

DBA: University of Maryland Shore Medical Center, 219 S. Washington St, Easton, MD

Org ID: 6276

Accreditation Quality Report





Version: 8 Date: 11/16/2018

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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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Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey | y Last On-Site Survey Date |
|-------------------------------|-------------------------------|-------------------|------------------|-------------------------------|
| Behavioral Health Care | Accredited | 12/18/2015 | 11/8/2018 | 11/8/2018 |
| Home Care | Accredited | 12/17/2015 | 11/7/2018 | 11/7/2018 |
| Hospital | Accredited | 12/19/2015 | 11/8/2018 | 11/8/2018 |

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

Hospital

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2015 Hospital Magnet Award

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------------|---|---|-------------------------|--|
| | | Nationwide | Statewide | |
| Behavioral Health Care | 2015National Patient Safety Goals | Ø | № * | |
| Home Care | 2015National Patient Safety Goals | Ø | (MA) * | |
| Hospital | 2015National Patient Safety Goals | Ø | N/A * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | № 2 | № 0 ² | |
| Apr 2017 - Mar 2018 | Hospital-Based Inpatient Psychiatric Services | № ² | © ² | |
| | Immunization | © ² | © ² | |
| | Perinatal Care | № ² | № ² | |

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

Symbol Key

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- Not displayed

Footnote Key

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- 3. The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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Locations of Care

* Primary Location **Available Services** Locations of Care **Care Health Services** DBA: University of **Services:** Maryland Shore Home • Home Health Aides Physical Therapy Health • Home Health, Non-Hospice Skilled Nursing Services 121 Federal Street Services Speech Language Pathology Easton, MD 21601 Medical Social Services Occupational Therapy **Shore Health System, Services:** DBA: Univ of Maryland Behavioral Health (Day • Medical /Surgical Unit Shore Medical Center at Programs - Adult) (Inpatient) Dorchester (24-hour Acute Care/Crisis Medical ICU (Intensive Care 300 Byrn Street Stabilization - Adult) Unit) Cambridge, MD 21613 (Partial - Adult) Outpatient Clinics (Outpatient) CT Scanner Post Anesthesia Care Unit (PACU) (Inpatient) (Imaging/Diagnostic Services) Sleep Laboratory (Sleep • Dialysis Unit (Inpatient) Laboratory) • EEG/EKG/EMG Lab Teleradiology (Imaging/Diagnostic (Imaging/Diagnostic Services) Ultrasound Services) Gastroenterology (Surgical (Imaging/Diagnostic Services) Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) • Inpatient Unit (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services)

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Locations of Care

* Primary Location

Locations of Care

Shore Health System,

DBA: Univ of Maryland Shore Medical Center at Easton

219 South Washington Street

Easton, MD 21601-2491

Available Services

Services:

- Addiction Care/Adult) (Non-detox - Adult)
- Cardiac Catheterization Lab (Surgical Services)
- Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) (Non-detox - Adult)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Family Support (Non 24 Hour Care)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care
- Neuro/Spine Unit (Inpatient)

- · Neurosurgery (Surgical Services)
- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- **Outpatient Clinics (Outpatient)**
- Pediatric Unit (Inpatient)
- Peer Support (Non 24 Hour Care)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Sleep Laboratory (Sleep Laboratory)
- Teleradiology
- (Imaging/Diagnostic Services) Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

Shore Health System,

DBA: University of Maryland Shore Regional Health Cancer Center 509 Idlewild Avenue Easton, MD 21601-2491

Shore Health System.

DBA: Univ of Maryland **Shore Emergency Center** at Queenstown

115 Shoreway Dr. Queenstown, MD 21658

Services:

- · Administration of High Risk Medications (Outpatient)
- Outpatient Clinics (Outpatient)

- · Administration of Blood Product (Outpatient)
- Administration of High Risk Medications (Outpatient)
- Anesthesia (Outpatient)
- Perform Invasive Procedure (Outpatient)



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2015 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

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The Goal is not applicable for this organization.

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

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 |

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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 |

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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 | Ø |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø |
| Improve the safety of using medications. | Labeling Medications | Ø |
| | Reducing Harm from Anticoagulation Therapy | Ø |
| | Reconciling Medication Information | Ø |
| Use Alarms Safely | 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 | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | Ø |
| | Preventing Surgical Site Infections | ଉଉଉଡ |
| | Preventing Catheter-Associated Urinary Tract Infection | Ø |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide | Ø |
| Universal Protocol | Conducting a Pre-Procedure Verification Process | Ø |
| | Marking the Procedure Site | Ø |
| | Performing a Time-Out | Ø |

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

| | | Commission | | |
|-------------------------|---|--------------------------|------------|--|
| | | Accredited Organizations | | |
| 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. | № 2 | № 2 | |

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|--|---|---|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | N | 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. | 109.00 minutes 760 eligible Patients | 55.00 | 135.00 | 91.56 | 163.86 |
| 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. | 326.00 minutes 765 eligible Patients | 205.00 | 319.00 | 308.51 | 389.88 |

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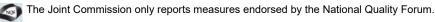




National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

| | | Соі | mpared to c Accredit | other Joint ed Organiz | | on |
|--|--|-------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | State | wide |
| 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 | 100% of 441 eligible Patients | 100% | 95% | 100% | 95% |



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219 S. Washington St, Easton, MD





Measure Area

Services

Hospital-Based

Inpatient Psychiatric





National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations** Na

| ationwide | Statewide |
|------------|------------|
| 2 2 | ~ 2 |

This category of evidenced based measures assesses the



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| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|---|--|---|--------------------------------|------------------|--------------------------------|----|
| | | Nationwide Statewide | | | ewide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | |
| 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. | ND 3 | 100% | 97% | 3 | 3 |

Explanation

overall quality of care given to psychiatric patients.

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.

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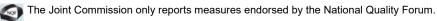
National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint Commission

| | | Accredited C | rganizations |
|---|---|-----------------------|--------------|
| 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 |

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|--|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | ١ | lationwide | | State | wide |
| 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 - 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. | ND 4 | 100% | 96% | 3 | 3 |



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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations**

Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|---|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | | wide |
| 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 - Adult (18-64 years) | This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. | 100% of 393 eligible Patients | 100% | 95% | 100% | 95% |

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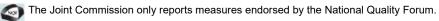
National Quality Improvement Goals

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Compared to other Joint Commission Accredited Organizations

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| | | Cor | npared to c Accredit | other Joint ed Organiz | | n |
|---|--|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | ١ | lationwide | | State | wide |
| 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 - Older Adult (>= 65 years) | This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. | 100% of 46 eligible Patients | 100% | 94% | 3 | 3 |



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Compared to other Joint







National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

| | | Cor | npared to o | other Joint ed Organiz | | on |
|--|--|-----------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | N | Nationwide | eu Organiz | | ewide |
| 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 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. | 70% of 20 eligible Patients | 100% | 62% | 97% | 66% |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12 | This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine. | № 03 ———— | 100% | 41% | 3 | 3 |

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National Quality Improvement Goals

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Compared to other Joint Commission **Accredited Organizations** Nationwide Statewide

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Measure Area Hospital-Based Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

Explanation

№ 2

| | | Accredited Organizations | | | | |
|--|---|--------------------------|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewide | | | | |
| 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 medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine. | 3 | 100% | 49% | 3 | 3 |

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Compared to other Joint Commission Accredited Organizations

Org ID: 6276

Measure Area Explanation Nationwide Statewide

Hospital-Based Inpatient Psychiatric Services

Accredited Organizations
Nationwide Statewide

Overall quality of care given to psychiatric patients.

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | | 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 Adults Age 18 - 64 | This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine. | 73% of 15 eligible Patients | 100% | 63% | 97% | 68% |

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Org ID: 6276







National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Accredited Organizations Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

| | | Cor | npared to d | | | on |
|--|---|---|-------------|------------------|--------------------------------|-------|
| | | Accredited Organizations Nationwide Statewide | | | | ewide |
| Measure | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and 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 medication or the addition of an antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine. | 60% of 5 eligible Patients | 100% | 58% | 3 | 3 |
| Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate | This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.05 (6 Total Hours in Restraint) | N/A | 0.48 | N/A | 0.74 |

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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations**

Org ID: 6276

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|---|---|-----------------------|----------------|--|--|--|--|
| 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 | | | | |
| Compared to other Joint Commiss Accredited Organizations | | | | | | | |

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|--|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | State | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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 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. | € 3 | N/A | 0.34 | 3 | 3 |
| 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 | 0.24 | 3 | 3 |

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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Explanation Statewide Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

| Services | | | | | | |
|---|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Coi | mpared to o | other Joint | Commissio | on |
| | | | Accredit | ed Organiz | | |
| | | | Nationwide | | | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Hours of Physical Restraint Use 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. | 0.06 (6 Total Hours in Restraint) | N/A | 0.56 | N/A | 0.74 |
| Hours of Physical Restraint Use Older Adults Age 65 and 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. | 0.00 (0 Total Hours in Restraint) | N/A | 0.15 | N/A | 0.03 |
| 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. | 0.03 (3 Total Hours in Seclusion) | N/A | 0.37 | N/A | 0.23 |

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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

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|---|--|---|-------------|---------|-----------|-------|
| | | Accredited Organizations Nationwide Statewide | | | | wide |
| Measure | Explanation | Hospital | Top 10% | Average | Top 10% | |
| | · · · · · · · · · · · · · · · · · · · | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | 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 3 | N/A | 0.60 | 3 | 3 |
| Hours of Seclusion Use Adolescents Age 13 - 17 | This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 0.00 (0 Total Hours in Seclusion) | N/A | 0.19 | 3 | 3 |
| Hours of Seclusion Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 0.03 (3 Total Hours in Seclusion) | N/A | 0.42 | N/A | 0.11 |
| 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 | 0.04 | N/A | 0.01 |

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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

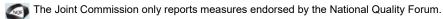
Compared to other Joint
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Accredited Organizations

Nationwide Statewide

| | | | J |
|--------------|--|-----------------------|------------|
| Measure Area | Explanation | Nationwide | Statewide |
| Immunization | This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza. | № ² | № 2 |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|------------------------|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | | Nationwide | _ | | ewide |
| 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 529 eligible Patients | 100% | 94% | 100% | 94% |



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National Quality Improvement Goals

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations**

| Measure Area | Explanation | Nationwide | Statewide |
|----------------|--|------------|------------|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | № 2 | № 2 |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|-------------------------------|---|---|-----------|---------|-----------|-------|
| | | Nationwide | | | Statewide | |
| Measure | Explanation | Hospital | | Average | Top 10% | |
| | <u> </u> | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | at Least: | |
| 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. | 100% of 3 eligible Patients | 100% | 98% | 100% | 100% |
| 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 107 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. | 46% of 912 eligible Patients | 73% | 51% | 62% | 48% |

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