

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.
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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🧼 Hospital	Accredited	1/28/2017	1/27/2017	9/7/2017

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🤣 Primary Stroke Center	Certification	11/11/2016	11/10/2016	11/10/2016
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🎯 Asthma, Pediatrics	Certification	3/19/2016	3/18/2016	3/18/2016

Other Accredited Programs/Services

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2017National Patient Safety Goals	${igodot}$	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	1	2 ²
Apr 2016 - Mar 2017	Hospital-Based Inpatient Psychiatric Services		
	Immunization		
	Perinatal Care	NO ²	

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



Locations of Care

nary Location



Locations of Care

Primary Location Locations of Care	_Available	Services
	 Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neurosurgery (Surgical Services) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services) 	 Pediatric Urology) (Inpatient - Child/Youth) (Outpatient - Child/Youth) Plastic Surgery (Surgical Services) Positron Emission Tomograph (PET) (Imaging/Diagnostic Services) Post Anesthesia Care Unit (PACU) (Inpatient) Radiation Oncology (Imaging/Diagnostic Services) Sleep Laboratory (Sleep Laboratory) Sleep Studies (Outpatient) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services)
County of Los Angeles Auditor Controller DBA: LAC+USC Medical Center - Hawkins 1720 E. 120th St. Los Angeles, CA 90059	Services: • Behavioral Health (24-hour Ac Adult/Child/Youth) • Community Integration (Non 2 • Family Support (Non 24 Hour	4 Hour Care)





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

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



National Quality Improvement Goals

Reporting Period: April 2016 - March 2017

Symbol Key

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Footnote Key

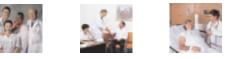
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	Compared to other Joint Commission			
	Accredited O	rganizations		
Measure Area Explanation N	lationwide	Statewide		
Emergency DepartmentThis category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	@ ²	2		

	Compared to other Joint Commission Accredited Organizations					
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	2 169.00 minutes 796 eligible Patients	55.00	129.00	74.99	173.51
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.	COD 2 546.00 minutes 799 eligible Patients	205.00	316.00	249.90	378.31

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



National Quality Improvement Goals

Reporting Period: April 2016 - March 2017 Measure Area Nationwide Explanation Hospital-Based This category of evidenced based measures assesses the Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

Compared to other Joint Commission Accredited Organizations Nationwide Statewide Explanation Hospital Top 10% Top 10% Average Measure Average Results Scored Rate: Scored Rate: at Least: at Least: Assessment of violence risk, This measure reports the overall number of patients screened for substance use disorder, violence risk to self and others. trauma and patient strengths substance and alcohol use, completed - Overall Rate 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 100% 95% 100% 95% determines if patients need help for 99% of 315 eligible their use. Screening for Patients 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

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the patient recover.

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

Null value or data not displayed.

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Compared to other Joint

Commission

Accredited Organizations

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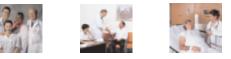
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updated data. 10. Test Measure: a measure being evaluated for reliability of the

National Quality Forum Endorsement.

There were no eligible patients that met



National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
Footnote Key	Oct VICes							
• The Measure or Measure Set was not reported.				Со	mpared 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	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		ai Leasi.		al Leasi.	
• The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	children age (1-12 years) screened for violence risk to self and others,					
• The Measure results are not statistically valid.	completed - Children (1 years)	-12	substance and alcohol use, psychological trauma history and					
• The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					
• The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence					
• The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	\bigcirc				
updated data. • Test Measure: a measure being			determines if patients need help for their use. Screening for	100% of 17 eligible	100%	96%	100%	98%
evaluated for reliability of the individual data elements or awaiting			psychological trauma history	Patients				

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

the denominator criteria.

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the patient recover.

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

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	SEIVICES							
The Measure or Measure Set was not reported.				Cor	npared to c Accredit	other Joint ed Organiz		n
 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	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy	Assessment of violence	rick	This measure reports the number of		at Least:		at Least:	
Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	substance use disorder trauma and patient stre completed - Adolescent	, ngths	adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use,					
valid. The Measure results are based on a	years)	(psychological trauma history and patient strengths. Screening for					
sample of patients.			violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening	\bigcirc				
updated data.			for substance and alcohol use determines if patients need help for		100%	96%	100%	99%

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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	@ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Cor		other Joint (ed Organiz	Commissio zations	n
The Measure Set does not have an overall result.				N	lationwide		State	wide
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.	Assessment of violence substance use disorder, trauma and patient strer 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					

7. The Measure results are based on a sample of patients.

- 8. The number of months with Measure data is below the reporting requirement. 9.
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patients are likely to harm

their use. Screening for

violence risk to self determines if

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risk to others determines if patients

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housing, etc. which are used to help

for substance and alcohol use

psychological trauma history

determines if patients have

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	00111000							
The Measure or Measure Set was not reported.				Со	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.					lationwide		State	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	e risk,	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	,	older adult (>= 65 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Older Adult years)	t (>= 65	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening for substance and alcohol use	\bigcirc	40004	050/	1000/	0.494
updated data. • Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for psychological trauma bistory	100% of 14 eligible Patients	100%	95%	100%	94%

10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 11

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psychological trauma history

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	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie				⊘ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 			Evaluation	1	Vationwide	ed Organiz	zations State	wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Rate:	Top 10% Scored at Least:	Rate:
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the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharg Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3	100%	59%	100%	60%



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National Quality Improvement Goals

Reporting Per	iod: April 2016 - March 2017		
		Comm	o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 ²	™ ²

		Col	mpared to o Accredit	other Joint ed Organiz		n
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND 3	100%	54%	100%	63%

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possible results

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overall result.

This organization achieved the best

This organization's performance is

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

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

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Footnote Key



National Quality Improvement Goals

				Commiss	other Joint sion anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patie		(2	O ²	
		Со		other Joint ed Organiz	Commissio zations	n
			lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Ave R
Multiple Antipsychotic	This measure reports the number of					

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to reduce the number of

patients age 18 through 64 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

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56% of

9 eligible

Patients

100%

61%

100%

45%

discharged on two or more

group of drugs used to treat

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

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Medications at Discharge with

Appropriate Justification

Adults Age 18 - 64

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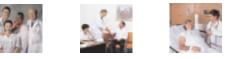
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National Quality Improvement Goals

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This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed			Explanation tegory of evidenced based measures as quality of care given to psychiatric patie				sion	
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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. 	Multiple Antipsychotic Medications at Discharge Appropriate Justification (Adults Age 65 and Older		This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€¶ ⁴	100%	55%	100%	44%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restrai Use per 1000 Patient Hou 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.	A 13.51 (7130 Total Hours in Restraint)	N/A	0.52	N/A	1.18

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

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National Quality Improvement Goals

Reporting Per	riod: April 2016 - March 2017		
		Comn	o other Joint nission
Measure Area	Explanation	Accredited C Nationwide	Drganizations Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	⊘ ²	⊘ ²

		Cor	npared to c Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	lationwide	Ŭ		ewide Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	3.77 (18 Total Hours in Restraint) ³	N/A	0.34	N/A	0.11
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.	9.11 (543 Total Hours in Restraint)	N/A	0.33	N/A	0.32



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National Quality Improvement Goals

Reporting Per	riod: April 2016 - March 2017				
		Compared to other Joint Commission			
		Accredited C	Organizations		
Measure Area	Explanation	Nationwide	Statewide		
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 ²	@ ²		

		Cor	mpared to o Accredit	other Joint ed Organiz		on
			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	H4.91 (6480 Total Hours in Restraint)	N/A	0.59	N/A	1.37
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	3.12 (89 Total Hours in Restraint) ³	N/A	0.16	N/A	0.05
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	5.83 (3075 Total Hours in Seclusion)	N/A	0.39	N/A	0.62

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

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National Quality Improvement Goals

Reporting Per	iod: April 2016 - March 2017			
		Compared to other Join Commission Accredited Organization		
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	

		Compared to other Joint Commission Accredited Organizations				on
		Nationwide Statewide				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.54	N/A	0.17
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.	0.77 (46 Total Hours in Seclusion)	N/A	0.22	N/A	0.15
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.	6.79 (2950 Total Hours in Seclusion)	N/A	0.44	N/A	0.71
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.	2.76 (79 Total Hours in Seclusion) ³	N/A	0.06	N/A	0.07



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Reporting Period: April 2016 - March 2017

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide 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.	83% of 575 eligible Patients	100%	94%	100%	94%

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National Quality Improvement Goals

Reporting Period: April 2016 - March 2017 Compared to other Joint Commission Accredited Organizations Measure Area Explanation Nationwide Statewide Perinatal Care This category of evidenced based measures assesses the NO 2 **1** 2 care of mothers and newborns.

		Compared to other Joint Commission Accredited Organizations				
	Explanation	Nationwide			Statewide	
Measure		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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 17 eligible Patients	100%	98%	100%	98%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	3% of 29 eligible Patients	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	62% of 107 eligible Patients	74%	53%	80%	64%



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