

Quality Check®

Org ID: 4962

Accreditation Quality Report





Version: 5 Date: 8/30/2018





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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission

DBA: Fremont Hospital, 39001 Sundale Drive, Fremont, CA

Org ID: 4962







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	2/9/2017	2/8/2017	2/8/2017
Hospital	Accredited	4/7/2017	2/10/2017	9/7/2017

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

Psychiatric Hospital

Footnote Key

Symbol Key

oossible results.

rganization.

Not displayed

Φ

This organization achieved the best

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. This Measure is not applicable for this

- 1. The Measure or Measure Set was not
- 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Behavioral Health Care	2014National Patient Safety Goals	Ø	@ *	
Hospital	2017National Patient Safety Goals	Ø	(4)	
	National Quality Improvement Goals:			
Reporting Period: Jan 2017 - Dec 2017	Hospital-Based Inpatient Psychiatric Services	№ ²	(v) 2	

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

DBA: Fremont Hospital, 39001 Sundale Drive, Fremont, CA

ndale Drive, Fremont, CA Org ID: 4962







Locations of Care

* Primary Location

Locations of Care

BHC Fremont Hospital, Inc. * DBA: BHC Fremont

Hospital 39001 Sundale Drive Fremont, CA 94538

Available Services

Services:

- Addiction Care/Adult)
- (Non-detox Adult)
- Behavioral Health (Day Programs Adult/Child/Youth)
 (24-hour Acute Care/Crisis Stabilization Adult/Child/Youth)
 (Partial Adult/Child/Youth)
- Chemical Dependency (Day Programs Adult) (Partial - Adult) (Non-detox - Adult)

DBA: Fremont Hospital, 39001 Sundale Drive, Fremont, CA

undale Drive, Fremont, CA Org ID: 4962







2014 National Patient Safety Goals

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.

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

Behavioral Health Care

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

DBA: Fremont Hospital, 39001 Sundale Drive, Fremont, CA

Org ID: 4962







2017 National Patient Safety Goals

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.

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

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	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	Ø
	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
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				n
		1	Nationwide			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.	99% of 1078 eligible Patients	100%	95%	100%	95%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

Footnote Key

Symbol Key

possible results

ot displayed

Ø

This organization achieved the best

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.

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Org ID: 4962

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA

Org ID: 4962







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

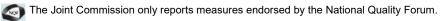
Compared to other Joint
Commission
Accredited Organizations
lationwide Statewide

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.

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide Statev			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 - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 142 eligible Patients	100%	97%	100%	98%



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

Symbol Key This organization achie

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

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. 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.
- 10. 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.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA





Measure Area

Services

Hospital-Based





National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Compared to other Joint **Accredited Organizations** Nationwide Statewide

Org ID: 4962

Explanation This category of evidenced based measures assesses the Inpatient Psychiatric overall quality of care given to psychiatric patients.

№ 2



Footnote Key

Symbol Key

ossible results

ot displayed

Ø

This organization achieved the best

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.

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes
- 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.
- 10. 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.

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 302 eligible Patients	100%	96%	100%	99%

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

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

Null value or data not displayed.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA



Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Commission
Accredited Organizations

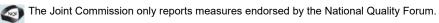
Explanation
Nationwide
Statewide

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

Org ID: 4962

Compared to other Joint

		Compared to other Joint Commission Accredited Organizations				on
		۸	lationwide	<u> </u>	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 - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have	100% of 465 eligible Patients	100%	95%	100%	93%



the patient recover.

experienced terrible events in their

lives which have left them fearful or

anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

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

Symbol Key

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

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. 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.
- 10. 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.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA







National Quality Improvement Goals

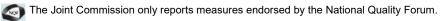
Reporting Period: January 2017 - December 2017

Compared to other Joint

Org ID: 4962

		Accredited Organization		
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	

		Compared to other Joint Commission Accredited Organizations				on
	١	Nationwide		Statewide		
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 - Older Adult (>= 65 years)	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.	99% of 169 eligible Patients	100%	94%	100%	95%



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

Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes
- 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.
- 10. 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.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA

Org ID: 4962

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

CCIVICCS						
		Соі	mpared to o			on
				ed Organiz		ewide
Measure	Explanation	Hospital	Nationwide Top 10%	Average	Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	99% of 89 eligible Patients	100%	62%	100%	52%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3	100%	43%	100%	56%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

Symbol Kev

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes
- 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.
- 10. 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.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		Compared to other Joint Commission				on
		Accredited Organizations Nationwide Statew			wido	
Magazira	Cyplonation			Average		
Measure	Explanation	Hospital	•	•	Top 10%	•
		Results	Scored	Rate:	Scored	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 or the addition of an antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.		at Least:	50%	at Least:	47%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

Not displayed

Footnote Key

Symbol Kev

ossible results

Ø

This organization achieved the best

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

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

below the target range/value.

- 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.

 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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Org ID: 4962

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	98% of 65 eligible Pattents	100%	63%	100%	52%

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

Symbol Key This organization achie

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- below the target range/value.

 Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 7. 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.
- 10. 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.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Org ID: 4962

Compared to other Joint

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA

Org ID: 4962







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- ot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes
- 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.
- 10. 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.

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

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Hospital		Average	State Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne andition of an antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	100% of 22 eligible Patients	100%	59%	100%	52%
Hours of Physical Restraint Use per 1000 Patient Hours - 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.	0.02 (20 Total Hours in Restraint)	N/A	0.48	N/A	1.02

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA

Org ID: 4962







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Compared to other Joint
Commission
Accredited Organizations

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.11 (3 Total Hours in Restraint) ³	N/A	0.33	N/A	0.13
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.04 (10 Total Hours in Restraint)	N/A	0.23	N/A	0.16

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
 ---- Null value or data not displayed.

Symbol Key

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

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA

Org ID: 4962

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

25						
		Compared to other Joint Commission				
		Accredited Organizations Nationwide Statewide			ewide	
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (6 Total Hours in Restraint)	at Least:	0.57	at Least:	1.20
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (0 Total Hours in Restraint)	N/A	0.13	N/A	0.07
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.04 (31 Total Hours in Seclusion)	N/A	0.36	N/A	0.47

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- --- Null value or data not displayed.

Symbol Key

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

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

DBA: Fremont Hospital,

39001 Sundale Drive, Fremont, CA







National Quality Improvement Goals

Reporting Period: January 2017 - December 2017

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.02 (1 Total Hours in Seclusion) ³	N/A	0.59	N/A	0.24
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.	0.02 (5 Total Hours in Seclusion)	N/A	0.20	N/A	0.13
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.	0.05 (24 Total Hours in Seclusion)	N/A	0.42	N/A	0.54
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.	0.02 (1 Total Hours in Seclusion)	N/A	0.04	N/A	0.08

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- 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.
- 10. 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.

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

Org ID: 4962

Compared to other Joint