of patients is not enough or comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Avera Rate |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically | 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 | | at Loast. | | di Loddi. | |

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a

 (\checkmark)

86% of

71 eligible

Patients

group of drugs used to treat

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

| 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.

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to reduce the number of

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64%

100%

81%

100%

1401 West Ash Street, Goldsboro, NC



National Quality Improvement Goals

| Symbol Voy | | | | | | | | |
|--|--|--|--|----------------------------------|--------------------------------|------------------------|--------------------------------|------------------|
| Symbol Key This organization achieved the best possible results | Reporting Per | iod: Jul | y 2017 - June 2018 | | | | | |
| This organization's performance is above 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 below the target range/value. | | | | | Accr | anizations | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | U | Statewide | e |
| | Hospital-Based Inpatient Psychiatric Services | Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | | | | 2 | ⊘ ² | |
| Footnote Key 1. The Measure or Measure Set was not reported. | | | | Cor | | | Commissio | on |
| 2. The Measure Set does not have an | | | | N | Vationwide | ed Organiz | | ewide |
| overall result.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: |
| 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. | 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | €€© 4 | 100% | 58% | 100% | 91% |
| 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. | 0.12 (218 Total Hostraint) | N/A | 0.46 | N/A | 0.14 |

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

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

Null value or data not displayed.



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|--|---|--|---|--|-------------|-----------------------|--------------------------------|------|
| This organization achieved the best possible results | Reporting Per | iod: July | y 2017 - June 2018 | | | | | |
| 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 | | |
| O This organization's performance is below the target range/value. | | | | | Accr | edited Org | | |
| Mot displayed | Measure Area | Measure Area Explanation | | | | de | Statewide | Э |
| | Hospital-Based Inpatient Psychiatric Services | Inpatient Psychiatric overall quality of care given to psychiatric patients. | | | | 2 | ∞ ² | |
| Footnote Key 1. The Measure or Measure Set was not | 00111000 | | | Cor | npared to c | | | n |
| reported.2. The Measure Set does not have an | | | | N | Accredite | ed Organiz | | wide |
| overall result.The number of patients is not enough for comparison purposes. | Measure | | Explanation | 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. | 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. | 0.08 (1 Total Hours in Restraint) ³ | N/A | 0.34 | 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. | 0.22 (33 Total Hours in Restraint) | N/A | 0.24 | 3 | 3 |



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

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Null value or data not displayed. ____



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|--|---|---------|---|--|--|------|------|------|
| This organization achieved the best possible results | Reporting Peri | od: Jul | y 2017 - June 2018 | | | | | |
| This organization's performance is above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed | Measure Area Hospital-Based Inpatient Psychiatric | | Explanation egory of evidenced based measures as quality of care given to psychiatric patie | | | | sion | • |
| Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. | Services | | Explanation | | mpared to c Accredite Nationwide | | | wide |
| 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 | Hours of Physical Restra Use Adults Age 18 - 64 | | This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. This measure reports the number of | 0.11 (183 Total Hours in Restraint) | N/A | 0.53 | N/A | 0.13 |

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

immobilizes or reduces the ability of

a patient to move his or her arms,

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

legs, body or head freely when it is

This measure reports the total hours

patients were kept in seclusion for

every 1,000 hours of patient care.

Seclusion is the involuntary

Ð

0.01

(1 Total Hours

in Restraint)

Ð

0.16

N/A

N/A

0.17

0.35

N/A

N/A

0.21

0.15

physical or mechanical device,

material, or equipment that

National Quality Forum Endor 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.''**

> confinement of a patient alone in a (294 Total Hours in Seclusion) room or an area where the patient is physically prevented from leaving. The Joint Commission only reports measures endorsed by the National Quality Forum.

condition.

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

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Use Older Adults Age 65 and

Hours of Seclusion Use per

1000 Patient Hours - Overall

Older

Rate



National Quality Improvement Goals

| e best | Reporting Period: | July 2017 - June 2018 | | | | | |
|--|--|---|--|--------------------------------|---------------------------|--------------------------------|---------------|
| e is | | | | | | | |
| e is e. | | | | Con | npared to c Commis | | |
| e is | | | | Accr | edited Org | | |
| | | Evalenction | | Nationwi | | Statewide | |
| | Measure Area | Explanation | | Nationwi | ue | Statewide | ; |
| | | s category of evidenced based measures as rall quality of care given to psychiatric patie | | | 2 | ○ ² | |
| as not | | | Со | | other Joint ed Organiz | Commissio ations | n |
| an | | | ١ | Vationwide | ou organiz | State | wide |
| nough | Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Avera Rate |
| 90% but tions. tistically on a | 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. | 0.53 (7 Total Hours in Seclusion) ³ | N/A | 0.61 | 3 | 3 |
| easure iirement. arily on of iiting sement. | 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. | 0.26 (39 Total Hours in Seclusion) | N/A | 0.21 | 3 | 3 |
| that met | Hours of Seclusion Use Adul Age 18 - 64 | | 0.15 (240 Total Hours in Seclusion) | N/A | 0.40 | N/A | 0.17 |
| | Hours of Seclusion Use Olde Adults Age 65 and Older | r 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 | 009 | N/A | 0.04 | N/A | 0.02 |



| \bigcirc | This organization achieved the best possible results |
|------------|---|
| Ð | 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. |
| 0 | 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 Privac 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.
- 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
- 1. There were no eligible patients that me the denominator criteria.

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

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

patient alone in a 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.

0.09 (7 Total Hours in Seclusion)