

Accreditation Quality Report





Version: 10 Date: 10/17/2017





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

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

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

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

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

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Mission Hospital, Inc. 509 Biltmore Avenue, Asheville, NC







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	6/20/2015	6/19/2015	8/3/2015
Laboratory	Accredited	3/18/2016	3/17/2016	3/17/2016

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

Pathology and Clinical Laboratory

Hospital

Sraft 🍑

Footnote Key

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

Advanced Certification	Certification Decision	Effective	Last Full Review	Last On-Site
Programs		Date	Date	Review Date
Advanced Comprehensive Stroke Center	Certification	8/24/2017	7/12/2017	7/12/2017
Primary Stroke Center	Certification	11/20/2015	11/19/2015	11/19/2015
Ventricular Assist Device	Certification	6/9/2016	5/17/2016	5/17/2016
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	V Last On-Site Review Date
Chronic Obstructive Pulmonary Disease	Certification	5/28/2016	5/27/2016	5/27/2016
Coronary Artery Bypass	Certification	7/12/2016	7/11/2016	7/11/2016

Other Accredited Programs/Services

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

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

2014 ACS National Surgical Quality Improvement Program

2013 Gold Plus Get With The Guidelines - Stroke

2012 Gold Get With The Guidelines - Heart Failure







Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2015National Patient Safety Goals	Ø	№ *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	ND ²	ND ²
Jan 2016 - Dec 2016	Hospital-Based Inpatient Psychiatric Services	ND ²	ND ²
	Immunization	ND ²	ND 2
	Perinatal Care	2	№ 2
	Venous Thromboembolism (VTE)	2	NO 2
Laboratory	2016National Patient Safety Goals	Ø	N/A *

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



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Locations of Care

* Primary Location	
Locations of Care	Available Services
Mission Hospital, Inc 5 Medical Park Drive Asheville, NC 28803	Other Clinics/Practices located at this site:
Mission Hospital, Inc 11 Vanderbilt Park Drive Asheville, NC 28803	Other Clinics/Practices located at this site: Huff Therapy Mission Child Safety Mission Children's Clinic Mission Pediatric Audiology Mission Pediatric Endocrinology Mission Pediatric Genetics Mission Pediatric Gl Mission Pediatric Community Transition Pediatric Neurology Mission Pediatric Pulmonary Mission Pediatric Sedation Suite Mission Pediatric Surgery Mission Radiology at Reuters Olson Huff Center Pediatric Community Transition Pediatric Neurology
	Services: Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Mission Hospital, Inc 360 Hospital Drive Clyde, NC 28721	Other Clinics/Practices located at this site:
	Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)







Locations of Care

* Primary Location			
Locations of Care	Available Services		
Mission Hospital, Inc 21 Hospital Drive Asheville, NC 28801	Other Clinics/Practices located at this site:		
	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient)		
Mission Hospital, Inc 1388 Sand Hill Road Candler, NC 28715	Other Clinics/Practices located at this site: • Mission Radiology Services: • Outpatient Clinics (Outpatient)		
Mission Hospital, Inc 100 Ridgefield Court Asheville, NC 28816	Other Clinics/Practices located at this site: • Hope Women's Cancer Center • Mission Outpatient Infusion at Hope • Mission Radiology at Hope • Mission Women's Radiology Services: • Administration of High Risk Medications (Outpatient) • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)		
Mission Hospital, Inc 5 Vanderbilt Park Drive Asheville, NC 28803	Other Clinics/Practices located at this site: • Mission Cardiovascular Diagnostics - Peds • Mission Cardiovascular Diagnotics - Adult • Mission Heart Path and Heart Path ICR • Mission Outpatient Heart Path • Mission Sleep Lab Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)		







Locations of Care

Asheville, NC 28803

Locations of Care	Available Services	
Mission Hospital, Inc 1 Hospital Dr Asheville, NC 28801	Other Clinics/Practices located at this site:	
	Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)	
Mission Hospital, Inc 2 Medical Park Dr. Asheville, NC 28803	Other Clinics/Practices located at this site: • WNC Breastfeeding Center Services: • Outpatient Clinics (Outpatient)	
Mission Hospital, Inc 100 Victoria Drive Asheville, NC 28801	Other Clinics/Practices located at this site: • Mission Radiology Services: • Outpatient Clinics (Outpatient)	
Mission Hospital, Inc 7 Vanderbilt Park Dr Asheville, NC 28803	Other Clinics/Practices located at this site: • Mission Interventional Spine • Mission Radiology Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)	
Mission Hospital, Inc 691 Blythe Street Hendersonville, NC 28739	Other Clinics/Practices located at this site: • Mission Cardiovascular Diagnostics Services: • Outpatient Clinics (Outpatient)	
Mission Hospital, Inc 9 Vanderbilt Park Dr. Asheville, NC, 28803	Other Clinics/Practices located at this site: • Fullerton Genetics • Padiatria Palliative Core	

• Pediatric Palliative Care

Outpatient Clinics (Outpatient)Perform Invasive Procedure (Outpatient)

Services:







Locations of Care

*	Primary	/ Location
	I IIIIIIIII)	Location

Locations of Care	Available Services
Mission Hospital, Inc 310 Long Shoals Rd. Arden, NC 28704	Other Clinics/Practices located at this site: • Mission Radiology at Biltmore Park • Mission Vein Treatment at Biltmore Park Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Hospital, Inc. 534 Biltmore Ave. Asheville, NC 28801-4601	Other Clinics/Practices located at this site: • Mission Breast Center • Mission Breast Center Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Hospital, Inc. 2695 Hendersonville Rd. Arden, NC 28704-8576	Other Clinics/Practices located at this site: • Mission Breast Center at Pardee • Mission Spine Center Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Hospital, Inc. 2 Town Square Blvd. Ste. 110 Asheville, NC 28803	Other Clinics/Practices located at this site: • Mission Breast Center - Biltmore Park Services: • Outpatient Clinics (Outpatient)
Mission Hospital- St. Joseph Campus 428 Biltmore Avenue Asheville, NC 28801	Services: • General Laboratory Tests







Locations of Care

* Primary Location

Locations of Care Mission Hospitals, Inc. 428 Biltmore Avenue

Asheville, NC 28801

Available Services

Services:

- Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization -Adult/Child/Youth) (Partial - Adult)
- Brachytherapy (Imaging/Diagnostic Services)
- CT Scanner (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)

- Medical ICU (Intensive Care Unit)
- Ophthalmology (Surgical Services)
- Peer Support (Non 24 Hour Care)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Technology-Based Behavioral Health Srvs (Non 24 Hour Care - Adult/Child/Youth)
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)







Locations of Care

* Primary Location

Locations of Care

Mission Hospitals, Inc. * 509 Biltmore Avenue Asheville, NC 28801

Available Services

Joint Commission Advanced Certification Programs:

- Advanced Comprehensive Stroke Center
- Ventricular Assist Device

Joint Commission Certified Programs:

- Chronic Obstructive Pulmonary Disease
- Coronary Artery Bypass Graft

Other Clinics/Practices located at this site:

• Advanced Cardiac Care Clinic

Services:

- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)

- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neuro/Spine ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- 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)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology
- (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound (Imaging/Diagnostic Services)







Locations of Care

*	Primary	/ Location
	rillialy	Location

Locations of Care	Available Services
Mission Hosptial, Inc 222 Asheland Ave Asheville, NC 28801	Other Clinics/Practices located at this site: • Mission Intervention and Vascular Center • Mission Vascular and Interventional Clinic Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Point of Care Memorial Campus 509 Biltmore Ave Asheville, NC 28801	Services: • General Laboratory Tests







2015 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	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	Ø
Use Alarms Safely	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	0000
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

Org ID: 6468

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		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.	ND 2	№ 2

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	154.00 minutes 480 eligible Patients	54.00	126.00	59.24	113.64
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	353.00 minutes 481 eligible Patients	203.00	313.00	231.29	299.65

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint
Commission
Accredited Organizations
ationwide Statewide

		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.	№ ²	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	46% of 800 eligible Patients	100%	94%	100%	93%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

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

		Col	npared to c	other Joint ed Organiz		n			
			Accredit Nationwide	eu Organiz		ewide Average Rate:			
Measure	Explanation	Hospital		Average					
Weasure	Ехріанаціон	Results	Scored	Rate:	Scored	0			
		rtoodito	at Least:	rtato.	at Least:	rato.			
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 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.	40% of 171 eligible Patients	100%	95%	100%	83%			

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Org ID: 6468

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission Accredited Organizations

		Compared to other Joint Commission Accredited Organizations							
		1	Nationwide		State	wide			
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	•			
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	39% of 200 eligible Patients	100%	96%	100%	93%			

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric

509 Biltmore Avenue, Asheville, NC

Org ID: 6468

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Commission
Accredited Organizations

Explanation
Nationwide
Statewide

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

		Col	mpared to o	other Joint ed Organiz		on
			Accredit Nationwide	ed Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
Weddure	Explanation	Results	Scored	Rate:	Scored	Rate:
		results	at Least:	rtato.	at Least:	rato.
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.	52% of 271 eligible Patients	100%	94%	100%	95%

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Measure Area

Services

Hospital-Based

Inpatient Psychiatric

509 Biltmore Avenue, Asheville, NC Org ID: 6468







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission

Accredited Organizations

Explanation

Nationwide

Statewide

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

		Compared to other Joint Commission Accredited Organizations				on
		١	Nationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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	51% of 158 eligible Patients	100%	92%	100%	87%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of care given to psychiatric patients.

		Cor	npared to o			on
		Accredited Organizations Nationwide S				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	90% of 20 eligible Patients ³	100%	61%	100%	82%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.		100%	63%	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
- Null value or data not displayed.

Symbol Key

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Footnote Key

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- The Measure Set does not have an overall result.
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- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
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Org ID: 6468







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

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

		Cor	npared to o	other Joint ed Organiz		n
			Nationwide	cu Organiz		ewide
Measure	Explanation	Hospital Results		Rate:	Top 10% Scored at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.	4	100%	59%	3	3

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		Compared to other Joint Commission Accredited Organizations					
		N	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	93% of 14 eligible Patients ³	100%	62%	100%	84%	

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Cor	npared to o			on
		Accredited Organizations Nationwide Statewid				ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	75% of 4 eligible Patients ³	100%	56%	100%	72%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.12 (80 Total Hours in Restraint)	N/A	0.50	N/A	0.38

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.11 (6 Total Hours in Restraint)	N/A	0.35	N/A	0.40
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.03 (3 Total Hours in Restraint)	N/A	0.33	N/A	0.20

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

Compared to other Joint Commission

Accredited Organizations

Nationwide

Statewide

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

		Cor	mpared to c	other Joint ed Organiz		on
			Accredit Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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.	0.16 (71 Total Hours in Restraint)	N/A	0.53	N/A	0.15
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.	0.01 (1 Total Hours in Restraint)	N/A	0.39	N/A	2.20
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.	0.16 (107 Total Hours in Seclusion)	N/A	0.36	N/A	0.12

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Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			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.	1.33 (66 Total Hours in Seclusion)	N/A	0.54	N/A	0.44
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	0.21	N/A	0.15
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.	0.09 (41 Total Hours in Seclusion)	N/A	0.41	N/A	0.11
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.07	N/A	0.02

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ossible results

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint **Accredited Organizations** Measure Area Statewide Explanation Nationwide **Immunization** This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

		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:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	93% of 540 eligible Patients	100%	94%	100%	95%

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National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint

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

		Соі	mpared to o	other Joint ed Organiz		n
		١	Nationwide		State	wide
Measure	Explanation	Hospital Results	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.	100% of 36 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 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 40 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.	65% of 397 eligible Patients	75%	53%	65%	47%

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Symbol Key

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509 Biltmore Avenue, Asheville, NC

Org ID: 6468

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area

Explanation

Nationwide

Statewide

Venous
Thromboembolism
(VTE)

This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.

		Compared to other Joint Commission Accredited Organizations				n
		<u> </u>	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	92% of 144 eligible Patients	100%	93%	100%	95%

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

the denominator criteria.







2016 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."

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