

Accreditation Quality Report





Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

DBA: The Pavilion at Williamsburg Place,



Summary of Quality Information

Ac	creditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Ø	Behavioral Health Care and Human Services	Accredited	7/10/2021	7/9/2021	7/9/2021
Ø	Hospital	Accredited	7/10/2021	7/9/2021	9/2/2021

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

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	[*]	
Hospital	2021National Patient Safety Goals	\odot	*	
	National Quality Improvement Goals:			
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(m) ²	2 ²	
Apr 2020 - Mar 2021	Substance Use	2 ²	ND ²	
	Tobacco Treatment	(m) ²	ND ²	

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

Symbol Key 1

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.
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- 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.



Locations of Care

Locations of Care	Available Services
The Farley Center, Inc 5477 Mooretown Road Williamsburg, VA 23188	 Services: Addiction Services/Adult) (Detox/Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (Residential Care - Adult) (Partial Hospitalization - Adult) (Detox/Non-detox - Adult) Peer Support (Non 24 Hour Care) Primary Physical Health Care
The Farley Center, Inc. 4509 Whitechapel Drive Virginia Beach, VA 23455	 Services: Addiction Services/Adult) (Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) Peer Support (Non 24 Hour Care) Primary Physical Health Care
The Farley Center, Inc. 5265 Providence Road Suite 500 Virginia Beach, VA 23464	 Services: Addiction Services/Adult) (Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) Peer Support (Non 24 Hour Care) Primary Physical Health Care
The Farley Center, Inc. 2202 Executive Drive Suite C Hampton, VA 23666	 Services: Addiction Services/Adult) (Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) Peer Support (Non 24 Hour Care) Primary Physical Health Care
The Farley Center, Inc. 221 Bulifants Blvd Suite B Williamsburg, VA 23188	 Services: Addiction Services/Adult) (Non-detox - Adult) Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) Peer Support (Non 24 Hour Care) Primary Physical Health Care

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA



Locations of Care

* Primary Location

Locations of Care	Available Services
The Pavilion at Williamsburg Place, Inc * 5483 Mooretown Rd. Williamsburg, VA 23188	Services: • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) • Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Detox - Adult) (Detox/Non-detox - Adult) • Community Integration (Non 24 Hour Care) • Family Support (Non 24 Hour Care) • Primary Physical Health Care

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA



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 3

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.

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA



2021 National Patient Safety Goals

Hospital

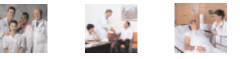
Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\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	Ø
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key 3

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.

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA

Org ID: 522282



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

Syn	IDOI KEY Z
	rganization achieved the best le results
	rganization's performance is the target range/value.
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Footnote Key

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- 4. The measure meets the Privacy Disclosure Threshold rule.
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- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
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- 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.

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

		Compared to other Joir Commission		
		Accredited 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	O ²	

		Compared to other Joint Commi Accredited Organizations				
			Nationwide		State	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 - 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.	89% of 396 eligible Patients	100%	96%	100%	90%

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

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

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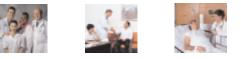
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The Pavilion at Williamsburg Place, Inc

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National Quality Improvement Goals

Symbol Key 2							
his organization achieved the best possible results	Reporting Period: A	pril 2020 - March 2021					
his organization's performance is nove the target range/value.							
nis organization's performance is milar to the target range/value.				Com	npared to o Commiss		
his organization's performance is slow the target range/value.				Accr	edited Org	anizations	
ot displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
Footnote Key		ategory of evidenced based measures as Il quality of care given to psychiatric patie			2	○ ²	
ne Measure or Measure Set was not ported.			Cor	mpared to c Accredite	other Joint ed Organiz		n
he Measure Set does not have an verall result.			١	Vationwide		State	wide
e number of patients is not enough r comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
he measure meets the Privacy bisclosure Threshold rule.	Assessment of violence risk,	This measure reports the number of children age (1-12 years) screened					

- 5. 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.
- 8. The number of months with Measure data is below the reporting requirement. 9.
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- the denominator criteria.

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		rtesuits	at Least:	ruto.	at Least:	rute.
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.	€€€3 	100%	97%	3	3

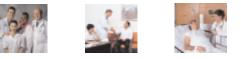
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The Pavilion at Williamsburg Place, Inc

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Org ID: 522282



National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
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	Measure Area		Explanation			Ŭ		
not displayed					INALIONIWI	ue	Statewide	-
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
The Measure or Measure Set was not reported.				Со	mpared to c Accredite	other Joint ed Organiz		'n
The Measure Set does not have an				١	lationwide		State	wide
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:	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 hased on a 	Assessment of violence substance use disorder trauma and patient stree completed - Adolescent years)	ngths	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for					

	vanu.
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
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the patient recover.

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

determines if patients need help for

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

for substance and alcohol use

psychological trauma history

determines if patients have experienced terrible events in their

their use. Screening for

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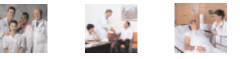
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This organization achieved the best possible results	Reporting Peri	od: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
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This organization's performance is below the target range/value.						Accredited Organizations		
Not displayed	Measure Area		Explanation			de	e Statewide	
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	№ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Со	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.				Ν	lationwide	ou organiz		ewide
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	Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 years)	igths	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

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

their use. Screening for

psychological trauma history

determines if patients have

Θ

89% of

261 eligible

Patients

100%

95%

	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."

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the patient recover.

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100%

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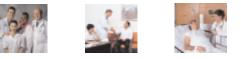
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updated data. 10. Test Measure: a measure being evaluated for reliability of the

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2020 - March 2021					
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This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		bn
The Measure Set does not have an overall result.				١	lationwide	ou organiz		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Averaç Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	e risk,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but vas below most other organizations.	substance use disorder trauma and patient stre	,	older adult (>= 65 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Older Adult years)	t (>= 65	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.	. ,		patient strengths. Screening for violence risk to self determines if					
The number of months with Measure lata is below the reporting requirement.			patients are likely to harm themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	Θ				
updated data. Test Measure: a measure being			determines if patients need help for	88% of 135 eligible	100%	95%	100%	95%
evaluated for reliability of the individual data elements or awaiting			their use. Screening for psychological trauma history	135 eligible Patients				
National Quality Forum Endorsement.			determines if patients have					

individual data elements or await National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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National Quality Improvement Goals

Symbol Key 2 This organization achieved the best possible results	Reporting Period: A	April 2020 - March 2021					
 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	Measure Area Hospital-Based This	Explanation Category of evidenced based measures as all quality of care given to psychiatric patie			de		
 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. 	Measure	Explanation		Accredit Nationwide Top 10% Scored	ed Organi:	State Top 10% Scored	wide
 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. There were no eligible patients that met 	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. 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.	O 19% of 31 eligible Patients	at Least:	59%	at Least: 79%	52%
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	This measure reports the number of	€0 3 	100%	42%	3	3



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Symbol Key 2 This organization achieved the best

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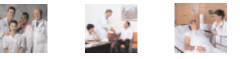
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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021					
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		
This organization's performance is below the target range/value.				Accre	edited Orga	anizations	
Not displayed	Measure Area	Explanation		Nationwid	le	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		0	2	0 ²	
he Measure or Measure Set was not eported.			Cor	npared to of Accredite	ther Joint d Organiz		on
The Measure Set does not have an overall result.			Ν	lationwide		State	wide
he number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Rat

	for comparison purposes.
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		Ν	lationwide		State	wide
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 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 when the patient is also being treated with Clozapine.	600 3 	100%	47%	3	3

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Symbol Key 2 This organization achieved the best

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

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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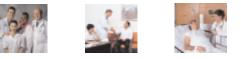
sample of patients.

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

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his organization's performance is bove the target range/value.							
his organization's performance is milar to the target range/value.				Com	pared to o Commiss		
his organization's performance is elow the target range/value.				Accre	edited Orga		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		0	2	⊘ ²	
Footnote Key	OCIVICE3						
he Measure or Measure Set was not ported.			Со	mpared to c Accredite	other Joint (ed Organiz		on
The Measure Set does not have an			N	Vationwide			ewide
erall result. ne number of patients is not enough r comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Aver Ra

Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	O 13% of 23 eligible Patients	100%	60%	76%	53%

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

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

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

The Pavilion at Williamsburg Place, Inc

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA

Org ID: 522282



National Quality Improvement Goals

Symbol Key 2	Reporting Per	iod An	ril 2020 - March 2021					
 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 	Measure Area Hospital-Based Inpatient Psychiatric Services	This cat	Explanation legory of evidenced based measures as quality of care given to psychiatric patie				sion	e
 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. 	Measure		Explanation		lationwide	ed Organiz	ations	wide
 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. There were no eligible patients that met the denominator criteria. 	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	र्छे 38% of 8 eligible Patients	100%	55%	80%	37%
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.	0.00 (0 Total Hours in Restraint)	N/A	0.86	N/A	1.54

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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 Pavilion at Williamsburg Place, Inc

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA

to other Joint

Organizations Statewide

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National Quality Improvement Goals

ymbol Key 2				
his organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021		
nis organization's performance is over the target range/value.				
nis organization's performance is milar to the target range/value.			Compared to	o other . hission
nis organization's performance is slow the target range/value.			Accredited C	
ot displayed	Measure Area	Explanation	Nationwide	Sta
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 ²	(
ootnote Key	00111003			

• The Measure or Measure Set was not reported.			Co	Its Scored Rate: Scored Rate at Least: at Least: 3			
The Measure Set does not have an overall result.				Vationwide		State	
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored		Scored	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 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.	€ 3		0.35		3
• There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, efer to the ''Quality Report User Guide.''	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.	€ 	N/A	0.25	3	3



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

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DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA

Org ID: 522282

Compared to other Joint Commission Accredited Organizations

Statewide

№²

Nationwide

№²



National Quality Improvement Goals

Symbol Key 2		
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021
• This organization's performance is above the target range/value.		
This organization's performance is similar to the target range/value.		
O ^{This organization's performance is below the target range/value.}		
Not displayed	Measure Area	Explanation
y	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.
Footnote Key	Services	

	Cor		pared to other Joint Commission Accredited Organizations					
Measure	Explanation	N Hospital Results	lationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average 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.	0.00 (0 Total Hours in Restraint)	N/A	1.06	N/A	1.95		
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.	0.00 (0 Total Hours in Restraint)	N/A	0.10	N/A	0.06		
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.44	N/A	0.96		

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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. was below most other organizations.

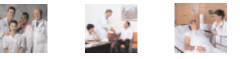
- The Measure results are not statistically valid.
- sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of
- evaluated for reliability of the individual data elements or awaiting National 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."

- The organization scored above 90% but
- The Measure results are based on a
- 8.
- updated data.

10. Test Measure: a measure being

DBA: The Pavilion at Williamsburg Place, 5483 Mooretown Rd., Williamsburg, VA



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

	Symbol Key 2
0	This organization achieved the best possible results
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is below the target range/value.
	Not displayed

Footnote Key

- The Measure or Measure Set was not 1. 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.
- The Measure results are not statistically valid.
- 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."

		Compared to Comm	
		Accredited C	rganizations
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

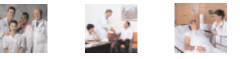
		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 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.	₩ ³	N/A	0.40	3	3
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.	€] ³	N/A	0.19	<u></u> 3	3
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.53	N/A	1.20
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	N/A	0.15



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National Quality Improvement Goals

	Reporting Peri	iod: April 2020 - March 2021		
			Compared to Comm	
			Accredited O	rganizations
Me	easure Area	Explanation	Nationwide	Statewide
Su	bstance Use	This category of evidence based measures assesses the overall quality of care provided for Substance Abuse	™ ²	⊘ ²

		Cor	npared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Alcohol and Other Drug Use Disorder Treatment at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who either accepted a prescription to help them stop drinking or using drugs or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital.	50% of 52 eligible Patients	100%	48%	3	3
Alcohol and Other Drug Use Treatment Provided or Offered at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who were either offered or accepted a prescription to help them stop drinking or using drugs or were offered or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. This measure also includes patients who refused both a prescription to help them stop drinking or using drugs and treatment for their serious problem with drinking alcohol or using drugs.	71% of 52 eligible Patients	100%	66%	3	3

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Symbol Key 2

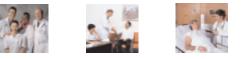
This organization achieved the best possible results
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Footnote Key

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- **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.
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- 7. The Measure results are based on a sample of patients.
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 There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

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Org ID: 522282



National Quality Improvement Goals

Reporting Per	riod: April 2020 - March 2021		
		Compared to Comm	nission
		Accredited C	Ŭ
Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	0 ²	○ ²

			Compared to other Joint Commission Accredited Organizations			
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	Top 10% Scored at Least:	Average Rate:
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	14% of 250 eligible Patients	58%	16%	3	3
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	56% of 250 eligible Patients	96%	65%	<u></u> 3	³

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Symbol Key 2

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