

# 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,

5483 Mooretown Rd., Williamsburg, VA



## **Summary of Quality Information**

Accreditation Programs Accreditation Decisio	n Effective Date	Last Full Date	Survey Last On-Site Survey Date
Behavioral Health Care Accredited and Human Services	7/10/2021	7/9/2021	7/9/2021
Solution Hospital Accredited	3/4/2022	7/9/2021	10/13/2023

#### 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	<sup>*</sup>	
Hospital	2021National Patient Safety Goals	$\bigotimes$	<b>*</b>	
	National Quality Improvement Goals:			
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	<b>(10)</b> <sup>2</sup>	2 <sup>2</sup>	
Jan 2021 - Dec 2021	Substance Use	<b>()</b> <sup>2</sup>	2 <sup>2</sup>	
	Tobacco Treatment	<b>()</b> <sup>2</sup>		

#### Symbol Key

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.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
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- **12.** The measure rate is within optimal range.



## **Locations of Care**

Locations of Care	Available Services
The Farley Center, Inc. 2202 Executive Drive Suite C Hampton, VA 23666	<ul> <li>Services:</li> <li>Addiction Services/Adult) (Non-detox - Adult)</li> <li>Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult)</li> <li>Peer Support (Non 24 Hour Care)</li> <li>Primary Physical Health Care</li> </ul>
The Farley Center, Inc. 221 Bulifants Blvd Suite B Williamsburg, VA 23188	<ul> <li>Services:</li> <li>Addiction Services/Adult) (Non-detox - Adult)</li> <li>Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult)</li> <li>Peer Support (Non 24 Hour Care)</li> <li>Primary Physical Health Care</li> </ul>
The Farley Center, Inc. 5477 Mooretown Road Williamsburg, VA 23188	<ul> <li>Services:</li> <li>Addiction Services/Adult) (Detox/Non-detox - Adult)</li> <li>Behavioral Health (Residential Care - Adult)</li> <li>Chemical Dependency (Day Programs - Adult) (Residential Care - Adult) (Partial Hospitalization - Adult) (Detox/Non-detox - Adult)</li> <li>Peer Support (Non 24 Hour Care)</li> <li>Primary Physical Health Care</li> </ul>
The Pavilion at Williamsburg Place, Inc * 5483 Mooretown Rd. Williamsburg, VA 23188	<ul> <li>Services:</li> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>Chemical Dependency (24-hour Acute Care/Crisis Stabilization - Adult) (Detox - Adult) (Detox/Non-detox - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> <li>Primary Physical Health Care</li> </ul>

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## **2021 National Patient Safety Goals**

## **Behavioral Health Care and Human Services**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

#### Symbol Key

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

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



## **2021 National Patient Safety Goals**

## Hospital

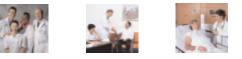
Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	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	$\bigotimes$

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

Org ID: 522282



## **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission	
		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.	<b>⊘</b> <sup>2</sup>	@ <sup>2</sup>

				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide 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 91% of 498 eligible Patients	100%	95%	100%	90%

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

#### Symbol Key

This organization achieved the best possible results
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## **National Quality Improvement Goals**

Reporting Per	iod: January 2021 - December 2021		
		Compared to Comm	nission
Measure Area	Explanation	Accredited C Nationwide	organizations Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>1</b> 2
	Cor	mpared to other Joi	nt Commissio

				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	<b>€</b> 3 ———————————————————————————————————	100%	97%		3

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

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## **National Quality Improvement Goals**

Reporting Per	iod: January 2021 - December 2021		
		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.	<b>@</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>

				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	<b>ND</b> <sup>3</sup>	100%	97%		3

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## **National Quality Improvement Goals**

Reporting Peri	od: January 2021 - December 2021					
				npared to o Commiss edited Orga	sion	
Measure Area	Explanation		Nationwi	de	Statewid	е
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.			<b>○</b> <sup>2</sup>		
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Jationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Ave R
ssessment of violence ubstance use disorder, auma and patient stren ompleted - Adult (18-64 ears)	adults age (18-64 years) screened	<b>O</b> 89% of 367 eligible Patients	100%	95%	100%	88

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the patient recover.

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Reporting Peri	iod: January 2021 - December 2021							
Measure Area	Explanation		Nationwi	<mark>edited Org</mark> de	Statewide	e		
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		2	<b>⊘</b> <sup>2</sup>				
Compared to other Joint Commissio Accredited Organizations						on		
Measure	Explanation	N Hospital Results	Jationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Avera Rate		
Assessment of violence substance use disorder, trauma and patient stren completed - Older Adult years)	older adult (>= 65 years) screened for violence risk to self and others,	97% of 131 eligible Patients	100%	94%	100%	95%		

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

#### Symbol Key

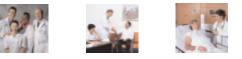
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## The Pavilion at Williamsburg Place, Inc

DBA: The Pavilion at Williamsburg Place,



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Symbol Key								
This organization achieved the best	Reporting Per	iod: Jan	uary 2021 - December 2021					
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O This organization's performance is worse than the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	ationwide Statewide		
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>○</b> <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> </ol>				Cor	mpared to c			n
2. The Measure Set does not have an				N	Accredite	ed Organiz	ations State	wide
<ul> <li>overall result.</li> <li>3. The number of patients is not enough for comparison purposes.</li> <li>4. The measure meets the Privacy Disclosure Threshold rule.</li> </ul>	Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> <li>The measure rate is within optimal</li> </ol>	Measure results are not statistically Measure results are not statistically Measure results are based on a ple of patients. number of months with Measure is below the reporting requirement. measure results are temporarily pressed pending resubmission of ated data. Measure: a measure being uated for reliability of the vidual data elements or awaiting onal Quality Forum Endorsement. re were no eligible patients that met		This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	2 39% of 44 eligible Patients	100%	53%	89%	51%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>600</b> 3	100%	34%		3

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

Null value or data not displayed. \_\_\_\_

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## The Pavilion at Williamsburg Place, Inc

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

Org ID: 522282



## **National Quality Improvement Goals**

This organization achieved the best possible results	Reporting Per	iod: January 2021 - December 2021					
This organization's performance is better than the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
This organization's performance is worse than the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation	nation Natio			e Statewide	
Footpote Ver	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.			2	<b>∞</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not reported.			Cor	npared to o	other Joint ed Organiz		on
The Measure Set does not have an overall result.			N	lationwide			ewide
Overan result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule.	Measure	Explanation	Hospital Results	Top Perform er Threshol	Average Rate:	Top Perform er Threshol	Average Rate:
The organization scored above 90% but				d:		d:	
was below most other organizations	Multiple Antipsychotic	This measure reports the number of					

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

			er Threshol d:		er Threshol d:	
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.	<b>600</b> 3 	100%	42%		3

Symbol Key

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1. reported.

2.

3.

4.

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## The Pavilion at Williamsburg Place, Inc

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

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/erage

Rate:

51%



## **National Quality Improvement Goals**

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This organization's performance is worse than the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation	Nationwi	Statewide			
Frankright Kar	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.		@ <sup>2</sup>		<b>∞</b> <sup>2</sup>	
Footnote Key							
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.			Ν	lationwide		State	ewide
The number of patients is not enough for comparison purposes. The measure meets the Privacy	Measure	Explanation	Hospital Results	Top Perform er Threshol	Average Rate:	Top Perform er Threshol	Ave R
Disclosure Threshold rule. The organization scored above 90% but				d:		d:	
a ne organization scored above 50% but							

This measure reports the number of

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

Θ

32% of 34 eligible Patients 100%

56%

92%

patients age 18 through 64 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

addition of an antipsychotic

group of drugs used to treat

discharged on two or more

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**Multiple Antipsychotic** 

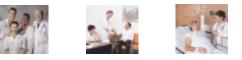
Adults Age 18 - 64

Appropriate Justification

Medications at Discharge with

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## **National Quality Improvement Goals**

					npared to c Commise edited Org	sion
Measure Area Hospital-Based	This cat	Explanation egory of evidenced based measures as	ssesses the	Nationwi		Statewid
Inpatient Psychiatric Services		quality of care given to psychiatric patie		<b>(</b>	2	<b>○</b> <sup>2</sup>
			Со	mpared to o Accredit	other Joint ed Organiz	
				Vationwide		Stat
Measure		Explanation	Hospital Results	Top Perform er Threshol	Average Rate:	Top Perform er Threshol
Medications at Dischar Appropriate Justification Adults Age 65 and Olde	n Older er	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. This measure reports the total hours	60% of 10 eligible Patients	100%	43%	100%
Hours of Physical Rest 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	0.0000 (0 Total Hours in Restraint)	N/A	0.8411	N/A

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

#### Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than the target range/value.
 Not displayed

#### Footnote Key

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- 8. The number of months with Measure data is below the reporting requirement.
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- **11.** There were no eligible patients that met the denominator criteria.
- **12.** The measure rate is within optimal range.

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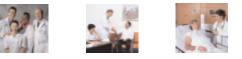
updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaitir

There were no eligible patients that the denominator criteria. 12. The measure rate is within optimal

## 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								
This organization achieved the best possible results This organization's performance is	Reporting Per	iod: Jan	uary 2021 - December 2021					
better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value. Not displayed	Measure Area Hospital-Based	This cat	Compared to other Joint CommissionAccredited OrganizationsNationwideStatewideImage: Colspan="2">Colspan="2"Accredited OrganizationsNationwideColspan="2">StatewideColspan="2">Colspan="2"Accredited OrganizationsColspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Cols			e		
Footnote Key	Inpatient Psychiatric Services	overall	quality of care given to psychiatric patie	ents.	C	, 	<b>™</b> <sup>2</sup>	
<ul> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy Disclosure Threshold rule.</li> </ul>	Measure		Explanation		mpared to o Accredit Jationwide Top Perform er Threshol d:	other Joint ed Organiz Average Rate:		
<ul> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul>	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.	<b>600</b> 3	u. N/A	0.5600	u.	3
2. 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		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.	€€€) <sup>3</sup>	N/A	0.4158		3

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

Null value or data not displayed.

## The Pavilion at Williamsburg Place, Inc

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## **National Quality Improvement Goals**

Symbol Key									
This organization achieved the best	Reporting Per	iod: Jan	uary 2021 - December 2021						
This organization's performance is better than the target range/value.									
This organization's performance is similar to the target range/value.									
O This organization's performance is worse than the target range/value.									
Not displayed	Measure Area		Explanation		Nationwig	de	Statewide	e	
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.					$\bigcirc^2$ $\bigcirc^2$		
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>						other Joint ed Organiz	ations		
<ul> <li>overall result.</li> <li>3. The number of patients is not enough for comparison purposes.</li> <li>4. The measure meets the Privacy Disclosure Threshold rule.</li> </ul>	Measure		Explanation	N Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	wide Average Rate:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Hours of Physical Restr 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.	0.0000 (0 Total Hours in Restraint)	N/A	1.0167	N/A	1.7996	
the denominator criteria. 12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Older Adults Age 6 Older		This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.000 (0 Total Hours in Restraint)	N/A	0.0925	N/A	0.0319	
	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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.4255	N/A	1.2422	

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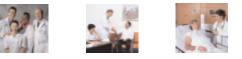
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refer to the "Quality **Report User Guide.'** 

## The Pavilion at Williamsburg Place, Inc

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## **National Quality Improvement Goals**

Symbol Key								(
This organization achieved the best possible results	Reporting Peri	od: Jan	uary 2021 - December 2021					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Compared to other Joint Commission			
O This organization's performance is worse than the target range/value.					Accr	edited Org		
Not displayed	Measure Area	Measure Area Explanation					Statewide	e
	Hospital-Based Inpatient Psychiatric Services					2	<b>∞</b> <sup>2</sup>	
Footnote Key           1. The Measure or Measure Set was not							Commissio	
reported.								n
2. The Measure Set does not have an overall result.		N				ed Organiz	State	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol		er Threshol	
5. The organization scored above 90% but was below most other organizations.	Hours of Seclusion Use Children Age 1 - 12		This measure reports the number of hours patients age 1 through 12		d:		d:	
<ol> <li>6. The Measure results are not statistically valid.</li> <li>7. The Measure results are based on a sample of patients.</li> <li>8. The number of months with Measure</li> </ol>			years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a	<b>3</b>	N/A	0.4104		3
<ul> <li>data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of</li> </ul>	Hours of Seclusion Use		room or an area where the patient is physically prevented from leaving. This measure reports the number of					
<ul> <li>updated data.</li> <li>10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>11. There were no eligible patients that met</li> </ul>	Adolescents Age 13 - 17		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	<b>1</b> 3	N/A	0.1564		3
the denominator criteria.			room or an area where the patient is physically prevented from leaving.					
12. The measure rate is within optimal range.	Hours of Seclusion Use Age 18 - 64	Adults	This measure reports the number of hours patients age 18 through 64	•				
For further information and explanation of the Quality Report contents,			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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.5170	N/A	1.5370
refer to the "Quality Report User Guide."	Hours of Seclusion Use 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

the involuntary confinement of a

where the patient is physically prevented from leaving.

patient alone in a room or an area

hours of patient care. Seclusion is

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0.0000 (0 Total Hours

in Seclusion)

N/A

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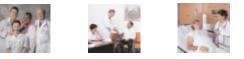
0.0487

N/A

0.1765

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

Org ID: 522282



## **National Quality Improvement Goals**

		Compared to other Joint Commission	
		Accredited Organization	
Measure Area	Explanation	Nationwide	Statewide
Substance Use	This category of evidence based measures assesses the overall quality of care provided for Substance Abuse	<b>2</b>	<b>∞</b> <sup>2</sup>

		Cor	mpared to o Accredit	other Joint ed Organiz		'n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	38% of 185 eligible Patients	98%	47%		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.	49% of 185 eligible Patients	100%	71%		3

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## **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission	
		Accredited Organization	
Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	<b>2</b>	<b>○</b> <sup>2</sup>

		Col	mpared to o Accredit	other Joint ed Organiz		n
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:		Top Perform er Threshol d:	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.	18% of 272 eligible Patients	55%	16%		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.	65% of 272 eligible Patients	97%	56%		<sup>3</sup>

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	Not displayed

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