

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 | [*] | |
| 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.
- 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.
- **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

203

Services:

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

• Family Support (Non 24 Hour Care)

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



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.

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



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 |

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 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. | ™ ² | ™ ² |

| | | 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.

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
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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) ² | sion ganizations Statewidd Commissic zations | |
|---|---|---|---|---|---|
| This category of evidenced based measures overall quality of care given to psychiatric pat Explanation | 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 Explanation | 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

Footnote Key

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- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90 was below most other organization
- The Measure results are not statis valid.
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- 8. The number of months with Meas data is below the reporting requir
- 9. The measure results are temporar suppressed pending resubmission updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiti National Quality Forum Endorser
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- 12. The measure rate is within optimation optination optimati optimation optimation optimation opti range.

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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 | ⊘ 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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Symbol Key

| 0 | This organization achieved the best possible results |
|------------|--|
| • | This organization's performance is better than the target range/value. |
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| Э | This organization's performance is worse than the target range/value. |
| N 0 | Not displayed |

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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 | _ |
| 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% |

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

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National Quality Improvement Goals

| | 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 | ⊘ ² | |
| | | | | 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

| Symbol Key | | | | | | | | |
|--|---|----------|--|-----------------------------------|-------------------|---------------------------|-----------------------|---------|
| This organization achieved the best possible results | Reporting Per | iod: Jan | uary 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. | | | | | Corr | pared to o Commiss | | |
| 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 | | (| 2 | ○ ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not reported. The Measure Set does not have an | | | | | | 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: | |
| 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. The measure rate is within optimal range | 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. | eo ⁴ | 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

the denominator criteria. 12. The measure rate is within optimal

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 Peri | iod: Jan | uary 2021 - December 2021 | | | | | |
| better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value. | | | | | Accr | npared to c Commise redited Org | sion anizations | |
| 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 [.] | |
| 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."**

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

the denominator criteria. 12. The measure rate is within optimal

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National Quality Improvement Goals

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|--|--|----------|---|-----------------------------------|--|---------------------------|--|--------------------------|
| This organization achieved the best possible results This organization's performance is | Reporting Per | iod: Jan | uary 2021 - December 2021 | | | | | |
| better than the target range/value. This organization's performance is similar to the target range/value. This organization's performance is worse than the target range/value. Not displayed | Measure Area Hospital-Based | · | | | | | | e |
| Footnote Key | Inpatient Psychiatric Services | | egory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | № ² | |
| 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: |
| 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. The measure rate is within optimal range. | 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 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 the addition of an antipsychotic medication when the patient is also | 65% of 31 eligible Patients | 100% | 56% | 100% | 57% |

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. ----

being treated with Clozapine.

Texas Laurel Ridge Hospital, LP

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|---|--|----------|--|--|-------------------|-----------------------|-----------------------|------------------|
| This organization achieved the best possible results | Reporting Per | iod: Jan | uary 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. | | | | | 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 | ⊘ ² | |
| Footnote Key 1. The Measure or Measure Set was not | Services | | | Cor | npared to c | other Joint | Commissio | n |
| reported.2. The Measure Set does not have an | | | | | 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: |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but | | | | | Threshol d: | | Threshol d: | |
| 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. The were no eligible patients that met the denominator criteria. The measure rate is within optimal range. | 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 |

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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 | ○ ² | |
| 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: |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but | | | | Threshol d: | | Threshol d: | |
| a 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. 12. The measure rate is within optimal | 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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| Symbol Key | | | | | | | | |
|--|--|----------|---|--|----------------------|-----------------------|-----------------------|------------------|
| This organization achieved the best possible results | Reporting Peri | iod: Jan | uary 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 | 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 | 0 ² | |
| The Measure or Measure Set was not reported. | | | | Con | npared to c | | | n |
| 2. The Measure Set does not have an overall result. | | | | N | ationwide | ed Organiz | ations State | wide |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top Perform | Average Rate: | Top Perform | Average Rate: |
| The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but | | | | | er Threshol d: | | er Threshol d: | |
| 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. | 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) ³ | 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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| Symbol Key | | | | | | | |
|--|---|--|--|--------------------------|---------------------------|-----------------------|------------------|
| This organization achieved the best possible results | Reporting Period | : 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. | | 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 | ⊘ ² | |
| 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 |
| The number of patients is not enough for comparison purposes. The measure meets the Privacy | Measure | Explanation | Hospital Results | Top Perform er | Average Rate: | Top Perform er | Average Rate: |
| Disclosure Threshold rule. | | | | Threshol d: | | Threshol d: | |
| 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. | 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 |
| 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 | 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) | | | | |
| individual data elements or awaiting National Quality Forum Endorsement. 1. There were no eligible patients that met the denominator criteria. | | 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 |

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

prevented from leaving.