

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.

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



DBA: Fremont Hospital, <u>39001 Sundale Drive</u>, Fremont, CA



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
🥝 Behavioral Health Care	Accredited	2/9/2017	8/7/2018	8/7/2018
o Hospital	Accredited	4/7/2017	8/10/2018	8/10/2018

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2014National Patient Safety Goals	${}^{\odot}$	[*]
Hospital	2017National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period: Apr 2017 - Mar 2018	Hospital-Based Inpatient Psychiatric Services	@ ²	@ ²

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

Symbol Key

0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
•••	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.

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





Locations of Care

* Primary Location

Locations of Care	Available Services
BHC Fremont Hospital, Inc. * DBA: BHC Fremont Hospital 39001 Sundale Drive Fremont, CA 94538	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)





2014 National Patient Safety Goals

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

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."



2017 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	\bigotimes
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	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigotimes

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." Symbol Key

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National Quality Improvement Goals

This organization achieved the best possible results This organization's performance is above the target range/value.	Reporting Per	riod: April 2017 - March 2018		
This organization's performance is similar to the target range/value. This organization's performance is below the target range/value.			Comm	o other Joint hission Drganizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footnote Kev	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	⊙ ²

reported. The Measure Set does not have an			Col	mpared to c Accredite	other Joint ed Organiz		n
overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule.	Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
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This information can also be viewed at www.hospitalcompare.hhs.gov

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		•	2	⊘ ²	
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3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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such as family support, a steady job,

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National Quality Improvement Goals

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	⊘ ²	
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 overall result. The number of patients is not enough for comparison purposes. 	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
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National Quality Improvement Goals

Measure Area Hospital-Based
Hospital-Based
Inpatient Psychiatric Services
Measure
Assessment of violence r substance use disorder, trauma and patient streng completed - Adult (18-64 years)

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National Quality Improvement Goals

Reporting Perio	iod: April 2017 - March 2018					
Measure Area Hospital-Based	Explanation	scosses the		npared to o Commiss edited Org de	sion	Э
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			npared to c Accredite lationwide	other Joint ed Organiz	ations	on ewide
Measure	Explanation	Hospital Results		Average Rate:		Avera Rate
Assessment of violence r substance use disorder, trauma and patient streng completed - Older Adult (years)	older adult (>= 65 years) screened for violence risk to self and others,	B3% of 169 eligible Patients	100%	94%	100%	95%

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National Quality Improvement Goals

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below the target range/value.	Moosuro Aroo	Explanation		Accre Nationwie	edited Org	anizations Statewide	
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overall result.The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	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 ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also	ND ⁴	100%	41%	3	3

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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		0	2	⊘ ²	
The Measure or Measure Set was not reported.						ted Organiz	zations	
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:		State Top 10% Scored at Least:	Rat
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.	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Adolescents Age 13 - 1	on in in its second sec	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 personale acanonic to the most life.	Ø				

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justifications include previous

to reduce the number of

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

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3 eligible Patients

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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 patier		(2	⊘ ²	
Footnote Key	00111000							
The Measure or Measure Set was not reported.				Cor		other Joint (ed Organiz	Commissio zations	n
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overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	Multiple Antipsychotic Medications at Discharg 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		at Loust.		di Leggi.	
The number of months with Measure								

	sample of patients.
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antipsychotic medication or the

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

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Patients

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The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Rate:	Top 10% Scored	Rate:
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For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.03 (23 Total Hours in Restraint)	N/A	0.48	N/A	0.97

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FOOLHOLE KEy 1. The Measure or Measure Set was not				Cor	mpared to c	other loint	Commissio	n
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overall result.	Measure		Explanation	N Hospital	Vationwide	Average	State Top 10%	ewide Average
 The number of patients is not enough for comparison purposes. The measure meets the Privacy. 	incubaro.			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	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.	0.15 (5 Total Hours in Restraint)	N/A	0.34	N/A	0.14
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.''	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	0.04 (11 Total Hours in Restraint)	N/A	0.24	N/A	0.18



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is not a standard treatment for the patient's medical or psychiatric

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condition.

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2017 - March 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
O This organization's performance is below the target range/value.					Accre		anizations	
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	O ²	
I. The Measure or Measure Set was not reported.				Cor	mpared to o			n
2. The Measure Set does not have an overall result.				N	lationwide	ed Organiz	State	
 The number of patients is not enough for comparison purposes. 	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a 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. 	Hours of Physical Restr Use Adults Age 18 - 64	raint	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)	N/A	0.56	N/A	1.13
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.''	Hours of Physical Restr Use Older Adults Age 6 Older	5 and	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 (1 Total Hours in Restraint)	N/A	0.15	N/A	0.06
	Hours of Seclusion Use 1000 Patient Hours - O 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.	0.02 (21 Total Hours in Seclusion)	N/A	0.37	N/A	0.47

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Api	ril 2017 - March 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwie		Statewide	9
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		0	2	0 ²	
Footnote Key The Measure or Measure Set was not reported.				Cor	mpared to c	other Joint ed Organiz		n
The Measure Set does not have an overall result.					Vationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure 	Hours of Seclusion Use Children Age 1 - 12	2	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)	N/A	0.60	N/A	0.24
 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. 	Hours of Seclusion Use Adolescents Age 13 - 1	-	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.	0.01 (4 Total Hours in Seclusion)	N/A	0.19	N/A	0.13
 There were no eligible patients that met the denominator criteria. For further information and explanation of the 	Hours of Seclusion Use Age 18 - 64	Adults	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	0.03 (16 Total Hours in Seclusion)	N/A	0.42	N/A	0.54

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

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

This measure reports the number of

kept in seclusion for every 1,000 hours of patient care. Seclusion is

the involuntary confinement of a

where the patient is physically prevented from leaving.

patient alone in a room or an area

hours patients age 65 and older were

 \bigcirc

0.02 (1 Total Hours

in Seclusion)

N/A

0.04

N/A

0.09

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Hours of Seclusion Use Older

Adults Age 65 and Older