

# Accreditation Quality Report







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

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

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

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

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

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This organization achieved the best

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

below the target range/value. This Measure is not applicable for this

Footnote Key

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Disclosure Threshold rule.

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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. 6. The Measure results are not statistically

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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



### **Summary of Quality Information**

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	·
		Date	Date	Survey Date
🥝 Behavioral Health Care	Accredited	4/25/2017	4/24/2017	4/24/2017
🥝 Home Care	Accredited	4/26/2017	4/25/2017	4/25/2017
🥝 Hospital	Accredited	6/14/2017	4/28/2017	6/14/2017
🥝 Laboratory	Accredited	11/14/2015	11/10/2017	11/10/2017

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

Pathology and Clinical Laboratory

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Reading Hospital

420 S. 5th Ave., West Reading, PA. 19611

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Advanced Total Hip and Total Knee Replacement	Certification	11/3/2017	9/20/2017	9/20/2017
o Primary Stroke Center	Certification	3/17/2017	3/16/2017	3/16/2017
Certified Programs	<b>Certification Decision</b>	Effective	Last Full Review	v Last On-Site
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Certified Programs	Certification Decision Certification			
U		Date	Date	<b>Review Date</b>

#### **Other Accredited Programs/Services**

- Hospital (Accredited by UHMS Clinical Hyperbaric Facility Level 2)
- Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program 2012 ACS National Surgical Quality Improvement Program 2012 Silver - The Medal of Honor for Organ Donation 2010 Silver - The Medal of Honor for Organ Donation

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

For further information





### **Summary of Quality Information**

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	$\bigotimes$	*
Home Care	2017National Patient Safety Goals	Ø	<b>*</b>
Hospital	2017National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	<b>1</b>	<b>NO</b> <sup>2</sup>
Apr 2016 - Mar 2017	Hospital-Based Inpatient Psychiatric Services	<b>№</b> <sup>2</sup>	<b>№0</b> <sup>2</sup>
	Immunization	2 <sup>2</sup>	<b>№0</b> <sup>2</sup>
	Perinatal Care	<b>№</b> <sup>2</sup>	<b>№0</b> <sup>2</sup>
Laboratory	2015National Patient Safety Goals	Ø	<b>*</b>

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

#### Symbol Key

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**

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#### \* Primary Location Locations of Care Available Services **Occupational Health Other Clinics/Practices located at this site:** Services • The Reading Hospital at Muhlenberg Imaging & Lab 1000 Tuckerton Court • The Reading Hospital Imaging Center at Muhlenberg Reading, PA 19605 • The Reading Hospital Laboratory Services at Muhlenberg • The Reading Hospital Physical Therapy at Muhlenberg Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) **Reading Health Other Clinics/Practices located at this site: Rehabilitation Hospital** • TRH Post Acute Rehab Therapy Services 2802 Papermill Road Wyomissing, PA 19610 Services: • General Laboratory Tests Rehabilitation Services • Inpatient Unit (Inpatient) • Rehabilitation Unit (Inpatient, • Neuro/Spine Unit (Inpatient) 24-hour Acute Care/Crisis • On Site Pharmacy Stabilization) Skilled Nursing Care Outpatient Clinics (Outpatient) • Ultrasound (Imaging/Diagnostic Services)



Locations of Care	Available Services
420 S. 5th Ave. West Reading, PA 19611	Joint Commission Advanced Certification Programs: Advanced Total Hip and Total Knee Replacement Primary Stroke Center Joint Commission Certified Programs: Heart Failure Joint Replacement - Hip Joint Replacement - Hip Joint Replacement - Knee Other Clinics/Practices located at this site: Apheresis R3E Cancer Infusion Center Center for Public Health Services, Suite Family Health Care Center Image Recovery Center Outpatient Services Clinic Reading Hospital Anticoagulation Clinic
	Suites 110 Womens Health Center Services: Assertive Community Support Services (Non 24 Hour Care - Adult) Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Imaging/Diagnostic Services) Breast Prostheses and Accessories Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Chemical Dependency (Non 24 Hour Care) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) Coronary Care Unit (Inpatient) Post Anesthesia Care Unit (Partial - Mult) Pediatric Unit (Inpatient) Peost Anesthesia Care Unit (PACU) (Inpatient) Prosthetics (Home Medical Equipment)

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Locations of Care	Available Services
	<ul> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Employment Services (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Carries</li> &lt;</ul>
Reading Hospital Children's Health Center 206 South Sixth Avenue West Reading, PA 19611	Services: <ul> <li>General Laboratory Tests</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Reading Hospital Imaging</b> 957 Benjamin Franklin Highway Douglassville, PA 19518	Other Clinics/Practices located at this site: <ul> <li>Reading Hospital Laboratory</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
Reading Hospital Imaging at Wyomissing Family Practice 1350 Broadcasting Road Reading, PA 19610	Services: • Outpatient Clinics (Outpatient)
Reading Hospital Lab at Kenhorst 600 High Boulevard Reading, PA 19607	Services: • General Laboratory Tests • Laboratory Draw Station (Outpatient)



Locations of Care	Available Services
Reading Hospital Outpatient Therapy 7189 Bernville Rd. Bernville, PA 19506	Services: • Outpatient Clinics (Outpatient)
Reading Hospital Outpatient Therapy 1920 Kutztown Rd. Reading, PA 19604	Services: • Outpatient Clinics (Outpatient)
Reading Hospital Outpatient Therapy 3701 Perkiomen Ave Reading, PA 19606	Services: • Single Specialty Practitioner (Outpatient)
The Reading Hospital at Elverson 310 Darby Square Elverson, PA 19520	Other Clinics/Practices located at this site: <ul> <li>The Reading Hospital Imaging Services at Elverson</li> <li>The Reading Hospital Laboratory Services at Elverson</li> </ul> Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
The Reading Hospital at Spring Ridge 2603 Keiser Blvd Wyomissing, PA 19610	Other Clinics/Practices located at this site: <ul> <li>The Reading Hospital Imaging Services at Spring Ridge</li> <li>The Reading Hospital Laboratory Services at Spring Ridge</li> <li>The Reading Hospital Wound Healing &amp; Hyperbaric Medicine Cen</li> </ul> Services: <ul> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>
The Reading Hospital at Wyomissing Plaza 2101 State Hill Road Wyomissing, PA 19610	Other Clinics/Practices located at this site: <ul> <li>TRHMC Outpatient Therapy Services</li> <li>TRHMC Speech &amp; Hearing Services</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
The Reading Hospital Drug & Alcohol Center 401 Buttonwood Street West Reading, PA 19611	Services: • Chemical Dependency (Residential Care - Adult) • General Laboratory Tests
The Reading Hospital Imaging and Lab at Berkshire Heights 950A & B North Wyomissing Boulevard Wyomissing, PA 19610	Other Clinics/Practices located at this site: <ul> <li>The Reading Hospital Imaging at Berkshire Heights</li> <li>The Reading Hospital Laboratory at Berkshire Heights</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>



Locations of Care	Available Services
The Reading Hospital Imaging and Laboratory at Hamburg 31 Industrial Drive Hamburg, PA 19526	Other Clinics/Practices located at this site: • Reading Hospital Miller Regional Heart Center Cardiac Testin • Reading Hospital Outpatient Therapy, Suite 129 • RH Miller Regional Heart Center Cardiac Testing Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
The Reading Hospital Imaging Center at Broadcasting Road 1320 Broadcasting Road Wyomissing, PA 19610	Other Clinics/Practices located at this site: • Heart Health & Fitness, Suite 111 • Miller Regional Heart Center • RH Miller Regional Heart Center Cardiac Testing Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
The Reading Hospital Imaging Center at Exeter 2 Hearthstone Court Reading, PA 19606	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
The Reading Hospital Lab & Imaging Services at Gateway 1020 Grings Hill Road Reading, PA 19608-8844	Other Clinics/Practices located at this site: <ul> <li>Reading Hospital Physical Therapy</li> </ul> <li>Services: <ul> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
The Reading Hospital Lab & Imaging Services at Kutztown 15050 Kutztown Road Kutztown, PA 19530	Other Clinics/Practices located at this site: <ul> <li>Reading Hospital Physical Therapy</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
The Reading Hospital Lab & Imaging Services at Leesport 5479 Pottsville Pike Leesport, PA 19533	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
The Reading Hospital Lab Services at Boyertown 146 South Reading Avenue Boyertown, PA 19512	Services: <ul> <li>Laboratory Draw Station (Outpatient)</li> </ul>
The Reading Hospital Lab Services at West Lawn 25 Stevens Avenue West Lawn, PA 19609	Services: <ul> <li>Laboratory Draw Station (Outpatient)</li> </ul>



Locations of Care	Available Services
The Reading Hospital Laboratory at Bernville 7169 Bernville Road Bernville, PA 19506	Services: <ul> <li>Laboratory Draw Station (Outpatient)</li> </ul>
The Reading Hospital Laboratory at Womelsdorf 1137 West Penn Avenue Womelsdorf, PA 19567	Services: • Laboratory Draw Station (Outpatient)
The Reading Hospital Laboratory Services at Reiffton 3703 Perkiomen Avenue Reading, PA 19606	Services: • Laboratory Draw Station (Outpatient)
The Reading Hospital Outpatient Nutrition Counseling Service 200 North Park Road Wyomissing, PA 19610	Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
TRH Center for Mental Health and Behavioral Medicine 560 Van Reed Road Wyomissing, PA 19610	Other Clinics/Practices located at this site: • TRH Behavorial Medicine Center, Suite 204 • TRH Center for Mental Health, Suite 301 and 308 Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) • Outpatient Clinics (Outpatient)
<b>TRH Center for Mental</b> <b>Health at Birdsboro</b> 321 Furnace Street, Suite H60 Birdsboro, PA 19508	Services: • Chemical Dependency (Non 24 Hour Care - Adult)
TRH Center for Mental Health at Brecknock Elementary School 1332 Alleghanyville Road Mohnton, PA 19540	Services: • Behavioral Health (Non 24 Hour Care - Child/Youth)
TRH Center for Mental Health at Cumru Elementary School 601 Philadelphia Avenue Shillington, PA 19607	Services: • Behavioral Health (Non 24 Hour Care - Child/Youth)
TRH Center for Mental Health at Governor Mifflin Inter. Sch. 600 Governor Drive Shillington, PA 19607	Services: • Behavioral Health (Non 24 Hour Care - Child/Youth)
TRH Center for Mental Health at Kutztown University Boehm Science Hall, Main Street Kutztown, PA 19530	Services: <ul> <li>Chemical Dependency (Non 24 Hour Care - Adult)</li> </ul>



#### \* Primary Location

Locations of Care
TRH Center for Mental
Health at Wyomissing
High School

#### Services:

Behavioral Health (Non 24 Hour Care - Child/Youth)

Available Services

630 Evans Avenue Wyomissing, PA 19610



### **Behavioral Health Care**

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.



### 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.



### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	$\bigcirc$
	Preventing Surgical Site Infections	<u>ତ</u> ତ
	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.

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### **National Quality Improvement Goals**

Reporting Period: April 2016 - March 2017

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#### **Footnote Key**

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

			o other Joint iission
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewid
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>™</b> <sup>2</sup>	<b>⊙</b> <sup>2</sup>

		Col	mpared to c Accredit	other Joint ed Organiz		n
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	ND 2 141.00 minutes 753 eligible Patients	55.00	129.00	66.60	127.24
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 342.00 minutes 767 eligible Patients	205.00	316.00	229.07	301.04

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.



### **National Quality Improvement Goals**

Reporting Per	iod: April 2016 - March 2017		
		Compared to Comm Accredited C	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>@</b> <sup>2</sup>	<b>1</b> 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 Averag 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 1022 eligible Patients	100%	95%	100%	94%

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#### Symbol Key

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### **National Quality Improvement Goals**

Symbol Key								
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Destructor V.	Inpatient Psychiatric				<b>(</b>	2	@ <sup>2</sup>	
Footnote Key								
The Measure or Measure Set was not reported.				Cor				n
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overall result. The number of patients is not enough for comparison purposes.	ation achieved the best altis       Accoredited Organization action's performance is reget range/value.         ation's performance is reget range/value.       Compared to othe Commission Accredited Organization Accredited Organization (hospital-Based Inpatient Psychiatric Services         Measure Area       Explanation         Measure Area       Explanation         Measure Area       Explanation         Nationwide       Station vide (overall quality of care given to psychiatric patients. Services         Set does not have an t.       Measure         the Key e or Measure Set was not e Set does not have an t.       Measure         Measure       Explanation         Measure       Nationwide Explanation         Measure       Scored Results         Scored the Privacy threshold rule.       Top 10% Assessment of violence risk, children are (1-12) versely screened	Top 10% Scored at Least:	Average Rate:					
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but			•		al Least.		at Least.	

- 5. The organization scored above 90% was below most other organizations. The Measure results are not statistically
- valid.
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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.	<b>8</b>	100%	96%	100%	95%

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### **National Quality Improvement Goals**

Symbol Key								<u> </u>
	Reporting Per	iod: Ap	ril 2016 - March 2017					
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Not displayed	Measure Area		Explanation		Nationwic	le	Statewide	)
Footpoto Koy	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>™</b> <sup>2</sup>	
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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 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				1	Vationwide		State	wide
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	risk,	This measure reports the number of					

- 5. The organization scored above 90% but was below most other organizations. The Measure results are not statistically
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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

Measure	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
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.	8	100%	96%	100%	94%

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.

Symbol Key This organization achieved the be

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overall result.

Footnote Key The Measure or Measure Set was

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The number of patients is not end for comparison purposes.

The measure meets the Privacy Disclosure Threshold rule.

The organization scored above 9 was below most other organization

The Measure results are not stati

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### **National Quality Improvement Goals**

Reporting Per	iod: Ap	ril 2016 - March 2017					
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Measure Area		Explanation		Accr Nationwi		anizations Statewide	e
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
			Cor		other Joint ed Organiz	Commissio zations	n
			Ν	lationwide		State	wide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave R
Assessment of violence substance use disorder, trauma and patient stren 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					

7.	The Measure results are based on a
	sample of patients.

- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- 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."

violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients  $\oplus$ are likely to harm others. Screening for substance and alcohol use 100% 95% 100% 94% determines if patients need help for 99% of their use. Screening for 864 eligible Patients 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.

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.



### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2016 - March 2017					
This organization's performance is above the target range/value.								
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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	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	@ <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>						other Joint ed Organiz	ations	
overall result.	Measure		Evaluation		lationwide	Average		ewide
3. The number of patients is not enough for comparison purposes.	measure		Explanation	Hospital Results	Scored	Rate:	Top 10% Scored at Least:	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Assessment of violence substance use disorder trauma and patient stre completed - Older Adul years)	r, engths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their	100% of 158 eligible Patients	100%	95%	100%	94%

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.

the patient recover.

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

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



### **National Quality Improvement Goals**

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Symbol Key This organization achieved the best								
possible results	Reporting Period	d: Apr	il 2016 - March 2017					
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footpote Var			egory of evidenced based measures as quality of care given to psychiatric patient		<b>(</b>	2	<b>○</b> <sup>2</sup>	
Footnote Key           1.         The Measure or Measure Set was not				Co	moored to c	ther loint	Commissio	
reported.						ed Organiz		pri
2. The Measure Set does not have an overall result.	Manageme		<b>Evelopetion</b>		Nationwide	A		wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Rate:	Top 10% Scored	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharge of Appropriate Justification Overall Rate	with	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	76% of 42 eligible Patients	at Least:	60%	at Least: 98%	60%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	with	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>8</b>	100%	59%	3	3

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

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### **National Quality Improvement Goals**

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organization achieved the best ible results	Reporting Per	riod: April 2016 - March 2017		
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nis organization's performance is milar to the target range/value.				l to other Joint mission
his organization's performance is show the target range/value.			Accredited	Organizations
ot displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses t overall quality of care given to psychiatric patients.	he 😡 2	<b>™</b> <sup>2</sup>
ootnote Key	Services			
e Measure or Measure Set was not ported.			Compared to other Jo Accredited Org	
he Measure Set does not have an			Nationwide	Statewi
verall result.	Measure	Explanation Hospit	al Top 10% Avera	age Top 10% Av

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.
- 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."

			Accredit	ed Organiz		
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>8</b>	100%	54%	100%	54%

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

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### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Per	iod: April 2016 - March 2017			
This organization's performance is above the target range/value.	1				
This organization's performance is similar to the target range/value.	1			npared to other Joint Commission	
This organization's performance is below the target range/value.	1			edited Organizations	s
Not displayed	Measure Area	Explanation	Nationwide	de Statewic	de
E-studte Var	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesse overall quality of care given to psychiatric patients.	s the	2 💽	2
Footnote Key	1				
The Measure or Measure Set was not reported.	1			other Joint Commissi ed Organizations	ion
The Measure Set does not have an overall result.	1		Nationwide		atewide
overall result. The number of patients is not enough for comparison purposes.	Measure	· · · · · · · · · · · · · · · · · · ·	sults Scored	Average Top 10% Rate: Scored	d Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of	at Least:	at Least:	

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.
- 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.

patients age 18 through 64 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

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

group of drugs used to treat

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

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78% of

37 eligible

Patients

discharged on two or more

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

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Medications at Discharge with

Appropriate Justification

Adults Age 18 - 64

61%

100%

61%

100%



### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2016 - March 2017					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>1 2</b>	
1. The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz	Commissio zations	pn
2. The Measure Set does not have an overall result.					lationwide		State	ewide
3. 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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older er	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	60% of 5 eligible Patients	100%	55%	100%	58%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	1.10 (325 Total Hours in Restraint)	N/A	0.52	N/A	0.46

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

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



### **National Quality Improvement Goals**

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This organization's performance is elow the target range/value.				Organizations
lot displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>™</b> <sup>2</sup>	<b>№</b> <sup>2</sup>
Footnote Key	Services			
he Measure or Measure Set was not ported.		Co	mpared to other Jo Accredited Orga	
The Measure Set does not have an overall result.			Nationwide	Statev

• The Measure Set does not have an			Ν	lationwide		State	wide
overall result. The number of patients is not enough	Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
for comparison purposes.			Results	Scored	Rate:	Scored	Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> </ul>	Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of	<b>600</b> 8	at Least:		at Least:	
<ul> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ul>		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.		N/A	0.34	N/A	0.40
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.''	Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.33	N/A	0.23



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



### **National Quality Improvement Goals**

Symbol Key				
his organization achieved the best possible results	Reporting Per	iod: April 2016 - March 2017		
his organization's performance is bove the target range/value.		•		
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his organization's performance is elow the target range/value.				Organizations
lot displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses th overall quality of care given to psychiatric patients.	e 😥 2	<b>○</b> <sup>2</sup>
Footnote Key	00111000			
The Measure or Measure Set was not eported.			Compared to other Jo Accredited Org	
The Measure Set does not have an			Nationwide	Statewi

		Accredited Organizations Nationwide Statewide						
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:			
Hours of Physical Restraint Jse Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	O 1.26 (295 Total Hours in Restraint)	N/A	0.59	N/A	0.45		
Hours of Physical Restraint Jse Older Adults Age 65 and Dider	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.	0.48 (30 Total Hours in Restraint)	N/A	0.16	N/A	1.08		
Hours of Seclusion Use per 1000 Patient Hours - Overall 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.	0.16 (48 Total Hours in Seclusion)	N/A	0.39	N/A	0.31		

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#### Footnote Key

Symbol Key

- The Measure or Measure Set was 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.
- 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.

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.

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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.



### **National Quality Improvement Goals**

Symbol Key				
This organization achieved the best	Reporting Per	riod: April 2016 - March 2017		
his organization's performance is bove the target range/value.		•		
This organization's performance is imilar to the target range/value.				o other Joint
This organization's performance is eleven the target range/value.				Organizations
lot displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>2</b>	<b>1 2</b>
Footnote Key	Services			

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	
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.	ND 8	N/A	0.54	N/A	0.39
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.22	N/A	0.30
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.	0.20 (48 Total Hours in Seclusion)	N/A	0.44	N/A	0.33
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	0.06	N/A	0.17

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

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### **National Quality Improvement Goals**

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This organization achieved the best possible results This organization's performance is	Re	porting Period	April 2016 - March 2017			
above the target range/value. This organization's performance is similar to the target range/value.					· · · · · · · · · · · · · · · · · · ·	o other Joint
This organization's performance is below the target range/value.					Accredited (	Organizations
Not displayed	Measure	Area	Explanation		Nationwide	Statewide
	Immuniz		is evidence-based prevention measure set assesses munization activity for pneumonia and influenza.	;	<b>™</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

#### Footnote Key

- 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.
- The Measure results are based on a sample of patients.
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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."

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	99% of 545 eligible Patients	100%	94%	100%	94%

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



### **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting P	eriod: April 2016 - March 2017		
This organization's performance is above the target range/value.		-		
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>⊘</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	99% of 75 eligible Patients	100%	98%	100%	98%
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 292 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.	52% of 2836 eligible Patients	74%	53%	65%	50%

#### ossible results

Symbol Key

This organization's performance i 0 above the target range/value. This organization's performance i  $\oslash$ similar to the target range/value. This organization's performance i e below the target range/value. ot displayed ND

#### Footnote Key

- 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.
- 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.

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



### Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø

#### Symbol Key

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