

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

Symbol Key

0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
	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.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
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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
Behavioral Health Care and Human Services	Accredited	10/22/2022	10/18/2022	10/18/2022
🤣 Home Care	Accredited	7/12/2019	10/20/2022	10/20/2022
🮯 Hospital	Accredited	7/13/2019	10/21/2022	12/2/2022

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

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

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	v Last On-Site
Programs		Date	Date	Review Date
Ø 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		
Behavioral Health Care and Human Services	2022National Patient Safety Goals		*	
Home Care	2019National Patient Safety Goals	\bigotimes	×	
Hospital	2019National Patient Safety Goals	\odot	*	

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

Tanner Breast Health

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



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	Organiz	zations
	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 Disorder Center 100 Professional Park Suite 307 Carrollton, GA 30117	Services:Outpatient Clinics (Outpatient)





2022 National Patient Safety Goals

Behavioral Health Care and Human Services

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two 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
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	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 **N** organization.



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

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 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	\bigcirc
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing 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

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Compared to other Joint

Commission



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

Symbol Key	
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		Accredited Organizatio			
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.	1 2	™ ²		

		Co	mpared to c Accredit	other Joint ed Organiz		on
		1	Vationwide		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.	ND 2 165 minutes 543 eligible Patients	49	159	47	163
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 minutes 543 eligible Patients	202	382	200	346

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



est is	Reporting Per	iod: April 2020 - March 2021		
is is				o other Joint hission 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.	O ²	@ ²

		Cor	mpared to o Accredit	other Joint ed Organiz		on
		١	lationwide		State	wide
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.	№ 2 ²	100%	96%	100%	98%

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	•
	Hospital-Based Inpatient Psychiatric		egory of evidenced based measures as quality of care given to psychiatric patie		(2	∞ ²	
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The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz		n
The Measure Set does not have an				N	lationwide	ou 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 stree completed - Children (1 years)	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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This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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ot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
ootnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		(2	O ²	
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Measure Set does not have an rall result.	1			N	lationwide		State	ewide
e number of patients is not enough comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Averaç Rate
e measure meets the Privacy sclosure Threshold rule. e organization scored above 90% but	Assessment of violence substance use disorder,	,	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and		at Least:		at Least:	

possible results

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Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	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	(10) ³				
	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.		100%	97%	100%	99%

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie) ²	№ ²	
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 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:	ewide Averag 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. 	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	r, engths	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					

	vand.
7.	The Measure results are based on a
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Reporting Perio	d: April 2020 - March 2021					
				Commis	other Joint sion Janizations	
Measure Area	Explanation		Nationwi	de Statewide		
	This category of evidenced based measures a overall quality of care given to psychiatric pations of the provident of the pro			2	⊘ ²	
			Accredit	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Aver Rat
Assessment of violence r substance use disorder, rauma and patient streng completed - Older Adult (years)	older adult (>= 65 years) screened for violence risk to self and others,					

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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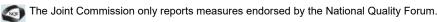
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National Quality Improvement Goals

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wo Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	;
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	№ ²	
Footnote Key 1. The Measure or Measure Set was not	00111003						A	
reported.				Со		other Joint ed Organiz	Commissio zations	n
2. The Measure Set does not have an overall result.	Manager		Evelopetion		Vationwide	A	State	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Rate:	Top 10% Scored at Least:	Rate:
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the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	42%	3	3



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

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
This organization's performance is below the target range/value.					Accre	edited Orga		
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		0	2	○ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to o	other Joint o ed Organiz		n
The Measure Set does not have an				Ν	ationwide	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.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	1	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
- the denominator criteria.

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

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

to reduce the number of

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

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

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	npared to o Commiss			
Accredited Organizations							
Measure Area	Explanation		Nationwi	Nationwide Statewide			
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric pati						
		Cor	mpared to c Accredite	other Joint ed Organiz		on	
		N	lationwide		State	wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Ave Ra	
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.6. The Measure results are not statistically

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.

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

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." The Joint Commission only reports measures endorsed by the National Quality Forum.

discharged on two or more

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of

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								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
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O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area	Measure Area Explanation			Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.				2	№ ²	
1. The Measure or Measure Set was not				Cor	npared to c	other Joint	Commissio	on
reported.2. The Measure Set does not have an				N	Accredite	ed Organiz		ewide
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Adults Age 65 and Olde	n Older er	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication st one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	2 3	100%	55%	100%	58%
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.	2 2	N/A	0.8583	N/A	1.0490

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National Quality Improvement Goals

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his organization's performance is slow the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patie			2	0 ²	
ne Measure or Measure Set was not ported.			Col	mpared to c Accredite	other Joint ed Organiz		on
he Measure Set does not have an verall result.			1	Nationwide		State	ewide
he number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Ra
The measure meets the Privacy							

4.	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. 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
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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

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.	600 ³	N/A	0.3472	N/A	0.1017
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.	3 	N/A	0.2485	N/A	0.0542



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Reporting Per	iod: Ap	ril 2020 - March 2021							
					Commis	other Joint sion Janizations			
Measure Area		Explanation		Nationwi		Statewide			
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie				™ ²			
				other Joint ed Organiz	zations				
Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Avera Rate		
Hours of Physical Restr Use Adults Age 18 - 64	raint	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	1.0605	N/A	1.316		
Hours of Physical Restr Use Older Adults Age 6 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,	ND ³	N/A	0.0961	N/A	0.002		

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 Se

- The Measure of Measure Set was no reported.
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- The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privac Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. 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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- 1. There were no eligible patients that met the denominator criteria.

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

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legs, body or head freely when it is used as a restriction to manage a

This measure reports the total hours

patients were kept in seclusion for every 1,000 hours of patient care.

confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.

Seclusion is the involuntary

patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric

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

condition.

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Hours of Seclusion Use per 1000 Patient Hours - Overall

Rate

0.4419

N/A

0.0822

N/A

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Period:	April 2020 - March 2021						
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Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	Statewide	
Footnote Key		s category of evidenced based measures as rall quality of care given to psychiatric patie		0	2	0 ²		
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he Measure Set does not have an verall result.			Ν	lationwide	Ŭ	State	wide	
he number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra	
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations.	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	100 3					

- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
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For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''**

		Results	at Least:	Rale.	at Least:	Rale.
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.	∞ ³ 	N/A	0.4020	N/A	0.1450
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.	€ 	N/A	0.1948	N/A	0.0556
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.	₩ ³	N/A	0.5260	N/A	0.0914
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.	∞ ³	N/A	0.0678	N/A	0.0113



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Symbol Key		
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Footnote Key

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

Reporting Period: Apr	il 2020 - March 2021
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		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ ²	⊘ ²

		Cor	mpared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	93% of 269 eligible Patients	100%	86%	3	3

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The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

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National Quality Improvement Goals

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This organization's performance is similar to the target range/value.				to other Joint mission
O This organization's performance is below the target range/value.				Organizations
not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	™ ²
Footmate Ver				

		Со		other Joint ed Organiz	t Commission zations			
			lationwide	Ŭ	State	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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Compared to other Joint



National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

	Symbol Key
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Footnote Key

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- 4. The measure meets the Privacy Disclosure Threshold rule.
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 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."

				Commission			
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewide	e
Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.		(2	№ ²			
Compared to other Joint Commi Accredited Organizations					on		
			Ν	lationwide		State	ewide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
		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 Po	Reporting Period: April 2020 - March 2021					
Compared to Comm						
		Accredited Organizations				
Measure Area	Explanation	Nationwide	Statewide			
Substance Use	This category of evidence based measures assesses the	№ ²	\bigcirc^2			

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide		State	wide
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.	₩ 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.	€] ³	100%	66%	3	3

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Symbol Key

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Footnote Key

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



	Deporting De	ried: April 2020 March 2021						
Reporting Period: April 2020 - March 2021								
				o other Joint				
			nission 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				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	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.	600 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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- **11.** There were no eligible patients that met the denominator criteria.