

# 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.
•	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than 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.
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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	10/21/2022	10/20/2022	10/20/2022
🎯 Hospital	Accredited	10/22/2022	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	Last On-Site
Programs		Date	Date	<b>Review Date</b>
Orimary Stroke Center	Certification	10/27/2021	10/26/2021	10/26/2021

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2022National Patient Safety Goals	$\bigotimes$	<b>∞</b> *	
Home Care	2022National Patient Safety Goals	$\bigotimes$	<b>*</b>	
Hospital	2022National Patient Safety Goals	Ø	<b>*</b>	

Tanner Breast Health



# **Summary of Quality Information**

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n achieved the best			Organiz	
n's performance is rget range/value.			Nationwide	Statewide
n's performance is		National Quality Improvement Goals:		
get range/value. n's performance is arget range/value.	Reporting Period:	Emergency Department	<b>N</b> <sup>2</sup>	<b>NO</b> <sup>2</sup>
not applicable for this	Jan 2021 - Dec 2021	Hospital-Based Inpatient Psychiatric Services		2 <sup>2</sup>
		Immunization	2 <sup>2</sup>	2 <sup>2</sup>
e Key		Perinatal Care	<b>()</b> <sup>2</sup>	(m) <sup>2</sup>
r Measure Set was not		Substance Use		2 <sup>2</sup>
et does not have an		Tobacco Treatment	2 <sup>2</sup>	2 <sup>2</sup>
methods in met on our la				

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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) (In-Home Behavioral Health Care Services - 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
Tanner Medical Center * 705 Dixie Street Carrollton, GA 30117	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Services: <ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gi or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gi or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecological Surgery (Imaging/Diagnostic Services)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> </ul></li></ul>
Tanner Medical Center Mobile Mammography Unit 1 706 Dixie Street, Suite 110 Carrollton, 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.



# **2022 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.



# **2022 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
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
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

## Symbol Key

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 The Goal is not applicable for this organization.

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# **National Quality Improvement Goals**

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## Reporting Period: January 2021 - December 2021

		Compared to other Joint	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>1</b> 2	@ <sup>2</sup>

		Cor	Accredit	ed Organiz		n
		N	lationwide	0	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.	2 163 minutes 771 eligible Patients	54	185	3	3
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.	358 minutes 772 eligible Patients	222	423	3	3

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



## Reporting Period: January 2021 - December 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.	<b>™</b> <sup>2</sup>	@ <sup>2</sup>

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	2 2	100%	95%	100%	99%

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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.	<b>∞</b> <sup>2</sup>	@ <sup>2</sup>

		Accredited Organizations				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	<b>€</b> 3 ———	100%	97%	100%	99%

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Reporting Period: January 2021 - December 2021

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		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.	<b>1 1 1 1 1 1 1 1 1 1</b>	<b>1 1 1 1 1 1 1 1 1 1</b>

		Compared to other Joint Commission Accredited Organizations				n
			lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	<b>e</b> 3	100%	97%	100%	100%

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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.	<b>∞</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital	Vationwide	Average	State	wide
Measure	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	<b>600</b> 3 	100%	95%	100%	99%

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# **National Quality Improvement Goals**

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Not displayed	Measure Area	Explanation	Nationwide	Statewid
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>@</b> <sup>2</sup>	<b>⊙</b> <sup>2</sup>
The Measure or Measure Set was not		Cor	npared to other Joi	nt Commissio

		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:
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.	<b>ND</b> <sup>3</sup>	100%	94%	100%	99%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	<mark>№0</mark> 2 	100%	53%	93%	57%

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

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

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100%

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42%

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# **National Quality Improvement Goals**

Reporting Per	od: Jar	uary 2021 - December 2021					
				Com	npared to c Commis		
				Accr		anizations	
Measure Area		Explanation Nationwide				Statewide	
Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>⊘</b> <sup>2</sup>	
			Cor	npared to c Accredite	other Joint ed Organiz		on
			Ν	lationwide			ewide
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate
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

person's capacity to meet life's

everyday demands. Appropriate

illness that markedly interferes with a

#### This organization achieved t cible reculte

Symbol Kev

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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. This measure reports the number of patients age 13 through 17 years Medications at Discharge with 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

Appropriate Justification Adolescents Age 13 - 17

**Multiple Antipsychotic** 

being treated with Clozapine.

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

Compared to other Joint



# **National Quality Improvement Goals**

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O This organization's performance is worse than the target range/value.	_		
Not displayed	Ν	leasure Area	Explanation
		lospital-Based	This category of evidenced based measures

## **Footnote Key**

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

					Commiss Commiss Codited Org	sion	
Measure Area		Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		•	2	<b>O</b> <sup>2</sup>	
				mpared to c Accredite Jationwide	other Joint ed Organiz		
Measure		Explanation	Hospital	Top 10%	Average	Top 10%	
Weddure			Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64 Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	e with Older	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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. 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.	<b>€€0</b> 3	100%	56%	93%	59%

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

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.

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43%

100%

52%

100%



This organization achieved the best possible results		Reporting Per	riod: January 2021 - December 2021
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		ospital-Based	This category of evidenced based measures

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Compared to other Jo Commission				
		Accredited O	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.	<b>™</b> <sup>2</sup>	<b>1 1 1 1 1 1 1 1 1 1</b>	

	Compared to other Joint Commission Accredited Organizations			n		
Nationwide Statewide					ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	₩ <sup>2</sup>	N/A	0.8411	N/A	1.1733
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.	<b>₩</b> 3 	N/A	0.5600	N/A	0.0763

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Footnote Key

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This organization achieved the best

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better than the target range/value. This organization's performance is

similar to the target range/value. This organization's performance is

worse than the target range/value.

The Measure or Measure Set was not

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The Measure Set does not have an



# **National Quality Improvement Goals**

## Reporting Period: January 2021 - December 2021

C			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.	<b>™</b> <sup>2</sup>	<b>○</b> <sup>2</sup>

	Compared to other Joint Commission Accredited Organizations					
			lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use 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.	₩ <b>3</b> 	N/A	0.4158	N/A	0.0363
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.	<b>∞</b> 3 	N/A	1.0167	N/A	1.5140

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Reporting Period: January 2021 - December 2021

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		Compared to Comm	
		Accredited O	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.	<b>™</b> <sup>2</sup>	<b>1</b> 2

		Compared to other Joint Commission Accredited Organizations				on
			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	<b>ND</b> <sup>3</sup>	N/A	0.0925	N/A	0.0052
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.	<u></u> 2	N/A	0.4255	N/A	0.0845
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.	<b>№</b> 0 <sup>3</sup>	N/A	0.4104	N/A	0.0828
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.	<b>№</b> 0 <sup>3</sup>	N/A	0.1564	N/A	0.0412

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## Reporting Period: January 2021 - December 2021

		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 <sup>2</sup>	<b>™</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				n
			Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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	0.5170	N/A	0.0981
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.	<b>№</b> 0 <sup>3</sup>	N/A	0.0487	N/A	0.0189

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## Reporting Period: January 2021 - December 2021

			o other Joint hission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>⊘</b> <sup>2</sup>	<b>№</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations			n	
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		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.	92% of 522 eligible Patients	99%	84%	<u></u> 3	3

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## Reporting Period: January 2021 - December 2021

			o other Joint nission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>2</b>	<b>2</b>	

		Compared to other Joint Commission Accredited Organizations				
	<b>-</b> 1 <i>- i</i>		lationwide			ewide
Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	<b>(</b>	34%	26%	37%	28%
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.	99 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.	37% of 1035 eligible Patients	71%	49%	52%	36%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	11 per 1000	5	13	6	12

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## Reporting Period: January 2021 - December 2021

			o other Joint hission
		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	<b>2</b>	<b>™</b> <sup>2</sup>

		Cor	mpared to o Accredit	other Joint ed Organiz		on
		٨	lationwide	Ŭ		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.	₩D <sup>3</sup>	98%	47%	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%	71%	3	3

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## Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission		
		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	<b>⊘</b> <sup>2</sup>	<b>0</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
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.	₩ <sup>3</sup>	55%	16%	<sup>3</sup>	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.	<b>™</b> 3	97%	56%	3	<sup>3</sup>

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