

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 Acc		Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care Accred and Human Services	edited 8	3/11/2021	8/10/2021	8/10/2021
Hospital Accred	dited 8	3/14/2021	8/13/2021	8/13/2021

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

		Compared to other Joint Commission Accredited Organizations			
		Nationwide	Statewide		
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	[*]		
Hospital	2021National Patient Safety Goals	\bigotimes	*		
	National Quality Improvement Goals:				
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(10) ²	() ²		
Jan 2022 - Dec 2022	Immunization	(10) ²	(m) ²		
	Substance Use	() ²	2 ²		
	Tobacco Treatment	(m) ²	(10) ²		

Symbol Key

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0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than 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.
- **12.** The measure rate is within optimal range.



Locations of Care

* Primary Location	
Locations of Care	Available Services
Butler Hospital * 345 Blackstone Boulevard Providence, RI 02906	 Services: Addiction Services/Adult) (Non-detox - Adult) Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult) (Detox/Non-detox - Adult)
Butler Hospital DBA: Butler Hospital Outpatient Behavioral Health Services 20 Commons Corner, Building 12 Wakefield, RI 02879	 Services: Addiction Services/Adult) (Detox/Non-detox - Adult) Behavioral Health (Non 24 Hour Care - Adult) Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial Hospitalization - Adult) (Detox/Non-detox - Adult)



2021 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.



2021 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 Reconciling Medication Information	(V) (V)
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 Marking the Procedure Site Performing a Time-Out	<u>8</u> 00

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

Reporting Period: January 2022 - December 2022

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊙ ²	⊘ ²

			Accredit	other Joint ed Organiz		
Measure	Explanation	Hospital Results	lationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 938 eligible Patients	100%	95%		3

This information can also be viewed at https://hospitalcompare.io/ --- Null value or data not displayed.

Compared to of

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Symbol Key

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

Footnote Key

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- 8. The number of months with Measure data is below the reporting requirement.
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- 11. There were no eligible patients that met the denominator criteria.
- **12.** The measure rate is within optimal range.

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

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

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

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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

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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.12. The measure rate is within optimal

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. 345 Blackstone Boulevard, Providence, RI



National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	@ ²

				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	600 3	100%	97%		3

* This information can also be viewed at https://hospitalcompare.io/ ---- Null value or data not displayed.

345 Blackstone Boulevard, Providence, RI



National Quality Improvement Goals

\bigcirc	This organization achieved the best possible results		Reporting Per	riod: Jan	nuary 2022 - December 2022					
Ð	This organization's performance is better than the target range/value.									
	This organization's performance is similar to the target range/value.						Corr	npared to o Commiss		
Θ	This organization's performance is worse than the target range/value.						Accr	edited Org		
ND	Not displayed	Me	easure Area		Explanation		Nationwi	de	Statewide	e
	Footnote Key	Inp	ospital-Based patient Psychiatric ervices		tegory of evidenced based measures a quality of care given to psychiatric patie		(2	O ²	
1.	The Measure or Measure Set was not reported.						Accredite	other Joint ed Organiz		
4.	The Measure Set does not have an overall result.						lationwide	_	State	
3.	The number of patients is not enough for comparison purposes.		Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4.	The measure meets the Privacy Disclosure Threshold rule.						er Threshol		er Threshol	
5.	The organization scored above 90% but was below most other organizations.	As	sessment of violence	e risk	This measure reports the number of		d:		d:	
6.	The Measure results are not statistically valid.	sub	bstance use disorder uma and patient stre	r, [′]	adolescent age (13-17 years) screened for violence risk to self and					
7.	The Measure results are based on a sample of patients.	cor	mpleted - Adolescent ars)	•	others, substance and alcohol use, psychological trauma history and					
8.	The number of months with Measure data is below the reporting requirement.	yce	10)		patient strengths. Screening for violence risk to self determines if					
9.	The measure results are temporarily				patients are likely to harm themselves. Screening for violence					
	suppressed pending resubmission of updated data.				risk to others determines if patients	•				
10.	Test Measure: a measure being				are likely to harm others. Screening for substance and alcohol use	\bigcirc				
	evaluated for reliability of the individual data elements or awaiting				determines if patients need help for	100% of	100%	96%		3
	National Quality Forum Endorsement.				their use. Screening for	197 eligible Patients				
11.	There were no eligible patients that met				psychological trauma history	rauents				

determines if patients have

the patient recover.

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

- 11. There were no eligible patients that met the denominator criteria.
- 12. The measure rate is within optimal range.

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

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345 Blackstone Boulevard, Providence, RI



National Quality Improvement Goals

 This organization achieved the best possible results This organization's performance is better than the target range/value. 	Reporting Per	iod: Jar	uary 2022 - December 2022					
 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 worse than the target range/value. Not displayed 	Measure Area Hospital-Based Inpatient Psychiatric		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie			2	sion	e
 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 for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 	Services Measure		Explanation		mpared to c Accredito Nationwide Top Perform er Threshol	other Joint ed Organiz Average Rate:	ations	on ewide Average Rate:
 The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Assessment of violence substance use disorder trauma and patient 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 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	99% of 553 eligible Patients	d: 100%	94%	d:	3

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,

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Not displayed	Measure Area		Explanation		Nationwi		Statewide	Э
	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 						other Joint ed Organiz	ations	
 The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Average Rate:
 The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. The measure rate is within optimal range. 	Assessment of violence substance use disorder trauma and patient stre completed - Older Adul years)	, ngths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient	CO 100% of 188 eligible Patients	100%	95%	u.	3

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

the patient recover.

housing, etc. which are used to help

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345 Blackstone Boulevard, Providence, RI



National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is worse than the target range/value.					Accr	edited Org		
Mot 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 patier			2	⊘ ²	
1. The Measure or Measure Set was not				Cor	npared to c	other Joint	Commissic	n
reported.2. The Measure Set does not have an				N	Accredite	ed Organiz	ations State	wide
 overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
 The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. The measure rate is within optimal 	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 50% of 8 eligible Patients	100%	47%		3
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	e 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 to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3 	100%	21%		3

This information can also be viewed at https://hospitalcompare.io/

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

			o other Joint nission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊙ ²	™ ²

		Со	npared to c Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	lationwide Top Perform	Average Rate:	State Top Perform	wide Average Rate:
			er Threshol d:		er Threshol d:	
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 the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	№ 3 	100%	24%		3

* This information can also be viewed at https://hospitalcompare.io/ ---- Null value or data not displayed.

Symbol Key

0	This organization achieved the best possible results
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is worse than the target range/value.
NO	Not displayed

Footnote Key

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- **12.** The measure rate is within optimal range.

Compared to other Joint



National Quality Improvement Goals

This organization achieved the best possible results This organization's performance is better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value.

Not displayed

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				Commise commised to		
Measure Area	Explanation		Nationwi		Statewide	Э
Hospital-Based Inpatient Psychiatric Services	nis category of evidenced based measures assesses the verall quality of care given to psychiatric patients.			2	⊘ ²	
		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. 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.	60% of 5 eligible Patients	100%	50%		3

This information can also be viewed at https://hospitalcompare.io/
 Null value or data not displayed.



National Quality Improvement Goals

Reporting Period: January 2022 - December 2022 Compared to other Joint Commission Accredited Organizations Measure Area Nationwide Explanation Statewide Hospital-Based This category of evidenced based measures assesses the **1 №**² Inpatient Psychiatric overall quality of care given to psychiatric patients. Services Compared to other Joint Commission Accredited Organizations Statewide Measure Explanation Hospital Тор Average Тор Average Results Perform Rate: Perform Rate: er er Threshol Threshol d: d: **Multiple Antipsychotic** This measure reports the number of patients age 65 and older discharged Medications at Discharge with on two or more antipsychotic Appropriate Justification Older medications for which there was an Adults Age 65 and Older appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental \bigcirc illness that markedly interferes with a person's capacity to meet life's 100% 46% 3 everyday demands. Appropriate 33% of 3 eligible Patients 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. Hours of Physical Restraint This measure reports the total hours patients were kept in physical Use per 1000 Patient Hours restraints for every 1,000 hours of **Overall Rate** 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 N/A 0.5767 3 0.1407 move his or her arms, legs, body or (171 Total Hours in Restraint) 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.

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There were no eligible patients that the denominator criteria. 12. The measure rate is within optimal

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
This organization's performance is worse than the target range/value.					Accre	edited Orga	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
			egory of evidenced based measures as quality of care given to psychiatric patie		0	2	○ ²	
Footnote Key	00111000							
• The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint of the other Joint of the other sectors		n
• The Measure Set does not have an overall result.			— 1 — 2		lationwide			wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.					Threshol d:		Threshol d:	
 The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Hours of Physical Restrair 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.	600 ³	N/A	0.3845		3
2. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restrair Use Adolescents Age 13 -		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.	0.0404 (5 Total Hours in Restraint)	N/A	0.3412		3

This information can also be viewed at https://hospitalcompare.io/

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Footnote Key

for comparison purposes

Disclosure Threshold rule.

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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."

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The measure meets the Privacy

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National Quality Improvement Goals

This organization achieved the best Reporting Period: January 2022 - December 2022 This organization's performance is This organization's performance is Compared to other Joint Commission This organization's performance is Accredited Organizations Measure Area Nationwide Explanation Statewide Hospital-Based This category of evidenced based measures assesses the **1 №**² Inpatient Psychiatric overall quality of care given to psychiatric patients. Services The Measure or Measure Set was not Compared to other Joint Commission Accredited Organizations The Measure Set does not have an Statewide Measure Explanation Hospital Тор Average Тор Average The number of patients is not enough Results Perform Rate: Perform Rate: er er Threshol Threshol d: d: The organization scored above 90% but Hours of Physical Restraint This measure reports the number of was below most other organizations. hours patients age 18 through 64 Use Adults Age 18 - 64 The Measure results are not statistically years were kept in physical restraints for every 1,000 hours of patient care. The Measure results are based on a Physical restraint is any manual method or physical or mechanical The number of months with Measure Ð device, material, or equipment that data is below the reporting requirement. immobilizes or reduces the ability of The measure results are temporarily N/A 0.6823 ____3 0 1265 a patient to move his or her arms, suppressed pending resubmission of (115 Total legs, body or head freely when it is Hours in used as a restriction to manage a Restraint) patient's behavior or restrict the patient's freedom of movement and individual data elements or awaiting is not a standard treatment for the National Quality Forum Endorsement. patient's medical or psychiatric There were no eligible patients that met condition The measure rate is within optimal Hours of Physical Restraint This measure reports the number of hours patients age 65 and older were Use Older Adults Age 65 and 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 0.1097 3 a patient to move his or her arms, 0.2667 (51 Total Hours legs, body or head freely when it is in Restraint) 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. Hours of Seclusion Use per This measure reports the total hours 1000 Patient Hours - Overall patients were kept in seclusion for every 1,000 hours of patient care. Rate ____3 Seclusion is the involuntary N/A 0.3738 0.0444 confinement of a patient alone in a (54 Total Hours room or an area where the patient is in Seclusion) physically prevented from leaving.

This information can also be viewed at https://hospitalcompare.io/

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National Quality Improvement Goals

Reporting Peri	od: January	2022 - December 2022					
					npared to c Commiss	sion	
Measure Area		Explanation		Accr Nationwi	<mark>edited Org</mark> de	Statewide	e
Hospital-Based Inpatient Psychiatric Services		of evidenced based measures a of care given to psychiatric patie			2	⊘ ²	
				Accredit	other Joint ed Organiz		
Measure		Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Avei Ra
Hours of Seclusion Use Children Age 1 - 12	hours years every Seclu confii room	measure reports the number of s patients age 1 through 12 s were kept in seclusion for y 1,000 hours of patient care. usion is the involuntary nement of a patient alone in a or an area where the patient is ically prevented from leaving.	€ 60 3 	N/A	0.4111		
Hours of Seclusion Use Adolescents Age 13 - 17	This hours years every Seclu confii room	measure reports the number of s patients age 13 through 17 s were kept in seclusion for y 1,000 hours of patient care. usion is the involuntary nement of a patient alone in a n or an area where the patient is ically prevented from leaving.	0.0081 (1 Total Hours in Seclusion)	N/A	0.1738		
Hours of Seclusion Use / Age 18 - 64	Adults This hours years every Seclu confin room	measure reports the number of s patients age 18 through 64 s were kept in seclusion for y 1,000 hours of patient care. usion is the involuntary nement of a patient alone in a o or an area where the patient is is cally prevented from leaving	0.0532 (48 Total Hours in Seclusion)	N/A	0.4421		

Symbol Key

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•	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than the target range/value.
0	Not displayed

Footnote Key

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- 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.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Hours of Seclusion Use Older
Adults Age 65 and OlderSeclusion is the involuntary
confinement of a patient alone in a
room or an area where the patient is
physically prevented from leaving.0.0532
(48 Total Hours
in Seclusion)Hours of Seclusion Use Older
Adults Age 65 and OlderThis 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.Image: Content of the patient of the patient is the involutary confinement of a
patient alone in a room or an area
where the patient is physically
prevented from leaving.

* This information can also be viewed at https://hospitalcompare.io/

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0.0766

N/A

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

			o other Joint	
		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	™ ²	⊘ ²	

		Cor	npared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	63% of 605 eligible Patients	99%	79%		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

			o other Joint hission	
		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Substance Use	This category of evidence based measures assesses the overall quality of care provided for Substance Abuse	0 ²	2	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Nationw Hospital Top Results Perfo er Thres d:		Average Rate:	State Top Perform er Threshol d:	ewide Average Rate:
Alcohol and Other Drug Use Disorder Treatment at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who either accepted a prescription to help them stop drinking or using drugs or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital.	88% of 542 eligible Patients	97%	47%		3
Alcohol and Other Drug Use Treatment Provided or Offered at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who were either offered or accepted a prescription to help them stop drinking or using drugs or were offered or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. This measure also includes patients who refused both a prescription to help them stop drinking or using drugs and treatment for their serious problem with drinking alcohol or using drugs.	98% of 542 eligible Patients	100%	62%		3

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	⊘ ²	№ ²

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:		Top Perform er Threshol d:	Average Rate:
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	0% of 614 eligible Patients	38%	16%		3
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	57% of 614 eligible Patients	100%	53%		³

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