

Accreditation Quality Report





Version: 4 Date: 11/19/2021 601 Dallas Highway, Villa Rica, GA Org ID: 6741

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.

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Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	11/29/2018	11/28/2018	11/28/2018
Hospital	Accredited	12/1/2018	11/30/2018	11/30/2018

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

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
Primary Stroke Center	Certification	5/22/2019	10/27/2021	10/27/2021

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 Organiz	
	Nationwide	Statewide
2018National Patient Safety Goals	Ø	*
2018National Patient Safety Goals	Ø	()*
National Quality Improvement Goals:		
Emergency Department	№ 2	№ 0 ²
Hospital-Based Inpatient Psychiatric Services	№ 2	(ND) 2
Perinatal Care	ND 2	© ²
	2018National Patient Safety Goals National Quality Improvement Goals: Emergency Department Hospital-Based Inpatient Psychiatric Services	Nationwide 2018National Patient Safety Goals 2018National Patient Safety Goals National Quality Improvement Goals: Emergency Department Hospital-Based Inpatient Psychiatric Services

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

Symbol Key

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- This organization's performance is below the target range/value.
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- Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 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.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
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- 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.

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Locations of Care

Locations of Care	Available Services
Northwest Georgia Oncology Center- TMC/Villa Rica DBA: Northwest Georgia Oncology Center, a Service of TMC/VR 157 Clinic Ave, Suite 202 Carrollton, GA 30117	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Tanner Center for Sleep Disorders 690 Dallas Hwy., Suite 303 Villa Rica, GA 30180	Services: • Outpatient Clinics (Outpatient)
Tanner Medical Center / Villa Rica, Acute/Behavioral Care * 601 Dallas Highway Villa Rica, GA 30180	 Primary Stroke Center Services: Cardiac Catheterization Lab (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) GI or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Primary Stroke Center Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) (Impatient) Non-Sterile Medication Compounding (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sterile Medication Orthopedic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sterile Medication Orthopedic Surgery (Surgical Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services)
Tanner MS Infusion Center 3200 Downwood Circle, Suite 550	Services: Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient)

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Locations of Care

Locations of Care	Available Services
TMC/VR Behavioral Health Services IP and OP 20 Herrell Road Villa Rica, GA 30180	Services: Addiction Services/Adult) (Detox/Non-detox - Adult) Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult) (Partial Hospitalization - Adult) (Partial Hospitalization - Adult) (Detox/Non-detox - Adult)
TMC/VR Behavioral Health Services OP Core Program 101 Quartz Drive. Suite 103A Villa Rica, GA 30180	Services: Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Case Management (Non 24 Hour Care - Adult/Child/Youth)
West Georgia Infusion Center – TMC/Villa Rica DBA: West Georgia Infusion Center, a Service of TMC/Villa Rica 157 Clinic Ave, Suite 101 Carrollton, GA 30117	Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient)
Willowbrooke at Tanner Cartersville 958 Joe Frank Harris Parkway SE Suite 103 Cartersville, GA 30120	Services: Behavioral Health (Day Programs - Adult) (Partial Hospitalization - Adult) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care) Peer Support (Non 24 Hour Care)

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2018 National Patient Safety Goals

Symbol Key

The organization has met the National Patient Safety Goal.

The organization has not met the National Patient Safety Goal.

The Goal is not applicable for this organization.

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

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

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	8 8
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	Ø
	Preventing Central-Line Associated Blood Stream Infections	Ø
	Preventing Surgical Site Infections	Ø
	Preventing Catheter-Associated Urinary Tract Infection	8 8 8 8
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

Symbol Key

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overall result.

sample of patients.

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Tanner Medical Center / Villa Rica

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

		Commission	
		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.	№ ²	№ ²

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	ewide
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.	166.00 minutes 282 eligible Patients	54.00	151.00	38.11	170.44
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.	324.00 minutes 327 eligible Patients	221.00	370.00	3	3

- oint Commission only reports measures endorsed by the National Quality Forum.
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			at Most:	Median:	at Most:	Me
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.	166.00 minutes 282 eligible Patients	54.00	151.00	38.11	17
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.	324.00 minutes 327 eligible Patients	221.00	370.00	3	-

Compared to other Joint

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Compared to other Joint

		Accredited Organizati	
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

		Co	mpared to o	other Joint ed Organiz		on
		1	Nationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	100% of 468 eligible Patients	100%	96%	100%	98%

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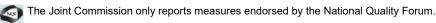


National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Compared to other Joint
Commission
Accredited Organizations
ationwide Statewide

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide	Ĭ	State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	100% of 58 eligible Patients	100%	97%	100%	96%



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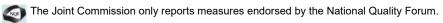
National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Compared to other Joint Commission

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	1 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			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.	100% of 78 eligible Patients	100%	97%	100%	98%



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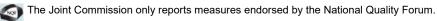
National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Compared to other Joint **Accredited Organizations**

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 288 eligible Patients	100%	95%	100%	98%



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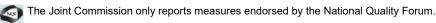


National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Compared to other Joint Commission Accredited Organizations

		Соі	npared to o			on
		Accredited Organizations Nationwide Statewide				and a
			lationwide	A.,		
Measure	Explanation	Hospital Results	Scored	Rate:	Top 10% Scored	Average Rate:
		Results	at Least:	Rate.	at Least:	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.	100% of 44 eligible Patients	100%	95%	100%	99%



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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Соі	mpared to d	other Joint ed Organiz		on
		1	Nationwide	cu Organiz		ewide
Measure	Explanation	Hospital	•		Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	20% of 5 eligible Patients	100%	62%	97%	60%
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 8	100%	36%	3	3

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National Quality Improvement Goals

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.	8 3	100%	45%	3	3

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication is also being treated with Clozapine.	0% of 4 eligible Patients	100%	63%	96%	61%

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

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

		Cor	npared to d			on
		Accredited Organizations Nationwide Statewide				wide
Measure	Explanation	Hospital Results		Average Rate:		
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	₩ 0 4 ———	100%	63%	100%	58%
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.13 (8 Total Hours in Restraint)	N/A	0.75	N/A	0.70

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Org ID: 6741

Compared to other Joint



Services





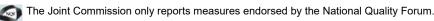
National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Measure Area Explanation Nationwide Statewide

Hospital-Based Inpatient Psychiatric voverall quality of care given to psychiatric patients.

		Compared to other Joint Commission Accredited Organizations				
		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 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.	——————————————————————————————————————	N/A	0.36	N/A	0.11
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.11 (1 Total Hours in Restraint) ³	N/A	0.27	N/A	0.05



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Reporting Period: January 2020 - December 2020

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		Cor	npared to c	other Joint ed Organiz		on
		N	Accredit Nationwide	ed Organiz		ewide
Measure	Explanation	Hospital Results		Average Rate:	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.	0.08 (4 Total Hours in Restraint)	N/A	0.92	N/A	0.87
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.	€ 1 1 1 1 1 1 1 1 1 1	N/A	0.08	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.	1.76 (22 Total Hours in Seclusion) ³	N/A	0.47	N/A	0.08

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

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.

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				wide
Measure	Explanation	Hospital		Average	Top 10%	
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	2.05 (1 Total Hours in Seclusion)	N/A	0.47	N/A	0.22
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.	ND 4	N/A	0.21	N/A	0.07
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.98 (10 Total Hours in Seclusion) ³	N/A	0.55	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.	0.00 (0 Total Hours in Seclusion)	N/A	0.08	N/A	0.00

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		Compared to other Joint Commission					
			ations	itions Statewide			
Measure	Explanation	Hospital Results	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.	32% of 114 eligible Patients	16%	25%	19%	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.	0% of 23 eligible Patients	0%	2%	0%	1%	
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	33% of 278 eligible Patients	71%	51%	50%	36%	
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	2164% of 231 eligible Patients	200%	1800%	800%	2200%	
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.	6926% of 231 eligible Patients	1500%	3100%	1900%	3300%	

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

Compared to other Joint Commission

Accredited Organizations

Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		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 Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	4761% of 231 eligible Patients	500%	1300%	500%	1100%	

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