

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

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	ey Last On-Site
		Date	Date	Survey Date
🮯 Home Care	Accredited	8/21/2019	11/17/2022	11/17/2022
🎯 Hospital	Accredited	8/24/2019	12/6/2022	12/6/2022

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

Advanced Certification	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
o Primary Stroke Center	Certification	5/26/2022	4/1/2022	4/1/2022

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program 2013 Silver Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Home Care	2019National Patient Safety Goals	${}^{\oslash}$	()) *	
Hospital	2019National Patient Safety Goals	Ø	*	
	National Quality Improvement Goals:			
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(10) ²	1	
Apr 2020 - Mar 2021	Perinatal Care	1	() ²	

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

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0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
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Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. 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
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- **11.** There were no eligible patients that met the denominator criteria.



Locations of Care

* Primary Location Available Services Locations of Care **Emerson Hospital *** Joint Commission Advanced Certification Programs: 133 Old Road to Nine • Primary Stroke Center Acre Corner Concord, MA 01742 Services: Addiction Services/Adult) Non-Sterile Medication Compounding (Inpatient) (Non-detox - Adult) Normal Newborn Nursery • Behavioral Health (24-hour Acute Care/Crisis (Inpatient) Stabilization - Adult) Nuclear Medicine Chemical Dependency (Day (Imaging/Diagnostic Services) Programs - Adult) Ophthalmology (Surgical Services) (Non 24 Hour Care - Adult) (Partial Hospitalization -Orthopedic Surgery (Surgical Adult) Services) (Non-detox - Adult) **Outpatient Clinics (Outpatient) CT** Scanner Pediatric Unit (Inpatient) (Imaging/Diagnostic Plastic Surgery (Surgical • Services) Services) Ear/Nose/Throat Surgery Positron Emission Tomography (Surgical Services) (PET) (Imaging/Diagnostic EEG/EKG/EMG Lab Services) Post Anesthesia Care Unit (Imaging/Diagnostic Services) (PACU) (Inpatient) Radiation Oncology Gastroenterology (Surgical (Imaging/Diagnostic Services) Services) GI or Endoscopy Lab Sleep Laboratory (Sleep (Imaging/Diagnostic Laboratory) Services) Sterile Medication Gynecological Surgery Compounding (Inpatient) (Surgical Services) Surgical ICU (Intensive Care Gynecology (Inpatient) Unit) Hazardous Medication Teleradiology (Imaging/Diagnostic Services) Compounding (Inpatient) • Inpatient Unit (Inpatient) Ultrasound Interventional Radiology (Imaging/Diagnostic Services) (Imaging/Diagnostic Urology (Surgical Services) Vascular Surgery (Surgical Services) Labor & Delivery (Inpatient) Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) **Emerson Hospital Center for Specialty** Services: Care Administration of High Risk Medications (Outpatient) 54 Baker Avenue **Outpatient Clinics (Outpatient)** Concord, MA 01742 Perform Invasive Procedure (Outpatient)



Locations of Care

* Primary Location	
Locations of Care	Available Services
Emerson Hospital Health Center 133 Littleton Road Westford, MA 01886	Services: • Outpatient Clinics (Outpatient)
Emerson Hospital Health Center At Groton 100 Boston Road Groton, MA 01450	Services: • Outpatient Clinics (Outpatient)
Emerson Hospital Home Care 310 Baker Ave Concord, MA 01742	 Services: Home Health Aides Home Health, Non-Hospice Services Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology
Emerson Medical @ Sudbury 490 Boston Post Road Sudbury, MA 01776	Services: • Outpatient Clinics (Outpatient)
Hermel Breast Health Center 747 Main Street Concord, MA 01742	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
The Clough Center for Rehabilitative and Sports Therapy 310 Baker Avenue Concord, MA 01742	Services: Outpatient Clinics (Outpatient)



2019 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient 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
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	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.



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	\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>ଷ</u> ଭ 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	\bigcirc

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.



National Quality Improvement Goals

st		Reporting Per	iod: April 2020 - March 2021		
is				Compared to Comm	
is				Accredited O	rganizations
	M	leasure Area	Explanation	Nationwide	Statewide
	In	lospital-Based npatient Psychiatric ervices	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	@ ²

					other Joint ed Organiz	ations	
	Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
substan trauma	ment of violence risk, ace use disorder, and patient strengths ted - 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.	98% of 178 eligible Patients	100%	96%	100%	98%

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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Symbol Key

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.
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Footnote Key

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- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 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.

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133 Old Road to Nine Acre Corner, Concord, MA



National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021					
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Not displayed	Measure Area	Explanation		Nationwid	le	Statewide	e
Feedmote Ver	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asse overall quality of care given to psychiatric patients		(2	∞ ²	
Footnote Key							
The Measure or Measure Set was not reported.			Com		other Joint (ed Organiz	Commissio zations	n
The Measure Set does not have an overall result.	1		N	lationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure	and the second secon	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence						

5. The organization scored above 90% but was below most other organizations. The Measure results are not statistically

- valid.
- The Measure results are based on a sample of patients.
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- the denominator criteria.

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

Measure Assessment of violence risk,	Explanation This measure reports the number of	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
substance use disorder, trauma and patient strengths completed - Children (1-12 years)	children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	€ 3	100%	97%	100%	97%

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National Quality Improvement Goals

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lot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	O ²	
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e Measure Set does not have an erall result.				1	Vationwide		State	
e number of patients is not enough comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Av F
he measure meets the Privacy	Assessment of violence	rick	This measure reports the number of		at Least:		at Least:	

Disclosure Threshold rule. 5. The organization scored above 90% but was below most other organizations.

- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
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- the denominator criteria.

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

Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	
		Results	at Least:	Nate.	at Least:	Trate.
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	600 3	100%	97%	100%	99%

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National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie	0	2	○ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough 	Measure		Explanation	mpared to c Accredite Nationwide Top 10% Scored	ed Organiz		
 for comparison purposes. 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. 	Assessment of violence substance use disorder trauma and patient stre 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	at Least:	rate.	at Least:	Trate.

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."

			at Least:		at Least:	
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	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 such as family support, a steady job, housing, etc. which are used to help the patient recover.	98% of 121 eligible Patients	100%	95%	100%	98%

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National Quality Improvement Goals

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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	™ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an						other Joint ed Organiz	ations	
overall result.	N. a.		Explanation		lationwide	A		ewide
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		at Least:		at Least:	
• The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	older adult (>= 65 years) screened for violence risk to self and others,					
• The Measure results are not statistically valid.	completed - Older Adul years)	t (>= 65	substance and alcohol use, psychological trauma history and					
• The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					
• The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence					
• The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	\bigotimes				
updated data. Test Measure: a measure being			determines if patients need help for	98% of	100%	95%	100%	99%

57 eligible

Patients

- 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.

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the patient recover.

their use. Screening for

psychological trauma history

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

determines if patients have

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Peri	iod: Apr	ril 2020 - March 2021					
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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	O ²	
1. The Measure or Measure Set was not				Cor	nnared to c	other loint	Commissio	n
reported.				00		ed Organiz		11
overall result.	Measure		Explanation	N Hospital	lationwide	Average	State Top 10%	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored	Rate:	Scored	Rate:
4. The measure meets the Privacy					at Least:		at Least:	
 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 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Overall Rate		This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications 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.	67% of 6 eligible Patients	100%	59%	100%	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 Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	600 ³	100%	42%	3	3



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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

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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.

133 Old Road to Nine Acre Corner, Concord, MA



National Quality Improvement Goals

Symbol Key							
organization achieved the best ible results	Reporting Per	riod: April 2020 - March 2021					
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ootnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		0	2	0 ²	
e Measure or Measure Set was not ported.			Cor	mpared to o	other Joint ed Organiz		on
he Measure Set does not have an			N	Vationwide	sa or ganiz	State	ewic
number of patients is not enough	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Av F

		Accredited Organizations							
		١	lationwide		State	wide			
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	₩ 3	100%	47%	100%	40%			

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National Quality Improvement Goals

Symbol Key							
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is organization's performance is low the target range/value.				Accr		anizations	
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Footnote Key		This category of evidenced based measures a overall quality of care given to psychiatric pati			2	⊘ ²	
e Measure or Measure Set was not orted.			Со	mpared to c Accredite	other Joint ed Organiz		n
e Measure Set does not have an erall result.			Ν	Vationwide	Ŭ	State	wide
e number of patients is not enough comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
he measure meets the Privacy isclosure Threshold rule. he organization scored above 90% but as below most other organizations.	Multiple Antipsychotic Medications at Discharge Appropriate Justification	This measure reports the number of with patients age 18 through 64 years discharged on two or more					

antipsychotic medications for which

group of drugs used to treat

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

one antipsychotic medication, a plan

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a

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80% of

5 eligible

Patients

	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

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

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

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Adults Age 18 - 64

60%

100%

76%

100%

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National Quality Improvement Goals

Symbol Key							
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This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.	l			Com	npared to o Commiss		
This organization's performance is below the target range/value.				Accre		anizations	
Not displayed	Measure Area	Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures ass overall quality of care given to psychiatric patient		0	2	○ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.	l		Con		other Joint ed Organiz	Commissio zations	n
The Measure Set does not have an	i		N	lationwide	u organi	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:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of					

patients age 65 and older discharged

medications for which there was an

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

illness that markedly interferes with a

group of drugs used to treat

on two or more antipsychotic

appropriate justification.

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."

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

to reduce the number of

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

Null value or data not displayed.

Medications at Discharge with

Appropriate Justification Older

Adults Age 65 and Older

100%

55%

100%

69%

ossible results

0

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ND

2.

3.

4.

5.

8.

9.

11

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.

This organization achieved the bes

This organization's performance is

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

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

below the target range/value. lot displayed

Footnote Key The Measure or Measure Set was not

The Measure Set does not have an

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.

reported.

overall result.

133 Old Road to Nine Acre Corner, Concord, MA



National Quality Improvement Goals

Reporting P	eriod: April 2020 - March 2021		
		Comr	to other Joint nission
Measure Area	Explanation	Nationwide	Organizations Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	№ ²

		Compared to other Joint Commission Accredited Organizations				
			lationwide	Ŭ	State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	(16%	25%	18%	25%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 30 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	73% of 777 eligible Patients	71%	50%	73%	47%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1730% of 809 eligible Patients	212%	1780%	1030%	19749
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	3461% of 809 eligible Patients	1508%	3084%	2137%	33669



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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Compared to other Joint



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

Symbol Key

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% but was below most other organizations.
- 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
- the denominator criteria.

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

				Commission Accredited Organizations			
Measure Area		Explanation		Nationwide		Statewide	
Perinatal Care		egory of evidenced based measures as nothers and newborns.	ssesses the 2		2 ²		
			Compared to other Joint Commission Accredited Organizations				
			Ν	Nationwide		Statewide	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Unexpected Complication Term Newborns per 1000 livebirths - Severe Rate		The severe rate equals the number of patients with severe complications.	1730% of 809 eligible Patients	501%	1303%	744%	1392



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

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

-- Null value or data not displayed.