

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.

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



Summary of Quality Information

a		Key
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O V II	11001	

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
•••	Not displayed

Footnote Key

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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
🮯 Hospital	Accredited	6/20/2015	6/19/2015	8/3/2015
olimitation and the second sec	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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site 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 Graft	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	\bigotimes	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	(10) ²	1
Jul 2016 - Jun 2017	Hospital-Based Inpatient Psychiatric Services	ND ²	(1) ²
	Immunization	№0 ²	() ²
	Perinatal Care	2 ²	() ²
Laboratory	2016National Patient Safety Goals	Ø	*

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

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Locations of Care	Available Services	
Mission Hospital, Inc 5 Medical Park Drive Asheville, NC 28803	Other Clinics/Practices located at this site: Asheville Surgery Center Asheville Surgery Center Services: Administration of High Risk Medications (Outpatient) Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Perform Invasive Procedure (Outpatient) 	
Mission Hospital, Inc	Other Clinics/Practices located at this site:	
11 Vanderbilt Park Drive Asheville, NC 28803	 Huff Therapy Mission Child Safety Mission Children's Clinic Mission Pediatric Audiology Mission Pediatric Centers Mission Pediatric Genetics Mission Pediatric GI Mission Pediatric GI Mission Pediatric GI Mission Pediatric Orthopedics 	
	Services:	
	 Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) 	
Mission Hospital, Inc	Other Clinics/Practices located at this site:	
360 Hospital Drive Clyde, NC 28721	 Asheville Orthopedic Associates Carolina Spine and Neurosurgery Center Mission Wound Healing Wound Healing Center 	
	Services:	
	 General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) 	



Locations of Care	Locations of Care Available Services	
Mission Hospital, Inc 21 Hospital Drive Asheville, NC 28801	 Other Clinics/Practices located at this site: Cancer Care Western North Carolina Mission Cancer Care Mutlidisciplinary Clinic Mission Hospital PET Center Mission Cancer Care Mission Hospital PET Center Mission Hospital PET Center Mission Cancer Care Mission Hospital PET Center Mission Hospital PET Center Mission Cancer Care Mission Hospital PET Center Mission Hospital PET Center Mission Cancer Care Mission Hospital PET Center Mission Cancer Care Mission Hospital PET Center Mission Cancer Care Mission Cancer Care Mission Hospital PET Center Mission Cancer Care Mission Care Care Care Mission Care Care Care Mis	
	 Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (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	Available Services
Mission Hospital, Inc 1 Hospital Dr Asheville, NC 28801	Other Clinics/Practices located at this site: • Anticoagulation Clinic • Anticoagulation, Diabetes and Health Education • Diabetes Clinic • Mission Outpatient Behavioral Health • 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 Pediatric Palliative Care Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)



* Primary 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)



Primary Location Locations of Care	Available	Services
Mission Hospitals, Inc. *	Joint Commission Advanced	
509 Biltmore Avenue	Advanced Comprehensive Stroke	•
Asheville, NC 28801	 Ventricular Assist Device 	Center
	Joint Commission Certified I	Programs:
	Chronic Obstructive Pulmonary D	isease
	 Coronary Artery Bypass Graft 	
	Other Clinics/Practices locat	ed at this site:
	Advanced Cardiac Care Clinic	
	Services:	
	 Brachytherapy 	 Medical /Surgical Unit
	(Imaging/Diagnostic	(Inpatient)
	Services)	Medical ICU (Intensive Care
	Cardiac Catheterization Lab (Summing)	Unit)
	(Surgical Services)Cardiac Surgery (Surgical	 Neuro/Spine ICU (Intensive Care Unit)
	Services)	 Neuro/Spine Unit (Inpatient)
	Cardiothoracic Surgery	Neurosurgery (Surgical
	(Surgical Services)	Services)
	 Cardiovascular Unit 	 Nuclear Medicine
	(Inpatient)	(Imaging/Diagnostic Service
	Coronary Care Unit (Innotiont)	Ophthalmology (Surgical
	(Inpatient)CT Scanner	Services)Orthopedic Surgery (Surgical
	(Imaging/Diagnostic	Services)
	Services)	Orthopedic/Spine Unit
	 Dialysis Unit (Inpatient) 	(Inpatient)
	Ear/Nose/Throat Surgery	Outpatient Clinics (Outpatien
	(Surgical Services)	Pediatric Unit (Inpatient)
	EEG/EKG/EMG Lab (Imaging/Diagnostic	 Plastic Surgery (Surgical Services)
	(Imaging/Diagnostic Services)	 Post Anesthesia Care Unit
	 Gastroenterology (Surgical 	(PACU) (Inpatient)
	Services)	Surgical ICU (Intensive Care
	 General Laboratory Tests 	Unit)
	GI or Endoscopy Lab	Surgical Unit (Inpatient)
	(Imaging/Diagnostic	Teleradiology (Imaging/Diagnastic Service)
	Services)Gynecological Surgery	(Imaging/Diagnostic ServiceThoracic Surgery (Surgical
	(Surgical Services)	Services)
	 Gynecology (Inpatient) 	Ultrasound
	 Inpatient Unit (Inpatient) 	(Imaging/Diagnostic Service
	 Interventional Radiology 	
	(Imaging/Diagnostic	
	Services)	
	Labor & Delivery (Inpatient)	
	Magnetic Resonance Imaging (Imaging/Diagnostic	
	Imaging (Imaging/Diagnostic Services)	
	00111003/	



Locations of Care	Available Services	
Mission Hospitals, Inc. 428 Biltmore Avenue Asheville, NC 28801	 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) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl 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) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic 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) 	



2015 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
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	\bigotimes
	Reconciling Medication Information	\bigotimes
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	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ୍ଠ ର
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	\bigcirc

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.

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Compared to other Joint Commission Accredited Organizations

Statewide

1 2



National Quality Improvement Goals

Symbol Key			
This organization achieved the best possible results	Reporting P	eriod: July 2016 - June 2017	
This organization's performance is above the target range/value.			
This organization's performance is similar to the target range/value.			Compar
O This organization's performance is below the target range/value.			Accredite
Mot displayed	Measure Area	Explanation	Nationwide
	Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency	2

Footnote Key

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№² Department prior to inpatient admission. Compared to other Joint Commission Accredited Organizations

		Ν	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	2 142.00 minutes 506 eligible Patients	55.00	131.00	56.42	125.16
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.	2 300.00 minutes 509 eligible Patients	204.00	317.00	229.32	315.37

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



National Quality Improvement Goals

Reporting Per	iod: July 2016 - June 2017		
		Compared to Comm Accredited C	nission
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	O ²

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
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.	69% of 790 eligible Patients	100%	95%	100%	95%

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

---- Null value or data not displayed.

Symbol Key

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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." 509 Biltmore Avenue, Asheville, NC



National Quality Improvement Goals

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Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
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the patient recover.

housing, etc. which are used to help

509 Biltmore Avenue, Asheville, NC



National Quality Improvement Goals

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509 Biltmore Avenue, Asheville, NC



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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	○ ²	
1. The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		n
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3. 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:
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509 Biltmore Avenue, Asheville, NC



National Quality Improvement Goals

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National Quality Improvement Goals

South of Vore								
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Ecotucto Voy			egory of evidenced based measures as uality of care given to psychiatric patie		(2	○ ²	
Footnote Key 1. The Measure or Measure Set was not				Co	mpared to c	other loint	Commissio	n
reported.					Accredit	ed Organiz	ations	
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	Vationwide	Average	State Top 10%	
3. The number of patients is not enough for comparison purposes.	modouro		Explanation	Results	Scored	Rate:	Scored	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 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	e with	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	92% of 25 eligible Patients	at Least:	61%	at Least:	88%
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.''	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	e with	everyday demands. 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 ene antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€¶ 4	100%	53%	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

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Org ID: 6468



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: Jul	y 2016 - June 2017					
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 Commis		
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on Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
The Measure or Measure Set was not reported.				Со	mpared to o Accredit	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.					Vationwide			wide
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:	Ave Ra
 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 	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 was an appropriate justification. Antipsychotic medications are a					

	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."

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

group of drugs used to treat psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

illness that markedly interferes with a

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

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100%

54%

3

3

Org ID: 6468



National Quality Improvement Goals

	•					
				Commis	other Joint sion anizations	
Measure Area	Explanation		Nationwie	de	Statewide	э
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measure overall quality of care given to psychiatric p		ses the \bigcirc^2 \bigcirc^2			
				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	State Top 10% Scored at Least:	ewide Avera Rat
Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Adults Age 18 - 64						

there was an appropriate justification.

illness that markedly interferes with a

 \bigcirc

94% of

17 eligible

Patients

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

group of drugs used to treat

Symbol Key This organization achieved the best

~	possible results
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is below the target range/value.
ND	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.
- 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.
- The number of months with Measure data is below the reporting requirement.
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- 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
- 1. 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." The Joint Commission only reports measures endorsed by the National Quality Forum.

to reduce the number of

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

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62%

100%

100%

89%



National Quality Improvement Goals

Symbol Voy							
Symbol Key This organization achieved the best possible results	Reporting Period: J	uly 2016 - June 2017					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
O This organization's performance is below the target range/value.				Accr	redited Orga	anizations	
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Footnote Key		category of evidenced based measures as all quality of care given to psychiatric patier		0) ²	○ ²	
1. The Measure or Measure Set was not reported.		1	Cor	mpared to c Accredite	other Joint (ted Organiz		on
2. The Measure Set does not have an overall result.				Nationwide	Ŭ	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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 Discharge with Appropriate Justification Older Adults Age 65 and Older	on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	CO 100% of 5 eligible Patients	100%	56%	100%	83%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	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.	0.13 (123 Total Hours in Restraint)	N/A	0.52	N/A	0.16

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: July	y 2016 - June 2017					
This organization's performance is above the target range/value.								
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(10)	2	@ ²	
Footnote Key	00111003							
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overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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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.''	Hours of Physical Restr Use Adolescents Age 1		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.	0.06 (8 Total Hours in Restraint)	N/A	0.26	3	3



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National Quality Improvement Goals

Syr	mbol Key								
	organization achieved the best ble results	Reporting Per	iod: July	y 2016 - June 2017					
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	organization's performance is v the target range/value.					Accr	edited Org		
	lisplayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	· · · · · · · · · · · · · · · · · · ·	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
	otnote Key Measure or Measure Set was not	00111000						• • •	
report						npared to o Accredit lationwide	other Joint ed Organiz		
overal	ll result.	Measure		Explanation	Hospital		Average	Top 10%	
for co	number of patients is not enough omparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
	neasure meets the Privacy osure Threshold rule.	Hours of Physical Restr	aint	This measure reports the number of		at Loast.		at Least.	
was b	organization scored above 90% but below most other organizations.	Use Adults Age 18 - 64		hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care.					
valid.	Measure results are not statistically			Physical restraint is any manual method or physical or mechanical					
sampl	Measure results are based on a le of patients.			device, material, or equipment that immobilizes or reduces the ability of	Ð				
	s below the reporting requirement.			a patient to move his or her arms,	0.17	N/A	0.62	N/A	0.15
suppre	neasure results are temporarily ressed pending resubmission of			legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the	(98 Total Hours in Restraint)				
	ed data. Measure: a measure being			patient's freedom of movement and					
evalua indivi	ated for reliability of the idual data elements or awaiting nal Quality Forum Endorsement.			is not a standard treatment for the patient's medical or psychiatric condition.					
11. There	were no eligible patients that met	Hours of Physical Restr		This measure reports the number of					
the de	enominator criteria.	Use Older Adults Age 6 Older	5 and	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					
	urther information xplanation of the			physical or mechanical device, material, or equipment that	æ				
	ty Report contents,			immobilizes or reduces the ability of a patient to move his or her arms,		N/A	0.15	N/A	0.02
refer t	to the "Quality			legs, body or head freely when it is	0.01 (1 Total Hours in Restraint)				
Repor	rt User Guide.''			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.					
		Hours of Seclusion Use 1000 Patient Hours - Ov		This measure reports the total hours patients were kept in seclusion for					
		Rate	Veraii	every 1,000 hours of patient care.	Ð	N 1/A	0.00	N1/A	0.4.4
				Seclusion is the involuntary confinement of a patient alone in a	0.19 (174 Total	N/A	0.39	N/A	0.14
				room or an area where the patient is physically prevented from leaving.	Hours in Seclusion)				

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National Quality Improvement Goals

Reporting Period: July 2016 - June 2017 Compared to other Joint Commission Accredited Urganization's performance is individual for the target nage value. The engination's performance is individual for the target nage value. The optical-Based Inpatient Psychiatric Description of evidenced based measures assesses the Compared to other Joint Commission Accredited Urganizations Psychiatric Description of evidenced based measures assesses the Compared to other Joint Commission Accredited Urganizations Psychiatric Description of evidenced based measures assesses the Compared to other Joint Commission Accredited Urganizations Psychiatric Description of evidenced based measures assesses the Psychiatric Description of the psyschiatric Description of the psychiatric Description	Chl-IZ							
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Mode angle rangevalue.								
Hospital-Based inpatient Psychiatric gaugest of evidenced based measures assesses the inpatient Psychiatric gaugest of care given to psychiatric patients. © 2 © 2 In Maxime or Measure Set was not experted in a factor of patient is not enough for comparison purposes. Image: Compared to other Joint Commission Accredited Organizations. Image: Compared to other Joint Commission Accredited Organizations. In measure measure set was not even an enough for comparison purpose. Measure or Measure is Physical provention for every 1,000 hours of patient care. Sectusion for every 1,000 hours					Accr	edited Org	anizations	
Formation Key Services Inpatient Psychiatric services overall quality of care given to psychiatric patients. Image: Comparison of the	Not displayed				Nationwi	de	Statewide	Э
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Orthomson of the constraint constraint of the constraint constraint of the constraint constraint of the constraint of the constraint of the constraint of the constraint constraint of the constraint		Cervices						
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The Joint Commission only reports measures endorsed by the National Quality Forum.

where the patient is physically prevented from leaving.

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

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National Quality Improvement Goals

Reporting F	Period: July 2016 - June 2017		
			to other Joint
			mission
		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses	2	∞ ²
	immunization activity for pneumonia and influenza.		

				other Joint ed Organiz	ations	
		Ν	lationwide		State	wide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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.	92% of 554 eligible Patients	100%	94%	100%	95%

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

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Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible rationts that me
- 1. 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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below the target range/value.

Footnote Key

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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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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

Reporting P	eriod: July 2016 - June 2017		
		Comn	o other Joint nission Drganizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	0 ²	™ ²

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide State				
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 23 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 38 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.	66% of 406 eligible Patients	74%	52%	69%	46%



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

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

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2016 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

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."