



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

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



## Summary of Quality Information

### Symbol Key

- 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.
- This Measure is not applicable for this organization.
- Not displayed

### Footnote Key

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

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	2/28/2017	2/27/2017	2/27/2017
Hospital	Accredited	3/4/2017	3/3/2017	4/11/2017

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

Hospital

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

Ventricular Assist Device

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	6/8/2016	6/7/2016	6/7/2016
Ventricular Assist Device	Certification	5/4/2016	5/3/2016	5/3/2016

### Other Accredited Programs/Services

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

### Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals		*
Hospital	2017National Patient Safety Goals		*



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



## Summary of Quality Information

### Symbol Key

-  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.
-  This Measure is not applicable for this organization.
-  Not displayed

### Footnote Key

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

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

### National Quality Improvement Goals:

Reporting Period:  
Jan 2016 -  
Dec 2016

Emergency Department

 <sup>2</sup>

 <sup>2</sup>

Hospital-Based Inpatient Psychiatric Services

 <sup>2</sup>

 <sup>2</sup>

Immunization

 <sup>2</sup>

 <sup>2</sup>

Perinatal Care

 <sup>2</sup>

 <sup>2</sup>

Stroke Care

 <sup>2</sup>

 <sup>2</sup>



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



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>Burn Clinic</b> DBA: Burn Clinic 110 Irving St. NW, 3B55 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Center for Breast Health</b> DBA: Center for Breast Health 106 Irving Street, NW Washington Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>CENTER FOR VASCULAR CARE &amp; VASCULAR SURGERY</b> DBA: CENTER FOR VASCULAR CARE & VASCULAR SURGERY 106 Irving Street NW POB 3600 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Family Health Center (Primary Care) Resident/Fellow Practice</b> DBA: Family Health Center (Primary Care) Resident/Fellow Practice 110 Irving St. NW, 1A50 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Hearing and Speech</b> DBA: Hearing and Speech 110 Irving St. NW, GA102, Washington, DC Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Infusion Washington Cancer Institute</b> DBA: Infusion Washington Cancer Institute 110 Irving St. NW Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of Blood Product (Outpatient)</li> <li>Administration of High Risk Medications (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Medical Oncology/Hematology Washington Cancer Institute</b> DBA: Medical Oncology/Hematology Washington Cancer Institute 110 Irving St. NW Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Medicine Subspecialty Practice</b> DBA: Medicine Subspecialty Practice 110 Irving St. NW, 1A50, Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>



# MedStar Washington Hospital Center

DBA: MedStar Washington Hospital Center,  
110 Irving St, NW, Washington, DC

Org ID: 6308



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>Medicine-Dermatology-Chevy Chase</b> DBA: Medicine-Dermatology-Chevy Chase 5530 Wisconsin Ave, Suite 730, Chevy Chase, MD 20815	<b>Services:</b> <ul style="list-style-type: none"> <li>• Perform Invasive Procedure (Outpatient)</li> <li>• Single Specialty Practitioner (Outpatient)</li> </ul>
<b>MedStar Eye Institute</b> DBA: MedStar Eye Institute 8630 Fenton St., Suite Plaza 7 Silver Spring, MD 20910	<b>Services:</b> <ul style="list-style-type: none"> <li>• Single Specialty Practitioner (Outpatient)</li> </ul>
<b>MedStar Eye Institute</b> DBA: MedStar Eye Institute 4000 Mitchelville Rd., Suite 128 Bowie, MD 20716	<b>Services:</b> <ul style="list-style-type: none"> <li>• Single Specialty Practitioner (Outpatient)</li> </ul>



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>MedStar Washington Hospital Center *</b> DBA: MedStar Washington Hospital Center 110 Irving St NW Washington, DC 20010	<b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Advanced Comprehensive Stroke Center</li> <li>Ventricular Assist Device</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Addiction Care/Adult</li> <li>Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult)</li> <li>Burn Unit (Inpatient)</li> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Case Management (Non 24 Hour Care - Adult)</li> <li>Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult)</li> <li>Coronary Care Unit (Inpatient)</li> <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>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Hematology/Oncology Unit (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>Medical Detoxification (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Neuro/Spine ICU (Intensive Care Unit)</li> <li>Neuro/Spine Unit (Inpatient)</li> <li>Neurosurgery (Surgical Services)</li> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Orthopedic/Spine Unit (Inpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Pediatric Unit (Inpatient)</li> <li>Peer Support (Non 24 Hour Care)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Radiation Oncology (Imaging/Diagnostic Services)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Surgical Unit (Inpatient)</li> <li>Thoracic Surgery (Surgical Services)</li> <li>Transplant Surgery (Surgical Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>





## Locations of Care

### \* Primary Location

Locations of Care	Available Services
	<ul style="list-style-type: none"> <li>Medical /Surgical Unit (Inpatient)</li> </ul>
<b>MedStar Washington Hospital Center Stroke Clinic</b> DBA: Washington Hospital Center Stroke Clinic 110 Irving St. NW, 1A50 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>MWHC - Medicine-Psychiatry/OP Behavioral Health Services</b> DBA: Medicine-Psychiatry/OP Behavioral Health Services 216 Michigan Avenue, NE 2nd floor Washington, DC 20017	<b>Services:</b> <ul style="list-style-type: none"> <li>Addiction Care/Adult</li> <li>Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult)</li> <li>Case Management (Non 24 Hour Care - Adult)</li> <li>Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> </ul>
<b>MWHC Medicine Faculty Practice</b> DBA: Medicine Faculty Practice 106 Irving St., NW, POB 3800 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>MWHC Orthopedic Surgery</b> DBA: MWHC Orthopedic Surgery 106 Irving St., NW POB North 5000 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Neurosurgery</b> DBA: Neurosurgery 110 Irving St. NW, G019 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Oncology Specialty Center Washington Cancer Institute;</b> DBA: Oncology Specialty Center Washington Cancer Institute; 106 Irving St. NW Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Oncology/Radiation Oncology</b> DBA: Oncology/Radiation Oncology 106 Irving St. NW Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>





## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>Oral and Maxillofacial Surgery/Orthodontics</b> DBA: Oral and Maxillofacial Surgery/Orthodontics 110 Irving St. NW, GA 144 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Anesthesia (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Otolaryngology Head &amp; Neck Surgery</b> DBA: Otolaryngology Head & Neck Surgery 110 Irving Street, GA4 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Otolaryngology, Head &amp; Neck Surgery</b> DBA: Otolaryngology, Head & Neck Surgery 106 Irving Street 410 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Pain Management</b> DBA: Pain Management 110 Irving St. NW, GA48 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Physicians Office Building Radiology</b> DBA: Physicians Office Building Radiology 106 Irving Street, NW Washington Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Surgical Ambulatory Care Center</b> DBA: Surgical Ambulatory Care Center 110 Irving St. NW, GA48 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Vascular Lab</b> DBA: Vascular Lab 106 Irving Street NW POB North 3150 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Washington Hospital Center Eye Clinic</b> DBA: Washington Hospital Center Eye Clinic 110 Irving St. NW, 1A1 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>WIS - National Center for Advance Pelvic Surgery</b> 106 Irving St NW, Suite 405 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>



Locations of Care




\* Primary Location

Locations of Care	Available Services
<b>Women's &amp; Infants Services Ob/Gyn Clinic</b> DBA: Women's & Infants Services Ob/Gyn Clinic 110 Irving St. NW, GAE3 Washington, DC 20010	<b>Services:</b> <ul style="list-style-type: none"><li>• Perform Invasive Procedure (Outpatient)</li><li>• Single Specialty Practitioner (Outpatient)</li></ul>







## 2017 National Patient Safety Goals

### 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.

### Behavioral Health Care




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

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



## 2017 National Patient Safety Goals

### 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.

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

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
	Eliminating Transfusion Errors	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
	Reconciling Medication Information	
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
	Preventing Multi-Drug Resistant Organism Infections	
	Preventing Central-Line Associated Blood Stream Infections	
	Preventing Surgical Site Infections	
	Preventing Catheter-Associated Urinary Tract Infection	
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted 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.	<sup>2</sup> 264.00 minutes 115 eligible Patients	54.00	126.00	---- <sup>3</sup>	---- <sup>3</sup>
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.	<sup>2</sup> 526.00 minutes 120 eligible Patients	203.00	313.00	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited 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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			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 355 eligible Patients	100%	94%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited 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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide 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.	  99% of 229 eligible Patients	100%	94%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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





## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited 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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		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 126 eligible Patients	100%	92%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited 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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		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 person's capacity to meet life's everyday demands.	  19% of 32 eligible Patients	100%	61%	---- <sup>3</sup>	---- <sup>3</sup>
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 when the patient is also being treated with Clozapine.	<sup>3</sup>  19% of 26 eligible Patients <sup>3</sup>	100%	62%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited 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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<sup>3</sup> 17% of 6 eligible Patients <sup>3</sup>	100%	56%	---- <sup>3</sup>	---- <sup>3</sup>
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.	 0.08 (18 Total Hours in Restraint)	N/A	0.50	---- <sup>3</sup>	---- <sup>3</sup>



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited 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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		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.	 0.08 (15 Total Hours in Restraint)	N/A	0.53	---- <sup>3</sup>	---- <sup>3</sup>
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.	 0.06 (2 Total Hours in Restraint)	N/A	0.39	---- <sup>3</sup>	---- <sup>3</sup>
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.	 0.00 (0 Total Hours in Seclusion)	N/A	0.36	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.






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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016



### Symbol Key

-  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

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

Compared to other Joint Commission Accredited 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.	 <sup>2</sup>	 <sup>2</sup>

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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	0.41	---- <sup>3</sup>	---- <sup>3</sup>
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	 0.00 (0 Total Hours in Seclusion)	N/A	0.07	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

Accredited Organizations

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

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide 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 509 eligible Patients	100%	94%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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





## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

### Symbol Key

- 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

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

Compared to other Joint  
Commission

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

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average	Statewide	Average
			Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	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.	 94% of 32 eligible Patients	100%	98%	---- <sup>3</sup>	---- <sup>3</sup>
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. 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 77 eligible Patients	0%	2%	---- <sup>3</sup>	---- <sup>3</sup>
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.	 40% of 367 eligible Patients	75%	53%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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










## National Quality Improvement Goals

Reporting Period: January 2016 - December 2016



### Symbol Key

-  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

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

Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	 2	 2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	 100% of 27 eligible Patients	100%	90%	---- <sup>3</sup>	---- <sup>3</sup>



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- Null value or data not displayed.

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