

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

DBA: Mission Hospital,

509 Biltmore Avenue, Asheville, NC





Summary of Quality Information

C -	 hal	IZ ar
2	DOL	Key

0	This organization achieved the best possible results.
	This organization's performance is above the target range/value.
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Θ	This organization's performance is below the target range/value.
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-	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	4/28/2018	4/27/2018	6/18/2019
olimitation description of the second	Accredited	3/23/2018	3/22/2018	3/22/2018

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Pathology and Clinical Laboratory Hospital

Certification Decision Advanced Certification Effective Last Full Review Last On-Site **Programs** Date Date **Review Date** Advanced Comprehensive Certification 9/28/2019 9/27/2019 9/27/2019 Stroke Center Certification Ventricular Assist Device 6/27/2018 6/26/2018 6/26/2018 **Certification Decision** Last Full Review Last On-Site **Certified Programs** Effective Date Date **Review Date** Coronary Artery Bypass Certification 7/24/2018 7/23/2018 7/23/2018 Graft

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

		Compared to other Joint Organi	
		Nationwide	Statewide
Hospital	2019National Patient Safety Goals	Ø	() *

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



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tion's performance is get range/value.			Nationwide	Statewide
tion's performance is		National Quality Improvement Goals:		
target range/value. tion's performance is get range/value.	Reporting Period:	Emergency Department	∞ ²	2 ²
is not applicable for this	Apr 2018 - Mar 2019	Hospital-Based Inpatient Psychiatric Services	2 ²	1 1 1 1 1 1 1 1 1 1
1		Perinatal Care	1	1
te Key	Laboratory	2018National Patient Safety Goals	Ø	™ *

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Locations of Care	Available Services
Mission Hospital, LLLP 5 Medical Park Drive Asheville, NC 28803	Other Clinics/Practices located at this site: • Asheville Surgery Center Services: • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Hospital, LLLP 11 Vanderbilt Park Drive Asheville, NC 28803	Other Clinics/Practices located at this site:• Huff Therapy• Mission Child Safety• Mission Pediatric Audiology• Mission Pediatric Audiology• Mission Pediatric Genetics• Mission Pediatric GI• Mission Pediatric GI• Mission Pediatric GI• Mission Pediatric GI• Mission Pediatric Surgery• Mission Pediatric GI• Mission Pediatric GI• Mission Pediatric Community Transition• Pediatric Neurology
	Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Hospital, LLLP 360 Hospital Drive Clyde, NC 28721	Other Clinics/Practices located at this site: Asheville Orthopedic Associates Carolina Spine and Neurosurgery Center Mission Wound Healing Center-Clyde Wound Healing Center Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Mission Hospital, LLLP 21 Hospital Drive Asheville, NC 28801	Other Clinics/Practices located at this site:• Cancer Care Western North Carolina• Mission Outpatient Infusion Center• Mission Cancer Care Mutlidisciplinary Clinic• Mission PET and Radiology Center• Mission Hospital PET/CT Center• Mission Radiation Therapy-Peds Hem Onc• Mission Hospital Radiation Therapy• Pediatric Hematology/Oncology
	Services:• Administration of Blood Product (Outpatient)• Hazardous Medication Compounding (Outpatient)• Administration of High Risk Medications (Outpatient)• Hazardous Medication Compounding (Outpatient)• Administration of High Risk Medications (Outpatient)• Outpatient Clinics (Outpatient)• Anesthesia (Outpatient) • General Laboratory Tests• Hazardous Medication Compounding (Outpatient)



Locations of Care	Available Services
Mission Hospital, LLLP 1388 Sand Hill Road Candler, NC 28715	Other Clinics/Practices located at this site: Mission Radiology Services: Outpatient Clinics (Outpatient)
Mission Hospital, LLLP 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's Outpatient Radiology at Hope Services: Administration of High Risk Medications (Outpatient) General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Mission Hospital, LLLP 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 Hospital OP Heart Services Mission Sleep Lab Services: General Laboratory Tests Outpatient Clinics (Outpatient)
Mission Hospital, LLLP 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 • Mission Outpatient Behavioral Health • Surgical Admissions Testing Unit
Mission Hospital, LLLP 2 Medical Park Dr. Asheville, NC 28803	Other Clinics/Practices located at this site: WNC Breastfeeding Center Services: Outpatient Clinics (Outpatient)



Locations of Care	Available Services
Mission Hospital, LLLP 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, LLLP 2695 Hendersonville Rd. Arden, NC 28704-8576	Other Clinics/Practices located at this site: Mission Spine Center Mission Spine Center Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Mission Hospital, LLLP 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, LLLP 9 Vanderbilt Park Dr. Asheville, NC 28803	Other Clinics/Practices located at this site: • Fullerton Genetics Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Mission Hospital, LLLP 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, LLLP 7 Vanderbilt Park Dr Asheville, NC 28803	Other Clinics/Practices located at this site: Mission Interventional Spine Mission Interventional Spine Mission Outpatient MRI Services: General Laboratory Tests Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
Mission Hospital, LLLP 691 Blythe Street Hendersonville, NC 28739	Other Clinics/Practices located at this site: • Mission Cardiovascular Diagnostics Services:
	Outpatient Clinics (Outpatient)



Available Services
Available Services Joint Commission Advanced Certification Programs: Advanced Comprehensive Stroke Center Ventricular Assist Device Joint Commission Certified Programs: Coronary Artery Bypass Graft Other Clinics/Practices located at this site: Advance Cardiac Care Clinic Advanced Cardiac Care Clinic Services: Brachytherapy (Imaging/Diagnostic Services) • Medical ICU (Intensive Care Unit) Cardiac Catheterization Lab (Surgical Services) • Medical ICU (Intensive Care Unit) Cardiac Catheterization Lab (Surgical Services) • Medical ICU (Intensive Care Unit) Cardiac Catheterization Lab (Surgical Services) • Medical ICU (Intensive Care Unit) Cardiac Surgery (Surgical Services) • Neuro/Spine Unit (Inpatient) Coronary Care Unit (Inpatient) • Nuclear Medication Compounding (Inpatient) Cartics Services) • Orthopedic Surgery (Surgical Services) Cartiouscular Unit (Inpatient) • Pediatric Unit (Inpatient) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Pediatric Unit (Inpatient) Services) • Sterile Medication Compounding (Inpatient) Stervices) • Surgical Unit (Inpatient) Gl or Endoscop

509 Biltmore Avenue, Asheville, NC



Locations of Care	Available Services
Mission Hospitals, LLLP 428 Biltmore Avenue Asheville, NC 28801	 Services: Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) General Laboratory Tests Outpatient Clinics (Outpatient) Peer Support (Non 24 Hour Care) Technology-Based Behavioral Health Srvs (Non 24 Hour Care - Adult/Child/Youth)
Mission Hosptial, LLLP 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)

DBA: Mission Hospital,

509 Biltmore Avenue, Asheville, NC

Org ID: 6468



2019 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	\bigcirc
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
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ
	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.

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



National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

Sym	bol	Key

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		Compared to other Joint Commission		
		Accredited C	rganizations	
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.	™ ²	O ²	

		Compared to other Joint Commission Accredited Organizations						
	Explanation		lationwide		State			
Measure	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.	KID ² 142.00 minutes 563 eligible Patients	55.00	136.00	58.54	128.59		

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

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National Quality Improvement Goals

Reporting Period: April 2018 - March 2019								
			o other Joint hission					
		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					

		Cor	npared to c Accredit	other Joint ed Organiz		on		
		١	lationwide		Statew			
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.	83% of 825 eligible Patients	100%	95%	100%	91%		

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updated data. 10. Test Measure: a measure being evaluated for reliability of the

DBA: Mission Hospital, 509 Biltmore Avenue, Asheville, NC



National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
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.				Con	npared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					ationwide			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.	Assessment of violence	,	This measure reports the number of children age (1-12 years) screened		al Least.		al Leasi.	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	for violence risk to self and others, substance and alcohol use.					
The Measure results are not statistically valid.	completed - Children (1 years)	1-12	psychological trauma history and patient strengths. Screening for					
The Measure results are based on a sample of patients.			violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of updated data.			are likely to harm others. Screening for substance and alcohol use	Ø	100%	95%	3	3
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.			determines if patients need help for their use. Screening for psychological trauma history determines if patients have	94% of 194 eligible Patients	10070	0070		
• There were no eligible patients that met the denominator criteria.			experienced terrible events in their lives which have left them fearful or					

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the patient recover.

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National Quality Improvement Goals

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ot displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Footnote Key			egory of evidenced based measures as quality of care given to psychiatric patier			2	⊘ ²	
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he Measure Set does not have an					lationwide		State	ewide
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
he measure meets the Privacy hisclosure Threshold rule. The organization scored above 90% but vas below most other organizations. he Measure results are not statistically alid. The Measure results are based on a ample of patients. he number of months with Measure ata is below the reporting requirement. The measure results are temporarily uppressed pending resubmission of pdated data. Test Measure: a measure being valuated for reliability of the dividual data elements or awaiting lational Quality Forum Endorsement. here were no eligible patients that met he denominator criteria.	Assessment of violence risk substance use disorder, trauma and patient strength completed - Adolescent (13 years)	ths	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	O 79% of 203 eligible Patients	100%	95%		

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie			2	O ²	
Footnote Key	Services							
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The Measure Set does not have an overall result.			E		Nationwide	A		ewide
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored at Least:	Average Rate:
• The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of adults age (18-64 years) screened		al Least.		al Least.	
• The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	for violence risk to self and others, substance and alcohol use,					
• The Measure results are not statistically valid.	completed - Adult (18-6 years)	64	psychological trauma history and patient strengths. Screening for					
• The Measure results are based on a sample of patients.			violence risk to self determines if patients are likely to harm					
• The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence risk to others determines if patients					
• The measure results are temporarily suppressed pending resubmission of updated data.			are likely to harm others. Screening for substance and alcohol use	Θ	100%	95%	100%	95%
• Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for psychological trauma history	79% of 250 eligible Patients	10070	0070	10070	0070
individual data elements or awaiting National Quality Forum Endorsement.			determines if patients have					
• There were no eligible patients that met the denominator criteria.			experienced terrible events in their lives which have left them fearful or anxious and unable to handle their					

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National Quality Improvement Goals

Reporting Perio	od: April 2018 - March 2019					
Inpatient Psychiatric	Explanation This category of evidenced based measures a overall quality of care given to psychiatric patie				sion	Э
Services				other Joint ed Organiz	Commissic ations State	
Measure	Explanation	Hospital Results		Average Rate:		Avera Rate
Assessment of violence ri substance use disorder, trauma and patient streng completed - Older Adult (years)	older adult (>= 65 years) screened for violence risk to self and others,	O 80% of 178 eligible Patients	100%	94%	100%	95%

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Not displayed	Measure Area Hospital-Based	This cate	Explanation egory of evidenced based measures as	sesses the	Nationwi		Statewide	
Footnote Key			uality of care given to psychiatric patie		(2	№ ²	
1. The Measure or Measure Set was not reported.				Cor	npared to o Accredit	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide			wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored at Least:	Rate:	Scored at Least:	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 Discharge Appropriate Justification Overall Rate	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 everyday demands.	75% of 24 eligible Patients	100%	62%	99%	84%
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	with	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	600 ³	100%	48%	3	3

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

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100%

53%



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Ap	ril 2018 - March 2019					
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.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	Services							
• The Measure or Measure Set was not reported.				Cor	mpared to c Accredit	other Joint ed Organiz		n
• The Measure Set does not have an overall result.				Ν	Vationwide	ou organiz		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:	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 	Multiple Antipsychotic Medications at Discharg 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					

	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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to reduce the number of

illness that markedly interferes with a 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

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2018 - March 2019					
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		Nationwi	de	Statewide	
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	∞ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint (ed Organiz		n
The Measure Set does not have an				N	lationwide		State	wide
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 valid	Multiple Antipsychotic Medications at Discharg 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.					

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.

to reduce the number of

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

illness that markedly interferes with a

 \bigcirc

64% of

11 eligible

Patients

group of drugs used to treat

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64%

100%

84%

99%

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2018 - March 2019					
This organization's performance is above the target range/value.								
Similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	0 ²	
 The Measure or Measure Set was not reported. 				Cor	npared to c	other Joint	Commissic	on
2. The Measure Set does not have an				N	Accredit lationwide	ed Organiz		ewide
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 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 Discharg Appropriate Justification Adults Age 65 and Olde	n Older er	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	82% of 11 eligible Patients	100%	54%	100%	88%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr 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.	0.10 (96 Total Hours in Restraint)	N/A	0.48	N/A	0.13

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period	d: April 2018 - March 2019					
 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 		Explanation This category of evidenced based measures as overall quality of care given to psychiatric patie				sion	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 	Measure	Explanation		lationwide	ed Organiz	ations	ewide
3. The number of patients is not enough for comparison purposes.	Weasure	LAplanation	Results	Scored at Least:	Rate:	Scored at Least:	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. 	Hours of Physical Restrain 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.	0.22 (18 Total Hours in Restraint)	N/A	0.37	3	3
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 Restrain Use Adolescents Age 13 -	·	0.03 (4 Total Hours in Restraint)	N/A	0.26	3	3



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National Quality Improvement Goals

Reporting	g Period: Ap	ril 2018 - March 2019					
					npared to c Commiss edited Org		
Measure Area		Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiat Services		egory of evidenced based measures a quality of care given to psychiatric patie			2	⊘ ²	
				mpared to c Accredite	other Joint ed Organiz	ations	on ewide
Measu	re	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Avera Rate
Hours of Physical Use Adults Age 18		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.	0.12 (73 Total Hours in Restraint)	N/A	0.55	N/A	0.12
Hours of Physical Use Older Adults A 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,		N/A	0.14	N/A	0.20

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.
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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.
 The Measure results are not statistically
- 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 patients that met
- 1. There were no eligible patients that me 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.

legs, body or head freely when it is

This measure reports the total hours

patients were kept in seclusion for

every 1,000 hours of patient care.

confinement of a patient alone in a

room or an area where the patient is physically prevented from leaving.

Seclusion is the involuntary

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

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condition.

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Hours of Seclusion Use per 1000 Patient Hours - Overall

Rate

0.37

N/A

0.16

(0 Total Hours

in Restraint)

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0.26

(249 Total Hours in Seclusion) N/A

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period:	April 2018 - March 2019					
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This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
This organization's performance is below the target range/value.				Accr	edited Org	anizations	
D Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
		category of evidenced based measures as rall quality of care given to psychiatric patie		(2	@ ²	
Footnote Key	Services						
• The Measure or Measure Set was not reported.			Cor	npared to c Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.			N	lationwide	ou organiz		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:	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 member of activity. 	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	1.98 (166 Total Hours in Seclusion)	N/A	0.60	3	3
 sample of patients. The number of months with Measure data is below the reporting requirement. 	Hours of Seclusion Use	physically prevented from leaving. This measure reports the number of					

	data is below the reporting requirement.
9.	The measure results are temporarily
	suppressed pending resubmission of
	updated data.
10.	Test Measure: a measure being

- est 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."

		Results	Scored at Least:	Rate:	Scored at Least:	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.	1.98 (166 Total Hours in Seclusion)	N/A	0.60	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.	0.07 (11 Total Hours in Seclusion)	N/A	0.22	3	<u></u> 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.	0.12 (72 Total Hours in Seclusion)	N/A	0.42	N/A	0.18
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	0.04	N/A	0.01



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Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

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. The measure results are temporarily suppressed pending resubmission of

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 measure meets the Privacy Disclosure Threshold rule.

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sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

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National Quality Improvement Goals

Symbol Key			1	
This organization achieved the best possible results	Reporting F	Period: April 2018 - March 2019		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.			the second se	to other Joint mission
This organization's performance is below the target range/value.				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

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
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%	99%
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 52 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 379 eligible Patients	73%	52%	66%	46%



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2018 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 Cool Patient Safety Goal. The organization has not met the e 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."