

# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

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



## Summary of Quality Information



### Symbol Key

-  This organization achieved the best possible results.
-  This organization's performance is above the target range/value.
-  This organization's performance is similar to the target range/value.
-  This organization's performance is below the target range/value.
-  This Measure is not applicable for this organization.
-  Not displayed

### Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
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.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Behavioral Health Care	Accredited	11/13/2013	11/12/2013	11/12/2013
 Hospital	Accredited	11/13/2013	11/12/2013	7/29/2014

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Behavioral Health Care	<b>2013 National Patient Safety Goals</b>		 *
Hospital	<b>2014 National Patient Safety Goals</b>		 *
Reporting Period: Apr 2013 - Mar 2014	<b>National Quality Improvement Goals:</b> Hospital-Based Inpatient Psychiatric Services		



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



## Locations of Care




### \* Primary Location

Locations of Care	Available Services
<p><b>Riverview ACT Team</b> 6 Chestnut Street, Suite 201 Augusta, ME 04330</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult)</li> <li>● Community Integration (Non 24 Hour Care)</li> <li>● Employment Services (Non 24 Hour Care)</li> <li>● Family Support (Non 24 Hour Care)</li> <li>● Peer Support (Non 24 Hour Care)</li> </ul>
<p><b>Riverview Psychiatric Center *</b> 250 Arsenal Street Augusta, ME 04332</p>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>● Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>● Community Integration (Non 24 Hour Care)</li> <li>● Employment Services (Non 24 Hour Care)</li> <li>● Family Support (Non 24 Hour Care)</li> <li>● Peer Support (Non 24 Hour Care)</li> </ul>







## 2013 National Patient Safety Goals

### 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."




### Behavioral Health Care

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



















## 2014 National Patient Safety Goals

### 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."

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
	Eliminating Transfusion Errors	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
	Reconciling Medication Information	
Use Alarms Safely	Use Alarms Safely on Medical Equipment	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
	Preventing Multi-Drug Resistant Organism Infections	
	Preventing Central-Line Associated Blood Stream Infections	
	Preventing Surgical Site Infections	
	Preventing Catheter-Associated Urinary Tract Infection	
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	



## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients Discharged on Multiple Antipsychotic Medications Overall Rate	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 person's capacity to meet life's everyday demands.	 16% of 141 eligible Patients	2%	10%	---- <sup>3</sup>	---- <sup>3</sup>
Patients Discharged on Multiple Antipsychotic Medications Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years 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 person's capacity to meet life's everyday demands.	 16% of 139 eligible Patients	2%	13%	---- <sup>3</sup>	---- <sup>3</sup>
Patients Discharged on Multiple Antipsychotic Medications Older Adults Age 65 and Older	This measure reports the number of patients age 65 or older 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 person's capacity to meet life's everyday demands.	<sup>4</sup> ---	0%	9%	---- <sup>3</sup>	---- <sup>3</sup>

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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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





## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	3 55% of 22 eligible Patients <sup>3</sup>	100%	54%	---- <sup>3</sup>	---- <sup>3</sup>
Multiple Antipsychotic Medications at Discharge with 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 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 55% of 22 eligible Patients <sup>3</sup>	100%	56%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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





## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	3 ----	100%	48%	---- <sup>3</sup>	---- <sup>3</sup>

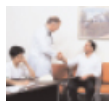


The Joint Commission only reports measures endorsed by the National Quality Forum.

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

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

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.		

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Created 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 with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	 90% of 175 eligible Patients	100%	94%	---- <sup>3</sup>	---- <sup>3</sup>

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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.



## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Created Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	 90% of 172 eligible Patients	100%	94%	---- <sup>3</sup>	---- <sup>3</sup>
Post Discharge Continuing Care Plan Created Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	 100% of 3 eligible Patients	100%	89%	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.






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



## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014



### Symbol Key

-  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.
-  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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Transmitted 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 with a continuing care plan created. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	  86% of 175 eligible Patients	100%	88%	---- <sup>3</sup>	---- <sup>3</sup>

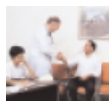


The Joint Commission only reports measures endorsed by the National Quality Forum.

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Transmitted Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	 85% of 172 eligible Patients	100%	88%	---- <sup>3</sup>	---- <sup>3</sup>

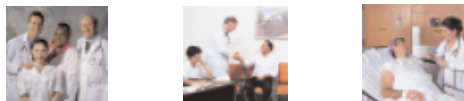


The Joint Commission only reports measures endorsed by the National Quality Forum.

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Post Discharge Continuing Care Plan Transmitted Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged with a continuing care plan provided to the next provider of care within 5 days of the patient's discharge. A continuing care plan is information for the next provider of care which contains the reason the patient was hospitalized, the patient's diagnosis at the time of discharge from the hospital, the list of all medications the patient was prescribed at the time of discharge from the hospital and the recommendations for the patient's continued care at the time of discharge from the hospital. The next provider of care is the medical professional or facility who will be responsible for managing the patient's medications and treatment after discharge from the hospital.	 100% of 3 eligible Patients	100%	84%	---- <sup>3</sup>	---- <sup>3</sup>
Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	 0.5091 (461 Total Hours in Restraint)	N/A	0.5175	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.





## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		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.	 0.5301 (460 Total Hours in Restraint)	N/A	0.5943	---- <sup>3</sup>	---- <sup>3</sup>
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.	 0.0140 (1 Total Hours in Restraint)	N/A	0.0682	---- <sup>3</sup>	---- <sup>3</sup>
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.	 2.5631 (2319 Total Hours in Seclusion)	N/A	0.3226	---- <sup>3</sup>	---- <sup>3</sup>



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.





## National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

### Symbol Key

- 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.
- 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.

Compared to other Joint Commission Accredited 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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	 2.6525 (2302 Total Hours in Seclusion)	N/A	0.3442	---- <sup>3</sup>	---- <sup>3</sup>
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	 0.4600 (17 Total Hours in Seclusion)	N/A	0.0502	---- <sup>3</sup>	---- <sup>3</sup>

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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

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



## National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2013 - March 2014

### Hospital-Based Inpatient Psychiatric Services

#### Patients Discharged on Multiple Antipsychotic Medications Overall Rate

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	35	55	28	23
Rate	34%	9%	0%	22%
Nationwide Average	10%	11%	10%	10%

#### Patients Discharged on Multiple Antipsychotic Medications Adults Age 18 - 64

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	35	55	28	21
Rate	34%	9%	0%	24%
Nationwide Average	13%	13%	13%	12%

#### Patients Discharged on Multiple Antipsychotic Medications Older Adults Age 65 and Older

No Quarterly Results are available

#### Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	12	5	----	5
Rate	75%	20%	----	40%
Nationwide Average	54%	53%	56%	55%



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- \*\* Indicates per 1000 hours of patient care.
- \*\*\* The measure was not in effect for this quarter.
- Null value or data not displayed.
- 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.

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



## National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2013 - March 2014

### Hospital-Based Inpatient Psychiatric Services

#### Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	12	5	----	5
Rate	75%	20%	----	40%
Nationwide Average	54%	55%	57%	56%

#### Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older

No Quarterly Results are available

#### Post Discharge Continuing Care Plan Created Overall Rate

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	43	74	35	23
Rate	98%	78%	97%	100%
Nationwide Average	94%	94%	94%	92%

#### Post Discharge Continuing Care Plan Created Adults Age 18 - 64

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	43	73	35	21
Rate	98%	78%	97%	100%
Nationwide Average	95%	94%	94%	92%



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- \*\* Indicates per 1000 hours of patient care.
- \*\*\* The measure was not in effect for this quarter.
- Null value or data not displayed.
- 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.

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



## National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2013 - March 2014

### Hospital-Based Inpatient Psychiatric Services

#### Post Discharge Continuing Care Plan Created Older Adults Age 65 and Older

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	----	---- <sup>4</sup>	----	---- <sup>4</sup>
Rate	----	---- <sup>4</sup>	----	---- <sup>4</sup>
Nationwide Average	90%	90%	92%	84%

#### Post Discharge Continuing Care Plan Transmitted Overall Rate

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	43	74	35	23
Rate	93%	73%	94%	100%
Nationwide Average	88%	88%	88%	87%

#### Post Discharge Continuing Care Plan Transmitted Adults Age 18 - 64

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	43	73	35	21
Rate	93%	73%	94%	100%
Nationwide Average	88%	88%	88%	86%



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- \*\* Indicates per 1000 hours of patient care.
- \*\*\* The measure was not in effect for this quarter.
- Null value or data not displayed.
- 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.

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



## National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2013 - March 2014

### Hospital-Based Inpatient Psychiatric Services

#### Post Discharge Continuing Care Plan Transmitted Older Adults Age 65 and Older

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Number of Eligible Patients	----	---- <sup>4</sup>	----	---- <sup>4</sup>
Rate	----	---- <sup>4</sup>	----	---- <sup>4</sup>
Nationwide Average	85%	84%	86%	80%

#### Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Total Patient Hours/1000	217.5120	219.6720	221.2800	246.3600
Total Patient Hours in Restraints	132.1667	97.6167	157.5333	73.3167
Rate of Restraints Use**	0.6076	0.4444	0.7119	0.2976
Nationwide Rate**	0.4844	0.4943	0.5214	0.5657

#### Hours of Physical Restraint Use Adults Age 18 - 64

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Total Patient Hours/1000	210.8880	212.2560	212.0160	232.7760
Total Patient Hours in Restraints	132.1667	97.6167	157.5333	72.8000
Rate of Restraints Use**	0.6267	0.4599	0.7430	0.3127
Nationwide Rate**	0.5609	0.5383	0.6021	0.6725



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

\*\* Indicates per 1000 hours of patient care.

\*\*\* The measure was not in effect for this quarter.

---- Null value or data not displayed.

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.

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



## National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2013 - March 2014

### Hospital-Based Inpatient Psychiatric Services

#### Hours of Physical Restraint Use Older Adults Age 65 and Older

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Total Patient Hours/1000	6.6240	7.4160	9.2640	13.5840
Total Patient Hours in Restraints	0.0000	0.0000	0.0000	0.5167
Rate of Restraints Use**	0.0000	0.0000	0.0000	0.0380
Nationwide Rate**	0.0672	0.0574	0.0594	0.0860

#### Hours of Seclusion Use per 1000 Patient Hours - Overall Rate

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Total Patient Hours/1000	217.5120	219.6720	221.2800	246.3600
Total Patient Hours in Seclusion	764.3500	324.8167	484.0667	745.9500
Rate of Seclusion Use**	3.5141	1.4786	2.1876	3.0279
Nationwide Rate**	0.2999	0.3318	0.3170	0.3397

#### Hours of Seclusion Use Adults Age 18 - 64

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Total Patient Hours/1000	210.8880	212.2560	212.0160	232.7760
Total Patient Hours in Seclusion	764.3500	324.8167	484.0667	728.9833
Rate of Seclusion Use**	3.6244	1.5303	2.2832	3.1317
Nationwide Rate**	0.3143	0.3489	0.3367	0.3741



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- \*\* Indicates per 1000 hours of patient care.
- \*\*\* The measure was not in effect for this quarter.
- Null value or data not displayed.
- 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.

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



## National Quality Improvement Goals - Quarterly Results

Reporting Period: April 2013 - March 2014

### Hospital-Based Inpatient Psychiatric Services

#### Hours of Seclusion Use Older Adults Age 65 and Older

	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014
Total Patient Hours/1000	6.6240	7.4160	9.2640	13.5840
Total Patient Hours in Seclusion	0.0000	0.0000	0.0000	16.9667
Rate of Seclusion Use**	0.0000	0.0000	0.0000	1.2490
Nationwide Rate**	0.0601	0.0317	0.0356	0.0707



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

- \* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
- \*\* Indicates per 1000 hours of patient care.
- \*\*\* The measure was not in effect for this quarter.
- Null value or data not displayed.
- 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.

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