

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.

DBA: Mission Hospital,

509 Biltmore Avenue, Asheville, NC



Summary of Quality Information

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

Footnote Key

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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	12/3/2019
olimitation Laboratory	Accredited	9/11/2020	9/10/2020	9/10/2020

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

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	V Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	9/28/2019	9/27/2019	9/27/2019
🥝 Ventricular Assist Device	Certification	6/27/2018	6/26/2018	6/26/2018

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
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	\oslash	∞ *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	1	(m) ²
Jan 2019 - Dec 2019	Hospital-Based Inpatient Psychiatric Services	1	(m) ²
	Perinatal Care	() ²	() ²

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

509 Biltmore Avenue, Asheville, NC



Locations of Care

* Primary Location

Lucations of Care Available Services MH Mission Hospital, LLLP BA: Mission Hospital, Sof Bilmone Avenue Asheville, NC 28801 Juint Commission Advanced Certification Programs: Advanced Comprehensive Stroke Center Ventricular Assist Device Other Clinics/Practices located at this site: Advanced Cardiac Care Clinic Services Brachytherapy (maging/Diagnostic Services) Cardiac Surgery (Surgical Services) Cardiotoracic Services) Cardiotoracic Surgery (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardioscopt Lab (Imaging/Diagnostic Services) Cardioscopt Lab (Imaging/Diagnostic Services) Cardiac Surgery (Surgical Services) Cardiotoracic Services) Cardioscopt Lab (Imaging/Diagnostic Services) Cardiac Surgery (Surgical Services) Cardioscopt Lab (Imaging/Diagnostic Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiacel Advanced Care Unit (Inpatient) Cardiacel Surgery (Surgical Services) Cardiacel Advanced Care Unit) Cardiacel Care Unit (Inpatient) Cardiacel Care Unit (Inpatient) Cardiacel Advanced Care Unit) Cardiacel Care Unit (Inpatient) Cardiacel Care Cardiacel Care Unit (Inpatient) Cardiacel Care Cardiacel C
 LLEP* Advanced Comprehensive Stroke Center Ventricular Assist Device Advanced Comprehensive Stroke Center Ventricular Assist Device Advanced Cardiac Care Clinic Advanced Cardiac Care Clinic Services: Brachytherapy (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Surgical Services) Cardiotoracic Surgery (Surgical Services) Cardiotaracic Surgery (Surgical Services) Cardiotaracic Surgery (Surgical Services) Cardiotaracic Surgery (Surgical Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) General Laboratory Tests General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) Cardiocology Unitient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Urbasonac (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Medical / Curgical Unit



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 Audiology Mission Pediatric Endocrinology
	 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 Orthopedics Clyde PSA Carolina Spine and Neurosurgery PSA Mission Wound Center Clyde Mission Wound Healing Center-Clyde 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: • 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) • Anesthesia (Outpatient) • Anesthesia (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (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 Candler 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 PSA 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 Mission Heart Path 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: • Anti-Coagulation Clinic • Anticoagulation Clinic • Anticoagulation Clinic • Chronic Condition Clinic • Mission Health Education Center • Mission Hospital Disease Management • Mission Wound Center • Mission Wound Center/SATU
Mission Hospital, LLLP 2 Medical Park Dr. Asheville, NC 28803	Other Clinics/Practices located at this site: Mission 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 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) Perform Invasive Procedure (Outpatient)



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 ChamberServices:• Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)• Outpatient Clinics (Outpatient) • Peer Support (Non 24 Hour Care)• Outpatient Clinics (Outpatient) • Peer Support (Non 24 Hour Care)• Technology-Based Behavioral Health Srvs (Non 24 Hour Care - Adult/Child/Youth)• 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) 	

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> ୍ତ୍ର 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.



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

			o other Joint hission
		Accredited C	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				
		١	lationwide		State	wide
Measure Explanation		Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Scored	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 2 149.00 minutes 597 eligible Patients	55.00	133.00	52.84	126.26

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

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Symbol Key

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to Comm	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

		Compared to other Joint Commission Accredited Organizations					
Measure Explanation		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:		
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	91% of 708 eligible Patients	100%	95%	100%	94%	

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National Quality Improvement Goals

Reporting Per	iod: January 2019 - December 2019		
			o other Joint hission
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Measure Area	Explanation	Nationwide	Statewid
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	O ²	1 2

		Compared to other Joint Commission Accredited Organizations					
		1	Vationwide		Statewi		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	96% of 144 eligible Patients	100%	96%	3	3	

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National Quality Improvement Goals

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		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewid
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				
Measure	Explanation	N Hospital	lationwide	Average	State	
Measure		Results	Scored at Least:	Rate:		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.	91% of 151 eligible Patients	100%	96%	3	3

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	⊘ ²

		Coi	mpared to o Accredit	nt Commission nizations		
		1	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	B8% of 882 eligible Patients	100%	95%	100%	97%

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Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	O ²	@ ²

		Compared to other Joint Commission Accredited Organizations				
		٩	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	92% of 131 eligible Patients	100%	95%	100%	98%

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National Quality Improvement Goals

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			Accr	Ŭ	sion Janizations	
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based measures as overall quality of care given to psychiatric patie		Nationwi		Statewide	e
				other Joint ed Organiz	Commissio zations State	
Measure	Explanation	Hospital Results		Average Rate:		Avera Rate
Multiple Antipsychotic Medications at Discharg Appropriate Justification Overall Rate		84% of 32 eligible Patients	100%	63%	100%	90%
Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		ND ³	100%	47%	3	

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835	The Joint C	Commissi	on only r	eports me	easures er	ndorsed b	y the I	Vational	Quality	Forum.
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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.

everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan

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National Quality Improvement Goals

iod: January 2019 - December 2019		
	Compared to Comm	
	Accredited C	rganizations
Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	∞ ²
	Explanation This category of evidenced based measures assesses the	Compared to Commendation Accredited Commendation Nationwide

		Compared to other Joint Commission Accredited Organizations					
		Nationwide			Statewie		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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 when the patient is also being treated with Clozapine.	CO 100% of 4 eligible Patients	100%	48%	3	3	

Symbol Key

0	This organization achieved the best possible results
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to 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.
- The measure meets the Privacy
 Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
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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.

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

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



National Quality Improvement Goals

Reporting Per	riod: January 2019 - December 2019		
		Compared to Comm	
Measure Area	Explanation	Accredited C	rganizations) Statewide
Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.		2 (No. 2

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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 17 eligible Patients	100%	65%	100%	91%

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



National Quality Improvement Goals

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Egotaota Kay		ategory of evidenced based measures as I quality of care given to psychiatric patie		(2	⊘ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 				Vationwide	ed Organiz	ations: State	wide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	91% of 11 eligible Patients	100%	56%	100%	94%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a	0.05 (41 Total Hours in Restraint)	N/A	0.48	N/A	0.10

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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.

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



National Quality Improvement Goals

Reporting Per	iod: January 2019 - December 2019		
		Compared to Comm Accredited C	
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	∞ ²

		Cor	mpared to c Accredit	other Joint ed Organiz		on
					State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	0.08 (6 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 (5 Total Hours in Restraint)	N/A	0.29	3	3



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National Quality Improvement Goals

Reporting Per	iod: January 2019 - December 2019		
		Compared to Comm	
		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

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide Statew			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	0.05 (28 Total Hours in Restraint)	N/A	0.56	N/A	0.09
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.	0.03 (3 Total Hours in Restraint)	N/A	0.09	N/A	0.04
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.	0.17 (143 Total Hours in Seclusion)	N/A	0.40	N/A	0.10

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



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to other Joint Commission		
		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	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewi				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0 1.41 (96 Total Hours in Seclusion)	N/A	0.69	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 (10 Total Hours in Seclusion)	N/A	0.21	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.	0.07 (38 Total Hours in Seclusion)	N/A	0.45	N/A	0.11
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.08	N/A	0.00



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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		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				on
		٨	lationwide			ewide
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 27 eligible Patients	100%	98%	100%	99%
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	24% of 300 eligible Patients	12%	25%	12%	23%
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 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.	70% of 371 eligible Patients	73%	51%	70%	45%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	3982.00 minutes 2988 eligible Patients				

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Symbol Key

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to other Joi Commission Accredited Organizatio	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	2 ²	№ ²

		Compared to other Joint Commission Accredited Organizations				
		Ν	Nationwide Statewide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	5923.00 minutes 2988 eligible Patients				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	1941.00 minutes 2988 eligible Patients				

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