

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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission





Summary of Quality Information

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0	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.
	This organization's performance is below 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.
- 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.
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- 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
🥝 Behavioral Health Care	Accredited	6/8/2017	6/7/2017	6/7/2017
🥝 Home Care	Accredited	6/9/2017	6/8/2017	6/8/2017
o Hospital	Accredited	6/10/2017	6/9/2017	6/9/2017

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Trinity Hospitals

- One Burdick Expressway West, Minot, ND. 58701
- Trinity Health Vision Galleria Home Care
- 1321 West Dakota Parkway, Williston, ND. 58801
- Medical Arts Outpatient Services, Inc.
- 530 20th Avenue SW, Minot, ND. 58701
- Vision Galleria
 - 2815 16th Street SW, Suite 101, Minot, ND. 58701
- Medical Arts Outpatient Services, Inc.
 - 400 Burdick Expressway East Suite E117, Minot, ND. 58701

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	Review Date
Primary Stroke Center	Certification	2/10/2017	2/9/2017	2/9/2017

Other Accredited Programs/Services

Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2014 Gold Plus Get With The Guidelines - Stroke



Summary of Quality Information

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	Ø	<u>ن</u> ه *
Home Care	2017National Patient Safety Goals	Ø	()*
Hospital	2017National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	(10) ²	1
Jul 2016 - Jun 2017	Hospital-Based Inpatient Psychiatric Services	NOD ²	1
	Immunization	NOD ²	1
	Perinatal Care	2 ²	2

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

Symbol Key

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Locations of Care	Available Services	
Health Center East 20 Burdick Expressway West Minot, ND 58701	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)	
Health Center Medical Arts Building 400 Burdick Expressway East Minot, ND 58701	Services: Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) 	
Health Center Medical Arts Building (Gl Lab) 400 Burdick Expressway East Minot, ND 58701	Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)	
Health Center Riverside 1900 8th Avenue Southeast Minot, ND 58701	Services: • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) • Family Support (Non 24 Hour Care) • Outpatient Clinics (Outpatient)	
Health Center Third Street 420 Third Street SE Minot, ND 58701	 Services: Behavioral Health (Day Programs - Child/Youth) (Partial - Child/Youth) Family Support (Non 24 Hour Care) 	
Health Center Town & Country 1015 South Broadway Minot, ND 58701	Services: • Home Health Aides • Home Health, Non-Hospice Services • Hospice Care • Medical Social Services • Occupational Therapy • Skilled Nursing Services • Speech Language Pathology	
Health Center Town and Country 831 South Broadway Minot, ND 58701	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)	
Health Center West 101 3rd Avenue S.W. Minot, ND 58701	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)	



Locations of Care	Available Services
Health Center-SouthRidge 1500 24th Ave SW Minot, ND 58701	Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Medical Arts Outpatient Services, Inc. DBA: Key Care Medical 530 20th Avenue SW Minot, ND 58701	 Services: Breast Prostheses and Accessories Canes and Crutches Clinical Respiratory Commodes Continuous Positive Airway Pressure Contracture Treatment: Dynamic Splint Custom Orthoses Fabricated Diabetic Footwear and Inserts Diabetic Shoes and Inserts Dirable Medical Equipment Stuppiles Supplies Valkers, Canes and Crutches Wheelchairs - Manual Non-Custom Wheelchairs-Standard Manual Related Accessories and Repairs
Medical Arts Outpatient Services, Inc. DBA: Key Care Medical 400 Burdick Expressway East Suite E117 Minot, ND 58701	Services: • Canes and Crutches • Commodes • Custom Orthoses Fabricated • Durable Medical Equipment • Heat/Cold Applications • Nebulizers Equipment • Off The Shelf Orthoses • Power Operated Vehicles (or scooters) • Respiratory Equipment • Seat Lift Mechanisms • Traction Equipment • Walkers, Canes and Crutches • Wheelchairs - Manual Non-Custom • Wheelchairs-Standard Manual Related Accessories and Respiratory Equipment



* Primary Location	
Locations of Care	Available Services
Trinity Community Clinic - Garrison 131 North Main Garrison, ND 58540	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Trinity Community Clinic - Mohall 504 First Street SE Mohall, ND 58761	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Trinity Community Clinic - New Town 604 First Street North New Town, ND 58763	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Trinity Community Clinic - Velva 111 West 1st Street Velva, ND 58790	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Trinity Dialysis Services - Belcourt 1310 Hospital Road Belcourt, ND 58316	Services: • Administration of High Risk Medications (Outpatient) • Dialysis (Outpatient) • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Trinity Health Vision Galleria - Home Care 1321 West Dakota Parkway Williston, ND 58801	Services: • Custom Orthoses Fabricated • Orthoses Prefabricated - Custom fitted • Prosthetic Lenses/Conventional Contact Lens • Prosthetic Lenses/Conventional Eyeglasses • Prosthetics (Home Medical Equipment)
Trinity Health Western Dakota - Hospital/Clinic 1321 West Dakota Parkway Williston, ND 58801	Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)



* Primary Location

Locations of Care	Available Services
Trinity Hospital - St. Joseph's 407 3rd Street Southeast Minot, ND 58701	 Services: Addiction Care/Adult) (Detox/Non-detox - Adult) Behavioral Health (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult) Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Partial - Adult) (Partial - Adult) (Non-detox - Adult) (Detox/Non-detox - Adult) Ear/Nose/Throat Surgery (Surgical Services) Family Support (Non 24 Hour Care) Gynecological Surgery (Surgical Services) Inpatient Unit (Inpatient)

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* Primary Location

Locations of Care	Available Services
Locations of Care Trinity Hospitals * One Burdick Expressway West Minot, ND 58701	 Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Canes and Crutches Cardiac Catheterization Lab (Surgical Services) Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Durable Medical Equipment Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) G or Endoscopy Lab (Imaging/Diagnostic Services) Gi or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hospice Care Infusion Pharmacy Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Trinity Regional Eyecare - Devils Lake 404 Hwy 2 East Devils Lake, ND 58301	Services: • Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient)
Trinity Regional Eyecare - Minot Center 2815 16th Street SW, Suite 102 Minot, ND 58701	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)



* Primary Location

Locations of Care	Available Services
Vision Galleria 2815 16th Street SW, Suite 101 Minot, ND 58701	Services: Prosthetic Lenses/Conventional Contact Lens Prosthetic Lenses/Conventional Eyeglasses Prosthetics (Home Medical Equipment)





2017 National Patient Safety Goals

Behavioral Health Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.



2017 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.



2017 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.
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National Quality Improvement Goals

Reporting F	eriod: July 2016 - June 2017		
		Comm	o other Joint hission Organizations
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	⊘ ²	○ ²

			Commissic ations			
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	State 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.	52.00 minutes 529 eligible Patients	55.00	131.00	3	3
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	214.00 minutes 582 eligible Patients	204.00	317.00	3	3

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

Symbol Key

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National Quality Improvement Goals

Reporting Per	iod: July 2016 - June 2017		
		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	1 2

		Cor	npared to o Accredit	other Joint ed Organiz		n
		٨	lationwide			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 - 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.	B2% of 496 eligible Patients	100%	95%	3	3

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

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	Э
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	⊘ ²	
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The Measure Set does not have an overall result.	Managemen		Fundametica		Vationwide	A		ewide
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	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. 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 - Children (1 years)	, ngths	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	80% of 45 eligible Patients	100%	97%	3	3
For further information			such as family support, a steady job, housing, etc. which are used to help					

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National Quality Improvement Goals

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below the target range/value.						edited Org		
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Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	⊘ ²	
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3. The number of patients is not enough for comparison purposes.	Ill result. Inumber of patients is not enough Imparison purposes. neasure meets the Privacy osure Threshold rule. Irganization scored above 90% but below most other organizations. Measure results are not statistically Measure results are based on a le of patients. Inumber of months with Measure is below the reporting requirement. neasure results are temporarily ressed pending resubmission of ted data. Measure: a measure being ated for reliability of the idual data elements or awaiting omal Quality Forum Endorsement. e were no eligible patients that met enominator criteria. Mathematical data elements or awaiting onal Quality Forum Endorsement. e were no eligible patients that met enominator criteria.		asure Explanation Hosp Resu				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. 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. 			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.	B3% of 138 eligible Patients	100%	96%	3	3

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National Quality Improvement Goals

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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	⊘ ²	
The Measure or Measure Set was not reported.				Col	mpared to c Accredite	other Joint ed Organiz		'n
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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. 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 - Adult (18-6 years)	, ngths	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.	81% of 281 eligible Patients	100%	95%	3	3

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National Quality Improvement Goals

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3. The number of patients is not enough for comparison purposes.	omparison purposes.			Hospital Results	Scored at Least:	Average 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 stren 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 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.	81% of 32 eligible Patients	100%	95%	3	3

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National Quality Improvement Goals

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Footnote Key 1. The Measure or Measure Set was not	UCI VICES		Co	mpared to c	other Joint	Commissic	n
reported.2. The Measure Set does not have an					ed Organiz		
overall result. 3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 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 avaiting National Quality Forum Endorsement. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharge w 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.	S3% of 43 eligible Patients	100%	61%	3	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge w Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ene antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3 	100%	53%	3	3

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

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

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National Quality Improvement Goals

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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.				Cor	npared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic		This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	, 1	patients age 13 through 17 years discharged on two or more antipsychotic medications for which					
The Measure results are not statistically valid.	Addiescents Age 10 - 17		there was an appropriate justification. Antipsychotic medications are a					
The Measure results are based on a sample of patients.			group of drugs used to treat					
The number of months with Measure data is below the reporting requirement.			psychosis. Psychosis is a mental illness that markedly interferes with a	\bigotimes				
The measure results are temporarily			person's capacity to meet life's everyday demands. Appropriate	33% of	100%	54%	3	3
suppressed pending resubmission of updated data.			justifications include previous attempts to control psychosis with	3 eligible Patients				
Test Measure: a measure being evaluated for reliability of the			one antipsychotic medication, a plan					
individual data elements or awaiting National Quality Forum Endorsement.			to reduce the number of antipsychotic medications to one					

individual data elements or awaiti 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."

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

antipsychotic medication or the

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

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

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National Quality Improvement Goals

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This organization's performance is below the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
		ategory of evidenced based measures as quality of care given to psychiatric patie		(2	2	
Footnote Key The Measure or Measure Set was not	06111063						
reported.			Coi		other Joint ed Organiz	Commissic	n
The Measure Set does not have an							ewide
overall result.	Measure	Explanation	Hospital	Top 10%		Top 10%	Avera
The number of patients is not enough for comparison purposes.			Results	Scored	Rate:	Scored	Rate
The measure meets the Privacy	Multiple Antipsychotic	This measure reports the number of		at Least:		at Least:	
Disclosure Threshold rule. The organization scored above 90% but	Medications at Discharge with	patients age 18 through 64 years					
was below most other organizations.	Appropriate Justification	discharged on two or more					
The Measure results are not statistically valid.	Adults Age 18 - 64	antipsychotic medications for which there was an appropriate justification.					
The Measure results are based on a sample of patients.		Antipsychotic medications are a group of drugs used to treat					
The number of months with Measure		psychosis. Psychosis is a mental	a				
data is below the reporting requirement.		illness that markedly interferes with a person's capacity to meet life's	\bigotimes				
The measure results are temporarily suppressed pending resubmission of		everyday demands. Appropriate	55% of	100%	62%	3	
updated data.		justifications include previous	38 eligible Patients				
Test Measure: a measure being		attempts to control psychosis with one antipsychotic medication, a plan					
evaluated for reliability of the individual data elements or awaiting		to reduce the number of					
National Quality Forum Endorsement.		antipsychotic medications to one					
There were no eligible patients that met		antipsychotic medication or the					

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."

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addition of an antipsychotic

medication when the patient is also being treated with Clozapine.

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



National Quality Improvement Goals

Symbol Key This organization achieved the best								
possible results	Reporting Peri	iod: Jul	y 2016 - June 2017					
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Footnote Key	Inpatient Psychiatric Services	overall o	quality of care given to psychiatric patie	nts.	() ~	○ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough 	Measure		Explanation	N Hospital	lationwide Top 10%	ed Organiz Average	ations State Top 10%	ewide Average
for comparison purposes.				Results	Scored at Least:	Rate:	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. 	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n Older r	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%	56%	3	3
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 He 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.	0.12 (13 Total Hours in Restraint)	N/A	0.52	3	3

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Period: Jul	y 2016 - June 2017					
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Es stu sta Kau		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
Footnote Key 1. The Measure or Measure Set was not						• • • •	
 The Measure of 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	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. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	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.	0.46 (4 Total Hours in Restraint) ³	N/A	0.31	3	3
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.''	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.	0.00 (0 Total Hours in Restraint)	N/A	0.26	3	3



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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwic		Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		(™ ²	
1. The Measure or Measure Set was not reported.				Cor		other Joint ted Organiz	Commissio zations	n
2. The Measure Set does not have an overall result.					Vationwide		State	
3. 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. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restra 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.	0.13 (9 Total Hours in Restraint)	N/A	0.62	3	3
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.''	Hours of Physical Restra Use Older Adults Age 65 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.	0.00 (0 Total Hours in Restraint)	N/A	0.15	3	3
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	3.65 (385 Total Hours in Seclusion)	N/A	0.39	3	3

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National Quality Improvement Goals

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Footnote Key	Inpatient Psychiatric overall o Services	quality of care given to psychiatric patie	nts.			U	
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overall result. 3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results		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. 	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.	1.38 (12 Total Hours in Seclusion) ³	N/A	0.54	3	3
 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. 	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.	0.21 (4 Total Hours in Seclusion) ³	N/A	0.22	3	3
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	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.	540 (368 Total Hours in Seclusion)	N/A	0.45	3	3
refer to the "Quality Report User Guide."	Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.05	3	3



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National Quality Improvement Goals

Reporting F	Period: July 2016 - June 2017		
			to other Joint mission
		Accredited	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	1 2	1 2

			Compared to other Joint Commission Accredited Organizations			
			lationwide	-		wide
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 540 eligible Patients	100%	94%	98%	94%

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Symbol Key

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Footnote Key

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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
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- 1. There were no eligible patients that met the denominator criteria.

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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

the denominator criteria.

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.

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National Quality Improvement Goals

ried: July 2016 June 2017		
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Explanation	Nationwide	Statewide
This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	№ ²
		Compared to Command to Command to Command to Common Accredited Com

	Compared to other Joint Commission Accredited Organizations						
Measure	Explanation	Nationwide Hospital Top 10% Average		Average	State		
modouro		Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	100% of 4 eligible Patients	100%	98%	3	3	
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.	8% of 37 eligible Patients	0%	2%	3	3	
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.	60% of 343 eligible Patients	74%	52%	3	3	



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