

# 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.



# **Summary of Quality Information**

### Symbol Key 1

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.
	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	2/9/2019	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	2019National Patient Safety Goals	Ø	<b>*</b>	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	<b>(10)</b> <sup>2</sup>	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	<ul> <li>Services:</li> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Employment Services (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> <li>Peer Support (Non 24 Hour Care)</li> </ul>

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# **2019 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	$\bigcirc$
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 Infections that are difficult to treat	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	$\bigotimes$
	Preventing Surgical Site Infections	<u>ତ</u> ତ ତ
	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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

### Symbol Key 3

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

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



# **National Quality Improvement Goals**

# Symbol Key 2 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 Measure Area Explanation Hospital-Based Inst category of evidenced based overall quality of care given to psychiatric.

### **Footnote Key**

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   There were no eligible patients that met
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		Compared to other Joint Commission		
		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.	@ <sup>2</sup>	<b>O</b> <sup>2</sup>	

			Accredit	other Joint ed Organiz			
			lationwide		State		
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.	99% of 435 eligible Patients	100%	96%	100%	97%	

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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updated data. 10. Test Measure: a measure being 1401 West Ash Street, Goldsboro, NC



# **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	riod: Ar	pril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to c Commiss		
This organization's performance is below the target range/value.					Accr		ganizations	
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
	Hospital-Based Inpatient Psychiatric		ategory of evidenced based measures as I quality of care given to psychiatric patier		0	2	<b>™</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Cor		other Joint ed Organiz	: Commissio zations	on
The Measure Set does not have an overall result.			'	N	lationwide	Ŭ	State	ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence		This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	,	children age (1-12 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Children (1 years)	-12	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 for substance and alcohol use	$\bigcirc$				
updated data. Test Measure: a measure being			determines if patients need help for their use. Screening for	100% of 10 eligible	100%	97%	<sup>3</sup>	3
evaluated for reliability of the individual data elements or awaiting			psychological trauma history determines if patients have	Patients				
National Quality Forum Endorsement.			over arise and tarrible avents in their					

evaluated for reliability of the individual data elements or awaitin National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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

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

the patient recover.

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 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commiss		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		<b>(</b>	2	<b>0</b> <sup>2</sup>	
Footnote Key	00111000							
The Measure or Measure Set was not reported.				Со	mpared to o Accredit	other Joint ed Organiz		n
The Measure Set does not have an overall result.				١	Vationwide	Ű	State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		at Loudt.		ar Loudt.	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	adolescent age (13-17 years) screened for violence risk to self and					
The Measure results are not statistically valid.	completed - Adolescent years)	: (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					

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.

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

100% 97% determines if patients need help for 99% of their use. Screening for 68 eligible Patients 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.

risk to others determines if patients

are likely to harm others. Screening

for substance and alcohol use

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patients are likely to harm themselves. Screening for violence

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

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# **National Quality Improvement Goals**

Symbol Key 2							
This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021					
his organization's performance is bove the target range/value.							
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This organization's performance is elow the target range/value.						anizations	
Not displayed	Measure Area	Explanation		Nationwide	е	Statewid	е
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asse overall quality of care given to psychiatric patients		<b>(</b> )	2	<b>○</b> <sup>2</sup>	
Footnote Key	Services						
he Measure or Measure Set was not eported.			Co	mpared to ot Accredited			on
he Measure Set does not have an			1	Vationwide		State	ewide
verall result. he 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:	Ave R

for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule.

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5. 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.
- 8. The number of months with Measure data is below the reporting requirement.
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	٨	lationwide		State	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 - Adult (18-64 years)	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 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 349 eligible Patients	100%	95%	100%	99%

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

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# **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Pe	riod: Ap	oril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.	l				Com	npared to c Commiss		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>№</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Со	mpared to c Accredite	other Joint ted Organiz		ən
The Measure Set does not have an overall result.					Nationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement.	Assessment of violence substance use disorder trauma and patient stre completed - Older Adul years)	er, engths	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		di Least.		di Least.	
The measure results are temporarily suppressed pending resubmission of updated data.			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	٥	100%	95%	100%	99%

- 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.

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

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

housing, etc. which are used to help

their use. Screening for

psychological trauma history

determines if patients have

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

100%

100% of

8 eligible

Patients

95%

100%

99%



# **National Quality Improvement Goals**

Symbol Key 2							
• possible results • This organization's performance is above the target range/value	Reporting Period	l: April 2020 - March 2021					
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area	Explanation			npared to o Commiss edited Orga de	sion	•
Footnote Key		his category of evidenced based measures as verall quality of care given to psychiatric patie		0	2	<b>⊙</b> <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> </ol>			N	lationwide	ed Organiz	ations State	wide
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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharge w 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.	96% of 72 eligible Patients	100%	59%	96%	83%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge w Appropriate Justification Children Age 1 - 12	This measure 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.	<b>€00</b> <sup>4</sup>	100%	42%	3	3

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

Symbol Key 2 This organization achieved the best

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100%

100% of

3 eligible Patients

47%



# **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					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	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>∞</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.			r	Cor	mpared to c	other Joint ed Organiz		n
The Measure Set does not have an				N	Vationwide	cu Or <del>ganiz</del>		wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	n	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a	-				

8.	The number of months with Measure
	data is below the reporting requirement.
9.	The measure results are temporarily
	suppressed pending resubmission of
	updated data.
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- 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
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person's capacity to meet life's

justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

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Symbol Key 2 This organization achieved the best

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87%



# **National Quality Improvement Goals**

Symbol Key 2							
This organization achieved the best possible results This organization's performance is	Reporting Per	riod: April 2020 - March 2021					
above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is					pared to o Commiss	sion	
below the target range/value.				Accre	edited Orga	anizations	
Not displayed	Measure Area	Explanation		Nationwic	le	Statewide	e
Footnote Ver	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asse overall quality of care given to psychiatric patients		<b>(</b>	2	<b>∞</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not eported.			Con	npared to o	ther Joint ( ed Organiz		n
The Measure Set does not have an			N	ationwide	u Organiz	State	wide
werall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:		

	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
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		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.	96% of 68 eligible Patients	100%	60%	100%
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This measure reports the number of patients age 18 through 64 years

antipsychotic medications for which

Antipsychotic medications are a

there was an appropriate justification.

discharged on two or more

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

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Null value or data not displayed.

**Multiple Antipsychotic** 

Adults Age 18 - 64

Appropriate Justification

Medications at Discharge with

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This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier			2	<b>○</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		n
<ol> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure		Explanation	N Hospital Results	lationwide	Average Rate:	State	wide Average Rate:
4. The measure meets the Privacy					at Least:		at Least:	
<ol> <li>Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older er	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. This measure reports the total hours	<b>2</b> 3	100%	55%	100%	79%
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 He Overall Rate		Inis 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.	0.06 (105 Total Hours in Restraint)	N/A	0.86	N/A	0.11

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

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

1401 West Ash Street, Goldsboro, NC



# **National Quality Improvement Goals**

Symbol Key 2							
This organization achieved the best possible results	Reporting Perio	od: April 2020 - March 2021					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
O This organization's performance is below the target range/value.				Accr	edited Org	anizations	
o Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Eastrata Var		This category of evidenced based measures a overall quality of care given to psychiatric patie		<b>(</b>	2	<b>○</b> <sup>2</sup>	
Footnote Key 1. The Measure or Measure Set was not			Co	marad to c	ther laint	Commissis	
reported.			Cor	npared to o Accredit	ed Organiz		pri
2. The Measure Set does not have an overall result.				lationwide			wide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ol>	Hours of Physical Restrain Use Children Age 1 - 12	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.	0.05 (0 Total Hours in Restraint) <sup>3</sup>	N/A	0.35	3	3
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restrain Use Adolescents Age 13 -	•	0.15 (15 Total Hours in Restraint)	N/A	0.25	N/A	0.20



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

patient's medical or psychiatric

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

condition.



# **National Quality Improvement Goals**

	Reporting Per	iod: Ap	ril 2020 - March 2021					
						npared to o Commis edited Org		
	Measure Area		Explanation		Nationwi	de	Statewide	е
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures a quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
						other Joint ed Organiz	zations	
	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
	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.	0.06 (89 Total Hours in Restraint)	N/A	1.06	N/A	0.0
I	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	0.00 (1 Total Hours in Restraint)	N/A	0.10	N/A	0.0

### Symbol Key 2

0	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.
1	Not displayed

### Footnote Key

- The Measure or Measure Set 1. reported.
- 2. The Measure Set does not ha overall result.
- 3. The number of patients is not for comparison purposes.
- 4. The measure meets the Priva Disclosure Threshold rule.
- 5. The organization scored aboy was below most other organiz
- 6. The Measure results are not s valid.
- The Measure results are base sample of patients.
- 8. The number of months with M data is below the reporting re
- 9. The measure results are temp suppressed pending resubmis updated data.
- 10. Test Measure: a measure beir evaluated for reliability of the individual data elements or av National Quality Forum Endo 11
- There were no eligible patient the denominator criteria.

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

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

used as a restriction to manage a

This measure reports the total hours

patients were kept in seclusion for

every 1,000 hours of patient care.

confinement of a patient alone in a

room or an area where the patient is physically prevented from leaving.

Seclusion is the involuntary

patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric

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

condition.

Null value or data not displayed.

Hours of Seclusion Use per 1000 Patient Hours - Overall

Rate

0.44

N/A

0.10

Ð

0.14

(225 Total Hours in Seclusion) N/A

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

reported.

overall result.

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2.

3.

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9.

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valid.

sample of patients.

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

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# **National Quality Improvement Goals**

Symbol Key 2				
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021		
This organization's performance is above the target range/value.		•		
This organization's performance is similar to the target range/value.				to other Joint
This organization's performance is below the target range/value.				Organizations
Not displayed	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 <sup>2</sup>	<b>0</b> <sup>2</sup>
Footnote Key	JEIVILES			
The Measure or Measure Set was not		Cor	mpared to other Jo	int Commissio

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.08 (1 Total Hours in Seclusion) <sup>3</sup>	N/A	0.40	3	<sup>3</sup>
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.	0.29 (29 Total Hours in Seclusion)	N/A	0.19	N/A	0.10
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.14 (194 Total Hours in Seclusion)	N/A	0.53	N/A	0.11
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.01 (2 Total Hours in Seclusion)	N/A	0.07	N/A	0.02



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