

Accreditation Quality Report





Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.





Summary of Quality Information

Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is 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.
NO	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.
- 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. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Hospital	Accredited	7/14/2018	7/13/2018	8/24/2018

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

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2018National Patient Safety Goals	${}^{\oslash}$	*	
	National Quality Improvement Goals:			
Reporting Period: Jan 2020 - Dec 2020	Hospital-Based Inpatient Psychiatric Services	(m) ²	(in) ²	

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





Locations of Care

* Primary Location

Locations of Care	Available Services
Alliance Health Center, Inc. * DBA: Alliance Health Center 5000 Highway 39 North Meridian, MS 39301	 Services: Addiction Services/Adult) (Non-detox - Adult) Behavioral Health (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 - Adult) (Non-detox - Adult) Family Support (Non 24 Hour Care) General Laboratory Tests

DBA: Alliance Health Center, 5000 Highway 39 North, Meridian, MS



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	\bigcirc
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\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
	Preventing Multi-Drug Resistant Organism Infections	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

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.



National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

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

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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 1083 eligible Patients	100%	96%	100%	97%

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

---- Null value or data not displayed.

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- 8. The number of months with Measure data is below the reporting requirement.
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- 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
- **1.** There were no eligible patients that met the denominator criteria.



National Quality Improvement Goals

Reporting Per	iod: January 2020 - December 2020		
		Compared t Comm	o other Joir
		Accredited C	Organization
Measure Area	Explanation	Nationwide	Statew
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2	(

		Со	mpared to o Accredit	other Joint ed Organiz		n
		١	lationwide	Ű		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 79 eligible Patients	100%	97%	3	3

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Reporting Per	iod: January 2020 - December 2020		
		Compared to Comm	o other Join hission
		Accredited C	Organization
Measure Area	Explanation	Nationwide	Statew
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 ²	(10)

		Cor	npared to o Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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 258 eligible Patients	100%	97%	3	3

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National Quality Improvement Goals

Reporting Peri	od: January 2020 - December 2020		
		Compared to Comm	
		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.	1	™ ²

		Со	mpared to o Accredit	other Joint ed Organiz		on
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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 516 eligible Patients	100%	95%	100%	96%

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National Quality Improvement Goals

Reporting Per	iod: January 2020 - December 2020		
			o other Joint hission Drganizations
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

		Cor	mpared to o Accredit	other Joint ed Organiz		n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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 230 eligible Patients	100%	95%	100%	98%

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

Symbol Kev This organization achieved the 5000 Highway 39 North, Meridian, MS



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jan	uary 2020 - December 2020					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to c Commiss		
This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
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. The Measure Set does not have an						other Joint ed Organiz	ations	
overall result.	Марациа		Evalenction		Vationwide	Average		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Rate:	Top 10% Scored at Least:	Rat
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	Multiple Antipsychotic Medications at Discharg 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	68% of 25 eligible Patients	100%	62%	100%	569
			everyday demands.					

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

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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.

discharged on two or more

group of drugs used to treat

psychosis. Psychosis is a mental

everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan

antipsychotic medications for which

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a person's capacity to meet life's

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

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Appropriate Justification

Children Age 1 - 12

100%

36%

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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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There were no eligible patients that met

the denominator criteria.

The measure meets the Privacy Disclosure Threshold rule.

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

5000 Highway 39 North, Meridian, MS



National Quality Improvement Goals

Reporting Per	iod: January 2020 - December 2020		
		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewid
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊘ ²	⊙ ²

		Col	mpared to o Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	U U	Top 10%	ewide 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	№0 4 	100%	45%	3	3

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5000 Highway 39 North, Meridian, MS



National Quality Improvement Goals

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Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footpote Voy	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				
The Measure or Measure Set was not		Cor	npared to other Joi	int Commission

		Col	mpared to o Accredit	other Joint ed Organiz		n
Measure	Explanation	N Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:		wide 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 medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	68% of 22 eligible Patients	100%	63%	3	3

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5000 Highway 39 North, Meridian, MS



National Quality Improvement Goals

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 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	zations	
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
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This measure reports the total hours

patient care. Physical restraint is any

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0.01

(8 Total Hours

in Restraint)

N/A

0.75

N/A

0.15

restraints for every 1,000 hours of

patients were kept in physical

manual method or physical or

mechanical device, material, or

equipment that immobilizes or

reduces the ability of a patient to

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.

move his or her arms, legs, body or

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Hours of Physical Restraint

Overall Rate

Use per 1000 Patient Hours -

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sample of patients.

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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5000 Highway 39 North, Meridian, MS

other Joint

rganizations

Statewide

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		Compared to Commi	
		Accredited Or	
Measure Area	Explanation	Nationwide	
lospital-Based npatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	

		Cor	mpared to c Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Scored	Average Rate:	Top 10% Scored	ewide Averag 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.	0.11 (2 Total Hours in Restraint) ³	at Least: N/A	0.36	at Least:	3
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.	0.02 (3 Total Hours in Restraint)	N/A	0.27	3	3



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

Footnote Key

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

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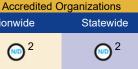
updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

5000 Highway 39 North, Meridian, MS



National Quality Improvement Goals

This organization achieved the best possible results	Reporting Per	iod: January 2020 - December 2020		
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				o other Joint hission
This organization's performance is below the target range/value.			Accredited C	Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ ²	⊙ ²



		Col	Compared to other Joint Commission Accredited Organizations			
	Explanation	Nationwide			Statewide	
Measure		Hospital Results	Top 10% Scored at Least:	op 10% Average Scored Rate:		
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.	0.01 (3 Total Hours in Restraint)	N/A	0.92	N/A	0.15
Hours of Physical Restraint Jse Older Adults Age 65 and Dlder	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.	0.00 (0 Total Hours in Restraint)	N/A	0.08	N/A	0.02
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.	0.13 (87 Total Hours in Seclusion)	N/A	0.47	N/A	0.24

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Compared to other Joint

Commission

Accredited Organizations

Statewide

Nationwide



National Quality Improvement Goals

possible results	Reporting Perio	d: January 2020 - December 2020
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.		
Not displayed	Measure Area	Explanation

Footnote Key

Symbol Key

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This organization achieved the best

- 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.
- 5. 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.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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

	nis category of evidenced based measures a rerall quality of care given to psychiatric patie) ²	⊘ ²		
Compared to other Joint Commission Accredited Organizations						
Macaura	- Evaluation		Vationwide	Austana		ewide
Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	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.	0.61 (10 Total Hours in Seclusion) ³	N/A	0.47	3	3
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.	O.30 (38 Total Hours in Seclusion)	N/A	0.21	³	3
Hours of Seclusion Use Adu Age 18 - 64	ults 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.	0.08 (39 Total Hours in Seclusion)	N/A	0.55	N/A	0.28
Hours of Seclusion Use Old Adults Age 65 and Older	ler 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	0.00 (0 Total Hours in Seclusion)	N/A	0.08	N/A	0.01



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prevented from leaving.

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