

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.

1940 Harrison Avenue, Panama City, FL



Summary of Quality Information

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.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.
- **12.** The measure rate is within optimal range.

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

Accreditation Programs	s Accreditation Decision	Effective Date	Last Full Surve Date	ey Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	10/2/2021	10/1/2021	10/1/2021
🙆 Hospital	Accredited	10/7/2023	10/1/2021	10/6/2023

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	2021National Patient Safety Goals	Ø	[*]
Hospital	2023National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period: Jan 2022 - Dec 2022	Hospital-Based Inpatient Psychiatric Services	2 c	2 °

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Locations of Care

* Primary Location	
Locations of Care	Available Services
Emerald Coast Behavioral Hospital LLC DBA: Blue Springs Outpatient Center 2925 Optimist Drive Marianna, FL 32448	 Services: Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Employment Services (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care)
Emerald Coast Behavioral Hospital, LLC DBA: Emerald Coast Outpatient Center 1940 Harrison Ave. Panama City, FL 32405	 Services: Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Employment Services (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care)
Emerald Coast Behavioral Hospital, LLC * 1940 Harrison Avenue Panama City, FL 32405	 Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care)
Emerald Coast Behavioral Hospital, LLC DBA: Okaloosa Outpatient Center 2004 Lewis Turner Blvd., Suite B Fort Walton Beach, FL 32547	 Services: Behavioral Health (Day Programs - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Employment Services (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care)

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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 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

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

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to Comm	
		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.	⊘ ²	™ ²

				other Joint ed Organiz		n wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	2 100% of 610 eligible Patients	100%	95%	100%	98%

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 l	Period: Jar	nuary 2022 - December 2022					
Macaura		Evolution		Accr	npared to c Commiss edited Org	sion anizations	
Measure Area	This es	Explanation	access the	Nationwi	ae	Statewid	e
Hospital-Based Inpatient Psychiatri Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
					other Joint ed Organiz	ations	
Measure		Explanation	N Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Avera Rate
Assessment of viole substance use disor trauma and patient s completed - Children years)	der, strengths	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.	100% of 133 eligible Patients	100%	97%	100%	99%

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National Quality Improvement Goals

Reporting I en	priod: January 2022 - December 2022					
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measure overall quality of care given to psychiatric pa			ide		
				ted Organiz	zations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Aver Rat
Assessment of violence substance use disorder, trauma and patient stren completed - Adolescent years)	er, adolescent age (13-17 years) engths screened for violence risk to self and	CC 100% of 184 eligible Patients	100%	96%	100%	99'

such as family support, a steady job,

housing, etc. which are used to help

the patient recover.

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National Quality Improvement Goals

Reporting Perio	d: January 2022 - December 2022					
	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patier				sion	
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Avera Rate
Assessment of violence r substance use disorder, trauma and patient streng completed - Adult (18-64 years)	adults age (18-64 years) screened	00% of 255 eligible Patients	100%	94%	100%	97%

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

the patient recover.

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National Quality Improvement Goals

Reporting Perio	d: January 2022 - December 2022					
	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patien			0	sion	
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Avera Rate
Assessment of violence r substance use disorder, trauma and patient streng completed - Older Adult (years)	older adult (>= 65 years) screenedthsfor violence risk to self and others,	00% of 38 eligible Patients	100%	95%	100%	97%

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the patient recover.

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Emerald Coast Behavioral Hospital, LLC

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	;
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	™ ²	
1. The Measure or Measure Set was not reported.				Со			Commissio	n
2. The Measure Set does not have an				N	Accredite	ed Organiz	ations State	wide
overall result.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:	
 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. The measure rate is within optimal 	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.	90% of 10 eligible Patients	100%	47%	98%	70%
range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharg 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 the addition of an antipsychotic medication when the patient is also	€€ 0 4	100%	21%		3

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

being treated with Clozapine.

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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.	2	™ ²

		Col	npared to c Accredit	other Joint ed Organiz		on
		١	lationwide	Ű		wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Averag Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	00% of 4 eligible Patients	100%	24%		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

Reporting Period: January 2022 - December 2022

			o other Joint nission
		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.	2 ²	∞ ²

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Average Rate:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	80% of 5 eligible Patients	100%	50%	100%	71%	

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Emerald Coast Behavioral Hospital, LLC

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Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	∞ ²	
Footnote Key 1. The Measure or Measure Set was not	Gervices			Co	mpored to c	thor loint	Commissio	n
reported.						ed Organiz	Commissio zations	11
2. The Measure Set does not have an overall result.	Measure		Exploration		Nationwide	Average	State	
3. The number of patients is not enough for comparison purposes.	Medsure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					Threshol		Threshol	
5. 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. The Measure results are based on a sample of patients. 	Medications at Discharg Appropriate Justification Adults Age 65 and Olde	Older	patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification.					
 The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 			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	6 3	100%	46%	100%	62%
 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. The measure rate is within optimal range. 			justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic					
			medication when the patient is also being treated with Clozapine.					
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 He 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			0.5705		0.4400
			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	0.0098 (5 Total Hours in Restraint)	N/A	0.5767	N/A	0.1409

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medical or psychiatric condition.

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
Footnote Key 1. The Measure or Measure Set was not	00111000							
reported.				Cor		other Joint ed Organiz		n
2. The Measure Set does not have an overall result.					lationwide	<u> </u>	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:
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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	0.0117 (1 Total Hours in Restraint)	N/A	0.3412	N/A	0.1929

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O This organization's performance is worse than the target range/value.					Accr	edited Org		
w Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key 1. The Measure or Measure Set was not	Services						• • •	
reported.				Coi	mpared to o Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.	Magguro		Evaluation		lationwide		State	ewide
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					er Threshol		er Threshol	
Disclosure Threshold rule.5. The organization scored above 90% but					d:		d:	
 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. 	Hours of Physical Restr Use Adults Age 18 - 64		This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0045 (2 Total Hours in Restraint)	N/A	0.6823	N/A	0.1698
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.	0.0113 (0 Total Hours in Restraint) ³	N/A	0.1097	N/A	0.0011
	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 provided for leaving	0.0516 (27 Total Hours in Seclusion)	N/A	0.3738	N/A	0.0579

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

physically prevented from leaving.

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The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria. 12. The measure rate is within optimal

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

The measure meets the Privacy Disclosure Threshold rule.

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sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

Emerald Coast Behavioral Hospital, LLC

1940 Harrison Avenue, Panama City, FL



National Quality Improvement Goals

This organization achieved the best possible results This organization's performance is better than the target range/value.	Reporting Per	riod: January 2022 - December 2022		
This organization's performance is similar to the target range/value. This organization's performance is			Comm	o other Joint hission Organizations
worse than the target range/value. Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊘ ²	©2
The Measure or Measure Set was not		Cor	npared to other Joi	int Commissio

		Compared to other Joint Commission Accredited Organizations							
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:		wide Average Rate:			
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.5385 (13 Total Hours in Seclusion) ³	N/A	0.4111	N/A	0.1697			
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0537 (4 Total Hours in Seclusion)	N/A	0.1738	N/A	0.1021			
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0253 (10 Total Hours in Seclusion)	N/A	0.4421	N/A	0.0627			
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0766	N/A	0.0158			

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

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