

2019 Quality of Care Report

Brattleboro Retreat

1. Hours of Physical Restraint Use (HBIPS-2)

The use of physical restraints increases a patient's risk of physical and psychological harm. This intervention is intended for use only if a patient is in imminent danger to him/herself or others and if less restrictive interventions have failed. **Lower rates are better.**

Hospital Name	Results (per 1000 hours)	Reporting Period
Brattleboro Retreat	0.23	January – December 2017
National Average	0.36	

2. Hours of Seclusion Use (HBIPS-3)

The use of seclusion increases a patient's risk of physical and psychological harm. This intervention is intended for use only if a patient is in imminent danger to him/herself or others and if less restrictive interventions have failed. **Lower rates are better.**

Hospital Name	Results (per 1000 hours)	Reporting Period
Brattleboro Retreat	0.5	January – December 2017
National Average	0.23	

3. Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)

This measure is collected on patients discharged on multiple antipsychotics.

Appropriate reasons for discharging a patient on multiple antipsychotics are as follows:

- The medical record contains a minimum of three failed trials with using only one antipsychotic drug.
- The medical record contains either a plan that tapers to using one antipsychotic drug or one that decreases the dosage of one or more antipsychotic medications while increasing the dosage of another to a level that manages the patient's symptoms with one antipsychotic medication.
- The medical record contains documentation of augmentation of Clozapine.

Higher rates indicate higher quality of care because documenting the reasons for assigning multiple antipsychotics suggests that careful consideration of the benefits of treatment were weighed against the potential side effects.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	11	January – December 2017
National Average	66	

* The number of cases/patients is too few to report.

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4. Alcohol Use Screening (SUB-1)

Individuals with mental health conditions experience substance use disorders (SUD) at a much higher rate than the general population. Co-occurring SUDs often go undiagnosed and, without treatment, contribute to a longer persistence of disorders, poorer treatment outcomes, lower rates of medical adherence, and greater impairments to functioning. This measure looks at efforts by the facility to screen for the most common type of such disorder, alcohol abuse. **Higher rates are better.** Includes 18 years and older patients.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	69	January – December 2017
National Average	92	

5. Alcohol Use Brief Intervention Provided or Offered (SUB-2)

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs. **Higher rates are better.** Includes 18 years and older patients who screened positive for unhealthy alcohol use or an alcohol use disorder.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	99	January – December 2017
National Average	79	

* No cases met the criteria for this measure

6. Tobacco Use Screening (TOB-1)

Tobacco use is the single greatest cause of disease in the U.S., accounting for more than 435,000 deaths annually. Smoking is a known cause of many diseases such as cancers, heart disease, stroke, and chronic obstructive pulmonary disease. This measure assesses patients who are screened for tobacco use (cigarettes, smokeless tobacco, pipe, and cigar) within the previous 30 days. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	94	January – December 2017
National Average	96	

7. Tobacco Use Treatment Provided or Offered (TOB-2)

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided or offered and refused. It includes patients who are tobacco users within the past 30 days and received or refused counseling to quit and receive or refuse cessation medications. **Higher rates are better.**

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Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	40	January – December 2017
National Average	80	

* No cases met the criteria for this measure.

8. Follow-up After Hospitalization for Mental Illness (FUH)

This measure assesses the percentage of inpatient psychiatric facility hospitalizations for treatment of select mental health disorders that were followed by an outpatient mental health care encounter. The percentage of discharges for which the patient received follow-up within 7 days and 30 days of discharge is reported. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	30 days: 62.8 7 days: 36.6	July 2016 – June 2017
National Average	30 days: 52.7 7 days: 30.6	

* The number of cases/patients is too few to report.

9. Influenza Immunization – for the patients (IMM-2)

Increasing influenza vaccination can reduce unnecessary hospitalizations and secondary complications. Vaccination is the most effective way to prevent influenza and is associated with reductions in influenzas among all age groups. This measure addresses hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	55	October 2017 - March 2018
National Average	82	

10. Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

HCP measure assesses the percentage of HCP who receive the influenza vaccination. It is designed to ensure that reported HCP influenza vaccination percentages are consistent over time within a single healthcare facility, as well as comparable across facilities.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	74	October 2017 - March 2018
National Average	82	