

# Accreditation Quality Report









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

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

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

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

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



800 Kirnwood, Desoto, TX



# **Summary of Quality Information**

#### Symbol Key

0	This organization achieved the best possible results.
<b>Ð</b>	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.
	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.
- 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.
- **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
🮯 Hospital	Accredited	4/19/2017	3/8/2017	7/19/2018

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

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Hospital	2018National Patient Safety Goals	$\oslash$	*	
	National Quality Improvement Goals:			
Reporting Period: Jul 2017 - Jun 2018	Hospital-Based Inpatient Psychiatric Services	<b>1</b>	2 c	

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

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# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Dallas Behavioral Healthcare Hospital, LLC * 800 Kirnwood Drive Desoto, TX 75115	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) • Community Integration (Non 24 Hour Care)

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# **2018 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	$\bigcirc$
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
	Preventing Multi-Drug Resistant Organism Infections	$\bigotimes$
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

#### Symbol Key

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

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

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# **National Quality Improvement Goals**

Reporting Per	iod: July 2017 - June 2018		
		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>1</b> 2	<b>™</b> <sup>2</sup>

		Compared to other Joint Commissio Accredited Organizations Nationwide State						
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:			
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.	100% of 966 eligible Patients	100%	95%	100%	97%		

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

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- 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." Ð

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#### Dallas Behavioral Healthcare Hospital

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This organization's performance is below the target range/value.					Accr	edited Org		
D Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
<ul> <li>The Measure Set does not have an</li> </ul>						other Joint ed Organiz	ations	
overall result.	Measure		Explanation	N Hospital	lationwide	Average		
• The number of patients is not enough for comparison purposes.	Medsure			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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>	Assessment of violence substance use disorder trauma and patient stre completed - Children (1 years)	, ngths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient	00% of 193 eligible Patients	100%	96%	100%	98%

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

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the patient recover.

strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

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

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#### Dallas Behavioral Healthcare Hospital

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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			sion	9			
Footnote Key The Measure or Measure Set was not reported.	Services			Con	npared to c			'n
<ul> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ul>	Measure		Explanation	N Hospital Results	ationwide	ed Organiz Average Rate:	State	wide Average Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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>	Assessment of violence substance use disorder trauma and patient stre completed - Adolescen years)	r, engths	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	CO 100% of 259 eligible Patients	100%	95%	100%	97%

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#### Dallas Behavioral Healthcare Hospital

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Factor to Var	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>№</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not reported.	22.11000			Со	npared to o	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide		State	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:	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 the denominator criteria.	Assessment of violence substance use disorder, trauma and patient strer completed - Adult (18-6- years)	ngths	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	Look of 377 eligible Patients	100%	95%	100%	97%

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Reporting Pe	riod: Jul	y 2017 - June 2018					
Measure Area		Explanation					e_
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>○</b> <sup>2</sup>	
					other Joint ed Organiz	zations	
Measure		Explanation	N Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Avera Rate
Assessment of violence substance use disorder trauma and patient stre completed - Older Adul years)	er, engths	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 such as family support, a steady job,	00% of 137 eligible Patients	100%	93%	100%	95%

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### Dallas Behavioral Healthcare Hospital

800 Kirnwood, Desoto, TX



# **National Quality Improvement Goals**

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
			gory of evidenced based measures as ality of care given to psychiatric patie		0	2	<b>○</b> <sup>2</sup>	
Footnote Key	Gervices							
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredit	other Joint ed Organiz		'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	Scored	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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>	Multiple Antipsychotic Medications at Discharge w 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.	0% of 3 eligible Patients	100%	63%	99%	71%
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 v 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>№0</b> <sup>3</sup>	100%	40%	100%	35%

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

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#### Dallas Behavioral Healthcare Hospital

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below the target range/value. Not displayed	Measure Area		Explanation		Nationwid	Ŭ	Statewide	
Footnote Key	Hospital-Based Inpatient Psychiatric Services	0,	evidenced based measures as f care given to psychiatric patier		<b>(</b>	2	<b>O</b> <sup>2</sup>	
The Measure or Measure Set was not eported.			1	Cor	mpared to o Accredite	other Joint ( ed Organiz		'n
The Measure Set does not have an				N	Vationwide		State	ewide
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:	Rate
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Multiple Antipsychotic Medications at Discharge		easure reports the number of s age 13 through 17 years		ut Louot.		ut Loudt.	

- 5. The organization scored above 90% but was below most other organizations. 6. The Measure results are not statistically
- valid.
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discharged on two or more

group of drugs used to treat

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

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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

there was an appropriate justification.

illness that markedly interferes with a

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Appropriate Justification

Adolescents Age 13 - 17

100%

50%

100%

45%

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Not displayed	Measure Area		Explanation		Nationwie	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>⊘</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Со	mpared to c Accredite	other Joint o ed Organiz		n
The Measure Set does not have an				١	Vationwide	organiz	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:	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	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification.					

The Measure results are not statist 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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addition of an antipsychotic medication when the patient is also being treated with Clozapine.

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

illness that markedly interferes with a

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0% of

3 eligible

Patients

group of drugs used to treat

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64%

100%

73%

100%

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<ul> <li>possible results</li> <li>This organization's performance is above the target range/value</li> </ul>	Reporting Per	iod: Jul	y 2017 - June 2018					
<ul> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation legory of evidenced based measures as quality of care given to psychiatric patie				sion	e
<ol> <li>Footnote Key</li> <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>The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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> </ol>	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.	€ 3 ——	100%	58%	100%	64%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.03 (28 Total Hours in Restraint)	N/A	0.46	N/A	0.21

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### Dallas Behavioral Healthcare Hospital

800 Kirnwood, Desoto, TX



# **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Period	d: July 2017 - June 2018					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Com	pared to o Commiss		
This organization's performance is below the target range/value.				Accredited Organizations			
Not displayed	Measure Area	Explanation		Nationwic	de	Statewide	e
Footnote Key		his category of evidenced based measures a overall quality of care given to psychiatric patie		0	2	<b>○</b> <sup>2</sup>	
The Measure or Measure Set was not reported.			Cor	mpared to o Accredite	other Joint ed Organiz		'n
The Measure Set does not have an overall result.				lationwide		State	
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Hours of Physical Restrain 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		at Ecust.			

updated data.
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."

ut ly nt.	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.	0.05 (7 Total Hours in Restraint)	N/A	0.34	N/A	0.20
et	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.	0.04 (12 Total Hours in Restraint)	N/A	0.24	N/A	0.22



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**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2017 - June 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
O This organization's performance is below the target range/value.					Accr			
Not displayed	Measure Area		Explanation		Nationwi		Statewide	Э
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		<b>(</b>	2	<b>⊘</b> ²	
Footnote Key	Gervices							
<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	
overall result.	Measure		Explanation	N Hospital	Vationwide	Average	State Top 10%	wide
3. The number of patients is not enough for comparison purposes.	Modouro		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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> </ol>	Hours of Physical Restr 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.	0.02 (9 Total Hours in Restraint)	N/A	0.53	N/A	0.23
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Older Adults Age 6 Older Hours of Seclusion Use	5 and	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. This measure reports the total hours	0.00 (0 Total Hours in Restraint)	N/A	0.17	N/A	0.03
	1000 Patient Hours - O Rate		patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary	0.68	N/A	0.35	N/A	0.11

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

confinement of a patient alone in a

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

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

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(600 Total Hours in Seclusion)

data is below the reporting requirement

There were no eligible patients that me

the denominator criteria.

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

The measure results are temporarily suppressed pending resubmission of

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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.

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# **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Period:	July 2017 - June 2018					
This organization's performance is above the target range/value.							
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This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Measure Area Explanation			Nationwide		e
		is category of evidenced based measures as erall quality of care given to psychiatric patie		<b>(</b>	2	<b>№</b> <sup>2</sup>	
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.			1	Vationwide	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:	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.	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.	0.89 (133 Total Hours in Seclusion)	N/A	0.61	N/A	0.38
The number of months with Measure							

			Accredited Organizations Nationwide Statewide					
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide 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.	0.89 (133 Total Hours in Seclusion)	N/A	0.61	N/A	0.38		
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.	0.61 (168 Total Hours in Seclusion)	N/A	0.21	N/A	0.18		
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.	0.69 (298 Total Hours in Seclusion)	N/A	0.40	N/A	0.10		
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.	0.02 (1 Total Hours in Seclusion)	N/A	0.04	N/A	0.02		

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