

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 Date	Last Full Survey Date	Last On-Site Survey Date
o Behavioral Health Care	Accredited	8/17/2018	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 Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care	2015National Patient Safety Goals	\bigotimes		
Hospital	2018National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period: Jul 2017 - Jun 2018	Hospital-Based Inpatient Psychiatric Services	2 c	2 ²	

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

Symbol Key

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

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. 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.
- **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)

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



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.

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



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.

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



National Quality Improvement Goals

Reporting Per	iod: July 2017 - June 2018			
		Compared to Comm		
		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.	2 ²	™ ²	

				other Joint ed Organiz	zations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 1364 eligible Patients	100%	95%	100%	97%

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

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

---- Null value or data not displayed.

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
- the denominator criteria.

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 Peri	iod: Jul	y 2017 - June 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	™ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 						other Joint ed Organiz	ations	
 Overall result. The number of patients is not enough for comparison purposes. 	Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Average Rate:
3. The number of patients is not enough	Assessment of violence substance use disorder, trauma and patient strer completed - Children (1- years)	ngths	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,	99% of 263 eligible Patients	100%	96%	100%	98%

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

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

the patient recover.

housing, etc. which are used to help

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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



National Quality Improvement Goals

Reporting Per	iod: Jul	ly 2017 - June 2018						
			Compared to other Joint Commission Accredited Organizations					
Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie		Nationwid		Statewide	9	
				Compared to other Joint Commission Accredited Organizations				
Measure		Explanation	N Hospital Results	Aationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Avera Rate	
Assessment of violence substance use disorder, trauma and patient stren completed - Adolescent years)	r, engths	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,	99% of 317 eligible Patients	100%	95%	100%	97%	

Symbol Key This organization achieved th

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

- 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 Privac 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.

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

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

the patient recover.

housing, etc. which are used to help

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed.

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	iod: Jul	y 2017 - June 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commise		
below the target range/value.						edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		•	2	○ ²	
1. The Measure or Measure Set was not reported.						other Joint ed Organiz	ations	
2. The Measure Set does not have an overall result.					lationwide			ewide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 years)	ngths	This measure reports the number of adults age (18-64 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	99% of 669 eligible Patients	100%	95%	100%	97%

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

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

the patient recover.

such as family support, a steady job,

housing, etc. which are used to help

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

0

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

updated data. 10. Test Measure: a measure bei

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: Jul	y 2017 - June 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		
This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewid	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		(2	№ ²	
Footnote Key	00111003							
The Measure or Measure Set was not reported.				Cor	npared to c	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide		State	ewide
• The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Assessment of violence substance use disorder	,	This measure reports the number of older adult (>= 65 years) screened		at Least:		at Least:	
was below most other organizations. The Measure results are not statistically valid.	trauma and patient stre completed - Older Adul years)		for violence risk to self and others, substance and alcohol use, psychological trauma history and					
 The Measure results are based on a sample of patients. 	yearsy		patient strengths. Screening for violence risk to self determines if					
• The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of updated data.			are likely to harm others. Screening for substance and alcohol use	Ø	100%	93%	100%	95%
• Test Measure: a measure being evaluated for reliability of the			determines if patients need help for their use. Screening for	99% of 115 eligible Patients				
individual data elements or awaiting National Quality Forum Endorsement.			psychological trauma history determines if patients have					
1. There were no eligible patients that met the denominator criteria.			experienced terrible events in their lives which have left them fearful or					
			anxious and unable to handle their feelings. Screening for patient					
For further information			strengths identifies positive things such as family support, a steady job,					
ror luriner information			housing, etc. which are used to help					

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

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

the patient recover.

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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 This organization's performance is above the target range/value	Reporting Period: July	y 2017 - June 2018					
 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 	Measure Area		npared to o Commiss redited Org de	sion	e		
Footnote Key						○ ²	
 The Measure or Measure Set was not reported. The Measure Set does not have an 				mpared to c Accredite Nationwide	ed Organiz	zations	on ewide
 overall result. The number of patients is not enough for comparison purposes. 	Measure	Explanation	Hospital Results		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. 	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 	100%	63%	99%	71%
	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medications to one antipsychotic medication to reduce the number of antipsychotic medication or the addition of an antipsychotic medication or the addition when the patient is also being treated with Clozapine.	ND 3	100%	40%	100%	35%

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

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

Null value or data not displayed.

Symbol Kev

Ð

 \oslash

-

1. reported.

2.

3.

4.

5.

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 Peri	od: Jul	y 2017 - June 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
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 Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	⊘ ²	
Footnote Key The Measure or Measure Set was not	Gervices			Cor	npared to o	other Joint	Commissio	'n
reported. The Measure Set does not have an				N	Accredite	ed Organiz	ations State	wido
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 Adolescents Age 13 - 17		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					

there was an appropriate justification. Antipsychotic medications are a

illness that markedly interferes with a

group of drugs used to treat

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

	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."

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

to reduce the number of

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

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

Null value or data not displayed.

100%

50%

100%

45%

Symbol Kev

Ð

 \oslash

e

ND

1. reported.

2.

3.

4.

5.

Texas Laurel Ridge Hospital, LP

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



National Quality Improvement Goals

Symbol Key	1							
This organization achieved the best possible results	Reporting Per	iod: Jul	ly 2017 - June 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.	1				Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr		ganizations	
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patien		0	2	⊘ ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.	1		ſ	Cor	mpared to o Accredite	other Joint (ed Organiz		n
The Measure Set does not have an overall result.	1		7	N	Nationwide			ewide
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:	Averaç 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	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 18 - 64		This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a					

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."

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

group of drugs used to treat psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

to reduce the number of

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

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one antipsychotic medication or the

one antipsychotic medication, a plan

illness that markedly interferes with a

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

Null value or data not displayed.

100%

64%

100%

73%

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 Perio	od: July	y 2017 - June 2018							
This organization's performance is above the target range/value.										
This organization's performance is similar to the target range/value.					Con	npared to c Commise				
O This organization's performance is below the target range/value.		Accredited Organizations								
Not displayed	Measure Area		Explanation		Nationwide Statewid			е		
Footnote Key			egory of evidenced based measures as quality of care given to psychiatric patie			2	№ ²			
1. The Measure or Measure Set was not				Cor	moored to a	other leint	Commissie			
reported.				COI	npared to o Accredit	ed Organiz		וזכ		
2. The Measure Set does not have an overall result.			-		lationwide		State	ewide		
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored at Least:	Average Rate:		
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. 	re meets the Privacy Threshold rule. zation scored above 90% but most other organizations. re results are not statistically re results are based on a aatients. er of months with Measure with reporting requirement. re results are temporarily pending resubmission of ta. rer a measure being or reliability of the data elements or awaiting uality Forum Endorsement. er no eligible patients that met	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.	600 3	100%	58%	100%	64%		
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restra Use per 1000 Patient Ho Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.02 (25 Total Hours in Restraint)	N/A	0.46	N/A	0.21		

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

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

Null value or data not displayed.

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	iod: Jul	y 2017 - June 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.	Compared to other Joint Commission							
O This organization's performance is below the target range/value.					Accr			
Not displayed	Measure Area		Explanation		Nationwi		Statewide	е
	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patier		(2	@ ²	
Footnote Key 1. The Measure or Measure Set was not reported.				Cor	npared to c	other Joint	Commissio	on
2. The Measure Set does not have an				Ν	Accredit lationwide	ed Organiz		ewide
overall result. 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. 	Hours of Physical Restr Use Children Age 1 - 12		This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.05 (9 Total Hours in Restraint)	N/A	0.34	N/A	0.20
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr 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 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.	0.04 (10 Total Hours in Restraint)	N/A	0.24	N/A	0.22



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

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

Null value or data not displayed. ____

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	iod: Jul	y 2017 - June 2018						
This organization's performance is above the target range/value.									
This organization's performance is similar to the target range/value.				Compared to other Joint					
O This organization's performance is below the target range/value.				Commission Accredited Organizations					
with the second	Measure Area		Explanation		Nationwi	de	Statewid	е	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	⊘ ²		
1. The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		on	
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	lationwide	Average	State	ewide	
 The number of patients is not enough for comparison purposes. The measure meets the Privacy 	Measure			Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
 The measure frees the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. 	Hours of Physical Restr Use Adults Age 18 - 64	raint	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 (7 Total Hours in Restraint)	N/A	0.53	N/A	0.23	
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restr Use Older Adults Age 6 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.	0.00 (0 Total Hours in Restraint)	N/A	0.17	N/A	0.03	
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	0.07 (109 Total Hours in Seclusion)	N/A	0.35	N/A	0.11	

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

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

Null value or data not displayed. ----

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 This organization's performance is	Reporting Period: Ju	ıly 2017 - June 2018					
 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 	Measure Area	Explanation			npared to c Commiss redited Org de	sion	e
		ategory of evidenced based measures a I quality of care given to psychiatric patie		(2	⊘ ²	
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. 	Measure	Explanation		Accredit	other Joint ed Organiz Average Rate:	ations State	wide
 The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure 	Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.11 (20 Total Hours in Seclusion)	N/A	0.61	N/A	0.38
 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. 	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.	0.13 (32 Total Hours in Seclusion)	N/A	0.21	N/A	0.18
11. There were no eligible patients that met the denominator criteria. For further information and explanation of the Quality Report contents,	Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.05 (57 Total Hours in Seclusion)	N/A	0.40	N/A	0.10
refer to the "Quality Report User Guide."	Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.04	N/A	0.02



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

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

Null value or data not displayed.