

Accreditation Quality Report





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

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

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

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

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



Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|--|------------------------|-------------------|--------------------------|-----------------------------|
| Behavioral Health Care and Human Services | Accredited | 4/14/2021 | 4/13/2021 | 4/13/2021 |
| 🥝 Hospital | Accredited | 4/17/2021 | 4/16/2021 | 8/26/2022 |

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

| | | Compared to other Joint Organiz | |
|---|---|------------------------------------|--------------|
| | | Nationwide | Statewide |
| Behavioral Health Care and Human Services | 2021National Patient Safety Goals | Ø | [*] |
| Hospital | 2021National Patient Safety Goals | Ø | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: Apr 2020 - Mar 2021 | Hospital-Based Inpatient Psychiatric Services | 2 c | |

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

Symbol Key 1

| | Symbol Rey 1 |
|-----|---|
| 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.
- 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.

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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 Hospitalization - Adult/Child/Youth) |



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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 NA organization.

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2021 National Patient Safety Goals

Hospital

| Safety Goals | Organizations Should | Implemented |
|--|---|--------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø |
| Improve the safety of using medications. | Labeling Medications | Ø |
| | Reducing Harm from Anticoagulation Therapy | \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 |
| 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 | Ø |
| | 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 National Patient Safety Goal.
 The Goal is not applicable for this organization.

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National Quality Improvement Goals

| Reporting Per | iod: April 2020 - March 2021 | | |
|---|---|-----------------------|-----------------------|
| | | | |
| | | 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. | @ ² | № ² |

| | | Со | mpared to c Accredite | other Joint ed Organiz | | n |
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| | | 1 | lationwide | | State | wide |
| 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. | 88% of 1116 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

---- Null value or data not displayed.

Symbol Key 2

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

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- 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.

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National Quality Improvement Goals

| Symbol Key 2 | | | | | | | | |
|---|---|--------|---|---------------------|--------------------------------|--------------------------------------|--------------------------------|------------------|
| This organization achieved the best possible results This organization's performance is | Reporting Peri | od: Ap | oril 2020 - March 2021 | | | | | |
| This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. | | | | | | npared to o Commiss edited Ora | | |
| Not displayed | Measure Area | | Explanation | | Nationwic | | Statewide | |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | itegory of evidenced based measures as quality of care given to psychiatric patier | | 0 | 2 | ∞ ² | |
| The Measure or Measure Set was not reported. | | | I | Cor | | other Joint ed Organiz | : Commissio zations | on |
| The Measure Set does not have an overall result. | | | | | Nationwide | | | 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 valid. The Measure results are based on a sample of patients. | Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years) | ngths | 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 | | | | | |

| 0. | The number of months with Measure | |
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| | 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.

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

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87% of

171 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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National Quality Improvement Goals

| Symbol Key 2 | | | | | | | | |
|---|---|--------------|--|---------------------|--------------------------------|----------------------------|--------------------------------|-------|
| This organization achieved the best possible results | Reporting Per | iod: 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. | | | | | Corr | npared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accr | redited Orga | | |
| 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 patier | | (| 2 | № ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not reported. | | | 1 | Cor | | other Joint ted Organiz | Commissic zations | on |
| The Measure Set does not have an overall result. | | | , , , , , , , , , , , , , , , , , , , | N | 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: | 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. | Assessment of violence substance use disorder, trauma and patient strer completed - Adolescent years) | r, engths | 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 | | | | | |

| 0. | 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.

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the patient recover.

their use. Screening for

psychological trauma history

determines if patients have

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

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

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93% of

341 eligible

Patients

100%

97%

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

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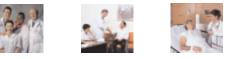
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updated data. 10. Test Measure: a measure being evaluated for reliability of the

San Antonio Behavioral Healthcare Hospital

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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 | npared to c Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accredited Organizations | | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewid | е |
| | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | № ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not reported. | | | | Cor | npared to c Accredit | other Joint ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | Ν | lationwide | ou organiz | | wide |
| The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Scored | Average Rate: |
| The measure meets the Privacy Disclosure Threshold rule. | Assessment of violence | e risk, | This measure reports the number of | | at Least: | | at Least: | |
| The organization scored above 90% but was below most other organizations. | substance use disorder trauma and patient stre | , | adults age (18-64 years) screened for violence risk to self and others, | | | | | |
| The Measure results are not statistically valid. | completed - Adult (18-6 years) | 64 | 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 | Θ | 40000 | 05% | 4000/ | 05% |
| Test Measure: a measure being evaluated for reliability of the | | | determines if patients need help for their use. Screening for | 87% of 509 eligible Patients | 100% | 95% | 100% | 95% |
| individual data elements or awaiting National Quality Forum Endorsement. | | | psychological trauma history determines if patients have | i alenta | | | | |

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

the denominator criteria.

There were no eligible patients that met

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

the patient recover.

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

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

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San Antonio Behavioral Healthcare Hospital

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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 | npared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accredited Organizations | | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewid | e |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patier | | (| 2 | ⊘ ² | |
| The Measure or Measure Set was not reported. | | | | Co | mpared to c Accredite | other Joint ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | | Nationwide | _ | | ewide |
| The number of patients is not enough or comparison purposes. | Measure | | Explanation | Hospital Results | Scored | Average Rate: | Top 10% Scored | Averag Rate: |
| he measure meets the Privacy Disclosure Threshold rule. | Assessment of violence | e risk, | This measure reports the number of | | at Least: | | at Least: | |
| The organization scored above 90% but vas below most other organizations. | substance use disorder trauma and patient stre | , | older adult (>= 65 years) screened for violence risk to self and others, | | | | | |
| The Measure results are not statistically valid. | completed - Older Adultyears) | it (>= 65 | substance and alcohol use, psychological trauma history and | | | | | |
| The Measure results are based on a a a a a a a a a a a a a a a a a a | , | | patient strengths. Screening for violence risk to self determines if | | | | | |
| The number of months with Measure lata 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 | Θ | 100% | 95% | 100% | 87% |
| Test Measure: a measure being evaluated for reliability of the | | | determines if patients need help for their use. Screening for psychological trauma bistory | 82% of 95 eligible Patients | 100% | 90% | 100% | 01% |

- 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

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San Antonio Behavioral Healthcare Hospital

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National Quality Improvement Goals

| Symbol Key 2 Signification achieved the best possible results | Reporting Per | iod: 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. This organization's performance is below the target range/value. Not displayed | Measure Area | | Explanation | | | npared to o Commise redited Org de | sion | e |
| | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patier | | | | ⊘ ² | |
| Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes. | Measure | | Explanation | | Nationwide Top 10% Scored | ed Organiz | zations State Top 10% Scored | ewide |
| 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 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 | 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. | Signal States of States | at Least: | 59% | at Least: | 63% |
| For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." | Multiple Antipsychotic Medications at Discharg 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. | 0% of 19 eligible Patients | 100% | 42% | 100% | 55% |



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Symbol Key 2 This organization achieved the best

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National Quality Improvement Goals

| Symbol Key 2 | | | | | | | L |
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| his organization achieved the best ossible results | Reporting Pe | riod: April 2020 - March 2021 | | | | | |
| his organization's performance is bove 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. | | | | Accre | Accredited Organizations | | |
| Not displayed | Measure Area | Explanation | | Nationwi | de | Statewide | е |
| Faatuata Var | Hospital-Based Inpatient Psychiatric Services | This category of evidenced based measures as overall quality of care given to psychiatric patier | | (| 2 | № ² | |
| Footnote Key The Measure or Measure Set was not eported. | | | Co | mpared to c Accredite | other Joint ed Organiz | | on |
| The Measure Set does not have an | | | 1 | Vationwide | | State | ewi |
| verall result. | Measure | Explanation | Hospital | Top 10% | Average | Top 10% | A |
| ne number of patients is not enough r comparison purposes. | | | Results | Scored | Rate: | Scored | |

| | for comparison purposes. |
|----|------------------------------|
| 1. | The measure meets the Privac |
| | Disclosure Threshold rule. |

5. The organization scored above 90% but was below most other organizations. 6.

- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
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- the denominator criteria.

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| 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 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 medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | O% of 46 eligible Patients | 100% | 47% | 100% | 53% | |

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National Quality Improvement Goals

| Reporting Per | iod: Apı | ril 2020 - March 2021 | | | | | |
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| | | | | Com | npared to c Commis | other Joint | |
| | | | | Accredited Organizations | | | |
| Measure Area | | Explanation Nationw | | | | Statewide | |
| Hospital-Based Inpatient Psychiatric Services | | egory of evidenced based measures a quality of care given to psychiatric patie | | | | | |
| | | | Со | mpared to c Accredit | other Joint ed Organiz | | on |
| | | | ١ | Nationwide Statev | | wide | |
| Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Avera Rate |
| Multiple Antipsychotic Medications at Discharg Appropriate Justificatior | · | This measure reports the number of patients age 18 through 64 years 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

3. The number of patients is not enough for comparison purposes.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

Symbol Key 2 This organization achieved the best

This organization's performance is

imilar to the target range/value. This organization's performance is below the target range/value.

above the target range/value. This organization's performance is

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overall result.

- 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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 The measure results are temporarily
- 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.
 These uses no elements that pade
- 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." The Joint Commission only reports measures endorsed by the National Quality Forum.

to reduce the number of

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Adults Age 18 - 64

100%

6% of

80 eligible

Patients

60%

100%

65%

San Antonio Behavioral Healthcare Hospital

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



National Quality Improvement Goals

| Symbol Key 2 | | | | | | | | |
|--|---|--------------|--|--|--------------------------------|------------------|--------------------------------|------------------|
| This organization achieved the best possible results | Reporting Perio | od: 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. This organization's performance is below the target range/value. Not displayed | | | Explanation tegory of evidenced based measures as quality of care given to psychiatric patier | | | | sion | ÷ |
| Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. | | | | N | lationwide | ed Organiz | ations State | wide |
| 3. 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 valid. The Measure results are based on a sample of patients. The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of updated data. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. There were no eligible patients that met the denominator criteria. | Multiple Antipsychotic Medications at Discharge Appropriate Justification of Adults Age 65 and 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. | 0% of 16 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 Restrai Use per 1000 Patient Hou Overall Rate | int urs - | 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. | 0.08 (102 Total Hours in Restraint) | N/A | 0.86 | N/A | 0.18 |

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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.

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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.

reported.

overall result.

San Antonio Behavioral Healthcare Hospital

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



National Quality Improvement Goals

| Symbol Key 2 | | | | |
|---|---|---|-----------------------|--------------------------|
| This organization achieved the best possible results | Reporting Per | riod: 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 other Joint hission |
| This organization's performance is below the target range/value. | | | | Organizations |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide |
| | Hospital-Based Inpatient Psychiatric | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | ∞ ² | ∞ ² |
| Footnote Key | Services | | | - |
| • The Measure or Measure Set was not | | Con | npared to other Joi | int Commission |

| | | Compared to other Joint Commission Accredited Organizations | | | | | |
|--|---|--|------------|------|-----|--------------------------|--|
| Measure | Explanation | N Hospital Results | lationwide | | | wide 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. | 0.24 (17 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. | 0.10 (31 Total Hours in Restraint) | N/A | 0.25 | N/A | 0.18 | |

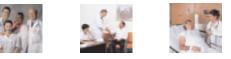
The Joint Commission only reports measures endorsed by the National Quality Forum.

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National Quality Improvement Goals

| Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. 2 2 Compared to other Joint Commiss Accredited Organizations | | | | |
|---|-----------------------|------------------------------|------------|-----------------------|
| Measure Area Explanation Accredited Organizations Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Commission Accredited Organizations Compared to other Joint Commission Image: Compared to other Joint Commission Compared to other Joint Commission Image: Compared to other Joint Commission Compared to other Joint Commission Image: Compared to other Joint Commission Compared to other Joint Commission Image: Compared to other Joint Commission Compared to other Joint Commission Image: Compared to other Joint Commission Compared to other Joint Commission Image: Compared to other Joint Commission | Reporting Per | iod: April 2020 - March 2021 | | |
| Measure Area Explanation Accredited Organizations Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Commission Accredited Organizations | 1 0 | * | | |
| Measure Area Explanation Accredited Organizations Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Joint Commission Accredited Organizations | | | | |
| Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. 2 2 Compared to other Joint Commisss Accredited Organizations | | | | |
| Inpatient Psychiatric overall quality of care given to psychiatric patients. Implement of the psychiatrit. <thimplement of="" psychiatric<="" th="" the=""><th>Measure Area</th><th>Explanation</th><th>Nationwide</th><th>Statewide</th></thimplement> | Measure Area | Explanation | Nationwide | Statewide |
| Accredited Organizations | Inpatient Psychiatric | | 2 1 | ⊘ ² |
| | | c | | |

| | | Accredited Organizations | | | | |
|---|---|--|------------------|------------------|--------------------------------|------------------|
| | | | lationwide | | | wide |
| Measure | Explanation | Hospital Results | 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. | 0.07 (54 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) ³ | 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. | 0.35 (427 Total Hours in Seclusion) | N/A | 0.44 | N/A | 0.92 |

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

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National Quality Improvement Goals

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

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
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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. | @ ² | O 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: |
| 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. | 0.38 (27 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. | 0.24 (72 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. | 0.39 (327 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. | 0.05 (1 Total Hours in Seclusion) ³ | N/A | 0.07 | N/A | 0.03 |



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