

Accreditation Quality Report





Quality Check[®]

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

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

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

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





Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	y Last On-Site Survey Date
Ø Ambulatory Care	Accredited	10/12/2019	10/11/2019	10/11/2019
🎯 Hospital	Accredited	7/10/2021	10/11/2019	7/9/2021

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	A Last On-Site Review Date
Primary Stroke Center	Certification	4/7/2021	4/6/2021	4/6/2021
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
🥝 Asthma, Pediatrics	Certification	2/15/2020	2/14/2020	2/14/2020

Other Accredited Programs/Services

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

		Compared to other Joint Commission Accred Organizations	
		Nationwide	Statewide
Ambulatory Care	2019National Patient Safety Goals	Ø	*
Hospital	2021National Patient Safety Goals	Ø	*
-	National Quality Improvement Goals:		
Reporting Period:	Hospital-Based Inpatient Psychiatric Services	(10) ²	(m) ²
Apr 2020 - Mar 2021	Perinatal Care	1	

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

Symbol Key 1

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0	This organization achieved the best possible results.
Ð	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

1200 North State Street. IPT C2K100, Los Angeles, CA



Locations of Care

* Primary Location

Locations of Care
County of Los

Angeles * DBA: LAC+USC Medical Center 1200 North State Street, **IPT C2K100** Los Angeles, CA 90033

Joint Commission Advanced Certification Programs: • Primary Stroke Center **Joint Commission Certified Programs:** Asthma, Pediatrics

Available Services

Services:

- Allergen Extract (Inpatient)
- Behavioral Health (Non 24) Hour Care -
- Adult/Child/Youth)
- Brachytherapy (Imaging/Diagnostic
- Services) • Burn Unit (Inpatient)
- Cardiac Catheterization Lab
- (Surgical Services) Cardiac Surgery (Surgical
- Services) Cardiothoracic Surgery
- (Surgical Services) Cardiovascular Unit
- (Inpatient)
- Community Integration (Non 24 Hour Care)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- Eating Disorders (Outpatient) EEG/EKG/EMG Lab (Imaging/Diagnostic
- Services) • Family Support (Non 24 Hour Care)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient) Hazardous Medication
- Compounding (Inpatient)
- Hematology/Oncology Unit (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)

- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- **Outpatient Clinics (Outpatient)**
- Pediatric Cardiology (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Cardiothoracic Surgery (Inpatient -Child/Youth)
- Pediatric Dentistry) (Outpatient - Child/Youth)
- Pediatric Dermatology) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Emergency Medicine (Outpatient - Child/Youth)
- Pediatric Endocrinology (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Gastroenterology) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric General Surgery) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Nephrology) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Neurosurgery (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Ophthalmology (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Oral/Maxofacial Surgery (Inpatient -Child/Youth)
- (Outpatient Child/Youth) Pediatric Otolaryngology) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Plastic Surgery) (Inpatient - Child/Youth) (Outpatient - Child/Youth)
- Pediatric Unit (Inpatient)



Locations of Care

Locations of Care	 Magnetic Resonance Imaging (Imaging/Diagnostic Services) Mammography Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine Unit (Inpatient) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Nuclear Pharmacy (Inpatient) Nuclear Pharmacy (Inpatient) Nuclear Pharmacy (Inpatient) Nuclear Struces) Unit) Surgical Unit (Inpatient) Surgical Services) Ultrasound (Imaging/Diagnostic Service Urology (Surgical Services) Vascular Surgery (Surgical Services)
County of Los Angeles DBA: LAC+USC Medical Center - Hawkins 1720 E. 120th St. Los Angeles, CA 90059	 Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) Community Integration (Non 24 Hour Care) Family Support (Non 24 Hour Care)



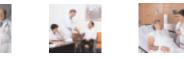
2019 National Patient Safety Goals

Ambulatory Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigotimes
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	\bigotimes
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø
	Preventing Surgical Site Infections	\bigotimes
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	\bigcirc

Symbol Key 3

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.



2021 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key 3

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



National Quality Improvement Goals

Reporting Per	iod: April 2020 - March 2021		
		Compared to Comm Accredited C	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	○ ²	⊘ ²

		Cor	mpared to o Accredit	other Joint ed Organiz		n
		٨	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - 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.	97% of 273 eligible Patients	100%	96%	100%	96%

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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Symbol Key 2

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.
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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.
- **9.** 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
- 1. There were no eligible patients that met the denominator criteria.



National Quality Improvement Goals

Symbol Key 2							
This organization achieved the best possible results	Reporting Period: A	pril 2020 - March 2021					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to c Commiss		
O This organization's performance is below the target range/value.				Accr	edited Org	anizations	
m Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
Footnote Key		category of evidenced based measures as Il quality of care given to psychiatric patie		0	2	○ ²	
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2. The Measure Set does not have an overall result.				Vationwide	_		ewide
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. There were no eligible patients that met the denominator criteria. 	Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient	CO 100% of 10 eligible Patients	100%	97%	100%	100%

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

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the patient recover.

strengths identifies positive things such as family support, a steady job,

housing, etc. which are used to help

National Quality Forum Endorsement.

There were no eligible patients that met

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



National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	riod: Ap	pril 2020 - March 2021					
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This organization's performance is below the target range/value.	I				Accr	redited Orga		
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Feetnate Ver	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		0)2	™ ²	
Footnote Key The Measure or Measure Set was not	1							
reported.	I		,	Cor	mpared to o	other Joint ted Organiz		n
The Measure Set does not have an	I		,	N	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	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	engths	adolescent age (13-17 years) screened for violence risk to self and					
The Measure results are not statistically valid.	completed - Adolescent years)	: (13-17	others, 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 updated data.			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	Ø	100%	97%	100%	99%
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			determines if patients need help for their use. Screening for psychological trauma history	96% of 76 eligible Patients	10070	5170	10070	3070
Individual data elements of awaring			determines if natients have					

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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,

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



National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patier		(2	1 2	
Footnote Key	Services							
The Measure or Measure Set was not reported.			1	Cor		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	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence		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 stren	ngths	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Adult (18-64 years)	4	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 updated data.			are likely to harm others. Screening for substance and alcohol use	Ø	4000/	050/	4000/	0.40/
updated data. Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for	98% of 172 eligible Patients	100%	95%	100%	94%
individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have experienced terrible events in their	Pauents				

the denominator criteria.

There were no eligible patients that met

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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		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		•	2	○ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
overall result.	Management		Evelopetion		lationwide	A		ewide
3. 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 	Assessment of violence substance use disorder trauma and patient stre 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	87% of 15 eligible Patients	100%	95%	100%	97%
			experienced terrible events in their lives which have left them fearful or					

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This organization's performance is above the target range/value.		•						
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O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
with the second	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patie		(2	™ ²	
 The Measure or Measure Set was not reported. 				Со	npared to c			n
2. The Measure Set does not have an				١	Accredit ationwide	ed Organiz		wide
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. There were no eligible patients that met 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	e with	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.	58% of 12 eligible Patients	100%	59%	100%	63%
the denominator criteria. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	e with	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 ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<mark>№0</mark> 3 	100%	42%	3	3

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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 above the target range/value.	1							
This organization's performance is similar to the target range/value.	1				Com	npared to o Commiss		
This organization's performance is below the target range/value.	I			Accr	edited Orga			
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	○ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an			1		mpared to o Accredite Nationwide	other Joint (ed Organiz		
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	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	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	n	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 evervday demands. Appropriate	00% of	100%	47%	100%	66%

100% of

3 eligible Patients

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
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everyday demands. Appropriate

attempts to control psychosis with one antipsychotic medication, a plan

antipsychotic medications to one antipsychotic medication or the

justifications include previous

to reduce the number of

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

Symbol Key 2 This organization achieved the bes

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100%

61%

100%

44% of

9 eligible Patients

60%



National Quality Improvement Goals

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This organization's performance is similar to the target range/value.					Con	npared to c Commis		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Col	mpared to o	other Joint ed Organiz		n
The Measure Set does not have an				١	Vationwide	ou organiz		wide
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:	Averag 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	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a	ଷ				

	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	

10. National Quality Forum Endorsement. 11 There were no eligible patients that met

the denominator criteria.

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person's capacity to meet life's

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medication or the

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

one antipsychotic medication, a plan

justifications include previous

to reduce the number of antipsychotic medications to one

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



National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	iod: Ap	oril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	redited Orga		
Not displayed	Measure Area		Explanation		Nationwie		Statewide	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	№ ²	
 The Measure or Measure Set was not reported. 			1	Cor	mpared to c			on
2. The Measure Set does not have an				N	Accredite	ted Organiz		ewide_
overall result. 3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results				
 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 Older	n Older er	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. This measure reports the total hours patients were kent in physical	€]3 	100%	55%	100%	ide 2 sion atewide % Average t Rate:
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Use per 1000 Patient Ho Overall Rate	ours -	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.	9.93 (6984 Total Hours in Restraint)	N/A	0.86	N/A	2.33

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National Quality Improvement Goals

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This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie)2	⊘ ²	
The Measure or Measure Set was not reported. The Measure Set does not have an						ed Organiz	ations	
2. The Measure Set does not have an overall result.			— • • • •		lationwide			ewide
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:
 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 	Hours of Physical Restr Use Children Age 1 - 12		This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	1.42 (6 Total Hours in Restraint) ³	N/A	0.35	N/A	0.18
1 nere were no eligible patients that met	Hours of Physical Restr	aint	This measure reports the number of					

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.

hours patients age 13 through 17

method or physical or mechanical

device, material, or equipment that

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

immobilizes or reduces the ability of

years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual

Θ

7.60 (340 Total

Hours in

Restraint)

N/A

0.25

N/A

0.43

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

condition.

Null value or data not displayed.

Use Adolescents Age 13 - 17



National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Peri	iod: Apı	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
This organization's performance is					Accr	edited Org		
below the target range/value. Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewid	_
	Hospital-Based	This cat	egory of evidenced based measures as	ssesses the				
Eastrate Var	Inpatient Psychiatric Services		quality of care given to psychiatric patie		(2	○ ²	
• The Measure or Measure Set was not								
reported.				Со	npared to o	other Joint ed Organiz		on
• The Measure Set does not have an overall result.				Ν	Vationwide	cu organiz		wide
The number of patients is not enough	Measure		Explanation	Hospital		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. 	Hours of Physical Restra Use Adults Age 18 - 64 Hours of Physical Restra Use Older Adults Age 65	aint	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. This measure reports the number of hours patients age 65 and older were	23.98 (6638 Total Hours in Restraint)	N/A	1.06	N/A	2.72
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Seclusion Use 1000 Patient Hours - Ov	per	kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care.	0.13 (3 Total Hours in Restraint) ³	N/A	0.10	N/A	0.30

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confinement of a patient alone in a

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

Seclusion is the involuntary

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

----Null value or data not displayed.

Rate

0.44

N/A

0.73

N/A

9.10

(3188 Total Hours in Seclusion)

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Adolescents Age 13 - 17

Hours of Seclusion Use Adults

Hours of Seclusion Use Older

Adults Age 65 and Older

Age 18 - 64



National Quality Improvement Goals

Symbol Key 2							
This organization achieved the best possible results	Reporting Period: A	April 2020 - March 2021					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to o Commiss		
This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	Э
		category of evidenced based measures as all quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	Services						
The Measure or Measure Set was not reported.			Со	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.			١	lationwide		State	wide
The number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
The measure meets the Privacy Disclosure Threshold rule.	Hours of Seclusion Use	This measure reports the number of		al Least.		al Least.	
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	Children Age 1 - 12	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	0.71 (3 Total Hours in Seclusion) ³	N/A	0.40	N/A	0.20
sample of patients. The number of months with Measure		physically prevented from leaving.					
data is below the reporting requirement.	Hours of Seclusion Use	This measure reports the number of					

hours patients age 13 through 17

confinement of a patient alone in a

physically prevented from leaving.

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

kept in seclusion for every 1,000

hours patients age 65 and older were

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

Seclusion is the involuntary

room or an area where the patient is

This measure reports the number of

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

Seclusion is the involuntary

- 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.''**

> hours of patient care. Seclusion is N/A 0.07 N/A 0.29 the involuntary confinement of a 0.00 (0 Total Hours patient alone in a room or an area in Seclusion) where the patient is physically prevented from leaving. The Joint Commission only reports measures endorsed by the National Quality Forum. This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

Θ

3.11 (139 Total

Hours in

Seclusion)

Θ

11.01

(3046 Total

Hours in Seclusion)

N/A

N/A

0.19

0.53

N/A

N/A

0.29

0.82



National Quality Improvement Goals

~				
This organization achieved the best possible results	Reporting P	eriod: April 2020 - March 2021		
This organization's performance is above the target range/value.		•		
This organization's performance is similar to the target range/value.				to other Joint nission
This organization's performance is pelow the target range/value.				Organizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	⊘ ²	1
Footnoto Vor				

Measure		Compared to other Joint Commission Accredited Organizations					
	Explanation	Nationwide			State	Statewide	
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate	
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	(16%	25%	16%	23%	
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.	27% of 11 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.	64% of 110 eligible Patients	71%	50%	80%	62%	
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	3125% of 480 eligible Patients	212%	1780%	0%	14219	
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	6666% of 480 eligible Patients	1508%	3084%	1258%	27779	

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Symbol Key 2

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

reported.

overall result.

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valid.

sample of patients.

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



National Quality Improvement Goals

Reporting Pe	eriod: Ap	ril 2020 - March 2021						
				Compared to other Joint Commission Accredited Organizations				
Measure Area	sure Area Explanation			Nationwide		Statewide		
Perinatal Care	erinatal Care This category of evidenced based measures assess care of mothers and newborns.		ssesses the	○ ²		2		
			Со	mpared to c Accredite	other Joint ed Organiz		n	
			١	Nationwide		State	Statewide	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Aver Ra	
Unexpected Complica Term Newborns per 1 livebirths - Severe Ra	000	The severe rate equals the number of patients with severe complications.	3541% of 480 eligible Patients	501%	1303%	505%	135	



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Null value or data not displayed.

Symbol Key 2

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 organization's performance is below the target range/value.
 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.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible religible religible religible
- 1. There were no eligible patients that met the denominator criteria.