

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: Fairmount Behavioral Health System, 561 Fairthorne Avenue, Philadelphia, PA





Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	3/20/2019	4/5/2022	4/5/2022
🎯 Hospital	Accredited	3/23/2019	4/8/2022	4/8/2022

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

		Compared to other Joint Commission Accredit Organizations			
		Nationwide Statewide			
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	[*]		
Hospital	2019National Patient Safety Goals	${igodot}$	*		
	National Quality Improvement Goals:				
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 °	ND ²		

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

Symbol Key 1

	Symbol Rey 1
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.
Θ	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.
- 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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Locations of Care

* Primary Location

Locations of Care	Available Services
UHS of Fairmount, Inc. * DBA: Fairmount Behavioral Health System 561 Fairthorne Avenue Philadelphia, PA 19128	Services: • Behavioral Health (Day Programs - Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Child/Youth) • Chemical Dependency/Adult) (Residential Care - Adult) (Detox/Non-detox - Adult)

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2019 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 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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2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
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
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	\bigcirc

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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National Quality Improvement Goals

	Reporting Peri	iod: April 2020 - March 2021		
			Compared to Comm Accredited O	iission
М	leasure Area	Explanation	Nationwide	Statewide
In	ospital-Based patient Psychiatric ervices	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	@ ²

		Cor	npared to o Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	98% of 1243 eligible Patients	100%	96%	100%	96%

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

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Symbol Key 2

This organization achieved the best possible results
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 This organization's performance is similar to the target range/value.
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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.
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- 7. The Measure results are based on a sample of patients.
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- **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.

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	№ ²	
Footnote Key The Measure or Measure Set was not reported.				Со	mpared to c	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide		State	ewide
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored at Least:	Average Rate:
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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

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the patient recover.

feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
1. The Measure or Measure Set was not reported.				Coi	mpared to c Accredite	other Joint ed Organiz		on
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3. 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:	Average Rate:
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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		(2	O ²	
Footnote Key	Services							
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• The Measure Set does not have an overall result.					lationwide	Ŭ	State	wide
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:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence substance use disorder	,	This measure reports the number of adults age (18-64 years) screened		al Least.		al Least.	
• The organization scored above 90% but was below most other organizations.	trauma and patient stre	engths	for violence risk to self and others, substance and alcohol use,					
• The Measure results are not statistically valid.	completed - Adult (18-6 years)	64	psychological trauma history and patient strengths. Screening for					
• The Measure results are based on a sample of patients.			violence risk to self determines if patients are likely to harm					
• The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of updated data.			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	Ð	100%	95%	100%	97%
1. Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for	97% of 794 eligible Patients	100%	90%	10070	9170
individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have					
1. There were no eligible patients that met the denominator criteria.			experienced terrible events in their lives which have left them fearful or					
			anxious and unable to handle their					

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wo Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footpote Var	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
2. The Measure Set does not have an overall result.					Vationwide			wide
3. 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:	Average 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 	Assessment of violence substance use disorder, trauma and patient strer 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					
 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. 			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,	98% of 49 eligible Patients	100%	95%	100%	97%
For further information and explanation of the			housing, etc. which are used to help					

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

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O This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
Footnote Key		category of evidenced based measures as all quality of care given to psychiatric patie		1	2	№ ²	
1. The Measure or Measure Set was not reported.			Cor	mpared to o	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.				lationwide		State	wide
3. 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. 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 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. 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.	87% of 95 eligible Patients	at Least:	59%	at Least:	70%
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	№0 ⁴	100%	42%	3	3

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

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This organization achieved the best possible results	Reporting Per	riod: 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			
This organization's performance is below the target range/value.					Accr			
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services				0	2	∞ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 				N	Accredite	ed Organiz	zations State	ewide
• The number of patients is not enough for comparison purposes.	Reporting Period: April 2020 - March 2021 Ince is Compared to other Joir Commission Ince is Accredited Organization Net is Measure Area Explanation Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joir Commission Services Overall quality of care given to psychiatric patients. Image: Compared to other Joir Commission was not Nationwide Statew we an Measure Explanation te enough Measure Explanation Multiple Antipsychotic 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 for which there was an appropriate justification. Antipsychotic medications for which there was an appropriate justification. Antipsychotic medications for which there was an appropriate justification. Antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a psychosis. Psychosis is a mental illustification. Antipsychotic medications are a psychosis. Psychosis is a mental illustification.	Top 10% Scored at Least:	Average 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. 	Medications at Discharg Appropriate Justification	'n	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	600 ⁴				

	The number of months with measure
	data is below the reporting requirement.
).	The measure results are temporarily
	suppressed pending resubmission of
	updated data.
0.	Test Measure: a measure being
	evaluated for reliability of the
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National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria.

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to reduce the number of antipsychotic medications to one

justifications include previous attempts to control psychosis with one antipsychotic medication, a plan

antipsychotic medication or the

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

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

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This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		(2	⊙ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an			1		mpared to o Accredite Nationwide	other Joint (ed Organiz		
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:	n
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	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64	0	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	89% of	100%	60%	100%	71%

89% of 89 eligible

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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possible results This organization's performance is	Reporting Per	10 d: Ap	ril 2020 - March 2021					
above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is						pared to o Commiss	sion	
below the target range/value.	Measure Area		Explanation		Nationwi	edited Org de	Statewide	<u>ə</u>
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(0 ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 					npared to c Accredite lationwide	other Joint ed Organiz	ations	ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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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.	0.03 (58 Total Hours in Restraint)	N/A	0.86	N/A	0.12

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National Quality Improvement Goals

R	eporting Per	riod: Ap	ril 2020 - March 2021					
						npared to o Commis		
Measur	ent Psychiatric overall quality of care given to psychiatric patients.		Nationwi		Statewide	9		
Hospita Inpatien	Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.				@ ²		⊘ ²	
			ompared to other Joint Commission Accredited Organizations					
	Measure		Explanation	Hospital	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
			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	0.10 (6 Total Hours	N/A	0.35	N/A	0.24
			hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care.	0.06 (10 Total Hours in Restraint)	N/A	0.25	N/A	0.13

Symbol Key 2

This organization achieved possible results This organization's perform Ð above the target range/value This organization's perform \oslash imilar to the target range/va This organization's perform e below the target range/value ot displayed ND

Footnote Kev

- The Measure or Measure Se 1. reported.
- 2. The Measure Set does not ha overall result.
- 3. The number of patients is no for comparison purposes.
- 4. The measure meets the Priv Disclosure Threshold rule.
- 5. The organization scored abo was below most other organ
- The Measure results are not valid.
- 7. The Measure results are base sample of patients.
- 8. The number of months with data is below the reporting r
- 9. The measure results are tem suppressed pending resubmi updated data.
- 10. Test Measure: a measure be evaluated for reliability of th individual data elements or National Quality Forum End 11
- There were no eligible patie the denominator criteria.

For further informati and explanation of th Quality Report conte refer to the "Quality **Report User Guide.''**

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

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.

Null value or data not displayed. ____

DBA: Fairmount Behavioral Health System, 561 Fairthorne Avenue, Philadelphia, PA



National Quality Improvement Goals

Reporting Peri	iod: Ap	ril 2020 - March 2021					
					npared to c Commiss edited Org	sion	
Measure Area		Explanation		Nationwi		Statewide	÷
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊙ ²	
				Accredit	other Joint ed Organiz		
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
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.	0.03 (41 Total Hours in Restraint)	N/A	1.06	N/A	0.11
Hours of Physical Restr Use Older Adults Age 68 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.	0.00 (0 Total Hours in Restraint) ³	N/A	0.10	N/A	0.02
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.44	N/A	0.05

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

-- Null value or data not displayed.

Symbol Key 2 This organization achieved th possible results This organization's performan

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

DBA: Fairmount Behavioral Health System, 561 Fairthorne Avenue, Philadelphia, PA



National Quality Improvement Goals

Reporting Per	riod: April 2020 - March 2021					
	•					
			Con	npared to c Commiss		
			Accr		anizations	
Measure Area	Explanation		Nationwi	0	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measu overall quality of care given to psychiatric		(m)		2	
				other Joint ed Organiz	zations	
Magaura	Evaluation		Nationwide	Austona	State	
Measure	Explanation	Hospital Results	Iop 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	A) I
Hours of Seclusion Use Children Age 1 - 12	This measure reports the numbe 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 room or an area where the patien physically prevented from leaving	e. 0.00 (0 Total Hours in Seclusion)	N/A	0.40	N/A	
Hours of Seclusion Use Adolescents Age 13 - 1		7 e. 0.00 (0 Total Hours in Seclusion)	N/A	0.19	N/A	
Hours of Seclusion Use Age 18 - 64	Adults This measure reports the numbe 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 room or an area where the patier physically prevented from leaving	4 e. n a nt is	N/A	0.53	N/A	
Hours of Seclusion Use Adults Age 65 and Olde		were	N/A	0.07	N/A	

Symbol Key 2

This organization achieved possible results This organization's perfor Ð above the target range/valu This organization's perform \oslash similar to the target range/ This organization's perform e below the target range/valu lot displayed ND

Footnote Key

- The Measure or Measure S reported.
- 2. The Measure Set does not overall result.
- 3. The number of patients is for comparison purposes.
- 4. The measure meets the Pri Disclosure Threshold rule
- 5. The organization scored al was below most other orga
- The Measure results are no valid.
- The Measure results are ba sample of patients.
- 8. The number of months wit data is below the reporting
- 9. The measure results are ter suppressed pending resubr updated data.
- 10. Test Measure: a measure b evaluated for reliability of individual data elements o National Quality Forum E 11
- There were no eligible pat the denominator criteria.

For further informa and explanation of t **Quality Report cont** refer to the "Quality **Report User Guide.**

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

the involuntary confinement of a

patient alone in a room or an area where the patient is physically prevented from leaving.

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

Null value or data not displayed.

0.00 (0 Total Hours in Seclusion)