

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	v Last On-Site Review Date
Primary Stroke Center	Certification	4/7/2021	11/9/2022	11/9/2022
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🥝 Asthma, Pediatrics	Certification	5/14/2022	5/13/2022	5/13/2022

Other Accredited Programs/Services

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

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

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

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•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
•••	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
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- 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
- 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	Available Services
	 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) Neuro/Spine Unit (Inpatient) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Nuclear Pharmacy (Inpatient) Nuclear Pharmacy (Inpatient) Nuclear Pharmacy (Inpatient) Nuclear Services) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic 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	\bigcirc
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigcirc
	Reconciling Medication Information	\bigcirc
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø
	Preventing Surgical Site Infections	\bigcirc
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	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.



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	\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
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	\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.



Reporting Per	iod: April 2020 - March 2021		
		Compared to Comm Accredited O	nission
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

		Со	<u>ן</u>			
		١	lationwide	ed Organiz		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	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

This organization achieved the best possible results
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 Not displayed

Footnote Key

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- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
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 There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.



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		Explanation This category of evidenced based measures a overall quality of care given to psychiatric patie		Nationwi		Statewide	e
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e an enough	Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
y 90% but atistically on a leasure uirement. rarily ion of a ating rsement. s that met	Assessment of violence ris substance use disorder, trauma and patient strengt completed - Children (1-12 years)	ths children age (1-12 years) screened for violence risk to self and others,	CO 100% of 10 eligible Patients	100%	97%	100%	100%

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

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the patient recover.

housing, etc. which are used to help

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best	Reporting Peri	iod: Apı	ril 2020 - March 2021					
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Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		•	2	O ²	
1. The Measure or Measure Set was not reported.				Co	mpared to c Accredite	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.					Nationwide			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 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	96% of 76 eligible Patients	100%	97%	100%	99%

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National Quality Improvement Goals

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Mot 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		(2	@ ²	
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2. The Measure Set does not have an overall result.	Management				Nationwide			ewide
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National Quality Improvement Goals

Symbol Key								
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Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		•	2	∞ ²	
1. The Measure or Measure Set was not reported.				Со	mpared to c Accredite	other Joint ed Organiz		on
2. The Measure Set does not have an overall result.					Nationwide			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:
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housing, etc. which are used to help

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National Quality Improvement Goals

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This organization achieved the best possible results	Reporting Period: Ap	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. This organization's performance is below the target range/value. Not displayed Footnote Key The Measure or Measure Set was not		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie	nts.		de 2	sion anizations Statewide 2	
reported. The Measure Set does not have an				Accredit	ed Organiz	zations	
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide 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 are no slicible patients that mat 	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.	58% of 12 eligible Patients	100%	59%	100%	63%
1. 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.''	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 or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€€ 0 3	100%	42%	3	3

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

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

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National Quality Improvement Goals

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This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	@ ²	
The Measure or Measure Set was not reported.				Cor	mpared 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	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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 complete of nations.	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					

/.	The Measure results are based on a
	sample of patients.
8.	The number of months with Measure

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psychosis. Psychosis is a mental

person's capacity to meet life's

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

justifications include previous

to reduce the number of

illness that markedly interferes with a

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

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	Services							
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The Measure Set does not have an				N	Vationwide	ou organiz	State	wide
werall 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:	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 which	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.					

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
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psychosis. Psychosis is a mental

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to reduce the number of

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

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

illness that markedly interferes with a

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44% of

9 eligible

Patients

group of drugs used to treat

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60%

100%

61%

100%



National Quality Improvement Goals

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Footnote Key	Services	Overall	quality of care given to psychiatric patie	1115.	0		0	
 The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough 	Measure		Explanation		lationwide	other Joint ed Organiz Average Rate:	ations State	ewide
 for comparison purposes. 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	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3	at Least: 100%	55%	at Least: 100%	72%
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.	19.9255 (6984 Total Hours in Restraint)	N/A	0.8583	N/A	2.3303

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

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

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National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Ap	ril 2020 - March 2021					
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	
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 patie		(2	○ ²	
Footnote Key 1. The Measure or Measure Set was not reported.				Cor	npared to c			n
2. The Measure Set does not have an				N	Accredit ationwide	ed Organiz		wide
 overall result. 3. The number of patients is not enough for comparison purposes. 4. The measure meets the Privacy. 	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical 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.	1.4234 (6 Total Hours in Restraint) ³	N/A	0.3472	N/A	0.1767
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restra Use 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.	7.5994 (340 Total Hours in Restraint)	N/A	0.2485	N/A	0.4257



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R	Reporting Per	riod: Ap	ril 2020 - March 2021					
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					Com	npared to c Commise		
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Measu	re Area		Explanation		Nationwi	Ű	Statewide	e
	al-Based	This cat	egory of evidenced based measures as	ssesses the				
Inpatie Service	nt Psychiatric es		quality of care given to psychiatric patie		(2	™ ²	
				Cor	mpared to c			n
				N	Accredit Nationwide	ed Organiz		wide
	Measure		Explanation	Hospital		Average	Top 10%	
				Results	Scored at Least:	Rate:	Scored at Least:	Rate
	ults Age 18 - 64		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.	C 23.9797 (6636 Total Hours in Restraint)	N/A	1.0605	N/A	2.724
	of Physical Restr der Adults Age 6		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.	0.1321 (3 Total Hours in Restraint) ³	N/A	0.0961	N/A	0.298
	of Seclusion Use atient Hours - O	•	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	9.0963 (3188 Total Hours in Seclusion)	N/A	0.4419	N/A	0.728

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physically prevented from leaving.

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possible results
 This organization's performance is above the target range/value.
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Footnote Key

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- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privac Disclosure Threshold rule.
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- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
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 There were no eligible patients that met
- 1. There were no eligible patients that me the denominator criteria.



National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Period: Ap	ril 2020 - March 2021					
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O This organization's performance is below the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation		Nationwi		Statewid	e
		tegory of evidenced based measures as quality of care given to psychiatric patie		(10)	2	⊘ ²	
Footnote Key	Gervices						
 The Measure or Measure Set was not reported. The Measure Set does not have an 			Co	mpared to o Accredit	other Joint ed Organiz	zations	
2. The Measure Set does not have an overall result.	Measure	Evaluation	N Hospital	Vationwide	Average	State	ewide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	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 	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.	0.7117 (3 Total Hours in Seclusion) ³	N/A	0.4020	N/A	0.1958
 a the initial of information in Netasule data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of 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.	3.1133 (139 Total Hours in Seclusion)	N/A	0.1948	N/A	0.2942
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	O 11.0093 (3046 Total Hours in Seclusion)	N/A	0.5260	N/A	0.8151
refer to the "Quality Report User Guide."	Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area	0.0000 (0 Total Hours in Seclusion)	N/A	0.0678	N/A	0.2940



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where the patient is physically prevented from leaving.

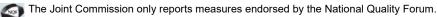
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This organization achieved the best possible results	Reporting P	eriod: April 2020 - March 2021		
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This organization's performance is similar to the target range/value.				to other Joint nission
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Not displayed	Measure Area	Explanation	Nationwide	Statewide
	Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	1 2	0 ²
Footpoto Vor				

		Compared to other Joint Commission Accredited Organizations				
			lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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%	1421%
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%	2777%



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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.

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Reporting	g Period: Ap	ril 2020 - March 2021						
				Compared to other Joint Commission				
				Accr	Accredited Organizations			
Measure Area	asure Area Explanation			Nationwide		Statewide		
Perinatal Care	rinatal Care This category of evidenced based measures assesses th care of mothers and newborns.		ssesses the	™ ²		№ ²		
			Cor	mpared to c Accredite	other Joint ed Organiz		on	
			Ν	Nationwide		State	Statewide	
Measu	re	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra	
Unexpected Com Term Newborns p livebirths - Severe	er 1000	The severe rate equals the number of patients with severe complications.	3541% of 480 eligible Patients	501%	1303%	505%	13	



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