

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.



Summary of Quality Information

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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.
Э	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
•••	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
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- 11. There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🧼 Home Care	Accredited	7/12/2019	7/11/2019	7/11/2019
🎯 Hospital	Accredited	7/13/2019	7/12/2019	7/12/2019

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

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Tanner Breast Health

706 Dixie Street Suite 110, Carrollton, GA. 30117

Hospice DME Warehouse

100 Professional Place, Suite #104, Carrollton, GA. 30117

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
🥝 Primary Stroke Center	Certification	10/27/2021	10/26/2021	10/26/2021

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2019National Patient Safety Goals	${ \oslash }$	*
Hospital	2019National Patient Safety Goals	Ø	*

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

Reporting Period: Apr 2020 -Mar 2021 Compared to other Joint Commission Accredited



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	Organizations		
	Nationwide	Statewide	
National Quality Improvement Goals:			
Emergency Department	(m) ²	2 ²	
Hospital-Based Inpatient Psychiatric Services	(m) ²	2 ²	
Immunization	(m) ²	1	
Perinatal Care	(m) ²	2	
Substance Use	(m) ²	2 ²	
Tobacco Treatment	(10) ²	(10) ²	

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Locations of Care

Locations of Care	Available Services
Carrollton Partial Hospitalization/Intensive Opt Prgm - TMC 523 Dixie Street Carrollton, GA 30117	Other Clinics/Practices located at this site: • Center for Behavioral Health (CBH) - TMC, Inc. Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) • Community Integration (Non 24 Hour Care) • Family Support (Non 24 Hour Care)
Hospice DME Warehouse 100 Professional Place, Suite #104 Carrollton, GA 30117	 Services: Commodes Durable Medical Equipment Hospital Beds - Electric Nebulizers Equipment Oxygen Patient Lifts and Accessories Respiratory Equipment Suction Pump Support Surfaces for Beds (Used) Walkers, Canes and Crutches Wheelchair Seating / Cushions Wheelchairs - Manual Non-Custom
John and Barbara Tanner Cardiac Rehab Center 706 Dixie Street Suite 340 Carrollton, GA 30117	Services: Outpatient Clinics (Outpatient)
Roy Richards Cancer Center 165 Clinic Avenue Carrollton, GA 30117	Services: • Outpatient Clinics (Outpatient)
Tanner Advanced Wound Center 119 Ambulance Drive, Carrollton, GA 30117 Carrollton, GA 30117	Services: • Outpatient Clinics (Outpatient)
Tanner Breast Health 706 Dixie Street Suite 110 Carrollton, GA 30117	Services: • Breast Prostheses and Accessories • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) • Prosthetics (Home Medical Equipment)
Tanner Home Health 119 Ambulance Drive, Suite 200 Carrollton, GA 30117	 Services: Home Health Aides Home Health, Non-Hospice Services Medical Social Services Occupational Therapy
Tanner Hospice Care 119 Ambulance Drive, Suite 200 Carrollton, GA 30117	Services: • Hospice Care



Locations of Care

Locations of Care	Available Services
Primary Location Locations of Care Tanner Medical Center * 705 Dixie Street Carrollton, GA 30117	 Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Cardiac Catheterization Lab (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Cardiac Catheterization Lab (Inpatient) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Plastic Surgery (Surgical Services) Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
	 Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sterile Medication Compounding (Inpatient) Teleradiology (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
Tanner Medical CenterMobile MammographyUnit 1706 Dixie Street, Suite110Carrollton, GA 30117	Services: • Outpatient Clinics (Outpatient)
Tanner Sleep DisorderCenter100 Professional ParkSuite 307Carrollton, GA 30117	Services:Outpatient Clinics (Outpatient)



2019 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

Symbol Key

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



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	\bigotimes
	Reconciling Medication Information	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Goal.
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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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		Compared t Comm	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

		Со		to other Joint Commission edited Organizations					
		١	lationwide		State	wide			
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:			
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	COD ² 165.00 minutes 543 eligible Patients	49.00	159.00	47.24	163.02			
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 345.00 minutes 543 eligible Patients	202.00	382.00	199.64	345.54			

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



est	Rep	orting Per	iod: April 2020 - March 2021		
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is					o other Joint hission
is				Accredited C	Organizations
	Measure A	rea	Explanation	Nationwide	Statewide
	Hospital-Ba Inpatient P Services		This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	1 2	@ ²

		Cor	npared to c Accredit	other Joint ed Organiz		n		
		Nationwide Statew						
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 - 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.	ND 3	100%	96%	100%	98%		

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		ategory of evidenced based measures as quality of care given to psychiatric patie		(2	∞ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Con		other Joint (ed Organiza		n
The Measure Set does not have an			,	N	lationwide	organiz	State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	Assessment of violence substance use disorder, trauma and patient strer completed - Children (1- vears)	, ngths	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					

6.	The Measure results are not statistically
	valid.

years)

- 7. The Measure results are based on a sample of patients.
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the patient recover.

patient strengths. Screening for

patients are likely to harm

violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

lives which have left them fearful or

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for substance and alcohol use

psychological trauma history

determines if patients have experienced terrible events in their

their use. Screening for

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

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97%

100%

97%



completed - Adolescent (13-17

National Quality Improvement Goals

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Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patien		(2	@ ²	
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The Measure Set does not have an overall result.					lationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations.	Assessment of violence r substance use disorder, trauma and patient streng	,	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

possible results This organization's performance i

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Not displayed	Measure Area		Explanation		Inationwi	ue	Statewide	2
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
The Measure or Measure Set was not reported.				Со		other Joint ed Organiz	Commissio zations	n
The Measure Set does not have an				١	lationwide		State	ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rat
 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. 	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	, ngths	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					

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Eastasta Kar	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	∞ ²	
Footnote Key								
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The Measure Set does not have an overall result.				Ν	lationwide	Ŭ		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. 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	Assessment of violence substance use disorder trauma and patient streu completed - Older Adult years)	, ngths	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

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

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National Quality Improvement Goals

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The number of patients is not enough for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
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I. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	e with	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3	100%	42%	3	3



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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		(2	™ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Со	mpared to c Accredit	other Joint ed Organiz		n
The Measure Set does not have an				1	Vationwide	ou organiz		wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	n	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.					

The Measure results are not statist valid. 7. The Measure results are based on a sample of patients.

- 8. The number of months with Measure data is below the reporting requirement. 9. The measure results are temporarily
- suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11 There were no eligible patients that met
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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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Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

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

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

illness that markedly interferes with a

group of drugs used to treat

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

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Footnote Key The Measure or Measure Set was n

overall result.



National Quality Improvement Goals

Reporting Peri	od: April 2020 - March 2021					
	•					
			Com	pared to o Commiss		
			Accre	edited Org	anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures overall quality of care given to psychiatric pat		(2	⊘ ²	
				other Joint ed Organiz	ations	
			lationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Ave R
Multiple Antipsychotic Medications at Discharge	This measure reports the number of patients age 18 through 64 years					

5. The organization scored above 90% but was below most other organizations.

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The measure meets the Privacy Disclosure Threshold rule.

- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
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one antipsychotic medication, a plan

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

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Appropriate Justification

Adults Age 18 - 64

100%

60%

96%

60%



National Quality Improvement Goals

Symbol Key								
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This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewid	Э
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
1. The Measure or Measure Set was not				Cor	npared to c	other loint	Commissio	n an
reported.				00		ed Organiz		/11
2. The Measure Set does not have an overall result.					lationwide			wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Scored	Average Rate:
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	600 3	N/A	0.86	N/A	1.05

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The measure meets the Privacy Disclosure Threshold rule.

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National Quality Improvement Goals

Symbol Key				
This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.			Accredited (Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	∞ ²
Footnote Key	Services			
The Measure or Measure Set was not reported.		Co	mpared to other Jo	

		Compared to other Joint Commission Accredited Organizations			on	
		1	lationwide	Ŭ		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.	ND 3	N/A	0.35	N/A	0.10
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.	ND ³	N/A	0.25	N/A	0.05



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Reporting Per	riod: April 2020 - March 2021		
			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 Nationwide Statewide					
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State 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.	ND ³	N/A	1.06	N/A	1.32
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.	<mark>₩</mark> 3	N/A	0.10	N/A	0.00
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.	ND 3	N/A	0.44	N/A	0.08

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Footnote Key

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National Quality Improvement Goals

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This organization's performance is below the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	™ ²	№ ²
Footnote Key	Services			

		Со	npared to c Accredit	on		
Measure	Explanation	N Hospital Results	lationwide	, j		ewide 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.	<mark>№0</mark> 3 	N/A	0.40	N/A	0.15
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.	<mark>№0</mark> 3 	N/A	0.19	N/A	0.06
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.	<mark>№0</mark> 3 ———	N/A	0.53	N/A	0.09
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.	<mark>№0</mark> 3 	N/A	0.07	N/A	0.01



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Reporting P	eriod: April 2020 - March 2021		
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			to other Joint nission
		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	2	2

		Compared to other Joint Commission Accredited Organizations				on
		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	•	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.	93% of 269 eligible Patients	100%	86%	3	3

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Symbol Key

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Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	1 2
Eastrate Ver				

		Compared to other Joint Commission Accredited Organizations Nationwide Statewic					
						ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:	
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.	(16%	25%	21%	29%	
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 91 eligible Patients	0%	2%	0%	2%	
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.	35% of 762 eligible Patients	71%	50%	48%	36%	
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1785% of 728 eligible Patients	212%	1780%	885%	2074%	
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.	2747% of 728 eligible Patients	1508%	3084%	2112%	3193%	

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There were no eligible patients that met

the denominator criteria.

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Reporting Period: April 2020 - March 2021

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				Compared to other Joint Commission Accredited Organizations			
Measure Area		Explanation			Nationwide		е
Perinatal Care		category of evidenced based measures assesses the of mothers and newborns.			2		
			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:	
Unexpected Complicat Term Newborns per 10 livebirths - Severe Rate	00	The severe rate equals the number of patients with severe complications.	961% of 728 eligible Patients	501%	1303%	539%	1118%



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Reporting P	eriod: April 2020 - March 2021		
			to other Joint mission
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Substance Use	This category of evidence based measures assesses the overall quality of care provided for Substance Abuse	∞ ²	⊘ ²

		Compared to other Joint Commiss Accredited Organizations				sion	
		١	lationwide			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:	
Alcohol and Other Drug Use Disorder Treatment at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who either accepted a prescription to help them stop drinking or using drugs or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital.	№ 0 ³	100%	48%	3	3	
Alcohol and Other Drug Use Treatment Provided or Offered at Discharge	The number of patients who were identified as having a serious problem with drinking alcohol or using drugs who were either offered or accepted a prescription to help them stop drinking or using drugs or were offered or accepted treatment for their serious problem with drinking alcohol or using drugs after they leave the hospital. This measure also includes patients who refused both a prescription to help them stop drinking or using drugs and treatment for their serious problem with drinking alcohol or using drugs.	<mark>№0</mark> 3 	100%	66%	3	3	

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Reporting Per	riod: April 2020 - March 2021		
		Compared to Comm	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Tobacco Treatment	This category of evidence based measures assesses the overall quality of care provided for tobacco use	⊘ ²	™ ²

		Compared to other Joint Commission Accredited Organizations				'n
		Nationwide Statew			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Average Rate:
Tobacco Use Treatment at Discharge	The number of patients who use tobacco who accepted counseling and/or medications to help them stop using tobacco after they leave the hospital.	∞ 3	58%	16%	3	3
Tobacco Use Treatment Provided or Offered at Discharge	The number of patients who use tobacco who were offered or accepted counseling or medications to help them stop using tobacco after they leave the hospital. This measure also includes patients who were offered the counseling and/or medications but refused them.	<mark>№0</mark> 3 	96%	65%	3	3

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