

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.

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



Summary of Quality Information

Sv	m	hol	l Key	, 1
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0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
0	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the 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.
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 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	10/20/2018	4/1/2022	4/1/2022

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2018National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	(() ²	6 2

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

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



Locations of Care

* Primary Location

* Primary Location	
Locations of Care	Available Services
	Available Services Other Clinics/Practices located at this site: Banner University Medical Center South Campus Psychiatry Building 100 Multi Suite 200 Services: Behavioral Health (Non 24 Hour Care - Adutt/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) Non-Sterile Medication Compounding (Inpatient) Cardiac Catheterization Lab (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Cardiac Catheterization Lab (Surgical Services) Opthalmology (Surgical Services) Cardiac Catheterization Lab (Surgical Services) Opthalmology (Surgical Services) Dialysis Unit (Inpatient) Pediatric Nephrology (Outpatient - Child/Youth) Eating Disorders (Outpatient) Plastic Surgery (Surgical Services) Eating Disorders (Outpatient) Plastic Surgery (Surgical Services) Eating Disorders (Outpatient) Sterile Medication Compounding (Inpatient) Eating Disorders (Outpatient) Sterile Medication Compounding (Inpatient) Gastroenterology (Surgical Services) Surgical Unit (Inpatient) Gynecological Surgery (Surgical Services) Surgical Services) Gynecological Surgery (Surgical Services) Surgical Services) Gynecological Services) Urology (Surgical Services)
	 (Inpatient) Medical ICU (Intensive Care Unit)
Banner - University Medical Center South Campus DBA: Banner - University Medical Center South Family Medicine 707 N Alvernon Way Suite 201 Tucson, AZ 85711	Other Clinics/Practices located at this site: • Banner - University Medical Center South Multi-Specialty, Su Services: • Outpatient Clinics (Outpatient)





Locations of Care

* Primary Location

Locations of Care	Available Services
Banner - University Medical Center South Campus DBA: Banner University Medical Center South Campus Family Medicin 3950 S Country Club Rd Suite 130 & 140 Tucson, AZ 85714	Other Clinics/Practices located at this site: • Diabetes, Suite 140 Services: • Outpatient Clinics (Outpatient)
Banner - University Medical Center South Campus 2800 E Ajo Way Bldg 100 Tucson, AZ 85713	
Banner - University Medical Center South Campus 2800 E Ajo Way Bldg 200 Tucson, AZ 85713	
Banner - University Medical Center South Campus 707 N Alvernon Way Suite 101 Tucson, AZ 85711	

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2018 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
	Eliminating Transfusion Errors	(
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
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	()
	Preventing Multi-Drug Resistant Organism Infections	(
	Preventing Central-Line Associated Blood Stream Infections	000
	Preventing Surgical Site Infections	(
	Preventing Catheter-Associated Urinary Tract Infection	(
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	0
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	(
	Performing a Time-Out	(

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.

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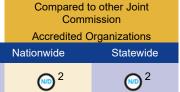
Org ID: 398269



National Quality Improvement Goals

This organization achieved the best possible results		Reporting Per	iod: 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	Me	asure Area	Explanation
		spital-Based atient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

Services



Footnote Key

Symbol Key 2

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- the denominator criteria.

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		Со	npared to c Accredit	other Joint ed Organiz		'n
		١	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.	99% of 472 eligible Patients	100%	96%	100%	97%

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

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

____ Null value or data not displayed.

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National Quality Improvement Goals

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his organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021		
his organization's performance is bove 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.			Accredited 0	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			
The Measure or Measure Set was not eported.		Cor	mpared to other Jo Accredited Orga	

<u>.</u>	The Measure Set does not have an
	overall result.

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Symbol Key 2 This organization achieved the best

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- 5. The organization scored above 90% but was below most other organizations. 6. The Measure results are not statistically
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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 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% 97% 3 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

			to other Joint mission
		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

		Accredited Organizations					
		١	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate:	
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.	ND 3	100%	97%	3	3	

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National Quality Improvement Goals

			to other Joint nission
		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	1 2

		001	ations	/11			
				lationwide		State	wide
	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ıt y	Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 287 eligible Patients	100%	95%	100%	97%

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Symbol Key 2

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

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National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commis		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures a quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	00111003							
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		on
The Measure Set does not have an				N	lationwide	eu Organiz		ewide
werall result. The number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of	Assessment of violence substance use disorder trauma and patient stre completed - Older Adult years)	, ngths	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	Ø				

- .	The measure results are temporarily
	suppressed pending resubmission of
	updated data.
.0.	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

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Report User Guide."

the denominator criteria.

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the patient recover.

for substance and alcohol use

psychological trauma history determines if patients have

their use. Screening for

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

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

100%

100% of

185 eligible Patients

95%

100%

98%

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Org ID: 398269



National Quality Improvement Goals

				npared to o Commiss	sion	
Measure Area	Explanation		Nationwi	<mark>edited Org</mark> de	Statewide	Э
	tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
			mpared to c Accredit Vationwide	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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.	€ 4	100%	59%	100%	48%
ultiple Antipsychotic edications at Discharge with opropriate Justification hildren 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.	600 ³	100%	42%	3	3

This organization achieved the possible results

Symbol Key 2

This organization's performance is above the target range/value.
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 Not displayed

Footnote Key

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- 2. The Measure Set does not have an overall result.
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- 5. The organization scored above 90% but was below most other organizations.
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National Quality Improvement Goals

Reporting Peri	iod: April 2020 - March 2021							
			Com	to other Joint mission				
Measure Area	Explanation		Accredited Organizations					
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asse overall quality of care given to psychiatric patients	esses the		@ ²				
		Cor	mpared to other Joint Commission Accredited Organizations					
			lationwide	Statewide				
Measure	Explanation	Hospital	Top 10% Avera	age Top 10% Ave				

3. The number of patients is not enough for comparison purposes.

The Measure Set does not have an

4. The measure meets the Privacy Disclosure Threshold rule.

Symbol Key 2 This organization achieved the best

This organization's performance is

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

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

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		00	Accredit	ed Organiz		/11
		١	lationwide		State	wide
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 to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	47%	3	3

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National Quality Improvement Goals

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is organization's performance is low the target range/value.				Organizations
t 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
ootnote Key	Services			
e Measure or Measure Set was not orted.		Co	ompared to other Jo Accredited Orga	
he Measure Set does not have an			Nationwide	Statewid

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	Accredited Organizations								
		N	lationwide		State	wide			
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 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.	evo 4	100%	60%	100%	51%			

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 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 	Services				mpared to c		Commissic ations	
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	25.57 (494 Total Hours in Restraint) ³	N/A	0.86	N/A	0.35



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

Symbol Key 2 This organization achieved the best

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

reported.

overall result.

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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.

Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ

Org ID: 398269



National Quality Improvement Goals

Symbol Key 2				
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021		
This organization's performance is above the target range/value.		•		
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
)	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	⊘ ²
Footnote Key	Services			
The Measure or Measure Set was not		Cor	mpared to other Jo	bint Commissio

			Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Vationwide	Average Rate:	State	ewide 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	0.35	3	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	0.25	3	3	



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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

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Banner- University Medical Center South Campus

DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



National Quality Improvement Goals

Symbol Key 2				
This organization achieved the best possible results	Reporting Per	iod: 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.			Compared to Comm	o other Joint
This organization's performance is below the target range/value.			Accredited C	
D 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				
		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.	31.67 (489 Total Hours in Restraint) ³	N/A	1.06	N/A	0.32
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.	1.35 (5 Total Hours in Restraint) ³	N/A	0.10	N/A	0.04
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.	46.13 (892 Total Hours in Seclusion) ³	N/A	0.44	N/A	0.24

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DBA: Banner- University Medical Center South Campus, 2800 E Ajo Way, Tucson, AZ



National Quality Improvement Goals

Symbol Key 2		
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021
This organization's performance is above the target range/value.		
This organization's performance is similar to the target range/value.		
O This organization's performance is below the target range/value.		
Mot displayed	Measure Area	Explanation
	Hospital-Based	This category of evidenced based n

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 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		
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	O ²	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	∞ ³ 	N/A	0.40	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.	€] 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.	57.44 (887 Total Hours in Seclusion) ³	N/A	0.53	N/A	0.27
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.	1.25 (5 Total Hours in Seclusion) ³	N/A	0.07	N/A	0.05



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