

# 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: Franciscan Children's, 30 Warren Street, Boston, MA





# **Summary of Quality Information**

#### Symbol Key

0	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.
Э	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.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	9/6/2019	1/19/2023	1/19/2023
🥝 Hospital	Accredited	9/7/2019	1/19/2023	1/19/2023
Ostaboratory	Accredited	5/29/2021	3/7/2023	3/7/2023

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

Pathology and Clinical Laboratory Hospital

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures®
2013 Top Performer on Key Quality Measures®
2012 Top Performer on Key Quality Measures®

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	<del>ن</del> ه *
Hospital	2019National Patient Safety Goals	Ø	<b>₩</b> *
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	@ <sup>2</sup>	@ <sup>2</sup>
Laboratory	2021National Patient Safety Goals	${igodot}$	<b>())</b> *

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
Franciscan Hospital for Children, Inc. * DBA: Franciscan Children's 30 Warren Street Boston, MA 02135	<ul> <li>Other Clinics/Practices located at this site: <ul> <li>Outpatient behavioral health</li> <li>Outpatient Dental Clinic</li> </ul> </li> <li>Services: <ul> <li>Behavioral Health (Non 24 Hour Care - Child/Youth) (24-hour Acute Care/Crisis Stabilization - Child/Youth) (24-hour Acute Care/Crisis Stabilization - Child/Youth) (Residential Care - Child/Youth) (Residential Care - Child/Youth)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Family Support (Non 24 Hour Care)</li> <li>General Laboratory Tests</li> <li>Inpatient Unit (Inpatient)</li> <li>Non-Sterile Medication Compounding (Inpatient)</li> </ul> </li> </ul>

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# **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

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: Franciscan Children's, 30 Warren Street, Boston, MA



# **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	$\bigcirc$
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 Infections that are difficult to treat	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	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	$\bigcirc$

### Symbol Key

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 The organization has not met the National Patient Safety Goal.
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# **National Quality Improvement Goals**

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nance is value. nance is e.			Comm	o other Joint hission 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>	<b>○</b> <sup>2</sup>

				other Joint ed Organiz	ations	
		1	Vationwide		State	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.	2 100% of 81 eligible Patients	100%	96%	100%	98%

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

---- Null value or data not displayed.

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- **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.

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### Franciscan Hospital for Children, Inc.

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# **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Per	iod: Ap	oril 2020 - March 2021					
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>№</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.	1		1	N	Vationwide			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:	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 nations.	Assessment of violence substance use disorder, trauma and patient strer 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					

The Measure results are based on a	
sample of patients.	
The number of months with Measure	
data is below the reporting requirement	

- 9. The measure results are temporarily suppressed pending resubmission of updated data.
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- the denominator criteria.

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

ent.	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	8 100% of 6 eligible Patients	100%	97%	100%	97%	
net	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.						

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# **National Quality Improvement Goals**

Reporting Per	iod: Ap	ril 2020 - March 2021					
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Measure Area		Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	<b>0</b> <sup>2</sup>	
			Cor	npared to c Accredite	other Joint ed Organiz		n
				lationwide		State	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave R
Assessment of violence substance use disorder, trauma and patient strea 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					

7.	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.
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themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

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

for substance and alcohol use

psychological trauma history

determines if patients have

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The measure meets the Privacy Disclosure Threshold rule.

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# **National Quality Improvement Goals**

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organization achieved the best ole results	Reporting Per	riod: Ap	ril 2020 - March 2021					
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t displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
ootnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	<b>0</b> <sup>2</sup>	
Measure or Measure Set was not ted.				Co	mpared to c Accredite	other Joint ed Organiz		n
Measure Set does not have an all result.				1	Vationwide	Ű	State	wide
number of patients is not enough omparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
measure meets the Privacy	Assessment of violence	e risk	This measure reports the number of					

- 5. The organization scored above 90% but was below most other organizations.
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Assessment of violence risk, adults age (18-64 years) screened substance use disorder, for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Adult (18-64 psychological trauma history and years) 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 100% 95% 100% 98% 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.

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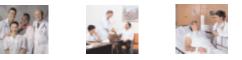
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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e l
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	@ <sup>2</sup>	
he Measure or Measure Set was not eported.				Cor	mpared to o Accredite	ther Joint ed Organiz		'n
The Measure Set does not have an verall result.				Ν	lationwide	Ŭ	State	ewide
The number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Assessment of violence substance use disorder,	,	This measure reports the number of older adult (>= 65 years) screened		at Least.		at Least.	

- 5. The organization scored above 90% but was below most other organizations. 6. The Measure results are not statistically
- valid. 7.
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below the target range/value.						edited Org		
Not displayed	Measure Area	This set	Explanation	a a a a a a dh a	Nationwi	de	Statewide	e
Footnote Key			egory of evidenced based measures as quality of care given to psychiatric patien		<b>(</b>	2	<b>∞</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	npared to o	other Joint ed Organiz		on
2. The Measure Set does not have an				N	ationwide	cu organiz		ewide
<ul><li>overall result.</li><li>3. 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:	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 Appropriate Justification Overall Rate	e 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.	2 2	100%	59%	100%	71%
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.	<b>e</b> 8 <sup>3</sup>	100%	42%	3	3



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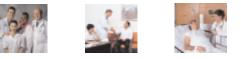
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nization achieved the best esults	Reporting Pe	riod: April 2020 - March 2021		
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played	Measure Area	Explanation	Nationwid	de Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assest overall quality of care given to psychiatric patients.	ses the	<sup>2</sup> 💮 <sup>2</sup>
note Key	Services			
asure or Measure Set was not				ther Joint Commission ed Organizations
asure Set does not have an			Nationwide	Statewid
result.	Measure	Explanation H	ospital Top 10%	Average Top 10% Av

3. The number of patients is not enough for comparison purposes

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			Accredit	ed Organiz		
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€0 <sup>4</sup>	100%	47%	100%	40%

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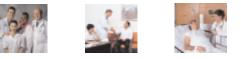
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	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		<b>(</b>	2	<b>™</b> <sup>2</sup>	
Footnote Key	00111000						
ne Measure or Measure Set was not ported.			Co	ompared to c Accredite	other Joint ed Organiz		on
he Measure Set does not have an verall result.				Nationwide		State	ewid
e number of patients is not enough r comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Av F

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			Accredit	ed Organiz	ations	
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
			at Least:		at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>NO</b> 8 <sup>3</sup>	100%	60%	100%	76%

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

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

### Franciscan Hospital for Children, Inc.

DBA: Franciscan Children's, 30 Warren Street, Boston, MA



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
1.         The Measure or Measure Set was not				0		Alexandra Sect.	<b>0</b>	
reported.				Cor		other Joint ed Organiz	Commissic ations	n
2. The Measure Set does not have an overall result.				N	lationwide	ou organiz		wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	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	Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>8</b>	at Least:	55%	at Least:	69%
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.	0.4670 (27 Total Hours in Restraint)	N/A	0.8583	N/A	0.2334

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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### Franciscan Hospital for Children, Inc.

DBA: Franciscan Children's, 30 Warren Street, Boston, MA



# **National Quality Improvement Goals**

Reporting Per	iod: Ap	ril 2020 - March 2021					
				Com			
			Accredited Organizations				
Measure Area		Explanation		Nationwic	de	Statewide	е
Hospital-Based Inpatient Psychiatric Services				<b>(</b>	2	<b>⊙</b> <sup>2</sup>	
			Con				on
			N			State	<u>wi</u> de
Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
Lioure of Bhysical Postr	coint	This measure reports the number of		at Least:		at Least:	
		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	0.7848 (4 Total Hours	N/A	0.3472	3	3
	Measure Area Hospital-Based Inpatient Psychiatric Services Measure	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Hours of Physical Restraint	Hospital-Based Inpatient Psychiatric Services       This category of evidenced based measures as overall quality of care given to psychiatric patie         Measure       Explanation         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,	Measure Area       Explanation         Hospital-Based Inpatient Psychiatric Services       This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.         Measure       Explanation         Measure       Explanation         Muse 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 hear arms, legs, body or head freely when it is	Measure Area       Explanation       Nationwide         Hospital-Based Inpatient Psychiatric Services       This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.       Image: Compared to Compar	Measure Area       Explanation       Nationwide         Hospital-Based Inpatient Psychiatric Services       This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.       Image: Compared to other Joint Accredited Organiz Nationwide         Measure       Explanation       Image: Compared to other Joint Accredited Organiz Nationwide         Measure       Explanation       Image: Compared to other Joint Accredited Organiz Nationwide         Measure       Explanation       Hospital Hospital Scored       Nationwide Results         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       N/A       0.3472	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.       Nationwide       Statewide         Measure Area       Explanation       Nationwide       Statewide         More that the sychiatric services       This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.       Image: Compared to other Joint Commission Accredited Organizations         Measure       Explanation       Hospital Results       Top 10%       Average Rate:       Top 10%         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 mechanicad device, material, or equipment that immobilizes or reduces the ability of a patient to move his or hear arms, legs, body or head freely when it is       N/A       0.3472      3

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

11 There were no eligible patients that met the denominator criteria.

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

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.	0.7848 (4 Total Hours in Restraint) <sup>3</sup>	N/A	0.3472	3	3
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.	0.4321 (22 Total Hours in Restraint)	N/A	0.2485	N/A	0.2494

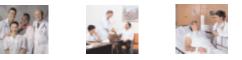


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### Franciscan Hospital for Children, Inc.

DBA: Franciscan Children's, 30 Warren Street, Boston, MA



# **National Quality Improvement Goals**

Symbol Key									
This organization achieved the best	Reporting Per	iod: Ap	ril 2020 - March 2021						
<ul> <li>This organization's performance is above the target range/value.</li> </ul>		•							
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.					Accredited Organizations				
Not displayed	Measure Area Explanation					de	Statewid	e	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>⊘</b> ²		
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>					mpared to o Accredit Nationwide	other Joint ed Organiz	ations	on ewide	
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:		
<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.	0.000 0 Total Hours in Restraint)	N/A	1.0605	N/A	0.2374	
11. There were no eligible patients that met the denominator criteria.	Hours of Physical Restr Use Older Adults Age 65		This measure reports the number of hours patients age 65 and older were kept in physical restraints for every						

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

kept in physical restraints for every Older 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 N/A 0.0961 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 Hours of Seclusion Use per patients were kept in seclusion for 1000 Patient Hours - Overall (ND)<sup>2</sup> every 1,000 hours of patient care. Rate Seclusion is the involuntary N/A 0.4419 0.0655 confinement of a patient alone in a (4 Total Hours in Seclusion) room or an area where the patient is physically prevented from leaving.

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Null value or data not displayed.

N/A

N/A

0.0841

0.1026

The Measure or Measure Set was not

The Measure Set does not have an

for comparison purposes.

Disclosure Threshold rule.

sample of patients.

updated data.

The measure meets the Privacy

The number of patients is not enough

The organization scored above 90% but

The Measure results are not statistically

was below most other organizations.

The Measure results are based on a

The number of months with Measure

The measure results are temporarily

suppressed pending resubmission of

individual data elements or awaiting

National Quality Forum Endorsement.

There were no eligible patients that met

10. Test Measure: a measure being

the denominator criteria.

For further information

**Quality Report contents,** 

and explanation of the

refer to the "Quality

**Report User Guide.''** 

evaluated for reliability of the

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### Franciscan Hospital for Children, Inc.

DBA: Franciscan Children's, 30 Warren Street, Boston, MA

Compared to other Joint Commission Accredited Organizations

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# **National Quality Improvement Goals**

Symbol Key			
This organization achieved the best possible results This organization's performance is	Reporting Period: 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	Measure Area	Explanation	
y	Hospital-Based Inpatient Psychi	atric This category of evidenced based measures assesses overall quality of care given to psychiatric patients.	
Footnote Key	Services		

Compared to other Joint Commission Accredited Organizations Nationwide Statewide Top 10% Measure Explanation Hospital Top 10% Average Average Results Scored Rate: Scored Rate: at Least: at Least: Hours of Seclusion Use This measure reports the number of hours patients age 1 through 12 Children Age 1 - 12 <mark>100</mark>8 years were kept in seclusion for every 1,000 hours of patient care. N/A 0.4020 \_\_\_\_3 \_\_\_\_3 Seclusion is the involuntary 0.1751 (1 Total Hours confinement of a patient alone in a in Seclusion)3 room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use This measure reports the number of hours patients age 13 through 17 Adolescents Age 13 - 17 ND 8 years were kept in seclusion for every 1,000 hours of patient care. N/A 0.1948 N/A 0.1972 Seclusion is the involuntary 0.0535 confinement of a patient alone in a (3 Total Hours in Seclusion) room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use Adults This measure reports the number of hours patients age 18 through 64 Age 18 - 64 <mark>ND</mark>8 years were kept in seclusion for every 1,000 hours of patient care. 0.0667 N/A 0.5260 N/A Seclusion is the involuntary 0.0000 (0 Total Hours in Seclusion) confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. Hours of Seclusion Use Older This measure reports the number of hours patients age 65 and older were Adults Age 65 and Older kept in seclusion for every 1,000 hours of patient care. Seclusion is N/A 0.0678 N/A 0.0351 the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.



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# **2021 National Patient Safety Goals**

### Laboratory

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
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	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.