

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

850 Maple Street, Medical Lake, WA



Summary of Quality Information

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.
- 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.
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- 9. The measure results are temporarily suppressed pending resubmission of updated data.
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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."

| 1 | Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|---|------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| | 🤣 Hospital | Accredited | 7/22/2017 | 7/21/2017 | 10/14/2020 |

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

| | | Compared to other Joint Commission Accredited Organizations | | | |
|-----------------------------------|---|--|---|--|--|
| | | Nationwide Statewide | | | |
| Hospital Reporting | National Quality Improvement Goals: | | | | |
| Period: Jan 2019 - Dec 2019 | Hospital-Based Inpatient Psychiatric Services | Ŭ | Ŭ | | |

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

850 Maple Street, Medical Lake, WA



Locations of Care

* Primary Location

| Locations of Care | Available Services |
|--------------------------|---|
| Eastern State Hospital * | |
| DBA: Eastern State | Services: |
| Hosiptal | Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) |
| 850 Maple Street | General Laboratory Tests |
| Medical Lake, | Peer Support (Non 24 Hour Care) |

WA 99022-0800



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

| | | Compared to Comm | |
|---|---|---------------------|-----------------------|
| | | 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 | ○ ² |

| | | Cor | npared to c Accredit | other Joint ed Organiz | | on |
|---|--|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | Ν | 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 - 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. | 93% of 482 eligible Patients | 100% | 95% | 100% | 87% |

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



National Quality Improvement Goals

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| formance is ige/value. | | | | · · · · · · · · · · · · · · · · · · · | o other Joint |
| formance is value. | | | | | Organizations |
| | Meas | sure Area | Explanation | Nationwide | Statewide |
| X7 | | ital-Based ient Psychiatric ces | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ⊘ ² | ⊙ ² |
| | | | | | |

Compared to other Joint Commission Accredited Organizations Nationwide Statewide Top 10% Measure Explanation Hospital Top 10% Average Average Results Scored Rate: Scored Rate: at Least at Least: Assessment of violence risk, This measure reports the number of children age (1-12 years) screened substance use disorder, for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Children (1-12 psychological trauma history and years) 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 100% 3 96% 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.

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National Quality Improvement Goals

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| the target range/value. | | | |
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| organization's performance is the target range/value. | | | |
| isplayed | Me | easure Area | Explanation |
| | Ho | ospital-Based | This category of evidenced based measures |

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| | | | | | Accr | edited Org | anizations | |
| | 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 | |
| | | | | 0 | | 41 1 4 | o | |
| | | | | Con | npared to c Accredite | ed Organiz | | n |
| | | | | N | ationwide | | State | ewide |
| | 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 - Adolescent (13-17 | | ngths | This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, | | | | | |

| trauma and patient strengths completed - Adolescent (13-17 years) screene others, s psycholi patient s violence patients themsel for subs determin their use psycholi determin their use psycholi determin experier lives wh anxious feelings strength | ent age (13-17 years) d for violence risk to self and ubstance and alcohol use, ogical trauma history and trengths. Screening for risk to self determines if are likely to harm ves. Screening for violence hers determines if patients v to harm others. Screening rance and alcohol use uses if patients need help for . Screening for ogical trauma history uses if patients have cced terrible events in their ch have left them fearful or and unable to handle their Screening for patient s identifies positive things family support, a steady job, etc. which are used to help int recover. | 100% | 96% | 3 | 3 | |
|--|--|------|-----|---|---|--|
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Statewide



National Quality Improvement Goals

| leved the best | | Reporting Per | iod: January 2019 - December 2019 | | |
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| erformance is e/value. | | | | | |
| erformance is inge/value. | | | | | o other Joint |
| erformance is e/value. | | | | | Organizations |
| | Me | easure Area | Explanation | Nationwide | Statewide |
| X 7 | Inp | spital-Based patient Psychiatric rvices | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 | @ ² |

Compared to other Joint Commission Accredited Organizations Nationwide Statewide Measure Explanation Hospital Top 10% Average Top 10% Average Results Scored Rate: Scored Rate: at Least at Least: Assessment of violence risk, This measure reports the number of adults age (18-64 years) screened substance use disorder, for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Adult (18-64 psychological trauma history and years) 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 \bigcirc are likely to harm others. Screening for substance and alcohol use 100% 95% 100% 87% determines if patients need help for 93% of their use. Screening for 449 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.

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Compared to other Joint Commission Accredited Organizations



National Quality Improvement Goals

| This organization achieved the best possible results This organization's performance is | | Reporting Per | riod: January 2019 - December 2019 |
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| 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. | | | |
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| | | Hospital-Based npatient Psychiatric | This category of evidenced based measures overall guality of care given to psychiatric pa |

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| Measure Area | | Explanation | | | de | Statewide | e |
|--|--|---|---------|-----------|------------|--|------|
| Hospital-Based Inpatient Psychiatric Services | t Psychiatric overall quality of care given to psychiatric patie | | | | 2 | ⊘ ² | |
| Measure Explanation | | | | Accredit | ed Organiz | Commissio zations State Top 10% Scored | wide |
| Assessment of violence substance use disorder, trauma and patient stren completed - Older Adult o years) | gths | 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. | Results | at Least: | 95% | at Least: | 3 |

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National Quality Improvement Goals

| This organization achieved the best possible results | Reporting Per | iod: January 2019 - December 2019 | | | | | |
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| 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 | other Joint | |
| This organization's performance is below the target range/value. | | | | Accr | | anizations | |
| Not displayed | Measure Area | Explanation | | Nationwi | de | Statewide | е |
| | Hospital-Based Inpatient Psychiatric | This category of evidenced based measures asse overall quality of care given to psychiatric patients | | (| 2 | ∞ ² | |
| Footnote Key | Services | | | | | | |
| • The Measure or Measure Set was not reported. | | | Co | mpared to c Accredite | other Joint ed Organiz | | n |
| The Measure Set does not have an | | | | Nationwide | | State | wide |
| overall result. The number of patients is not enough for comparison purposes. | Measure | Explanation | Hospital Results | Top 10% Scored | Average Rate: | Top 10% Scored | Average Rate: |

| | for comparison purposes. |
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| 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. 7.
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| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
|---|--|------------------------------------|--------------------------------|------------------|--------------------------------|------------------|
| 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. | 99% of 131 eligible Patients | 100% | 63% | 80% | 64% |
| Multiple Antipsychotic Medications at Discharge with 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. | 2 3 | 100% | 47% | 3 | 3 |



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This organization achieved the best

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Footnote Key

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850 Maple Street, Medical Lake, WA



National Quality Improvement Goals

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| | | to other Joint mission | |
| | Accredited Organiza | | |
| Explanation | Nationwide | Statewid | |
| This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 ² | ⊘ ² | |
| | Explanation This category of evidenced based measures assesses the | Compared to Command to Command to Command to Command to Command to Command to Command to Command to Compared to Compared to Compared to Command | |

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|---|---|---------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | ١ | Vationwide | Ŭ | | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17 | 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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | ₩ 3 | 100% | 48% | 3 | 3 |

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Services

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National Quality Improvement Goals

| Reporting Per | iod: January 2019 - December 2019 | | |
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| | | Compared to Comm | |
| | | Accredited C | rganizations |
| Measure Area | Explanation | Nationwide | Statewide |
| Hospital-Based | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | № ² | № ² |

Footnote Key

Symbol Key

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| | | Accredited Organizations | | | | |
|--|---|------------------------------------|--|-------|--------------------------------|--------------------------|
| Measure | Explanation | Hospital Results | Nationwide Top 10% Scored at Least: | Rate: | Top 10% Scored at Least: | wide Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64 | This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | 99% of 124 eligible Patients | 100% | 65% | 3 | 3 |

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Symbol Key This organization achiev ossible results



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|--|--|----------|--|-----------------------------------|------------|---------------------------|--------------------------------|-------|
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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 below the target range/value. | | | | | Accr | edited Org | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | | Statewid | e |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | | 2 | ○ ² | |
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| 2. The Measure Set does not have an overall result. | | | E-milen - Ken | | Nationwide | A | | ewide |
| 3. The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Top 10% Scored at Least: | Rate: |
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11 There were no eligible patients that met the denominator criteria.

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mechanical device, material, or \oplus equipment that immobilizes or N/A 0.48 reduces the ability of a patient to 0.13 (309 Total move his or her arms, legs, body or Hours in head freely when it is used as a Restraint) 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.

addition of an antipsychotic

patients were kept in physical

manual method or physical or

medication when the patient is also being treated with Clozapine.

This measure reports the total hours

patient care. Physical restraint is any

restraints for every 1,000 hours of



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Null value or data not displayed.

Hours of Physical Restraint

Overall Rate

Use per 1000 Patient Hours -

N/A

0.12

possible results

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The Measure Set does not have an



National Quality Improvement Goals

| iod: January 2019 - December 2019 | | |
|---|---|--|
| | | |
| | | o other Joint hission |
| | Accredited Organiza | |
| Explanation | Nationwide | Statewide |
| This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | 2 ² | ○ ² |
| | Explanation This category of evidenced based measures assesses the | Compared to Commendate Commendate Comme Commendate Commendate Comm |

| | | Cor | npared to c Accredit | | | on |
|--|---|---------------------|--------------------------------|------------------|--------------------------------|-----------------|
| | | | | | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Averag Rate: |
| Hours of Physical Restraint 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. | № 3 | N/A | 0.40 | 3 | 3 |
| Hours of Physical Restraint Jse Adolescents Age 13 - 17 | 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. | 1 3 | N/A | 0.29 | 3 | 3 |



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

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

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Services

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National Quality Improvement Goals

nting Danied, January 2010 December 2010

| This organization's performance is similar to the target range/value. | | | and the second | o other Joint hission |
|---|---|---|--|--------------------------|
| This organization's performance is below the target range/value. | | | Accredited C | Organizations |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide |
| | Hospital-Based Inpatient Psychiatric | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | @ ² | @ ² |

Footnote Key

Symbol Key

ossible results

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This organization achieved the best

This organization's performance is

above the target range/value.

- 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.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

| | | 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 Physical Restraint 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. | 0.14 (299 Total Hours in Restraint) | N/A | 0.56 | N/A | 0.13 |
| Hours of Physical Restraint Use Older Adults Age 65 and 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. | 0.04 (10 Total Hours in Restraint) | N/A | 0.09 | 3 | 3 |
| Hours of Seclusion Use per 1000 Patient Hours - Overall 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. | 4.38 (10223 Total Hours in Seclusion) | N/A | 0.40 | N/A | 1.40 |

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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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.

This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

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.

The Measure Set does not have an

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

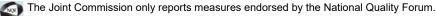


National Quality Improvement Goals

| Reporting Period: January 2019 - December 2019 | |
|--|--|
| | |

| | | | Compared to other Joint Commission | |
|---|---|--------------------------|---------------------------------------|--|
| | | Accredited 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 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|--|--------------------------------|------------------|---|---------------------------|
| Measure | Explanation | N Hospital Results | Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | ewide 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 ³ | N/A | 0.69 | 3 | 3 |
| Hours of Seclusion Use Adolescents Age 13 - 17 | This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | ₩ 0 ³ | N/A | 0.21 | 3 | 3 |
| Hours of Seclusion Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 4.85 (10169 Total Hours in Seclusion) | N/A | 0.45 | N/A | 1.61 |
| 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. | 0.23 (55 Total Hours in Seclusion) | N/A | 0.08 | 3 | 3 |



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