

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



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 | 4/14/2022 | 3/19/2021 | 6/7/2022 |

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

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statewide Image: state of the | |
|------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Hospital | 2022National Patient Safety Goals | Ø | * |
| | National Quality Improvement Goals: | ty Goals | |
| Reporting Period: Apr 2020 - Mar 2021 | Hospital-Based Inpatient Psychiatric Services | (10) ² | 2 ° |

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



2022 National Patient Safety Goals

Hospital

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

Symbol Key 3

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."

Footnote Key The Measure or Measure Set was not

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

Report User Guide."

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

850 Maple Street, Medical Lake, WA



National Quality Improvement Goals

| This organization achieved the best possible results This organization's performance is above the target range/value. | Reporting Per | riod: April 2020 - March 2021 | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|
| This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. | | | Compared to Comm Accredited O | nission |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide |
| Footnote Kev | Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ⊘ ² | ⊘ ² |

| reported. The Measure Set does not have an overall result. | teasure Set does not have an I result. Measure Explanation Accredited Orgentiated Orgentorgentiated Orgentiated Orgentiated Orgentiate | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|------------------|-----------------------------------------|-----|
| The number of patients is not enough for comparison purposes. The measure meets the Privacy | | Explanation | Hospital | Top 10% Scored | Average Rate: | State Top 10% Scored at Least: | |
| 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. | substance use disorder, trauma and patient strengths | 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 | 92% of 283 eligible | 100% | 96% | 100% | 82% |

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 2 | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | 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. | | | | | 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 |
| | Hospital-Based Inpatient Psychiatric Services | | ategory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | ™ ² | |
| Footnote Key | 00111000 | | | | | | | |
| The Measure or Measure Set was not reported. | | | | Cor | mpared to c Accredite | other Joint ed Organiz | | on |
| The Measure Set does not have an overall result. | | | | N | Vationwide | | | ewide |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored | Average Rate: | Top 10% Scored | Averag Rate: |
| The measure meets the Privacy | Assessment of violence | o rick | This measure reports the number of | | at Least: | | at Least: | |
| 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 | substance use disorder, trauma and patient strer completed - Children (1- years) | r, engths | 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 | | | | | |
| suppressed pending resubmission of updated data. | | | are likely to harm others. Screening for substance and alcohol use | 1 3 | 100% | 97% | 3 | 3 |

| | FFF8 |
|-----|----------------------------------------------|
| | updated data. |
| 10. | Test Measure: a measure being |
| | evaluated for reliability of the |
| | individual data elements or awaiting |
| | National Quality Forum Endorsement. |
| 11 | These second as all all a set and the toront |

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.

determines if patients need help for

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 experienced terrible events in their

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 | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | iod: 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. | | | | | Com | npared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accr | redited Orga | | |
| Not displayed | Measure Area | | Explanation | | Nationwic | de | Statewide | е |
| | Hospital-Based Inpatient Psychiatric | | tegory of evidenced based measures as quality of care given to psychiatric patier | | (| 2 | № ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not reported. | | | I | Cor | mpared to o Accredite | other Joint (ted Organiz | | on |
| The Measure Set does not have an | | | 7 | N | Nationwide | u organiz | | ewide |
| overall result. The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | 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 data is below the reporting requirement. | Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years) | r, engths | This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients | | | | | |

| 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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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

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updated data. 10. Test Measure: a measure being



National Quality Improvement Goals

| Symbol Key 2 | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | iod: Ar | 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. | | | | | Com | npared to c Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accr | edited Org | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | е |
| | Hospital-Based Inpatient Psychiatric Services | | ategory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | ⊘ ² | |
| Footnote Key | SEIVICES | | | | | | | |
| The Measure or Measure Set was not reported. | | | | Cor | npared to c Accredite | other Joint ed Organiz | | on |
| The Measure Set does not have an overall result. | | | | N | lationwide | | | ewide |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Top 10% Scored | Average Rate: |
| The measure meets the Privacy Disclosure Threshold rule. | Assessment of violence | , | This measure reports the number of | | at Least: | | at Least: | |
| The organization scored above 90% but was below most other organizations. | substance use disorder trauma and patient stre | · | adults age (18-64 years) screened for violence risk to self and others, | | | | | |
| The Measure results are not statistically valid. | completed - Adult (18-6 years) | 4 | substance and alcohol use, psychological trauma history and | | | | | |
| The Measure results are based on a sample of patients. | | | patient strengths. Screening for violence risk to self determines if | | | | | |
| The number of months with Measure data is below the reporting requirement. | | | patients are likely to harm themselves. Screening for violence | | | | | |
| The measure results are temporarily suppressed pending resubmission of | | | risk to others determines if patients are likely to harm others. Screening for substance and alcohol use | Θ | | | | |
| updated data. Test Measure: a measure being | | | determines if patients need help for their use. Screening for | 92% of 264 eligible | 100% | 95% | 100% | 81% |
| evaluated for reliability of the individual data elements or awaiting | | | psychological trauma history determines if patients have | Patients | | | | |
| National Quality Forum Endorsement. | | | determines in patients have | | | | | |

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

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



National Quality Improvement Goals

| Symbol Key 2 | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | riod: Ap | oril 2020 - March 2021 | | | | | |
| This organization's performance is above the target range/value. | 1 | | | | | | | |
| This organization's performance is similar to the target range/value. | 1 | | | 1 | Com | npared to o Commiss | | |
| This organization's performance is below the target range/value. | 1 | | | | Accr | redited Orga | | |
| Not displayed | Measure Area | | Explanation | | Nationwic | de | Statewide | e |
| | Hospital-Based Inpatient Psychiatric Services | | ategory of evidenced based measures as quality of care given to psychiatric patie | | 0 | 2 | ⊘ ² | |
| Footnote Key | JEIVILES | | | | | | | |
| The Measure or Measure Set was not reported. | 1 | | | Con | | other Joint (ted Organiz | Commissio zations | 'n |
| The Measure Set does not have an overall result. | 1 | | | N | Vationwide | | State | ewide |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Top 10% Scored | Avera 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 stree | engths | older adult (>= 65 years) screened for violence risk to self and others, | | | | | |
| The Measure results are not statistically valid. | completed - Older Adult years) | t (>= 65 | substance and alcohol use, psychological trauma history and | | | | | |
| The Measure results are based on a sample of patients. | 1 | | patient strengths. Screening for violence risk to self determines if | | | | | |
| The number of months with Measure data is below the reporting requirement. | 1 | | patients are likely to harm themselves. Screening for violence risk to others determines if patients | | | | | |
| The measure results are temporarily suppressed pending resubmission of updated data. | 1 | | are likely to harm others. Screening for substance and alcohol use | Ø | 100% | 95% | 99% | 779 |
| Test Measure: a measure being evaluated for reliability of the | 1 | | determines if patients need help for their use. Screening for | 95% of 19 eligible Patients | 100% | 3070 | 5576 | |
| individual data elements or awaiting National Quality Forum Endorsement. | 1 | | psychological trauma history determines if patients have | | | | | |

11 There were no eligible patients that met the denominator criteria.

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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.



National Quality Improvement Goals

| Symbol Key 2 This organization achieved the best possible results This organization's performance is | Reporting Period | l: April 20 | 020 - March 2021 | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------|-----------|
| 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 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. | | | Explanation of evidenced based measures as of care given to psychiatric patien Explanation | nts. Cor | Accre Nationwide Inpared to c Accredite Iationwide Top 10% Scored | 2 other Joint ed Organiz | sion anizations Statewide () 2 Commissio ations State Top 10% Scored | n 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 | Multiple Antipsychotic Medications at Discharge wi Appropriate Justification Overall Rate | vith prop white occi with take exp den the disc anti grou psy illne pers | s is a proportion measure. A portion measure is a measure ch shows the number of urrences over the entire group in which the occurrence should a place. The numerator is ressed as a subset of the ominator. This measure reports overall number of patients charged on two or more psychotic medications. ipsychotic medications. aup of drugs used to treat chosis. Psychosis is a mental ess that markedly interferes with a sons capacity to meet lifes ryday demands. | 99% of 114 eligible Patients | at Least: | 59% | at Least: 83% | 63% |
| For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." | Multiple Antipsychotic Medications at Discharge v Appropriate Justification Children Age 1 - 12 | vith pati disc anti ther Anti grou psy illne pers eve justi atte one to re anti anti add | s measure reports the number of ents age 1 through 12 years charged on two or more psychotic medications for which re was an appropriate justification. ipsychotic medications are a up of drugs used to treat chosis. Psychosis is a mental sess that markedly interferes with a son's capacity to meet life's ryday demands. Appropriate ifications include previous mpts to control psychosis with a antipsychotic medication, a plan educe the number of psychotic medication or the ition of an antipsychotic dication when the patient is also ng treated with Clozapine. | € 3 | 100% | 42% | 3 | 3 |



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Symbol Key 2 This organization achieved the best

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National Quality Improvement Goals

| Symbol Key 2 | | | | | | | |
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| s organization achieved the best sible results | Reporting Period: | April 2020 - March 2021 | | | | | |
| is organization's performance is over the target range/value. | | | | | | | |
| is organization's performance is nilar to the target range/value. | | | | Com | npared to o Commiss | | |
| is organization's performance is owned to be a set of the set of t | | | | | | | |
| ot displayed | Measure Area | Explanation | | Nationwi | de | Statewide | е |
| ootnote Key | | is category of evidenced based measures a erall quality of care given to psychiatric patie | | • | 2 | O ² | |
| Measure or Measure Set was not orted. | | | Cor | npared to c Accredite | other Joint ed Organiz | | on |
| Measure Set does not have an rall result. | | | Ν | lationwide | | | wide |
| number of patients is not enough comparison purposes. | Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Avera Rate |
| e measure meets the Privacy sclosure Threshold rule. e organization scored above 90% but s below most other organizations. | Multiple Antipsychotic Medications at Discharge wit Appropriate Justification | This measure reports the number of patients age 13 through 17 years discharged on two or more | | | | | |

was below most other organizations. 6. The Measure results are not statistically valid.

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

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

antipsychotic medications for which

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

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

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

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Adolescents Age 13 - 17

Symbol Key 2 This organization achieved the best

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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. | | | | | Com | pared 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 |
| | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patier | | (| 2 | ⊘ ² | |
| Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an | | | | | | other Joint ed Organiz | ations | |
| overall result. | Magguro | | Evalenation | | lationwide | Average | 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: | 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 | 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 appropriate justification | | at Least. | | di Leasi. | |

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a

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99% of

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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

| 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 ample 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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Null value or data not displayed.

60%

100%

65%

85%

850 Maple Street, Medical Lake, WA



National Quality Improvement Goals

| Symbol Key 2 | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------|--------------------------------|------------------|-----------------------------------------|------|
| This organization achieved the best possible results | Reporting Period: | April 2020 - March 2021 | | | | | |
| This organization's performance is above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed Footnote Key 1. The Measure or Measure Set was not | Measure Area Hospital-Based Inpatient Psychiatric Services | Accr Nationwi | 2 | sion | | | |
| reported. 2. The Measure Set does not have an | | | | Accredit | ed Organiz | ations | |
| overall result. 3. The number of patients is not enough for comparison purposes. | Measure | Explanation | N Hospital Results | Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. | Multiple Antipsychotic Medications at Discharge with Appropriate Justification Olde Adults Age 65 and Older | | CO 100% of 4 eligible Patients | 100% | 55% | 100% | 56% |
| For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." | Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate | This measure reports the total hours | 0.14 (270 Total Hours in Restraint) | N/A | 0.86 | N/A | 8.84 |

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

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

850 Maple Street, Medical Lake, WA



National Quality Improvement Goals

| st s | Reporting Per | iod: Ap | ril 2020 - March 2021 | | | | | | |
|---------------------------------------|-----------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------|---------------------------|--------------------------------|-------------|--|
| 5 | Measure Area | | | | | | | | |
| | Hospital-Based Inpatient Psychiatric Services | | Explanation tegory of evidenced based measures as quality of care given to psychiatric patie | | Nationwi | | Statewide | 5 | |
| ot | | | | | mpared to c Accredite Nationwide | other Joint ed Organiz | ations | on ewide | |
| g h | Measure | | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | | |
| but c. ally re tent. f | Hours of Physical Restr Use Children Age 1 - 12 | 2 | 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 | 0.35 | 3 | 3 | |
| met | 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, | 6 3 | N/A | 0.25 | 3 | 3 | |

Symbol Key 2

| 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. |
| 1 | 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.
- 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 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.

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

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

condition.



National Quality Improvement Goals

| Symbol Key 2 | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|---------------------------|---------------------|-------|
| This organization achieved the best | 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. | | | | | Corr | npared to c Commise | | |
| O This organization's performance is below the target range/value. | | | | | Accr | edited Org | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patien | | | | | |
| 1. The Measure or Measure Set was not reported. | | | | Cor | npared to c Accredite | other Joint ed Organiz | ations | |
| 2. The Measure Set does not have an overall result. | Measure | | Explanation | N Hospital | lationwide | Average | State Top 10% | |
| 3. The number of patients is not enough for comparison purposes. | Medsure | | LAplanation | Results | Scored at Least: | Rate: | Scored at Least: | Rate: |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. | Hours of Physical Restr Use Adults Age 18 - 64 | aint | This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.15 (262 Total Hours in Restraint) | N/A | 1.06 | N/A | 11.05 |
| 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 Older Adults Age 6 Older Hours of Seclusion Use | 5 and | 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. This measure reports the total hours | 0.04 (8 Total Hours in Restraint) | N/A | 0.10 | N/A | 0.03 |
| | 1000 Patient Hours - O Rate | • | 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. | 4.45 (8743 Total Hours in Seclusion) | N/A | 0.44 | N/A | 3.11 |

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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

ossible results This organization's performance i above the target range/value. This organization's performance i

reported.

overall result.

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3.

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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.



National Quality Improvement Goals

| Symbol Key Z | | | | |
|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|-----------------------|
| 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. | | | | o other Joint |
| This organization's performance is below the target range/value. | | | | 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 | Services | | | • |
| | | | | |

| | | Compared to other Joint Commission Accredited Organizations | | | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------|------|-----------|---------------------------|--|--|
| Measure | Explanation | N Hospital Results | lationwide | Ŭ | | 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. | № 3 | N/A | 0.40 | <u></u> 3 | <u></u> 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. | № 3 | N/A | 0.19 | 3 | 3 | | |
| Hours of Seclusion Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 4.90 (8702 Total Hours in Seclusion) | N/A | 0.53 | N/A | 3.67 | | |
| 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. | 0.21 (41 Total Hours in Seclusion) | N/A | 0.07 | N/A | 0.07 | | |

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