

# 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: Brentwood Springs, 4488 Roslin Road, Newburgh, IN





#### Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than the target range/value.
•	This Measure is not applicable for this organization.
•	Not displayed

#### **Footnote Key**

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
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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	y Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	11/23/2021	11/22/2021	11/22/2021
🙆 Hospital	Accredited	11/25/2021	11/24/2021	11/24/2021

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

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	<sup>*</sup>	
Hospital	2021National Patient Safety Goals	$\bigotimes$	<b>*</b>	
	National Quality Improvement Goals:			
Reporting Period: Jan 2022 - Dec 2022	Hospital-Based Inpatient Psychiatric Services	@ <sup>2</sup>	<b>(10)</b> <sup>2</sup>	





# **Locations of Care**

#### \* Primary Location

LLC \*

#### Locations of Care **Brentwood Meadows**, Services: DBA: Brentwood Springs 4488 Roslin Rd Newburgh, IN 47630

#### • Addiction Services/Adult/Child/Youth) (Non-detox - Adult) Behavioral Health (Day

- Programs Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization -Adult/Child/Youth)
- Chemical Dependency (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization -Adult/Child/Youth) (Detox -Adult) (Non-detox - Adult)
- (Detox/Non-detox Adult) • Family Support (Non 24 Hour Care)

• Outpatient Crisis Stabilization

Available Services

- Peer Support (Non 24 Hour • Care)
- Technology-Based Addiction Services (Non 24 Hour Care -Adult/Child/Youth) (Non-detox -Adult/Child/Youth)
- Technology-Based Behavioral Health Srvs (Non 24 Hour Care - Adult/Child/Youth)

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# **2021 National Patient Safety Goals**

### **Behavioral Health Care and Human Services**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

#### Symbol Key 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 **N** organization.

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# **2021 National Patient Safety Goals**

### Hospital

Safety Goals	Organizations Should	Implemented
,		
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	$\bigotimes$
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	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

#### Symbol Key

The organization has met the National Patient Safety Goal.
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# **National Quality Improvement Goals**

#### Reporting Period: January 2022 - December 2022

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>@</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

			mpared to o Accredit	other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	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.	96% of 352 eligible Patients	100%	95%	100%	96%

This information can also be viewed at https://hospitalcompare.io/ --- Null value or data not displayed.

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# **National Quality Improvement Goals**

Reporting Peri	iod: January 2022 - December 2022		
		Compared to Comm	iission
Measure Area	Explanation	Accredited O Nationwide	Statewid
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 <sup>2</sup>	<b>⊘</b> <sup>2</sup>

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide 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.	<mark>₩</mark> 3	100%	97%		3

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	Compared to Comm Accredited C		
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>1</b> 2

		Cor	npared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide	, in the second s	State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Averag 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.	<b>600</b> 3	100%	96%		3

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			Accr		sion anizations	
Measure Area Hospital-Based Inpatient Psychiatric Services	I-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.			de 2	Statewide	
			mpared to o Accredit	other Joint ed Organiz	zations	on ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Avera Rate
Assessment of violence substance use disorder, trauma and patient stree completed - Adult (18-6 years)	adults age (18-64 years) screened for violence risk to self and others,	95% of 301 eligible Patients	100%	94%	100%	95%

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	od: January 2022 - December 2022					
				npared to c Commiss edited Org		
Measure Area	Explanation		Nationwi		Statewid	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien				<b>⊘</b> ²	
				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Averaç Rate
Assessment of violence substance use disorder, trauma and patient stren completed - Older Adult of years)	older adult (>= 65 years) screened for violence risk to self and others,	98% of 51 eligible Patients	100%	95%	100%	96%

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the patient recover.

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Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footpote Var			egory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>○</b> <sup>2</sup>	
Footnote Key 1. The Measure or Measure Set was not				Cor	mpared to c	thor loint	Commissio	
reported. 2. The Measure Set does not have an						ed Organiz		ит 
overall result.	Measure		Explanation	N Hospital	lationwide Top	Average	State Top	wide Average
3. The number of patients is not enough for comparison purposes.	modouro		Explanation	Results	Perform	Rate:	Perform	Rate:
4. The measure meets the Privacy					er Threshol		er Threshol	
<ul><li>5. The organization scored above 90% but</li></ul>					d:		d:	
<ul> <li>was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> <li>The measure rate is within optimal</li> </ul>	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	e with	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.	80% of 5 eligible Patients	100%	47%	100%	45%
range. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>2</b> 3	100%	21%		3

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

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

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Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Footnote Key		category of evidenced based measures as all quality of care given to psychiatric patie		0	2	<b>O</b> <sup>2</sup>	
• The Measure or Measure Set was not reported.					other Joint ed Organiz	ations	
The Measure Set does not have an overall result.		<b>F</b> our Loss of the s		lationwide	A	State	
• The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
• The measure meets the Privacy Disclosure Threshold rule.				er Threshol		er Threshol	
• The organization scored above 90% but was below most other organizations.	Multiple Antipsychotic	This measure reports the number of		d:		d:	
• The Measure results are not statistically valid.	Medications at Discharge with Appropriate Justification	discharged on two or more					
• The Measure results are based on a sample of patients.	Adolescents Age 13 - 17	antipsychotic medications for which there was an appropriate justification.					
• The number of months with Measure data is below the reporting requirement.		Antipsychotic medications are a group of drugs used to treat					
<ul> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> </ul>		psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's	<b>1</b> 3	100%	24%		3
• Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting		everyday demands. Appropriate justifications include previous attempts to control psychosis with		10070	2-770		
National Quality Forum Endorsement. • There were no eligible patients that met the denominator criteria.		one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one					

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

12. The measure rate is within optimal

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antipsychotic medication or the addition of an antipsychotic

medication when the patient is also being treated with Clozapine.

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊙</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		'n
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The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
The organization scored above 90% but was below most other organizations.	Multiple Antipsychotic		This measure reports the number of		u.		u.	
The Measure results are not statistically valid.	Medications at Discharge Appropriate Justification	e with	patients age 18 through 64 years discharged on two or more					
The Measure results are based on a sample of patients.	Adults Age 18 - 64		antipsychotic medications for which there was an appropriate justification.					
The number of months with Measure data is below the reporting requirement.			Antipsychotic medications are a group of drugs used to treat					
The measure results are temporarily suppressed pending resubmission of updated data.			psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's	$\bigotimes$	100%	50%	100%	47%
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			everyday demands. Appropriate justifications include previous attempts to control psychosis with	80% of 5 eligible Patients	10070	5070	100 /0	4770
National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.			one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one					

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>○</b> <sup>2</sup>	
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<ol> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy</li> </ol>	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
Disclosure Threshold rule.					Threshol d:		Threshol d:	
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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.	0.0054 (2 Total Hours in Restraint)	N/A	0.5767	N/A	1.2254

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<ol> <li>The Measure or Measure Set was not reported.</li> </ol>			Cor	npared to c			n
2. The Measure Set does not have an			N	Accredite Iationwide	ed Organiz	ations State	wide
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure	Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.				er Threshol d:		er Threshol d:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Hours of Physical Restraint Use Children Age 1 - 12	hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	<b>€</b> 3 	N/A	0.3845		3
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restraint Use Adolescents Age 13 - 1		€€€ 	N/A	0.3412	N/A	0.6461

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

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### Brentwood Meadows, LLC

DBA: Brentwood Springs, 4488 Roslin Road, Newburgh, IN



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best	Reporting Per	iod: Jan	uary 2022 - December 2022					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
O This organization's performance is worse than the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>○</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.			-		lationwide		State	wide
<b>3.</b> The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	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.	0.0056 (2 Total Hours in Restraint)	N/A	0.6823	N/A	1.5605
12. The measure rate is within optimal range. 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		This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.000 0 Total Hours in Restraint)	N/A	0.1097	N/A	0.3312
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	0.1226 (38 Total Hours in Seclusion)	N/A	0.3738	N/A	0.2774

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

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### Brentwood Meadows, LLC

DBA: Brentwood Springs, 4488 Roslin Road, Newburgh, IN



# **National Quality Improvement Goals**

U U							
This organization achieved the best possible results	Reporting Per	od: January 2022 - Decem	iber 2022				
This organization's performance is better than the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
This organization's performance is worse than the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explana	tion	Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced base overall quality of care given to p		<b>(</b>	2	<b>⊘</b> <sup>2</sup>	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Co	mpared to c	other Joint ed Organiz		n
The Measure Set does not have an				Vationwide	eu Organiz	State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanatio		Top Perform er	Average Rate:	Top Perform er	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.				Threshol d:		Threshol d:	
The organization scored above 90% but was below most other organizations.	Hours of Seclusion Use	This measure reports th hours patients age 1 th					
The Measure results are not statistically valid.	Children Age 1 - 12	years were kept in sech every 1,000 hours of pa	usion for				
The Measure results are based on a sample of patients.		Seclusion is the involu- confinement of a patien	ntary	N/A	0.4111		3
The number of months with Measure data is below the reporting requirement.		room or an area where	the patient is				

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.

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

physically prevented from leaving. Hours of Seclusion Use This measure reports the number of hours patients age 13 through 17 Adolescents Age 13 - 17 years were kept in seclusion for <mark>№D</mark>3 every 1,000 hours of patient care. N/A 0.1738 Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use Adults This measure reports the number of hours patients age 18 through 64 Age 18 - 64 years were kept in seclusion for  $\bigoplus$ every 1,000 hours of patient care. N/A 0.4421 Seclusion is the involuntary 0.1198 (36 Total Hours confinement of a patient alone in a in Seclusion) room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use Older This measure reports the number of hours patients age 65 and older were Adults Age 65 and Older <mark>ND</mark>3 kept in seclusion for every 1,000 hours of patient care. Seclusion is

the involuntary confinement of a

where the patient is physically prevented from leaving.

patient alone in a room or an area

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

\_\_\_\_ Null value or data not displayed. 0.0766

N/A

0.1999 (2 Total Hours

in Seclusion)3

N/A

N/A

N/A

0.0418

0.3796

0.0044