

# Accreditation Quality Report









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

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

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

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

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

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



# **Summary of Quality Information**

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	v Last On-Site Survey Date
🥝 Behavioral Health Care	Accredited	10/25/2017	10/24/2017	10/24/2017
🮯 Hospital	Accredited	10/28/2017	10/27/2017	5/25/2018

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care	2017National Patient Safety Goals	${igodot}$	<b>⊙</b> *
Hospital	2017National Patient Safety Goals	Ø	*
	National Quality Improvement Goals:		
Reporting Period: Apr 2017 - Mar 2018	Hospital-Based Inpatient Psychiatric Services	@ <sup>2</sup>	2 <sup>2</sup>

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

#### Symbol Key

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

#### **Footnote Key**

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

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



# **Locations of Care**

#### \* Primary Location

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

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



# **2017 National Patient Safety Goals**

### **Behavioral Health Care**

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

#### Symbol Key

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

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



# **2017 National Patient Safety Goals**

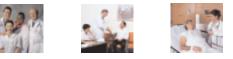
# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ୍ତ୍ର ତ
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

#### Symbol Key

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

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Reporting Peri	iod: April 2017 - March 2018		
		Compared to	
		Comm	
		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.	@ <sup>2</sup>	<b>2</b>

		Cor	npared to c Accredit	other Joint ed Organiz		on
		١	lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	97% of 859 eligible Patients	100%	95%	100%	97%

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

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

---- Null value or data not displayed.

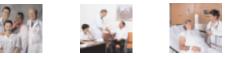
#### Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

#### **Footnote Key**

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

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Reporting P	eriod: Ap	ril 2017 - March 2018					
					npared to c Commise edited Org		
Measure Area		Explanation		Nationwide		Statewide	
Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures a quality of care given to psychiatric patie			@ <sup>2</sup>		
			Cor		other Joint ed Organiz	Commissic zations	n
			N	lationwide		Statewide	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
Assessment of violen substance use disord trauma and patient st completed - Children vears)	er, rengths	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					

#### Symbol Key

This organization achieved the bes possible results This organization's performance i Ð above the target range/value. This organization's performance i Ø imilar to the target range/value. This organization's performance i below the target range/value. ot displayed

#### Footnote Key

- 1. The Measure or Measure Set was reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enou for comparison purposes
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90 was below most other organization
- 6. The Measure results are not statist valid.

years)

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

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

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

the patient recover.

patient strengths. Screening for

patients are likely to harm

violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

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

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

 $\bigcirc$ 

95% of

155 eligible

Patients

100%

97%

100%

98%

0

 $\oslash$ 

e

ND

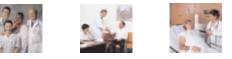
2.

3.

4.

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Perio	d: April 2017 - March 2018					
This organization's performance is above the target range/value.							
This organization's performance is imilar to the target range/value.				Com	npared to o Commiss		
This organization's performance is below the target range/value.				Accr	edited Org		
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	Э
Footnote Key		This category of evidenced based measures a overall quality of care given to psychiatric patie		0	2	<b>0</b> <sup>2</sup>	
The Measure or Measure Set was not eported.			Cor	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.			Ν	lationwide	Ŭ	State	ewide
The number of patients is not enough or comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence ris	sk, This measure reports the number of adolescent age (13-17 years)		ai Leasi.		ai Leasi.	

- 5. 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.
- 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."

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 - 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.	98% of 330 eligible Patients	100%	96%	100%	97%

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

Ð

 $\oslash$ 

ND

1. reported.

2.

3.

4.

5.

6.

8.

9.

10.

valid. 7.

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2017 - March 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>™</b> 2	
Footnote Key	Services							
The Measure or Measure Set was not reported.			ſ	Coi	mpared to c	other Joint ed Organiz		bn
The Measure Set does not have an			,	١	Vationwide			ewide
overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	Assessment of violence substance use disorder, trauma and patient strer completed - Adult (18-64 years)	, ngths	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence					
The measure results are temporarily			risk to others determines if patients	0				

Ð

97% of

342 eligible Patients

100%

95%

100%

97%

1 0 1
The measure results are temporarily
suppressed pending resubmission of
updated data.
Test Measure: a measure being
evaluated for reliability of the
individual data elements or awaiting

National Quality Forum Endorsement. 11 There were no eligible patients that met the denominator criteria.

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

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

the patient recover.

are likely to harm others. Screening for substance and alcohol use

determines if patients need help for

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

their use. Screening for

psychological trauma history determines if patients have

National Quality Forum Endorsement.

There were no eligible patients that met

Ð

 $\oslash$ 

e

ND

1.

2.

3.

4.

5.

6.

8.

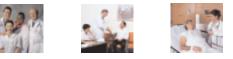
9.

11

updated data. 10. Test Measure: a measure being evaluated for reliability of the

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Symbol Key									
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2017 - March 2018						
This organization's performance is above the target range/value.									
This organization's performance is similar to the target range/value.					Compared to other Joint Commission				
This organization's performance is below the target range/value.					Accr	Accredited Organizations			
Not displayed	Measure Area	Measure Area Explanation Nationwide				de	Statewide		
Frankricka IZ-re	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie		© <sup>2</sup> © <sup>2</sup>				
Footnote Key									
The Measure or Measure Set was not reported.				Cor	npared to c Accredit	other Joint ed Organiz		on	
The Measure Set does not have an overall result.				Ν	lationwide	ou organiz	State	wide	
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	,	This measure reports the number of		ai Leasi.		al Least.		
The organization scored above 90% but was below most other organizations.	substance use disorder trauma and patient stre	ngths	older adult (>= 65 years) screened for violence risk to self and others,						
The Measure results are not statistically valid.	completed - Older Adult years)	t (>= 65	substance and alcohol use, psychological trauma history and						
The Measure results are based on a sample of patients.			patient strengths. Screening for violence risk to self determines if						
The number of months with Measure data is below the reporting requirement.			patients are likely to harm themselves. Screening for violence						
The measure results are temporarily suppressed pending resubmission of updated data.			risk to others determines if patients are likely to harm others. Screening for substance and alcohol use	$\bigcirc$	100%	94%	100%	95%	
Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting			determines if patients need help for their use. Screening for psychological trauma history determines if netionts have	100% of 32 eligible Patients	10070	0770	10070	0070	

For further information and explanation of the **Quality Report contents,** 

the denominator criteria.

refer to the "Quality Report User Guide."

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

the patient recover.

determines if patients have

experienced terrible events in their

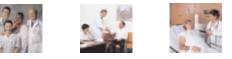
lives which have left them fearful or

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

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



# **National Quality Improvement Goals**

Symbol Key  This organization achieved the best possible results  This organization's performance is	Reporting Per	iod: Ap	ril 2017 - March 2018					
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul> Footnote Key <ol> <li>The Measure or Measure Set was not reported.</li> </ol>	Measure Area Hospital-Based Inpatient Psychiatric Services		Explanation tegory of evidenced based measures as quality of care given to psychiatric patier	Compared to other Joint CommissionAccredited OrganizationsNationwideStatewideImage: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2"NationwideStatewideImage: Colspan="2">Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2"Image: Colspan="2" <t< td=""><td></td></t<>				
<ol> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure		Explanation	N Hospital Results	Vationwide			ewide 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</li> </ol>	Multiple Antipsychotic Medications at Discharg Appropriate Justification Overall Rate		This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	54% of 13 eligible Patients	100%	62%	97%	72%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Multiple Antipsychotic Medications at Discharge Appropriate Justification Children Age 1 - 12		This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	em 4	100%	41%	100%	38%



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

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

Ð

 $\oslash$ 

e

ND

1.

2.

3.

4.

5.

8.

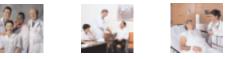
9.

11

updated data. 10. Test Measure: a measure being evaluated for reliability of the

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Symbol Key						
his organization achieved the best possible results	Reporting Per	riod: April 2017 - March 2018				
his organization's performance is bove the target range/value.		-				
This organization's performance is imilar to the target range/value.			Con	npared to other J Commission	Joint	
This organization's performance is below the target range/value.			Accr	Accredited Organizations		
Not displayed	Measure Area	Explanation	Nationwi	ide Stat	tewide	
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	ses the	) <sup>2</sup> (		
Footnote Key	Services					
The Measure or Measure Set was not eported.				other Joint Comr ted Organizations		
The Measure Set does not have an			Nationwide		Statewi	
overall result.	Measure	Explanation Ho	ospital Top 10%	Average Top	10% Av	

<ul> <li>The number of patients is not enough for comparison purposes.</li> <li>The measure meets the Privacy</li> </ul>	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
<ul> <li>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> </ul>	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	€ 	100%	49%	100%	45%

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

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

being treated with Clozapine.

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

Ð

 $\oslash$ 

-

1. reported.

2.

3.

4.

5.

#### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX

74%

100%



# **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: Apı	ril 2017 - March 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Corr	pared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Inpatient Psychiatric		egory of evidenced based measures as quality of care given to psychiatric patie		2 (		<b>○</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				Ν	lationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically.	Multiple Antipsychotic Medications at Discharge Appropriate Justification Adults Age 18 - 64	• with	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

illness that markedly interferes with a

 $(\checkmark)$ 

78% of

9 eligible

Patients

100%

63%

group of drugs used to treat

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

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

one antipsychotic medication, a plan

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

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

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

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

to reduce the number of

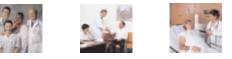
This information can also be viewed at www.hospitalcompare.hhs.gov

Null value or data not displayed.

Adults Age 18 - 64

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Symbol Key  This organization achieved the best possible results  This organization's performance is	Reporting Per	iod: Ap	ril 2017 - March 2018					
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area Hospital-Based Inpatient Psychiatric		Explanation tegory of evidenced based measures as quality of care given to psychiatric patie		Compared to other Join Commission Accredited Organization Nationwide Statew			e
<ol> <li>Footnote Key</li> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Services		Explanation		lationwide	ed Organiz	ations State	ewide
<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 er	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. This measure reports the total hours	€ <b>0</b> 4	100%	58%	100%	67%
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Use per 1000 Patient H Overall Rate		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.	0.04 (28 Total Hours in Restraint)	N/A	0.48	N/A	0.20

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

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

overall result.

0

 $\oslash$ 

e

ND

2.

3.

4.

5.

8.

9.

11

valid.

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.

The Measure Set does not have an

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.

The measure results are temporarily suppressed pending resubmission of

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.

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



# **National Quality Improvement Goals**

mbol Key						
organization achieved the best ible results	Reporting Per	iod: April 2017 - March 2018				
s organization's performance is ve the target range/value.						
is organization's performance is nilar to the target range/value.				Compared to other Joint Commission		
is organization's performance is low the target range/value.			Accredited (	Accredited Organizations		
t displayed	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>		
ootnote Key	Services					
e Measure or Measure Set was not orted.		Cor	npared to other Jo Accredited Orga			

		Accredited Organizations				
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.	0.06 (2 Total Hours in Restraint)	N/A	0.34	N/A	0.17
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.	0.07 (20 Total Hours in Restraint)	N/A	0.24	N/A	0.21



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

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

0

 $\oslash$ 

e

ND

2.

3.

4.

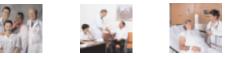
5.

8.

9.

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	oril 2017 - March 2018					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Compared to other Joint Commission			
This organization's performance is below the target range/value.					Accredited Organizations			
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					
The Measure or Measure Set was not reported.				Со	mpared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide			ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ul> <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> </ul>	Hours of Physical Restr 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	0.01 (5 Total Hours	N/A	0.56	N/A	0.22
The measure results are temporarily suppressed pending resubmission of updated data.			used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and	in Restraint)				

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."

	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 (5 Total Hours in Restraint)	N/A	0.56	N/A	0.22
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) <sup>3</sup>	N/A	0.15	N/A	0.04
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.	0.07 (48 Total Hours in Seclusion)	N/A	0.37	N/A	0.09

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

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

reported.

overall result.

The Measure Set does not have an

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.

The measure results are temporarily suppressed pending resubmission of

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.

Ð

Ø

e

ND

2.

3.

**4**.

5.

8.

9.

11

valid.

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.

### San Antonio Behavioral Healthcare Hospital

DBA: San Antonio Behavioral Healthcare Hosptial, LLC, 8550 Huebner Road, San Antonio, TX



### **National Quality Improvement Goals**

,					
This organization achieved the best possible results	Reporting Pe	riod: April 2017 - March 2018			
This organization's performance is above the target range/value.					
This organization's performance is similar to the target range/value.			Compared to other Joint Commission		
This organization's performance is below the target range/value.	Accredited Or				
Not displayed	Measure Area	Explanation	Nationwide	Statewide	
Footnote Key	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>	
roothote Key					
The Measure or Measure Set was not		Cor	npared to other Joi	nt Commission	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide 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.	0.01 (0 Total Hours in Seclusion)	N/A	0.60	N/A	0.35
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.	0.10 (30 Total Hours in Seclusion)	N/A	0.19	N/A	0.15
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.05 (18 Total Hours in Seclusion)	N/A	0.42	N/A	0.08
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.04	N/A	0.02

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

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