

# 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	<sup>*</sup>
Hospital	2021National Patient Safety Goals	Ø	<b>*</b>
	National Quality Improvement Goals:		
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	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.
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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	$\bigotimes$

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 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.	<b>@</b> <sup>2</sup>	<b>№</b> <sup>2</sup>

		Со	mpared to c Accredite	other Joint ed Organiz		n
		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%

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

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#### Symbol Key 2

This organization achieved the best possible results
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 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
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   There were no eligible patients that met
- **1.** There were no eligible patients that met the denominator criteria.

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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	<b>∞</b> <sup>2</sup>	
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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	
	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
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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

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the patient recover.

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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

Θ

87% of

171 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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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		<b>(</b>	2	<b>№</b> <sup>2</sup>	
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
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psychological trauma history

determines if patients have

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

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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%

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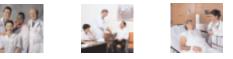
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updated data. 10. Test Measure: a measure being evaluated for reliability of the

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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		<b>(</b>	2	<b>№</b> <sup>2</sup>	
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				

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the denominator criteria.

There were no eligible patients that met

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the patient recover.

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lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

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This organization's performance is above the target range/value.								
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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		<b>(</b>	2	<b>⊘</b> 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%

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# **National Quality Improvement Goals**

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<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		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				<b>⊘</b> <sup>2</sup>	
<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>	Measure		Explanation		Nationwide Top 10% Scored	ed Organiz	zations State Top 10% Scored	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</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.	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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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		<b>(</b>	2	<b>№</b> <sup>2</sup>	
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.
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	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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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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				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

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illness that markedly interferes with a

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

Footnote Key

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Symbol Key 2 This organization achieved the best

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to reduce the number of

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Adults Age 18 - 64

100%

6% of

80 eligible

Patients

60%

100%

65%

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<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>			Explanation tegory of evidenced based measures as quality of care given to psychiatric patier				sion	÷
<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> </ol>				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:
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharge 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

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

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

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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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.	<b>∞</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>
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	

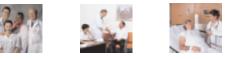
The Joint Commission only reports measures endorsed by the National Quality Forum.

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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 <b>1</b>	<b>⊘</b> <sup>2</sup>
		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) <sup>3</sup>	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 information can also be viewed at www.hospitalcompare.hhs.gov

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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.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
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   There were no eligible patients that met
- **1.** There were no eligible patients that met the denominator criteria.

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

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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.
- 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.
- 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."

		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>O</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.38 (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) <sup>3</sup>	N/A	0.07	N/A	0.03



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