

# 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.

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	y Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	10/29/2021	10/28/2021	10/28/2021
🥝 Hospital	Accredited	10/30/2021	10/29/2021	8/18/2023

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

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	<sup>*</sup>	
Hospital	2021National Patient Safety Goals	Ø	×	
	National Quality Improvement Goals:			
Reporting Period: Jan 2021 - Dec 2021	Hospital-Based Inpatient Psychiatric Services	2 °	2 °	

#### Symbol Key

0	This organization achieved the best possible results.
Ð	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than 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.
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- **12.** The measure rate is within optimal range.

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



# **Locations of Care**

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

٠	Addiction Services/Adult)
	(Non-detox - Adult)
•	Behavioral Health (Day Programs - Adult)
	(Partial Hospitalization - Adult)
•	Chemical Dependency (Day Programs - A

#### Chemical Dependency (Day Programs - Adult) (Partial Hospitalization - Adult) (Non-detox - Adult)

• Family Support (Non 24 Hour Care)

#### Texas Laurel Ridge Hospital, LP DBA: Mission Resiliency at Laurel Ridge Treatment

Center 17903 Corporate Woods Drive San Antonio, TX 78259

at Laurel Ridge 1900 E. Elms Road Suite

Killeen, TX 76542

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#### Services:

<ul> <li>Addiction Services/Adult)</li> </ul>
(Detox/Non-detox - Adult)
<ul> <li>Behavioral Health (Day Programs - Adult)</li> </ul>
(24-hour Acute Care/Crisis Stabilization - Adult)
(Partial Hospitalization - Adult)
<ul> <li>Chemical Dependency (Day Programs - Adult)</li> </ul>
(24-hour Acute Care/Crisis Stabilization - Adult)
(Partial Hospitalization - Adult)
(Detox/Non-detox - Adult)

• Family Support (Non 24 Hour Care)

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# **2021 National Patient Safety Goals**

## **Behavioral Health Care and Human Services**

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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# **2021 National Patient Safety Goals**

# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigotimes$
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigotimes$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

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



# **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

			o other Joint hission
		Accredited C	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.	<b>™</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

		Со	npared to c Accredit	other Joint ed Organiz		'n	
		1	lationwide	tionwide		Statewide	
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average 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.	95% of 1473 eligible Patients	100%	95%	100%	92%	

\* This information can also be viewed at https://hospitalcompare.io/
 ---- Null value or data not displayed.

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# **National Quality Improvement Goals**

Explanation This category of evidenced based measures overall quality of care given to psychiatric pat Explanation	ents.	Accr Nationwi	de ) <sup>2</sup>	sion ganizations Statewidd Commissic zations	
This category of evidenced based measures overall quality of care given to psychiatric pat <b>Explanation</b>	ents. Co Hospital	Nationwi mpared to o Accredit Nationwide Top Perform er	de 2 other Joint ed Organiz Average	Statewidd Commissic zations State Top Perform	on ewide Averag
This category of evidenced based measures overall quality of care given to psychiatric pat <b>Explanation</b>	ents. Co Hospital	mpared to o Accredit Nationwide Top Perform er	2 other Joint red Organiz Average	Commissic zations State Top Perform	on ewide Averaç
	Hospital	Accredit Nationwide Top Perform er	ed Organiz Average	zations State Top Perform	ewide Avera
	Hospital	Nationwide Top Perform er	Average	State Top Perform	Avera
		Threshol			
risk, This measure reports the number of children age (1-12 years) screened		d:		Threshol d:	
gths       for violence risk to self and others,         12       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	95% of 262 eligible Patients	100%	97%	100%	97%
-	gthsfor 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	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,	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,	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,	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,

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#### Symbol Key

This organization achieved the be possible results This organization's performance 0 better than the target range/value. This organization's performance  $\oslash$ similar to the target range/value. This organization's performance e orse than the target range/value ot displayed ND

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# **National Quality Improvement Goals**

				Com	npared to c Commis		
				Accr	edited Org	anizations	
Measure Area		Explanation		Nationwi	de	Statewide	е
Hospital-Based Inpatient Psychiatric Services	This categor overall qualit	y of evidenced based measures a y of care given to psychiatric patie	ssesses the nts.		2	<b>⊘</b> ²	
			Cor	mpared to c Accredite	other Joint ed Organiz		on
Measure		Explanation	N Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:		ewide Avera Rate
Assessment of violence substance use disorder, rauma and patient strer completed - Adolescent rears)	ado ngths scr (13-17 oth psy pat viol pat the risk are for det the psy det exp live any fee stre suc	s measure reports the number of oblescent age (13-17 years) eened for violence risk to self and ers, substance and alcohol use, trohological trauma history and ient strengths. Screening for ence risk to self determines if ients are likely to harm mselves. Screening for violence to others determines if patients likely to harm others. Screening substance and alcohol use ermines if patients need help for ir use. Screening for trohological trauma history ermines if patients have berienced terrible events in their s which have left them fearful or tious and unable to handle their lings. Screening for patient engths identifies positive things th as family support, a steady job, using, etc. which are used to help patient recover.	94% of 400 eligible Patients	100%	97%	100%	97%

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# **National Quality Improvement Goals**

Reporting Per	iod: January 2021 - December 2021					
	Compared to other Joint Commission					
Measure Area	Explanation		Accr Nationwi		anizations Statewid	<b>_</b>
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien					
		Cor	mpared to c Accredit	other Joint ed Organiz	zations	
Measure	Explanation	N Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Averaç Rate
ssessment of violence ubstance use disorder auma and patient stre ompleted - Adult (18-6 ears)	adults age (18-64 years) screened for violence risk to self and others,	95% of 710 eligible Patients	100%	95%	100%	92%

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	od: January 2021 - December 2021					
				npared to c Commis edited Org		
Measure Area	Explanation		Nationwi	de	Statewid	е
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures a overall quality of care given to psychiatric patients of the psychiatric psychiatric patients of the psychiatric p			2	<b>⊘</b> <sup>2</sup>	
				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Vationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Averaç Rate
Assessment of violence substance use disorder, rauma and patient stren completed - Older Adult years)	older adult (>= 65 years) screened for violence risk to self and others,	93% of 101 eligible Patients	100%	94%	100%	83%

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### Texas Laurel Ridge Hospital, LP

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



# **National Quality Improvement Goals**

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O This organization's performance is worse than the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	<b>○</b> <sup>2</sup>	
Footnote Key	Services							
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>						other Joint ed Organiz	ations	
overall result.	Measure		Explanation	Hospital	lationwide Top	Average	State Top	Average
3. The number of patients is not enough for comparison purposes.				Results	Perform er	Rate:	Perform er	Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					Threshol d:		Threshol d:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> <li>The measure rate is within optimal range</li> </ol>	Multiple Antipsychotic Medications at Discharg 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.	63% of 40 eligible Patients	100%	53%	100%	50%
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Multiple Antipsychotic Medications at Discharg Appropriate Justificatior Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>eo</b> <sup>4</sup>	100%	34%	100%	60%

This information can also be viewed at https://hospitalcompare.io/

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement

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### Texas Laurel Ridge Hospital, LP

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# **National Quality Improvement Goals**

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Not displayed	Measure Area Hospital-Based Inpatient Psychiatric		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie		Nationwi		Statewid	
Footnote Key	Services	Overall	quality of care given to psychiatric patie	1115.	C	,	0	
The Measure or Measure Set was not reported.				Co	mpared to o Accredit	other Joint ed Organiz		on
The Measure Set does not have an overall result.					Nationwide	Ŭ		ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d <sup>.</sup>	
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 lata 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. The measure rate is within optimal	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adolescents Age 13 - 17	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. 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	50% of 4 eligible Patients	100%	42%	88%	51%

medication when the patient is also being treated with Clozapine.

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

This information can also be viewed at https://hospitalcompare.io/ Null value or data not displayed. ----

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Footnote Key	Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>№</b> <sup>2</sup>	
The Measure or Measure Set was not reported.						other Joint ed Organiz	ations	
overall result. The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule.	Measure		Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Averag Rate:
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being treated with Clozapine.

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This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
O This organization's performance is worse than the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
-	Hospital-Based Inpatient Psychiatric		egory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
Footnote Key 1. The Measure or Measure Set was not	Services			Cor	npared to c	other Joint	Commissio	n
<ul><li>reported.</li><li>2. The Measure Set does not have an</li></ul>					Accredit	ed Organiz	ations	
overall result.	Measure		Explanation	Hospital	lationwide Top	Average	Top	ewide Average
for comparison purposes.				Results	Perform er	Rate:	Perform er	Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but</li> </ol>					Threshol d:		Threshol d:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>The were no eligible patients that met the denominator criteria.</li> <li>The measure rate is within optimal range.</li> </ol>	Multiple Antipsychotic Medications at Discharg Appropriate Justification Adults Age 65 and Olde	n 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.	75% of 4 eligible Patients	100%	43%	100%	25%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H 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.	0.0147 (28 Total Hours in Restraint)	N/A	0.8411	N/A	0.1954

This information can also be viewed at https://hospitalcompare.io/ \_\_\_\_

### 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 Period	1: January 2021 - December 2021					
This organization's performance is better than the target range/value.							
This organization's performance is similar to the target range/value.				Com	pared to o Commiss		
O This organization's performance is worse than the target range/value.				Accre	edited Org	anizations	
with the second	Measure Area	Explanation		Nationwic	de	Statewide	9
Footnote Key		his category of evidenced based measures as verall quality of care given to psychiatric patier		0	2	<b>○</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.			Cor	npared to o	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.			Ν	lationwide	eu Organiz	State	wide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but</li> </ol>				Threshol d:		Threshol d:	
<ul> <li>a below most other organizations.</li> <li><b>6.</b> The Measure results are not statistically valid.</li> <li><b>7.</b> The Measure results are based on a sample of patients.</li> <li><b>8.</b> The number of months with Measure data is below the reporting requirement.</li> <li><b>9.</b> The measure results are temporarily suppressed pending resubmission of updated data.</li> <li><b>10.</b> Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li><b>11.</b> There were no eligible patients that met the denominator criteria.</li> <li><b>12.</b> The measure rate is within optimal</li> </ul>	Hours of Physical Restrain Use Children Age 1 - 12	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.	0.0568 (7 Total Hours in Restraint)	N/A	0.5600	N/A	0.1561
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restraini Use Adolescents Age 13 - ·	· · · · · · · · · · · · · · · · · · ·	0.0215 (7 Total Hours in Restraint)	N/A	0.4158	N/A	0.1722

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This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss	ther Joint	
O This organization's performance is worse than the target range/value.					Accre	edited Org		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	÷
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>0</b> <sup>2</sup>	
<ol> <li>The Measure or Measure Set was not reported.</li> </ol>				Con	npared to c			n
2. The Measure Set does not have an overall result.				N	ationwide	ed Organiz	ations State	wide
<ol> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but</li> </ol>					er Threshol d:		er Threshol d:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Hours of Physical Restra Use Adults Age 18 - 64	aint	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.	0.0101 (15 Total Hours in Restraint)	N/A	1.0167	N/A	0.2174
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restra Use Older Adults Age 65 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.	0.0089 (0 Total Hours in Restraint) <sup>3</sup>	N/A	0.0925	N/A	0.0825
	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.	0.1001 (191 Total Hours in Seclusion)	N/A	0.4255	N/A	0.1076

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# **National Quality Improvement Goals**

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This organization's performance is better than 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 worse than the target range/value.				Accre	edited Org		
Not displayed	Measure Area	Explanation		Nationwie	de	Statewide	e
Footpoto Koy		nis category of evidenced based measures as rerall quality of care given to psychiatric patien		0	2	<b>⊘</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not reported.			Cor	npared to c Accredite	other Joint ed Organiz		'n
2. The Measure Set does not have an overall result.				lationwide	Ŭ		wide
<ol> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy</li> </ol>	Measure	Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
Disclosure Threshold rule.				Threshol d:		Threshol d:	
<ol> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> </ol>	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	0.3750 (44 Total Hours	u. N/A	0.4104	u. N/A	0.3895
<ol> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the</li> </ol>	Hours of Seclusion Use Adolescents Age 13 - 17	confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. 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.	in Seclusion)				
<ul> <li>individual data elements or awaiting National Quality Forum Endorsement.</li> <li>1. There were no eligible patients that met the denominator criteria.</li> </ul>		Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.1807 (55 Total Hours in Seclusion)	N/A	0.1564	N/A	0.1476
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents,	Hours of Seclusion Use Add Age 18 - 64	Ults 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.	0.0633 (93 Total Hours in Seclusion)	N/A	0.5170	N/A	0.0882
refer to the "Quality Report User Guide."	Hours of Seclusion Use Old Adults Age 65 and Older	der 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	0.0000 (0 Total Hours in Seclusion)	N/A	0.0487	N/A	0.0158

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prevented from leaving.