

Accreditation Quality Report



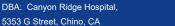


Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting 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

S	zm [°]	bol	Key	1
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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.
	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.
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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.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	8/14/2019	8/13/2019	8/13/2019
🥝 Hospital	Accredited	8/17/2019	8/16/2019	9/24/2019

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

		Compared to other Joint Commission Accredit Organizations		
		Nationwide Statewide		
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	[*]	
Hospital	2019National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 °	2 °	

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





Locations of Care

* Primary Location

Locations of Care	Available Services
Canyon Ridge Hospital,	
Inc. *	Services:
DBA: Canyon Ridge	 Behavioral Health (Day Programs - Adult/Child/Youth)
Hospital	(24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)
5353 G Street	(Partial Hospitalization - Adult/Child/Youth)
China CA 01710	

Chino, CA 91710



2019 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.

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

Canyon Ridge Hospital, Inc.

DBA: Canyon Ridge Hospital, 5353 G Street, Chino, CA



2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigotimes
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	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.

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

	Symbol Key 2
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		Compared to other Joint 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

				other Joint ed Organiz		n		
		١	lationwide			ewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 1138 eligible Patients	100%	96%	100%	96%		

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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National Quality Improvement Goals

Reporting Perio	od: April 2020 - March 2021					
				pared to o Commiss edited Orga		
Measure Area	Explanation		Nationwie	de	Statewide	Э
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		(2	O ²	
			npared to c Accredite lationwide	other Joint ed Organiz	ations	on wide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Assessment of violence i substance use disorder, trauma and patient strem completed - Children (1- years)	children age (1-12 years) screenedgthsfor violence risk to self and others,					

				at Least:		at Least:	
e 90% but ations. tatistically d on a Acasure quirement. orarily sion of g vaiting resement. ts that met	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.	600 3	100%	97%	100%	100%

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- 1. There were no eligible patients that met the denominator criteria.

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DBA: Canyon Ridge Hospital, 5353 G Street, Chino, CA



National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	redited Orga	anizations	
Not displayed	Measure Area		Explanation		Nationwic	de	le	
Transfer Zore	Hospital-Based Inpatient Psychiatric Services	he o ²		2				
Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an					mpared to o Accredite Nationwide	ted Organiz	zations	on ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results				Averag 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.	Assessment of violence substance use disorder, trauma and patient stren 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 violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients					

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99% of

365 eligible Patients

9.	The measure results are temporarily
	suppressed pending resubmission of
	updated data.
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	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.

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the patient recover.

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

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

97%

100%

99%

100%



National Quality Improvement Goals

Reporting I	Period: Ap	oril 2020 - March 2021					
Measure Area		Explanation			Ŭ		
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie					
				mpared to c Accredite Nationwide	other Joint ed Organiz	zations	on ewide
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Assessment of viole substance use disor trauma and patient s completed - Adult (1 years)	rder, strengths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have 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	CO 100% of 553 eligible Patients	100%	95%	100%	94%

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the patient recover.

such as family support, a steady job,

housing, etc. which are used to help

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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's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an						other Joint ed Organiz	ations	
overall result.	N 4		Evelopetion		lationwide	A		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence substance use disorder, trauma and patient strer completed - Older Adult years)	, ngths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things	00% of 220 eligible Patients	100%	95%	100%	97%

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the patient recover.

such as family support, a steady job,

housing, etc. which are used to help

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.	Compared to other Joint Commission							
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key			egory of evidenced based measures as quality of care given to psychiatric patie		0	2	⊘ ²	
1. The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz	Commissic ations	n
2. The Measure Set does not have an overall result.					lationwide		State	wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 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 Appropriate Justification Overall Rate	∍ with	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.	98% of 58 eligible Patients	100%	59%	100%	63%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	∍ with	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<mark>№0</mark> 3	100%	42%	3	3



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Symbol Key 2 This organization achieved the best

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National Quality Improvement Goals

Symbol Key 2							
This organization achieved the best possible results This organization's performance is	Reporting Peri	iod: April 2020 - March 2021					
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.					Commis	other Joint sion anizations	
Not displayed	Measure Area	Explanation		Nationwig		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	№ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an				mpared to c Accredite Nationwide	ed Organiz	zations	on
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of					

patients age 13 through 17 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

discharged on two or more

group of drugs used to treat

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.
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to reduce the number of

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Medications at Discharge with

Appropriate Justification

Adolescents Age 13 - 17

100%

47%

100%

66%

Symbol Key 2 This organization achieved the best

This organization's performance is

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

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

possible results

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Footnote Key

The Measure or Measure Set was n

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The organization scored above 90%

The measure meets the Privacy Disclosure Threshold rule.

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overall result.

DBA: Canyon Ridge Hospital, 5353 G Street, Chino, CA

61%

100%



National Quality Improvement Goals

Reporting Peri	od: April 2020 - March 2021					
			Com	pared to c Commis	other Joint sion	
			Accre	edited Org	anizations	
Measure Area	Explanation		Nationwic	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		0	2	⊘ ²	
		Con		other Joint ed Organiz	Commissic zations	n
			ationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Ra
Multiple Antipsychotic Medications at Discharge 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 expression invitigation					

there was an appropriate justification.

illness that markedly interferes with a

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98% of

48 eligible

Patients

100%

60%

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

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

one antipsychotic medication, a plan

justifications include previous

group of drugs used to treat

- was below most other organizations.The Measure results are not statistically valid.
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Not displayed	Measure Area		Explanation		Nationwi		Statewide	e	
Feetrete Kov	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	0 ²		
Footnote Key 1. The Measure or Measure Set was not					exercised to a	ther loint	Commissio		
reported.				00		ed Organiz			
2. The Measure Set does not have an overall result.	Measure	Measure Explanation Hospital							
 The number of patients is not enough for comparison purposes. 	Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient He Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.02 (21 Total Hours in Restraint)	N/A	0.86	N/A	2.33	

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Null value or data not displayed.

updated data. 10. Test Measure: a measure bei

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DBA: Canyon Ridge Hospital, 5353 G Street, Chino, CA



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.				Con	npared to c Commiss		
This organization's performance is below the target range/value.					edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
		category of evidenced based measures as all quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Co	mpared to o Accredit	other Joint ed Organiz	Commissic zations	n
The Measure Set does not have an overall result.			1	Nationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy		The second se		at Least:		at Least:	
Disclosure Threshold rule.	, , , , , , , , , , , , , , , , , , ,	Hours of Physical Restraint Use Children Age 1 - 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual					
The organization scored above 90% but was below most other organizations.	Use Gilldreit Age 1 - 12						
The Measure results are not statistically valid.							
The Measure results are based on a sample of patients.		method or physical or mechanical device, material, or equipment that	\bigcirc				
The number of months with Measure data is below the reporting requirement.		immobilizes or reduces the ability of a patient to move his or her arms,	0.00 (0 Total Hours	N/A	0.35	N/A	0.18
The measure results are temporarily		legs, body or head freely when it is used as a restriction to manage a	in Restraint)				
suppressed pending resubmission of updated data.		patient's behavior or restrict the					
Test Measure: a measure being		patient's freedom of movement and is not a standard treatment for the					
evaluated for reliability of the individual data elements or awaiting		patient's medical or psychiatric condition.					
National Quality Forum Endorsement. There were no eligible patients that met	Hours of Physical Restraint	This measure reports the number of					
the denominator criteria.	Use Adolescents Age 13 - 17	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

 \oplus

0.03

(7 Total Hours in Restraint)

N/A

0.25

N/A

0.43

method or physical or mechanical

device, material, or equipment that

a patient to move his or her arms,

patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric

legs, body or head freely when it is used as a restriction to manage a

immobilizes or reduces the ability of

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

condition.

Null value or data not displayed. ____



National Quality Improvement Goals

Reporting I	Period: Ap	oril 2020 - March 2021					
			Compared to other Joint Commission Accredited Organizations				
Measure Area		Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
					other Joint ed Organiz	zations	
Measure		Explanation	N Hospital	Vationwide Top 10%	Average	State Top 10%	
Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate
Hours of Physical Re Use Adults Age 18 -		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.	0.02 (13 Total Hours in Restraint)	N/A	1.06	N/A	2.72
Hours of Physical Ro Use Older Adults Ag 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	0.01 (1 Total Hours in Restraint)	N/A	0.10	N/A	0.30

Symbol Key 2

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

Footnote Key

- 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% bu 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.
- 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
- 1. 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 Joint Commission only reports measures endorsed by the National Quality Forum.

patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric

This measure reports the total hours

patients were kept in seclusion for

every 1,000 hours of patient care.

confinement of a patient alone in a

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

Seclusion is the involuntary

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

condition.

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Hours of Seclusion Use per 1000 Patient Hours - Overall

Rate

0.44

N/A

0.73

Ð

0.01

(9 Total Hours in Seclusion) N/A

Symbol Koy

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

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.

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

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

reported.

overall result.

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valid.

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.

DBA: Canyon Ridge Hospital, 5353 G Street, Chino, CA



National Quality Improvement Goals

Symbol Key 2			
This organization achieved the best possible results		Reporting Per	iod: April 2020 - March 2021
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	Μ	easure Area	Explanation
		ospital-Based patient Psychiatric	This category of evidenced based measures assess overall quality of care given to psychiatric patients.
Footnote Key	Se	ervices	

Accredited Organizations Nationwide Statewide

Compared to other Joint

		Compared to other Joint Commission Accredited Organizations				
		١		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.40	N/A	0.20
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.01 (3 Total Hours in Seclusion)	N/A	0.19	N/A	0.29
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.	0.01 (6 Total Hours in Seclusion)	N/A	0.53	N/A	0.82
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	0.29

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