## Accreditation Quality Report



The Joint Commission


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

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

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

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


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

## 2क्त ? ? ? जे जे <br> Summary of Quality Information

## Symbol Key

This organization achieved the best possible results.
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## Footnote Key

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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Last On-Site |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Date | Survey Date |
| 8 Behavioral Health Care | Accredited | 10/25/2017 | 10/24/2017 | 10/24/2017 |
| (8) Hospital | Accredited | 1/22/2015 | 10/27/2017 | 12/5/2017 |

## 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 | 2017National Patient Safety Goals | V | (1) * |
| Hospital | 2017National Patient Safety Goals | $\nabla$ | (1)* |
|  | National Quality Improvement Goals: |  |  |
| Reporting <br> Period: <br> Apr 2016- <br> Mar 2017 | Hospital-Based Inpatient Psychiatric Services | (10) ${ }^{2}$ | (10) ${ }^{2}$ |

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* Primary Location

| Locations of Care | Available Services |
| :--- | :--- |
| San Antonio Behavioral | Services: |
| Healthcare Hospital * | (Behavioral Health (Day Programs - Adult/Child/Youth) |
| 8550 Huebner Road |  |
| San Antonio, TX 78240 | (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) |
|  | (Partial - Adult/Child/Youth) |

## Symbol Key

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

## For further information

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## Behavioral Health Care

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



## 2017 National Patient Safety Goals

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The Goal is not applicable for this organization.

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## Hospital

| Safety Goals |  |
| :--- | :--- | :--- |
| Improve the accuracy of <br> patient identification. | Use of Two Patient Identifiers |
|  | Eliminating Transfusion Errors |



## National Quality Improvement Goals

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| Measure Area |  | Nationwide | Statewide |
| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ( $)^{2}$ | (1) ${ }^{2}$ |


|  |  | 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: |
| 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. | $\underset{\substack{99 \% \text { of } \\ \text { 827 eligible } \\ \text { Patients }}}{\oplus}$ | 100\% | 95\% | 100\% | 98\% |

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Hospital Results | Top 10\% Scored at Least: | Average Rate: | Top 10\% Scored at Least: | Average Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years) | This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. | ( 10 <br> $100 \%$ of <br> 43 eligible <br> Patients | 100\% | 96\% | 100\% | 99\% |

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Hospital Results | Top 10\% Scored at Least: | Average Rate: | Top 10\% Scored at Least: | Average 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. |  | 100\% | 96\% | 100\% | 98\% |

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| Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | (N0) 2 | (N0) 2 |


|  |  | 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: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years) | This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. |  | 100\% | 95\% | 100\% | 97\% |

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Nationwide |  |  | Statewide |  |
| Measure | Explanation | Hospital Results | Top 10\% Scored at Least: | Average Rate: | Top 10\% Scored at Least: | Average Rate: |
| Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years) | This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover. |  | 100\% | 95\% | 100\% | 97\% |

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Nationwide |  |  | Statewide |  |
| Measure |  | Hospital Results | Top 10\% Scored at Least: | Average Rate: | Top 10\% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13-17 | This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. 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. |  | 100\% | 54\% | 100\% | 37\% |

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Nationwide |  |  | Statewide |  |
| Measure | Explanation | Hospital Results | Top 10\% Scored at Least: | Average Rate: | Top 10\% Scored at Least: | Average Rate: |
| Multiple Antipsychotic Medications at Discharge with 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. |  | 100\% | 61\% | 100\% | 72\% |

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|  |  | 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 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. |  | N/A | 0.34 | N/A | 0.14 |
| 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. |  | N/A | 0.33 | N/A | 0.25 |

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8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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

Reporting Period: April 2016 - March 2017


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.

