

# 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

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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**

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- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Program	s Accreditation Decision	Effective Date	Last Full S Date	Survey Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	4/6/2022	4/5/2022	4/5/2022
🙆 Hospital	Accredited	7/25/2023	4/8/2022	9/8/2023

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	<sup>*</sup>
Hospital	2023National Patient Safety Goals	$\bigotimes$	*
	National Quality Improvement Goals:		
Reporting Period: Jan 2021 - Dec 2021	Hospital-Based Inpatient Psychiatric Services	2 <sup>2</sup>	2 °

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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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# **2022 National Patient Safety Goals**

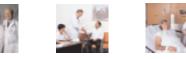
# **Behavioral Health Care and Human Services**

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 organization.

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# **2023 National Patient Safety Goals**

# Hospital

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

### Symbol Key

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# **National Quality Improvement Goals**

Reporting Per	riod: January 2021 - December 2021		
		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.	<b>⊙</b> <sup>2</sup>	<b>○</b> <sup>2</sup>

		Coi	mpared to c Accredit	other Joint ed Organiz		n
		1	Vationwide		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 - 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.	ST% of 1310 eligible Patients	100%	95%	100%	97%

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Mot 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		<b>(</b>	2	<b>№</b> <sup>2</sup>	
Footnote Key 1. The Measure or Measure Set was not reported.				Со	mpared to c	other Joint ( ed Organiz		on
2. The Measure Set does not have an overall result.					lationwide	Ŭ	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but</li> </ol>					Threshol d:		Threshol d:	
<ol> <li>The organization scored adove 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> <li>The measure rate is within optimal range.</li> </ol>	Assessment of violence substance use disorder trauma and patient stre completed - Children (1 years)	, ngths	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.	99% of 103 eligible Patients	100%	97%		3

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

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# **National Quality Improvement Goals**

				Accre		sion anizations	
Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation regory of evidenced based measures as quality of care given to psychiatric patie		Nationwie		Statewide	e
				mpared to c Accredite Nationwide	other Joint ed Organiz	zations	on wide
Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Averaç Rate
Assessment of violence substance use disorder trauma and patient stre completed - Adolescent years)	, ngths	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.	99% of 285 eligible Patients	100%	97%	100%	98%

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Measure Area		Explanation		Nationwi		anizations Statewide	е
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
					other Joint ed Organiz	zations	
Measure		Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Avera Rate
Assessment of violenc substance use disorde trauma and patient str completed - Adult (18- years)	r, engths	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.	96% of 838 eligible Patients	100%	95%	100%	97%

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Not displayed	Measure Area		Explanation		Nationwi		Statewid	e			
Ecotroto Koy	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		•	2	<b>⊘</b> <sup>2</sup>				
Footnote Key           1.         The Measure or Measure Set was not reported.							Compared to other Joint Commission Accredited Organizations				
2. The Measure Set does not have an overall result.				N	lationwide	eu Organiz		ewide			
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:			
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but</li> </ol>					Threshol d:		Threshol d:				
<ul> <li>as below most other organizations.</li> <li>6. The Measure results are not statistically valid.</li> <li>7. The Measure results are based on a sample of patients.</li> <li>8. The number of months with Measure data is below the reporting requirement.</li> <li>9. The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>11. There were no eligible patients that met the denominator criteria.</li> <li>12. The measure rate is within optimal range.</li> </ul>	Assessment of violence substance use disorder trauma and patient stren 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 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.	94% of 84 eligible Patients	100%	94%	100%	96%			

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Not displayed	Measure Area		Explanation				Statewide	e		
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>0</b> <sup>2</sup>			
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<ul> <li>was below most other organizations.</li> <li>6. The Measure results are not statistically valid.</li> <li>7. The Measure results are based on a sample of patients.</li> <li>8. The number of months with Measure data is below the reporting requirement.</li> <li>9. The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>11. There were no eligible patients that met the denominator criteria.</li> </ul>	Multiple Antipsychotic Medications at Discharg 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.	95% of 111 eligible Patients	100%	53%	100%	72%		
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	br further information ad explanation of the uality Report contents, fer to the "Quality		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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<mark>₩0</mark> 3 	100%	34%		3		

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Footnote Key	Hospital-Based This c	ategory of evidenced based measures at Il quality of care given to psychiatric patie		Nationwie		Statewide	
The Measure or Measure Set was not reported. The Measure Set does not have an				mpared to c Accredite Nationwide	other Joint ed Organiz		
overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule.	Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Multiple Antipsychotic Medications at Discharge with Appropriate Justification 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 or the antipsychotic medication or the	<b>600</b> 3	100%	42%	0%	6%

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addition of an antipsychotic

medication when the patient is also being treated with Clozapine.

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vorse than the target range/value.				Accre	anizations		
Not displayed	Measure Area	Explanation		Nationwic	de	Statewide	е
		atient Psychiatric overall quality of care given to psychiatric patients.				<b>⊘</b> ²	
Footnote Key	Services						
The Measure or Measure Set was not eported.			Cor	npared to o Accredite	ther Joint ed Organiz		on
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The number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Avera Rate
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National Quality Forum Endorsement. There were no eligible patients that met he denominator criteria. The measure rate is within optimal ange.		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					

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Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measure overall quality of care given to psychiatric p	Nationwi	0	Statewide		
		mpared to o Accredit	other Joint ed Organiz		n	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:		wide Averaç Rate:
Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	Older on two or more antipsychotic	a 100% of 9 eligible Patients n	100%	43%	100%	79%
Hours of Physical Restr Use per 1000 Patient H Overall Rate	aint This measure reports the total hour	₩ ••••••••••••••••••••••••••••••••••••	N/A	0.8411	N/A	0.0880

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<ul> <li>This organization's performance is better than the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is worse than the target range/value.</li> <li>Not displayed</li> </ul> Footnote Key <ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure Area Hospital-Based Inpatient Psychiatric Services Measure		Explanation egory of evidenced based measures a quality of care given to psychiatric patie Explanation	ents. Con	Accr Nationwi		sion anizations Statewide Op 2 Commissic ations	
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 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.	0.0262 (1 Total Hours in Restraint)	N/A	0.5600		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 Restr Use Adolescents Age 1		This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, 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.	0.0443 (9 Total Hours in Restraint)	N/A	0.4158	N/A	0.0989

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

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# UHS of Fairmount, Inc.

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



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jan	uary 2021 - December 2021					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.		Compared to other Joint Commission						
O This organization's performance is worse than the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	Statewide	e	
Footnote Key	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>	
1. The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.				N	Accredite lationwide	eu Organiz		wide
3. 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.	0.0127 (20 Total Hours in Restraint)	N/A	1.0167	N/A	0.0744
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.	0.0000 (0 Total Hours in Restraint)	N/A	0.0925	N/A	0.2060
	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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.4255	N/A	0.0647

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

Null value or data not displayed.

# UHS of Fairmount, Inc.

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



# **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Period: Jan	nuary 2021 - December 2021					
This organization's performance is better than the target range/value.							
This organization's performance is similar to the target range/value.		Corr					
O This organization's performance is worse than the target range/value.							
Not displayed	Measure Area	Explanation		Nationwide		Statewide	;
		ategory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>O</b> <sup>2</sup>	
Footnote Key           1.         The Measure or Measure Set was not			Cor	npared to c	n		
<ul><li>reported.</li><li>2. The Measure Set does not have an</li></ul>			N	Accredite	ed Organiz	zations State	wide
<ul> <li>overall result.</li> <li>3. The number of patients is not enough for comparison purposes.</li> <li>4. The measure meets the Privacy Disclosure Threshold rule.</li> </ul>	Measure	Explanation	Hospital Results	Top Perform er Threshol	Average Rate:	Top Perform er Threshol	Average Rate:
<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> <li>The measure rate is within optimal</li> </ol>	Hours of Seclusion Use Children Age 1 - 12 Hours of Seclusion Use Adolescents Age 13 - 17	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. 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. This measure reports the number of	0.000 (0 Total Hours in Seclusion) 0.0000 (0 Total Hours in Seclusion)	d: N/A N/A	0.4104	d:  N/A	<sup>3</sup> 0.0504
For further information and explanation of the Quality Report contents, refer to the "Quality	Hours of Seclusion Use Adults Age 18 - 64 Hours of Seclusion Use Older	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. This measure reports the number of	0.0000 (0 Total Hours in Seclusion)	N/A	0.5170	N/A	0.0577
Report User Guide."	Adults Age 65 and Older	hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0487	N/A	0.0401

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

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