

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



Summary of Quality Information

Sym	bol	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.
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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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🥝 Behavioral Health Care	Accredited	4/25/2017	4/24/2017	4/24/2017
o 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	11/11/2017	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
🤣 Primary Stroke Center	Certification	3/17/2017	3/16/2017	3/16/2017
Certified Programs	Certification Decision	Effective	Last Full Review	v Last On-Site
		Date	Date	Review Date
🥝 Heart Failure	Certification	4/21/2017	4/20/2017	4/20/2017

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





Summary of Quality Information

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	\otimes	*
Home Care	2017National Patient Safety Goals	Ø	*
Hospital	2017National Patient Safety Goals	Ø	™ *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	1	1
Jul 2016 - Jun 2017	Hospital-Based Inpatient Psychiatric Services	2 ²	O ²
	Immunization	2 ²	№ ²
	Perinatal Care	№ ²	№ ²
Laboratory	2017National Patient Safety Goals	Ø	∞ *

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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)



* Primary Location	
Locations of Care	Available Services
Reading Hospital * 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 Other Clinics/Practices located at this site: Apheresis R3E Cancer Infusion Center Center for Public Health Center for Public Health Services, Suite Family Health Care Center Image Recovery Center Maternal Fetal Medicine Outpatient Services Clinic Maternal Fetal Medicine Outpatient Services Clinic Apheresis R3E Cancer Infusion Center Reading Hospital Anticoagulation Clinic, Suite Reading Hospital Assertive Community Treatment Program Reading Hospital Imaging, Suite 365 Reading Hospital Internal Medicine Practice TRHMC Imaging Services, Suite 135 TRHMC Internal Medicine Practice TRHMC Laboratory Services, Suites 110 Womens Health Center
	 Services: Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult) Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) Brachytherapy (Imaging/Diagnostic Services) Breast Prostheses and Accessories Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Chemical Dependency (Non 24 Hour Care) Community Integration (Non 24 Hour Care) Converight 2024 The Laint C

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Locations of Care	Available Services
	 Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Employment Services (Non 24 Hour Care) Family Support (Non 24 Hour Care) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hematology/Oncology Unit (Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Cabor & Delivery (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Cabor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Cabor & Delivery (Inpatient) Magnetic Resonance Magnetic R
Reading Hospital Children's Health Center 206 South Sixth Avenue West Reading, PA 19611	Services: • General Laboratory Tests • Single Specialty Practitioner (Outpatient)
Reading Hospital Imaging 957 Benjamin Franklin Highway Douglassville, PA 19518	Other Clinics/Practices located at this site: Reading Hospital Laboratory Services: Outpatient Clinics (Outpatient)
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: The Reading Hospital Imaging Services at Elverson The Reading Hospital Laboratory Services at Elverson Services: Outpatient Clinics (Outpatient)
The Reading Hospital at Spring Ridge 2603 Keiser Blvd Wyomissing, PA 19610	Other Clinics/Practices located at this site: The Reading Hospital Imaging Services at Spring Ridge The Reading Hospital Laboratory Services at Spring Ridge The Reading Hospital Wound Healing & Hyperbaric Medicine Cen Services: General Laboratory Tests Outpatient Clinics (Outpatient)
The Reading Hospital at Wyomissing Plaza 2101 State Hill Road Wyomissing, PA 19610	Other Clinics/Practices located at this site: TRHMC Outpatient Therapy Services TRHMC Speech & Hearing Services Services: Outpatient Clinics (Outpatient)
The Reading Hospital Drug & Alcohol Center 401 Buttonwood Street West Reading, PA 19611	 Services: Chemical Dependency (Residential Care - Adult) (Detox/Non-detox - 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: The Reading Hospital Imaging at Berkshire Heights The Reading Hospital Laboratory at Berkshire Heights Services: Outpatient Clinics (Outpatient)



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: Reading Hospital Physical Therapy Services: General Laboratory Tests Outpatient Clinics (Outpatient)
The Reading Hospital Lab & Imaging Services at Kutztown 15050 Kutztown Road Kutztown, PA 19530	Other Clinics/Practices located at this site: Reading Hospital Physical Therapy Services: Outpatient Clinics (Outpatient)
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: Laboratory Draw Station (Outpatient)
The Reading Hospital Lab Services at West Lawn 25 Stevens Avenue West Lawn, PA 19609	Services: Laboratory Draw Station (Outpatient)



Locations of Care	Available Services
The Reading Hospital Laboratory at Bernville 7169 Bernville Road Bernville, PA 19506	Services:Laboratory Draw Station (Outpatient)
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: Single Specialty Practitioner (Outpatient)
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)
TRH Center for Mental Health at Birdsboro 321 Furnace Street, Suite H60 Birdsboro, PA 19508	Services: • Chemical Dependency (Non 24 Hour Care - Adult) (Non-detox - Adult)
TRH Center for Mental Health at Kutztown University Boehm Science Hall, Main Street Kutztown, PA 19530	Services: • Chemical Dependency (Non 24 Hour Care - Adult) (Non-detox - Adult)
TRH Center for Mental Health at Wyomissing High School 630 Evans Avenue Wyomissing, PA 19610	Services: • Behavioral Health (Non 24 Hour Care - Child/Youth)



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

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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	\bigotimes
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	<u>ଷ</u> ଭ ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key

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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017

Symbo	l Key
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		Compared t Comm	o other Joint
		Accredited C	
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	1	O ²

	Compared to other Joint Commission Accredited Organizations				'n	
		٩	lationwide		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 2 148.00 minutes 756 eligible Patients	55.00	131.00	68.31	129.25
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.	2 346.00 minutes 772 eligible Patients	204.00	317.00	231.83	300.60

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 Peri	od: July 2016 - June 2017		
	50. 501 2010 - 5010 2017		
		Compared to Comm	
		Accredited O	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	Compared to other Joint Commission Accredited Organizations			
		١	lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 1002 eligible Patients	100%	95%	100%	93%

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ 2	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		on
The Measure Set does not have an				N	lationwide	ou organiz		ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of	Assessment of violence substance use disorder trauma and patient stre completed - Children (1 years)	, ngths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening	N 8				

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	Hospital-Based Inpatient Psychiatric		egory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
Footnote Key	Services							
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The Measure Set does not have an				١	Vationwide	cu Organiz		wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. 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.	Assessment of violence substance use disorder, trauma and patient stren completed - Adolescent years)	ngths	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients					

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie)2	⊘ ²	
The Measure or Measure Set was not reported.				Cc	ompared to o Accredit	other Joint ed Organiz		n
The Measure Set does not have an overall result.					Nationwide			wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use,					
The Measure results are not statistically valid.	completed - Adult (18-6 years)	4	psychological trauma history and patient strengths. Screening for					
The Measure results are based on a sample of patients.			violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening for substance and alcohol use	Ð	10001	05%	100%	000/
updated data. • Test Measure: a measure being			determines if patients need help for their use. Screening for	99% of 844 eligible	100%	95%	100%	93%
evaluated for reliability of the individual data elements or awaiting			psychological trauma history	Patients				

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Reporting Perio	od: July 2016 - June 2017					
Measure Area	Explanation			npared to c Commise edited Org de	sion	e_
Hospital-Based	This category of evidenced based meas overall quality of care given to psychiatr				™ ²	
				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Avera Rate
Assessment of violence r substance use disorder, trauma and patient streng completed - Older Adult (years)	older adult (>= 65 years) screen for violence risk to self and othe	ed s, l ce ths ing for 100% of 158 eligible Patients eir or eir s	100%	95%	100%	92%

Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
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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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. There were no eligible patients that me 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.

the patient recover.

housing, etc. which are used to help

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National Quality Improvement Goals

Symbol Key This organization achieved the best possible results	Reporting Period: J	uly 2016 - June 2017					
This organization's performance is							
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O This organization's performance is below the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
Footnote Key		category of evidenced based measures as all quality of care given to psychiatric patie		(2	№ ²	
1. The Measure or Measure Set was not reported.			Co		other Joint ed Organiz		on
2. The Measure Set does not have an overall result.				Vationwide	Ŭ	State	
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	ganizations Statewide ² Commission	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	72% of 47 eligible Patients	100%	61%		58%
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 with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	8	100%	53%	3	3



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

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National Quality Improvement Goals

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Not displayed	Measure Area	Explanation		Nationwic	le	Statewide	e
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures ass overall quality of care given to psychiatric patient		(2	@ ²	
Footnote Key	Services						
The Measure or Measure Set was not eported.			Co	mpared to o Accredite	other Joint (ed Organiz		n
The Measure Set does not have an overall result.				Nationwide		State	wi
he number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	A

4.	The measure meets the Privacy
	Disclosure Threshold rule.
5.	The organization scored above 90% b

- was below most other organizations. 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11 There were no eligible patients that met
- the denominator criteria.

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

			at Least:		at Least:	
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.	8 	100%	54%	100%	53%

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Footnote Key The Measure or Measure Set was n

overall result.

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The number of patients is not enouged for comparison purposes.

The organization scored above 90%

The measure meets the Privacy Disclosure Threshold rule.



National Quality Improvement Goals

Reporting Perio	od: July 2016 - June 2017					
			Corr	npared to o Commiss		
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Measure Area	Explanation		Nationwi	de	Statewide	е
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric pati		(2	⊘ ²	
		Cor		other Joint ed Organiz	Commissic zations	n
			lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		Top 10% Scored at Least:	Avera Rate
Aultiple Antipsychotic Aedications at Discharge Appropriate Justification	This measure reports the number of with patients age 18 through 64 years discharged on two or more					

antipsychotic medications for which

group of drugs used to treat

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a

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74% of

43 eligible

Patients

	was below most other organizations.	
6.	The Measure results are not statistically	
	valid.	

- 7. The Measure results are based on a sample of patients.
- 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." The Joint Commission only reports measures endorsed by the National Quality Forum.

to reduce the number of

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

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Adults Age 18 - 64

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100%

100%

59%

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2016 - June 2017					
 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.	Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation legory of evidenced based measures as quality of care given to psychiatric patie	nts. Cor N	Accr Nationwi © npared to c Accredite lationwide	2 other Joint (ed Organiz	sion anizations Statewide con 2 Commissio ations State	on wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	50% of 4 eligible Patients	at Least:	56%	at Least: 100%	54%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Rest 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.	L17 (346 Total Hours in Restraint)	N/A	0.52	N/A	0.49



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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	riod: Jul	y 2016 - June 2017					
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
Footnote Key The Measure or Measure Set was not							.	
reported.				Со	mpared to c	other Joint ed Organiz		on
The Measure Set does not have an overall result.				١	Vationwide	ed organiz	State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule.	Hours of Physical Rest	raint	This measure reports the number of		at Least:		at Least:	
Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	Use Children Age 1 - 1		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					
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			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	₩ ⁸	N/A	0.31	N/A	0.47

- 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."

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 Physical Restraint This measure reports the number of hours patients age 13 through 17 Use Adolescents Age 13 - 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 N/A 0.26 N/A 0.22 a patient to move his or her arms, 0.00 (0 Total Hours in Restraint) 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.



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National Quality Improvement Goals

Symbol Key								
This organization achieved the best	Reporting Per	iod: Jul	y 2016 - June 2017					
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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
<u> </u>	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie			2	™ 2	
Footnote Key 1. The Measure or Measure Set was not	Services						A	
 The Measure of Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	zations	
overall result. 3. The number of patients is not enough	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored	Average Rate:	Top 10% Scored	ewide Average Rate:
for comparison purposes. 4. The measure meets the Privacy				rtcourto	at Least:	Rate.	at Least:	Trate.
 The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Adults Age 18 - 64	aint	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.	1.35 (312 Total Hours in Restraint)	N/A	0.62	N/A	0.43
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use Older Adults Age 6 Older		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.	0.53 (34 Total Hours in Restraint)	N/A	0.15	N/A	1.52
	Hours of Seclusion Use 1000 Patient Hours - Ov 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	0.00 (0 Total Hours	N/A	0.39	N/A	0.36

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room or an area where the patient is

physically prevented from leaving.

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Perio	od: July 2016 - June 2017					
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below the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien			2	O ²	
The Measure or Measure Set was not reported.			Со	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an			١	lationwide	, in the second s	State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
The measure meets the Privacy Disclosure Threshold rule.	Hours of Seclusion Use	This measure reports the number of		2000			

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

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

Wedsure	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	ND 8	N/A	0.54	N/A	0.54
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	0.24
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.45	N/A	0.40
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	0.05	N/A	0.13



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National Quality Improvement Goals

Reporting F	Period: July 2016 - June 2017		
			to other Joint nission
		Accredited	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses	\mathbf{O}^2	\mathbf{O}^2

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	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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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.
- 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.
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- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
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- 1. There were no eligible patients that met the denominator criteria.

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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.

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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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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting P	eriod: July 2016 - June 2017		
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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.	№ ²	№ ²
Eastrate Var				

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	ewide 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	at Least: 100%	98%	at Least: 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 287 eligible Patients	0%	2%	0%	2%
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.	51% of 2804 eligible Patients	74%	52%	66%	49%



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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 e National Patient Safety Goal. The Goal is not applicable for this organization.