

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.





Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Surve Date	y Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	9/23/2021	9/22/2021	9/22/2021
🮯 Hospital	Accredited	9/25/2021	9/24/2021	9/24/2021

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

		Compared to other Joint Organia	zations
		Nationwide	Statewide
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	*
Hospital	2021National Patient Safety Goals	\bigotimes	*
	National Quality Improvement Goals:		
Reporting Period: Jan 2022 - Dec 2022	Hospital-Based Inpatient Psychiatric Services	@ ²	@ ²

Symbol Key

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0	This organization achieved the best possible results.
Ð	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.
0	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 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.





Locations of Care

* Primary Location

Locations of Care	Available Services
BHC Fremont Hospital,	
Inc. *	Services:
DBA: BHC Fremont	 Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour
Hospital	Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial
39001 Sundale Drive	Hospitalization - Adult/Child/Youth)
E	

Fremont, CA 94538





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 **N** organization.

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



2021 National Patient Safety Goals

Hospital

Cofety Cools	Orrenizatione Chauld	luculous autori
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	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
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 National Patient Safety Goal.
 The Goal is not applicable for this organization.



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

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State 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 1312 eligible Patients	100%	95%	100%	92%

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

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39001 Sundale Drive, Fremont, CA



National Quality Improvement Goals

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This organization's performance is worse than the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Co	mpared to o	other Joint ed Organiz		'n
The Measure Set does not have an overall result.				1	Vationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.					Threshol d:		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.	Assessment of violence substance use disorder trauma and patient stre completed - Children (1 years)	, ngths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their	00% of 100% of 169 eligible Patients	100%	97%	100%	98%
The measure rate is within optimal range. For further information nd explanation of the			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.					

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- was below most other organization The Measure results are not stati valid.
- The Measure results are based on sample of patients.
- 8. The number of months with Mea data is below the reporting require
- 9. The measure results are temporar suppressed pending resubmissior updated data.
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National Quality Improvement Goals

Compared to other Joint Commission						
Measure Area	Explanation		Accre Nationwie		anizations Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier					5
				other Joint ed Organiz	zations	
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	wide Ave Ra
Assessment of violence substance use disorder, trauma and patient stren completed - Adolescent years)	adolescent age (13-17 years) screened for violence risk to self and	100% of 430 eligible Patients	100%	96%	100%	98

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National Quality Improvement Goals

			npared to c Commis	sion		
Maggura Arag	Evaluation		Accre Nationwi	0	anizations Statewide	
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patien					J
				other Joint ed Organiz	zations	
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Averag Rate
Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 years)	adults age (18-64 years) screened for violence risk to self and others,	100% of 633 eligible Patients	100%	94%	100%	89%

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This organization achieved the best possible results
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National Quality Improvement Goals

NA	F orton the			edited Org		_				
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patie	Nationwide		Statewide	9					
Compared to other Joint Commission Accredited Organizations										
Measure	Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Averag Rate				
Assessment of violence i substance use disorder, trauma and patient stren completed - Older Adult (years)	older adult (>= 65 years) screened for violence risk to self and others,	100% of 80 eligible Patients	100%	95%	100%	93%				

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Footnote Key

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- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 9 was below most other organization
- The Measure results are not stati valid.
- The Measure results are based on sample of patients.
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39001 Sundale Drive, Fremont, CA



National Quality Improvement Goals

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O This organization's performance is worse than the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Esstrate Var		Inpatient Psychiatric overall quality of care given to psychiatric patients.				2	№ ²	
Footnote Key 1. The Measure or Measure Set was not				Co	mpared to c	other loint	Commissio	n
reported. 2. The Measure Set does not have an					Accredit	ed Organiz	zations	
overall result.	Measure		Explanation	N Hospital	lationwide Top	Average	State Top	wide Average
3. The number of patients is not enough for comparison purposes.				Results	Perform	Rate:	Perform	Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
5. The organization scored above 90% but was below most other organizations.	Multiple Antipsychotic Medications at Discharge	with	This is a proportion measure. A proportion measure is a measure		u.		u.	
6. The Measure results are not statistically valid.	Appropriate Justification	WILLI	which shows the number of					
7. The Measure results are based on a sample of patients.	Overall Rate		occurrences over the entire group within which the occurrence should					
8. The number of months with Measure			take place. The numerator is expressed as a subset of the					
data is below the reporting requirement.9. The measure results are temporarily			denominator. This measure reports	₩ 2	100%	47%	100%	22%
suppressed pending resubmission of updated data.			the overall number of patients discharged on two or more	89% of 83 eligible	100 /8	47 70	100 %	22 /0
10. Test Measure: a measure being evaluated for reliability of the			antipsychotic medications. Antipsychotic medications are a	Patients				
individual data elements or awaiting			group of drugs used to treat					
National Quality Forum Endorsement. 11. There were no eligible patients that met			psychosis. Psychosis is a mental illness that markedly interferes with a					
the denominator criteria. 12. The measure rate is within optimal			persons capacity to meet lifes everyday demands.					
range.	Multiple Antipsychotic		This measure reports the number of					
	Medications at Discharge Appropriate Justification	with	patients age 1 through 12 years discharged on two or more					
Ton foodb on informed's	Children Age 1 - 12		antipsychotic medications for which					
For further information and explanation of the			there was an appropriate justification. Antipsychotic medications are a					
Quality Report contents,			group of drugs used to treat psychosis. Psychosis is a mental					
refer to the "Quality			illness that markedly interferes with a	3				
Report User Guide."			person's capacity to meet life's everyday demands. Appropriate	0	100%	21%		³
			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.					

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

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

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

39001 Sundale Drive, Fremont, CA



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	od: Jan	uary 2022 - December 2022					
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his organization's performance is vorse than the target range/value.					Accredited Organ			
Not displayed	Measure Area		Explanation		Nationwi	0	Statewide	
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie				⊘ ²	
Footnote Key he Measure or Measure Set was not eported.				Co	mpared to o Accredit	other Joint of other Joint of other Joint of the state of		on
The Measure Set does not have an overall result.			_		Nationwide			ewide
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Avera Rate
he measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
he organization scored above 90% but as below most other organizations. he Measure results are not statistically alid. he Measure results are based on a ample of patients. he number of months with Measure ata is below the reporting requirement. he measure results are temporarily uppressed pending resubmission of pdated data. est Measure: a measure being valuated for reliability of the adividual data elements or awaiting lational Quality Forum Endorsement. here were no eligible patients that met he denominator criteria. he measure rate is within optimal ange.	Multiple Antipsychotic Medications at Discharg 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	100% of 5 eligible Patients	100%	24%	100%	53%

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

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39001 Sundale Drive, Fremont, CA



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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	
Footpoto Voy	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		2 (⊘ ²	
Footnote Key The Measure or Measure Set was not reported.				Col	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.					Nationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Avera Rate
The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol	
The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	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		u.		d:	
The Measure results are based on a ample of patients. The number of months with Measure lata is below the reporting requirement.	Addits Age 10 - 04		there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat					
The measure results are temporarily suppressed pending resubmission of updated data.			psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate	Ð	100%	50%	100%	21%
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.			justifications include previous attempts to control psychosis with one antipsychotic medication, a plan	88% of 72 eligible Patients				
There were no eligible patients that met the denominator criteria.			to reduce the number of antipsychotic medications to one antipsychotic medication or the					
The measure rate is within optimal range.			addition of an antipsychotic medication when the patient is also					

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being treated with Clozapine.



National Quality Improvement Goals

			Compared to other Joint Commission						
Measure Area			Accre Nationwie	<mark>edited Org</mark> de	anizations Statewide	e			
Hospital-Based Inpatient Psychiatric Services		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie			⊘ ²				
			Co	mpared to c Accredite	other Joint ed Organiz		'n		
Measure		Explanation	۲ Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	wide Averaç Rate		
Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n 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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	00% of 6 eligible Patients	100%	46%	100%	29%		
Hours of Physical Resti 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	0.0451 (46 Total Hours in Restraint)	N/A	0.5767	N/A	1.529		

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

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39001 Sundale Drive, Fremont, CA



National Quality Improvement Goals

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O This organization's performance is worse than the target range/value.				Accr	edited Org	anizations	
with the second	Measure Area	Explanation		Nationwi	de	Statewide	÷
Es stu sta Kau	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie		(2	○ ²	
Footnote Key 1. The Measure or Measure Set was not			0.00		then leint	Commissio	
reported.			Cor		ed Organiz	Commissio ations	n
2. The Measure Set does not have an overall result.	Measure	Evolopotion	N Hospital	lationwide Top	Average	State Top	
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Results	Perform	Average Rate:	Perform	Average Rate:
4. The measure meets the Privacy				er Threshol		er Threshol	
5. The organization scored above 90% but				d:		d:	
was below most other organizations.6. The Measure results are not statistically valid.7. The Measure results are based on a	Hours of Physical Restr Use Children Age 1 - 12	2 hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care.					
 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. 		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	0.0744 (3 Total Hours in Restraint)	N/A	0.3845	N/A	0.2193
 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. 		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.	in resulaint)				
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 13	•	0.0827 (28 Total Hours in Restraint)	N/A	0.3412	N/A	0.2693

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This organization achieved the best possible results	Reporting Peri	od: Jan	uary 2022 - December 2022						
O This organization's performance is better than the target range/value.									
This organization's performance is similar to the target range/value.					Corr	pared to o Commiss			
O This organization's performance is worse than the target range/value.					Accre	edited Org			
Not displayed	Measure Area		Explanation		Nationwie	de	Statewide	;	
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.				© ² © ²			
1. The Measure or Measure Set was not reported.		spital-Based atient Psychiatric vicesThis category of evidenced based meer overall quality of care given to psychia overall quality of care given to psychiaMeasureExplanationrs of Physical Restraint Adults Age 18 - 64This measure reports the num hours patients age 18 through years were kept in physical restrict is any manu- method or physical or mechan device, material, or equipment 				other Joint ed Organiz	Joint Commission		
2. The Measure Set does not have an overall result.	Magaura		Evaloaation		lationwide		State		
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:	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but 					Threshol d:		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. 	Hours of Physical Restra Use Adults Age 18 - 64	aint	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0251 (16 Total Hours in Restraint)	N/A	0.6823	N/A	1.8448	
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.''	Older	5 and	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.	0.0015 (0 Total Hours in Restraint) ³	N/A	0.1097	N/A	0.0440	
	Hours of Seclusion Use 1000 Patient Hours - Ov Rate		This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.0569 (59 Total Hours in Seclusion)	N/A	0.3738	N/A	0.3992	

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

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updated data. 10. Test Measure: a measure being evaluated for reliability of the

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

39001 Sundale Drive, Fremont, CA



National Quality Improvement Goals

Reporting Period: Jan	uary 2022 - December 2022					
	Compared to other Joint Commission					
			Accr	edited Org	anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e
Inpatient Psychiatric overall			(2	○ ²	
			Accredite		ations	
Measure	Explanation			Average		wide Average
Medsure	Explanation	Results	Perform	Rate:	Perform	Rate:
			Threshol		Threshol	
Hours of Seclusion Use	This measure reports the number of		ч.		u.	
Children Age 1 - 12	years were kept in seclusion for	Ð				
	every 1,000 hours of patient care.		N/A	0.4111	N/A	0.350
	confinement of a patient alone in a	0.0261 (1 Total Hours in Seclusion)				
	physically prevented from leaving.					
Hours of Seclusion Use	This measure reports the number of					
Addiescents Age 13 - 17	years were kept in seclusion for	Ð				
	· ·	0.0252	N/A	0.1738	N/A	0.274
	confinement of a patient alone in a	(8 Total Hours				
	room or an area where the patient is physically prevented from leaving.					
Hours of Seclusion Use Adults	This measure reports the number of					
Age 18 - 64	years were kept in seclusion for	Ð				
	every 1,000 hours of patient care.	Ŭ	N/A	0.4421	N/A	0.456
	confinement of a patient alone in a	(49 Total Hours				
	room or an area where the patient is	in Seclusion)				
Hours of Seclusion Use Older	This measure reports the number of					
Adults Age 65 and Older	hours patients age 65 and older were	0				
	hours of patient care. Seclusion is	U	N1/A	0.0700	N1/A	0.0570
	the involuntary confinement of a	0.0000 (0 Total Hours	N/A	0.0766	N/A	0.0570
	where the patient is physically	in Seclusion)				
	Measure Area Hospital-Based This cal Inpatient Psychiatric overall Services Measure Hours of Seclusion Use Hours of Seclusion Use Hours of Seclusion Use Adolescents Age 13 - 17 Hours of Seclusion Use Adults Age 18 - 64 Hours of Seclusion Use Older Item Age	Hospital-Based Inpatient Psychiatric ServicesThis category of evidenced based measures as overall quality of care given to psychiatric patie servicesMeasureExplanationHours of Seclusion Use Children Age 1 - 12This 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.Hours of Seclusion Use Adolescents Age 13 - 17This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for 	Measure Area Explanation Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Measure Explanation Measure Explanation 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 done in a room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use Adolescents Age 13 - 17 This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient done in a room or an area where the patient is physically prevented from leaving. 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. Hours of Seclusion Use Adults Age 18 - 64 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. 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	Image: Constraint of the second se	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Accredited Organiz Measure Explanation Image: Compared to other Joint Accredited Organiz Measure Explanation Hospital Perform Measure Explanation Image: Perform 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. 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. Hours of Seclusion Use 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	Compared to other Joint Commission Measure Area Explanation Nationvide Statewide Hospital-Based Inspitating Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Commission Cacceredited Organizations Services Compared to other Joint Commission Cacceredited Organizations Statewide Measure Explanation Hospital Top Average Top Measure Explanation Hospital Perform Rete: Perform Rete: <t< td=""></t<>

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