

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

Cum	hal	Vou	1
Sym	DOI	Key	Ц

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	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.
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- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	1/23/2020	1/22/2020	1/22/2020
🥝 Hospital	Accredited	1/25/2020	1/24/2020	3/10/2020

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

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

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

13101 Memorial Springs Court, Oklahoma City, OK



Locations of Care

* Primary Location

Locations of Care	Available Services
Oakwood Springs, LLC * DBA: Oakwood Springs 13101 Memorial Springs Court Oklahoma City, OK 73114	Services: • Addiction Services/Adult) (Non-detox - Adult) (Detox/Non-detox - Adult) • Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult/Child/Youth) • Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult) (Partial Hospitalization - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) (Detox/Non-detox - Adult) • Community Integration (Non 24 Hour Care)





2020 National Patient Safety Goals

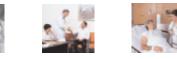
Behavioral Health Care and Human Services

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

Symbol Key 3

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

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



2020 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key 3

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

	Reporting Per	iod: April 2020 - March 2021		
		Compared to Comm Accredited C		
Me	easure Area	Explanation	Nationwide	Statewide
Inp	ospital-Based patient 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	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide 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.	97% of 465 eligible Patients	100%	96%	3	3

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

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Symbol Key 2

This organization achieved the best possible results
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13101 Memorial Springs Court, Oklahoma City, OK



National Quality Improvement Goals

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This organization's performance is below the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation		Nationwi	ide	Statewid	е
		his category of evidenced based measure verall quality of care given to psychiatric p		() ²	∞ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Co	mpared to	other Joint ted Organi		on
The Measure Set does not have an				Nationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Scored	Aver Rat
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence risk	k. This measure reports the number of	of	at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder, trauma and patient strength	children age (1-12 years) screened					
The Measure results are not statistically valid.	completed - Children (1-12 years)	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 lata is below the reporting requirement.		patients are likely to harm themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of updated data.		risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for	9 💮 3	100%	97%	3	
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting		their use. Screening for psychological trauma history					
National Quality Forum Endorsement. There were no eligible patients that met		determines if patients have experienced terrible events in their					

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

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the patient recover.

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National Quality Improvement Goals

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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					mpared to o Accredit Nationwide	other Joint ed Organiz	zations	on 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:	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. 	Assessment of violence substance use disorder trauma and patient stre completed - Adolescent years)	, ngths	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for	ND 3	100%	97%		3

- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
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13101 Memorial Springs Court, Oklahoma City, OK



National Quality Improvement Goals

Measure Area Explanation				npared to o Commiss edited Org	sion anizations	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		Nationwid		Statewide	
			Accredite	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	Avera Rate
Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 years)	adults age (18-64 years) screened for violence risk to self and others,	97% of 393 eligible Patients	100%	95%	3	

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National Quality Improvement Goals

Reporting Perio	od: April 2020 - March 20)21					
Measure Area Hospital-Based	Explanat		ocses the		pared to c Commiss edited Org de	sion	÷
	overall quality of care given to p			(2	○ ²	
					other Joint ed Organiz	ations	
Measure	Explanatio	on	Hospital Results	ationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
Assessment of violence r substance use disorder, trauma and patient streng completed - Older Adult (years)	older adult (>= 65 years for violence risk to self a	s) screened and others, use, history and ening for termines if arm for violence es if patients rs. Screening hol use need help for r history nave rents in their em fearful or handle their patient sitive things , a steady job,	96% of 72 eligible Patients	100%	95%	3	

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 This organization's performance is similar to 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	Explanation					e
Eastrate Ver		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 			N	lationwide	ed Organiz	zations State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharge with 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.	86% of 14 eligible Patients	at Least:	59%	at Least:	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge with 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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	42%	3	3

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100%

47%



National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	○ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		n
The Measure Set does not have an overall result.				N	Vationwide	sa organiz	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.	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Adolescents Age 13 - 1	n	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					

7.	The Measure results are based on a
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illness that markedly interferes with a person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

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National Quality Improvement Goals

Reporting Perio	od: Ap	ril 2020 - March 2021					
					pared to c Commiss edited Org		
Measure Area		Explanation		Nationwi	de	Statewide	э
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
		l		mpared to c Accredite	other Joint ed Organiz	ations	on ewide
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Avera Rate
Multiple Antipsychotic Medications at Discharge Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an 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	86% of 14 eligible Patients	100%	60%	3	

above the target range/value. This organization's performance is imiliant the target range (applied)

Symbol Key 2 This organization achieved the best

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similar to the target range/value.
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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.

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13101 Memorial Springs Court, Oklahoma City, OK



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O This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	Э
Footnote Key		ategory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
1. The Measure or Measure Set was not reported.			Cor	npared to o	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.				lationwide		State	wide
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restraint Use per 1000 Patient Hours - 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.	0.01 (7 Total Hours in Restraint)	N/A	0.86	3	3

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National Quality Improvement Goals

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						npared to o Commiss edited Org	sion	
Me	easure Area		Explanation		Nationwi	Ŭ	Statewide	е
Ho Inp	spital-Based patient Psychiatric rvices		egory of evidenced based measures as quality of care given to psychiatric patie				⊘ ²	
					mpared to c Accredit Nationwide	other Joint ed Organiz	ations	on wide
	Measure		Explanation	Hospital Results		Average Rate:		
Use	urs of Physical Rest e Children Age 1 - 1:	2	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.	600 ³	N/A	0.35	3	
	urs of Physical Rest e Adolescents Age 1		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	€]3 	N/A	0.25	3	

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- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

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

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

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

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condition.

13101 Memorial Springs Court, Oklahoma City, OK



National Quality Improvement Goals

Symbol Key 2								
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.					Com	npared to c Commise		
O This organization's performance is below the target range/value.					Accre	edited Org	anizations	
Mot displayed	Measure Area	This set	Explanation egory of evidenced based measures as		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		quality of care given to psychiatric patie		0	2	№ ²	
Footnote Key 1. The Measure or Measure Set was not	Gervices						A 1 1	
reported.				Cor	npared to c Accredite	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide	Average	State Top 10%	wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Adults Age 18 - 64	raint	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.	0.01 (6 Total Hours in Restraint)	N/A	1.06	3	3
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	aint 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.	0.03 (1 Total Hours in Restraint) ³	N/A	0.10	3	3
	Hours of Seclusion Use 1000 Patient Hours - O Rate		This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.44	3	3

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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.

overall result.

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valid.

sample of patients.

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

13101 Memorial Springs Court, Oklahoma City, OK



National Quality Improvement Goals

Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	Symbol Key 2			1	
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 Measure Area This category of evidenced based measures assesses the Inpatient Psychiatric patient to overall quality of care given to psychiatric patients.		Reporting Per	riod: April 2020 - March 2021		
imilar to the target range/value. Measure Area Explanation Accredited Organizations Mospital-Based This category of evidenced based measures assesses the Inpatient Psychiatric Image: Computer of the computer					
Measure Area Explanation Hospital-Based Inpatient Psychiatric This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Comparison of the comparison of the care given to psychiatric patients.					
Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.					
Inpatient Psychiatric overall quality of care given to psychiatric patients.	Not displayed	Measure Area	Explanation	Nationwide	Statewide
			0,	@ ²	⊘ ²
	eported.				
The Measure or Measure Set was not reported. Compared to other Joint Commissio Accredited Organizations	The Measure Set does not have an			Nationwide	Statev

			Accredite	ed Organiz		
			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.		N/A	0.40	3	3
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 ³	N/A	0.19	³	3
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.53	3	3
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	³	3



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