

Org ID: 6468

Accreditation Quality Report





Version: 4 Date: 8/11/2020



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 Riltmore Avenue, Asheville, N

509 Biltmore Avenue, Asheville, NC Org ID: 6468







Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Surve | y Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|-----------------|-------------------------------|
| Hospital | Accredited | 4/28/2018 | 4/27/2018 | 12/3/2019 |
| 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

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|---|----|-----|-----|----|
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Symbol Key

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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.

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- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
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- 7. The Measure results are based on a sample of patients.
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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 | 9/28/2019 | 9/27/2019 | 9/27/2019 |
| 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 |
| Coronary Artery Bypass | Cartification | 7/24/2019 | 7/22/2019 | 7/22/2019 |

7/24/2018

7/23/2018

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

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 | 2019National Patient Safety Goals | Ø | © * |

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

7/23/2018

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Summary of Quality Information

| | | Compared to other Joint Organiz | |
|------------------------|---|------------------------------------|-------------------------|
| | | Nationwide | Statewide |
| | National Quality Improvement Goals: | | |
| Reporting Period: | Emergency Department | ND 2 | № 2 |
| Oct 2018 - Sep 2019 | Hospital-Based Inpatient Psychiatric Services | ND 2 | № 0 ² |
| | Perinatal Care | ND 2 | № ² |
| Laboratory | 2018National Patient Safety Goals | Ø | W * |

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DBA: Mission Hospital,

509 Biltmore Avenue, Asheville, NC









Locations of Care

* Primary Location

Locations of Care

MH Mission Hospital, LLLP *

DBA: Mission Hospital 509 Biltmore Avenue Asheville, NC 28801

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)
- 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)
- Hematology/Oncology Unit (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)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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

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Locations of Care

| * | Primary | Location |
|---|---------|----------|

| | 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: Mission Child Safety Mission Children's Radiology Mission Hospital Pediatric GI Mission Huff Therpay Mission Olson Huff Center Practice Mission Pediatric Audiology Mission Pediatric Surgery Mission Pediatric Endocrinology Mission Pediatric Community Transition | | |
| | | 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: | | |
| | Mission Hospital, LLLP 21 Hospital Drive Asheville, NC 28801 | Other Clinics/Practices located at this site: • Mission Hospital PET and Radiology • Mission Hospital PET/CT Center • Mission Hospital Radiation Therapy • Mission Outpatient Infusion • Mission Pediatric Hematology and Oncology | | |
| | | Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Hazardous Medication Compounding (Outpatient) High Risk Sterile Medication Compounding (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) | | |

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Locations of Care

| Primary Location Locations of Care | Available Services |
|--------------------------------------|---|
| Mission Hospital, LLLP | Other Clinics/Practices located at this site: |
| 1388 Sand Hill Road | Mission Radiology Candler |
| Candler, NC 28715 | • Mission radiology Sandier |
| | Services: |
| | Outpatient Clinics (Outpatient) |
| Mission Hospital, LLLP | Other Clinics/Practices located at this site: |
| 100 Ridgefield Court | Hope Women's Cancer Center PSA |
| Asheville, NC 28816 | Mission Outpatient Infusion at Hope |
| | Mission Radiology at HopeMission's Outpatient Radiology at Hope |
| | • Mission & Sulpation (Taulology at Flope |
| | Services: |
| | Administration of High Risk Medications (Outpatient) |
| | General Laboratory Tests Outpatient Clinics (Outpatient) |
| | Perform Invasive Procedure (Outpatient) |
| Mission Hospital, LLLP | Other Clinics/Practices located at this site: |
| 5 Vanderbilt Park Drive | Mission Cardiovascular Diagnostics |
| Asheville, NC 28803 | Mission Heart Path |
| | Mission Hospital OP Heart Services Mission Sleep Leb |
| | Mission Sleep Lab |
| | Services: |
| | General Laboratory Tests Output Start Clinical (Output Start) |
| | Outpatient Clinics (Outpatient) |
| Mission Hospital, LLLP | Other Clinics/Practices located at this site: |
| 1 Hospital Dr Asheville, NC 28801 | Anti-Coagulation Clinic Mission Outpatient Behaviora |
| Asileville, NC 2000 i | Anticoagulation Clinic Chronic Condition Clinic Mission Radiology |
| | Diabetes Clinic (OrthoTrauma) |
| | Mission Health Education Mission SATU |
| | Center Mission Wound Center Mission Hospital Disease Mission Wound Center/SATU |
| | Management |
| | Services: |
| | Behavioral Health (Day Programs - Adult) |
| | (Partial - Adult) |
| | General Laboratory Tests |
| | Outpatient Clinics (Outpatient)Peer Support (Non 24 Hour Care) |
| | Perform Invasive Procedure (Outpatient) |
| Mission Hospital, LLLP | Other Clinica/Prestigns leasted at this site. |
| 2 Medical Park Dr. | Other Clinics/Practices located at this site: • Mission Breastfeeding Center |
| Asheville, NC 28803 | • IVII331011 DICASTICCUING OCITICI |
| | Services: |
| | Outpatient Clinics (Outpatient) |

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509 Biltmore Avenue, Asheville, NC









Locations of Care

| 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 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 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 MRI • Mission Outpatient MRI • Mission Pain Center Services: • General Laboratory Tests • Outpatient Clinics (Outpatient) |

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Locations of Care

| * | Primary | / Location |
|---|---------------|------------|
| | I IIIIIIIII) | 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) |
| Mission Hospitals, LLLP 428 Biltmore Avenue Asheville, NC 28801 | Other Clinics/Practices located at this site: • Mission Hyperbaric Chamber Services: • Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) • Community Integration (Non 24 Hour Care) • Family Support (Non 24 Hour Care) • General Laboratory Tests |
| Mission Hosptial, LLLP 222 Asheland Ave Asheville, NC 28801 | Other Clinics/Practices located at this site: • Mission Intervention and Vascular • Mission Vascular and Interventional Clinic Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) |

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2019 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 | 8 8 |
| 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 | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | 8000 |
| | 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 |

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National Quality Improvement Goals

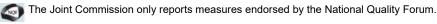
Reporting Period: October 2018 - September 2019

| Compared to other Joint |
|--------------------------|
| Commission |
| Accredited Organizations |

Org ID: 6468

| | | 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 | № ² |

| | | Compared to other Joint Commission Accredited Organizations Nationwide Statewide | | | | |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
| 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. | ND 2 142.00 minutes 552 eligible Patients | 55.00 | 134.00 | 53.77 | 128.95 |



This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

National Quality Forum Endorsement.

Symbol Key

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Services





National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

Compared to other Joint

Org ID: 6468

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|--|---|---|--------------------------------|------------------|--------------------------------|------------------|
| | | N | lationwide | | 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 - 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. | 89% of 919 eligible Pattents | 100% | 95% | 100% | 92% |

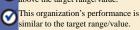
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Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | 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 - 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 the patient recover. | 95% of 196 eligible Patients | 100% | 96% | 3 | 3 |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

Compared to other Joint
Commission
Accredited Organizations

Org ID: 6468

| | | 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. | 1 2 | № 2 |

| | | Co | mpared to o | other Joint ed Organiz | | n |
|--|---|------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | 1 | Nationwide | | 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. | 89% of 202 eligible Patients | 100% | 96% | 3 | 3 |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

Compared to other Joint Commission Accredited Organizations

Org ID: 6468

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

| | | Compared to other Joint Commission Accredited Organizations | | | on | |
|---|---|--|--------------------------------|------------------|--------------------------------|------------------|
| | | 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 - 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. | 87% of 344 eligible Patients | 100% | 95% | 100% | 96% |

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DBA: Mission Hospital,

509 Biltmore Avenue, Asheville, NC







National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

Compared to other Joint
Commission
Accredited Organizations

Org ID: 6468

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

| | | Compared to other Joint Commission Accredited Organizations | | | | n | |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|--|
| | | 1 | Nationwide | | | Statewide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: | |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) | This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. | 88% of 177 eligible Patients | 100% | 95% | 100% | 97% | |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

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|--|--|-----------------------------------|------------------------|------------|------------------|-------|
| | | N | Accredit Nationwide | ed Organiz | | ewide |
| Measure | Explanation | Hospital | | Average | Top 10% | |
| | ' | Results | Scored at Least: | Rate: | Scored at Least: | Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate | This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands. | 85% of 39 eligible Patients | 100% | 63% | 100% | 88% |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12 | This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | № 3 ——— | 100% | 50% | 3 | 3 |

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

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|--|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statew | | | | |
| 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 medications to one antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine. | 100% of 4 eligible Patients | 100% | 48% | 3 | 3 |

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National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

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

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | 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. | 76% of 21 eligible Patients | 100% | 64% | 100% | 88% |

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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 Period: October 2018 - September 2019

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

| Services | | | | | | |
|--|---|--|-------------|---------------------------|--------------------------------|------------------|
| | | Cor | mpared to d | other Joint ed Organiz | | on |
| | | Nationwide Statewic | | | | ewide |
| Measure | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| 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 or the addition when the patient is also being treated with Clozapine. | 93% of 14 eligible Patients | 100% | 56% | 100% | 92% |
| 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. | 0.06 (65 Total Hours in Restraint) | N/A | 0.49 | N/A | 0.10 |

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Org ID: 6468

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

| | | Compared to other Joint Commission Accredited Organizations | | | | on |
|--|--|---|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide Statewid | | | | 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. | 0.16 (15 Total Hours in Restraint) | N/A | 0.40 | 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. | 0.04 (7 Total Hours in Restraint) | N/A | 0.28 | 3 | 3 |

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|---|--|---|-----------|---------------|-----------|-------|
| | | Compared to other Joint Commission Accredited Organizations | | | | on |
| | | | | | wide | |
| Measure | Explanation | Hospital | Top 10% | Average | Top 10% | |
| | · · | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | at Least: | |
| Hours of Physical Restraint Use Adults Age 18 - 64 | This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.06 (41 Total Hours in Restraint) | N/A | 0.58 | N/A | 0.10 |
| 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. | 0.02 (3 Total Hours in Restraint) | N/A | 0.10 | N/A | 0.05 |
| 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 (219 Total Hours in Seclusion) | N/A | 0.42 | N/A | 0.12 |

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

| Services | | | | | | |
|---|--|--|-------------|---------------------------|--------------------------------|------|
| | | Cor | npared to o | other Joint ed Organiz | | on |
| | | Nationwide Statew | | | | wide |
| Measure | Explanation | Hospital Results | | Average Rate: | Top 10% Scored at Least: | |
| 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. | 1.66 (150 Total Hours in Seclusion) | N/A | 0.66 | 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. | 0.08 (12 Total Hours in Seclusion) | N/A | 0.22 | 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. | 0.08 (56 Total Hours in Seclusion) | N/A | 0.49 | N/A | 0.13 |
| 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 | 0.08 | N/A | 0.00 |

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Compared to other Joint **Accredited Organizations**

Org ID: 6468

| 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 | | | | on |
|-------------------------------|---|---|-----------|---------|-----------|-------|
| | | Accredited Organizations Nationwide Statewide | | | | wide |
| Measure | Explanation | Hospital | | Average | Top 10% | |
| Weddard | Explanation | Results | Scored | Rate: | Scored | Rate: |
| | | | at Least: | | 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 24 eligible Patients | 100% | 99% | 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 47 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. | 68% of 380 eligible Patients | 73% | 51% | 68% | 46% |

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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 |