

# 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**

S١	m	bol	Key	V

$\bigcirc$	This organization achieved the best possible results.
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Θ	This organization's performance is below the target range/value.
•••	This Measure is not applicable for this organization.
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### **Footnote Key**

- 1. The Measure or Measure Set was not reported.
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- 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
🥝 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
🎯 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
- Trinity Health 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

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Revie	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
📀 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 Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	Ø	<u>نه</u> *
Home Care	2017National Patient Safety Goals	Ø	<b>*</b>
Hospital	2017National Patient Safety Goals	Ø	<b>№</b> *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	2 <sup>2</sup>	<b>(10)</b> <sup>2</sup>
Apr 2017 - Mar 2018	Hospital-Based Inpatient Psychiatric Services	2 <sup>2</sup>	<b>1</b>
	Immunization		<b>1</b>
	Perinatal Care	<b>()</b> <sup>2</sup>	@ <sup>2</sup>

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

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#### \* Primary Location Available Services Locations of Care Health Center East 20 Burdick Expressway Services: West • Outpatient Clinics (Outpatient) Minot, ND 58701 • Perform Invasive Procedure (Outpatient) **Health Center East** Ridae Services: 1250 21st Ave SE • Outpatient Clinics (Outpatient) Minot, ND 58701 Perform Invasive Procedure (Outpatient) Health Center Medical **Arts Building** Services: 400 Burdick Expressway Administration of High Risk Medications (Outpatient) Fast • Outpatient Clinics (Outpatient) Minot, ND 58701 • Perform Invasive Procedure (Outpatient) Health Center Medical Arts Building (GI Lab) Services: 400 Burdick Expressway Administration of High Risk Medications (Outpatient) East • Anesthesia (Outpatient) Minot, ND 58701 • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient) Health Center Riverside 1900 8th Avenue Services: Southeast • Behavioral Health (Non 24 Hour Care - Adult/Child/Youth) Minot. ND 58701 • Family Support (Non 24 Hour Care) • Outpatient Clinics (Outpatient) Health Center Third Street Services: 420 Third Street SE Behavioral Health (Day Programs - Child/Youth) Minot, ND 58701 (Partial - Child/Youth) Family Support (Non 24 Hour Care) Health Center Town & Country Services: 1015 South Broadway Home Health Aides • Outpatient Clinics (Outpatient) Minot, ND 58701 • Home Health, Non-Hospice • Pharmacy, Clinical Consulting Services Services Hospice Care Physical Therapy Medical Social Services Skilled Nursing Services • Speech Language Pathology Occupational Therapy **Health Center Town and** Country Services: 831 South Broadway Administration of Blood Product (Outpatient) Minot, ND 58701 Administration of High Risk Medications (Outpatient) • Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)



* Primary Location			
Locations of Care	Locations of Care Available Services		
Health Center West 101 3rd Avenue S.W. Minot, ND 58701	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (O	Putpatient)	
Health Center-SouthRidge 1500 24th Ave SW Minot, ND 58701	Services: • Administration of High Risk Me • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (O		
Medical Arts Outpatient Services, Inc. DBA: Key Care Medical 530 20th Avenue SW Minot, ND 58701	<ul> <li>Services:</li> <li>Breast Prostheses and Accessories</li> <li>Canes and Crutches</li> <li>Commodes</li> <li>Continuous Positive Airway Pressure</li> <li>Contracture Treatment: Dynamic Splint</li> <li>Custom Orthoses Fabricated</li> <li>Diabetic Footwear and Inserts</li> <li>Diabetic Shoes and Inserts</li> <li>Diabetic Shoes and Inserts-custom</li> <li>Durable Medical Equipment</li> <li>External Infusion Pumps</li> <li>Heat/Cold Applications</li> <li>Hospital Beds - Electric</li> <li>Limb Prostheses</li> <li>Nebulizers Equipment</li> <li>Off The Shelf Orthoses</li> <li>Orthoses Prefabricated - Custom fitted</li> <li>Ostomy Supplies</li> <li>Oxygen</li> <li>Parenteral Equipment and/or Supplies</li> <li>Parenteral Nutrients</li> </ul>	<ul> <li>Patient Lifts and Accessories</li> <li>Penile Pumps</li> <li>Physical Medicine and Rehabilitation</li> <li>Pneumatic Compression Devices</li> <li>Power Operated Vehicles (or scooters)</li> <li>Prosthetics (Home Medical Equipment)</li> <li>Respiratory Assist Devices</li> <li>Respiratory Equipment</li> <li>Seat Lift Mechanisms</li> <li>Somatic Prostheses</li> <li>Suction Pump</li> <li>Supplies</li> <li>Support Surfaces for Beds (New)</li> <li>Surgical Dressings</li> <li>Urological Supplies</li> <li>Walkers, Canes and Crutches</li> <li>Wheelchairs - Manual Non-Custom</li> <li>Wheelchairs-Standard Manual Repairs</li> <li>Wheelchairs-Standard Power Related Accessories and Repairs</li> </ul>	



Locations of Care	Available Services	
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 Repairs	
Trinity Community Clinic - Garrison 131 North Main Garrison, ND 58540	Services: <ul> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>	
Trinity Community Clinic - Mohall 504 First Street SE Mohall, ND 58761	<ul> <li>Services:</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>	
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: <ul> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>	
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 2815 16th Street SW, Suite 101 Minot, ND 58701	Services: • Prosthetic Lenses/Conventional Contact Lens • Prosthetic Lenses/Conventional Eyeglasses • Prosthetics (Home Medical Equipment)	
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)	



### \* Primary Location

Locations of Care	Available Services	
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)	
Trinity Hospital - St. Joseph's 407 3rd Street Southeast Minot, ND 58701	<ul> <li>Services:</li> <li>Addiction Care/Adult) (Detox/Non-detox - Adult)</li> <li>Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Partial - Adult) (Detox/Non-detox - Adult)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Family Support (Non 24 Hour Care)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Inpatient Unit (Inpatient)</li> <li>Medical Detoxification (Inpatient)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Peer Support (Non 24 Hour Care)</li> <li>Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)</li> <li>Sleep Laboratory (Sleep Laboratory)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> </ul>	

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### \* Primary Location

Locations of Care	Available Services
Locations of Care Trinity Hospitals * One Burdick Expressway West Minot, ND 58701	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Services: <ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiato Catheterization Lab (Surgical Services)</li> <li>Cardiato Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Durable Medical Equipment</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>Durable Medical Equipment</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Grenecology (Inpatient)</li> <li>Hospice Care</li> <li>Infusion Pharmacy</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic</li> <li>Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic</li> <li>Services)</li> <li>Walkers, Canes and Crutches</li> </ul></li></ul>
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)



# **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

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 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

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# **National Quality Improvement Goals**

Reporting P	eriod: April 2017 - March 2018		
		Compared to Comm Accredited O	iission
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.	<b>™</b> <sup>2</sup>	@ <sup>2</sup>

			other Joint ed Organiz			
Measure	Explanation	Hospital Results	Iationwide 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.	72.00 minutes 668 eligible Patients	55.00	135.00	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.	222.00 minutes 684 eligible Patients	205.00	319.00	3	3

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# **National Quality Improvement Goals**

	Reporting Per	iod: April 2017 - March 2018		
			Compared to Comm	
			Accredited O	rganizations
N	leasure Area	Explanation	Nationwide	Statewide
Ir	lospital-Based npatient Psychiatric ervices	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>1</b> 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 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.	90% of 510 eligible Patients	100%	95%	3	3

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# **National Quality Improvement Goals**

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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.				<b>№</b> <sup>2</sup>		<b>○</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Co	mpared to o Accredit	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.					Nationwide			wide
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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Assessment of violence substance use disorder, trauma and patient strer 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	92% of 50 eligible Patients	100%	97%	3	3

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the patient recover.

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housing, etc. which are used to help

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Not displayed	Measure Area		Explanation		Nationwi	<mark>edited Org</mark> de	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>№</b> <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>						other Joint ed Organiz	ations	
<ol> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy</li> </ol>	Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
<ol> <li>The inclusive Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	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,	90% of 134 eligible Patients	100%	96%	3	3

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# **National Quality Improvement Goals**

Reporting Perio	od: April 2017 - March 2018					
Measure Area	Explanation			other Joint sion anizations Statewide	e	
	This category of evidenced based measures as overall quality of care given to psychiatric patie		<b>(</b>	2	<b>O</b> <sup>2</sup>	
			Accredite	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	
Assessment of violence r substance use disorder, trauma and patient streng completed - Adult (18-64 years)	adults age (18-64 years) screened for violence risk to self and others,	90% of 303 eligible Patients	100%	95%	3	3

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the patient recover.

housing, etc. which are used to help

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# **National Quality Improvement Goals**

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This organization's performance is similar to the target range/value.			Compared to other Joint Commission					
This organization's performance is below the target range/value.								
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures a quality of care given to psychiatric patie		0	2	<b>⊘</b> ²	
The Measure or Measure Set was not reported.				Co	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.					Nationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria.	Assessment of violence substance use disorder trauma and patient stre completed - Older Adult years)	r, engths	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	83% of 23 eligible Patients	100%	94%	3	3

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

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the patient recover.

feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

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# **National Quality Improvement Goals**

Symbol Key This organization achieved the best	Derecting Deriods Am	1 2017 March 2019						
<ul> <li>possible results</li> <li>This organization's performance is above the target range/value</li> </ul>	Reporting Period: Ap	rii 2017 - March 2018						
This organization's performance is similar to the target range/value.				Compared to other Joint Commission				
O This organization's performance is below the target range/value.		Accr	Accredited Organizations					
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e	
Footnote Key	Hospital-Based Inpatient Psychiatric ServicesThis category of evidenced based measures assesses the overall quality of care given to psychiatric patients.				2	<b>1 2</b>		
1. The Measure or Measure Set was not reported.			Cor	npared to c Accredite	other Joint ed Organiz		n	
2. The Measure Set does not have an overall result.				lationwide		State	wide	
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:	
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</li> </ol>	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	9% of 37 eligible Patients	100%	62%	3	3	
the denominator criteria.	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>№0</b> <sup>3</sup>	100%	41%	3	3	

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This organization's performance is below the target range/value.								
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures a overall quality of care given to psychiatric patie			<b>1</b>		<b>™</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz	Commissio	on
The Measure Set does not have an overall result.				N	Vationwide	cu-organiz	State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	n 1	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		al Leasi.		al Least.	
The number of months with Measure			psychosis. Psychosis is a mental					

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."

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to reduce the number of

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

everyday demands. Appropriate justifications include previous

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

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# **National Quality Improvement Goals**

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This organization's performance is below the target range/value.					Accr	redited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		0	2	<b>0</b> <sup>2</sup>	
The Measure or Measure Set was not reported.						other Joint ( ted Organiz	zations	
overall result.					Vationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64	0	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	O 21% of 33 eligible	100%	63%	3	3

- updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11
- There were no eligible patients that met the denominator criteria.

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to reduce the number of

one antipsychotic medication, a plan

antipsychotic medications to one

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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<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is</li> </ul>						npared to c Commiss	sion	
below the target range/value.	Measure Area		<b>Evaluation</b>		Nationwi	edited Org		
Footnote Key	Hospital-Based Inpatient Psychiatric Services		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie		Nationwi		Statewide	3
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>						other Joint ed Organiz	ations	
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Older	Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€0 <sup>4</sup>	100%	58%	3	3
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restra Use per 1000 Patient Ho 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.	0.47 (54 Total Hours in Restraint)	N/A	0.48	3	3

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# **National Quality Improvement Goals**

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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	9
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>○</b> <sup>2</sup>	
Footnote Key           1.         The Measure or Measure Set was not reported.				Cor			Commissio	n
2. The Measure Set does not have an				N	Accredit ationwide	ed Organiz		wide
<ul> <li>overall result.</li> <li>3. The number of patients is not enough for comparison purposes.</li> <li>4. The measure meets the Privacy.</li> </ul>	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ol>	Hours of Physical Restra 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.	0.00 (0 Total Hours in Restraint)	N/A	0.34	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 Restr Use Adolescents Age 13		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.	0.55 (14 Total Hours in Restraint) <sup>3</sup>	N/A	0.24	3	3



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### **National Quality Improvement Goals**

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Mot displayed	Measure Area		Explanation		Nationwie	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>○</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		'n
2. The Measure Set does not have an overall result.					lationwide		State	wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> </ol>	Hours of Physical Restr Use Adults Age 18 - 64		This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.53 (39 Total Hours in Restraint)	N/A	0.56	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 Restr Use Older Adults Age 6 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.	6.11 (697 Total Hours in Seclusion)	N/A	0.37	3	3

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# **National Quality Improvement Goals**

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This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2017 - March 2018					
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This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwig	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>0</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Con		other Joint ( ed Organiz	Commissio zations	on
The Measure Set does not have an overall result.					lationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Avera 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	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.	0.80 (7 Total Hours in Seclusion) <sup>3</sup>	at Least: N/A	0.60	at Least:	
lata 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	Hours of Seclusion Use Adolescents Age 13 - 1 Hours of Seclusion Use	7	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. This measure reports the number of	2.90 (75 Total Hours in Seclusion) <sup>3</sup>	N/A	0.19	3	

11 There were no eligible patients that the denominator criteria.

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hours patients age 18 through 64

confinement of a patient alone in a

room or an area where the patient is physically prevented from leaving.

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

where the patient is physically prevented from leaving.

patient alone in a room or an area

years were kept in seclusion for every 1,000 hours of patient care.

Seclusion is the involuntary

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(615 Total Hours in Seclusion)

0.00 (0 Total Hours

in Seclusion)

N/A

N/A

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Hours of Seclusion Use Older

Adults Age 65 and Older

Age 18 - 64



# **National Quality Improvement Goals**

Reporting P	Period: April 2017 - March 2018		
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			to other Joint nission
		Accredited	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	2 <sup>2</sup>	<b>⊘</b> <sup>2</sup>

		Cor	npared to c Accredit	other Joint ed Organiz		on
		Ν	lationwide		State	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 559 eligible Patients	100%	94%	97%	93%

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



### **National Quality Improvement Goals**

	Reporting Peri	iod: April 2017 - March 2018		
			Comn	o other Joint hission Drganizations
Me	easure Area	Explanation	Nationwide	Statewide
Pe	rinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Со	mpared to c Accredit	other Joint ed Organiz		n
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	<u> </u>		wide Averag 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 5 eligible Patients	100%	98%	<u></u> 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.	4% of 50 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.	56% of 339 eligible Patients	73%	51%	3	3

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### Footnote Key

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