

Accreditation Quality Report





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

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

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

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

One Medical Center Drive, Morgantown, WV



Summary of Quality Information

Symbol Key 1

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.
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- 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 and Human Services	Accredited	12/15/2021	12/14/2021	12/14/2021
🥝 Hospital	Accredited	11/7/2020	12/17/2021	12/17/2021
Aboratory	Accredited	11/15/2019	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	5/22/2021	5/21/2021	5/21/2021
🤣 Ventricular Assist Device	Certification	2/25/2021	2/24/2021	2/24/2021

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

			Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide	
Behavioral Health Care and	2021National Patient Safety Goals	Ø	<u>نه</u> *	

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

One Medical Center Drive, Morgantown, WV



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		Organizations	
		Nationwide	Statewide
Human Services			
Hospital	2020National Patient Safety Goals	\bigotimes	™
	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	1	(m) ²
Apr 2020 - Mar 2021	Perinatal Care	№ ²	2 ²
Laboratory	2019National Patient Safety Goals	Ø	*

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Locations of Care

Locations of Care	Available Services
Center for Hope and Healing operated by WVU Hospitals, Inc. 751 Benefactor Drive Morgantown, WV 26501	 Services: Chemical Dependency (Residential Care - Adult) (Detox/Non-detox - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) General Laboratory Tests Peer Support (Non 24 Hour Care)
Suncrest Towne Centre Clinic operated by WVU Hospitals, Inc. 600 Suncrest Towne Centre Morgantown, WV 26505	Other Clinics/Practices located at this site: Suncrest Towne Centre Department of Medicine Endocrinology C Suncrest Towne Centre Department of Medicine Nephrology Clin Suncrest Towne Centre Department of Medicine Rheumatology Cl Services: Administration of High Risk Medications (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient)
University Town Centre Clinic operated by WVU Hospitals, Inc 6040 University Town Centre Drive Morgantown, WV 26501	 Other Clinics/Practices located at this site: University Town Centre Clark K. Sleeth Family Medicine Cente University Town Centre Dermatology University Town Centre Geriatrics University Town Centre Inviersity Town Centre <
West Virginia University Hospitals, Inc. DBA: WVU Medicine Children's Neurodevelopmental Center (NDC) 201 Baker's Ridge Road Morgantown, WV 26508	 Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) Services: Outpatient Clinics (Outpatient)

One Medical Center Drive, Morgantown, WV



Locations of Care

Locations of Care	Available Services
West Virginia University Hospitals, Inc. DBA: Fairmont Medical Center 1325 Locust Avenue Fairmont, WV 26554	 Services: CT Scanner (Imaging/Diagnostic Services) Inpatient Unit (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Outpatient Clinics (Outpatient) Sterile Medication Compounding (Inpatient) Ultrasound (Imaging/Diagnostic Services)
West Virginia University Hospitals, Inc. DBA: Rockefeller Neuroscience Institute, Innovation Center 33 Medical Center Drive Suite 240 Morgantown, WV 26506	Other Clinics/Practices located at this site: RNIIC Behavioral Medicine Clinic RNIIC Neurology Clinic RNIIC Neurosurgery Clinic Services: Outpatient Clinics (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available	Services
West Virginia University Hospitals, Inc. * One Medical Center Drive Morgantown, WV 26506-8242	Joint Commission Advanced Advanced Comprehensive Stroke Advanced Total Hip and Total Knee Ventricular Assist Device Other Clinics/Practices locate Betty Puskar Breast Care Center Bonnie's Bus Mary Babb Randolph Cancer Center Physician Office Center Clark K. Sleeth Family Medicine Clin Physician Office Center ENT Clinic Physician Office Center ENT Clinic Physician Office Center Lab Physician Office Center Medical Center Pharmacy Physician Office Center Medical Group Practice Physician Office Center Medical Specialties Clinic Physician Office Center Medical Specialties Clinic Physician Office Center Neurology Clinic Physician Office Center Neurosurgery Clinic	Center e Replacement
	Services: • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiotvascular Unit (Inpatient) • Coronary Care Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services)	 Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Outpatient Clinics (Outpatient) Pediatric Unit (Inpatient) Plastic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient)

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Locations of Care

Locations of Care	Available Services
	 EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Hematology/Oncology Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Medical /Surgical Unit (Inpatient) Labor & Delivery (Inpatient) Medical /Surgical Unit (Inpatient)
West Virginia University Hospitals, Inc. DBA: Fairmont Regional Cancer Center 1325 Locust Avenue Fairmont, WV 26554-1435	Services: • Outpatient Clinics (Outpatient)
WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. 608 Cheat Road Morgantown, WV 26508	Other Clinics/Practices located at this site: • Cheat Lake Family Medicine Clinic • Cheat Lake Pediatric Clinic • Cheat Lake Lab • Cheat Lake Plastic Surgery Clinic • Cheat Lake OB/GYN Clinic • Cheat Lake Plastic Surgery Clinic • Cheat Lake Pediatric and Adult Allergy and Immunology • Cheat Lake Radiology Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
WVU Pain Management Center operated by WVU Hospitals, Inc. Suite 150 1075 VanVoorhis Road Morgantown, WV 26505	 Services: Administration of High Risk Medications (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
WVU Sleep Evaluation Center operated by WVU Hospitals, Inc. 205 Bakers Ridge Road Morgantown, WV 26508	Services:Outpatient Clinics (Outpatient)

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One Medical Center Drive, Morgantown, WV



Locations of Care

* Primary Location

Locations of Care	Available Services
WVU Spine Medicine Center operated by WVU Hospitals, Inc. 943 Maple Drive, Lower Level Morgantown, WV 26505	Services: Outpatient Clinics (Outpatient)
WVUH Chestnut Ridge Center operated by WVU Hospitals, Inc. DBA: Chestnut Ridge Center Day Hospital 3600 Collins Ferry Road Morgantown, WV 26505	Other Clinics/Practices located at this site: Assertive Community Treatment Services: Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult) Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult) Community Integration (Non 24 Hour Care) General Laboratory Tests

One Medical Center Drive, Morgantown, WV



2021 National Patient Safety Goals

Behavioral Health Care and Human Services

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

Symbol Key 3

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

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One Medical Center Drive, Morgantown, WV



2020 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key 3

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One Medical Center Drive, Morgantown, WV

Hospital-Based

Services

Inpatient Psychiatric



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

Symbol Key 2 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 organization's performance is below the target range/value. Not displayed

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		Accredited 0	Organizations
Measure Area	Explanation	Nationwide	Statewide

 Accredited Organizations

 Explanation
 Nationwide
 Statewide

 This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.
 Image: Complexity of the optimization of the optization of the optization of the optimization of the optimization

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital	Vationwide Top 10%	Average	State Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 504 eligible Patients	100%	96%	3	3

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

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

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

			Corr	npared to c Commiss		
				edited Org		
Measure Area Hospital-Based	Explanation This category of evidenced based measures as	sossos tho	Nationwi	de	Statewide	9
Inpatient Psychiatric Services	overall quality of care given to psychiatric patier		(10)	2	№ ²	
		Cor	npared to c Accredite	other Joint ed Organiz		'n
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Avera Rate
Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	children age (1-12 years) screenedngthsfor violence risk to self and others,	CO 100% of 10 eligible Patients	100%	97%	3	3

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West Virginia University Hospitals, Inc.

One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Reporting Peri	iod: Ap	ril 2020 - March 2021					
				Com			
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewid	е
Hospital-Based Inpatient Psychiatric				(2	○ ²	
Services							
			Cor				on
				lationwide	Ŭ	State	ewide
Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
substance use disorder, trauma and patient stren	ngths	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients 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	00% of 181 eligible Patients	100%	97%	3	3
	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent	Measure Area Hospital-Based Inpatient Psychiatric Services Measure Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17)	Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures as overall quality of care given to psychiatric patient services Measure Explanation 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 psychological trauma history 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	Measure Area Explanation Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Measure Explanation Measure 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 psychological trauma history determines if patients new experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to Compare to Compa	Measure Area Explanation Nationwide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Accredited Organic Measure Explanation Image: Compared to other Joint Accredited Organic Measure Explanation Image: Compared to other Joint Accredited Organic Measure Explanation Nationwide Measure Explanation Nationwide Results Top 10% Average Results Assessment of violence risk, substance use disorder, rauma and patient strengths completed - Adolescent (13-17) years) This measure reports the number of adolescent age (13-17 years) This measure reports the number of adolescent self determines if patients are likely to harm others. Screening for violence risk to self adetermines if patients relikely to harm Image:	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. Image: Compared to other Joint Commission Accredited Organizations Measure Explanation Nationwide Statewide Measure Explanation Image: Compared to other Joint Commission Accredited Organizations Measure Explanation Compared to other Joint Commission Accredited Organizations Measure Explanation Image: Compared to other Joint Commission Accredited Organizations 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 determines if patients are likely to harm themselves. Screening for violence risk to others determines if patient strengths. Screening for violence risk to others determines if patients are likely to harm ther substance and alcohol use determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their lives which have left them fearful or anxious and unable to handle their 100% 97% 3

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One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie				€141€W14	C
Footnote Key	Services							
The Measure or Measure Set was not reported.				Coi	npared to o	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide	Ŭ	State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	r, engths	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 identifice positive things	100% of 237 eligible Patients	100%	95%	3	3
or further information			strengths identifies positive things such as family support, a steady job,					

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One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

Reporting Perio	od: April 2020 - March 2021					
Measure Area Hospital-Based	Explanation This category of evidenced based measur				sion anizations Statewid	e
Inpatient Psychiatric Services	overall quality of care given to psychiatric	balients.		,	™ ²	
				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Avera Rate
Assessment of violence is substance use disorder, trauma and patient stren completed - Older Adult (years)	older adult (>= 65 years) screened for violence risk to self and others,	100% of 76 eligible Patients	100%	95%	3	3

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One Medical Center Drive, Morgantown, WV



National Quality Improvement Goals

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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	9
Eastrata Var	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key 1. The Measure or Measure Set was not				0.0		then laint	Commissio	
reported.				Cor	mpared to c Accredite	ed Organiz		n
2. The Measure Set does not have an overall result.	Manageme		Evaluation		Vationwide	A	State	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Overall Rate		This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	100% of 22 eligible Patients	100%	59%	3	3
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ³	100%	42%	3	3



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Symbol Key 2 This organization achieved the best

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Perio	od: Apr	il 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwie	de	Statewide	e
			egory of evidenced based measures as juality of care given to psychiatric patie		0	2	⊘ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Col	mpared to c	other Joint ed Organiz		n
The Measure Set does not have an				N	Vationwide		State	ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Multiple Antipsychotic Medications at Discharge 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 are apprendict instification					

there was an appropriate justification.

illness that markedly interferes with a

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

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

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

group of drugs used to treat

5.	The organization scored above 90% but
	was below most other organizations.
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- 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.''**

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	iod: Ap	oril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commiss		
This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patien			2	⊘ ²	
The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Avera Rate
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic		This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	Medications at Discharg Appropriate Justification		patients age 18 through 64 years discharged on two or more					
The Measure results are not statistically valid.	Adults Age 18 - 64		antipsychotic medications for which there was an appropriate justification.					
The Measure results are based on a sample of patients.			Antipsychotic medications are a group of drugs used to treat					
The number of months with Measure data is below the reporting requirement.			psychosis. Psychosis is a mental illness that markedly interferes with a	\bigcirc				
The measure results are temporarily suppressed pending resubmission of updated data.			person's capacity to meet life's everyday demands. Appropriate justifications include previous	100% of 19 eligible	100%	60%	3	
Test Measure: a measure being evaluated for reliability of the			attempts to control psychosis with one antipsychotic medication, a plan	Patients				
individual data elements or awaiting National Quality Forum Endorsement			to reduce the number of antipsychotic medications to one					

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."

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antipsychotic medication or the

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

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updated data. 10. Test Measure: a measur evaluated for reliability individual data element National Quality Forum

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National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2020 - March 2021					
 This organization's performance is above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 	Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation regory of evidenced based measures as quality of care given to psychiatric patie	nts. Cor	Accr Nationwi	2	sion anizations Statewide 2 Commissio	n
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Dischar Appropriate Justificatio Adults Age 65 and Olde	n Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	00% of 3 eligible Patients	100%	55%	<u></u> 3	3
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Rest Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.15 (46 Total Hours in Restraint)	N/A	0.86	3	3

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National Quality Improvement Goals

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This organization's performance is above the target range/value. This organization's performance is similar to the target range/value.					Con	npared to c		
This organization's performance is below the target range/value.					Accr	Commiss edited Org	sion ganizations	
Not displayed	Measure Area		Explanation		Nationwie	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	№ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an						ed Organiz		on ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results				Averag Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	Hours of Physical Restr 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 immobilized or reduces the ability of	600 ⁴				

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

- suppressed pending resubmission of updated data. 10. Test Measure: a measure being evaluated for reliability of the
- individual data elements or awaiting National Quality Forum Endorsement. 11 There were no eligible patients that met
- the denominator criteria.

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

			at Louot.		at Louot.	
urs of Physical Restraint e 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.	№0 ⁴	N/A	0.35	3	_
urs of Physical Restraint Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.26 (16 Total Hours in Restraint)	N/A	0.25	3	-



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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021					
This organization's performance is above the target range/value.							
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Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	è
Frankrika IZ.	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		(2	∞ ²	
Footnote Key							
The Measure or Measure Set was not reported.			Cor		other Joint ed Organiz	Commissio zations	n
The Measure Set does not have an overall result.			Ν	lationwide		State	wi
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	A
The measure meets the Privacy				at Least:		at Least:	

- **4**. The measure Disclosure Threshold rule. 5. The organization scored above 90% but
- was below most other organizations. The Measure results are not statistically
- valid. The Measure results are based on a
- sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
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- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç 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.	0.14 (30 Total Hours in Restraint)	N/A	1.06	3	3
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.10	3	3
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	0.44	3	3

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

	Symbol Key 2		
0	This organization achieved the best possible results		
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Θ	This organization's performance is below the target range/value.		
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Footnote Key

- The Measure or Measure Set was not 1. reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
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- 8. The number of months with Measure data is below the reporting requirement.
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- the denominator criteria.

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

		Compared to Comm	o other Joint iission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	@ ²

		Compared to other Joint Commission Accredited Organizations				
						wide
Measure	Explanation	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.	€0 ⁴	N/A	0.40	3	3
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.19	³	3
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.53	<u></u> 3	3
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	3	3



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overall result.

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The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

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There were no eligible patients that met

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The measure meets the Privacy Disclosure Threshold rule.

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.				o other Joint hission
O This organization's performance is below the target range/value.			Accredited C	Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	∞ ²

		Со	mpared to c Accredit	other Joint ed Organiz		on	
		`				atewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	()	16%	25%	20%	26%	
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 15 eligible Patients	0%	2%	0%	1%	
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	55% of 285 eligible Patients	71%	50%	60%	42%	
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	3364% of 1278 eligible Patients	212%	1780%	0%	2076%	
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	4616% of 1278 eligible Patients	1508%	3084%	1296%	3827%	

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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Footnote Key

- The Measure or Measure Set was not 1. reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
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- 8. The number of months with Measure data is below the reporting requirement.
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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

				Compared to other Joint Commission Accredited Organizations			
Measure Area		Explanation		Nationwi	de Statewide		э
Perinatal Care		tegory of evidenced based measures a mothers and newborns.	ssesses the	™ ²		2 ²	
			Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complicat Term Newborns per 10 livebirths - Severe Rate	00	The severe rate equals the number of patients with severe complications.	1251% of 1278 eligible Patients	501%	1303%	529%	1750%



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2019 National Patient Safety Goals

Laboratory

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

Symbol Key 3

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."