



# Accreditation Quality Report





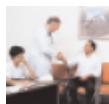
Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting 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             | 7/11/2018      | 7/10/2018             | 7/10/2018                |
|  Hospital               | Accredited             | 7/14/2018      | 7/13/2018             | 12/2/2019                |
|  Laboratory             | Accredited             | 11/23/2017     | 11/14/2019            | 11/14/2019               |

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

Pathology and Clinical Laboratory

Hospital

| Advanced Certification Programs   | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Advanced Comprehensive Stroke Center           | Certification          | 10/30/2019     | 10/29/2019            | 10/29/2019               |
|  Advanced Total Hip and Total Knee Replacement | Certification          | 1/10/2019      | 1/9/2019              | 1/9/2019                 |
|  Ventricular Assist Device                     | Certification          | 8/22/2018      | 7/25/2018             | 7/25/2018                |

### Other Accredited Programs/Services

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

### Special Quality Awards

2015 Hospital Magnet Award

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

2013 Gold Plus Get With The Guidelines - Heart Failure

2012 Silver - The Medal of Honor for Organ Donation

2010 Silver - The Medal of Honor for Organ Donation

Behavioral  
Health  
Care

2018National Patient Safety Goals

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide



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  |
| Hospital                              | <b>2019 National Patient Safety Goals</b>     |               |  *            |
|                                       | <b>National Quality Improvement Goals:</b>    |  |  |
| Reporting Period: Jul 2018 - Jun 2019 | Emergency Department                          |  <sup>2</sup> |  <sup>2</sup> |
|                                       | Hospital-Based Inpatient Psychiatric Services |  <sup>2</sup> |  <sup>2</sup> |
|                                       | Perinatal Care                                |  <sup>2</sup> |  <sup>2</sup> |
| Laboratory                            | <b>2017 National Patient Safety Goals</b>     |               |  *            |



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



## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services  |
|---|---|
| <b>Center for Hope and Healing operated by WVU Hospitals, Inc.</b><br>751 Benefactor Drive<br>Morgantown, WV 26501  | <b>Services:</b> <ul style="list-style-type: none"> <li>Chemical Dependency (Residential Care - Adult) (Detox/Non-detox - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> <li>General Laboratory Tests</li> <li>Peer Support (Non 24 Hour Care)</li> </ul>   |
| <b>Suncrest Towne Centre Clinic operated by WVU Hospitals, Inc.</b><br>600 Suncrest Towne Centre<br>Morgantown, WV 26505  | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Suncrest Towne Centre Department of Medicine Endocrinology C</li> <li>Suncrest Towne Centre Department of Medicine Nephrology Clin</li> <li>Suncrest Towne Centre Department of Medicine Rheumatology CI</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>University Town Centre Clinic operated by WVU Hospitals, Inc.</b><br>6040 University Town Centre Drive<br>Morgantown, WV 26501                                 | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>University Town Centre Clark K. Sleeth Family Medicine Cente</li> <li>University Town Centre Dermatology</li> <li>University Town Centre Geriatrics</li> <li>University Town Centre Imaging</li> <li>University Town Centre Laboratory</li> <li>University Town Centre Medicine</li> <li>University Town Centre MGP</li> <li>University Town Centre Obstetrics and Gynecology</li> <li>University Town Centre Orthopaedics</li> <li>University Town Centre Pediatric and Adolescent Practice</li> <li>University Town Centre Pre-admission Testing</li> </ul> <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>General Laboratory Tests</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul> |
| <b>West Virginia University Hospitals, Inc.</b><br>DBA: WVU Medicine Children's Neurodevelopmental Center (NDC)<br>201 Baker's Ridge Road<br>Morgantown, WV 26508 | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>West Virginia University Hospitals, Inc.</b><br>DBA: Fairmont Regional Cancer Center<br>1325 Locust Avenue<br>Fairmont, WV 26554-1435                          | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>  |



## Locations of Care

### \* Primary Location

| Locations of Care   | Available Services  |
|---|---|
| <b>West Virginia University Hospitals, Inc. *</b><br>One Medical Center Drive<br>Morgantown,<br>WV 26506-8242 | <b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Advanced Comprehensive Stroke Center</li> <li>Advanced Total Hip and Total Knee Replacement</li> <li>Ventricular Assist Device</li> </ul> <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Betty Puskar Breast Care Center</li> <li>Bonnie's Bus</li> <li>Mary Babb Randolph Cancer Center</li> <li>Neurology Clinic</li> <li>Neurosurgery Clinic</li> <li>Physician Office Center Clark K. Sleeth Family Medicine Clin</li> <li>Physician Office Center EEG/EMG</li> <li>Physician Office Center ENT Clinic</li> <li>Physician Office Center Lab</li> <li>Physician Office Center Medical Center Pharmacy</li> <li>Physician Office Center Medical Group Practice</li> <li>Physician Office Center Medical Specialties Clinic</li> <li>Physician Office Center Obstetrics and Gynecology Clinic</li> <li>Physician Office Center Orthopedics Clinic</li> <li>Physician Office Center Pediatric Specialties Clinic</li> <li>Physician Office Center Pre-admission Testing</li> <li>Physician Office Center Radiology</li> <li>Physician Office Center Surgical Specialties Clinic</li> <li>Physician Office Center Ultrasound</li> <li>Radiation Oncology</li> <li>Southeast Tower Cardiac and Pulmonary Rehab</li> <li>Southeast Tower Heart and Vascular Institute Cardiology Clin</li> <li>Southeast Tower Heart and Vascular Institute HVI Specialties</li> <li>West Virginia University Eye Institute</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>Brachytherapy (Imaging/Diagnostic Services)</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>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>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>Non-Sterile Medication Compounding (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>Plastic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> </ul> |



## Locations of Care

### \* Primary Location

| Locations of Care  | Available Services  |
|--|---|
|  | <ul style="list-style-type: none"> <li>• EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>• Gastroenterology (Surgical Services)</li> <li>• General Laboratory Tests</li> <li>• GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>• Gynecological Surgery (Surgical Services)</li> <li>• Gynecology (Inpatient)</li> <li>• Hazardous Medication Compounding (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>• Medical /Surgical Unit (Inpatient)</li> <li>• Radiation Oncology (Imaging/Diagnostic Services)</li> <li>• Sterile Medication Compounding (Inpatient)</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> |
| <b>WVU Cheat Lake Physicians operated by WVU Hospitals, Inc.</b><br>608 Cheat Road<br>Morgantown, WV 26508                     | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>• Cheat Lake Family Medicine Clinic</li> <li>• Cheat Lake Lab</li> <li>• Cheat Lake OB/GYN Clinic</li> <li>• Cheat Lake Pediatric and Adult Allergy and Immunology</li> <li>• Cheat Lake Pediatric Clinic</li> <li>• Cheat Lake Plastic Surgery Clinic</li> <li>• Cheat Lake Radiology</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>• General Laboratory Tests</li> <li>• Outpatient Clinics (Outpatient)</li> <li>• Perform Invasive Procedure (Outpatient)</li> </ul>   |
| <b>WVU Pain Management Center operated by WVU Hospitals, Inc.</b><br>Suite 150 1075<br>VanVoorhis Road<br>Morgantown, WV 26505 | <b>Services:</b> <ul style="list-style-type: none"> <li>• Administration of High Risk Medications (Outpatient)</li> <li>• General Laboratory Tests</li> <li>• Outpatient Clinics (Outpatient)</li> <li>• Perform Invasive Procedure (Outpatient)</li> </ul>   |
| <b>WVU Sleep Evaluation Center operated by WVU Hospitals, Inc.</b><br>205 Bakers Ridge Road<br>Morgantown, WV 26508            | <b>Services:</b> <ul style="list-style-type: none"> <li>• General Laboratory Tests</li> <li>• Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>WVU Spine Medicine Center operated by WVU Hospitals, Inc.</b><br>943 Maple Drive, Lower Level<br>Morgantown, WV 26505       | <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>  |



## Locations of Care




### \* Primary Location

| Locations of Care   | Available Services   |
|---|--|
| <b>WVUH Chestnut Ridge Center operated by WVU Hospitals, Inc.</b><br>DBA: Chestnut Ridge Center Day Hospital<br>3600 Collins Ferry Road<br>Morgantown, WV 26505 | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"><li>• Assertive Community Treatment</li></ul> <b>Services:</b> <ul style="list-style-type: none"><li>• Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult)</li><li>• Behavioral Health (Day Programs - Adult) (Partial - Adult)</li><li>• Community Integration (Non 24 Hour Care)</li><li>• General Laboratory Tests</li></ul> |







## 2018 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."



















## 2019 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 Infections that are difficult to treat          |  |
|  | 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: July 2018 - June 2019

### 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><br><br>105.00 minutes<br>464 eligible Patients | 55.00   | 135.00           | 45.87                   | 87.30            |



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: July 2018 - June 2019



### 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. | <br>99% of 404 eligible Patients | 100%  | 95%           | ---- <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: July 2018 - June 2019

### 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 - 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. | <br>100% of 13 eligible Patients                            | 100%                                | 95%           | ---- <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: July 2018 - June 2019

### 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 - 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. | <br>100% of 134 eligible Patients                           | 100%                                | 96%           | ---- <sup>3</sup>                  | ---- <sup>3</sup> |

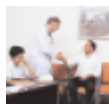


The Joint Commission only reports measures endorsed by the National Quality Forum.

\* 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: July 2018 - June 2019



### 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               | Average | Statewide                | Average           |
|   |   |   | Top 10% Scored at Least: | Rate:   | Top 10% Scored at Least: | 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. | <br>99% of 165 eligible Patients | 100%                     | 95%     | ---- <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: July 2018 - June 2019



### 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. | <br>100% of 92 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: July 2018 - June 2019

### 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.   | <sup>4</sup>  | 100%                     | 62%           | ---- <sup>3</sup>        | ---- <sup>3</sup> |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12 | This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | <sup>3</sup>  | 100%                     | 49%           | ---- <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: July 2018 - June 2019



### 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 Adolescents Age 13 - 17 | This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. |  <sup>3</sup><br>---- | 100%                     | 49%           | ---- <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: July 2018 - June 2019



### 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 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>4</sup><br>---- | 100%                     | 64%           | ---- <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: July 2018 - June 2019



### 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>4</sup><br>----                     | 100%                     | 55%           | ---- <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.  | <br>0.15<br>(39 Total Hours in Restraint) | N/A                      | 0.48          | ---- <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: July 2018 - June 2019



### 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 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.  |  <sup>4</sup><br>----                    | N/A                      | 0.39          | ---- <sup>3</sup>        | ---- <sup>3</sup> |
| 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. | <br>0.09<br>(4 Total Hours in Restraint) | N/A                      | 0.27          | ---- <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: July 2018 - June 2019

### 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. | <br>0.17<br>(32 Total Hours in Restraint)                   | N/A                      | 0.56          | ---- <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.        | <br>0.11<br>(3 Total Hours in Restraint)                    | N/A                      | 0.12          | ---- <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.   | <br>0.00<br>(0 Total Hours in Seclusion)                    | N/A                      | 0.40          | ---- <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: July 2018 - June 2019



### 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 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.  |  <sup>4</sup><br>----                     | N/A                      | 0.60          | ---- <sup>3</sup>        | ---- <sup>3</sup> |
| 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. | <br>0.00<br>(0 Total Hours in Seclusion) | N/A                      | 0.22          | ---- <sup>3</sup>        | ---- <sup>3</sup> |
| 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. | <br>0.00<br>(0 Total Hours in Seclusion) | N/A                      | 0.46          | ---- <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.        | <br>0.00<br>(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: July 2018 - June 2019



### 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  | Nationwide               |               | Statewide                |               |
|-------------------------------|---|---|--------------------------|---------------|--------------------------|---------------|
|                               |   |   | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Antenatal Steroids            | This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.   | <br>100% of 22 eligible Patients   | 100%                     | 98%           | 100%                     | 98%           |
| Elective Delivery             | This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation. 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. | <br>0% of 8 eligible Patients    | 0%                       | 2%            | 0%                       | 3%            |
| 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.   | <br>50% of 196 eligible Patients | 73%                      | 52%           | 57%                      | 43%           |



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."






## 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.

### Laboratory

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

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