

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

0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
	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.
- **3.** The number of patients is not enough for comparison purposes.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Program	s Accreditation Decision	Effective Date	Last Full Sur Date	rvey Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	4/13/2022	4/12/2022	4/12/2022
🙆 Hospital	Accredited	4/16/2022	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	10/19/2023	10/19/2023

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	[*]
Hospital	2022National Patient Safety Goals	\bigotimes	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	2 ²	2 ²
Jan 2021 - Dec 2021	Hospital-Based Inpatient Psychiatric Services	2 ²	
	Immunization	(²	
	Perinatal Care	() ²	

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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) 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)



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) (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)

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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.	identification of individuals	
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 organization.

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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	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key

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National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

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		Compared to other Joint Commission	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewid
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	™ ²	○ ²

				other Joint ed Organiz	ations	
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Weighte d Median:	Top Perform er Threshol d:	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.	2 128 minutes 558 eligible Patients	54	185		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.	302 minutes 634 eligible Patients	222	423		3

* This information can also be viewed at https://hospitalcompare.io/
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National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊘ ²	™ ²

			mpared to o Accredit	other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	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.	99% of 994 eligible Patients	100%	95%	100%	99%

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National Quality Improvement Goals

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O This organization's performance is worse than the target range/value.						Accr	edited Org		
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Footnote Key		ital-Based ient Psychiatric ces		tegory of evidenced based measures a quality of care given to psychiatric patie			2	⊘ ²	
1. The Measure or Measure Set was not reported.					Co	mpared to c Accredite	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.					-	Vationwide			wide
3. The number of patients is not enough for comparison purposes.		Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.						er Threshol d:		er Threshol d:	
5. The organization scored above 90% but was below most other organizations.	Asses	sment of violence	e risk.	This measure reports the number of		ч.		u.	
6. The Measure results are not statistically valid.	substa	ance use disorder a and patient stre	r, [']	children age (1-12 years) screened for violence risk to self and others,					
7. The Measure results are based on a sample of patients.	compl years)	leted - Children (1)	-12	substance and alcohol use, psychological trauma history and					
8. The number of months with Measure data is below the reporting requirement.				patient strengths. Screening for violence risk to self determines if					
 The measure results are temporarily suppressed pending resubmission of updated data. 				patients are likely to harm themselves. Screening for violence risk to others determines if patients					
10. Test Measure: a measure being evaluated for reliability of the				are likely to harm others. Screening for substance and alcohol use	\bigotimes	100%	97%	100%	99%
individual data elements or awaiting				determines if patients need help for their use. Screening for	98% of 110 eligible	100%	91%	100%	99%
National Quality Forum Endorsement. 11. There were no eligible patients that met				psychological trauma history	Patients				
the denominator criteria.				determines if patients have					
12. The measure rate is within optimal range				experienced terrible events in their lives which have left them fearful or					

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.

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

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Compared to other Joint



National Quality Improvement Goals

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Not displayed	Me	easure Area	Explanation
		ospital-Based patient Psychiatric	This category of evidenced based moverall quality of care given to psych

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Measure Area Explanation Hospital-Based This category of evidenced based measures asses overall quality of care given to psychiatric patients. Services Services				Nationwi	0	Statewide	
					other Joint ed Organiz	Commissio ations State	
Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
Assessment of violence substance use disorder, trauma and patient stren 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 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.	99% of 195 eligible Patients	100%	97%	100%	100%

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Tanner Medical Center / Villa Rica

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Average

Rate:



National Quality Improvement Goals

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better than the target range/value.						
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This organization's performance is worse than the target range/value.				Accre	edited Org	anizations
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide
Footpote Koy	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		0	2	○ ²
Footnote Key						
• The Measure or Measure Set was not reported.			Cor		other Joint ed Organiz	Commissio zations
The Measure Set does not have an overall result.			Ν	lationwide		State
The number of patients is not enough	Measure	Explanation	Hospital	Тор	Average	Тор
for comparison purposes.			Results	Perform	Rate:	Perform
The measure meets the Privacy				er		er
Disclosure Threshold rule.				Threshol		Threshol

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Assessment of violence risk, This measure reports the number of adults age (18-64 years) screened substance use disorder, for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Adult (18-64 psychological trauma history and years) 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 \oplus for substance and alcohol use 100% 95% 100% 99% determines if patients need help for 99% of 608 eligible Patients 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.

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National Quality Improvement Goals

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inde.	Measure Area	Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie		0	2	○ ²	
was not			Со	mpared to o Accredit	other Joint ed Organiz		on
/e an	Maggy	Evaluation -		Vationwide	Aueroge		ewide
enough	Measure	Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Avera Rate
y e 90% but				Threshol d:		Threshol d:	
ton a atistically atin atistically atistically atistically atistically atistically atistically atistically atistically atistically atistical atistically atistical ati	Assessment of violence substance use disorder, trauma and patient strer completed - Older Adult years)	older adult (>= 65 years) screened for violence risk to self and others,	100% of 81 eligible Patients	100%	94%	100%	99%

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the patient recover.

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	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		(2	○ ²	
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reported.2. The Measure Set does not have an					mpared to c Accredite Nationwide	ed Organiz		
overall result.3. The number of patients is not enough	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	600 3	100%	34%		3

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National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

		Compared to Comm	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	@ ²

		Со	mpared to c Accredit	other Joint ed Organiz		on
		1	lationwide			ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Averag 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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€00 3 	100%	42%		3

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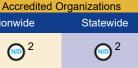
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	Measure Area	Explanation	Natio
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	



Compared to other Joint Commission

		Со	mpared to o Accredit	other Joint ed Organiz		on
		٩	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Averag 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 medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	23% of 13 eligible Patients	100%	56%	93%	59%

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Tanner Medical Center / Villa Rica

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jan	uary 2021 - December 2021					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
O This organization's performance is worse than the target range/value.					Accr	edited Org		
Not displayed	Measure Area	leasure Area Explanation 1			Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie			2	○ ²	
Footnote Key	Services							
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result.	Measure		Explanation	Hospital	Nationwide Top	Average	State Top	wide Average
3. The number of patients is not enough for comparison purposes.				Results	Perform	Rate:	Perform	Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
 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. The measure rate is within optimal range. 	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	e 4	100%	43%	100%	52%
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.	0.9758 (26 Total Hours in Restraint) ³	N/A	0.8411	N/A	1.1733

This information can also be viewed at https://hospitalcompare.io/ ____

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National Quality Improvement Goals

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This organization's performance is better than the target range/value.					Con	npared to c	ther loint	
similar to the target range/value.							sion	
Sector and the sector angle and the sector and the sec						edited Org		
Not displayed	Measure Area	T 1 ·	Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
1. The Measure or Measure Set was not reported.				Cor	npared to o	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.					lationwide		State	ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					Threshol d:		er Threshol d:	
 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. 	Hours of Physical Restr 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	0.5600	N/A	0.0763
12. The measure rate is within optimal range.	Hours of Physical Restr Use Adolescents Age 1		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

a patient to move his or her arms,

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

legs, body or head freely when it is

immobilizes or reduces the ability of

ND3

4.0954

(16 Total Hours

in Restraint)3

N/A

0.4158

N/A

0.0363

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

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condition.

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O This organization's performance is worse than the target range/value.					Accre	edited Orga	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Ecotroto Voy	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	⊘ ²	
Footnote Key 1. The Measure or Measure Set was not	Compared to other Joint Commission							
reported.2. The Measure Set does not have an						ed Organiz		u delle
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	lationwide Top Perform	Average Rate:	State Top Perform	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but 					er Threshol d:		er Threshol d:	
 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. The were no eligible patients that met the denominator criteria. 	Hours of Physical Restr Use Adults Age 18 - 64	aint	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.	0.2050 (4 Total Hours in Restraint) ³	N/A	1.0167	N/A	1.5140
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use Older Adults Age 6 Older Hours of Seclusion Use 1000 Patient Hours - Ov	5 and	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. This measure reports the total hours patients were kept in seclusion for avery 1,000 hours of patient care	۩ ⁴	N/A	0.0925	N/A	0.0052
	Rate		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.	0.9117 (24 Total Hours in Seclusion) ³	N/A	0.4255	N/A	0.0845

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Symbol Key

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The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria. 12. The measure rate is within optimal

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

The measure meets the Privacy Disclosure Threshold rule.

reported.

overall result.

Footnote Key The Measure or Measure Set was not

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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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This organization's performance is worse than the target range/value.			Accredited C	Organizations
Not 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	∞ ²
Footnote Kev	Services			

Compared to other Joint Commission Accredited Organizations						n
Measure	Explanation	N Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	۩ ⁴	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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.1564	N/A	0.0412
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.	0.8098 (17 Total Hours in Seclusion) 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.	ND ⁴	N/A	0.0487	N/A	0.0189

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National Quality Improvement Goals

Reporting Period: January 2021 - December 2021

		Compared to other Joint Commission		
		Accredited C	Organizations	
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	0 ²	0 ²	

		Compared to other Joint Commission Accredited Organizations				
		Ν	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	91% of 356 eligible Patients	99%	84%		3

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		Compared to other Joint Commission	
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	№ ²	0 ²

		Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide			wide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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 222 eligible Patients	1 ²	26%	1 ²	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.	3% of 61 eligible Patients	0%	2%	0%	2%	
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	35% of 573 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.	26 per 1000	5	13	6	12	

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