

Accreditation Quality Report





Version: 4 Date: 5/9/2019





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



Symbol Key

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rganization.

Not displayed

This organization achieved the best

This organization's performance is above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. This Measure is not applicable for this







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	4/28/2018	4/27/2018	4/27/2018
Laboratory	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

F	ootr	iote Key	y

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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
Ventricular Assist Device	Certification	6/27/2018	6/26/2018	6/26/2018
Certified Programs	Certification Decision	Effective	Last Full Review	Last On-Site
		Date	Date	Review Date
Chronic Obstructive	C+:6:+:	E /E /2010	<i>5 /4/</i> 2019	<i>5/4/</i> 2019

5/5/2018

7/24/2018

5/4/2018

7/23/2018

5/4/2018

7/23/2018

Other Accredited Programs/Services

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

Special Quality Awards

Pulmonary Disease

Graft

Coronary Artery Bypass

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

Certification

Certification

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 Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2018National Patient Safety Goals	Ø	*

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

Org ID: 6468







Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ ²	№ 2
Oct 2017 - Sep 2018	Hospital-Based Inpatient Psychiatric Services	№ 2	ND 2
	Immunization	№ ²	2
	Perinatal Care	№ ²	© 2
Laboratory	2018National Patient Safety Goals	Ø	₩A *

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Mission Hospital, Inc.

509 Biltmore Avenue, Asheville, NC







*	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 Pediatric Audiology Mission Pediatric Endocrinology Mission Pediatric Genetics 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, Inc 360 Hospital Drive Clyde, NC 28721	Other Clinics/Practices located at this site:	

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







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) General Laboratory Tests Hazardous Medication Compounding (Outpatient) 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)

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







Locations of Care	Available Services
Mission Hospital, Inc 1 Hospital Dr Asheville, NC 28801	Other Clinics/Practices located at this site:
	Behavioral Health Surgical Admissions Testing Unit 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 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, 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 7 Vanderbilt Park Dr Asheville, NC 28803	Other Clinics/Practices located at this site: • Mission Interventional Spine • Mission Outpatient MRI 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. 509 Biltmore Avenue, Asheville, NC







*	Primary	Location
	r i ii ii ai v	Location

Available Services
Other Clinics/Practices located at this site: • Mission Breast Center • Mission Breast Center
Services: • General Laboratory Tests
Outpatient Clinics (Outpatient)
 Perform Invasive Procedure (Outpatient)
Other Clinics/Practices located at this site: • Mission Spine Center • Mission Spine Center Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
Perform Invasive Procedure (Outpatient)
Other Clinics/Practices located at this site: • Mission Breast Center - Biltmore Park Services: • Outpatient Clinics (Outpatient)







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)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Hazardous Medication Compounding (Inpatient)
- 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)
- Non-Sterile Medication Compounding (Inpatient)
- Ophthalmology (Surgical Services)
- Peer Support (Non 24 Hour Care)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Sterile Medication
 Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- 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

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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)
- General Laboratory Tests
- 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)
- Non-Sterile Medication Compounding (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Outpatient Clinics (Outpatient)
- Pediatric Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Sterile Medication Compounding (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

Locations of Care

Mission Hosptial, Inc 222 Asheland Ave Asheville, NC 28801

Available Services

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 TestsOutpatient Clinics (Outpatient)
- Perform Invasive Procedure (Outpatient)







2018 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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
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 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







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

		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.	№ 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.	151.00 minutes 559 eligible Patients	56.00	136.00	56.80	125.41
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.	301.00 minutes 564 eligible Patients	207.00	320.00	226.56	312.76

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Compared to other Joint

Org ID: 6468







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

Compared to other Joint Commission Accredited Organizations

		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	

		Col	mpared to o	other Joint ed Organiz		n
		1	Nationwide			wide
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.	82% of 847 eligible Patients	100%	94%	100%	95%

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National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

Compared to other Joint
Commission
Accredited Organizations
Nationwide Statewide

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

	Cor	npared to c	other Joint ed Organiz		on 	
			Accredit Nationwide	eu Or ganiz		wide
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 - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help	97% of 211 eligible Patients	100%	95%	3	3

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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: October 2017 - September 2018

Compared to other Joint **Accredited Organizations** Nationwide Statewide

№ 2

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		Со	mpared to o	other Joint ed Organiz		n
		1	Nationwide	<u> </u>	State	wide
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 - 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.	81% of 199 eligible Patients	100%	95%	3	3

Explanation

This category of evidenced based measures assesses the

overall quality of care given to psychiatric patients.

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.

509 Biltmore Avenue, Asheville, NC Org ID: 6468







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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

	1					
		Cor	npared to o Accredit	other Joint ed Organiz		n
		١	lationwide		State	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 - 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.	72% of 260 eligible Patients	100%	94%	100%	96%

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Compared to other Joint

Org ID: 6468







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

Compared to other Joint **Accredited Organizations**

	Measure Area	Explanation Nationwide					Statewide	Э
· · · · · · · · · · · · · · · · · · ·			egory of evidenced based measures as quality of care given to psychiatric patie	(ND	2	№ 2		
						other Joint ed Organiz		on ewide
	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Rat
	Assessment of violence substance use disorder,		This measure reports the number of older adult (>= 65 years) screened					

		1	Nationwide		State	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,	82% of 177 eligible Patients	100%	93%	100%	95%

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National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

		Commission		
		Accredited C	rganizations	
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	

		Соі	mpared to o	other Joint ed Organiz		on
			Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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.	73% of 22 eligible Patients	100%	63%	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 or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	€ 3	100%	41%	3	3

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- There were no eligible patients that met the denominator criteria.

Org ID: 6468







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

Overall quality of care given to psychiatric patients.

		Соі	npared to o	other Joint ed Organiz		n
		١	lationwide			wide
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 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 or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozanine		100%	51%	3	3

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National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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.

		Compared to other Joint Commission Accredited Organizations				
		N	Nationwide		State	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 Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	75% of 12 eligible Patients	100%	64%	100%	80%

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Org ID: 6468







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

Overall quality of care given to psychiatric patients.

		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:	
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.	67% of 9 eligible Patients	100%	57%	100%	89%
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 (128 Total Hours in Restraint)	N/A	0.45	N/A	0.14

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Services





National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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.

20.11000						
		Compared to other Joint Commission Accredited Organizations				
		1	lationwide		State	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.	0.25 (20 Total Hours in Restraint)	N/A	0.34	3	3
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 (5 Total Hours in Restraint)	N/A	0.25	3	3

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

11. There were no eligible patients that met

the denominator criteria.

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The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of

The Measure Set does not have an

509 Biltmore Avenue, Asheville, NC

Org ID: 6468







National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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.

20.11000						
		Compared to other Joint Commission Accredited Organizations				
			Accredit Nationwide	ed Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored 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.	0.17 (102 Total Hours in Restraint)	N/A	0.51	N/A	0.12
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.17	N/A	0.21
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.	0.20 (195 Total Hours in Seclusion)	N/A	0.35	N/A	0.16

refer to the "Quality Report User Guide."

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National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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

		Co	mpared to o	other Joint	Commissio	on
			Accredit	ed Organiz	ations	
			Nationwide			ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Hours of Seclusion Use	This measure reports the number of		at Least.		at Least.	
Children Age 1 - 12	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.	1.68 (135 Total Hours in Seclusion)	N/A	0.61	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.	0.03 (4 Total Hours in Seclusion)	N/A	0.23	3	3
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.09 (56 Total Hours in Seclusion)	N/A	0.39	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	0.02

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Measure Area

Immunization





National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

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

Org ID: 6468

		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.	91% of 548 eligible Patients	100%	94%	100%	95%

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National Quality Improvement Goals

Reporting Period: October 2017 - September 2018

Compared to other Joint Commission

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

		Compared to other Joint Commission Accredited Organizations				
		N	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 21 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 42 eligible Pattents	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.	64% of 382 eligible Patients	73%	51%	67%	45%

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2018 National Patient Safety Goals

Symbol Key

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

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