

# 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.



800 Kirnwood, Desoto, TX



# **Summary of Quality Information**

S٦	z <b>m</b> '	bol	Key	1
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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.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs		Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	3/24/2021	3/23/2021	3/23/2021
🥝 Hospital	Accredited	3/26/2021	3/25/2021	3/25/2021

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

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	<sup>*</sup>	
Hospital	2021National Patient Safety Goals	Ø	<b>*</b>	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	<sup>2</sup>	2 <sup>2</sup>	

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

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# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Dallas Behavioral Healthcare Hospital, LLC * 800 Kirnwood Drive Desoto, TX 75115	Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) • Community Integration (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 3

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.

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

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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	Ō
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 3

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

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

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# **National Quality Improvement Goals**

Symbol Key 2		
This organization achieved the best possible results	Reporting	Period: April 2020 - March 2021
This organization's performance is above the target range/value.		
This organization's performance is similar to the target range/value.		
O This organization's performance is below the target range/value.		
Not displayed	Measure Area	Explanation
	Hospital-Based	This category of evidenced based measure

#### **Footnote Key**

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		Compared to Comm	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>

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide 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.	94% of 806 eligible Patients	100%	96%	100%	95%

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

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

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#### Dallas Behavioral Healthcare Hospital

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# **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results This organization's performance is	Reporting Period: April 2020 - March 2021							
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					e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>○</b> <sup>2</sup>	
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:	State Top 10% Scored at Least:	
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically valid. The Measure results are based on a sample of patients. The number of months with Measure	Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	gths	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					

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
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the patient recover.

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

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

their use. Screening for

psychological trauma history

determines if patients have experienced terrible events in their  $\oslash$ 

97% of

198 eligible

Patients

100%

97%

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

98%

100%

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This organization achieved the best possible results	Reporting Perio	d: April 2020 - N	Aarch 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to ot Commiss		
This organization's performance is below the target range/value.					Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwid	de	Statewide	ð
Footnote Key			enced based measures as given to psychiatric patier		<b>(</b>	2	<b>1</b>	
• The Measure or Measure Set was not reported.			I	Cor	mpared to of Accredite	other Joint ( ed Organiza		n
<ul> <li>The Measure Set does not have an overall result.</li> </ul>			/	N	lationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but	Assessment of violence ris substance use disorder, trauma and nationt strengt	adolescent a	re reports the number of age (13-17 years) r violence risk to self and					

was below most other organizations.	
The Measure results are not statistically	
valid	

- The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
- The measure results are temporarily suppressed pending resubmission of updated data.
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- the denominator criteria.

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Wedsure	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	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, housing, etc. which are used to help the patient recover.	99% of 207 eligible Patients	100%	97%	100%	98%

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.

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# **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to c Commiss		
This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Eastrata Kay	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>O</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an					mpared to c Accredite Nationwide	other Joint ed Organiz	ations	on ewide
overall result.	Measure		Explanation	Hospital		Average		
The number of patients is not enough for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	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	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	r, engths	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	Θ				
suppressed pending resubmission of updated data. Test Measure: a measure being anduated for raliability of the			for substance and alcohol use determines if patients need help for their use. Screening for	89% of 334 eligible	100%	95%	100%	95%

Patients

- 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.

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the patient recover.

psychological trauma history

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

determines if patients have

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

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# **National Quality Improvement Goals**

Symbol Key 2								
This organization achieved the best possible results	Reporting Per	riod: Ap	oril 2020 - March 2021					
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
Performance Van	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								
The Measure or Measure Set was not reported.	1		,	Cor			Commissio	'n
The Measure Set does not have an	1		,	N	Accredite	ed Organiz		ewide
overall result.	Measure		Explanation	Hospital		Average		
The number of patients is not enough for comparison purposes.			Explanation	Results	Scored at Least:	Rate:	Scored at Least:	Rate:
The measure meets the Privacy	Assessment of violence	a riak	This measure reports the number of		at Least.		at Least.	
Disclosure Threshold rule.	substance use disorder,	· ·	older adult (>= 65 years) screened					
The organization scored above 90% but was below most other organizations.	trauma and patient strer	·	for violence risk to self and others,					
The Measure results are not statistically valid.	completed - Older Adult years)		substance and alcohol use, psychological trauma history and					
The Measure results are based on a	yours		patient strengths. Screening for					
sample of patients.	1		violence risk to self determines if patients are likely to harm					
The number of months with Measure	1		themselves. Screening for violence					
data is below the reporting requirement.	1		risk to others determines if patients					
The measure results are temporarily suppressed pending resubmission of	1		are likely to harm others. Screening	$\bigcirc$				

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the patient recover.

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psychological trauma history

determines if patients have experienced terrible events in their

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

housing, etc. which are used to help

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

100%

87%

100%

93% of

67 eligible

Patients

95%

800 Kirnwood, Desoto, TX



# **National Quality Improvement Goals**

Symbol Key 2							
This organization achieved the best possible results	Reporting Period:	April 2020 - March 2021					
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.		Accredited Organizations					
Not displayed	Measure Area				de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.				2°		
1. The Measure or Measure Set was not reported.		npared to c Accredite	other Joint ed Organiz		n		
2. The Measure Set does not have an overall result.		<b>F</b> ound on a firm		lationwide		State	wide
3. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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>	Multiple Antipsychotic 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. This measure reports the number of	O 18% of 65 eligible Patients	100%	59%	100%	63%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Medications at Discharge wit Appropriate Justification Children Age 1 - 12	•	0% of 7 eligible Patients	100%	42%	100%	55%



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Null value or data not displayed.

Symbol Key 2 This organization achieved the best

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#### Dallas Behavioral Healthcare Hospital

800 Kirnwood, Desoto, TX

at Least:

100%

0% of

8 eligible

Patients

at Least:

100%

53%

47%



# **National Quality Improvement Goals**

Symbol Key 2							
This organization achieved the best possible results	Reporting Pe	riod: April 2020 - March 2021					
his organization's performance is bove the target range/value.							
This organization's performance is similar to the target range/value.				Corr	npared to o Commiss		
This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	е
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asso overall quality of care given to psychiatric patients		<b>(</b>	2	<b>™</b> <sup>2</sup>	
Footnote Key	Octvices						
The Measure or Measure Set was not eported.			Con		other Joint ed Organiz	Commissic ations	on
The Measure Set does not have an			N	ationwide		State	ewi
verall result. The number of patients is not enough or comparison numbers	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	A\ F

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

antipsychotic medications to one

antipsychotic medication or the

This measure reports the number of

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

patients age 13 through 17 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

one antipsychotic medication, a plan

discharged on two or more

group of drugs used to treat

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

to reduce the number of

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

Null value or data not displayed.

Multiple Antipsychotic

Appropriate Justification

Adolescents Age 13 - 17

Medications at Discharge with

Symbol Key 2 This organization achieved the best

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# **National Quality Improvement Goals**

Symbol Key 2	1						
This organization achieved the best possible results	Reporting Peric	od: April 2020 - March 2021					
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This organization's performance is below the target range/value.				Accre	edited Org		
Not displayed	Measure Area	Explanation		Nationwic	de	Statewide	e
Footpoto Koy		This category of evidenced based mean overall quality of care given to psychiate		0	2	<b>0</b> <sup>2</sup>	
Footnote Key							
The Measure or Measure Set was not reported.			Cor	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.			N	lationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Averag Rate:
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic Medications at Discharge	This measure reports the numb with patients age 18 through 64 year		at Least:		at Least:	

5. The organization scored above 90% but was below most other organizations.

- 6. The Measure results are not statistically valid.
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to reduce the number of

discharged on two or more

antipsychotic medications for which

Antipsychotic medications are a

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

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

one antipsychotic medication, a plan

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

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

Null value or data not displayed.

Appropriate Justification

Adults Age 18 - 64

100%

24% of

45 eligible

Patients

60%

100%

65%

#### Dallas Behavioral Healthcare Hospital

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Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>O</b> <sup>2</sup>		
<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		on ewide	
<ul> <li>overall result.</li> <li>3. The number of patients is not enough for comparison purposes.</li> <li>4. The measure meets the Privacy.</li> </ul>	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:		
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <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>	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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	20% of 5 eligible Patients	100%	55%	100%	64%	
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.	0.02 (42 Total Hours in Restraint)	N/A	0.86	N/A	0.18	

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

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

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The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

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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 measure meets the Privacy Disclosure Threshold rule.

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sample of patients.

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

#### Dallas Behavioral Healthcare Hospital

800 Kirnwood, Desoto, TX



# **National Quality Improvement Goals**

Symbol Key 2				
s organization achieved the best sible results	Reporting Per	iod: April 2020 - March 2021		
his organization's performance is pove the target range/value.				
This organization's performance is similar to the target range/value.				to other Joint nission
This organization's performance is below the target range/value.				Drganizations
Not displayed	Measure Area	Explanation	Nationwide	Statewide
Footpoto Voy	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1 2</b>	<b>™</b> <sup>2</sup>
Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an			mpared to other Jo Accredited Orga Vationwide	

		Cor	npared to o Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Hours of Physical Restraint 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.	0.04 (9 Total Hours in Restraint)	N/A	0.35	N/A	0.19
Hours of Physical Restraint Use Adolescents Age 13 - 17	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.	0.03 (21 Total Hours in Restraint)	N/A	0.25	N/A	0.18



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800 Kirnwood, Desoto, TX



# **National Quality Improvement Goals**

Symbol Key Z		
This organization achieved the best possible results	Reporting Pe	riod: April 2020 - March 2021
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> </ul>		
O This organization's performance is below the target range/value.		
Not displayed	Measure Area	Explanation
$\sim$	Hospital-Based	This category of evidenced based n

**Footnote Key** 

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

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

		Compared to other Joint Commission		
		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.	@ <sup>2</sup>	<b>1 1 1 1 1 1 1 1 1 1</b>	

		Compared to other Joint Commission Accredited Organizations					
		Nationwide				Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (11 Total Hours in Restraint)	N/A	1.06	N/A	0.19	
Hours of Physical Restraint Use Older Adults Age 65 and 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.	0.01 (0 Total Hours in Restraint)	N/A	0.10	N/A	0.11	
Hours of Seclusion Use per 1000 Patient Hours - Overall 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.	0.23 (504 Total Hours in Seclusion)	N/A	0.44	N/A	0.92	

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800 Kirnwood, Desoto, TX

Compared to other Joint Co



# **National Quality Improvement Goals**

Symbol Key Z		
This organization achieved the best possible results This organization's performance is	Reporting Per	iod: April 2020 - March 2021
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> </ul>		
This organization's performance is below the target range/value.		
Not displayed	Measure Area	Explanation
$\sim$	Hospital-Based	This category of evidenced based n

#### Footnote Key

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

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		Compared to other Joint Commission		
		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.	@ <sup>2</sup>	@ <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.30 (78 Total Hours in Seclusion)	N/A	0.40	N/A	0.44
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.	0.22 (165 Total Hours in Seclusion)	N/A	0.19	N/A	0.22
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.	0.22 (260 Total Hours in Seclusion)	N/A	0.53	N/A	1.20
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.	0.03 (1 Total Hours in Seclusion)	N/A	0.07	N/A	0.03



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