

Accreditation Quality Report











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

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

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

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

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

DBA: Laurel Ridge Treatment Center, 17720 Corporate Woods Drive, San Antonio, TX



Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective	Last Full Surve	ey Last On-Site
		Date	Date	Survey Date
o Behavioral Health Care	Accredited	10/7/2015	8/16/2018	8/16/2018
🎯 Hospital	Accredited	11/6/2018	8/17/2018	11/6/2018

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

Special Quality Awards

2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accred Organizations				
		Nationwide	Statewide			
Behavioral Health Care	2015National Patient Safety Goals	Ø	*			
Hospital	2018National Patient Safety Goals	\bigotimes	₩ *			
	National Quality Improvement Goals:					
Reporting Period: Apr 2017 - Mar 2018	Hospital-Based Inpatient Psychiatric Services	1	2 2			

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

Symbol Key



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.

DBA: Laurel Ridge Treatment Center, 17720 Corporate Woods Drive, San Antonio, TX



Locations of Care

* Primary Location

Locations of Care	Available Services
Texas Laurel Ridge Hospital, LP * DBA: Laurel Ridge Treatment Center 17720 Corporate Woods Drive San Antonio, TX 78259	Services: • Addiction Care/Adult) (Non-detox - Adult) • Behavioral Health/Child/Youth) (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Residential Care - Child/Youth) (Partial - Adult) • Chemical Dependency (Day Programs - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adult) (Partial - Adult) (Detox/Non-detox - Adult) (Detox/Non-detox - Adult) • Family Support (Non 24 Hour Care)
Texas Laurel Ridge Hospital, LP DBA: Laurel Ridge at Highpoint Center 1603 Babcock Suite 148 San Antonio, TX 78229	 Services: Behavioral Health (Day Programs - Child/Youth) (Partial - Child/Youth) Family Support (Non 24 Hour Care)
Texas Laurel Ridge Hospital, LP DBA: Mission Resiliency at Laurel Ridge 1900 E. Elms Road Suite 203 Killeen, TX 76542	Services: • Addiction Care/Adult) (Non-detox - Adult) • Behavioral Health (Day Programs - Adult) (Partial - Adult) • Chemical Dependency (Day Programs - Adult) (Partial - Adult) (Non-detox - Adult) • Family Support (Non 24 Hour Care)

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2015 National Patient Safety Goals

Behavioral Health Care

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

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.

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2018 National Patient Safety Goals

Hospital

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

Symbol Key

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

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National Quality Improvement Goals

Reporting Per	iod: April 2017 - March 2018		
			o other Joint hission
Measure Area	Explanation	Accredited C Nationwide	<mark>Organizations</mark> Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	∞ ²	∞ ²

				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Averaç 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.	99% of 1373 eligible Patients	100%	95%	100%	97%

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

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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 organization's performance is below the target range/value.
 Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible patients that met
- 1. There were no eligible patients that met the denominator criteria.

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

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National Quality Improvement Goals

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Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.					⊘ ²	
Footnote Key	00111000				_			
• The Measure or Measure Set was not reported.				Cor	npared to o	other Joint ed Organiz		on
• The Measure Set does not have an				N	lationwide		State	wide
• The number of patients is not enough	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
for comparison purposes.				Results	at Least:	Rale.	at Least:	Rale.
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of					
• The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	·	children age (1-12 years) screened for violence risk to self and others,					
• The Measure results are not statistically	completed - Children (1		substance and alcohol use, psychological trauma history and					
valid. The Measure results are based on a	years)		patient strengths. Screening for					
sample of patients.			violence risk to self determines if patients are likely to harm					
• The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence					
• The measure results are temporarily			risk to others determines if patients are likely to harm others. Screening	Ð				
updated data.			for substance and alcohol use		100%	97%	100%	98%
• Test Measure: a measure being			their use. Screening for	271 eligible				
individual data elements or awaiting			psychological trauma history	Patients				
			experienced terrible events in their					
 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 			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	99% of 271 eligible Patients	100%	97%	100%	98%

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."

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the patient recover.

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anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

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This organization's performance is above the target range/value.								
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		Inpatient Psychiatric overall quality of care given to psychiatric patients.					™ ²	
Footnote Key The Measure or Measure Set was not				Co	mpared to c	other Joint	Commissi	on
reported. The Measure Set does not have an						ted Organiz		
overall result.	Measure		Explanation	N Hospital	Vationwide Top 10%			tewide
The number of patients is not enough for comparison purposes.	Weasure		Explanation	Results	Scored	Rate:	Scored at Least:	Rat
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence ris	isk	This measure reports the number of		at Least.		at Least.	
The organization scored above 90% but	substance use disorder,	эк,	adolescent age (13-17 years)					
was below most other organizations.	trauma and patient strengt		screened for violence risk to self and					
The Measure results are not statistically valid.	completed - Adolescent (1 years)	13-17	others, substance and alcohol use, psychological trauma history and					
The Measure results are based on a	youro,		patient strengths. Screening for violence risk to self determines if					
sample of patients.			violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence					
The measure results are temporarily			risk to others determines if patients					
suppressed pending resubmission of			are likely to harm others. Screening for substance and alcohol use	Ð				
updated data.			determines if patients need help for	99% of	100%	96%	100%	979
Test Measure: a measure being evaluated for reliability of the			their use. Screening for	322 eligible Patients				
individual data elements or awaiting			psychological trauma history	1 duonto				
National Quality Forum Endorsement.			determines if patients have experienced terrible events in their					
There were no eligible patients that met			experienced terrible events in their					

11 There were no eligible patients that met the denominator criteria.

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This organization's performance is below the target range/value.					Accr	redited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.					@ ²	
The Measure or Measure Set was not reported.			ſ	Cor		other Joint ted Organiz	Commissio zations	on
The Measure Set does not have an overall result.					Vationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	e risk.	This measure reports the number of		at Least:		at Least:	
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	r,	adults age (18-64 years) screened for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Adult (18-6 years)	4	substance and alcohol use, psychological trauma history and					
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if					
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of			are likely to harm others. Screening for substance and alcohol use	Ð	4000/	050/	4000/	070/
updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			determines if patients need help for their use. Screening for psychological trauma history	99% of 671 eligible Patients	100%	95%	100%	97%
National Ouality Forum Endorsement.			determines if patients have					

individual data elements or await National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi		Statewid	e
Eastnata Kay	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier)2	№ ²	
Footnote Key The Measure or Measure Set was not reported.				Co	mpared to o	other Joint ed Organiz		on
• The Measure Set does not have an overall result.				1	Vationwide	eu Organiz		ewide
 The number of patients is not enough for comparison purposes. 	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. 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 strei completed - Older Adult years)	ngths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their 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,	00% of 109 eligible Patients	at Least:	94%	at Least:	95%
For further information and explanation of the			housing, etc. which are used to help					

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O This organization's performance is below the target range/value.					Accr	Commise redited Org				
wo Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e		
Footnote Key			egory of evidenced based measures as uality of care given to psychiatric patie		() ²	1 2			
 The Measure or Measure Set was not reported. 				Cor		other Joint ed Organiz	Commissic	'n		
2. The Measure Set does not have an overall result.					lationwide		State			
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 	Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate	with	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	₩ 3 	100%	62%	97%	72%		
the denominator criteria.	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12	with	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<mark>₩0</mark> 3 	100%	41%	100%	38%		

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

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This organization's performance is below the target range/value.					Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie			2	∞ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to o	other Joint ed Organiz		'n
The Measure Set does not have an				Ν	lationwide	ou organiz	State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid.	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 1	, 1	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.					

The Measure results are not statistic 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
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Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

everyday demands. Appropriate

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

one antipsychotic medication, a plan

justifications include previous

illness that markedly interferes with a

group of drugs used to treat

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

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This organization's performance is below the target range/value.					Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwid	e	Statewide	÷
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.			ſ	Cor	npared to of Accredite	ther Joint (d Organiza		n
The Measure Set does not have an			,	N	lationwide		State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification.					

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.
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one antipsychotic medication, a plan

illness that markedly interferes with a

group of drugs used to treat

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Null value or data not displayed.

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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	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.				Cor	npared to c	other Joint ed Organiz		n
2. The Measure Set does not have an				N	lationwide	ed Organiz		wide
overall result.The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	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 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	aint	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. This measure reports the total hours patients were kent in physical	€ 3	100%	58%	100%	67%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Use per 1000 Patient Ho Overall Rate	ours -	patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.02 (33 Total Hours in Restraint)	N/A	0.48	N/A	0.20

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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updated data. 10. Test Measure: a measure bein

Texas Laurel Ridge Hospital, LP

DBA: Laurel Ridge Treatment Center, 17720 Corporate Woods Drive, San Antonio, TX



National Quality Improvement Goals

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2017 - March 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
his organization's performance is elow the target range/value.					Accr	edited Org	anizations	
lot displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²	
Footnote Key	Services							
The Measure or Measure Set was not eported.				Cor	npared to c Accredite	other Joint ed Organiz		'n
he Measure Set does not have an verall result.					lationwide		State	
ne number of patients is not enough r comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
he measure meets the Privacy isclosure Threshold rule. he organization scored above 90% but as below most other organizations. he Measure results are not statistically did. he Measure results are based on a imple of patients. he number of months with Measure ta is below the reporting requirement. he measure results are temporarily uppressed pending resubmission of odated data. est Measure: a measure being aluated for reliability of the dividual data elements or awaiting ational Quality Forum Endorsement.	Hours of Physical Rest 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.	0.07 (13 Total Hours in Restraint)	N/A	0.34	N/A	0.17
Chere were no eligible patients that met he denominator criteria.	Hours of Physical Rest Use Adolescents Age 1		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

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0.04

(10 Total Hours

in Restraint)

N/A

0.24

N/A

0.21

method or physical or mechanical

device, material, or equipment that

a patient to move his or her arms,

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

legs, body or head freely when it is

immobilizes or reduces the ability of

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

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condition.

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National Quality Improvement Goals

Symbol Key							
This organization achieved the best	Reporting Period	d: April 2017 - March 2018					
D This organization's performance is above the target range/value.		1					
This organization's performance is similar to the target range/value.				Con	npared to c Commiss		
This organization's performance is below the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
Forders to Kase		This category of evidenced based measures as overall quality of care given to psychiatric patie		(2	⊘ ²	
Footnote Key The Measure or Measure Set was not reported.			Со	mpared to c			on
• The Measure Set does not have an			N	Accredit Vationwide	ed Organiz		wide
 overall result. The number of patients is not enough for comparison purposes. 	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
 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 Restrain 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.	0.01 (9 Total Hours in Restraint)	N/A	0.56	N/A	0.22
• There were no eligible patients that met the denominator criteria. For further information nd explanation of the Quality Report contents, efer to the ''Quality Report User Guide.''	Hours of Physical Restrain Use Older Adults Age 65 a Older	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.	0.00 (0 Total Hours in Restraint)	N/A	0.15	N/A	0.04
	Hours of Seclusion Use pe 1000 Patient Hours - Over Rate		0.07	N/A	0.37	N/A	0.09

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confinement of a patient alone in a

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

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

Null value or data not displayed.

0.07 (117 Total

Hours in Seclusion)

Symbol Key

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National Quality Improvement Goals

Symbol Key						
This organization achieved the best possible results	Reporting Per	iod: April 2017 - March 2018				
This organization's performance is above the target range/value.		-				
This organization's performance is similar to the target range/value.				· · · · · · · · · · · · · · · · · · ·	o other Joint hission	
This organization's performance is below the target range/value.					Organizations	
Not displayed	Measure Area	Explanation		Nationwide	Statewide	
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	ses the	№ ²	1 2	
Footnote Key	Services					
The Measure or Measure Set was not reported.			Com	pared to other Joi Accredited Orga		
The Measure Set does not have an overall result.			Na	ationwide	Statewide	è
overan result.	Measure	Explanation Ho	ospital	Top 10% Average	je Top 10% Ave	erag

- 3. The number of patients is not enough for comparison purposes. 4. The measure meets the Privacy
- Disclosure Threshold rule. 5.
- The organization scored above 90% but was below most other organizations. The Measure results are not statistically
- valid.
- 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."

	N	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.19 (37 Total Hours in Seclusion)	N/A	0.60	N/A	0.35
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.15 (40 Total Hours in Seclusion)	N/A	0.19	N/A	0.15
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.04 (40 Total Hours in Seclusion)	N/A	0.42	N/A	0.08
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.	0.00 (0 Total Hours in Seclusion)	N/A	0.04	N/A	0.02

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