

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.

601 Dallas Highway, Villa Rica, GA



Summary of Quality Information

Symbol Key 1

\bigcirc	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.
Θ	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
0	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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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	4/12/2022	4/12/2022
📀 Hospital	Accredited	12/1/2018	4/15/2022	4/15/2022

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

Advanced Certification	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
🎯 Primary Stroke Center	Certification	10/28/2021	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 Commission Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2018National Patient Safety Goals	Ø	<u>ب</u> *	
Hospital	2018National Patient Safety Goals	Ø	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	(10) ²	2 ²	
Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	(10) ²	2 ²	
	Immunization	1	(10) ²	
	Perinatal Care	@ ²	(10) ²	

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

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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 SleepDisorders690 Dallas Hwy., Suite303Villa Rica, GA 30180	Services: • Outpatient Clinics (Outpatient)
Tanner Medical Center / Villa Rica, Acute/Behavioral Care * 601 Dallas Highway Villa Rica, GA 30180	 Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Cardiac Catheterization Lab (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services)
Tanner MS Infusion Center 3200 Downwood Circle, Suite 550 Atlanta, GA 30327	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/Child/Youth) Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - 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

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 3

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.

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

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2018 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	\bigotimes
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	\bigotimes
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	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigotimes
	Preventing Catheter-Associated Urinary Tract Infection	\bigotimes
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	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigotimes

Symbol Key 3

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.

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National Quality Improvement Goals

Department prior to inpatient admission.

Reporting Period: April 2020 - March 2021

Symbol Key 2

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		Compared to Comm	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency	∞ ²	№ ²

Compared to other Joint Commission Accredited Organizations Nationwide Statewid						
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.	2 161.00 minutes 437 eligible Patients	49.00	159.00	47.24	163.02
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 308.00 minutes 437 eligible Patients	202.00	382.00	199.64	345.54

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National Quality Improvement Goals

t	Reporting Per	iod: April 2020 - March 2021		
s			Compared to Comm	
5			Accredited C	rganizations
	Measure Area	Explanation	Nationwide	Statewide
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2	○ ²

				other Joint ed Organiz		n
			lationwide			wide
Measure	Explanation	Hospital Results	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 714 eligible Patients	100%	96%	100%	98%

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

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Symbol Key 2

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National Quality Improvement Goals

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	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patient		(2	™ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ted Organiz		bn
The Measure Set does not have an overall result.		Nat						ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Averaç Rate
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	∍ risk,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder, trauma and patient strer	,	children age (1-12 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Children (1- years)		substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.	, ,		patient strengths. Screening for violence risk to self determines if					
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening	\bigcirc				
updated data.			for substance and alcohol use determines if patients need help for	100% of	100%	97%	100%	97%
Test Measure: a measure being evaluated for reliability of the			their use. Screening for	93 eligible Patients				
individual data elements or awaiting			psychological trauma history	Fallenis				
National Quality Forum Endorsement.			determines if patients have experienced terrible events in their					
There were no eligible patients that met								

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

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anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Eastnata Kay	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	0 ²	
Footnote Key The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.			_		lationwide		State	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. 	Assessment of violence substance use disorder, trauma and patient stre completed - Adolescent years)	ngths	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	O	100%	97%	100%	99%
 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. 			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	100% of 126 eligible Patients	10070	3170	10070	3370

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
The Measure or Measure Set was not reported.				Con	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.					ationwide		State	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of adults age (18-64 years) screened		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	for violence risk to self and others, substance and alcohol use,					
The Measure results are not statistically valid.	completed - Adult (18-6 years)	4	psychological trauma history and patient strengths. Screening for					
The Measure results are based on a sample of patients.			violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening for substance and alcohol use	\bigcirc	10001	0=0/	1000/	0001
updated data. • Test Measure: a measure being			determines if patients need help for their use. Screening for	100% of 429 eligible	100%	95%	100%	98%
evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have	Patients				
There were no eligible patients that met the denominator criteria.			experienced terrible events in their lives which have left them fearful or					

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Not displayed	Measure Area		Explanation		Nationwi		Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	0 ²	
The Measure or Measure Set was not reported.				Cor	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.			F or low of low		lationwide	A		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Rate:	Top 10% Scored at Least:	Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence substance use disorder, trauma and patient stre completed - Older Adult years)	, ngths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use 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	00% of 66 eligible Patients	100%	95%	100%	99%

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				npared to o Commis edited Org		
	Explanation ategory of evidenced based measures as I quality of care given to psychiatric patie		Nationwi	0	Statewide	e
			mpared to c Accredite Nationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
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.	Have the second	100%	59%	97%	59%
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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ³	100%	42%	3	

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Symbol Key 2 This organization achieved the best

This organization's performance is

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National Quality Improvement Goals

Reporting Perio	od: April 2020 - March 2021					
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			Com	npared to c Commise	other Joint sion	
			Accre	edited Org	anizations	
Measure Area	Explanation		Nationwie	de	Statewide	Э
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie		2	⊘ ²		
		Cor	npared to c Accredite	other Joint ed Organiz		'n
			lationwide		State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Multiple Antipsychotic Medications at Discharge	This measure reports the number of patients age 13 through 17 years					

 The organization scored above 90% but was below most other organizations.
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The number of patients is not enough for comparison purposes.

The measure meets the Privacy Disclosure Threshold rule.

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to reduce the number of

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

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

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

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

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Appropriate Justification

Adolescents Age 13 - 17

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60%

96%



National Quality Improvement Goals

Symbol Key 2							
This organization achieved the best possible results This organization's performance is	Reporting Per	riod: April 2020 - March 2021					
above the target range/value.							
This organization's performance is similar to the target range/value.					pared to other Commission		
This organization's performance is below the target range/value.				Accrea	dited Organiz	zations	
Not displayed	Measure Area	Explanation		Nationwide	e St	Statewide	
Footpoto Koy	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie		2 ²	2	1 2	
Footnote Key							
The Measure or Measure Set was not reported.				mpared to oth Accredited	ther Joint Con d Organizatio		
The Measure Set does not have an overall result.			Ŋ	Nationwide		Statew	vide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% A Scored at Least:	Rate: So	op 10% / Scored t Least:	Averaç Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of		di Leasi.	a	Leasi.	

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. 9.
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- 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

patients age 18 through 64 years

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

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

one antipsychotic medication, a plan

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

discharged on two or more

group of drugs used to treat

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

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Medications at Discharge with

Appropriate Justification

Adults Age 18 - 64

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Patients

60%

Tanner Medical Center / Villa Rica

601 Dallas Highway, Villa Rica, GA



National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	riod: 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. This organization's performance is below the target range/value. 					Accr	npared to c Commiss edited Org	sion anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	O ²	
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredit	other Joint ed Organiz		on
 The number of patients is not enough for comparison purposes. 	Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€¶ ⁴	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.	1.43 (27 Total Hours in Restraint) ³	N/A	0.86	N/A	1.05

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Symbol Key 2 This organization achieved the best

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The measure meets the Privacy Disclosure Threshold rule.

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

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Tanner Medical Center / Villa Rica

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National Quality Improvement Goals

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organization achieved the best ble results	Reporting Per	iod: April 2020 - March 2021		
s organization's performance is we the target range/value.				
nis organization's performance is milar to the target range/value.				o other Joint
his organization's performance is elow the target range/value.				Organizations
ot displayed	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
Footnote Key	Gervices			
he Measure or Measure Set was not		Cor	mpared to other Jo	int Commission

		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 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.	4	N/A	0.35	N/A	0.10			
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	5.29 (15 Total Hours in Restraint) ³	N/A	0.25	N/A	0.05			



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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Per	riod: 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	npared to o Commiss		
This organization's performance is below the target range/value.					Accredited Organizations			
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Eastnata Kay	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an						other Joint ed Organiz	ations	
overall result.	Measure		Evelopetion		lationwide	A		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of	Hours of Physical Restr 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	0.47 (7 Total Hours in Restraint) ³	N/A	1.06	N/A	1.32

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.

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	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.	0.47 (7 Total Hours in Restraint) ³	N/A	1.06	N/A	1.32
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	4	N/A	0.10	N/A	0.00
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	2.09 (40 Total Hours in Seclusion) ³	N/A	0.44	N/A	0.08
	Use Older Adults Age 65 and Older Hours of Seclusion Use per 1000 Patient Hours - Overall	 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. Hours of Physical Restraint Use Older Adults Age 65 and Older 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. Hours of Seclusion Use per 1000 Patient Hours - Overall Rate Hours of Seclusion Use per 1000 Patient Hours - Overall Rate 	 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. 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 restraints for revery 1,000 hours or patient to move hit 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 behavior or restrict the patient's behavior or restrict the patient's medical or psychiatric condition. Hours of Seclusion Use per 1000 Patient Hours - Overall Rate 	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 freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.Image a or event or event or physical restraint for the patient's medical or psychiatric condition.Image a or event or event or physical restraints for every 1,000 hours of patient care. Physical restraint is on a standard treatment for the patient's medical or psychiatric condition.Image a patient's medical or psychiatric condition.Image a or event or event were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is on the astendard 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 medical or psychiatric condition.Image a patient's medical or psychiatric condition.Image a material, or equipment that immobilizes or restrict the patient's medical or psychiatric condition.Image a material, or equipment for the patient's medical or psychiatric condition.Image a material, or equipment for the patient's medical or psychiatric condition.Image a material, or equipment that immobilizes or restrict the patient's medical or psychiatric condition.Image a material, or equipment that immobilizes or restrict the patient's medical or psychiatric condition.Image a material, or equipment that immobilizes or restrict the patient's medical or psychiatric 	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 medical or psychiatric condition.0.47 ("Total Hours")N/A1.06Hours of Physical Restraint Use Older Adults Age 65 and OlderThis 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's behavior or restrict the patient's behavior or restrict the patient's behavior or restrict the patient's nection to manage a patient 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/A0.10Hours of Seclusion Use per to00 Patient Hours - Overall RateThis measure reports the total hours patient's medical or psychiatric condition.Image a a patient's behavior or restrict the patient's medical or psychiatric condition.Image a a moto and reatment for the patient's medical or psychiatric condition.Image a moto and ready the attribution and moto and ready the attribution and a moto an area where the patient isImage a moto and the attribution and moto and a patient alone in a room or an ar	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 freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.N/A1.06N/AHours of Physical Restraint OlderThis measure reports the number of hours patient sage 65 and OlderThis measure reports the number of hours of patient care. Physical restraints for every 1,000 hours of patient care. Physical restraints is any manual method or physical or mechanical device, material, or equipment that immobilizes or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.N/A1.06N/AHours of Seclusion Use per 1000 Patient Hours - Overall RateThis measure reports the total hours patient's medical or psychiatric condition.N/A0.10N/A

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The Measure or Measure Set was not

The Measure Set does not have an

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

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

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There were no eligible patients that met

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The measure meets the Privacy Disclosure Threshold rule.

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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.

Tanner Medical Center / Villa Rica

601 Dallas Highway, Villa Rica, GA



National Quality Improvement Goals

Reporting Per	iod: April 2020 - March 2021		
		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.	@ ²	○ ²
	Measure Area Hospital-Based Inpatient Psychiatric	Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	Measure Area Explanation Nationwide Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. @2

Compared to othe Accredited 0						ion	
		Ν	lationwide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	№0 ⁴	N/A	0.40	N/A	0.15	
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	4.11 (12 Total Hours in Seclusion) ³	N/A	0.19	N/A	0.06	
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	1.37 (21 Total Hours in Seclusion) ³	N/A	0.53	N/A	0.09	
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	€ 4	N/A	0.07	N/A	0.01	

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601 Dallas Highway, Villa Rica, GA



National Quality Improvement Goals

Reporting F	Period: April 2020 - March 2021		
	•		
			to other Joint nission
		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses	\mathbf{O}^2	\mathbf{O}^2

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	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 165 eligible Patients	100%	86%	3	3	

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Symbol Key 2

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
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Footnote Key

- The Measure or Measure Set was not reported.
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- The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
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- **1.** There were no eligible patients that met the denominator criteria.

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601 Dallas Highway, Villa Rica, GA

Compared to other Joint Commission



National Quality Improvement Goals

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This organization achieved the best possible results	Reporting	g Period: April 2020 - March 2021
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O This organization's performance is below the target range/value.		
Not displayed	Measure Area	Explanation
~	Perinatal Care	This category of evidenced based measur

Footnote Key

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		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	2	⊘ ²
	This category of evidenced based measures assesses the		Sta

		N	Accreant Vationwide	ed Organiz		wide
Measure	Explanation	Hospital Results		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.	33% of 163 eligible Patients	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 33 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.	33% of 408 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.	2431% of 329 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.	6686% of 329 eligible Patients	1508%	3084%	2112%	3193%

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National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

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0	This organization achieved the best possible results
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Э	This organization's performance is below the target range/value.
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Footnote Key

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- 1. The Measure or Measure Set was not reported.
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				Compared to other Joint Commission Accredited Organizations			
Measure Area	Measure Area Explanation			Nationwi	de	Statewide	е
Perinatal Care		category of evidenced based measures assesses the of mothers and newborns.			2	™ 2	
			Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Averag Rate:
Unexpected Complicat Term Newborns per 10 livebirths - Severe Rate	00	The severe rate equals the number of patients with severe complications.	4255% of 329 eligible Patients	501%	1303%	539%	1118%



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