



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, 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 the key area of 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.

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

-  This organization achieved the best possible results.
-  This organization's performance is better than the target range/value.
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-  This organization's performance is worse than the target range/value.
-  This Measure is not applicable for this organization.
-  Not displayed

Footnote Key

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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Critical Access Hospital	Accredited	4/16/2022	4/15/2022	4/15/2022

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

Critical Access Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
 Acute Stroke Ready Hospital	Certification	10/19/2023	10/18/2023	10/18/2023

Critical Access Hospital

Reporting Period:
Jan 2022 - Dec 2022

2022 National Patient Safety Goals

National Quality Improvement Goals:

Hospital-Based Inpatient Psychiatric Services

Perinatal Care

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide





Higgins General Hospital

DBA: Higgins General Hospital,
200 Allen Memorial Drive, Bremen, GA

Org ID: 367530



Locations of Care

* Primary Location

Locations of Care	Available Services
Higgins General Hospital * 200 Allen Memorial Drive Bremen, GA 30110	Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Acute Stroke Ready Hospital Services: <ul style="list-style-type: none"> Acute Care CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Mammography (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Ophthalmology (Surgical Services) Plastic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Swing Beds Teleradiology (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services)
Tanner Physical Therapy 405 Alabama Avenue Bremen, GA 30110	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)



Higgins General Hospital




DBA: Higgins General Hospital,
200 Allen Memorial Drive, Bremen, GA

Org ID: 367530














2022 National Patient Safety Goals

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

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Critical Access Hospital






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



National Quality Improvement Goals

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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	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average Rate:	Statewide	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.	 ² -----	100%	95%	100%	98%

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Measure Area	Explanation	Nationwide	Statewide
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Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	³ ----	100%	97%	----	---- ³

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Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	³ ----	100%	96%	----	---- ³

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		Nationwide		Statewide		
		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	³ ----	100%	94%	100%	98%

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		Nationwide		Statewide		
		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	³ ----	100%	95%	100%	98%

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		Hospital Results	Top Perform er Thresh old:	Average Rate:	Top Perform er Thresh old:	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.	² ----	100%	47%	92%	58%
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.	³ ----	100%	21%	----	---- ³

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		Nationwide		Statewide		
		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	³ ----	100%	24%	----	---- ³

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		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	³ ----	100%	50%	96%	60%

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Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	³ ----	100%	46%	100%	66%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	² ----	N/A	0.5767	N/A	1.2860

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		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average 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	0.3845	----	---- ³
Hours of Physical Restraint Use 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.	³ ----	N/A	0.3412	----	---- ³

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

---- Null value or data not displayed.

For further information
and explanation of the
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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

Symbol Key

- This organization achieved the best possible results
- This organization's performance is better than the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is worse than the target range/value.
- Not displayed

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.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.
12. The measure rate is within optimal range.

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	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	³ ----	N/A	0.6823	N/A	1.6563
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.	³ ----	N/A	0.1097	N/A	0.0752
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.	² ----	N/A	0.3738	N/A	0.1071

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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	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top Performer Threshold:	Average Rate:	Top Performer Threshold:	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	0.4111	----	---- 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	0.1738	----	---- 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.	³	N/A	0.4421	N/A	0.1172
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.	³	N/A	0.0766	N/A	0.0379

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Compared to other Joint
Commission

Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	2	2

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top Performer Threshold:	Average Rate:	Top Performer Threshold:	Average Rate:
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	8 ----	12	26%	12	28%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	3 ----	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	3 ----	72%	50%	51%	35%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	3 ----	5	13	4	11

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